10A NCAC 14C .2103 is proposed for amendment as follows:

(1)

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

least 365 C sections per room were performed in the facility's existing dedicated C section operating rooms in the 1 2 previous 12 months and are projected to be performed in the facility's existing, approved and proposed dedicated C 3 section rooms during the third year of operation following completion of the project. 4 (e) An applicant proposing to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical 5 program or to add a specialty to a specialty ambulatory surgical program shall: 6 provide documentation to show that each existing ambulatory surgery program in the service area 7 that performs ambulatory surgery in the same specialty area as proposed in the application is 8 currently utilized an average of at least 1,872 hours per operating room per year, excluding dedicated 9 open heart and C. Section operating rooms. The hours utilized per operating room shall be calculated 10 as follows: [(Number of projected inpatient cases, excluding open heart and C sections performed in dedicated rooms, times 3.0 hours) plus (Number of projected outpatient cases times 1.5 hours)] 11 12 divided by the number of operating rooms, excluding dedicated open heart and C. Section operating 13 rooms; and 14 (2)demonstrate the need in the third operating year of the project based on the following formula: 15 [(Total number of projected outpatient cases for all ambulatory surgery programs in the service area times 1.5 hours) divided by 1872 hours] minus the total number of existing, approved and proposed 16 17 outpatient or ambulatory surgical operating rooms and shared operating rooms in the service area. 18 The need is demonstrated if the difference is a positive number greater than or equal to one, after 19 the number is rounded to the next highest number for fractions of 0.50 or greater. 20 (f) (b) The applicant shall document the assumptions and provide data supporting the methodology used for each 21 projection in this Rule. 22 23 History Note: Authority G.S. 131E-177; 131E-183(b); 24 Eff. November 1, 1990; 25 Amended Eff. March 1, 1993; Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent rule 26 becomes effective, whichever is sooner; 27 28 Amended Eff. January 4, 1994; 29 Temporary Amendment Eff. January 1, 2002; July 1, 2001; 30 Amended Eff. August 1, 2002; 31 Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule effective 32 August 1, 2002; 33 Amended Eff. April 1, 2003; 34 Temporary Amendment Eff. January 1, 2005; 35 Amended Eff. November 1, 2005; 36 Temporary Rule Eff. February 1, 2006; 37 Amended Eff. November 1, 2006;

1	Temporary Amendment Eff. February 1, 2008;
2	Amended Eff. November 1, 2008;
3	Temporary Amendment Eff. February 1, 2009;
4	Amended Eff. November 1, 2009;
5	Temporary Amendment Eff. February 1, 2010;
6	Amended Eff. November 1, 2010;
7	Temporary Amendment Eff. February 1, 2018.
8	Amended Fff December 1 2018