

How to Optimize ASC Efficiency Through Design



Operational efficiency is an essential consideration in the development of any new health care facility, particularly ambulatory surgery centers. As with any new building, opportunities to influence operational efficiency are eliminated once the concrete sets.

If a facility is not well-planned for efficiency, physicians can become frustrated with the environment, staff satisfaction can suffer, and volumes may fall off projections—all of which can prove damaging to the center's viability.

To complicate planning, most surgery centers are partnerships comprised of many physicians, with potentially divergent opinions. Three key areas have the greatest impact on operational efficiency:

» **PRE-CLINICAL PATIENT FLOW**

» **CLINICAL WORK FLOW**

» **SUPPORT SPACE**

I Pre-Clinical Patient Flow

Patient flow begins at the front door. Much like a hospitable host would welcome a guest, surgery centers do the same as patients flow through an established process that can make or break a personal experience. Thoughtful layout of patient waiting and registration areas, clearly marked spaces, and minimized walking distance for patients and physicians lays the groundwork for high efficiency. Inefficient operations detract from patient care and clinical experience.

"Adequate space for privacy is also important to enhancing patient flow," says Beth Derby, Senior VP of Facility Development and Clinical/Regulatory Affairs with Compass Surgical Partners. "Private consultation spaces convenient to the waiting area improve the patient and family experience and maintain the privacy of patient information. If consultation space is not convenient, physicians may avoid using it to discuss patient progress with family members, which can make families and other waiting patients uncomfortable."



2 Clinical Work Flow

PRE/POST OP AREAS

A well-designed surgery center avoids crossover between pre-operative and post-operative areas. Ideally, patients should be able to move through the facility in a linear fashion and even exit the building from a pick-up vestibule separate from the main entrance. Pre-op and post-op bays should be large enough such that multiple family members can sit comfortably with patients without obstructing main corridors.

OPERATIVE AREAS

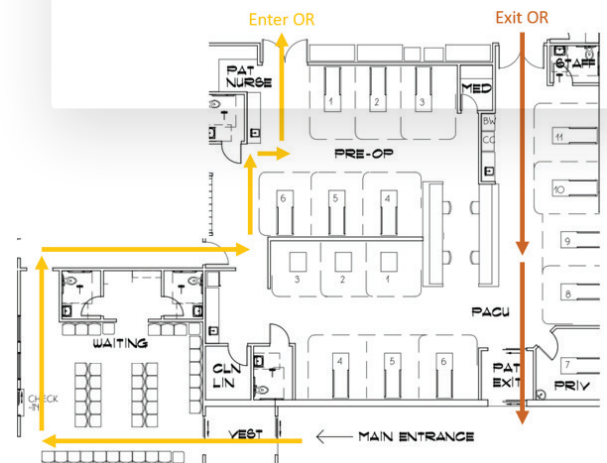
The effects of poor design of the operative areas will quickly become apparent. Clogged corridors can impede workflow and create frustration amongst physicians and staff. Room size must match the needs of surgical specialists who will be operating in them. In addition, long term growth must be considered. Adjacent shell space or expansion areas should be configured in such a way that the facility could expand to add additional operating rooms, while maintaining optimal patient flow with a new floorplan.

STORAGE SPACE

While physicians may clamor for a larger operating room, striking the right balance between storage and OR space is important. For example, reducing an OR from 500-square-feet to 400-square-feet could create an extra 100-square-feet of storage, substantial space for instrument trays and other necessary equipment. Without the extra space, carts may clutter corridors, frustrating staff and physicians. Understanding these types of tradeoffs allows physician partners to make well informed decisions when collaborating on design.

DESIGN MATTERS

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3 Support Space

The types of surgical specialties housed in the facility is the biggest driver. For example, if a facility is designed for gastroenterology and ophthalmology procedures, supply rooms may be much smaller than those designed for orthopedics or spine surgery, which often require substantial amounts of instrumentation, special operating tables, and disposable supplies. Conversely, a facility with GI requires designated space for cleaning and storing of scopes.

All future scenarios should be considered at the onset of a facility's design. For example:

- » Will new specialties come into the facility in a few years?
- » Does adequate space exist for growth?
- » Is there potential the facility will be sold?
- » What happens when current providers retire or move?



An ASC developer needs to consider the potentials rather than the here and now.

Much like a homeowner contemplating resale during a renovation, an ASC developer needs to consider the potential for expansion and strike the right balance between future opportunities and current needs. At the end of the day, ASCs are physician driven, and if current physicians retire or move, new physicians and possibly new specialists will be needed. If the facility cannot reasonably accommodate space needs for new specialists, the business becomes less valuable in the market. However, developers should always have a viable plan from day one. Overly optimistic building plans or utilization projections can be extremely detrimental.

Common Design Complications

Sites are selected before space requirements are well understood.

The decision to build an ASC often centers on the availability of an attractive site or existing office building. That means the decision to purchase property can precede the determination of which specialists will use the facility and their unique space requirements.

Even a vacant site can lead to problems. Most states have regulations limiting the size of the building envelope on a per acre basis.



A site that may appear to be a great fit may accommodate significantly less square footage than needed. It's important to understand tradeoffs in building size when selecting a site. Physicians need to buy in on the tradeoffs.

"It's common for physician partners to imagine the perfect waiting room or an unparalleled OR prior to the development of an ASC," Derby recalls. "But while engaging in the development process, we work together to adjust our partner's vision to align with regulatory standards, space requirements, and budgets."

Location, location....

As with all real estate engagements there are three simple rules: location, location, location. If the site is too far away from physicians' homes or offices, utilization will suffer. Over time, physicians may tire of bringing cases to a distant facility and settle for scheduling cases in a nearby location, even if the physician is a partner in the ASC.

Size matters

As reimbursement continues to evolve, surgery centers will need evolve with it. If reimbursement falls, a surgery centers will need more cases to cover fixed overhead and maintain viability. If an ASC is not designed with large enough support spaces to support additional procedures or new types of procedures, it may struggle to keep up with falling revenue per case. One source of new cases may be complex cases that were once inpatient only, such as hip replacements and spinal fusions. A growing number of these surgeries are being done on an outpatient basis. These complex cases often come with greater space needs. Of course, additional space comes at a cost, both in the form of ASC up-fit capital expenditure and in rent. The right balance is essential.

Secrets to Success

For physicians and health systems, the key is having the right people, with the right set of skills and experience, working together in tight collaboration. Nothing is more paramount for success. When architects, engineers, attorneys, and physicians use calls from the same playbook, projects move on time, on budget, and the end-product is an efficient center.



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Physician-only partnerships should carefully consider options for assistance in development and operations. Health systems, which often struggle to execute efficiently given many other system-wide priorities, should honestly evaluate internal capabilities.

“While hospital systems often have extensive experience in developing medical facilities,” says Derby, “We find that third-party developed and managed surgery centers tend to be built both at a significantly lower cost per-square-foot and with more operational efficiency in mind. Unfortunately, hospitals spend more simply because that is what they are accustomed to doing for other projects.”

For both physicians and health systems, working with an experienced partner in development and management of a center can reduce headaches and save money in both the short- and long-term.



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Beth Derby brings over 40 years' experience in the management, development, and clinical oversight of ambulatory surgery centers to Compass Surgical Partners. She is a past board member and current surveyor for the Accreditation Association for Ambulatory Health Care (AAAHC).