

# Inside RASC



Rockford Ambulatory SURGERY CENTER



Volume 1, Issue 3

## Advise and Consent

### Spotlight on Medical Advisory Committee

The Medical Advisory Committee of Rockford Ambulatory Surgery Center, in the words of a longtime member, acts as the bridge between the practicing physician and the surgery center's resident staff.

It is the ultimate peer review group. Its mandate, articulated by the Illinois Department of Public Health, is to ensure that quality care is being delivered at the surgery center by physicians who are qualified to deliver this care.

"The Illinois Department of Public Health has rigorous licensing requirements for ambulatory

surgery centers," states Dr. Joseph Fanara, the committee's vice chairman. "As part of the licensing process, the state established consulting committees — RASC calls ours the Medical Advisory Committee."

### Specialties represented

The surgery center's management can appoint up to 10 members to voluntary positions on the committee. The volume of procedures in a particular specialty dictates the panel's composition. More than 50 cases per month or 10 percent of the facility's total caseload require representation by a consulting physician in that specialty. Increases or decreases in the number of cases are reflected in the makeup of the committee.

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## The Great Impression

The preoperative experience sets the tone for a patient's time at RASC.

Patients may have a hazy recollection of the actual procedure they undergo at Rockford Ambulatory Surgery Center. The preoperative experience, on the other hand, gets etched in their memory.

*"Our job is to help reassure patients that we are caring for the whole person."*

"The pre-op interview is the first contact most patients have with the surgery center," observes Dee Stokes, RN, charge nurse in the Preoperative Department. "The impression the pre-op nurse makes on the telephone very much influences how patients view us. People sometimes are reluctant to share all the information we request. They may be feeling anxiety and uncertainty about the upcoming surgery. Our job is to help reassure patients that we are caring for the whole person."

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*A view from outside on a cold December morning*



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The role of the pre-op department.



**Advance Directives**  
Our policy on living wills



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## Advise and Consent

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The committee convenes four times a year to tackle a lengthy agenda. Nonmembers are invited to attend meetings depending upon the issues under review. Presently, nine physicians serve on the committee:

### Committee responsibilities

Accreditation demands that a surgery center and its staff meet key industry standards and demonstrate commitment to patient safety.

"We constantly maintain the facility in the ready mode with respect to accreditation status through the Accreditation Association for Ambulatory Health Care and the Medicare system," says Dr. Gunderson, CEO and medical director. "The committee reviews the development, content and timeliness of written policies and procedures dealing with the credentialing and reappointment of medical staff and allied medical staff. It formulates the procedures for granting privileges and evaluates applications for additional privileges. It also monitors the quality of surgical procedures performed at the surgery center."

Among the many tools at committee members' disposal are quarterly reports from the states of Illinois and Wisconsin concerning disciplinary actions against any staff physicians. Likewise, the U.S. Department of Health and Human Services Office of the Inspector General singles out practitioners on the exclusion list for Medicare.

### Quality improvement

"The Medical Advisory Committee tracks quality indicators, adverse patient events, infection control, compliance issues and other aspects of performance.

"The committee is dedicated to advancing high-quality, physician-led and patient-centered care," Dr. Fanara says. "It plays a vital role in quality assessment and performance."

The committee responds to a host of state data collection requests. Additionally, benchmarking information for national quality improvement

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Did You Know?

Number of doctors credentialed at RASC:

144



## A Guide to the RASC Patient Guide

### These guidelines satisfy the Medicare 'notice of rights' requirement and help prepare patients for surgery.

The final Medicare Conditions for Coverage for ambulatory surgical services became effective on May 18, 2009. This was the first major revision issued by the Centers for Medicare and Medicaid Services (CMS) since the Conditions' initial adoption in 1982.

A noteworthy change is the requirement for ambulatory surgery centers to provide patients with written notice of certain rights prior to the date of the procedure. The notice must be written in language that patients will understand. In addition, surgery centers must disclose information about advance directives and state law. Patients will receive the appropriate state advance directives forms from the surgery center upon request.

### Copies readily available

Rockford Ambulatory Surgery Center used the new rules as an opportunity to update our Patient Guide. Last August, we began mailing the new guide to physician offices that schedule procedures at the surgery center so copies would be available to patients in the office setting. Copies are mailed directly to most patients as well.

