Rockford Ambulatory SURGERY CENTER

Inside RASC

Volume 3, Issue 3

Your Procedure, Your Choice

Spread the word about the cost advantages of ambulatory surgery.

As medical care advances, so do the choices for receiving care. Patients don't always think they have a choice, but, of course, they do.

Patients are beginning to understand the concept of consumer choice. As a result, they are becoming more assertive in decisions about where to have medical procedures.

Surgery centers like ours have achieved an exceptional record with a very low incidence of complications, due largely to careful patient selection and excellent backup capabilities.

Currently, more than 50 percent of elective surgery in the United States is done on an ambulatory basis. This fact is not surprising,

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Safety First is Safety Always

Safe working environments don't just happen.

The building and safety engineer at Rockford Ambulatory Surgery Center and a stage manager of a live theater production have a great deal in common. They're both essentially the head traffic controller. The real story unfolds behind the scenes. When everything goes right, the audience/patient never knows what it took.

"General maintenance contributes to a sterile environment in a care setting."

"My job is concerned with the entire production process," says Tom Zillig, a 17-year veteran of the surgery center. "It's my responsibility as building engineer to maintain the mechanical systems in correct working order. The safety engineer part of my job focuses on the interaction between people and their physical, chemical, biological and psychological environments."

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One Procedure *Continued from cover*

considering the benefits of ambulatory surgery. Minimally invasive surgical techniques, patient awareness and economics are driving this increasingly popular option.

Out-of-pocket costs — through deductibles, co-payments and payment of uncovered services — account for approximately one-fifth of health care expenses in the United States.

On average, procedures at ambulatory surgery centers cost 47 percent less than those at hospitals, thanks to low overhead costs, elimination of expenses incurred during a hospital stay and the emphasis on treating ambulatory patients efficiently. This is a benefit that everyone — insurance companies, business organizations, surgeons and patients — greatly appreciates.

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Communication between patients and physicians about out-of-pocket costs is a vital yet untapped resource. You can help get the word out to your patients that they can save on out-of-pocket expenses by choosing Rockford Ambulatory Surgery Center over a hospital.

Did You Know?

The Clinical Staff of Rockford Ambulatory Surgery Center has combined work experience totaling 550 years.

Surgery Center Welcomes New Nurses

We are a strong team at Rockford Ambulatory Surgery Center, and we appreciate the unique talents and perspectives of employees. Two new nurses joined the operating room team this summer. Each brings a wide base of clinical knowledge, but they share a fascination for medicine and a passion for helping people. With those qualities, patients, family members and physicians can look forward to their efficiency and compassion.

Technically speaking, Pam Smith, RN, has spent a short time in the nursing profession, although she is long on patient care experience. The former Florida resident completed the registered nursing program at Rock Valley College this past May as a way to further her education. She now is an operating room circulating nurse at the surgery center.

"I wouldn't call it a 'second career,' exactly because I was a medical assistant for 17 years,"

"Patients are happier, especially children, because they don't need to be separated from their families overnight."

Pam explains. "In that capacity, I provided a range of direct patient care and support services in various medical offices. Of course, going from a family practice or similar setting where minor surgeries were performed to a facility that specializes in surgeries is a big change. What I like best about my work is the daily challenge it presents intellectually."

Ashley Reeverts, RN, developed an interest in how the body functions at an early age. A self-described "people person," Ashley earned her BSN degree from Illinois State University's Mennonite College of Nursing in 2009.

