Rockford Ambulatory SURGERY CENTER

Inside RASC

Volume 4, Issue 2

Give-and-Take Characterizes Surgery Scheduling Process

Deb Ballard, surgery scheduling specialist

Keeping track of surgeons' schedules has to be among the most amazing feats accomplished at Rockford Ambulatory Surgery Center. Scheduling is a complex process that balances excellent patient care with the maximum amount of convenience and flexibility for the surgeons on staff.

The surgery schedule drives productivity. A good scheduler must be a strong communicator and an even better listener — giving full attention to what others are saying, taking time to grasp the points being made and posing questions as appropriate.

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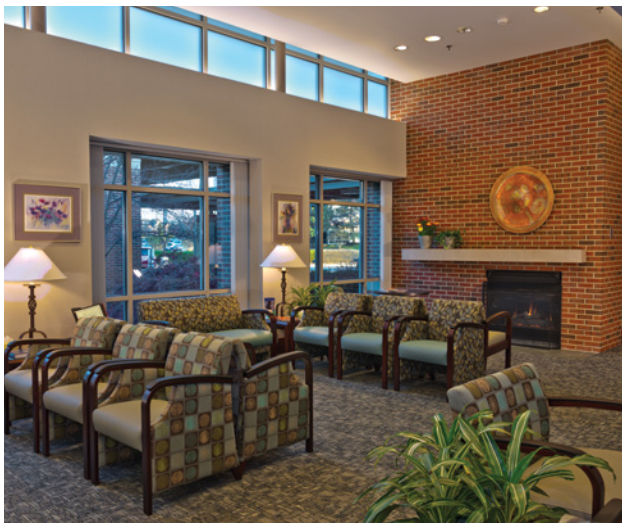
Walk the Walk, Sit the Sit

The main waiting room sets the tone for the visit. We try to see it as our patients and their families do because first impressions create clues to what kind of care they can expect. Even if patients are not consciously aware of the message the interior design conveys, they are subconsciously reading it. Rather than a cold, out-of-date holding station, this room represents the outstanding care we provide. Patients already have noticed the latest changes intended to foster an environment conducive to a successful and efficient visit. Enhancements to the space's look and feel include new chairs, sofas and carpeting.



The surgery center waiting room's freshened interior design

Inside this issue:

Give-and-Take *Continued from cover*

The objective is a "no-wait experience" in which operating rooms function at peak efficiency. Getting the day's schedule off to a seamless start translates into timely care, quick room turnovers and satisfied physicians. But it requires plenty of cooperation.

"Ideally, you have few, if any, gaps," says Deb Ballard, surgery scheduling specialist. "The schedule should flow, one procedure after another. If a surgeon has more than one patient, we try to get him to follow himself in the OR. Communication between the surgery center and doctors' offices minimizes conflicts over times, days and available rooms."

The surgery center uses both block booking and open booking systems. Block booking reserves uninterrupted time for individual surgeons or surgical specialties. Surgeons book cases into the allotted block only if the surgery can be completed within the assigned time or if an administrative exception is granted. We periodically readjust block times according to surgeons' needs and utilization rates.

Scheduling Tip: *Surgeons' offices that anticipate unfilled block time can contact the surgery center to voluntary release that time for open scheduling.*

With open booking, surgeons submit requests for OR time and surgeries are scheduled on a first-come, first-served basis until a predetermined OR capacity is reached.

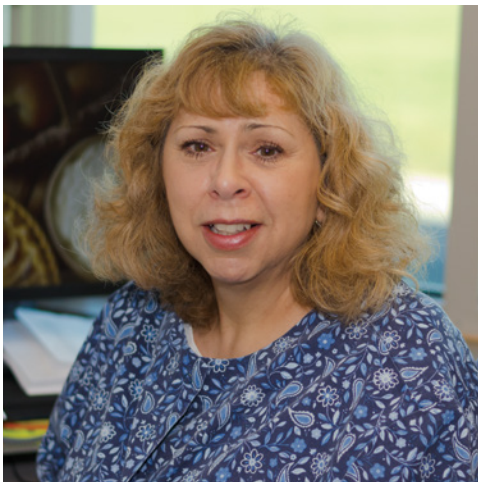
"Scheduling requests arrive by phone and fax," Deb notes. "The request form contains the required details on the procedure, demographic and insurance information, and special equipment and anesthesia requests."

