

# Inside RASC



Rockford Ambulatory  
**SURGERY CENTER**



Volume 2, Issue 3



*Surgical technologists Nicki Cottrell (left) and Barb Johnson*

## The Surgeon's Go-To Person

**Surgical technologists help doctors achieve the desired outcome.**

The duties of a surgical technologist may not seem difficult to someone looking at surgery from the outside. Surgeons make the incisions, but surgical techs play a key role in supporting the surgeons' efficiency and comfort.

Rockford Ambulatory Surgery Center's surgical techs — also called scrubs and operating room technicians — ensure that the operating room environment is sterile, equipment functions properly and the operative procedure maximizes patient safety. Through formal training and continuing education, they possess skills in sterile technique and knowledge of human anatomy, surgical procedures and instrumentation.

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## Special Report: Infection Control

The surgery environment at Rockford Ambulatory Surgery Center is unique for infection control. Patients tend to be healthier, they spend less time in the facility and there are fewer avenues for spreading infectious organisms. Still, the risk of infection, however small, always exists.

"Although not as great as in a hospital, the potential for transmission of bacteria via contaminated instruments, contamination in eye and ear examinations, contaminated injectable agents and the transmission of airborne or droplet-borne diseases is present," says Dr. Steve Gunderson, CEO and medical director. "Surgical site infections remain a cause for concern during the postoperative period."

The Centers for Medicare and Medicaid Services' revised Conditions for Coverage went into effect in May 2009. Among other things, the new conditions require ambulatory surgery centers to maintain a infection control programs based upon Centers for Disease Control and Prevention (CDC) or other nationally recognized infection control guidelines.

### Enhanced safety

The goal of RASC's Infection Control Program is

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Program coordinator



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## Scheduling Tips

- 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. Direct any questions regarding Body Mass Index guidelines to 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.
- Call our Insurance Verification Coordinator at (815) 231-5402 for insurance questions.
- 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.
- Fax information for scheduling a case to Surgery Scheduling at (815) 226-4549.

### Don't Forget Employer Information

It's important to provide the required data, such as patient's full name, date of birth, Social Security number, address and phone numbers. It's sometimes easy to overlook the patient's place of work. Be sure to provide accurate employer information.

## Surgeon's Go-To Person *Continued from cover*



*Surgical technologist Lisa Flueckiger*

"All of our surgical techs have continued to develop expertise in an area or areas of the surgical field," says Mary Beth Barich, RN, director of perioperative services. "On the one hand, they are versatile enough to assist with any procedure. On the other, we will assign a surgical tech to a big case in the area of expertise because the tech has a strong knowledge of the products, supplies, instruments and affected anatomy."

For instance, Marla Cedillo has a special interest in orthopedic surgery. Nicki Cottrell

serves as a resource for general surgery and orthopedics. Ear, nose and throat procedures and plastic surgery are Lisa Flueckiger's areas of expertise. Stacy Swartz is especially strong in eye surgery. Daneen Tolliver has acquired considerable experience in gynecologic procedures. DeAnna Yaklich's strength is plastic surgery. Jan Mosher, as a sterile processing technician, is responsible for sterilizing and packaging surgical tools and equipment used every day. Kathy Welborn assists Barb Johnson, a surgical tech by training and the center's materials management coordinator, with materials management.



*Surgical technologist DeAnna Yaklich*

## Infection Control *Continued from cover*

to enhance patient, employee, physician and visitor safety by maintaining a sanitary environment for surgical services and minimizing infections and communicable diseases. RASC must identify health care-associated infections through activities conducted in accordance with recognized infection control surveillance practices. A designated health care professional with

### *Risk of infection is lower at the surgery center.*

training in infection control oversees the Infection Control Program. The program is integrated into our Quality Assurance and Quality Improvement Program.

### Comprehensive strategy

The surgery center has implemented far-reaching policies and procedures designed to prevent and control infections. Established guidelines form the basis for these policies and procedures. For instance, an organization-wide hand hygiene program that complies with current CDC hand hygiene guidelines was established.

The program also formalized protocols for appropriate storage, cleaning, disinfection, sterilization and disposal of supplies and equipment. Other key elements include staff education on infection control, patient safety and appropriate use of personal protective equipment; monitoring screening for exposure to infectious diseases that staff may come in contact with in their work; and referring for assessment, testing, immunization, treatment and counseling, as appropriate, staff that are identified as potentially having an infectious disease or risk of infectious disease that may put others at risk.

