Inside RASC

Rockford Ambulatory SURGERY CENTER

Volume 6, Issue 1

RASC Still True to Our Mission After 20 Years

Surgery center matches convenience with peace of mind.

Rockford Ambulatory Surgery Center's founders sought to give area residents an alternative choice to expensive in-hospital, one-day surgical care when they opened the doors in September 1994. Right out of the gate, the surgery center opted for excellence.

"We offer patients a powerful combination: the convenience of a smaller facility that is in network with almost all managed care companies, advances that reduce recovery time and services that minimize costs," observes Dr. Steve Gunderson, CEO and administrator.

Quality is excellent because the physicians control the medical decisions. The center's layout and state-of-the-art surgical equipment

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20 RASC YEARS 1994-2014

Meet the 'Originals'

The following members of the surgery center team have been on board since the first days:

Front row, left to right: Daneen Tolliver, Surgical Technologist, OR; Judy Young, RN, PACU; Mary Beth Barich, RN, Director of Perioperative Services; Barb Johnson, Surgical Technologist/Materials Coordinator
Back row, left to right: Tom Zillig, Building/Safety Engineer; Dr. George Arends, Clinical Medical Director; Dr. Steve Gunderson, CEO/Administrator

Employee retention is important to RASC management and staff, so we make every effort to create an environment we spend so much time in that is welcoming and safe. We have health care rookies, old-timers that have done this for over half of their lives and folks transitioning from old facets of their lives to new ones. They take care of each other, and we all work hard to care for the patient.

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RASC True to Mission

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support the type of high-volume procedures performed here. The physicians and support staff are proficient in the repeat performance of surgical procedures.

"We have a great, mature group of surgeons, anesthesiologists, nurses and technicians who have served the community for years," Dr. Gunderson says.

RASC has made a mark in the greater Rockford area by delivering a wide range of medical services in a smaller setting.

"Satisfied patients' word of mouth is our best marketing tool."

"RASC doesn't look or sound like a hospital, even though we provide many of the same services and have the same equipment," says Dr. George Arends, clinical medical director. "It can make for a much calmer experience. With the smaller setting, nurses have more time to spend with patients."

At 19,000 square feet (modest by hospital standards), the surgery center has grown in the past two decades to include five operating rooms, two treatment rooms, a large recovery area and two waiting rooms. More than 90,000 procedures have been performed.

In recent years, we have invested in numerous systems enhancements, such as new vital signs monitors, a digital medical scale and additional sequential compression devices to prevent blood clots from forming. A booster air-conditioning unit and an advanced smoke detection and fire alarm solution were installed as well.

Nearly every patient-focused space sits within 100 paces. Visitors experience many comforts, from a cozy fireplace and complimentary beverages to Wi-Fi and television. Various updates intended to enhance staff and patient comfort have taken place at regular intervals. Convenience is one reason why RASC consistently earns a near-perfect patient satisfaction rating.

Still, excellent care remains the distinguishing characteristic after 20 years. The center meets standards set by the Center for Medicare Services and the Accreditation Association for Ambulatory Health Care, and strictly adheres to established protocols.

"Satisfied patients' word of mouth is our best marketing tool," Dr. Gunderson says. "Our staff members deliver the best outpatient care available and a level of safety that is as high as in any hospital and an infection rate that is much lower."

Tom Zillig, Building/Safety Engineer (left); Edward Yavitz, MD

Dr. Yavitz performed the first procedure — cataract surgery — at Rockford Ambulatory Surgery Center. Dr. Yavitz specializes in ophthalmology. To this day, the majority of his eye surgeries take place here.

Meet Our Newest Staff Members

Wendy Dockins, RN, OR

Linda Barker, RN, OR

Jill Wentzel, RN, OR

Anethia Wainwright, ST, OR

Accreditation the 'Good Housekeeping Seal' for Surgery Centers

RASC awaiting results of most recent AAAHC survey.

ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

Accreditation demands that a surgery center meet key industry standards. Rockford Ambulatory Surgery Center constantly maintains our facility in the ready mode with respect to accreditation status through the Accreditation Association for Ambulatory Health Care (AAAHC) and the Medicare system. Health professionals, government agencies, insurers and the public recognize accreditation as the symbol of quality.

