COMPASS Surgical Partners

TRUE NORTH

YOUR SOURCE FOR OUTPATIENT SURGERY NEWS

Welcome! In this month's issue, we'll discuss AC/DC and surgical time, OR size for complex cases, and converting an HOPD to an ASC.

Surgery centers are building for the future as case demand shows no signs of slowing down

Outpatient Surgery Magazine

Facilities that want to add procedures or expand their current caseload are considering larger ORs as well as larger storage and instrument reprocessing rooms.

Some suggest larger ORs are important to improve case efficiencies and reduce infection risks. What do you think? Reply here.

HOPD to ASC Conversions Becoming More Prevalent

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Conversion of these outpatient facilities to licensed, free-standing ambulatory surgery centers has been slow, but the pace of conversion is now increasing. Why might that be?

Study finds listening to AC/DC makes surgeons faster and more accurate

Langenbeck's Archives of Surgery

This odd study shows listening to rockers AC/DC makes surgeons faster and more accurate.
Blasting their music through speakers almost doubled surgeons' speed at certain tasks in the operating theatre — without affecting their exactness.

Anterior Hip Foundation

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Compass is honored to participate in May's Anterior Hip Foundation Meeting in Las Vegas.

We don't pick favorites based on surgical approach 😊, but we are always interested in learning from surgeons about issues they face, whether clinical, financial, or operational in nature.

Total hips are key driver of increased demand in ASCs, with many surgeons safely completing 90% on a same-day basis now. We're eager to hear from AHF members about how they are improving efficiency, capturing better data, and improving the overall patient experience for these procedures.

What's Holding You Up?

Cardiovascular in ASCs
In the last 5 years, there's been a lot of conversation around cardiovascular cases moving into the freestanding surgery environment.

There are some big differences from both a clinical and business perspective between more traditional outpatient surgery (ENT, ortho, uro, etc…) and CV. The overall volume/demand of these procedures doesn't match other procedural specialties, and there's an ongoing financial debate/analysis over whether or not these cases should be done in an office-based setting or an ASC-based setting. From a clinical perspective, coronary interventions, CRM, etc. can only be done in ASCs per Medicare, while peripheral vascular and venous procedures can often be done in off-based settings.

We have considered opportunities to bring CV into an ASC with other specialties like ortho/spine, as its potentially a safer pathway from a business perspective, though we're still curious. **That said, has anyone successfully brought these cases into their ortho or multi-specialty ASC? What's the impact on staffing? What are**

the financial impacts? What issues arise when trying to implement? You can reply directly to this email.

-Will Holding