Inside RASC

Rockford Ambulatory SURGERY CENTER

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Culture of Prevention

Staff involvement enhances patient safety.

Infection can be a devastating outcome for a patient. Surgical site infections remain a cause for concern during the postoperative period.

The surgical 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. Although not as great as in a hospital, the potential for transmission of bacteria exists.

The surgery center maintains a sanitary environment for surgical services. Thanks to a strong preventive focus, the center's reported infection rate is 0.1 percent. While we are proud of our low infection rate and the effects of our infection control program, we strive to continuously improve our practices and associated patient outcomes.

Established guidelines form the basis of infection control efforts. Surveillance, research and communication are the cornerstones of a rigorous prevention regime. Far-reaching policies and procedures prevent communicable diseases, such as Methicillin-resistant Staphylococcus aureus (MRSA), from spreading to patients, visitors and health care staff.

Contact precautions place special emphasis on gloving, gowning, patient transport, patient care instruments and environmental measures. When staff members come in direct contact with the patient, they follow universal precautions regarding personal protective equipment and pay close attention to hand hygiene.

A carefully orchestrated workflow for anything moving in and out of operating rooms minimizes contamination risk. The people, tools and supplies working within the immediate surgical field are subject to intense scrutiny.

The surgery center promotes education on infection control, patient safety and appropriate use of personal protective equipment. Staff members adhere to formalized protocols for

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Did You Know?

Proper hand hygiene (either with soap and water or a special antibacterial hand gel) before administering care is still one of the best ways to prevent infection and keep patients safe. The surgery center's hand hygiene program complies with Centers for Disease Control and Prevention guidelines.

Building the OR Team Means More 'We' and Less 'Me'

Commitment to the highest quality outpatient care with the highest customer satisfaction is a way of life at Rockford Ambulatory Surgery Center. Driving that commitment is the spirit of teamwork shared by surgeons, anesthesiologists, nurse specialists and technicians. The team approach in the operating room is not a new concept. The secret to teamwork is letting each person bring talent and a unique personality to the job.

Just like the patients, the doctors depend on the skills and knowledge of those in the OR. When the surgeons arrive at the center, they want to greet the patient, complete the consent form (if needed), mark the surgical site

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Culture of Prevention

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storage, cleaning, disinfection, sterilization and disposal of supplies and equipment.

"We remind staff to properly dispose of disposable supplies, perform thorough cleaning and decontamination procedures, and not rush over to the next patient without removing their gloves and washing their hands," says Mary Beth Barich, RN, director of perioperative services.

Building the OR Team

Continued from cover

and so on. Everything is ready in the OR, and the case can begin smoothly. The emphasis shifts to different members of the team as surgical care advances.

The OR charge nurse sets the tone with a plan for the day. This is very much a hands-on position. The charge nurse monitors patients, administers medications and reports any special circumstances to patients' doctors. Staff, patients and equipment come together seamlessly to move patients through the surgical process.

Dr. George Arends, clinical medical director and a practicing anesthesiologist, oversees surgical processes and the administering of anesthesia by certified registered nurse anesthetists (CRNAs). Four CRNAs work at the surgery center on any given day. They stay with the patient for the entire procedure, constantly monitoring every important function of the body.

The doctors depend on the skills and knowledge of those in the operating room.

The circulating nurse has to respond quickly to the needs of the surgical team and know where to secure any piece of equipment that may be required. The mobile member of the surgical team, the circulating nurse manages care outside the sterile field, acts as patient advocate and assists the team to create and maintain a safe, comfortable environment. The observer role allows the circulating nurse to watch for possible errors during the procedure, such as contamination of an instrument. The circulating nurse is also the point of contact with the outside world because she is not tied to the sterile field.

The surgical technologist works within the sterile field, passing the surgeon instruments, sponges and other items during the procedure. It is imperative that the person handing instruments to the surgeon understand all the procedures we perform here and truly be capable of anticipating the surgeon's next move.

SPOTLIGHT ON

Radiofrequency Nerve Ablation for Pain Control

Missing link between conservative treatment and more aggressive measures, such as fusion and disc replacement?

Chronic pain management physicians are ever on the lookout for long-term solutions rather than short-lived interventions. Pain that persists six months or more and does not respond to conventional medical treatments is a serious problem. Chronic vertebral pain degrades quality of life.

