



**Operating Rooms
Information from CON States**

September 22, 2011

Department of Public Health, Office of Health Care Access

Connecticut General Statutes § Section 19a-634 requires OHCA to establish and maintain a state-wide health care facilities and services plan.

§ Section 19a-638(a) requires a Certificate of Need for:

(5) The establishment of an outpatient surgical facility, as defined in section 19a-493b, or as established by a short-term acute care general hospital;

(12) An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, or by a short-term acute care general hospital.

Certificate of Need applications (CON) are currently evaluated on a case-by-case basis.

There are no standardized guidelines or regulations concerning how to determine the number of Operating Rooms needed:

- In an new Outpatient Surgical Facility (OSF); or**
- When more than two ORs need to be added within a three-year period at an OSF or an acute-care hospital.**



OHCA proposes to develop guidelines and regulations to address:

- **The number of ORs appropriate by facility or in the region;**
- **Projected future demand for additional OSFs or ORS;**
- **The current accessibility to ambulatory surgery; and**
- **Unmet need.**

Existing OR Standards:

OHCA reviewed the State Health Plans of the following states that have guidelines on ORs:

Many of the states have utilized common elements and incorporate:

- **Fixed Planning areas**
- **Target Utilization Rates**
- **Distance from an Acute Care Hospital**
- **Requirements for Number of Operating Rooms**

South Carolina	<p>For expansion of an OSF the Applicant must provide patient origin information on the current facility</p> <p>Must document why existing resources are not adequate to meet the needs of the community; Minimum of 2 ORs in all proposed OSFs</p> <p>Endoscopy suites are considered separately from other ORs</p> <p>An approved OSF or endoscopy-only facility must apply to expand number of ORs or Endoscopy suites</p>
Mississippi	<p>Inpatient ORs - mainly regulates by service, such as cardiac catheterization, interventional radiology, etc.;</p> <p>Uses Ambulatory Surgery Planning Areas.</p> <p>Will not approve single service OSFs.</p> <p>Minimum of 1,000 surgeries (5 per OR per day 5 days per week, 50 weeks per year, and an 80% utilization rate Optimum capacity is 800 surgeries/OR/year)</p> <p>Must perform 800 within the most recent 12-month reporting period for establishment or expansion</p>

Kentucky	<p>Utilization is calculated using, including cleanup: Average 2 hours per inpatient surgery Average 1.2 outpatient surgery 2,205 potential surgical hours per year</p> <p>No specific criteria on ORs however, the CON application must explain why the unmet need for the specific type of surgical procedures has not been reasonably addressed by existing providers in the planning area.</p>
Vermont	<p>Passed law in 2008 requiring a CON for an OSF.</p> <p>Must demonstrate that a new OSF will be within appropriate travel time to a general hospital where there are <u>three or more</u> operating rooms. (10 of 14 hospitals are primary care, i.e., family practice, pediatrics or internal medicine, all 14 provide inpatient and outpatient surgeries.)</p> <p>First and probably still the only OSF is an eye surgery center.</p>

**North
Carolina**

Inventories for inpatient, outpatient, and shared ORs.

Collects information was hospitals and OSFs from license renewal applications on volumes performed.

Uses OR service areas where each county is an OR service area.

Has a methodology for projected OR need based on population, total surgery hours, uses 3 hours for inpatient surgeries, and 1.5 hrs. for ambulatory surgeries.

Growth factor on increase/decrease in OR need is based on population growth. Assumes average OR staffed nine hours a day, 260 days per year, with an 80% utilization rate (Excludes C-section ORs and volumes.)

Makes adjustments for Trauma Level I and II and for burn units.

Reports projected need for ORs by facility and factors in based on number of ORs in the OR service area.

Defines an operating room as "a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all licensure codes and standards for an operating room."

Will approve use of demonstration project for five years monitors indigent care and encourages demonstration projects to provide open access to physicians.

Does not include endoscopy rooms in the definition or ORs. Does do inventory or endoscopy rooms by facility.

Alabama	<p>OSFs are required to report information on their facility on a yearly basis:</p> <ul style="list-style-type: none">Number of ORsNumber that use general anesthesiaNumber of cases performedNumber of procedures performed (both of which are reported by type of operation or procedures (ENT, gyn, neuro, etc.)) <p>Requires information on payment (type of insurance and number of operations). Hospitals also include this information in their annual report to the state health planning and development agency.</p>
Maryland	<p>Inventories the number of ORs by type for each facility in the state:</p> <ul style="list-style-type: none">General purpose by IP and OPMixed use general purpose and mixed use special purposeSpecial purpose by IP and OPOther ORs <p>Maintains an inventory of sterile operating rooms, by room type, excluding c-section rooms.</p> <p>Procedure rooms are those rooms that are considered "nonsterile" and do not require making an incision, used for minor procedures such as cytology and endoscopy</p>

Michigan

To add one or more ORs at an existing surgical service must demonstrate all existing ORs have performed an average of at least:

1,216 surgical cases per year per OR for which verifiable data is available

or

1,313 hours of use in a facility that performs only outpatient surgery per year per OR for which verifiable data is available

or

a licensed hospital that provides both inpatient and outpatient surgery may use a weighted average per OR for which verifiable data is available

A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of hours of use (inpatient surgical volume) and surgical cases (outpatient surgical volume) as billed by the facility per year per OR

All proposed operating rooms are projected to perform an average of at least

(i) 1,042 surgical cases per year per OR in the second 12 months of operation, and annually thereafter, or

(ii) 1,125 hours of use in a facility that performs only outpatient surgery per year per OR in the second 12 months of operation, and annually thereafter,

or

(iii) A licensed hospital that provides both inpatient and outpatient surgery may use a weighted average of inpatient hours of use and outpatient hours of use as billed by the facility per year per OR in the second 12 months of operation, and annually thereafter

Applies similar requirements to rural facilities or facilities that want to replace ORs

Alaska	<p>Determine number of ORs required to meet projected demand</p> <p>ORs required is the projected number of surgery cases divided by the target use rate for ORS defined as 900 surgical procedures per OR for inpatients and outpatient use and 1,200 surgical procedures per OR for dedicated outpatient use.</p>
Georgia	<p>Planning areas are fixed sub-state regions for reviewable services as defined in the State Health Component Plan for Ambulatory Surgery Services</p> <p>Assumes 250 operating room days per OR per year with 5 patients per room and 80% utilization (1,000 patients)</p>



Unable to find any specific reference concerning ORs for:

Hawaii

Illinois

Tennessee

New Hampshire

Moving Forward:

Issues in need of advice and discussion:

- **Service Area**
- **Definitions for OR and Procedure Room**
- **Capacity**
- **Optimum Utilization (%)**
- **Requirements to add ORs to an Acute Care Hospital and/or to OSF**
- **Physician Referral Patterns**
- **Time and/or Distance from an Acute Care Hospital**
- **Exceptions**