

GENERAL SURGICAL SERVICES

12 VAC 5-270-30. Accessibility; travel time; financial.

Surgical services should be available within a maximum driving time, under normal conditions, of 45 30 minutes for 90% of the population of a planning district.

Surgical services should be accessible to all patients in need of services without regard to their ability to pay or the payment source.

Providers of surgical services serving rural areas should facilitate the transport of patients residing in rural areas to needed surgical services, directly or through coordinated efforts with other organizations. Preference will be given in the review of competing applications to applicants who can demonstrate a history of commitment to the development of transportation resources for rural populations.

12 VAC 5-270-40. Availability; need.

A. Need.

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The combined number of inpatient and ambulatory surgical operating rooms needed in a planning district will be determined as follows:

$$1. \text{CSUR} = \text{ORV}/\text{POP}$$

Where CSUR is the current surgical use rate in a planning district as calculated in the above formula;

ORV is the sum of total operating room visits (inpatient and outpatient) in the planning district in the most recent three consecutive years for which operating room utilization data has been reported by the Virginia Center for Health Statistics; and

POP is the sum of total population in the planning district in the most recent three consecutive years for which operating room utilization data has been reported by the Virginia Center for Health Statistics, as found in the most recent published projections of the Virginia Employment Commission.

$$2. \text{PORV} = \text{CSUR} * \text{PROPOP}$$

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Where PORV is the projected number of operating room visits in the planning district three years from the current year; and

PROPOP is the projected population of the planning district three years from the current year as reported in the most recent published projections of the Virginia ~~Economic~~ Employment Commission.

$$3. \text{FORH} = \text{PORV} * \text{AHORV}$$

Where FORH is future operating room hours needed in the planning district three years from the current year; and

AHORV is the average hours per operating room visit in the planning district for the most recent year for which average hours per operating room visit as been calculated from information collected by the Virginia Department of Health.

$$4. \text{FOR} = \text{FORH}/1600$$

Where FOR is future operating rooms needed in the planning district three years from the

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current year.

No additional operating rooms should be authorized for a planning district if the number of existing or authorized operating rooms in the planning district is greater than the need for operating rooms identified using the above methodology. New operating rooms may be authorized for a planning district up to the net need identified by subtracting the number of existing or authorized operating rooms in the planning district from the future operating rooms needed in the planning district, as identified using the above methodology.

Consideration will be given to the addition of operating rooms by existing medical care facilities in planning districts with an excess supply of operating rooms, based on the methodology outlined above, when such addition can be justified on the basis of facility-specific utilization and/or geographic remoteness (driving time of 45 minutes or more, under normal conditions, to alternative surgical facilities).

B. Relocation. Projects involving the relocation of existing operating rooms within a planning district may be authorized when it can be reasonably documented that such relocation will: (i) improve the distribution of surgical services within a planning district; or (ii) result in the provision of the same surgical services at a lower cost to surgical patients in the planning district; or (iii) optimize the number of

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operations in the planning district which are performed on an ambulatory basis.

C. Ambulatory surgical facilities. Preference will be given to the development of needed operating rooms in dedicated ambulatory surgical facilities developed within general hospitals or as freestanding centers owned and operated by general hospitals.

I certify that this regulation is full, true, and correctly dated.

E. Anne Peterson, M.D., M.P.H.
Acting State Health Commissioner