### Supervising the program

The surgery center appointed Gina Hartman, RN, to be program coordinator. Gina has the authority to implement, enforce and monitor the effectiveness of all infection prevention and control activities within the facility. She performs random environmental surveillance, provides staff education, identifies problems and collects infection control data. Reported surgical site infections are thoroughly investigated to determine the severity, cause, remedy and resolution.

### Staff involvement

Clinical staff contribute to the Infection Control Program's efforts in several ways. A committee consisting of seven members and the coordinator collaborates on issues related to infection control policies and procedures, as well as maintenance of patient care practices and product safety. Additionally, the committee helps coordinate educational programs on infection prevention and control.

Current members are Dr. George Arends, medical director; Mary Beth Barich, RN, director of perioperative services; Dr. Gunderson; Barb Johnson, materials management coordinator; Jan Mosher, sterile processing technician; Dee Stokes, RN; and Tom Zillig, safety engineer.

"Patients seeking care at RASC can feel confident that their health care providers are following basic infection control practices," Gina says. "Ensuring patient safety is something we take very seriously."

**Did You Know?**  
RASC has a reported  
infection rate of 0.1 percent.





Surgical technologists Daneen Tolliver (left) and Stacy Swartz

"In addition, the surgical techs receive cross-training in materials management so they can order and track supplies used in surgery on a weekly or as-needed basis," Mary Beth says.

#### Preparing for surgery

One of the surgical tech's first duties is to work with the rest of the team to prepare the OR for the procedure. The OR is stocked with sterile drapes, instruments, fluids and other supplies. After scrubbing with an antibacterial soap,

gowning and gloving, the surgical tech sets up the instruments and establishes the sterile field. This involves opening packages in such a way as to not allow instruments and supplies to touch a nonsterile surface. The drapes are applied to the surgical area, and the instrument tray and table are moved to the site.

#### Assisting the surgeon

When the procedure begins, the surgical tech becomes the doctor's go-to person. The surgical tech accurately and quickly passes instruments and sponges to the surgeon and puts items where they will not contaminate a sterile instrument or surface after use. The surgical tech also counts sponges, needles, supplies and instruments. Certain procedures, such as hernia repair and arthroscopic knee surgery, call for a second surgical tech to hold retractors, cut sutures and stabilize the surgical site while the first surgical tech passes instruments.

"A good surgical tech learns to anticipate the surgeon's needs, whether it's sutures, special instruments or sponges," Barb Johnson says. "Being able to identify every instrument and understand its function helps the surgery go smoothly. You have to be a keen observer, noticing if doctors need their foreheads wiped or if their goggles are getting foggy. Your head has to be in the game all the time."



Surgical technologists Marla Cedillo (left) and Kathy Welborn

## Did You Know?



The surgery center staff includes nine Surgical Technologists who collectively boast more than 150 years of work experience.

## Learning in Order to Teach

### Gina Hartman, RN, Infection Control Program Coordinator

Gina Hartman enjoys a good challenge. She is inquisitive by nature and eager to learn.

"I think curiosity about medicine is what brought me to the nursing field," she says. "In my role as Infection Control Program Coordinator, I have something that I can teach. The more I know, the more I can educate others. That not only benefits the staff. Benefits accrue to our patients as well."

Gina (short for Regina) earned her RN degree in 2003 but began her career in medicine as a certified nursing assistant. Before joining Rockford Ambulatory Surgery Center in 2007, she was employed at SwedishAmerican Hospital for five years. Most of that time was spent as an ortho/neuro nurse on a post-surgical floor.

"We saw patients with hip replacements, fractures due to car accidents and spinal cord injuries, strokes and epilepsy," she recalls. (Gina continues to work at Swedes approximately five to 10 hours a week as needed.)



*Gina Hartman, RN: "With the way medicine is changing — not just health care but medicine — we need to be more diligent in preventing surgical site infections. It's actually easy to accomplish this when everyone knows his or her job and realizes everyone has a constructive role to play."*

The surgery center offered the kind of learning experience that appealed to her curious nature. Initially assigned to the preoperative department, Gina cross-trained to work in the OR.

"I like the fact that the OR staff focus intensely on one patient during the surgery, and yet the day brings a wide variety of cases," she says. "Because each case is different, it presents its own challenges and opportunities for learning."

Mary Beth Barich, RN, director of perioperative services, says the hospital background gave Gina a wider world view when it comes to surgical site infection.