"Completing the process challenges us to devise better ways to serve patients."

"Accreditation demonstrates commitment to high-quality health care and shows we meet the criteria to be counted among the best health care providers," Dr. Gunderson says. "Completing the process challenges us to devise better ways to serve patients."

Accreditation is a voluntary process involving an extensive self-assessment and an onsite survey by expert surveyors. The lessons are fresh in the minds of everyone on the surgery center staff. As of this writing, we are awaiting the results of the survey conducted in November.

The survey covers a long list: patients' rights, quality of care provided, quality management and improvement, infection prevention and control, clinical records, health information, facilities and environment. Surveyors review surgery center governing bodies, surgical services, credentialing, human resources, physical environment and more.

Dr. Gunderson says the surgery center plans ahead at different intervals throughout the year leading up to the survey date.

"We take time to understand each and every standard," he says. "We furnish all supporting documentation, records and case studies. We revisit the process and procedures around our Quality Improvement program and conduct periodic walkthroughs to identify potential problems. If you have something wrong, they'll find it. We don't want any surprises."

The surgery center has earned three-year accreditations following seven consecutive surveys.

"Even though this was our eighth survey," Dr. Gunderson points out, "we never expect to meet every standard to absolute perfection, but we feel confident about the outcome."

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.
- Currently, RASC is not certified to accept Illinois Public Assistance.
- For special equipment and supply requests, contact our Materials Coordinator at **(815) 231-5410**.
- Direct insurance questions 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 voice mail.

Required patient data

- 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.)

Making the Right Call

Most patients form a lasting impression of Rockford Ambulatory Surgery Center long before they arrive for surgery.

Patient satisfaction surveys tell us that the first contact with the Preoperative Department sets the tone for a patient's experience at the surgery center.

"The preoperative phone call is the best opportunity to instill confidence that the surgery center is an efficient, compassionate and quality facility," says Mary Beth Barich, RN, director of perioperative services. "Our job is to help reassure patients that we are caring for the whole person. A comprehensive phone interview very much influences a patient's outlook."

Not every patient is a good candidate for surgery in an ambulatory setting. Surgeons are extremely careful to prescreen patients to reduce the risks of anesthesia and surgery.

The preop interview emphasizes patient history and identifies inherently dangerous patient conditions. The first thing we do is obtain a medical history and confirm that every patient has a recent physical on record. The assessment pays particular attention to anxiety level, age-specific needs, drug allergies and any potential airway issues associated with a history of sleep apnea.

Achieving the best outcome begins with patient education, and "schooling" begins immediately. The preop nurses augment the general patient education delivered at the physician's office. The preop interview also expands on the information found in the widely available RASC Patient Guide.

Patients' questions tend to center on preoperative preparation and care after discharge. The Preoperative Department assesses patient and family learning needs and individualizes information to ensure a smooth perioperative process.

On the day of surgery, nurses and support staff coordinate final preoperative preparations. Any questions that arise needing input from the surgeon can be answered before the patient goes into the operating room.

Lori Vihnanek, RN (seated at front); Carrie Bufalo, CNA (right); Laura Castaneda, RN (left)

From left: Elissa Greenfield, RN; Carlee Koerner, RN; Barb Holmes, RN

Teamwork in the OR Is a Way of Life

Just like the surgical patients, the surgeons depend on the skills and knowledge of operating room personnel. The team approach in the operating theater is hardly novel. The secret is letting each person bring unique talents to the fore.

When the doctors first arrive, they greet the patient, complete the consent form if needed, mark the surgical site and so on. Once inside the OR, the emphasis shifts to different members of the team:

- Dr. George Arends, clinical medical director and a practicing anesthesiologist, oversees the center's surgical processes and the administering of anesthesia by certified registered nurse anesthetists (CRNAs). The nurse anesthetists stay with the patient for the entire procedure, constantly monitoring every important function of the body.