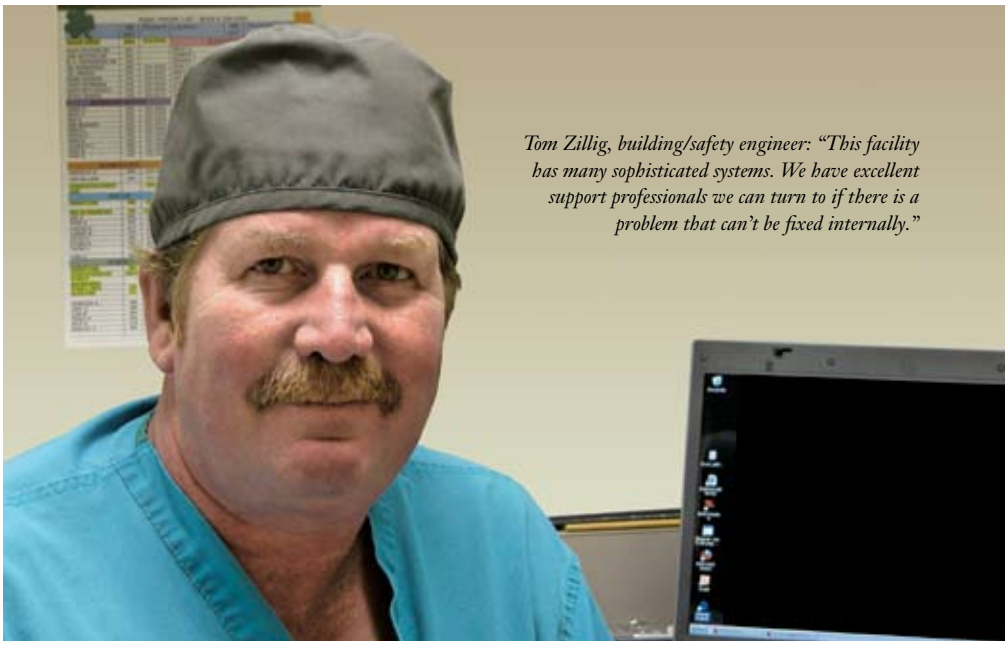
"I knew that wanted to work with people," she says. "I'm forever amazed that patients can come here with a problem, go into the operating room for their procedure and be able to leave in as little as an hour later with relief from the underlying cause. It means less time away from home, less time off from work and less disruption of the patient's schedule. Patients are happier, especially children, because they don't need to be separated from their families overnight."

Before joining the circulating nurse staff here, Ashley spent three years in the office of Dr. Errol Baptist, a Rockford pediatrician.

Pam Smith, RN: "I have an interest in plastic surgery because it is a unique surgical field with procedures that help ordinary people solve problems that make them unhappy. Afterwards, patients not only look better but feel better as well."

Ashley Reeverts, RN: "This is a friendly, supportive environment where nurses are valued for their contribution to high-quality patient care."

Safety First *Continued from cover*



Tom Zillig, building/safety engineer: "This facility has many sophisticated systems. We have excellent support professionals we can turn to if there is a problem that can't be fixed internally."

Documentation a must

Creating a safe and high-quality health care environment is at the heart of accreditation status through the Accreditation Association for Ambulatory Health Care. As a Medicare-certified facility, the surgery center must demonstrate compliance with regulations outlined by the Centers for Medicare and Medicaid Services.

"The surgery center's approach to building safety begins with an effort to engineer hazards out of our operations, so that staff, patients and visitors don't have to encounter them at all," notes Dr. Steve Gunderson, CEO and medical director. "Our goal is to minimize risks of injury or infection. We formulate rules and guidelines and train employees in how to stay safe in all situations."

The accreditation survey seeks visual and documented evidence of a safe and sanitary environment. The first things a surveyor will emphasize when visiting the facility are life safety code items, such as fire extinguishers, emergency egress lighting and illuminated exit signs in the event evacuation becomes necessary in response to a fire or natural disaster. Any other emergency lighting, including emergency lighting in the operating rooms, is routinely tested and the results logged. The logs reveal that proper procedures are occurring on a monthly, quarterly or yearly basis as required.

Team effort

To help advance the surgery center's mission, Tom participates in Quality Assurance/ Improvement and Risk Management Committee activities. He keeps current on safety issues and leads a perpetual educational campaign among workers. This ranges from inspecting and maintaining equipment to identifying potential hazards to conducting fire and disaster drills. Tom reports the details of safety-related measures to the center's oversight bodies to ensure that quality care is being delivered and infection control practices are being followed.

Keen eye for spotting problems

Technical issues are Tom's constant companions. A building and safety engineer needs to be knowledgeable about many aspects of the workplace in order to do this job effectively.

