anesthesiology subspecialty societies. Examples of their prowess include an individual who, in addition to his highly successful academic career, has been the editor of a prestigious medical journal for several years and another who now works in industry and is responsible for a major effort to introduce new anesthetic medications.

It is obvious that the relationship between Mayo Clinic and FAER has been mutually beneficial to both our department and the entire anesthesiology community. As such we must extend our gratitude to those who have supported FAER over the years. Many individuals currently involved in research and education jump-started their academic careers by successfully obtaining a FAER grant. This success, representing as it does only a microcosm from the totality of FAER’s work, demonstrates the importance of FAER to this specialty at-large.

Gonda Outpatient Procedure Center

Mary Ellen Warner, M.D.

Leadership of the Outpatient Procedure Center, from left to right: Mary Ellen Warner, M.D., Director; Marilee Hughes, RN, Head Nurse; Marlea Judd, CRNA Supervisor.

June 2nd marks the 4th anniversary of the Gonda Outpatient Procedure Center located on the 7th Floor of the new Gonda Building. For those of you who have not returned to Rochester in a while, the 20-story Gonda Building is the most prominent newer structure in the Mayo complex linking as it does the Mayo Building and the Charlton Building of Rochester Methodist Hospital.

The Department of Anesthesiology had an integral role in the development of the Outpatient Procedure Center. As originally designed, the center provided a coordinated accredited procedural area that could be used by multiple practices requiring monitoring and/or sedation care in their procedural practice. Plans were made to relocate existing sedation practices from the Mayo Building to this new Gonda facility. It quickly became apparent that there would be other uses for such a facility including using it to decompress surgical suites within the hospitals and modeling “same-day” surgery practices and ambulatory surgery processes. As we evolved, plans were changed from providing a facility devoted to procedural sedation care to one in which both procedural sedation care and ambulatory surgical care could be performed with various types of anesthesia including local anesthesia, monitored anesthesia care, regional anesthesia, and general anesthesia.

Unique to the design of the facility was the need to incorporate both hospital-based and clinic-based procedural and surgical practices in the same facility. The facility is very welcoming to patients and their families because of its structural design. Patients and their family members are assigned small private individual rooms (approximately 100 square feet in size) which can be used for either preoperative or postoperative care. During the preoperative phase, all the necessary assessments are completed, monitoring is initiated, and IV access established. The patient’s “chair” then becomes the patient’s cart for transport as well as their operating room table. This minimizes the inefficiency of time devoted to transfer of
the patient. Another unique feature of these preoperative/postoperative rooms includes a portable locker on wheels which allows the use of the same room for another patient once the patient goes to the surgical suite.

In addition to the 20 preoperative/postoperative individual patient rooms, the facility has four "traditional" 400 square-foot operating-room suites located around a central sterile core, an additional six smaller procedural rooms (each 200 square feet) and one larger procedural room (350 square feet). All of the procedural rooms are designed so that they can be utilized by multiple specialties.

The primary users of the Outpatient Procedure Center include Ophthalmology, Urology, Hematology/Oncology, Oral and Maxillofacial Surgery, and our own Department of Anesthesiology with the Pain Medicine practice. Other specialties which use our center on occasion include Dermatologic Surgery, General Surgery, Vascular Medicine, and Neurology. Types of procedures performed by the Department of Ophthalmology include cataract extraction, eye muscle surgery, and corneal transplants. Urology's practice ranges from the routine cystoscopy and prostate biopsy to brachytherapy for prostate cancer and prostate resection using laser photoselective vaporization of the prostate (PVP). The Hematology/Oncology practice primarily comprises bone marrow biopsies and lumbar punctures. Oral Surgery utilizes the facility for both their hospital and clinic procedural practice. Pain Medicine has been a major player in the facility with a wide range of pain procedures performed.

The average case volume for the Gonda Outpatient Procedure Center is 55 cases per day. A total of 13,774 procedures were performed in 2006. Our OR utilization in the major rooms (Urology, Ophthalmology, and Pain Medicine) ranges from the high 70s to almost 100% in any given month.

One of the unique features of the Outpatient Procedure Center is its RN staffing model. This has allowed us great flexibility and an ability to staff the center according to workload needs. The versatile RN staff perform a variety of functions including preoperative care, intraoperative scrubbing and circulating roles, postoperative care, and sedation care. The "can do" attitude and team approach of our RN, CRNA, and MD staff and our anesthesia assistants has been vital to the success of the center. This work ethic has allowed the center to succeed not only in terms of financial ramifications, but efficiency and, most importantly, user and patient satisfaction and outcomes.

The institution recognizes the success of the Gonda Outpatient Procedure Center on Gonda 7 and has asked the Department of Anesthesiology to play an integral role in the planning and development of a larger outpatient procedure center on Gonda 15 which is currently under construction. This center will probably open in the beginning of 2008 and will include 8 large operating rooms (approximately 500 square feet), 4 large pain procedure rooms, and 21 private preoperative/postoperative rooms modeled after the Gonda 7 design. We are presently in the process of hiring staff for this facility and outfitting the facility with equipment. The primary users of this facility will be Orthopedics, General Surgery, Plastic Surgery, and Gynecologic Surgery as well as an integrated Pain Medicine practice. I look forward to reporting to you on the progress of this new procedure center in the future and invite you to stop in and see either of our facilities if you are in the Rochester area.