The guide is intended to educate patients on what they have a right to expect and what is expected of them before, during and after surgery. Broken into three easily identifiable sections, the guide complements the aforementioned information required by the CMS with an overview of procedures, protocols and patient financial obligations specific to Rockford Ambulatory Surgery Center. For patients' convenience, it contains a locator map, surgery center phone number and website address and space where the patient can write down appointment times and dates.

### Three handy sections

The first section covers the preoperative interview, medical history, dietary restrictions before the procedure, preparations for the day of surgery and postoperative care.

The second section outlines patient rights, responsibilities and advance directives, as mandated by the Conditions for Coverage.

The discussion of advance directives centers on Living Wills, Health Care Power of Attorney and Do Not Resuscitate (DNR) declarations. It instructs Illinois patients on how to obtain the proper state forms via the Internet, mail or in person.

The final section explains Rockford Ambulatory Surgery Center's fees, insurance arrangements, Medicare payments, workers' compensation and collection policy.

### Exercising rights

"A process we established enables us to confirm that all patients have received the Patient Guide," says Dr. Steve Gunderson, CEO and medical director. "We continue to mail the guide out to physician offices and patients. In the event a patient has not received the guide ahead of time, he or she can review the rights and responsibilities on the day of surgery. At that point, the patient can choose to exercise his or her rights and reschedule the procedure or waive the rights and proceed as planned. Patients have a right to safe, high-quality medical care. All of us respect that right first and foremost."



## Regarding Advance Directives

It is the policy of Rockford Ambulatory Surgery Center to incorporate into patients' records Living Wills and documents naming a Health Care Power of Attorney. Rockford Ambulatory Surgery Center does not honor advance directives that limit life-prolonging procedures; however, should a patient require hospitalization, we send the documents with the patient to the hospital.

## The Great Impression Continued from cover



Mary Beth Barich, RN, Dir. Perioperative Services (left),  
Dee Stokes, RN, charge nurse.

The Pre-op Department emphasizes a strong multidisciplinary team approach. The focus in this department is on reducing the potential risks of anesthesia and surgery while educating and preparing the patient for surgery.

“Our goal is to get patients through their surgical experience safely,” explains Mary Beth Barich, RN, Director of

Perioperative Services. “The pre-op staff are extremely careful when prescreening patients because they want to avoid unnecessary delays or medical problems that might prevent a positive outcome. Pre-op nurses work closely with patients, anesthesia providers and physician offices to benefit patients and promote quality care.”

For the patient, this imperative of safety means a stringent screening protocol and anesthesia review.

“The first things we do is obtain a medical history and confirm that every patient has a recent physical exam on record,” Dee says. “The surgery center does not accept every patient based on the potential risk of treating a patient in an ambulatory setting.”

The anesthesiologist, for instance, after reviewing the medical record of a patient with a history of heart problems, might request that the Pre-op Department obtain a clearance from the patient’s cardiologist. The cardiologist, in turn, might recommend that local anesthesia rather than general anesthesia is indicated for this patient.

“It then would be up to our team to judge whether local anesthesia is an acceptable alternative for the type of surgery being scheduled,” Dee stresses.

Achieving the best outcome begins with educating the patient, and patient education begins immediately. The pre-op interview reinforces and expands on the information put forth in the RASC Patient Guide. Patients are asked for the names and dosages of current medications. They may be given specific instructions regarding medications for the day of surgery. Dietary restrictions to follow the night before surgery would be explained as well.

*“Our job is to help reassure patients that we are caring for the whole person.”*



Cathy Cope, LPN (left), Barb Holmes, RN

“We talk to patients about having a responsible adult with them the first 24 hours after surgery,” Dee adds. “We remind them to make arrangements if crutches will be needed. We

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## What the Pre-op Department Does...

### Before Surgery

- Obtains and evaluates the patient’s health histories, including heart problems, diabetes, infectious diseases and drug allergies.
- Initiates the medical record.
- Reviews with the patient the names and dosages of current medications.
- Explains dietary restrictions for the night before surgery and for the day of surgery.

