Introduction
The volume of ambulatory surgical centers is expanding. There is an established relationship between this growth and a decrease in postoperative admissions and cost to the patient. Ambulatory surgical centers (ASC) have been shown to operate at a higher efficiency than hospitals. Proven factors for this efficiency include working with a consistent OR and recovery team and having non-shift workers. The aim of this study was to determine specific factors influencing efficiency in a pediatric population. Identifying specific factors will make it easier for other pediatric ASC’s to replicate. The objective of this study was to compare the effect of preoperative IV placement, preoperative anxiolytics, and turnover times between an inpatient hospital (SLCH) and a hospital owned ASC (Children’s Specialty Care Center- CSCC) within the same health system. It was hypothesized that by having shorter turnover times, preoperative IV placement, and avoidance of a preoperative anxiolytic, pediatric patients would spend less time at the CSCC than at SLCH.

Methods
• Retrospective, single institution chart review.
• Evaluated for administration of preoperative midazolam, IV placement, and turnover times among patients ASA 1-2’s, under 21 years old, having strabismus surgery at the CSCC and at SLCH.
• Data was collected for a 5 month period. 288 patients met inclusion criteria. 157 from the CSCC, and 131 from the SLCH.
• Data was obtained from two information systems, the electronic anesthesia record for documentation on preoperative IV placement and midazolam administration and SIS analytics to assess turnover times.

Results
• SLCH had an equal number of ASA 1 and 2 patients, whereas the CSCC had a higher number of ASA 1’s (Table 1).
• A larger number of patients received a preoperative IV at the CSCC, while a greater number of patients had preoperative midazolam at SLCH (table 2).
• All durations evaluated were less at the CSCC (Table 3).

Discussion
The efficiency of the CSCC is multifactorial including:
• Lack of surgical trainees.
• Consistent OR staff responsible for patient care and OR turnover.
• Patient receives pre and postop care in the same room, including phase I and II of recovery.
• The design of the CSCC provides better flow with transporting patients.
• Preoperative IV placement and judicious use of midazolam.

Conclusion
If the time-saving practices of the CSCC are implemented in a hospital setting it could improve efficiency.

References