

## OPERATING ROOMS

In addition to the standards set forth elsewhere in the replacement and/or renovation of acute care facilities proposals involving operating room suites must comply with the following:

The intent of this standard is to provide a vehicle for the Certificate of Need (CON) Review which is mandated for new construction, renovation, or replacement of operating room beds, hereinafter referred to interchangeably as operating rooms, operating suite beds, or surgical suite beds, for use in instances where the cost of the process is in excess of the threshold for reviewability, as defined in the CON statute contained in chapter 16 of the West Virginia Code. In instances where such expenditures are below the threshold, they shall not be reviewable, except when expenditures over a two (2) year period exceed the expenditure ceiling.

### I. DEFINITIONS

A. Primary Service Area: Same as for Acute Care Bed Standard.

B. Two Types of Facilities:

- 1) Outpatient Surgery, is defined as surgical services provided to patients who are not anticipated to remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within the outpatient care facility.
- 2) Inpatient Surgery, Scheduled surgical services provided to patients who will stay in the hospital overnight.

### II. CURRENT INVENTORY

The Health Care Cost Review Authority (HCCRA) shall provide the applicant with a current inventory.

### III. NEED METHODOLOGY

Proposals involving the building of new surgical services, or the replacement or renovation of existing surgical capacity at the facility (based on the criteria set forth below) which would duplicate existing under-utilized surgical capacity and are likely to lead to increases in the total cost of health care to a community may be denied by the HCCRA. In addition to meeting the 40 hour utilization minimum for new operating rooms at the facility, and the 36 hour minimum for the replacement or renovation of existing operating rooms at the facility, the applicant must submit reliable, probative and substantial evidence documenting that it is not practical for the existing operating rooms at the facility to be utilized to achieve the required patient surgical requirements.

A. For New Operating Suites: Additional inpatient surgical suites shall not be added unless all existing comparable operating rooms at the facility are utilized on average for surgery at least 40 hours per week, including billable hours, reasonable turn-around time, and reasonable open heart standby time while therapeutic catheterization procedures are performed, based on the most recent 12 month study period for which data is available.

B. For Renovation or Replacement of existing Operating Suites: Renovation or replacement of inpatient surgical suites shall not be approved unless all existing comparable operating rooms at the facility are utilized for surgery on average at least 36 hours per week, including billable hours, reasonable turn-around time, and reasonable open heart standby time while therapeutic catheterization procedures are performed, based on the most recent 12 month study period for which data is available. In order to achieve an approvable project, an applicant may permanently remove from service such number of operating rooms (suites) as may be necessary to enable it to achieve the average number of hours of service set forth in this methodology. To justify the renovation or replacement of a specialty operating room that is utilized at less than the necessary 36 hours, clear and convincing evidence must be submitted showing compelling need for the service. Notwithstanding this provision, rural hospitals shall be permitted to maintain one major operating room and one minor procedure room.

### IV. QUALITY

The applicant making the proposal for operating rooms (suites) must be in compliance with applicable licensing and/or certification organization requirements or have in place a substantive and detailed plan to come into compliance with applicable licensing and/or certification requirements.

## V. CONTINUUM OF CARE

The applicant should demonstrate that the proposal under consideration is a less costly or more appropriate alternative to provide the needed services to the population, including a discussion of the availability of other services (such as day surgical services) in the area and information concerning any cooperative agreements the applicant may have regarding the transfer of patients in instances in which a higher level of care is warranted.

The applicant must demonstrate that they have in place an effective utilization review, quality assurance, peer review, and discharge planning process. The applicant must demonstrate a willingness to participate in utilization management programs sponsored by peer review or managed care organizations.

## VI. COST

The general acute care standards and, as appropriate, acute care renovation and replacement standards will apply.

## VII. ACCESSIBILITY

Accessibility to inpatient operating suites should be such that the continued viability of an existing hospital's operating/surgical department that serves a population of at least 10,000 (within 30 minutes travel time) is not unduly adversely affected.

## VIII. ALTERNATIVES

The general acute care standards and, as appropriate, acute care renovation and replacement standards will apply.