

# Inside RASC



Rockford Ambulatory  
**SURGERY CENTER**



Volume 2, Issue 1

## Quest for Sterilization Quality

Jan Mosher greatly eases the burdens and stresses on physicians performing procedures at the surgery center. Surgeons can be confident that their instruments are clean and contaminant-free and that sufficient quantities of gloves, masks, scalpels, needles and other surgical accessories are present in an operating room at all times.

*“All our sterilizers are automated and self-monitoring for any malfunctions,”*

As a central sterile processing technician, Jan specializes in sterilizing, packaging and

preparing the tools and equipment used every day in surgical procedures. She frequently conducts inventories and obtains additional supplies when necessary.

### Cleaning and sterilization

Jan’s job entails recovering instruments from completed cases, and manually removing debris, fluids and blood with detergents. Clean instruments are assembled as sets, wrapped and sterilized so they are ready for another surgical procedure.

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## Who Are the People Behind Those Masks?

**Our patient-centered surgical care team makes the surgical experience the best it can be.**

Rockford Ambulatory Surgery Center’s simple mission is to deliver the highest quality outpatient care with the highest customer satisfaction. The patient-friendly atmosphere is mirrored by the close working relationship between surgeons, anesthesiologists, nurse specialists and staff.

Seventeen nursing caregivers and ancillary support personnel staff the surgical department. The surgery center houses five operating rooms and two treatment rooms where upwards of 25 procedures are performed per day. Most procedures take 30 to 60 minutes, with local or general anesthetic.

Just like the surgical patients, the surgeons depend on the skills and knowledge of those in the operating room.

“When the doctors first arrive, they want to concentrate on greeting the patient, completing the consent form, if needed, marking the surgical site and so on,” says Dr. Steve Gunderson, CEO and medical director. “Once they enter the operating room, the staff have coordinated everything so the case begins

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## Check Out Our New Billboard

Digital billboards have brought outdoor advertising to a new level. The first ad in our new campaign will begin running May 1 on the corner of South Perryville and Newburg roads. The campaign celebrates the many qualities that distinguish Rockford Ambulatory Surgery Center from other health care providers. A different ad will

appear every month, putting our brand in front of lots of new people all day, every day. The main goal of the first ad is to inform people about our huge commitment to patient satisfaction.



 **Inside this issue:**



**Scheduling Tips:**  
Providing precise information avoids delays



**Patient Care:**  
The role of our OR charge nurse



**Seeing Clearly:**  
Ideally equipped for vision correction procedures

## Sterilization Quality

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Special sterilization equipment, such as autoclaves, eliminates the potential for infection. For each surgical instrument, Jan utilizes the most effective sterilization technique. She monitors the sterilization process and inspects sterilized items. Once medical tools are cleaned, she makes certain that instruments remain free of microbial contamination while transporting and storing them.

### Equipment operation and maintenance

Just like surgical instruments, the sterilizers require maintenance and cleaning.

“All our sterilizers are automated and self-monitoring for any malfunctions,” Jan says. “In addition, service representatives regularly maintain and service the equipment.”

Proper technique includes machine testing in accordance with manufacturer specifications and guidelines. For instance, the washer is tested with a test pack once a week, and autoclaves are tested both daily and weekly. It is Jan’s responsibility to stay abreast of the most recent guidelines.

“There is a long list of checks and balances to determine whether the machines consistently reach established parameters for optimal sterilization,” Jan says. “Temperature, time of exposure, humidity level — these are just some of the parameters that are recorded and checked and double-checked.”

### Inventory and distribution

Keeping a minimum number of clean surgical instruments available for planned surgeries is an essential component of Jan’s work. Instruments are sorted and stored according to surgery center policy.

Jan prepares procedure trays with all the sterile instruments needed for specific operations. A trained surgical technologist, Jan is able to recognize surgical instruments and identify them by name. She also collects equipment and instruments after use and returns cleaned equipment on case carts to the proper storage location.