"General maintenance contributes to a sterile environment in a care setting," Tom points out. "It can be something as simple as determining the cause of stained ceiling tiles above patient care areas, replacing high-efficiency particulate air filters or servicing water filtering systems that feed sterilization equipment."

An understanding of heating, ventilating and air filtration systems is invaluable. Tom is frequently called upon to troubleshoot equipment problems.

"One of the biggest lessons I've learned is knowing who to call to get things done," Tom says.

High standard for cleanliness

Cleanliness and infection control go hand in hand. Likewise, cleanliness ranks near the top of patient satisfaction.

"The surgery center sets strict standards for cleanliness as cleanliness directly impacts a patient's recovery and comfort," Tom says.

To meet the high standards, Tom oversees the housekeeping crew at the surgery center. He also has personal cleaning responsibility for specific areas of the facility. In addition, as a member of the Infection Control Committee, he has a hand in devising more efficient germ-killing methods.

A safety culture

Finally — and this is just as important as all the other steps — the surgery center keeps the attention on safety.

"We heighten our awareness and keep our focus on working safely," Dr. Gunderson says. "It's the cornerstone of our patient safety culture. It's something we talk about, something we think about, something we work on every day."

No Stranger to Troubleshooting

From 1984 through 1994, Tom worked at OSF Saint Anthony Medical Center, the last seven of those years as an anesthesia technician. Trained to monitor unconscious patients' vital signs and physical appearance, he assisted the anesthesiologists before, during and after surgery. Inspecting equipment used in the anesthesia process was an integral part of his position.

"Each day, I would review the operating room schedule to see what was needed and confirm that everything was available and functioning by the book," he recalls. "The inspections included first-level servicing, sterilizing and calibration of oxygen and anesthesia delivery systems, monitors and ancillary devices. If the equipment wasn't operating as it should be, I would send it to the correct location for repair."

Additionally, Tom had direct responsibility for ordering anesthesia supplies and preserving established inventory levels.

These days, Tom calls upon those same skills to carry out routine preventive maintenance on the surgery center's anesthesia machines and monitors. He provides support to the nurse anesthetists, seeing that surgical supply carts are outfitted with the necessary drugs, syringes and tubes, and occasionally positioning patients. He consults with the chief anesthesiologist and clinical medical director, Dr. George Arends, on supply needs.

"Dr. Arends prefers certain anesthesia products and wants them on hand in the building, " Tom says. "It's really a matter of familiarity with the various products and knowing how much of each should be in stock."

Spotlight on Mohs Surgery

By Andrew Jun, MD

Skin cancer is the most common form of cancer today. Physicians diagnose more than one million cases of skin cancer every year. The overwhelming majority of skin cancer occurs on parts of the body that receive the most sun exposure: face, head, neck and hands. Surgery is the standard of care to treat most skin cancers. There are two conventional ways to surgically remove a skin cancer: wide local excision (WLE) and Mohs excision (ME).

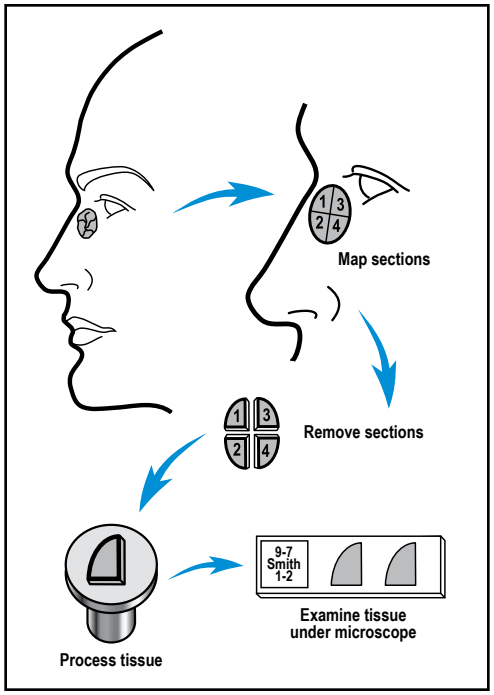
WLE involves cutting away a wide margin (5-10 mm) of healthy tissue with the skin cancer. WLE is fast, but one loses accuracy with speed. ME involves cutting the thinnest margin (1-2 mm) of healthy tissue while completely excising the skin malignancy. Tissue preservation is critical in functionally and cosmetically sensitive areas of the body, in particular, the face and hands. The accuracy and precision of ME are evident in the fact that it has the lowest recurrence rate (i.e., highest cure rate) of any treatment modality (e.g., surgery, radiation, chemotherapy) for skin cancer.