For patients with chronic back, neck and joint pain, conservative treatment is simply not enough. A minimally invasive treatment is the next logical step. Cooled radiofrequency nerve ablation (or RFA) is a new technology developed to treat all segments of the spine, from the neck to the lower back.

"Cooled RFA provides prolonged pain relief for conditions that are difficult to treat effectively using conventional heat-based radiofrequency treatment," says W. Stephen Minore, MD, president of Medical Pain Management Services and president of RASC. "Cooled RFA produces a larger lesion size — as much as 10 to 20 times larger — to accurately treat a larger target area."

Dr. Minore recently completed advanced training to begin performing cooled radiofrequency denervation at RASC, making the surgery center the first health care provider in Northern Illinois to offer this method of pain management.

Heat generated from high-frequency alternating current damages small sensory nerve endings so they can no longer transmit pain signals. A sterile, single-use probe is

Cooled RFA provides lasting relief for difficult-to-treat back and neck pain.

inserted into or near nervous tissue. RF energy heats the tissue at the same time that circulating water moderates the temperature in close proximity to the electrode. Cooling tissue adjacent to the electrode increases the radius of the lesion. This combination yields large-volume lesions without excessive heating at the electrode. It lowers the risk of adjacent tissue damage and eliminates the need for multiple passes.

The shape of the lesion allows perpendicular, oblique and parallel approaches to the target area. The lesion conforms around ridges and within crevices on irregularly shaped surfaces, enhancing the ability to capture the nerve. Pain can be reduced for six to 12 months, and, in some cases, relief can last for years.

"The procedure works very well in patients with spinal decay, scar tissue and nerve dysfunction," Dr. Minore says. "It is especially beneficial for older adults suffering from degenerative bone and joint disease and headaches originating from arthritis in the neck."

Website Gets Future-Friendly Makeover

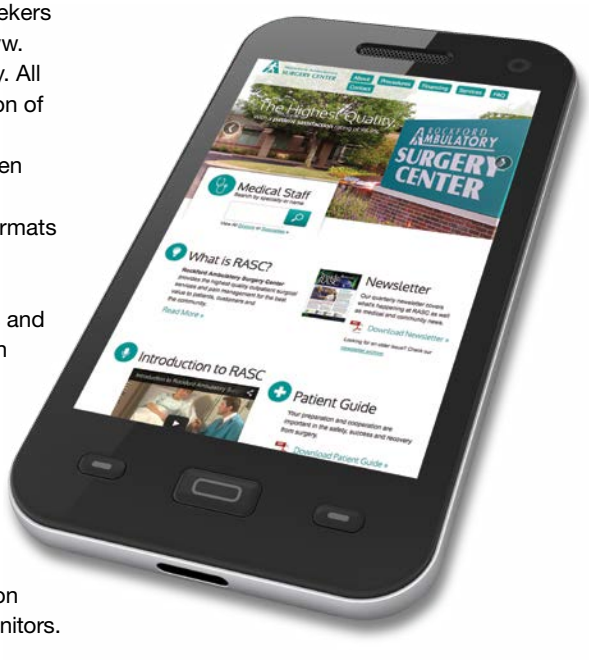
With smarterphones come smarterconsumers and smartersites.

The number of devices information seekers tap to access the RASC website (www.rockfordambulatory.com) is extraordinary. All this technology has spawned a generation of instant consumers.

There are over 500 screen sizes between Androids, iPhones, tablets, laptops and desktop computer monitors. So many formats present a challenge for websites to give visitors the best experience.

To take advantage of current platforms and anticipate systems that probably will gain favor in the future, we are revamping our website. The items on our prelaunch checklist are just about done.

The new site will be adapted to the mobile world — with its shrinking technology — for easy reading and navigation. It retains the simple, straightforward presentation of critical information about the surgery center visible in tiny monitors. We have kept the type large and legible. Images — even the big ones — down-load quickly. Scrolling is fast and easy on the eyes.



The pages automatically scale to accommodate both landscape and portrait views.

Staff Profile

Beth Peterson, RHIA, CPC-H
Clinical Data Specialist

Details Matter

There are two types of people: big picture people and details people. Big picturers tend to be strategic, even visionary. Definite CEO material.