- The OR charge nurse monitors patients, administers medications and reports any special circumstances to patients' doctors.
- The circulating nurse manages care outside the sterile field, acting as a patient advocate and assisting the team in maintaining a safe environment. The circulating nurse needs to know where to secure any piece of equipment that may be required. The circulating nurse also is the point of contact with the outside world.
- The surgical technologist works within the sterile field, passing the surgeon instruments, sponges and other items during the procedure.

Front row, left to right: Ineta Robinson, RN; Anethia Wainwright, ST; Daneen Tolliver, ST. Back row, left to right: Wendy Dockins, RN; Marla Cedillo, ST; Marilyn Zueger, RN; Pam Smith, RN

Front row, left to right: Stacy Swartz, ST; Jill Wentzel, RN; Linda Barker, RN. Back row, left to right: Barb Johnson, ST; Stacy Durack, RN, Charge Nurse; Kathy Welborn, ST

Lisa Flueckiger, ST (left); Nicki Cottrell, ST

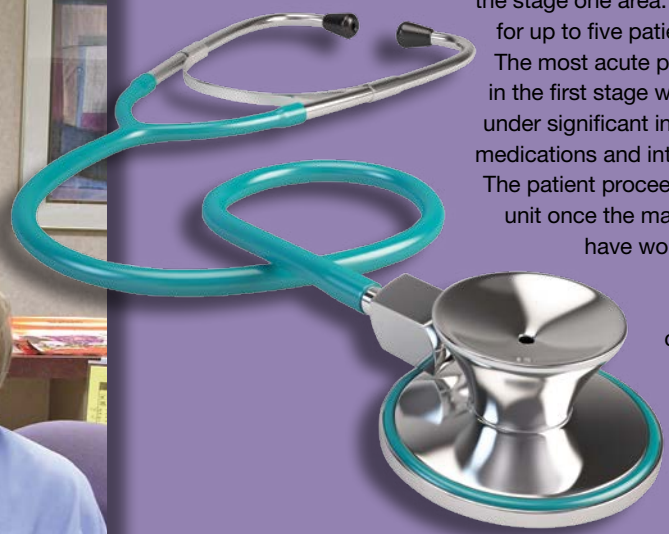
Jan Mosher, Sterile Processing Technician

Minimizing Complications After Surgery

Postoperative care is critical to returning the patient to a state of health.

Front row, left to right: Dee Stokes, RN, Charge Nurse; Lisa Bender, RN Back row, left to right: Peggy Powell, RN; Tiffany Redmond, CNA

From left: Rita Reese, RN; Judy Young, RN



Before surgery, patients learn about the procedure and get ready for the healing process at home. What happens immediately after the surgeon has finished plays a huge role in patient satisfaction.

Care given during the initial postoperative period lasts from the instant the patient is transported to a recovery room until discharge from Rockford Ambulatory Surgery Center. The duration depends on the type of surgery, amount of anesthesia, patient's medical condition and other contributing factors. Some factors can be controlled; others cannot.

Management responsibility for the Postoperative Department's registered nurses and certified nursing assistants falls to Dee Stokes, RN, a 20-year veteran of the surgery center. As charge nurse, Dee oversees scheduling, makes certain that department staff abide by surgery center policy and directs patient safety measures.

The surgery center splits postoperative care into two stages. The facility is equipped with eight stage one postanesthesia care units (PACUs) and 13 stage two PACUs. We maintain a ratio of one nurse to two patients in the stage one area. Nurses typically can care for up to five patients in stage two.

The most acute postoperative care occurs in the first stage while the patient is still under significant influence of preoperative medications and intraoperative anesthesia. The patient proceeds to a stage two recovery unit once the major effects of anesthesia have worn off, vital signs have stabilized and the patient is alert and able to communicate verbally. Patients should exhibit improvement in key areas that were checked in phase one, such as respiration and muscle strength. Skin color and condition are considered during this phase, too.

A patient may stay in the PACU anywhere from 30 minutes to five hours or longer. During the second stage, the recovery room RN provides expert counseling and education services — for instance, the proper use of crutches — for patients headed home after their surgeries. The nurse explains the importance of caring for wounds, adhering to medication regimes and getting plenty of rest.

Business State of Mind

A productive business office reflects important values and culture.

