

SPECIAL **Outpatient Surgery** EDITION

Surgical Construction

March 2018



DESIGN YOUR DREAM OR

Whether you're building new or building out, create spaces where surgeons want to be and patients want to come.

INSIDE

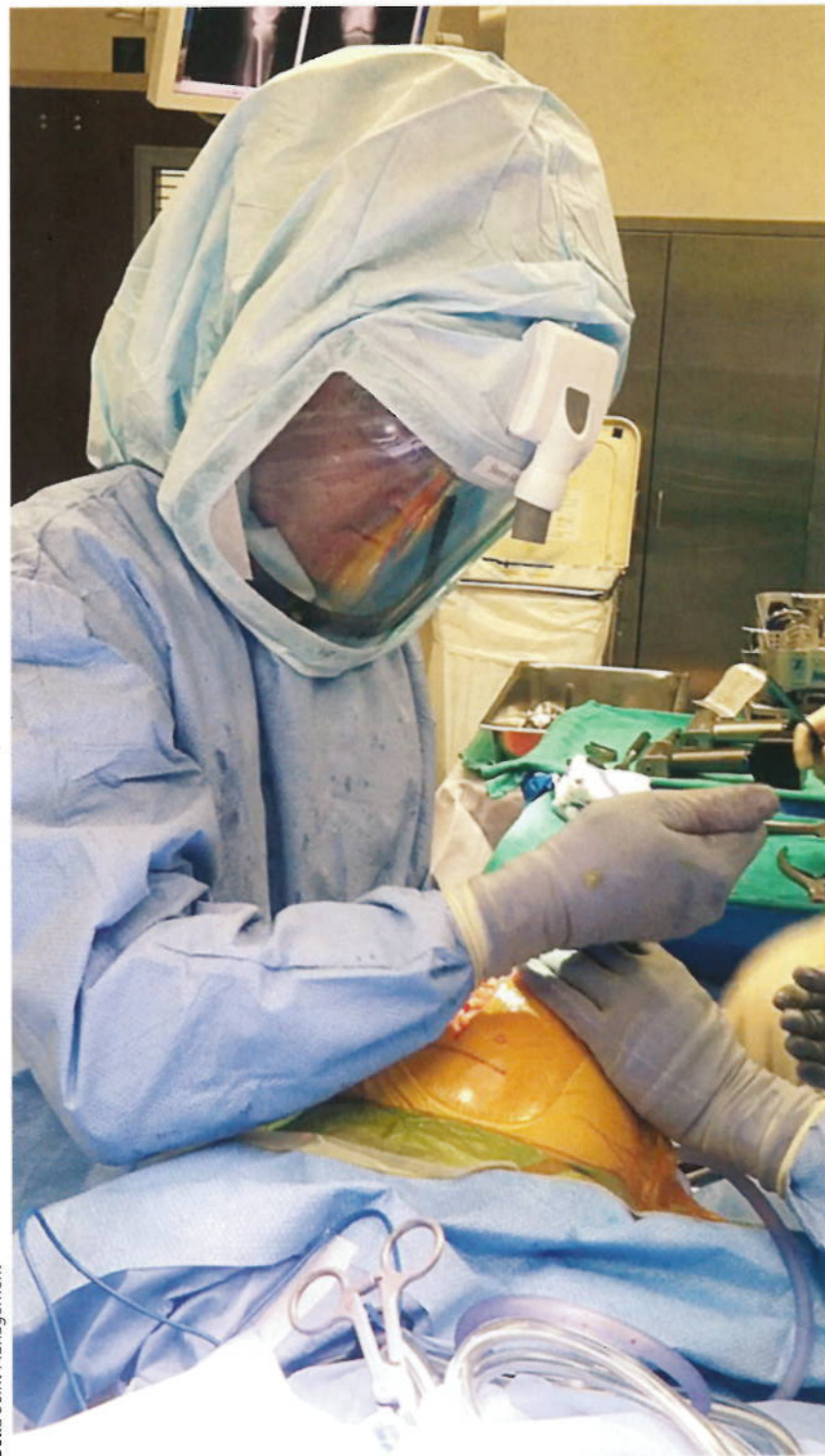
Architectural wonders you have to see to believe

Laying the groundwork for same-day joints

Shopping smart for video upgrades

Now's the Time to Add Same-Day Joints

Design your ORs to capitalize on the untapped potential of outpatient joint replacement.



