



Lessons Learned in Opening a Multi-Specialty Ambulatory Surgical Center

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Background and Purpose

This poster summarizes key **challenges** encountered and **solutions** developed during the opening of a **Multi-Specialty Ambulatory Surgery Center (ASC)** for the Cooper University Health Care System based in Camden, NJ. Opening an ASC is a complex and resource-intensive endeavor that requires integration of clinical, administrative, and logistical systems. While clinical outcomes and patient safety are the ultimate measures of success, **patient-care informed behind-the-scenes process planning and infrastructure design provide the foundation for effective operation.** Early engagement of the clinical team could have avoided supply, infrastructure, and process problems which delayed the site's opening.

This poster serves as both a **retrospective analysis of the project and a practical guide for builders and nurse leaders** engaging in similar undertakings by presenting the **lessons learned** by our team. It lists and reflects upon the major challenges faced and provides actionable recommendations to inform future ASC development efforts. Recommendations emphasize *interdisciplinary collaboration* and *focused, specific preparations.*

Site Description

This site is a newly opened ASC in Moorestown, NJ, for Cooper University Health Care, a healthcare system based in Camden, NJ. Cooper previously had one other ASC and two outpatient gastroenterology centers. This center is the largest, employing approximately **100 full-time equivalents who run 26 pre-/post-operative bays plus eight extended stay bays, six ORs, 2 gastroenterology rooms, and an interventional radiology suite.** It contains **13 specialties including neuro-spine, total joints, and interventional radiology.** Cooper Surgery Center at Moorestown is a Hospital Outpatient Department (HOPD).

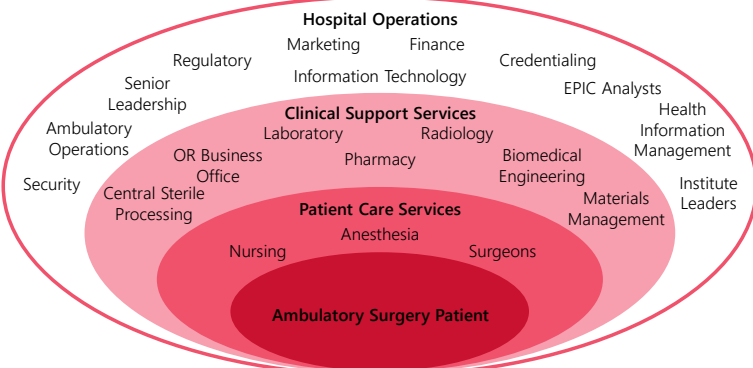
The building in which it resides was a Sears department store at the Moorestown Mall from 1971 – 2020 before it was converted to an ambulatory care facility in late 2023. In addition to the surgical suite, the space also houses specialty clinics, radiation oncology, outpatient radiology, laboratory services, physical therapy, on-site central sterile processing, and a cancer infusion center.

Methods

Shortly after the opening of the ASC, a series of meetings was held with the project's interdisciplinary stakeholders to reflect upon and record the challenges faced to that point. The topics discussed in that meeting are summarized here. The challenges can be grouped into two primary categories – or a combination of both – based on their root causes:

1. *Need for early cross-departmental communication*
2. *Need for preparations to be highly specific to the center, its goals, and its staff*

Recommendations for overcoming similar challenges are provided based on the lessons learned.



Meetings were held with members from 20+ departments of varying levels of proximity to patient care



Challenges Faced and Proposed Solutions

Shifts in the scope of services offered at the center affected budget, capital equipment purchases, and disposable PAR levels in the storeroom

- ↳ **Recommendation:** Implement a change management system with a **structured decision log** and formal **pause-and-plan** protocol

Engaged only department heads during planning, not the primary users of the space

- ↳ **Recommendation:** Create **small clinical advisory groups by specialty** of front-line surgeons, nurses, or proceduralists who **inform clinical decision making**

Regulatory and infection prevention teams were brought in too late, resulting in missed or suboptimal design features and questions during Joint Commission rounds

- ↳ **Recommendation:** Integrate regulatory experts into each phase of project planning from schematic design through go-live

Multiple teams maintained **independent task lists** with little cross-visibility, leading to **duplicate efforts and confusion**

- ↳ **Recommendation:** Establish a **centralized communication structure and shared task management platform** under the purview of a single project manager who monitors progress comprehensively

Infrastructure and equipment purchasing **decisions were made without full clinical input**

- ↳ **Recommendation:** Involve **clinical staff in equipment planning and room design** to ensure alignment between infrastructure and operational workflows
- Hiring staff was made difficult due to **atypical job titles and changes in the opening timeline**

↳ **Recommendation:** Extend job posting durations during ASC startups and **involve HR** in designing recruitment strategies tailored to surgery centers

Transfer of clinical policies and workflows from inpatient models was inconsistent and led to **misalignment with ASC workflows and scope**

- ↳ **Recommendation:** Perform a **detailed gap analysis** to know how standards of practice and policies need to be customized for ASC operation

Supply lists, inventory setup, and vendor contracts were not aligned with **preference cards**

- ↳ **Recommendation:** Finalize **preference cards early** so they can be used as the foundation for procuring equipment and supplies and to create a central contact and accountability list for external vendors

Sandbox environments and mock scenarios and did not adequately simulate the full patient journey

- ↳ **Recommendation:** Implement **multi-day simulations with real-time feedback that mimic the complete patient journey** and encompass complex patient scenarios

The **many specialties** housed in the facility meant that preparing workflows and training staff was **complex** and difficult to manage

- ↳ **Recommendation:** Implement a **phased opening** which allows for workflows to be refined and additional staff to be trained as needed before scaling up case volume and diversity of services

Building a unified Electronic Health Record structure was difficult due to the different builds of the many specialties being brought together under one roof

- ↳ **Recommendation:** Assign **dedicated EPIC consultants with RN backgrounds and experience with each build** to translate clinical needs into one functional IT structure

Communication



Preparation

Conclusions

This experience highlighted the complexity of opening a multi-specialty ASC and underscored the **critical role of nurses in every stage of planning and execution.** Because they are the end-users of these facilities, nurses possess unique insights into patient care, clinical workflow, and safety standards that are essential for a successful launch. By learning from the challenges we faced surrounding *communication breakdowns between departments* and *lack of focused and specific preparations*, future nursing teams in similar situations can proactively implement solutions that support high-quality care and operational efficiency.

Acknowledgements

This work would not have been possible without the hard work of my many colleagues. The success of this and future ASCs is possible because of the willingness and eagerness of those who identified the problems recounted here, produced solutions, and followed through on their implementation.