State Health Services Plan Task Force
Outpatient Surgical Hospitals and Operating Room
Additions Committee (OSHORA)

Meeting February 27, 2026
Virginia Department of Health Professions
9960 Mayland Drive, Board Room 3
Henrico, Virginia 23233
08:50 a.m.

Agenda

1. Roll Call –
2. Approval of Meeting Minutes
3. Approval of Redlined Standard

Meeting Minutes
SHSP TF – OSHORA Committee
February 13, 2026, 10:15 a.m.
Virginia Department of Health Professions

9960 Mayland Drive, Board Room 3
Henrico, Virginia 23233

Task Force Members in Attendance (alphabetical by last name): Ms. Carrie Davis; Mr. Paul Hedrick; Mr. Deepak Madala; Mr. Dean Montgomery; Mr. Neil Rolfes (Chair); Dr. Marilyn West (Dialed in Virtually)

Absent Committee Members: Dr. Keith Berger,

Staff in Attendance (alphabetical by last name): Mr. Antwon Jacobs, Supervisor of COPN; Mr. Geoff Garner, Senior Policy Analyst; Ms. Casey Miller, Policy Specialist

Guest Speaker: Ms. Dawniece Lewis, Virginia Health Information (VHI)

Mr. Rolfes called the meeting to order at 10:15 a.m.

Ms. Miller called the roll.

Quorum was established.

The meeting minutes from January 15, 2026, were unanimously approved.

No one offered public comment.

The committee discussed the redlined version of general surgical services.

The committee asked for clarification of current VHI data.

Ms. Lewis advised that every year VHI does two versions of quality assurance, where VHI will revisit the facilities that have changed their reporting volume significantly from the previous year, and the facility will attest the accuracy of the data reported. There are two different distinct time periods in which this happens. There is no way to validate what is reported because there is not a source of truth. Last year VHI was approved through the commissioner on behalf of the Board of Health, that VHIs patient level data, including hospital discharge data base, is being expanded to include surgeries that are in a wider CPT code range. VHI is in their first collection cycle for data from Q3 of 2025. The data will not be as clean the first time around, but VHI will be able to start using that data as an additional source for future evaluation of surgeries.

Mr. Garner asked the committee if there is an immediate need for additional reporting requirements to be placed on facilities or if the committee can wait until the new reporting rolls out and at that time, they can reassess. He advised the task force standards are reviewed every two years.

Ms. Lewis advised that new reporting will not only include physician operatories but is significantly expanded to all outpatient facilities in general, physician offices, freestanding, ASC, not just CON licensed facilities, but also labs due to the expanded code range. It will also include venipuncture. VHI is going to look at that data once it starts to pull in, this has not yet been reported and cannot share now.

Mr. Rolfes said that this is great news.

The committee was not aware of the new expanded code and was pleased with the update from Ms. Lewis.

Ms. Lewis advised she will send details of the parameters and what the new code will include in reporting.

Mr. Rolfes advised that the committee did not need to change travel time.

The committee discussed the need for new service.

Currently, there is not sufficient data to support changes to the standard. The recommendation is to revisit the standard within the two years as stated in the SFMP bylaws. At that time, there will be a more robust dataset to reevaluate.

The committee discussed a change to inpatient and outpatient definitions. The committee recommended changing the inpatient definition to read, “a patient who is hospitalized

longer than 24 hours for health or health related services pursuant to an order issued by or under direction of a physician". Outpatient definition should read as, "a patient who visits a hospital, clinic, or associated medical care facility for diagnosis or treatment, but is not admitted as an inpatient".

The committee unanimously approved the recommended changes to include updated outpatient and inpatient definitions with no additional changes to the current set of standards at this time.

11:18 adjourned

Redlined Version

12VAC5-230-10. Definitions

"Inpatient" means a patient who is hospitalized longer than 24 hours for health or health related services pursuant to an order issued by or under direction of a physician.

"Outpatient" means a patient who visits a hospital, clinic, or associated medical care facility for diagnosis or treatment, but is not ~~hospitalized 24 hours or longer~~ admitted as an inpatient~~.~~

Part V. General Surgical Services

12VAC5-230-490. Travel time.

Surgical services should be available within 30 minutes driving time one way under normal conditions for 95% of the population of the health planning district using mapping software as determined by the commissioner.

12VAC5-230-500. Need for new service.

A. The combined number of inpatient and outpatient general purpose surgical operating rooms needed in a health planning district, exclusive of procedure rooms, dedicated

cesarean section rooms, operating rooms designated exclusively for cardiac surgery, procedures rooms or VDH-designated trauma services, shall be determined as follows:

$$\frac{\text{FOR} = ((\text{ORV}/\text{POP}) \times (\text{PROPOP})) \times \text{AHORV}}{1600}$$

Where:

ORV = the sum of total inpatient and outpatient general purpose operating room visits in the health planning district in the most recent five years for which general purpose operating room utilization data has been reported by VHI; and

POP = the sum of total population in the health planning district as reported by a demographic entity as determined by the commissioner, for the same five-year period as used in determining ORV.

PROPOP = the projected population of the health planning district five years from the current year as reported by a demographic program as determined by the commissioner.

AHORV = the average hours per general purpose operating room visit in the health planning district for the most recent year for which average hours per general purpose operating room visits have been calculated as reported by VHI.

FOR = future general purpose operating rooms needed in the health planning district five years from the current year.

1600 = available service hours per operating room per year based on 80% utilization of an operating room available 40 hours per week, 50 weeks per year.

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

12VAC5-230-510. Staffing.

Surgical services should be under the direction or supervision of one or more qualified physicians.

Statutory Authority

§ 32.1-102.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 9, eff. February 15, 2009.