Delta Joint Management

Same-day joint replacement is one of surgery's hottest specialties, and it's only going to get hotter.

Consider that total joints performed in the outpatient setting cost about 50% less than replacements done in inpatient ORs. Also know that the number of joint replacements performed in the outpatient arena will continue to explode over the next decade. By 2030, demand for knee arthroplasties is expected to increase by 700%. By that time, the number of patients who want their hips replaced should jump by 200%.

Plus, CMS has removed total knees from the inpatient-only list after finally recognizing that performing joint replacements in outpatient facilities is appropriate, safe and cost effective. CMS won't yet pay for knee arthroscopies done in surgery centers, but a change to that policy seems inevitable. Outpatient total hips, shoulders and ankles are also likely to get the CMS stamp of approval, so your facility should be ready to capitalize on the number of cases Medicare patients will add to the market.

It clearly makes good clinical and financial sense to outfit your ambulatory ORs for total joints. The question is: How quickly can you get them ready?

• **GROWTH OPPORTUNITY** Stephen Lucy, MD, and the other physician-owners of the Surgical Center of Greensboro, jumped at the opportunity to design their facility for total joints.

Best laid plans

A group of orthopedic surgeons in North Carolina monitored the movement of total joints to outpatient facilities as they were planning to build the Surgical Center of Greensboro. The \$20 million, 13-OR facility, which opened its doors last year and stands at 60,000 square feet, consolidated surgical services from 2 nearby facilities that were more than 20 years old.

“We were outgrowing the old buildings,” says

John Byers, MD, the center’s medical director. “We also wanted to create something that addressed the future of health care — providing low-cost and quality care for our patients.”

The surgeons decided to achieve that goal by launching a 23-hour total joints program and implementing a bundled payment program for performing joint replacements in a surgery center they owned (osmag.net/MtU3Xh). They made slight changes to the building plans for the Surgical

Center of Greensboro to ensure the facility could handle total joints and learned many valuable lessons during the process.

- **New buildings are recruitment tools.** Why would surgeons who perform joint replacements at the local hospital want to move their cases to your center? That’s a key question to answer early on in the development process. Ask surgeons who are performing joint replacement cases in your area for their must-haves, preferences and wish-list items. Find out how they want their ORs to look, what tables and attachments they like and the equipment they prefer to use. Surgeons will be more likely to buy into a joints program if they have a hand in customizing it to their needs.

- **Allow for plenty of room.** The surgeons who developed the Surgical Center of Greensboro had one non-negotiable item on their wish list: ORs that are large enough to perform joint replacement procedures comfortably and effectively. The ORs built in the new surgery center are 600 square feet, much larger than the 425-square-foot rooms in the group’s old facility.

The larger ORs give the surgical team a “significant amount of



Delta Joint Management

• **SAVE THE DATE** Learn all about launching and running a successful outpatient joints program from the leaders of the Surgical Center of Greensboro.

PROGRAM PREVIEW

Total Joints Workshop On Tap for OR Excellence

The team from the Surgical Center of Greensboro will run an exclusive total joints workshop at OR Excellence, which will be held Oct. 3-5 at the Marriott Harbor Beach Resort and Spa in Fort Lauderdale, Fla. During the 3-hour session, they’ll discuss how and why they launched their outpatient program and share their insights for achieving excellent outcomes, negotiating profitable bundled payments with insurers and managing post-op pain. Make plans now to attend the workshop and stick around for the rest of the 3-day conference to soak up plenty of sun and take-home tips. Visit orexcellence.com for more information about this can’t-miss opportunity for surgical facility leaders.

elbow room” and help accommodate the equipment used by the surgeons, says Dr. Byers. “The extra room gives us plenty of space to move around boom-mounted video monitors and video towers,” he adds. “We also wanted to be forward-thinking, so we designed the space big enough for robotics in case we decide to add that technology in the future.”

