

George R. Arends, M.D.
Medical Director



As medical director, Dr. Arends' first goal is to be the steady influence for the RASC patient care team.

"After years of working with me," Dr. Arends says, "the nurse anesthetists know how I prefer patients to be prepared for surgery, and they understand the kinds of medications and anesthetics that achieve the best results in specific outpatient procedures."

As a practicing clinical anesthesiologist, Dr. Arends appreciates the value of fostering physician satisfaction.

"One way RASC excels at serving the medical community is the emphasis we place on starting every case on time," he says. "We have excellent time control. Surgeons like to schedule cases here. They do not encounter delays, and we help them manage their time effectively."

Evidence of physician satisfaction can be found in the fact that mixed in with the names of 165 active medical staff are most of the original members from when the surgery center opened in 1994.

"The ophthalmology physician who performed the very first cataract surgery at RASC had 15 cases here today [on a day in early March]," Dr. Arends says.

Background

Education: University of Michigan, Ann Arbor, Michigan (Doctor of Medicine); Wittenberg University, Springfield, Ohio (Bachelor of Science)

Certification: American Board of Anesthesiology

Academic Affiliations: Clinical Assistant Professor, University of Illinois College of Medicine

Professional Organizations: American Society of Anesthesiologists, Illinois Society of Anesthesiologists, American Medical Association, Illinois State Medical Society, Winnebago County Medical Society

Drs. Arends and Gunderson were instrumental in launching RASC. They spent two years traveling and researching outpatient surgery centers before ground was broken on the medical building. The desire to develop "the most cost-efficient, safe facility that provides the best service to patients" motivated the two physicians.

Of course, serving the community, employees and medical staff takes a whole team: physicians, nurses, technicians and support personnel. A firm believer in preserving continuity, Dr. Arends makes a point of "being present."

"The objective is to coordinate everyone," he says. "Either myself or Dr. Gunderson is always on hand. It is easier to run a facility with a predictable chain of command. Whether it involves a medical determination or a business determination, decisions that need to be made can be rendered immediately."

Insights

- Avoid delays by inserting flexibility into the schedule and not overscheduling the facility.
- Scheduling the first procedures to start at 7 a.m. allows surgeons to perform short cases and still arrive at their respective offices or hospitals in time to begin their morning cases.
- Stay current with surgical devices and supplies required by the surgeons and collaborate with the surgeons to choose the best-performing and most cost-effective equipment.
- Take advantage of visits to other facilities to learn new tools and enhanced techniques to improve performance at RASC.
- Continually research different surgical specialties that would complement the procedures RASC presently performs.
- Allow the nursing staff autonomy to manage their areas.
- Try not to interfere with what works well.

Tuning Up the Patient Schedule

A successfully managed surgery schedule translates into timely patient care, satisfied physicians and prompt reimbursement. At RASC, the surgery schedule drives staff productivity and operating room use. Our staff are experts at bringing the physician and patient together at the precise time the patient's appointment has been scheduled. These scheduling tips can help physicians on the medical staff at RASC avoid unnecessary delays so they can treat more patients more efficiently:

- Doctor's orders given during the scheduling call must be received by a registered nurse, or faxed to our Preoperative Department.
- Weight restriction for patients is 350 pounds (see related story on page 3).
- Currently RASC is not certified to accept Illinois Public Assistance.
- For special equipment and supply requests, contact our Materials Coordinator at (815) 231-5410.
- Insurance questions should be directed to the Insurance Verification Coordinator at (815) 231-5402.
- Surgical cases are usually completed by 3 p.m.
- To cancel a case for the next day after hours, please call our main number at (815) 226-3300 and leave a voicemail.

"The surgery schedule drives staff productivity and operating room use."



Deb Ballard (left), surgery scheduling specialist; Erica Lander, insurance verification coordinator

Inside RASC



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Business Offices Expansion the Right Medicine



Amid the varied office sites in the Guilford Square section of Rockford, Rockford Ambulatory Surgery Center could pass as just another building on the city's medical horizon.

But the RASC building represents more than earth-tone brick and shiny glass, according to Dr. Steven A. Gunderson.

