

**Anne Arundel – SCA SurgiCenter,, LLC, d/b/a AAMC Surgery Center – Annapolis  
Matter No. 25-02-2473**

**Re: Response to First Round Completeness Questions received August 25, 2025**

On behalf of AAMC Surgery Center – Annapolis, I would like to thank Bill and the Maryland Health Care Commission for initiating today’s meeting to review our responses to the first round of completeness questions. We sincerely appreciate your time and your willingness to engage in thoughtful dialogue with us.

Based on the tables published as part of your response to completeness question #13a., staff have observations where clarity is needed:

1. Table 8 (p25 of August 25<sup>th</sup> completeness response) shows the total number of surgical cases as: 3,179; 4,261; 4,415: and 4,415 from CY 2026 through CY 2029 respectively. However, this does not match with the total number of cases published under Table 7 (completeness response) which is the projection for the entire facility. Table 7 shows 3,011; 3,946; 4,079; and 4,079 from CY 2026 through CY 2029. Please clarify this discrepancy.

**RESPONSE:**

Tables 5 and 6 sufficiently demonstrate the need for a third operating room at AAMC Surgery Center – Annapolis. As such, it is appropriate to exclude Tables 7 and 8 from the justification for this expansion.

2. While the totals under Table 7 of completeness response now aligns with the Revenue and Expenses Table 3 Line Item 1b. Outpatient Services (p63 of the CON Application), staff is not sure what to consider as the projected Total Number of Surgical volume (does this include both procedure room (PR) and operating room(OR) surgical volumes) for the proposed ambulatory surgical facility (ASF).

**RESPONSE:**

Tables 5 and 6 sufficiently demonstrate the need for a third operating room at AAMC Surgery Center – Annapolis. As such, it is appropriate to exclude Tables 7 and 8 from the justification for this expansion.

3. Discussing procedure room and operating room case volumes, the total cases shown in Table 7 of Completeness response table are actually the addition of Total OR Cases plus Total PR volumes. Per your response in CON application (p44) "*important to clarify that AAMC Surgery Center – Annapolis tracks surgical activity by the number of cases rather than by the number of individual procedures performed.*" However the total number of PR cases shown is zero (both in CON application as well completeness

response). Kindly clarify the PR case volume for staff to arrive at the Total Number of Surgical volume (report PR and OR separately and as a total).

**RESPONSE:**

"The statement in the CON application (p. 44) that 'AAMC Surgery Center – Annapolis tracks surgical activity by the number of cases rather than by the number of individual procedures performed' is accurate and applies specifically to Operating Room (OR) cases. Conversely, activity in Procedure Rooms (PR) is tracked by the procedure performed, not by cases. Therefore, the absence of PR case volume in both the CON application and the Completeness Response reflects this distinction in tracking methodology.

4. Regarding Table 5 of completeness response (p. 24), the projected utilization for AAMC – Annapolis indicates that the OR Need will increase from 2.82 ORs in CY 2026 to 3.5 ORs by CY 2029. With the proposed addition of a third OR, the proposed ASFs surgical utilization still shows the need for additional surgical capacity to meet the proposed surgical volumes by CY 2029. How will AAMC – Annapolis address the projected need for additional surgical capacity by CY 2029?

**RESPONSE:**

AAMC Surgery Center – Annapolis acknowledges that the projected surgical volume exceeds the capacity of the additional operating room proposed in Table 5. This limitation is primarily due to financial and space constraints, which have been carefully considered in the planning process.

AAMC Surgery Center - Annapolis has carefully reviewed this data and proactively explored strategies to optimize operational capacity. Our considerations include:

1. Optimize Existing OR Time

A. Block Time Efficiency

- Audit block utilization: With two ORs currently and three planned, ensure blocks are being used efficiently. Reallocate underused blocks to high-volume surgeons.
- Surgeon-specific scheduling: Use historical case durations to tailor block lengths and reduce idle time.

B. Turnover Time Management

- Lean process improvements: Conduct workflow studies to reduce turnover time and increase usable OR minutes.

C. Case Mix Optimization

- Group similar procedures: Improves setup efficiency and reduces turnover complexity.

2. Extend OR Availability

A. Add Extended Hours

- Evening or weekend blocks.
- Pilot Saturday sessions: Start with high-demand specialties.

B. Staffing for Growth

- Staggered shifts: As volume increases, consider overlapping shifts to cover extended hours.
- Cross-training: Prepare staff to support flexible scheduling and off-peak operations.

C. Procedure Room Utilization

- PR added in CY2026: Use this room for qualifying lower-acuity or short-duration procedures to offload ORs.
- Expand PR scheduling: Increase utilization of the procedure room to absorb growth without overloading ORs.