

A SUPPLEMENT TO

today's **surgicenter**[®]
BUSINESS AND CLINICAL SOLUTIONS FOR THE ASC

A close-up photograph of a person's hand holding a large, ornate brass key. The hand is positioned palm-up, with the key resting across the fingers. The background is dark and out of focus.

Keys to
Operational
Success

2006 ASC Management Guide

“What is the single most important piece of operational and management advice you can share with ASC owners/operators?”



today's surgicenter magazine contacted a number of experts in the ambulatory surgery center (ASC) industry and posed the question, "What is the single most important piece of operational and management advice you can share with ASC owners/operators?" We share with you their perspectives and the keys to operational and management success.

"Focus diligently on the managed-care contracts and making sure you have the optimal language and rates, given your case mix."

— William Webb, chief development officer,
Symbion Healthcare



"Affiliate with good surgeons in desirable specialties and then take care of them. If you have enough of the right cases to drive the venture and you execute properly, then you will have designed a very stable platform. It has been our experience that when you focus on quality and efficiency, the financial returns tend to follow, as opposed to those who are motivated by dollars alone."

— Lanson J. Hyde III, chief operating officer of outpatient services,
Surgical Development Partners



"If you're a physician or a physician group who's considering the development of an ASC for your practice, select and employ as early as possible in the development phase a qualified management consultant who will both assist in the development of the proposed facility and will also help manage the marketing and business operations aspects of the project initially if not for a longer period of time. Physicians should allow themselves to practice medicine and might benefit from leaving the 'bizness' aspects of their endeavor to a qualified and carefully selected consultant."

— William R. Massingill, AIA, NCARB,
chief operating officer,
Polkinghorn Group Architects, Inc.



"Cross training of staff is very critical. Do not have only one person that knows how to do specific tasks. Delegate tasks and have a backup plan in the event that the staff member responsible for certain functions is not present (i.e., supply ordering, assisting in procedures, and rotation through all clinical areas). If a surgery center is transitioning and needs to downsize staff — the staff functions in one area and no other — agency nurses have to be hired to function in clinical areas where there is no one cross training to perform patient care. This can be very costly.

"Healthcare is highly specialized, so surgery centers often view clinical and business functions as separate areas of expertise and activity. A facility's board and its management company can assure the two sides offer their distinct competencies, while combining for the center's success. PHR experiences this challenge most pointedly in the more regulated states. There, for example, failure to seek and secure early accreditation can lead to delays and denials of participation in vital payor plans, bleeding working capital. For busy staff with patient care obligations, the time and strategic processes involved may be elusive. Similarly, business office staff not versed in care quality oversight may understate or incorrectly describe a center's scope of excellence in these areas. Balancing the need for excellence on both sides can be difficult solely through on-site management; frequently administrator candidates have experience and strengths concentrated in either arena. Providing the administrator a management company partner can augment leadership coordination of treatment and business office staff, so that paths to patient access, market share, and favorable financial results can all be enhanced. As a bonus, when this occurs, the staff is more likely to rate their work environments as patient-friendly, personally rewarding, and effective, and surgeons, in turn, increasingly view the center as productive and service-oriented."

— Justine B. Corday, chief development officer,
Physicians Health Resources

Staff that has been responsible for certain functions have to come in to perform those functions, and consistency and follow-up are difficult in this setting. Thus, lack of cross training can be very expensive to the center."

— Gayle R. Evans, RN, BSN, CNOR, MBA,
CASC, founder and president,
Continuum Healthcare Consultants, Inc.
and Quality Surgery Centers



"Respect for physicians as people is a critical component of a strong and successful center. When an ASC's staff

respects the physicians they work for, not only as doctors but as people, they're motivated to help the center and its management succeed. They're willing to go the extra mile to ensure the center's success because they know they're doing it for people they like and a working environment they enjoy. If you want your ASC to succeed, make sure the physicians treat their staff as part of an important and valued team. Doing so will get them that personal respect that makes all the difference."

— Bill Davis, senior vice president of operations, Titan Health Corporation