## Transitions

A story in a previous issue of Inside RASC (Volume 1, Issue 3, “Advise and Consent”) profiled the role and responsibilities of the Medical Advisory Committee. One of the committee’s nine members, Dennis Corcoran, M.D. (urology), has decided to leave the panel. We wish to thank Dr. Corcoran for his dedicated service since 2003. His guidance will be missed.

# No In-Between



“Something is sterile, or it isn’t. There is no **S**in-between,” declares Jan Mosher.

A surgical technologist prior to shifting to sterile processing, Jan became an integral member of the surgery center in 1997. The sterilization guru begins her workday at 5 a.m. By the time she leaves at 1:30 p.m., the bulk of disposable and reusable items has been readied for the next day’s surgical cases.

“Getting supplies assembled, anticipating what is needed and knowing how to maintain sterilization every step of the way is incredibly important,” Jan says.

Jan receives assistance as necessary and available from surgical technologists, nurses and Materials Management Coordinator Barb Johnson.

“If a surgeon wants certain types of instruments, I’ll work with Barb to prepare and decontaminate the instrument sets so they are sterile when the surgeon is ready for them,” she says. “We work well as a team. Everyone is very careful that instruments are not handled too soon, no moisture is present on the instrument pack after the sterilization cycle is completed or packs are free of even the tiniest hole.”

Jan emphasizes that “lots of behind-the-scenes efforts occur before the surgeon makes an incision.”

“It is definitely a team effort,” she continues, “from the scheduler furnishing information about supplies to the technicians and registered nurses in the operating room who open up the cases. One without the other will not make for the best practices to perform the procedure well, safely and efficiently. We are not going to have happy patients and happy doctors.”

*Jan Mosher, Certified Ambulatory Surgery Sterile Processing Technician*

## Did You Know?



The surgery center has four autoclaves, a washer/disinfecter and an ultrasonic cleaner. One autoclave does only a prevacuum cycle (complete steam sterilization cycle of wrapped instrumentation). Two are flash sterilizers that perform several cycles of gravity/flash of unwrapped instruments for immediate use. The fourth autoclave does either a full gravity/prevacuum cycle or a flash cycle.

# Behind Those Masks

Continued from cover

smoothly without any problems for the surgeons.”

Dr. George Arends, clinical medical director and a practicing anesthesiologist, oversees the center’s surgical processes and the administering of anesthesia by certified registered nurse anesthetists (CRNAs). Four nurse anesthetists work at the surgery center on any given day. They stay with the patient for the entire procedure, constantly monitoring every important function of the body.

The circulating nurse makes sure members of the surgical team perform in a united effort. Acting as patient advocate, the circulating nurse observes the surgical team from a broad perspective outside the sterile field. Additionally, the circulating nurse assists the team to create and maintain a safe, comfortable environment.

The surgical technologist works within the sterile field, passing the surgeon instruments, sponges and other items during the procedure.

“As surgical care advances, the emphasis shifts to different members of the team,” says Dr. Gunderson. “The surgeon relies on the anesthesiologist and nurse anesthetist for that stage of the case. The circulating nurse has to



*“As surgical care advances, the emphasis shifts to different members of the team,”*

respond quickly to the needs of the surgical team and know where to secure any piece of equipment that may be required. Finally, the person handing instruments to the surgeon has to understand all the procedures we perform here and truly be capable of anticipating the surgeon’s next move. It is supremely important for the surgical technologist to be attentive and have her wits about her at all times.”

## Did You Know?



OR nurses are now referred to as perioperative registered nurses to more accurately reflect their duties immediately before, during and after surgery.

## Communicate, Communicate, Communicate

**Exemplary communication skills are vital to being a successful OR charge nurse.**

The primary goal of operating room coordination is the prompt, safe and efficient care of surgical patients. Central to this goal is the operating room charge nurse.

