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SETTING THE RECORD STRAIGHT FOR AMBULATORY SURGICAL CENTERS

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When it comes to cities for active living, San Diego certainly ranks among the top in the nation. In fact, the city is consistently in the top 20 out of thousands of cities nationwide, according to the American Fitness Index,¹ which ranks cities based on factors such as walkability, safety, and accessibility, to things such as parks and farmers' markets.

Sadly, while the city is top in the nation for its abundance of available outdoor activities, that doesn't mean that all of our residents have the ability to take advantage of it.

Over half of San Diego's residents are between the ages of 25 and 64 – the prime time of our lives to enjoy healthy living.² Yet this can also be when the most active among us begin to experience pains and complications that discourage or prohibit activity.

At our ambulatory surgery center (ASC), we're trying to be part of the solution for residents who are healthy, but face a frustrating lack of mobility due to joint problems like hip or knee pain. For patients who are healthy and free from major risk factors, ASCs can prove to be an efficient and accessible option for surgeries that were once only done with an expensive overnight hospital stay. Now, total joint replacements can be done in just a few hours at an ASC, in a system specifically set up to safely and affordably offer these procedures.

It therefore greatly disturbs me when I hear misinformation or confusion about the safety standards or licensing requirements for ASCs.



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I hope that San Diego residents seek out the facts about patient safety protections in different surgery settings, and understand the great work and high standard of care that ASCs adhere to.

SETTING THE RECORD STRAIGHT Continued

All ASCs in California must adhere to a multitude of accreditation requirements in order to operate. For example, our surgery center is currently accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), one of five possible accrediting bodies, which is also responsible for accrediting community clinics and primary care settings. ASCs are also under oversight by the California Medical Board, which provides transparent information to patients about the accreditation status for all ASCs in the state. And similar to hospitals, ASCs that provide general anesthesia onsite must be Medicare-certified.

ASC operators and Medical Directors, including myself, are the first to say that not all patients are great candidates for outpatient surgery – and based on clear or potential risk factors, many potential patients are instead directed to hospital settings even for minor procedures. Part of our intake process includes a patient risk assessment to ensure that the patients we accept are expected to have a quick recovery from their surgery, and are in otherwise good health. At the same time, if there is a complication, unexpected outcome, or the surgery reveals a more difficult degree of disease or issue than initially planned, the physicians, nurses, and other medical professionals onsite at ASCs are trained to help in an emergency by providing cardiopulmonary resuscitation and using emergency equipment. Although rare, serious complications can arise, and the ASC protocol is to transfer a patient to an emergency room to ensure full access to emergency care and specialized emergency doctors.

Because ASCs have a much narrower focus than hospitals and only tackle a small set of procedures for a pre-screened population of patients, they can offer a different type of tailored care that is more specialized and customer-oriented than traditional hospital settings. Things like the lack of wait times, dedicated care teams, enhanced patient-doctor interaction, lower infection rates in comparison to hospitals, and individualized pre- and post-surgery consultations mean that ASCs are the ideal setting for some, with hospitals as the better settings for others. Our results are transparent,³ and we want to ensure that patients have the facts about ASC licensing and oversight, and can feel confident that outpatient surgery centers adhere to the same high standards for patient safety as outpatient hospital settings.

Replacing a joint, hip, or knee isn't the solution for everyone. And having that procedure in an outpatient ASC also isn't for everyone. But for patients who are being held back from enjoying an active lifestyle, from working, from enjoying something as simple as being able to walk down stairs unassisted — barriers that can be fixed should be fixed, with patient safety and well-being as the number one priority.

Dr. Mark S. Ransom is the Medical Director for the Carlsbad Surgery Center in San Diego, California and a board certified anesthesiologist specializing in outpatient surgery, including total joint replacement. He received his medical degree from Perelman School of Medicine at the University of Pennsylvania and has been in practice for more than 20 years.

- 1. https://www.americanfitnessindex.org/rankings
- 2. https://www.sandag.org/resources/demographics_and_other_data/ demographics/estimates/index.asp
- 3. http://www2.mbc.ca.gov/OSSDPublic/