Details people dissect the issue at hand and reasons behind it. They devise plans for handling daily tasks. Think problem solving with acuity and determination.

The position of Clinical Data Specialist requires a detailed-oriented individual.

Clinical data is the connection between doctors, patients, insurance companies and surgery center management. Beth collects, maintains and analyzes health information the center relies on to deliver quality care. She acts as a data sentinel, safeguarding the integrity of confidential records under the HIPAA Privacy Rule.

Beth's chief role is medical coding, a critical step in billing. Every time a patient receives care, the surgery center must document the services provided. Beth abstracts information from documentation and assigns relevant medical diagnostic codes to generate billing statements. These codes are the key to ensuring that the information on claims is correct.

Medical coding can be a daunting process, unless you understand it. Beth has extensive knowledge of anatomy and medical terminology. She is versed in the different code resource books, including CPT and ICD-9.

Beth holds a Bachelor of Science degree in Health Information Management from Illinois State University. Straight out of school, she went to work at SwedishAmerican Hospital for 10 years. She developed strong skills in coding, word processing and quality resources.

A member of the surgery center team since 1996, Beth assembles the mounds of data required by the federal government and State of Illinois. These include ongoing quality indicator records and case volume. She is the source of comprehensive and accurate figures on the incidences of cancer for the Illinois State Cancer Registry. Epidemiologists, health researchers and others in the medical and allied health professions use cancer registry data for retrospective and prospective research.

"I was mainly attracted to health information management because it impacts many areas of health care," Beth says. "What I do affects billing, reimbursements and administrative decisions about the business. It also indirectly affects patient care."

Scheduling Tips

Treating Patients Who Have Sleep Apnea

Rockford Ambulatory Surgery Center places restrictions on some obstructive sleep apnea (OSA) patients. OSA patients who have a Body Mass Index (BMI) greater than 40 kg/m^2 and OSA symptoms requiring a continuous positive airway pressure (CPAP) unit can be scheduled only for certain procedures at the surgery center.

BMI from 18.5 to 24.9 kg/m^2 is considered normal. Patients with a BMI from 40 to 50 kg/m^2 may be scheduled for outpatient surgery; however, the anesthesia care team evaluates 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.

OSA is characterized by periods of not breathing for 10 seconds or longer during sleep. Sedating drugs impair breathing by suppressing upper airway muscles. General anesthesia can increase the duration of periods of not breathing and decrease the amount of oxygen in the body. Local anesthesia or peripheral nerve blocks minimizes complications associated with OSA.

The typical OSA patient is male, overweight and over age 40, though OSA affects people of both sexes at any age, as well as patients who are not overweight. The vast majority of OSA cases go undiagnosed. With proper screening questions, the preoperative interview can reveal any potential airway issues.

Ongoing Training in Infection Control

The surgery center promotes knowledge and excellence in the practice of infection surveillance and prevention. Our highly effective Infection Control Program protects patients and staff, and complies with the Centers for Medicare & Medicaid Services (CMS) conditions for coverage and conditions of participation.

On November 14, Gina Hartman, RN, Infection Control Program coordinator, and Jan Mosher, sterile processing technician, attended the Second Annual ASC Infection Control Officer Training Seminar in Chicago. The event, cosponsored by the Ambulatory Surgery Center Association of Illinois, examined numerous infection control issues. Expert speakers covered regulatory compliance, quality improvement, cleaning, disinfection and sterilization, personal protective equipment and other topics.

Breathing Easier

Happy patients with our center's quality outcomes.

Many conditions afflicting the nose and sinuses can be treated on an outpatient basis. Surgical procedures flush out infected material and clear blocked sinus passages so the airways function normally. For these procedures, Rockford Ambulatory Surgery Center provides surgeons and patients with advanced facilities and flexibility in scheduling.

Endoscopic technology allows the removal of bone, growths (polyps) or diseased tissue right from inside the nose. After inserting a magnifying endoscope (thin tube with a lighted end) into the nasal opening, the surgeon views the operation steps on a monitor. Endoscopic surgery is less invasive, less expensive and has a lower rate of complications.