An immense amount of behind-the-scenes work enables the roughly 5,000 cases that Rockford Ambulatory Surgery Center performs each year to go smoothly for both the surgeons and their patients. Bev Knautz, RHIA, supervises the eight professionals who manage patient scheduling, admissions and accounts.

"A good business office is able to keep the surgery center's business moving forward," Bev says.

Efficient scheduling of surgical procedures, obtaining accurate insurance information, ensuring that the equipment and supplies are best suited to the surgeons' needs, advising patients of their account status — these are just a few items on a long list of daily routines. Billing, filing claims and tracking changes in patients' insurance coverage are on that list, as is answering patients' questions regarding billing, insurance or financial assistance. Other typical back office responsibilities include negotiating contracts with insurance providers and vendors.

"We take pride in utilizing our surgeons' time well with efficient room turnovers."

The surgery center's scheduling staff communicate with each surgeon's office to provide an operating room for the time it is needed. Getting the day's schedule off to a seamless start translates into timely patient care, quick room turnovers and satisfied physicians.

"We take pride in utilizing our surgeons' time well with efficient room turnovers," Bev says. "A major priority is a 'no-wait experience' with no downtime and the operating rooms functioning at peak efficiency. That requires plenty of cooperation."

Patient data gathered at the time of scheduling serve as the basis for a patient chart. The Business and Preoperative departments create a patient record that is thorough and up to date.

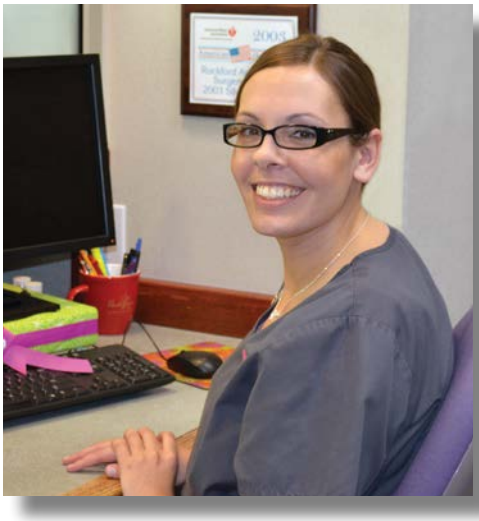
Business staff supply the records required by the State of Illinois. Chief among them are infection control statistics, quality improvement studies, case volume and demographic data.

The business office safeguards the integrity of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. In addition to ensuring that the recredentialing of the facility and staff is always current, the business office sees that RASC meets the licensing requirements of the Medicare system.

Scheduling Tips

When sending patient scheduling information by fax, please make sure that demographic details (name, street address, city, zip code, phone numbers, Social Security number) and photocopies of insurance cards are clear and legible. The Scheduling Department fax number is (815) 226-4549.

Please fax medical history and physical examination (H & P), consent and doctor orders to the Preoperative Department. The fax number is (815) 229-5963.



Gina Smith, Receptionist/Admission Clerk

Front row, left to right: Anna Drog, Patient Accounts Coordinator; Bev Knautz, Director of Business Operations

Back row, left to right: Lori Brown, Medical Record/Scanning Clerk; Juanita Cunningham, Document Management/Medical Record Clerk

Deb Ballard, Surgery Scheduling Specialist (seated); Danielle Hinkle, Surgery Scheduling Specialist (left); Beth Peterson, Clinical Data Specialist (center); Erica Lander, Insurance Verification Coordinator

Avoiding Infection Trouble Spots

Established guidelines form the basis for infection control policies and procedures.

In 2009, the Centers for Medicare and Medicaid Services launched an oversight and survey program — including a stringent set of infection control regulations — for ambulatory surgery centers as a requirement to participate in Medicare.

Rockford Ambulatory Surgery Center has a proven process in place to reduce the potential for infections in patients and health care workers. Thanks to a strong preventive focus, the Infection Control Program helps safeguard patients, employees, physicians and visitors.

Collaboration between departments is the bedrock of this data-driven program. The surgery center, with the active participation of administrative, office and medical staff, conducts rigorous self-assessments. Ongoing assessments are critical to pinpointing areas of concern, specific problems and opportunities for improvement.