Whenever surgeons want to schedule a case outside their block time or a surgeon on the open schedule requests a time already assigned as part of a block, the surgery center makes a concerted effort to accommodate the request. The center will contact block holders about releasing unfilled time or propose an acceptable alternative. Here, collaboration with physicians' offices is a must.

"We do favors for them, they do favors for us," says Danielle Hinkle, surgery scheduling specialist. "In most instances, we're able to fulfill everyone's needs, but it involves a bit of negotiating. We're flexible, and that's why office schedulers like scheduling cases here."

The Small Details

One reason physicians' offices like Rockford Ambulatory Surgery Center so much is the customer-oriented view toward the offices.



Danielle Hinkle, surgery scheduling specialist

"Physicians want their surgical procedures to run smoothly," says Danielle Hinkle. "Because we value our relationships with the surgeons, we do our utmost to make their experience here as safe and efficient as possible. The work done at the front end ensures that when surgeons and patients arrive at the facility all of the small details are accounted for and in their proper positions."

Surgery schedulers make a complicated process accessible for offices. Danielle was already a seasoned veteran when she became a member of the RASC team in 1997. Seven of her 19 years at SwedishAmerican Hospital were spent sharpening her skills as a scheduler. She started at the hospital as a unit clerk in the intensive care and coronary care units. She also worked in the hospital's Quality Resource Department.

Although Danielle initially provided support in reception and accounts receivable at RASC, it wasn't long before the center's growing caseload created an opportunity to resume the scheduling process.

"Developing a schedule that achieves the best results and is the most efficient is an interesting challenge," Danielle says. "Conflicts and last-minute add-on cases are inevitable. The physicians' offices are a great help in managing the flow of cases. The office schedulers know exactly what to do when the surgeon wants to schedule a surgery here. We work very well together to keep the surgeons happy."

Solving the Puzzle of Surgery Scheduling

For five years prior to joining the surgery center, Deb Ballard handled office scheduling at Rockford Orthopedic Associates. She often contacted the surgery center's scheduling office on behalf of ROA physicians. Having seen the two sides of medical staff scheduling, Deb appreciates the determination that goes into making a surgery schedule work to everyone's satisfaction.

Deb has been with the surgery center since 2003. She enjoys the challenge of accommodating doctors' schedules, patients' needs and operating room availability.

"Putting the schedule together is like solving a puzzle," Deb says. "It's gratifying when all the pieces fall into place."

The bulk of Deb's education in health care occurred at SwedishAmerican Hospital. She spent 18 years as a unit clerk in different departments and six years as a scheduler.

"As a unit clerk, I maintained records and any necessary forms for the patients staying in the hospital, coordinated patient activities and communicated with other departments," Deb recalls. "I worked in the recovery room immediately before transferring to scheduling. By the time I transferred, I had learned the medical terminology, equipment and personnel requirements for surgical cases needed to help perform the scheduling role."

Scheduling staff on both ends of the phone forge professional bonds. Deb receives surgery scheduling requests from office schedulers she "met" while at Swedes.

"It's important to build solid connections with the physicians' offices, but it's also enjoyable to have great rapport with scheduling staff based on a mutual sense that we share each other's concerns," Deb says. "You feel like you know the schedulers in the other offices. I take extra pleasure in that part of my job."

Phone Numbers to Keep Handy

- Fax information for scheduling a case to Surgery Scheduling: **(815) 226-4549**.
- Doctor's orders given during the scheduling call must be received by a registered nurse, or faxed to our Preoperative Department: **(815) 229-5963**.
- Questions regarding Body Mass Index guidelines, call the Preoperative Department: **(815) 231-5438**.
- Special equipment/supply requests, contact our Materials Coordinator: **(815) 231-5410**.
- Insurance Verification Coordinator: **(815) 231-5402**.
- To cancel a case for the next day after hours, call our main number at **(815) 226-3300** and leave a voice mail.

Tiffany Redmond, Center's Newest CNA

Tiffany Redmond, CNA

The nursing team welcomed a new colleague when Tiffany Redmond, CNA, came on board. Tiffany is an essential link between patients and registered nurses. When she isn't admitting new arrivals or caring for patients in stage two recovery rooms who are awaiting discharge, Tiffany usually can be found pitching in wherever charge nurse Dee Stokes needs an extra set of hands. At other times, you'll see her assisting with patient record-keeping or stocking medical supplies.

