

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

Meeting February 13, 2026
10:15 a.m.

Agenda

1. Call to Order and Welcome –
2. Roll Call –
3. Review of Agenda
4. Public Comment Period
5. Review of Standards
6. Wrap-Up and Next Steps
7. Meeting Adjournment

Outpatient Surgical Hospitals and Operating Room Additions Committee (OSHORACOM)

State Health Services Plan Task Force

Updating Definitions in the VAC regarding Outpatient Surgical Hospitals and Operating Room Additions

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter230/section10/>

Redlined Document

Participants:

VDH Policy Staff:

Goal: Determine which definitions in the Outpatient Surgical Hospitals and Operating Room Additions in the Virginia Code need the following:

- Added
- Brought up-to-date

- Deleted

Recommended Revisions

1. **Wait Time –**
2. **Travel Time -**
3. **SHSP –**
4. **SMFP -**

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:

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

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.

Meeting Minutes
SHSP TF – OSHORA Committee
January 15, 2025
Time 9:00 a.m.
Virtual

DRAFT

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

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. Allison Kagle, COPN Policy Specialist; Ms. Casey Miller, Policy Specialist

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

Ms. Miller called the roll.

Mr. Rolfes called the meeting to order at 9:04 a.m.

Quorum was established.

The meeting minutes from November 21, 2025 were approved.

No one offered public comment.

Ms. Miller shared the agenda.

Ms. Lewis walked the committee through the definitions provided by VHI.

Mr. Jacobs advised the committee that prep and clean up time is calculated when doing COPN analysis.

Mr. Rolfes stated wheels in to wheels out data is captured, the clean up time needs to also be calculated consistently. He stated that the radiation therapy committee is looking into neighboring states and suggested this committee also refer to the North Carolina standard. He asked the committee to think about how they should define surgical cases performed at an ambulatory surgical center versus a procedural room versus an outpatient hospital.

Mr. Jacobs advised that the NC SMFP lists their operating hours at 1872 hours.

Mr. Rolfes asked if their definition of time includes wheels in to wheels out and clean up.

The committee engaged in a conversation regarding operatories within the market are not required to report operating times to VHI. The data could be helpful in making decisions involving market volume, demands, and trends. Although this does not fall within the scope of COPN, the committee discussed a recommendation to the board of health that the VDH, specifically the Office of Licensure and Certification (OLC), in conjunction with the annual licensing and renewal process to request, not require, facilities to report this type of information.

Mr. Rolfes raised a concern that these operatories are not required to acquire a license.

Mr. Montgomery advised that the data trends over the last 5 years show a conversion of procedures in dialysis, dermatology, and endoscopy moving from operatories to licensed ASCs. Mr. Montgomery stated that he can pull that information together to share with Mr. Rolfes.

Mr. Jacobs advised North Carolina's process is a little different than Virginia. They break their facilities down by group. They have six groups that must be operating at 75%. The six groups are defined by the number of surgical hours. They are categorized as academic medical centers, an example is Duke University, hospitals that report 40,000, 15,000 to 40,000, and less than 15,000 surgical hours, they have independent specialized licensed ASCs. These are also broken down by county. NC defines operating room as a surgical procedure requiring one or more incisions and is required to comply with all applicable licensure codes and standards for an operating room.

Mr. Jacobs shared a hyperlink to the NC SFMP in the chat.

Mr. Rolfes asked for a visualization of the data.

The committee scheduled the next meeting for February 13, 2026, at the Perimeter Center.

The meeting was adjourned at 11:38 a.m.

2024 ASC Data

Class	Sum of Operating Rooms
Ambulatory Surgical	236
General	689
Grand Total	925

2023 ASC Data

Class	Sum of Operating Rooms
Ambulatory Surgical	245
Cardiac - Adult	28
Cardiac - Pediatric	3
Cystoscopic	7
Endoscopic	26
General	685
Minor	5
Trauma	11
Grand Total	1010

2022 ASC Data

Class	Sum of Operating Rooms
Ambulatory Surgical	230
General	685
Grand Total	915

2021 ASC Data

Row Labels	Sum of Operating Rooms
Ambulatory Surgical	209
General	695
Grand Total	904

2020 ASC Data

Row Labels	Sum of Operating Rooms
Ambulatory Surgical	205
General	702
Grand Total	907

Sum of Outpatient Surgical Procedures	
	397,611
	296,345
	693,956

Sum of Outpatient Surgical Procedures	
	399,238
	1,626
	32
	23,589
	188,565
	304,912
	8,623
	1,498
	928,083

Sum of Outpatient Surgical Procedures	
	373,372
	304,789
	678,161

Sum of Outpatient Hours Actual Time Cut to Suture	
	188619
	345019
	533638

Sum of ASC Surgical Procedures	
	286121
	2639
	288760

Sum of Outpatient Hours Actual Time Cut to Suture	
	197,709
	362,261
	559,970

Sum of Outpatient Hours Actual Time Cut to Suture	
	207,930
	1,823
	7
	14,958
	92,574
	343,170
	6,477
	1,817
	668,755

Sum of Outpatient Visits Hours Actual Time Cut to Suture	
	192,418
	349,400
	541,818

Sum of Outpatient Hours Actual Time Cut to Suture	
	171897
	297346
	469243

Sum of Outpatient Hours Actual Preparation and Clean Up	Sum of Total Procedures
122,604	414,074
227,594	447,008
350,198	861,082

Sum of Outpatient Hours Actual Preparation and Clean Up	Sum of Total Procedures
140,942	425,367
714	13,845
8	659
12,195	28,256
77,152	255,783
230,494	463,870
5,723	14,910
1,172	7,777
468,399	1,210,467

Sum of Outpatient Hours Visits Actual Preparation and Clean Up	Sum of Total Procedures
117,307	393,324
213,751	468,233
331,058	861,557

Sum of Outpatient Hours Actual Preparation and Clean Up
111249
193260
304509