"The location provides tremendous comfort for our patients and convenience for our physicians going to and from the facility," offers RASC's chief executive officer and administrator.

In the past 15 years, the multispecialty outpatient surgery center has



The building project added space for the Business Department.

"The location provides tremendous comfort for patients and convenience for physicians."

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Business in a Medical Corridor

Business Department works directly and behind the scenes to oversee cases, accounts.

The first thing you don't notice about the Business Department is how thoroughly its activities contribute to RASC's overall operation.

"The general public interacts with the front office receptionists, and patients proceed from admission through the preoperative, operative and postoperative stages of their surgical procedures," says Dr. Steven A. Gunderson, CEO and administrator. "But an immense amount of direct and behind-the-scenes work

enables the roughly 5,000 cases we treat each year to go smoothly for both the surgeons and their patients."

Down to business
The Business Department comprises 12 full-time and part-time professionals who

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What's New at RASC
Newly completed expansion enables better utilization of the facility and staff.



Meet Dr. Arends
RASC medical director provides a steady influence on the patient care team.



Scheduling Guidelines
Proper scheduling ensures the safest, highest quality of patient care.

Facility Expansion

Continued from cover

made a mark in the greater Rockford area because of the ability to deliver such a wide range of medical services in a smaller setting.

One of the challenges involves balancing the need to care for the area's citizens in a warm and personal atmosphere while making every square foot count. The recently completed expansion is designed to utilize the facility and staff more efficiently by consolidating RASC's business administrative functions under one roof.

"Having our office personnel working in different locations throughout the building, as they were



Dr. Steven A. Gunderson, CEO/administrator

previously, made it harder to take advantage of everyone's talents," Dr. Gunderson explains. "That was especially true in the area of cross-training. We also wanted to open up existing space to accommodate other functions."

At approximately 1,200 square feet, the construction project brought the total size of RASC to 19,000 square feet. It created new offices for the CEO, scheduling staff, accounts receivable and payable staff, and computer server. A special area has been given over to meetings and presentations.

"We have never had a dedicated conference space," Dr. Gunderson says. "This is a big improvement over having one of the waiting rooms occasionally double as a meeting area,

which is not very convenient. In addition, the room will serve as a venue for webinars and other educational purposes. Staff members will be able to experience ideas, insights and best practices from experts on medical and nonmedical topics."

Finding fresh uses for the vacated areas was easy. RASC has targeted some of the space for extra storage — "You never can have too much storage space," Dr. Gunderson says — along with offices for the materials coordinator and the assistant to the director of nursing. The surgery center also plans to create a private room for the CRNAs.

"The question we always ask ourselves," he says, "is how will this provide an experience that is more positive for everyone involved?"



Bev Knautz, coordinator business office/credentialing

"The conference room will serve as a venue for webinars and other educational purposes."

Nothing Stays the Same Forever

Growing pains are a rite of passage. For RASC, it has been growing pleasures over the past decade and a half.

The 1,200-square-foot addition, modest by hospital standards, is the second expansion since RASC opened its doors in 1994. An earlier construction project, undertaken in 1998 in response to the growing case load, added one operating room, two procedure rooms and a second-stage recovery area.

"This building reflects our service-centered attitude," Dr. Gunderson observes. "We continually receive high marks because we take a different approach than what one might expect from health care. It's all part of an effort to raise the bar for health care by creating an environment where patients and physicians want to be."



Business Department

Continued from cover

collectively oversee patient accounts. Billing, verifying insurance coverage, filing and refiling insurance claims, advising patients of their account status and tracking changes in insurance coverage are all in a day's work. Financial counselors are available to discuss any questions from patients related to billing, insurance or financial assistance.

Other typical back office responsibilities include negotiating RASC's contracts with insurance providers and vendors for everything from the HVAC and electrical systems to hazardous waste disposal and biomedical equipment repair.

Staying on schedule

The efficient scheduling of surgical procedures to operating rooms is the process at the heart of this department. Scheduling staff work with each surgeon's office to provide an operating room for the time it is needed.