Tiffany completed her Certified Nurse Assistant training in 1993. Most recently, she was employed at SwedishAmerican Hospital.

Pumped About New SCDs

Surgeons are diligent about ordering sequential compression devices (SCDs) to prevent blood clots (thrombosis) from forming in the deep veins in surgery patients. With the purchase of two additional units, we now have an ample supply to fill any order that is placed, which we strongly recommend where indicated.

Many factors increase the risk of deep vein thrombosis, such as family history, an inherited blood-clotting disorder, use of oral contraceptives and heart disease. Clots can break off and travel to other parts of the body — the lungs, for instance, producing a potentially life-threatening condition called pulmonary embolism.

SCDs keep pressure on the legs to help stop blood from collecting. These devices consist of an air pump connected to a disposable sleeve by air tubes. Air forced into the sleeve squeezes on the appendage in a milking action. The blood flows more freely through the deep veins.

The surgery center utilizes SCDs for the foot, calf and thigh. We implement SCDs 20 minutes before the induction of anesthesia. The units remain engaged until the patient is discharged.

Standard Bearer

Director of perioperative services relishes the 'paper chase.'

Popular fiction has cemented into our culture the phrase that means "an activity involving many different documents in order to achieve a particular end." The whole point of protagonist James Hart's paper chase was a Harvard law degree. For Mary Beth Barich, RN, director of perioperative services, the myriad documents within her sphere touch on everything from law to human resources.

Perioperative services encompass the surgery process from admission to discharge. On a day-to-day basis, Mary Beth undertakes multiple tasks, independently and in a group, directed toward one outcome: a positive patient experience. Her position combines classic director of nursing duties — staffing, records and policies related to the nursing staff — and the foundation for continued accreditation of the facility.

Mary Beth provides overall supervision of surgical services, assigns responsibilities to team leaders and sees to it that patients' and physicians' needs are not only met but adhere to state laws, federal guidelines and nationally recognized standards for care. The latter has turned Mary Beth into a voracious reader.

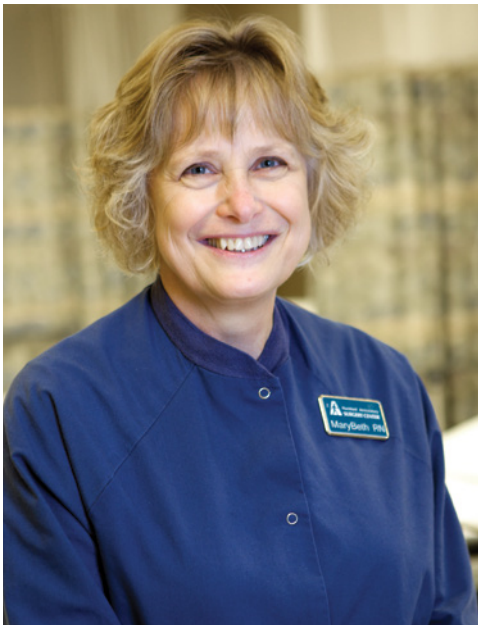
"I enjoy learning the new regulations, being able to put them into practice and explaining to staff members their impact on the surgery center," Mary Beth says. "With such a focus on quality and patient safety, it's important that polices are integrated into the culture of the organization."

In addition to leading infection control and safety efforts, Mary Beth is active in risk management. A firm believer in professional societies, she holds a seat on the Ambulatory Surgery Center Association of Illinois board and a leadership post with the local Association of periOperative Registered Nurses chapter. She mines these associations to find applicable learning opportunities that benefit surgery center staff.

"I'm always looking for programs, webinars and other offerings that deepen clinical understanding," she says.

Mary Beth joined the surgery center when it opened in 1994 with an eclectic background in various clinical area departments, home health care and medical office work. She graduated from a diploma program for registered nurses in Michigan in 1975 and later earned a Bachelor of Science degree in health administration. At RASC, she served in the Preoperative Department and the operating room before assuming the perioperative services director slot in 2004.

