The Perioperative Surgical Home (PSH) is a patient-centered, physician-led, team-based model of care that helps navigate patients through the entire surgical experience, starting with the decision to have surgery through discharge and beyond. In the decade since launching, the PSH has evolved to better improve patient outcomes, decrease costs, increase provider satisfaction, and enhance patient experiences. Still, myths and misperceptions exist. Here are 10 common myths plus the real facts...

1. **PSH is too big of an undertaking.**
   - FACT: PSH works great for large organizations … and equally well for small organizations. Big or small, PSH help organizations prove value and improve care.

2. **PSH requires an all or nothing approach.**
   - FACT: PSH is modular—you can use only the solutions that fit your organizational needs. Many successful participants started small with a single champion focused on one procedure. With one small win in hand, you can scale based on institutional needs or simply enjoy the initial win.

3. **PSH must be anesthesiologist led.**
   - FACT: PSH is often led by anesthesiologists. However, PSH can be led by any physician willing to invest time in improving systems for patients and providers. In fact, PSH implementation often benefits from interdisciplinary co-leaders.

4. **PSH is undefined.**
   - FACT: ASA defines the core principles and components of the PSH model in 2020. You can find detailed info in the recently released PSH implementation Guide.

5. **PSH and ERAS are the same.**
   - FACT: PSH is an organizational structure by which health care providers can implement ERAS protocols.

6. **PSH leads to case cancellations.**
   - FACT: PSH helps health care organizations optimize patients. And when patients are optimized, same day cancellations decrease.

7. **PSH is too expensive.**
   - FACT: Actually, PSH delivers outstanding bang for your buck. It’s a sensible investment that enables you to put systems in place that pay dividends for patients, hospitals, and clinicians.

8. **PSH is only for large facility setting or academic centers.**
   - FACT: PSH is modular—you can use only the solutions that fit your organizational needs. Many successful participants started small with a single champion focused on one procedure. With one small win in hand, you can scale based on institutional needs or simply enjoy the initial win.

9. **Actually, PSH opens up new revenue streams. Through co-management agreements and Hospital Quality and Efficiency Programs (HQEPs), real savings and revenue can be achieved with a PSH.**
   - FACT: Actually, PSH is truly adaptable to all service lines. It’s built to customize.

10. **PSH only works with ortho.**
    - FACT: PSH is an organizational structure by which health care providers can implement ERAS protocols.

Learn more about PSH facts with the new PSH Implementation Guide. Find it at asahq.org/psh