



Welcome! In this month's issue, we'll discuss staying ahead of supply chain issues, specialization in ASC development, and ASC staffing.

The High-Performance Orthopedic ASC Starts with an Optimized Development Plan

Compass Surgical Partners

A lot has changed over the last 40 years in ASC development, and we've learned a lot about what to do and what not to do. Chief Clinical Officer, Beth Derby, discusses job specialization, communication, and process optimization in her [recent article](#).

Plasma Injections and Treatment of Osteoarthritis of the Knee

The Bone & Joint Journal

Do patients with early-stage symptomatic knee OA who receive multiple platelet-rich plasma (PRP) intra-articular injections have better clinical outcomes than those receiving single PRP or placebo injections?

See what [this study](#) found.

The Unpredictable Supply Chain and How to Get Ahead of it in ASCs

Outpatient Surgery Magazine

How do you keep service lines running, with supply chain backups continuing to rage? How do you keep emergency meds stocked up? Read [this interview](#).

Becker's Spine, Orthopedic + Pain Management ASC Conference

Compass Surgical Partners

We had a great time at Becker's last week and hope you did too. Key topics: payers, OR transparency, payers, smart implants, payers, staffing shortages.

What's Holding You Up?

ASC Culture

While capital intensive, business, healthcare, and especially surgery, is still largely about people. Teams have to gel to create the kind of efficient, safe environment that best serves everyone. One interesting thing that is obvious to those of us who work with freestanding surgical facilities is that high-performing ASCs tend to have a specific culture -- one where everyone is on board with meeting the needs of patients while also managing against the needs of the business and the medical staff.

Even in the case of converting hospital-based surgical centers (HOPDs) to ASCs, we have to be sensitive the fact that the cultural needs of an ASC differ from that an HOPD, even though the physical space remains the same. Staffing demands tend to be more cross-functional, leadership structures are different, and physician involvement in the governance of the centers are distinctly different. We find that folks are usually up for the challenge and the opportunity.

Given the staffing crunch we all face right, we are ***immensely grateful*** to the nurses, OR technicians, clinical support staff, supply chain professionals, business office staff, center leadership and others that dedicate themselves to their patients, physicians, and fellow teammates each day.

-Will Holding