Ethmoidectomy is a common procedure performed under local or general anesthesia. Larger sinus cavities are created by removing the partitions between the ethmoid sinuses. This group of cavities is located between the eyes and along the sides of the nose. Opening the ethmoid sinus cavity improves drainage into the nasal airway. The procedure may also remove nasal polyps present in the ethmoids.

The ethmoid sinuses play a major part in sinus infections. Other sinuses either drain into or near them. Infection can spread to other sinuses, causing more severe symptoms.

Septoplasty is done to straighten the nasal septum. The partition between the two nasal cavities is composed of thin bone in the back and cartilage in the front. It supports the nose and directs airflow. Deviation of the septum into one of the cavities can cause breathing difficulties, as well as snoring and sleep apnea.

Very few people have a perfectly straight and centered septum. It can be deviated at birth or because of an injury, such as a broken nose, or become bent as part of normal growth during childhood. The deviation can happen in the cartilage, bone or both.

Deviated septum surgery usually involves a realignment of a portion of the bone or cartilage in the nasal cavity. A layer of soft tissue (nasal mucosa) lines the septum and nasal passages. The surgeon separates the mucosa from the underlying cartilage and bone. The doctor trims or straightens the bent cartilage and then replaces the mucosa over the cartilage and bone. Sufficient cartilage is preserved for structural support.

Septoplasty only addresses the internal anatomy of the nose. Rhinoplasty can be performed simultaneously to improve nasal appearance. Most surgeries are completed in 60 minutes or less, not including recovery time.

If the deviation is only at the back of the nose, a submucous resection (SMR) may be all that is needed. There is a technical difference between septoplasty and SMR. In SMR, the deviated portions of the nasal septum are shaved or removed. In septoplasty, septum cartilage or bone is reconfigured so that it is no longer crooked.

Disorders of the Nose

People of all ages can suffer from nasal and sinus problems. Patients admitted to RASC seeking relief typically are treated by the following ear, nose and throat specialists trained in medicine and surgery: Jonathan Ferguson, MD; Andrew Jun, MD; Mark Lundine, MD; Margaret Provenza, MD; and James Severson III, MD.

Scheduling Tips

Precertification for Patients with Primary and Secondary Insurance

When it comes to collecting patient and health insurance information, less is not more, more is more. This is especially true for establishing Preadmission Certification (precertification) where the patient has both primary and secondary insurance.

We recommend that office schedulers always ask the patient if more than one insurance is involved to verify coverage and precertification requirements.

Secondary insurance generally pays part of the remaining balance after primary insurance has paid. The physician's office is responsible for precertification of the member's eligibility and benefits for both the primary and secondary insurance.

Failure to precert secondary insurance may result in denial of payment, and contractual language will not allow collection of the balance from the patient. This is yet another method the insurance industry is using to deny payment.

Depending upon the benefit plan, a host of outpatient services — from abdominoplasties to varicose vein treatment — require precertification of coverage. Precertification is based on the patient's benefit eligibility at the time the outpatient service is reviewed to determine medical necessity.

It's Not the Heat *or* Humidity

A new Booster air conditioning unit fosters caregiver comfort and a healthy indoor environment.

People can stay fairly comfortable on hot days as long as it remains dry. Their discomfort level creeps into the red zone in direct proportion to the humidity. Like most medical facilities, Rockford Ambulatory Surgery Center wrestles with temperature and humidity issues. We always come out on top in these matches, but it isn't always easy.

Doctors and nurses do not want to start sweating in the middle of procedures. They need low temperatures (around ±65 degrees) in the operating rooms to work long hours under several layers of protective clothing. The same rooms must maintain low humidity, ideally in the range of 30 to 55 percent relative humidity, to create a dry surgical environment.

As the temperature drops, humidity invariably inches up. Excessive humidity makes it feel warmer than it really is and helps introduce mold and bacteria.

The dog days of summer 2013 saw a new rooftop system installed to boost air conditioning capacity and remove humidity throughout the facility. The unit was installed without interrupting any surgery schedules. It went into operation in August.

"We knew that humidity occasionally approached the high end of normal," said Dr. Steve Gunderson, CEO and medical director. "This system keeps a tighter rein on fluctuations in moisture independent of room temperature. The surgical team feels cooler, and the low humidity avoids the risk of infection."

Rockford Ambulatory SURGERY CENTER

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