Cath Lab Digest

CATH LAB MANAGEMENT

A Glass Slipper? The Right Fit for Specialty Service Expansion

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The planning process for new service expansion includes several critical decisions, one of the most important being, “Where will this new service reside?” Corazon feels firsthand how the healthcare landscape is changing, with hospitals increasingly responsible for the most critically ill and complex patient populations. This is encouraging many leaders to consider what new programs should be evaluated to best meet the needs of their communities while also ensuring adequate utilization of existing resources.

Of course, any capital expenditure that involves construction is a considerable undertaking that must be carefully planned. As the adage goes, “A mistake will cost you three times: once when you build it, again when you tear it down, and a third time when you rebuild it.” In addition to the program expansion business plan, there should be a facility plan either in place or developed which incorporates the new program’s needs with considerations for the organization as a whole. It is important to include internal and, when necessary, external, experts to ensure the space is the right fit.

There are a few common scenarios with respect to space that tend to arise when a new service is being planned.

Shelled Space Already Exists

The easiest option for an expansion is if existing shelled space was added through a previous build. This space is typically a versatile, non-specialized area (eg, storage, locker rooms, etc.) that can be easily relocated through phased facility changes, with a lower investment required.

As organizations plan large-scale renovations (eg, a new tower or wing, an overall replacement facility, etc.), it is important to consider the strategic vision and how space may be used in the future. By completing adequate, accurate, and realistic strategic planning initiatives (including service line-specific planning), the organization may save money in the long run by reducing future renovation costs.

This is one of the many reasons that regular planning is critical not just for the organization as a whole, but for clinical specialties such as cardiovascular, neurosciences, and surgical services. These plans should involve or be shared with all stakeholders to ensure adequate consideration for specialized needs or future goals. For example, a neuroscience strategic plan will better allow facility planners to understand potential needs for interventional suites, evolving inpatient bed needs, how to integrate specialty clinics into the overall layout, or how each of these impacts patient flow and departmental adjacencies.

Shelled Space Can Be Reassigned

Along similar lines, there may be existing space that was earmarked for another project that has been significantly delayed or cancelled. As in the previous scenario, this requires some level of planning and anticipation of possible growth, except the original plan has changed. In these situations, it is important to consider how reallocating the shelled space can affect future plans. Was the program or service that was initially planned permanently abandoned or only temporarily delayed? What will be the “domino effect” of using this space now? Where will the originally planned occupant move? Is this option better or worse than pursuing another course of action for the immediate need?

As often occurs in strategic planning, these types of questions can lead to conversations that have a broader impact. For instance, does the originally planned expansion need to stay within the same building in which it was expected? Is it better to consider moving a new interventional suite or operating room into an ambulatory surgery center (ASC) instead of the hospital setting? Are there other ways to offer this service that can still meet the needs of the patients and the organization, possibly even better than the original plan? This type of thinking leads to the next scenario.

Creating Space Through Strategic Moves

With the significant shift toward outpatient services, certain modalities and procedures that were historically only offered in the hospital setting have moved to the hospital outpatient department (HOPD), physician offices, or the ASC. Cardiovascular services have been significantly impacted as the covered procedures list for ASCs added interventions, and it is expected to continue to grow.

Hospitals reaching capacity in a cardiac catheterization lab (CCL) should consider if they would be better served to fit another CCL inside the hospital, or if there may be a strategic partnership to add a CCL in an ASC. Corazon assists programs with this transition and understands how it is a significant consideration, as there are considerable differences in payments and expenses for the ASC setting of care compared to the hospital, even the HOPD. However, shifts are occurring in most markets and the question has become less about “if”, and more about “how” and “when” to gain the most strategic advantage from making the change. If patients are moving to this setting of care regardless of who is offering the service, failure to compete in that setting will ultimately result in declining patient volumes. While that would alleviate capacity concerns in a busy lab, it is not a strategy that lends itself to long-term success.

The structure of each program can also affect these strategic moves. Consider a hospital with five interventional labs that are shared between interventional cardiology, interventional radiology, and endovascular surgery. There are typically very different levels of acuity across these specialties, with many patients not requiring an inpatient stay. There could be opportunities to centralize one specialty in an outpatient setting, such as an ASC, to allow for greater throughput of another specialty. ASCs are not magical sources of square footage, though. These decisions will still depend on what space is available or may be renovated within the ASC, and if there are any state-level regulations which would affect what can be done in the ASC setting.

New Construction May Be Required

Even after all these options, or sometimes in addition, new construction may be required. The same principles apply: consider patient safety, ease of access, employee/physician/staff satisfaction, service adjacencies, and clinical requirements, while also incorporating facility and construction needs. As mentioned in the first scenario, work with organizational leaders to ensure any construction plans incorporate multiple projects and needs for several years to come. **It is vital that leaders ensure key service lines are adequately represented throughout the facility planning process, so the needs of key service lines must be adequately researched and anticipated.**

Construction projects can seem daunting, but they also represent a strategic opportunity. Communities tend to appreciate new things, as long as it does not appear to come at the expense of an unresolved problem. New construction should be accompanied by marketing campaigns, public relations efforts, community outreach programs, and more to gain emotional investment from patients while also highlighting how the new offering will benefit them.

Projects related to new services, such as neurointervention to treat stroke, are especially well positioned for these types of campaigns as there is a clear benefit that is being added to the hospital’s repertoire. Even new builds to support existing services can be a significant satisfier for patients — new medical offices to reduce wait times or bring care closer to home, ASC expansion to enhance ease of access and streamline day-of care for procedures, new testing in physician offices so patients don’t have to go into the hospital instead. Each option makes the construction project not only an operational opportunity, but a strategic one, offering new ways to interact with the patient population.

Temporary Solutions May Be Available

Depending on the construction timeline, temporary solutions may also be worth exploring. Firms like Modular Devices Incorporated and Cardiac Services offer modular and mobile CCL units that can be used while a permanent CCL is being built and installed. These types of solutions are affixed to the hospital and appear contiguous with the rest of the building for

a seamless patient experience. They are ideal for situations where the construction timeline is significantly longer than the operational preparations require.

Conclusion

A lot of this discussion boils down to effective planning for new services. **Any construction project is disruptive.** Consider small changes at home, like rearranging furniture, and how it can take several days to see if the new configuration is still functional and satisfactory. In the context of healthcare, this complexity increases exponentially, so it is essential to have a clear plan to manage changes. Even better is being able to back up the “how” with “why” changes are occurring and the improvements that will be waiting on the other side. Corazon plays a critical role in helping hospitals identify the right services to expand and develop a strategic roadmap that aligns with both patient needs and institutional goals.

Regardless of the construction project — whether it is a grand and beautiful new facility to welcome patients, a plain white hallway leading to a complex but sterile operating room, or a storage facility — the most important aspect will be the care provided and the lives improved within those walls.

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