“The OR charge nurse is integrally involved in ensuring that staff, patients and equipment come together seamlessly to move patients through the surgical process,” says Mary Beth Barich, RN, director of perioperative services. The charge nurse sets the tone with a plan for the day.”

Stacy Durack is responsible for the day-to-day smooth running of the OR. The surgery center’s OR charge nurse coordinates activities in conjunction with the network of nurses, surgeons, anesthesiologists and technicians.

Nursing leadership is paramount in a modern ambulatory surgery setting. To be most effective, the charge nurse must mesh administrative, educational and clinical expertise with an understanding of basic leadership principles.

“She becomes a conduit for information flow,

receiving, processing and communicating this information to others for the coordination of patient care,” Mary Beth says.

“This is very much a hands-on position,” Stacy points out. “I will fill in so staff can take breaks or have lunch. Sometimes a case will require an additional set of hands. Other times, I will start or finish a case when necessary.”

While directing the nurses and department functions, a charge nurse prepares work schedules and maintains inventories of medicines and supplies. She is commonly expected to monitor patients, administer medications and report any special circumstances to patients’ doctors.

Outside of her department of responsibility, Stacy develops and implements in-service training programs on various topics.

“Educational programs keep staff up to date on hygiene, sterilization techniques, patient positioning and other recommended standards of OR practice,” Stacy explains. “We want to make sure all our OR nurses perform their jobs the correct way.”

## Be Ready to Adapt to Change

Stacy Durack, RN, BSN, CNOR



Stacy Durack recalls the 23 years she has spent in the nursing profession with a laugh — the kind of easy laugh that mixes pride and wonderment at having engaged in any activity for so long. Like virtually all charge nurses, Stacy came from the most obvious pool of nurses — clinical staff nurses.

Delivering care in a health setting is dynamic. Change is inevitable. Stacy’s role as OR charge nurse frequently pits her against the unexpected.

“We try to work everything out,” she says. “If a surgeon is detained or needs to start ahead of the scheduled start time or wants to add a case, we do everything we can to accommodate the requests. Whatever it takes, we will figure out how we can make a room available or reallocate staff in such a way that it will fit the needs of the doctor.”

# The Eyes Have It

**Rockford Ambulatory Surgery Center a leader in surgery to correct vision.**

Edward Yavitz, M.D., performed the first procedure at Rockford Ambulatory Surgery Center, in September 1994. Dr. Yavitz, who specializes in ophthalmology, treated cataracts. To this day, the majority of his eye surgeries take place here.

As a person ages, the risk of developing conditions that impair vision increases. Because of our aging baby boomer population, the number of Rockfordians with eye problems can be expected to rise significantly. It should come as no surprise that cataract removal tops the surgery center's list of procedures performed most frequently.

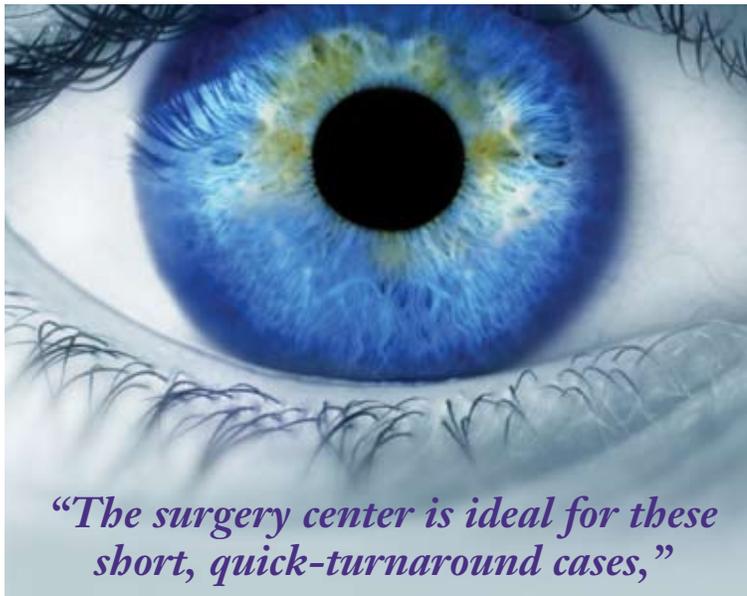
"The surgery center is ideal for these short, quick-turnaround cases," offers Dr. Steve Gunderson, CEO and medical director. "We have perfected the process so the surgeons are able to complete one cataract removal after another quickly and efficiently. Two operating room nurses and a surgical technician participate in every cataract surgery, which is extremely advantageous for surgeons who operate swiftly. Of the approximately two and a half hours that the patient stays at the surgery center, only 20 to 30 minutes are spent in the OR. It is convenient for the surgeon and safe for the patient."

