

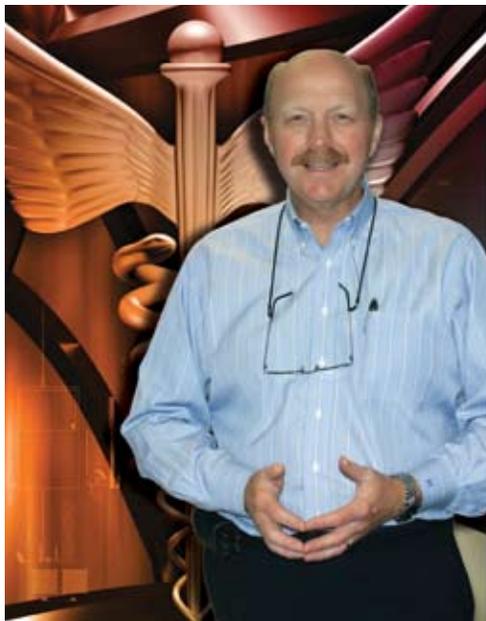
# Inside RASC



Rockford Ambulatory  
**SURGERY CENTER**



Volume 1, Issue 2



Dr. Steve Gunderson, CEO/administrator

## Multi-Specializing in Success

**Focused business model, talent and experience contribute to RASC's high standing.**

As the delivery of health care services in the United States continues to change, it is difficult to predict the future. However, being a high-quality, low-cost provider puts Rockford Ambulatory Surgery Center in the best position to thrive in today's marketplace. Superior quality plus lower costs translates into satisfied patients — the goal of all the staff at RASC.

“Advances in medical technology and anesthesia, along with the ongoing search for lower-cost alternatives to inpatient hospital

services, have fueled the shift of many surgical procedures to RASC,” says Dr. Steve Gunderson, CEO and administrator. “We offer the convenience of a smaller facility that is in network with almost all managed care companies and, in most instances, the lowest cost to patients. That is a powerful combination.”

*“The staff has the ability to deliver the best patient care that can be offered in a health care setting.”*

In the past 15 years, RASC has grown to five operating rooms and two treatment rooms. The center's multiple specialties include ENT, gynecological procedures, oral surgery, ophthalmology, orthopedics, pain management,

## Materials Management Motto: ‘Never Run Out’

**Plans and procedures enhance RASC health care effectiveness.**

In Rockford Ambulatory Surgery Center's efforts at overall excellence, materials management is not the first activity that springs to mind. And yet, because the surgical procedures performed here rely heavily on supplies, materials management can ease or cramp our operations.

Running out of pens or paper clips may cause a minor inconvenience, but running out of catheters or sutures is a catastrophe. To operate most efficiently, RASC works to ensure that supplies are in the right place at the right time and in the right quantity.

Effective materials management requires planning and leadership. Those responsibilities fall upon Barb Johnson, materials coordinator.

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**Total Satisfaction**  
RASC earns high marks from patients in part due to high job satisfaction at center.



**New Patient Guide**  
Furnishes information required by the Centers for Medicare and Medicaid Services.



**Pain Management**  
The types and number of pain-related conditions treated at RASC continues to grow.



general surgery, urological procedures and podiatry. RASC performed over 5,000 procedures in calendar year 2008.

“Relationship building and the immediate availability to the staff are major factors in the success of the center,” Dr. Gunderson states. “We have a great, mature group of surgeons, anesthesiologists, nurses and technicians who have been active in the local medical community for years. They clearly work together to the patient’s benefit.”

### Enhanced physician productivity

To younger and older patients alike, the atmosphere at RASC is warm and friendly. For our physicians, we maintain a structured, well-organized operating environment that fosters efficiency and enhanced productivity.

Higher efficiency leads to daily time savings for the physician in each surgical specialty. More surgeries can be completed in a shorter period of time. This also adds time physicians can devote to treating current patients and building their practices with new patients (not to mention time for family and other interests).

These time savings result from:

- More control over scheduling. Outpatient procedures at RASC can be scheduled in advance to fit the surgeon’s timetable for maximum efficiency and flexibility.
- Consistent staffing of surgical teams knowledgeable of procedures and protocols.
- Faster turnaround time between cases, facilitated by expert setup with equipment and supplies available at the time they are needed (see related story).

### Lowest-cost setting

Unlike hospitals, which are huge infrastructures with high capital, operating and maintenance

costs, RASC enjoys low overhead. Our lower facility development costs, more efficient staffing and space utilization, and focus on cost containment make RASC very attractive to most payers.

“Smart consumers who want their out-of-pocket expenses to stay at a minimum will seek out the low-cost, quality care provider for their outpatient surgical procedures,” Dr. Gunderson observes.

