## Table 6C: Operating Room Need Determination – Draft 6/3/2015

(Scheduled for Certificate of Need Review Commencing in 2016)

It is determined that the Operating Room Service Area listed in the table below needs additional operating rooms as specified.

| Operating Room<br>Service Area                                                                          | Operating Room<br>Need Determination* | Certificate of Need<br>Application Due<br>Date** | Certificate of Need<br>Beginning Review<br>Date |
|---------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|-------------------------------------------------|
| Brunswick                                                                                               | 1                                     | To be determined                                 | To be determined                                |
| Columbus                                                                                                | 1                                     | To be determined                                 | To be determined                                |
| New Hanover                                                                                             | 2                                     | To be determined                                 | To be determined                                |
| Rowan                                                                                                   | 1                                     | To be determined                                 | To be determined                                |
| It is determined that there is no need for additional operating rooms anywhere else in the state and no |                                       |                                                  |                                                 |

It is determined that there is no need for additional operating rooms anywhere else in the state and no other reviews are scheduled.

<sup>\*</sup> Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

<sup>\*\*</sup> Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).