"Services must be consistent with recognized standards of practice," Mary Beth says. "I rely heavily on staff cooperation in adopting new regulations and policies. The fact that everyone enthusiastically embraces changes explains why accreditations proceed so smoothly and surveys are always filled with favorable comments."



Mary Beth Barich, RN

SPOTLIGHT ON

Ear, Nose & Throat

Otolaryngologists, popularly known as ENT physicians, treat diseases and disorders of the ear, nose and throat, and related structures of the head and neck. Trained in both medicine and surgery, otolaryngologists who perform ENT procedures at the surgery center include:

Jonathan Ferguson, MD • Andrew Jun, MD • Mark Lundine, MD • Margaret Provenza, MD • James Severson III, MD • Kianoush Sheykholeslami, MD • Ninef Zaya, MD

Three common outpatient procedures are tonsillectomies (with or without an adenoidectomy), septoplasties and myringotomies.

Tonsillectomy/Adenoidectomy

Problems affecting the tonsils and adenoids can result in recurrent throat and ear infections. If tonsils and adenoids become enlarged and obstructive, they can impair breathing and swallowing. In children, the tonsils and adenoids are removed at the same time. The surgeon uses special instruments to cut the tissue in order to remove the tonsils and adenoids. The surrounding blood vessels are then sealed to control bleeding.

Septoplasty

Septoplasty is a corrective procedure to straighten the nasal septum, the vertical wall between the two nasal cavities. This procedure improves the nasal breathing function. It also is done to facilitate adequate examination of the inside of the nose for the treatment of nasal polyps, inflammation, tumors or bleeding.

Myringotomy

In many cases, ear infections or excessive fluid do not clear up with proper medication and home treatment. A small surgical incision into the eardrum promotes drainage and relieves pain. A ventilation tube may be inserted to prevent further fluid accumulation.

Weighing in with an Upscale Scale

Accuracy, comfort and safety are the main features of our new digital medical scale. The nonskid surface on the low-profile platform allows patients to step on and off the scale with ease. An ergonomically designed, waist-high handrail supports unsteady patients. The handrail is easily grasped for added patient stability and measurement precision. The scale also includes a Body Mass Index function. To calculate BMI, surgery center staff enter the patient's height and the BMI is instantly displayed. A stadiometer attached to the wall supplies the correct height. The entire process is quick and eliminates the guesswork.

SPOTLIGHT ON

Hand Surgery

Hand surgery is a broad term. It covers an array of procedures performed by general surgeons and orthopedic surgeons. Surgery can restore function, alleviate pain and even maximize the hand's appearance.

Hand surgery is among the most common surgeries at RASC, and treatment for carpal tunnel syndrome (CTS) ranks in the top 10 surgical procedures. CTS occurs when swollen wrist tissues compress the median nerve within the carpal tunnel, a narrow channel for the tendons along the bones and ligaments in the wrist. Pressure on the nerve produces pain, aching, numbness and tingling. Repetitive hand motion is the chief culprit behind this well-known malady.

Open carpal tunnel release reduces pressure on the median nerve. Performed under local anesthesia, an incision in the wrist cuts the transverse carpal ligament and exposes the tendons in the carpal tunnel. If the synovial coverings on the tendons are excessively thickened, the doctor removes them to allow more space for the nerve.

By contrast, endoscopic carpal tunnel release relies on an endoscope inserted through a smaller incision. Using video images from the endoscope as a guide, the surgeon precisely cuts the constricting carpal ligament. The endoscopic technique treats the disorder without having to cut through the skin and muscles of the palm.

Trigger finger is another disorder the surgery center treats. A finger or the thumb gets stuck in a bent position and then straightens with a snap — like a trigger being pulled and released. Often painful, trigger finger stems from a narrowing of the sheath surrounding the tendon in the affected finger. In its severe form, the finger stays locked in a bent position.

Triggering fingers can be treated with open or percutaneous release. Open surgery takes 10 to 15 minutes per finger.

Dupuytren's contracture is a hand deformity that usually occurs over years. Knots of tissue develop under the skin of the palm, eventually forming a thick cord that can bend one or more fingers toward the palm. Surgery can remove the tissue affected by the disease. In some severe cases, surgeons remove all the affected tissue and the attached skin. A skin graft is needed to cover the open wound.

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