"We were looking for a coordinator who understands the whole picture," Mary Beth explains. "The greater potential for infection from Methicillin-resistant Staphylococcus aureus and other superbugs in a hospital setting exposed her to different control methods. The awareness this created easily translates into action."

# Unsung Heroes of Public Health



Jan Mosher, certified ambulatory surgery center sterile processing technician: "Everyone is very careful that instruments are not handled too soon, no moisture is present on the instrument pack after the sterilization cycle and packs are free of even the tiniest hole."

## The number of accidental infections prevented by autoclaves make them indispensable to RASC.

Among the many functions performed at Rockford Ambulatory Surgery Center, probably the most important and least glamorous task is that of sterilizing. Whether protecting the patient or personnel, sterile processing is vital for safety and the successful outcome of aseptic (sterile) techniques.

Wrapped and unwrapped instrumentation and supplies are sterilized to kill germs to prevent infections. The equipment may look clean, but only sterilization can kill the germs.

In mid-October, we retired our original dynamic-air-removal (vacuum) steam sterilizer after many years of faithful service in favor of a new, highly automated Getinge 533HC sterilizer. That means we now have two autoclaves that enable both gravity displacement and

prevacuum steam sterilization of surgical instruments, utensils, porous goods, glassware and liquids. The surgery center also operates two autoclaves for flash sterilization, a washer/disinfectant and an ultrasonic cleaner.

The Getinge 533HC includes gravity, prevacuum and flash sterilization cycles. The sterilization process subjects each item to direct steam contact at the required temperature and pressure for the specified time. Steam sterilization is nontoxic, rapidly destructive to microbes and spores, and quickly penetrates fabrics. It effectively eliminates bacteria, viruses and other pathogens.

Air that is not removed from the sterilizing chamber interferes with steam contact. During a gravity displacement cycle, steam forces heavier air out the bottom of the chamber through a drain vent. The penetration time into porous items is prolonged to take into account any remaining air in the chamber. The prevacuum cycle removes air by vacuum pump before the steam is admitted, ensuring nearly instantaneous steam penetration into porous loads.

# Creating Happy, Healthy Smiles with Outpatient Services

Dental treatment and oral surgery usually can take place in an office environment. However, treatment at Rockford Ambulatory Surgery Center is indicated in many situations.

*The surgery center is an excellent option for children who cannot be treated under conventional means.*

"Dentists on staff may schedule oral surgeries at the surgery center when the risk of complications exists due to the complexity of the procedure or when a patient is under medical management for an underlying health condition," says Dr. Steve Gunderson, CEO and medical director. "The surgery center also is an excellent alternative when anesthesia is required for children who cannot be treated under conventional means."

The surgery center meets all guidelines for outpatient dental surgery. Recognizing the need and importance of coordinated multidisciplinary care, our facility delivers maximum services with minimum inconvenience.

- Drs. Tina Brenza, W. James Ongena and William Shold specialize in general dentistry.

- Drs. Stephen Albers, David Francis, Kurt Jensen and Edward Rentschler specialize in oral and maxillofacial surgery. Oral and maxillofacial surgery correct a wide spectrum of diseases, injuries and defects in the head, neck, face, jaw and hard and soft tissues of the oral and maxillofacial region.

- Drs. Jeffrey Johnson, Joseph Zakarija and Andy Malcolm specialize in pediatric dentistry.

## Making children smile

"Tooth decay continues to be the most chronic disease in young children today," observes Dr. Gunderson. "Untreated dental disease can exacerbate and cause serious infection and threat to the health of children."

Each child is unique, and as a result traditional dental care sometimes is not an option. Our doctors are trained in the safe administration of pediatric dental care under general anesthesia. Children feel more at ease, and parents know their children are getting the best care available. Because we concentrate on same-day procedures, costs are lower than at a hospital.

Common procedures include fillings, extractions, crowns, gum treatment and enamel shaping. Children typically range from ages 2 to 10. Our dental patients include very young children, children who have had a traumatic dental experience and children who exhibit a high level of apprehension or anxiety. Some are compromised with severe physical or mental conditions or significant behavioral problems.

"All children are treated with the utmost compassion, care and understanding," Dr. Gunderson says.

## New Pediatric Dentist



Andy J. Malcolm, DDS

Rockford Ambulatory Surgery Center welcomes Andy J. Malcolm, DDS, to our staff. Dr. Malcolm currently heads Malcolm Pediatric Dentistry in Belvidere, Ill. He completed his dentistry training at the University of Iowa in 2005. He remained at the University of Iowa to complete his residency in pediatric dentistry in 2007.

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