### High quality ensured

Quality at RASC is excellent because the physicians control the medical decisions. The center’s layout and state-of-the-art surgical equipment support the type of high-volume procedures performed at the center. The surgical staff is proficient in the repeat performance of surgical procedures.

“The staff has the ability to deliver the best patient care that can be offered in a health care setting,” Dr. Gunderson says.

## Did You Know?



**Top most common surgical procedures performed at RASC:**  
Cataract surgery  
Hernia repair  
Foot surgery  
Tonsillectomies and/or Ear Tubes  
Hysteroscopy and/or Laparoscopy  
Lithotripsy

## Satisfaction: It’s Not

Convenience is one reason why RASC has earned a patient satisfaction rating of 98.9 percent. Patients and family members prefer the easy-to-find surgery center that offers ample surface parking located just feet from the front entrance. They appreciate the simplified admissions process and discharge procedures. The high job satisfaction of our staff promotes more pleasant interactions with visitors to the center.

Patients, especially children, benefit from having family or friends nearby.

“We encourage family members to stay with patients until right before they are taken to the operating room and be present when patients awaken,” Dr. Gunderson says. “This creates a more relaxed and comforting situation for all.”

Most people want to spend as little time as possible in a health care facility. Being able to leave the same day entails fewer disruptions to patients’ work, family and personal lives.

RASC requires a parent or legal guardian to accompany patients under age 18 and remain for the duration of their stay.

“We recommend that two adults escort younger children home after surgery,” Dr. Gunderson adds.

The center has made free Wi-Fi service available in waiting areas so personal

## Patient Guide Sent to Offices

A new Patient Guide developed by Rockford Ambulatory Surgery Center has been made available to physician offices that schedule procedures at the surgery center. It furnishes information required by the Centers for Medicare and Medicaid Services.

The guide is intended to educate patients on what to expect and what is expected of them before, during and after surgery. Written in layman’s terms, it walks the patient through patient rights, responsibilities and advance directives (such as a Living Will). A separate section details financial information. When properly used, the guide will help instruct patients and their family without using the doctor’s valuable time.



# Just for Our Patients

computers, game consoles, mobile phones, MP3 players and other Wi-Fi-enabled devices can be connected to the Internet.

“Family members can be working or entertaining themselves while they are waiting for the patient to return from surgery,” Dr. Gunderson explains.

Perhaps the uppermost concern in every patient’s and family member’s mind is safety. RASC meets the accreditation standards of the Accreditation Association for Ambulatory Health Care (AAAHC) and licensing requirements of the State of Illinois and Medicare. Thanks to careful screening to determine patients’ eligibility for ambulatory surgery and meticulous adherence to established protocols during and after surgery, surgical procedures at RASC are remarkably safe.

“Physicians on staff at RASC can be confident that the level of safety for their patients is as high here as in any hospital setting,” Dr. Gunderson says. “The risk of infection is negligible because of our smaller size, the patient population we serve and the minimal exposure to other patients and staff.”

## Did You Know?



**The infection rate for 2008 was 0.1 percent.**

## A Reliable Indicator

**B**ody Mass Index (BMI) is an accurate way 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.

### Body Mass Index (BMI)

**BMI  $\geq 50$  kg/m<sup>2</sup>:** Do not schedule patients at RASC.

**BMI  $> 40$  kg/m<sup>2</sup> 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/m<sup>2</sup>:** 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.

# Materials Management Continued from cover

Barb has been getting medical supplies where they need to go for the past five years. A surgical technologist by training who joined RASC in 1994, Barb assumed her current position when her predecessor retired in 2004. Prior to shifting into materials management, Barb learned many of the accepted methods by occasionally assisting her predecessor.

### Management discipline

“Materials management is not always well understood,” Barb remarks. “It is a management discipline much like finance, marketing or human resources. It involves hard work, willingness to experiment and the ability to adapt quickly to change.”



*Barb Johnson, materials coordinator*

Materials management is the set of systems, functions and tasks necessary for buying, storing, processing and delivering supplies to the point of use. The supply system extends outside RASC to manufacturers, distributors and vendors.

Integral to Barb’s role at RASC are regular dealings with sales representatives on pricing and new product trial purchases.

“We constantly strive to pay the right prices for materials and minimize the extra charges above and beyond the prices set for a surgical procedure,” she says.

Replacing outdated stock, responding to backorders, scheduling emergency deliveries and arranging repairs of equipment all fall within the purview of the materials coordinator’s job. Barb also supervises the quarterly physical inventory of materials.

### Coordinator’s toolbox

Barb has a number of tools at her disposal to maintain a fully stocked inventory and be prepared for the unexpected.

“Staff in different departments compile requisitions for needed supplies,” Barb says. “We place orders on a weekly basis. The bulk of ordering occurs over the Internet. Phone orders are placed for some items.”

