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# Office Based Surgical Centers vs. Ambulatory Surgery Centers Do You Know the Difference?

To the casual observer, an Office Based Surgery Center (OBS) might look very similar to an Ambulatory Surgery Center (ASC). A fairly obvious difference would be that an ASC will be markedly larger than an OBS, even if they share the same specialty. Unless you are "in the business", the reason why is not so obvious.

ASCs are licensed to bill Medicaid for services. OBSs are not. Once Government funding is involved, a higher physical plant standard is required, triggering the need for significantly more space.

OBSs are governed by Local Building Codes alone (with a voluntary adherence to "Best Practices"). ASCs must not only comply with Local Codes, they must also meet National Building Standards. The "FGI Guidelines for the Design and Construction of Outpatient Facilities" (FGI) regulate an ASCs program; what spaces are required, their minimum sizes & clearances and how they must be fitted out (sinks, cabinetry, fixtures, etc.). FGI also cross references other National Codes which regulate infrastructure and Life Safety such as the National Fire Protection Association (NFPA) family of codes. Both FGI and NFPA demand much higher levels of Life Safety, environmental infrastructure and infection control.

From a spatial perspective, ASCs must have; larger exam rooms, dedicated space for janitorial/housekeeping supplies, specified areas for the storage and disposition of medical waste, separate and defined storage areas for equipment, sterile supplies, general/clerical supplies, anesthesia storage (cylinders), sterilization facilities, and a room/area for the receiving and breakdown of deliveries.

Operating Rooms (ORs) in ASCs must be significantly larger than those in OBSs and can range from 250 to 400 Net Square Feet (NSF) depending on the specialty. ORs for orthopedic procedures requiring specialized equipment need to be even larger (600 NSF). The "Net Square Footage" requirement means that an OR of 400 S.F. might need to be 450 Gross Square Feet (GSF) to account for built in case work and equipment clearances. Additionally, ORs must have a minimum clear dimension of 15 feet in any direction.

Pre-op and Post-op recovery areas in ASCs must also be significantly larger than those in OBSs. This is because more recovery bays are required per each OR and each bay must be a minimum of 80 Square Feet with specific clearances needed between stretchers. Recovery areas must also include a nurse station, med/clean utility room, patient toilet, supply/equipment storage and clear floor space for a crash cart.

FGI dictates a very specific spatial hierarchy for ASCs. The overall program must be divided into three distinct zones to promote infection control; public (unrestricted zone), semi-restricted zone and restricted zone. The public zone is limited to the ASCs entry, waiting area, reception/intake area and offices for clerical/business functions.

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The semi-restricted zone is limited to staff spaces (lounges, lockers), patient triage (exam, changing/lockers) clinical support spaces (soil rooms, sterilization rooms, equipment/sterile storage); general support (storage, receiving and mechanical equipment spaces) and Pre-op and Post-op recovery.

The restricted zone is limited to the ORs, anesthesia storage, scrub areas and clean utility/med rooms. Corridors linking recovery areas with the ORs must be a minimum of 8 feet wide and there must be a 6 foot wide path (corridor) through the semi-restricted zone to the ASCs main entry for emergency stretcher evacuation. Elevators serving ASCs above street level must be sized to accommodate stretcher evacuation as well.

Infrastructure-wise ASCs again have much more robust requirements than OBSs. ASCs must be fully sprinklered, require a master coded fire alarm with direct fire department notification, piped medical gases and an emergency generator. Due to higher infection control standards, the ventilation air in ASCs must be "changed" more time per hour dictating larger HVAC units with higher level air filters. The ORs themselves require even higher air change levels and the recirculation of air within the ORs is prohibited.

ASCs also have specialized electrical system requirements including the mandatory use of "Hospital Grade" outlets with dedicated grounding. There are also mandatory requirements for the minimum number of piped oxygen and vacuum outlets needed within each OR and within the recovery areas.

Given this long list of spatial and infrastructure requirements you can now see why ASCs must be significantly larger than OBSs, but how much larger is not so obvious. Let me give you a sense of scale.

Looking at "scale", a multi-specialty ASC with five 450 GSF ORs would require anywhere from 12,000 to 15,000 GSF to configure depending on the proportions of the space (the closer to a square, the better).

Although I have tried to be fairly comprehensive in outlining "What It Takes" to configure an ASC, this is a very complex build-out and would take many more pages to give you even a more basic understanding.

If you would like more information on this subject, please contact our expert team at JWB. It's what we do!