### Day of Surgery

- Identifies any omissions or changes in medical history since the procedure was scheduled that could cause a last-minute cancellation. These include addition of a pacemaker, infection with Methicillin-resistant Staphylococcus aureus (MRSA), low-grade fever and other changes.
- Gathers Guardianship or Power of Attorney for Health Care documents when indicated.
- Briefly describes the recovery process.
- Provides information about follow-up appointments.
- Directs family members to the waiting area.
- Makes certain the physician identifies the surgical site and reviews the consent form with the patient before the patient is taken to the operating room.
- Prepares the patient for intravenous solutions and, if indicated, preoperative antibiotics.

## Did You Know?



Rockford Ambulatory Surgery Center has seven preoperative rooms.

## Members of our Pre-op Team



Lisa Henderson, RN



Kim Gunderson, RN



Carrie Bufalo, CNA



Lori Vibnaneck, RN



Elissa Greenfield, RN

## Advise and Consent Continued from cover

goals falls under its purview. It examines surgical case review, infection review and risk management review. The committee reports on building maintenance and safety, pharmacy and therapeutics. Furthermore, it analyzes quality improvement team projects in the works

### Dr. JOSEPH FANARA



Dr. Fanara has sat on the Medical Advisory Committee for 10 of his nearly 17 years in the practice of podiatric surgery. One of the first podiatrists on the surgery center's staff, Dr. Fanara performs as many as eight surgeries at the center every week.

"I was elated to be asked to join the committee. We adhere to the standards of the surgery center, which are very high standards. The patient care is superior here because of those standards. The way the committee is structured is excellent. Each member brings unique expertise and an individual perspective. We can look at the regulation side of medicine, but we also live the practicing side of it as well. I am proud to be able to contribute to ensuring that the surgery center runs as smoothly and effectively it does."

or completed since the previous quarter.

"After all those items are reviewed, the committee makes recommendations to the board of directors on any significant issues that were discussed," Dr. Gunderson says.



Jack (Jay) Lenox, M.D.  
(obstetrics/gynecology),  
chairman



Joseph Fanara, D.P.M.  
(podiatry), vice  
chairman



W. Stephen Minore,  
M.D. (anesthesiology)



Steve Gunderson,  
D.O. (anesthesiology)



George Arends, M.D.  
(anesthesiology)



Edward Yavitz, M.D.  
(ophthalmology)



Dennis Fancali, M.D.  
(orthopedic surgery)



James Severson III,  
M.D. (otolaryngology)



Dennis Corcoran, M.D.  
(urology)

## The Great Impression Continued from page 3

emphasize placing extra pillows in the car to elevate the foot for patients returning home following foot surgery. These are all central to the patient's safety and comfort."

On the day of surgery, patients arrive to the preoperative area of the surgery center. Here, nurses and support staff coordinate final preoperative preparations. When these final activities are complete, patients enter the operating room for their surgery.

Dee Stokes sums it all up, "We want everything we do to be in the patient's best interest. The best advertisement for the surgery center is the people we treat here and, sometimes, the ones we don't. Thanks to careful prescreening, the number of patients we must refer to the hospital is quite low. If a patient's procedure must be cancelled, the Pre-op Department is the one that delivers the news. How this is

handled is critical in order not to offend the patient. Because of the effects of medications used during surgery, patients don't often remember much past pre-op. They will recall the little kindnesses like a warm blanket or maintaining their privacy in the pre-op room. The preoperative experience is mentioned most in our patient satisfaction surveys. Patients remember everything about pre-op."

### Did You Know?



Rockford Ambulatory Surgery Center has a patient satisfaction rating of 98.9 percent.

## Scheduling Tips Keeping the Record Straight

Your office personnel has limited time for keeping up with the demands of a busy practice. Appointment scheduling is one of the most important aspects of any medical office. Patients rely on the efficient and accurate communication between your office and the scheduling specialists at Rockford Ambulatory Surgery Center to gain access to their services.

Having the required patient information available at the time of scheduling will make life easier for the physician and office staff.

### 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 and employer

### 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.)



Deb Ballard, surgery scheduling specialist.

"Maintaining accurate records is integral to the quality and continuity of client care," says Deb Ballard, surgery scheduling specialist. "When a case is scheduled, we make sure procedure information is entered into the computer as it

should read on the consent form. Information extracted from progress notes isn't always complete. It saves time and confusion having the procedure described to us as if it were a direct order from the surgeon."