Complementing the various systems in place to streamline the process, surgeons have at their disposal advanced ophthalmic microsurgical instruments. The surgery center recently purchased a new surgical microscope. The center also features the most up-to-date phacoemulsification machine, used to remove the old lens and insert the artificial lens.

In 2009, a total 2,927 procedures involving the eyes were performed on 2,307 patients. Other

surgeries related to vision that are performed less frequently than cataract surgery include cornea transplants, trabeculectomies, endoscopic cytophotocoagulation and placement of anterior chamber shunts. A trabeculectomy refers to any surgical procedure for treatment of glaucoma by means of puncture or reshaping of the trabecular meshwork. Endoscopic cytophotocoagulation (ECP) accurately reduces aqueous production by introducing into the anterior chamber a probe containing a light, video camera and laser.

Along with Dr. Yavitz, Richard Miller, MD; Masud Malik, MD; Michael Imler, MD; Richard Coppolette, MD perform surgery to correct vision at the surgery center.



*"The surgery center is ideal for these short, quick-turnaround cases,"*

Four other physicians specializing in ophthalmology — Cathy Burkat, M.D.; Bradley Lemke, M.D.; Mark Lucarelli, M.D.; and David Turok, M.D. — manage and repair problems primarily associated with the tissues and structures surrounding the eye, rather than the eyeball itself. These surgeons perform cosmetic, corrective and reconstructive procedures on the eyelids, tear ducts and orbit.

## Did You Know?



**A typical bilateral upper and lower eyelid lift patient may have four to eight procedures performed during the visit.**

## Scheduling Tips

Your office personnel keep up with the demands of a busy practice. Appointment scheduling is an important aspect of any medical office. Patients rely on efficient, accurate communication between your office and the scheduling specialists at Rockford Ambulatory Surgery Center to gain access to your services.

RASC is expert at bringing the physician and patient together at the precise time the patient's appointment has been scheduled. These scheduling tips can help physicians avoid unnecessary delays so more patients can be treated more efficiently.

- Doctor's orders given during the scheduling call must be received by a registered nurse, or faxed to our Preoperative Department at (815) 229-5963.
- Weight restriction for patients is 350 pounds. For questions regarding Body Mass Index guidelines, call the Preoperative Department at (815) 231-5438.
- Currently RASC is not certified to accept Illinois Public Aid.
- For special equipment and supply requests, contact our Materials Management 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.
- To fax information for scheduling a case, fax to Surgery Scheduling at (815) 226-4549.

### Required Patient Data

- Patient's full name (last, first, middle initial)
- Date of birth
- Social Security number
- Address
- Phone numbers (home, work, mobile)
- Name of insured, along with birth date, Social Security number, employer and copy of insurance card

### Required Procedure Information

- Surgeon's name
- Procedure desired with site specified and confirmed (left, right or bilateral)
- Describe the procedure exactly as it is to appear on the informed consent form
- Type of anesthesia to be performed
- Special equipment (laser, microscope, etc.)
- Amount of time needed for procedure