The surgery center appointed Lori Vihnanek, RN, a nurse in the Preoperative Department, to be coordinator of the Infection Control Program.

Lori 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.

Scheduling Tips

Make Sure Required Data is Accurate

To help medical staff avoid unnecessary delays, when scheduling procedures, it's important to provide correct:

- Spelling of patient's first and last name
- Home telephone and cell phone numbers
- Date of birth
- Social Security number
- Address
- Employer information for insurance card holder

Cataract Surgery in a New Light

Surgery center looking at the benefits of laser-based cataract procedures.

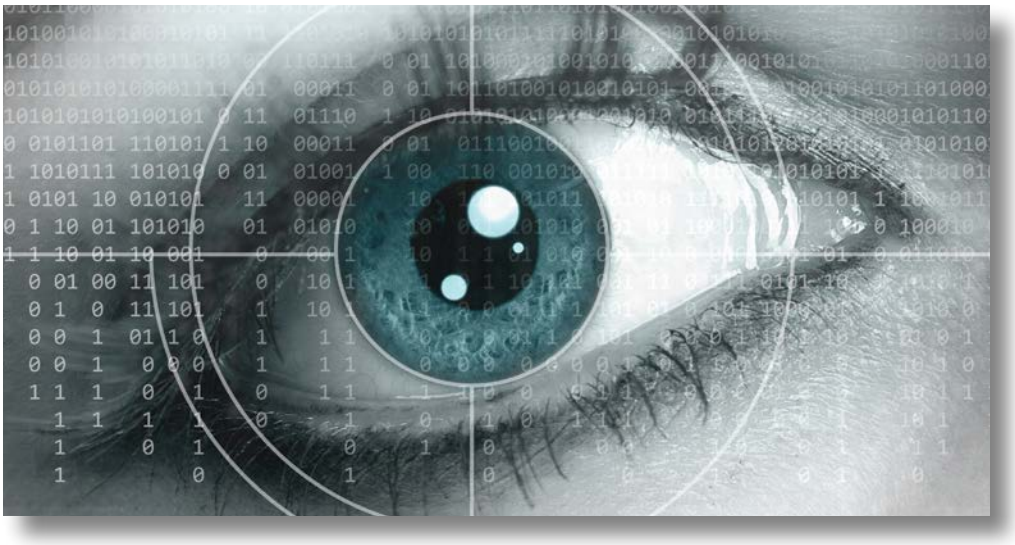
Part of what makes modern cataract surgery exciting are the recent refinements to the procedure. Conventional cataract surgery is still one of the safest procedures with predictable outcomes. But the adoption of femtosecond laser-assisted surgery to restore cataract-impaired vision is growing.

Rockford Ambulatory Surgery Center has been researching available technology platforms to see if laser cataract surgery might pay great rewards in terms of precision and convenience.

Cataract surgery has improved the vision of thousands of RASC's patients. The mainstay of cataract surgery — phacoemulsification — relies on a "phaco" machine to break up the cloudy lens using ultrasound waves. The emulsified pieces are irrigated and suctioned out through a tiny incision in the eye.

In laser-based cataract surgery, a femtosecond laser emits very quick bursts of energy. (A femtosecond is one quadrillionth, or one millionth of one billionth, of a second.) These ultra-short pulses soften the cataract as it breaks into smaller pieces for easier removal.

The laser method does not transfer heat or shock to the lens, so there should be less



chance of burning and distorting the incision. It has been shown to cause less swelling of the cornea and retina because less phaco energy is required to disassemble the lens.

The available laser platforms feature intuitive user interfaces and software that automates delicate surgical maneuvers, increasing the precision and reproducibility of multiple steps of the surgical procedure.

"The two laser systems that appear most promising to us are the Bausch + Lomb Victus® and the Alcom LenSx®," Dr. Gunderson says. "Each system offers different features and has different training requirements. Implementing femto-cataract surgery will have an impact on workflow and scheduling, and may require changes to equipment layout at the surgery center. These are some of the issues we are assessing right now."

Rockford Ambulatory SURGERY CENTER

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