10A NCAC 14C .2103 is amended with changes under temporary procedures as follows:

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10A NCAC 14C .2103 PERFORMANCE STANDARDS

- (a) In projecting utilization, the operating rooms shall be considered to be available for use five days per week and
- 5 52 weeks a year.
- 6 (b)(a) A proposal to establish a new ambulatory surgical facility, to establish a new campus of an existing facility, to
- 7 establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-
- 8 section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical
- 9 program program, or to add a specialty to a specialty ambulatory surgical program shall: shall demonstrate the need
- 10 <u>for the number of proposed operating rooms in the facility that is proposed to be developed or expanded in the third</u>
- 11 operating year of the project based on the Operating Room Need Methodology set forth in the 2018 State Medical
 - Facilities [Plan including subsequent amendments and editions.] Plan. The applicant is not required to use the
- population growth factor.
 - demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: {{(Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C section rooms, times 3.0 hours) plus (Number of facility's projected outpatient cases times 1.5 hours)} divided by 1872 hours} minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C section operating rooms or demonstrate conformance of the proposed project to Policy AC 3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects:" and
 - (2) The number of rooms needed is determined as follows:
 - (A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;
 - (B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and

1	(C) in a service area which has five or fewer operating rooms, if the difference is a positive
2	number greater than or equal to 0.2, then the need is the next highest whole number for
3	fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and
4	if the difference is a negative number or a positive number less than 0.2, then the need is
5	zero.
6	(e) (b) A proposal to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a
7	service area shall: shall demonstrate the need for the number of proposed operating rooms in addition to the existing
8	and approved operating rooms in all of the licensed facilities identified in response to 10A NCAC 14C .2102(b)(2)
9	the applicant's health system in the third operating year of the proposed project based on the Operating Room Need
10	Methodology set forth in the 2018 State Medical Facilities [Plan including subsequent amendments and editions.]
11	Plan. The applicant is not required to use the population growth factor.
12	(1) demonstrate the need for the number of proposed operating rooms in addition to the rooms in all of
13	the licensed facilities identified in response to 10A NCAC 14C .2102(b)(2) in the third operating
14	year of the proposed project based on the following formula: {[(Number of projected inpatient cases
15	for all the applicant's or related entities' facilities, excluding trauma cases reported by Level I or II
16	trauma centers, cases reported by designated burn intensive care units and cases performed in
17	dedicated open heart and C section rooms, times 3.0 hours) plus (Number of projected outpatient
18	cases for all the applicant's or related entities' facilities times 1.5 hours)] divided by 1872 hours)
19	minus the total number of existing and approved operating rooms and operating rooms proposed in
20	another pending application, excluding one operating room for Level I or II trauma centers, one
21	operating room for facilities with designated burn intensive care units, and all dedicated open heart
22	and C Section operating rooms in all of the applicant's or related entities' licensed facilities in the
23	service area; and
24	(2) The number of rooms needed is determined as follows:
25	(A) in a service area which has more than 10 operating rooms, if the difference is a positive
26	number greater than or equal to 0.5, then the need is the next highest whole number for
27	fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and
28	if the difference is a negative number or a positive number less than 0.5, then the need is
29	zero;
30	(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number
31	greater than or equal to 0.3, then the need is the next highest whole number for fractions of
32	0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the
33	difference is a negative number or a positive number less than 0.3, then the need is zero;
34	and
35	(C) in a service area which has five or fewer operating rooms, if the difference is a positive
36	number greater than or equal to 0.2, then the need is the next highest whole number for
37	fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and

1 if the difference is a negative number or a positive number less than 0.2, then the need is 2 zero. 3 (d) (c) An applicant that has one or more existing or approved dedicated C-section operating rooms and is proposing 4 to develop an additional dedicated C-section operating room in the same facility shall demonstrate that an average of 5 at least 365 C-sections per room were performed in the facility's existing dedicated C-section operating rooms in the 6 previous 12 months and are projected to be performed in the facility's existing, approved approved, and proposed 7 dedicated C-section rooms during the third year of operation following completion of the project. 8 (e) (d) An applicant proposing to convert a specialty ambulatory surgical program to a multispecialty ambulatory 9 surgical program or to add a specialty area to a specialty ambulatory surgical program shall: 10 provide documentation to show that each existing ambulatory surgery program in the service area (1) 11 that performs ambulatory surgery in the same specialty area as proposed in the application is currently utilized an average of at least 1,872 1,312.5 hours per operating room per year, excluding 12 13 dedicated open heart and C Section operating rooms. The hours utilized per operating room shall be 14 calculated as follows: [(Number of projected inpatient cases, excluding open heart and C sections 15 performed in dedicated rooms, times 3.0 hours) plus (Number of projected outpatient cases times 16 1.5 hours)] divided by the number of operating rooms, excluding dedicated open heart and C. Section 17 operating rooms; year; and 18 (2) demonstrate the need in the third operating year of the project based on the following formula: 19 [(Total number of projected outpatient cases for all ambulatory surgery programs in the service area 20 times 1.5 hours) divided by 1872 hours] minus the total number of existing, approved and proposed 21 outpatient or ambulatory surgical operating rooms and shared operating rooms in the service area. 22 The need is demonstrated if the difference is a positive number greater than or equal to one, after 23 the number is rounded to the next highest number for fractions of 0.50 or greater. Operating Room 24 Need Methodology set forth in the 2018 State Medical Facilities [Plan including subsequent 25 amendments and editions.] Plan. The applicant is not required to use the population growth factor. 26 (f) (e) The applicant shall document the assumptions and provide data supporting the methodology used for each 27 projection in this Rule. 28 29 Authority G.S. 131E-177; 131E-183(b); History Note: 30 Eff. November 1, 1990; 31 Amended Eff. March 1, 1993; Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule 32 33 becomes effective, whichever is sooner; 34 Amended Eff. January 4, 1994; Temporary Amendment Eff. January 1, 2002; July 1, 2001; 35 36 Amended Eff. August 1, 2002;

1	Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective
2	August 1, 2002;
3	Amended Eff. April 1, 2003;
4	Temporary Amendment Eff. January 1, 2005;
5	Amended Eff. November 1, 2005;
6	Temporary Rule Eff. February 1, 2006;
7	Amended Eff. November 1, 2006;
8	Temporary Amendment Eff. February 1, 2008;
9	Amended Eff. November 1, 2008;
10	Temporary Amendment Eff. February 1, 2009;
11	Amended Eff. November 1, 2009;
12	Temporary Amendment Eff. February 1, 2010;
13	Amended Eff. November 1, 2010. <u>2010;</u>
14	Temporary Amendment Eff. February 1, 2018.