The toolbox includes just-in-time inventory management, a popular approach to ordering that reduces both the amount of space required for supply storage and the capital outlays tied up in inventory.

Consignment, under which certain items (such as intraocular lenses or orthopedic screw sets) owned by the vendor are housed at RASC at no charge until they are used, is another common technique for controlling costs.

### Purchasing power

Like many successful businesses, RASC is affiliated with group purchasing organizations.

“Purchasing through the GPOs Amerinet and Novation enables us to leverage our volume with other health care providers and expand our choices,” Barb says.

Clinical standardization goes hand-in-hand with these methods.

“Standardization of equipment and supplies not only drives the cost per product down but also decreases the amount of inventory we must keep on hand,” Barb says.

Providing supplies and other materials in a consistent, cost-effective manner enables user departments to achieve their own goals and objectives. Smoothly conducted materials management affects RASC’s operating budget, quality of outpatient service and staff satisfaction.



*Jan Mosher, surgical technologist, sterile processing*

“There is no substitute for good materials management,” Barb says. “Inferior performance can sap the morale of the clinical staff.”

## Right from the Start: Managing Pain at RASC



Dr. W. Stephen Minore



Dr. Howard Weiss



Dr. John Jaworowicz



Dr. Mark Cirella

Excellent pain management is one of the distinguishing characteristics between the best ambulatory surgery centers and those that are merely average. Right out of the gate, physicians at Rockford Ambulatory Surgery Center opted for excellence when they first opened the doors in 1994.

*“We take a multidisciplinary approach to the treatment of pain.”*

The types of painful conditions treated at RASC increase almost daily. Sophisticated treatments, such as spinal cord stimulation, intraspinal drug therapy and radio frequency ablation techniques, greatly improve the quality of life of patients who suffer from the entire range of painful disorders affecting all areas of the body.

“Pain management has come into its own as a medical specialty and a service that patients seek out with greater frequency than ever before,” says W. Stephen Minore, M.D., president of Medical Pain Management Services and president of RASC. “The surgery center is a perfectly suitable venue for treating patients most cost-effectively because it is geared toward high-intensity, short-duration procedures.”

Not so long ago, pain was considered an inconvenience to the sufferer. Today, it is recognized as a serious problem. Chronic pain — pain that lasts at least six months and does not respond to conventional medical treatments — reduces quality of life and costs the U.S. economy billions of dollars each year in lost productivity and medical costs. The evaluation and treatment of pain have become major focuses within the past 50 years, and pain management will continue to grow as a medical discipline.

Anesthesia-based pain management services at RASC are performed by anesthesiologists specializing in the treatment of chronic pain, as well as pain resulting from illness or injury. Typical problems include back pain, neck pain, reflex sympathetic dystrophy, cancer pain and shingles pain.

Doctors bring differing expertise to the table of pain care. Dr. Minore, who has specialized in pain management since 1993, is joined at RASC by his colleagues from Medical Pain Management Services: Drs. Howard Weiss, John Jaworowicz and Mark Cirella.

“There is a wide range of treatments we offer, from physical therapy and medication management to injections and spinal implant procedures, depending upon what the patient has and what we determine is best for them,” explains Dr. Weiss, medical director of Medical Pain Management Services and a specialist in medical pain management since 1992. “We take a multidisciplinary approach to the treatment of pain that also encompasses psychological support and acupuncture where indicated.”

Evaluations and injection therapy account for a large percentage of services these physicians

*Pain medicine specialists are instrumental in helping ensure patient comfort during and after surgery.*

provide to RASC patients. But with increasingly complex surgical procedures being performed at the center, pain medicine specialists are instrumental in helping ensure patient comfort during and after surgery.

“If a particular case presents some difficulty in controlling pain postoperatively, the surgeon may involve us prior to the procedure for a consultation with the patient to set up a

## Scheduling Tips

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 at (815) 229-5963.
- 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.
- To cancel a case for the next day after hours, please call our main number at (815) 226-3300 and leave a voicemail.

treatment plan,” Dr. Minore says. “We thoroughly evaluate each patient to tailor the postoperative treatment to their needs.”

“We are receiving more requests for regional blocks from surgeons at RASC,” Dr. Weiss adds. “Surgeons almost exclusively request an interscalene block for surgery on the shoulder or upper arm. We can do that right beforehand at the surgery center. This block provides excellent surgical anesthesia in a safe and effective manner.”

Weiss calls the successful treatment of pain a great source of joy: “People who suffer from pain experience significant life encumbrances. Being able to help people turn that around so their quality of life and functioning in society are improved is a wonderful thing. All of us at Medical Pain Management Services enjoy working as a team at RASC and assisting the other surgeons while we are there.”

## Did You Know?



Number of IV fluid bags used per month: 625

Pounds of linen used per month: 3,000