Metaphorically, assume there is an apple with a solitary bruise on the side. With WLE, the apple would be cut in half and the half containing the bruise thrown away. This technique is fast, but discards excessive amounts of good apple. With ME, a thin cuff of normal apple surrounding the bruise would be cut away. After the first cut, if the apple still contains a part of the bruise, then one focuses on removal of the bruised area only. The procedure is complete when the apple is free of the bruised part.

ME consists of removing one layer of cancerous tissue at a time. Each specimen's surface area is examined under a microscope, and a map of the malignancy is drawn. If any cancer cells are seen at the perimeter of the specimen, more surrounding tissue is removed. The process is repeated until no further cancer is found.

Reconstructive plastic surgery after Mohs

Once the surgical resection is completed, the job is usually not finished. Post-Mohs reconstructive surgery may be indicated to restore the patient's appearance and preserve function of the affected area, such as eyelid, ear or lip. Larger repairs are performed at the surgery center under local anesthesia or twilight sedation. General anesthesia is rarely administered.



Common repairs involve local flaps and skin grafts. A flap is a section of skin lifted and advanced into a wound. The flap is left partially attached to the body to allow for a reliable blood supply. An example of this would be cheek skin advanced to fix a nose-eyelid defect.

A skin graft is a piece of skin that has been completely removed from the body and then reattached to a different part of the body for reconstruction. For example, neck skin can be harvested and then applied to the nose.

Recovery from the procedure

The time required for surgical repair ranges from 30 minutes to two hours. Most patients go home after the observation period and return to work the following day.

Did You Know?

Andrew Jun, MD, performs reconstructive surgery at the surgery center. Dr. Jun is a board certified head and neck surgeon. He specializes in facial plastic surgery and Mohs surgery. He also treats common otorhinolaryngologic (commonly known as ENT – ear, nose, and throat) issues. He is a graduate of Northwestern University (undergrad), University of Illinois at Chicago College of Medicine (medical school) and University of Iowa Hospitals and Clinics (residency).

Scheduling Tips

Insurance Information

Office schedulers should gather as much insurance information as possible from the patient to give our schedulers when scheduling a case. The patient billing staff depend on scheduling to ensure that correct information is collected about the insurance company and payers. Incorrect information can delay the acceptance of a claim or lead to it being rejected.

Having a copy of the patient's insurance card — front and back, with the appropriate phone numbers and addresses — available at the time of scheduling is extremely helpful. We use this information to verify benefits, determine whether the patient has unmet deductible or co-pay amounts, and obtain any authorization or precertification for the surgeon's services.

Workers' Compensation Cases

We need to know prior to the surgery if the claim is being considered for Workers' Compensation. We ask that office schedulers supply the following information:

- Name of the insurance carrier
- Claim number
- Adjustor's name and phone number

Parking Getting a Facelift

Asphalt parking lots, even lots that have been expertly paved and maintained, need a lift after a dozen or so years. The surgery center lot has served staff, visitors and delivery trucks well since the facility opened its doors 17 years ago.

The time finally arrived to invest in a new surface to eliminate cracking, ruts and recessed areas where standing water freezes in cold weather.

Crews will remove the pavement system with excavating equipment and haul away the old asphalt. Gravel trucked to the site will form a new sub-grade, which will be graded for proper drainage and compacted for durability prior to paving.

"The general rule of thumb is to pave when the weather is dry and warm," says Dr. Steve Gunderson, CEO/medical director. "Paving when it's cold leads to cold 'seams' and less than ideal compaction."

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1016 Featherstone Road | Rockford, Illinois 61107
(815) 226-3300 | www.rockfordambulatory.com