Beth Peterson, clinical data specialist

"We pride ourselves on utilizing our surgeons' time well with efficient room turnovers," Dr. Gunderson says. "Scheduling is a complex process. Ideally, patients on each operating room schedule are always prepared for surgery at the exact time that the preceding procedure ends. The goal is a 'no-wait experience' with no downtime and the operating rooms functioning at peak efficiency."

Patient data gathered at the time of scheduling is used to begin preparing a patient chart. The Business Department coordinates with the Preoperative Department on what will become a complete and accurate patient record ready for the patient's arrival on the day of his or her surgery.

Additionally, the Business Department communicates with clinical staff and the

materials coordinator to make sure the equipment and supplies employed in the surgical case to the surgeon's precise needs.

By the numbers

Members of the business staff have extensive knowledge of medical terminology and medical coding. Based on the operative report dictated by the surgeon, the coding specialist assigns appropriate CPT codes so that the billing staff can generate an electronic billing statement that is sent to the insurance carrier or Medicare.



Deb Burgess, receptionist/admission clerk

The Business Department is the source for myriad records required by the State of Illinois. Chief among them are infection control statistics, quality improvement studies, case volume and demographic data. At the same time, the Business Department is responsible for safeguarding the integrity of protected health information under the HIPAA Privacy Rule.



Gayle Olson (left), collection coordinator; Kris Mimier, accounts payable/payroll coordinator

As a patient-oriented facility, RASC maintains accreditation status through the Accreditation Association for Ambulatory Health Care (AAAHC). The Business Department ensures that the recertification of the facility and staff is always up to date. The department also sees that RASC meets the licensing requirements of the Medicare system.

Patient Guidelines for Scheduling at RASC

Maintaining a safe operating environment is key to delivering superior outpatient care for your patients. That's why RASC's Medical Advisory Committee and Board of Directors regularly review national medical literature, procedures, policies and guidelines regarding ambulatory surgery centers.

Of course, many important factors combine to ensure that patients receive the safest, highest quality of care. Among these are patient selection and scheduling.

As part of RASC's ongoing efforts to address safety concerns that arise, we recently adopted the following guidelines related to patients with obstructive sleep apnea, excessive weight (body mass index) and automatic internal cardiac defibrillators.

Body Mass Index (BMI)

BMI ≥ 50 kg/m²: Do not schedule patients at RASC.

BMI ≤ 40 kg/m² with medically documented obstructive sleep apnea and a continuous positive airway pressure unit: Schedule only for procedures that do not require sedation.

BMI = 40-50 kg/m²: Patients without medically documented obstructive sleep apnea may be scheduled at RASC; however, the anesthesia care team will evaluate the patient's airway management history prior to performing anesthesia. In rare instances, the surgical procedure may need to be cancelled in the interest of patient safety.

Patient Weight:

Do not schedule patients at RASC weighing more than 350 pounds.

Automatic Internal Cardiac Defibrillator:

Do not schedule patients at RASC if they have an implantable cardioverter-defibrillator.



A Reliable Indicator

Body Mass Index (BMI) is one of the most accurate ways to determine when extra pounds translate into health risks. BMI takes into account a person's weight and height to gauge total body fat in adults, which is related to the risk of life-threatening diseases.

The score (represented in kilograms per square meters) is valid for both men and women, but it may overestimate body fat in athletes and others who have a muscular build. It also may underestimate body fat in older people and others who have lost muscle mass.

We invite you to download our BMI index table at: <http://www.rockfordambulatory.com/bmi>

Below 18.5 kg/m ²	Underweight
18.5 – 24.9 kg/m ²	Normal
25.0 – 29.9 kg/m ²	Overweight
30.0 kg/m ² & above	Obese

Did You Know?



Rockford Ambulatory Surgery Center recorded 5,430 patient visits and performed 8,324 procedures in 2008. In the first three months of 2009, 1,360 patients visited the center. Cataract surgery was the most common surgical procedure performed.



Lori Brown, medical record/scanning clerk



Anna Drog, coordinator patient account services



Danielle Moen-Hinkle, surgery scheduling specialist