continued to teach even since attaining emeritus status in 1997. (For more about Pfefferkorn’s career, see “An Amazing Human Being” in the Spring 2008 Dartmouth Medicine, at dartmed.dartmouth.edu/sp08/f01.)

“I am sure that having this chair will further strengthen an already well-funded and productive department,” Pfefferkorn observes.

The second new chair, which will be based within the Dartmouth Institute for Health Policy and Clinical Practice (TDI), was established to recognize Batalden’s pioneering work as a leader in health-care improvement strategies. Although he plans to retire this summer, Batalden will continue to teach at DMS. He will also remain active with TDI’s Leadership Preventive Medicine Residency program, which provides training in outcomes measurement and in the leadership of change and improvement in health-care systems. A search is now under way for someone to hold the endowed chair as well as be the director of TDI’s Center for Leadership and Improvement. (For more about Batalden’s work, see “What System?” in the Summer 2006 issue, at dartmed.dartmouth.edu/su06/f01.)

“I’m sure the next turn of the work will build on what I’ve done,” says Batalden. “I look for it to go much further.”

Laura Stephenson Carter

Surgery center is under construction, off site

You haven’t been able to eat or drink for hours. But just as the appointed time for your elective surgery finally approaches, you’re told that you’ve been bumped to a later slot, to make way for an unexpected trauma patient.

That scenario happens more often than anyone at DHMC, patients or providers, would like. And it’s not just inconvenient for the patient; it’s also expensive for the Medical Center, which must pay overtime when the operating room schedule runs longer than planned.

Efficiency: So DHMC is building a new off-site Outpatient Surgery Center (OSC) to alleviate this all-too-common problem. Improving efficiency, convenience, and safety are the primary aims of the $33-million facility, which is scheduled to be completed in the spring of 2010. It will contain four operating rooms (plus space for four more) that are equipped for various same-day procedures in orthopaedics, ophthalmology, otolaryngology, and plastic surgery, as well as other specialties.

DHMC currently has 26 operating rooms, which often function at maximum capacity. “We’re out of places to put ORs at the current campus,” says Dr. Michael Sparks, an orthopaedic surgeon and the medical director of perioperative services at DHMC. The number of operating-room procedures has been growing by 4% to 6% each year for the past several years, according to Sparks.

Another reason behind the OSC, besides the addition of much-needed capacity, is the establishment of a training environment for surgical residents and fellows that mimics a private-practice surgical center.

“Most people who finish their residency don’t go into an academic practice,” says Sparks. “They go into a private-practice world. And the things that drive private practice are different than the things that drive academic practice. Part of our goal here is to educate residents completely and to prepare them to deal with the environment that they’re going to have to deal with. This is an important part of their world—an ambulatory surgery center.”

Many outpatient surgery centers in other parts of the country are run by private physician groups, and nonprofit hospitals often accuse such centers of skimming off desirable patients and performing only the most highly reimbursed procedures.

Nonprofit: But the Dartmouth OSC will be part of DHMC, which is nonprofit. “This is not a freestanding for-profit,” says Carol Majewski, nursing director of DHMC’s perioperative services, even if its site is separate from DHMC’s main facility.

Located on LaHaye Drive, the 40,000-square-foot OSC will incorporate many sustainable energy principles, such as passive solar heating and lighting.

Although construction of the building began earlier this year, the project can be halted if the economic recession becomes even worse than anticipated. But so far, “the recession has helped a little bit,” says Majewski, because contractors have less work than usual.

Project: “Right now the project is under budget and on schedule,” Sparks adds.

Jennifer Durbin