- **Add the right equipment.**

The surgeons invested in a Hana table, which typically costs between \$80,000 and \$120,000. It helps position patients for the muscle-sparing anterior approach to the hip and allows for greater hyperex-

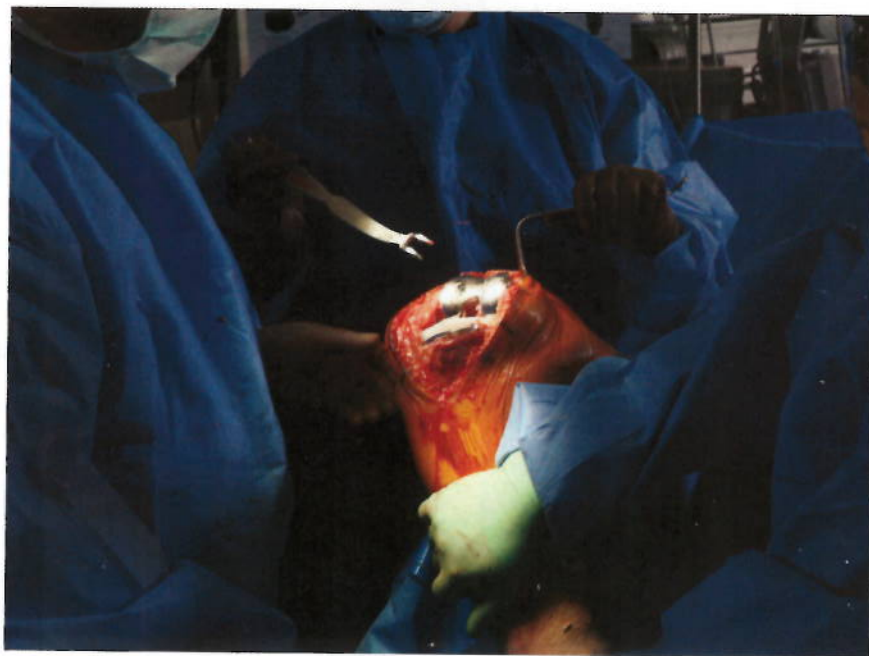
tension, adduction and external hip rotation, which typically are much harder to accomplish on conventional tables, according to orthopedic surgeon Stephen Lucey, MD, one of the Surgical Center of Greensboro’s physician-owners.

Dr. Lucey acknowledges that Hana tables are costly, but says they’re a significant recruiting tool for surgeons who perform minimally invasive total hip replacements that attract patients.

The surgeons also bought a C-arm, which runs about \$120,000 and is used to confirm proper placement and alignment of implants. Then there are the smaller items that are needed, such as leg positioners and instrument trays. Dr. Byers suggests you have surgeons standardize the implants, tools and equipment they use to drive down the initial capital equipment investment and lower case costs.

- **Design with efficiency in mind.** A successful total joints program is built on optimizing patient flow, says Dr. Byers. His center’s design team positioned the facility’s 5 ORs used for total joints as close as possible to the nursing station, so there would always be adequate staff coverage among the rooms.

Coming up with the optimal clinical flow also



• **COST CONTROL** Look for deals on big-ticket items such as C-arms and specialty tables, but you can also save big by standardizing implants and instrumentation.

meant spending time figuring out how patients would move through the 2-story center, where pre-op and the overnight recovery center are on the ground floor and the ORs and PACU are on the second floor. Despite the unique and challenging floor plan, the center’s design team wanted to make the perioperative pathway as efficient as possible for surgeons, staff and patients.

“We placed the pre-op area directly below the ORs,” says Dr. Byers. “We also added surgeon consulting rooms right next to the stairs, so surgeons can meet with family members as patients move into the OR and then head right up to operate.”

- **Allow for extended stays.** The surgeons perform joint replacements in about an hour. When patients are wheeled to the PACU, they’ve reached the first of 2 stops in their recovery process. Patients stay in the initial recovery phase for about 30 minutes to stabilize after surgery before moving to the second phase, where they work on getting out of bed and moving around.

“Patients receive in-house physical therapy for 1 to 2 hours,” says Dr. Lucey. “The rest of the day involves some exercises and use of the continuous passive motion machine. Patients are generally ambulating within 6 hours of the surgery.”