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REV UP YOUR RECOVERY ROOM

Tips to keep your PACU moving
— and get your patients
safely on their way. **P. 34**

Ways to Improve Your GI Efficiency

Tips you can use to manage the new rules governing gastroenterology.

Stephanie Diem, RN, BS | Philadelphia, Pa.

When our endoscopy center moved into its new location in 2003, we had a chance to start from scratch and design an efficient, high-volume facility that would let our business evolve as gastroenterology's clinical, regulatory and financial landscape changed. A lot has happened in the last five years, including reduced Medicare reimbursement for ASCs, the arrival of EMRs and technical advances allowing for better viewing and imaging of the GI tract. Here's how we've addressed these changes with a creative mind and become more efficient along the way.

1. Use computers everywhere you can

When we developed our new center, we decided to install workstations wherever they'd be needed rather than rely on hand-held units or mobile workstations. We have 50 computers in our center. In the PACU, each bedside has a workstation. Each of our three procedure rooms has two workstations. Having more than enough computers eliminates staff having to wait for access. (See "Automated GI" on page 78.)



WHAT REALLY MATTERS Using workflow automation software saves staff and physicians time and allows for more face-to-face care.

2. Devote an anesthesia provider to pre-op and PACU

Our contract with our anesthesia group calls for an anesthesia provider to work in pre-op and PACU areas. The nurse in pre-op interviews for the overall history for all patients, while the



Robert Neroni

anesthesia provider performs the anesthesia assessment.

This provider, either a CRNA or an anesthesiologist, starts IVs and cares for patients as needed after surgery. This assignment saves the busy nurses time because they don't have to start IVs and run back and forth. It also lets the anesthesia provider who works the procedure room focus on

the patient in the room. The anesthesia provider assigned to the procedure room greets patients, works the procedure room and transports patients to the PACU.

3. Use limb clips for the ECG monitor

We've found that using electrodes on limb clips, rather than the adhesive electrodes, saves time. They're just as accurate and much

easier to remove than the sticky electrodes that pull out body hair and can cause irritation. Using limb clips has resulted in great savings over the years. Using three ECG pads costs about 50 cents per procedure. The limb clips cost about \$60 per set and last about three years. Based on the 9,000 cases we do per year, the limb clips cost less than a penny per patient.

4. Have patients return to the same bay

We have 14 patient bays that we use for pre-op and post-op care. After the procedure, the patient returns to same bay where he underwent assessment and changed out of his clothes. Returning to the same bay lets the patient leave his clothes and belongings in one spot, rather than putting them in a locker or a box that would have to be moved once a new patient entered the bay.

5. Groom a well-trained reprocessing staff

Having experienced, well-trained reproprocessors is important to improving efficiency in a GI center. We've helped our reproprocessors grow in their careers by encouraging them to receive as much continuing education as possible. Our reproprocessors are GI tech specialists who receive on-the-job training as well as off-site training through the Society of Gastroenterology Nurses and Associates

Automated GI Tracks Patients Here, There and Everywhere

Here at Washington Square Endoscopy Center, we have 50 computers throughout the facility. Excessive? We don't think so. Here's how we put our workflow automation hardware and software to work for us:

- **Scheduling.** As soon as a patient is scheduled, we use software to help speed the process. During the screening call, our practice management software prompts the caller through a series of questions. The custom prompts decrease the likelihood that the caller will forget a question, and more importantly, the prompts help guide the interviewer to the appropriate next action based on the patient's response.

- **Procedure room.** Here, the physician uses one computer to create procedure notes while the anesthesia provider and the surgical tech share the second one. During the procedure, the vital signs monitors send information directly to the patient's EMR. Images generated during the colonoscopy are captured by the EMR software. The physician chooses which images to attach to the report after the procedure. Before going paperless, selected colonoscopy images were printed out — for about \$1 each — and attached to paper reports. In those days,

by the time the dictation transcripts arrived and the record was assembled and reviewed, we had a month lag between the procedure and mailing the patient's report to the referring physician's office.

- **PACU.** In the PACU, each bedside has a workstation, which lets us document in real time. With everything onscreen, there's no fumbling of papers. The customizable screens let any appropriate staff member follow the patient flow and help us meet the regulatory requirements of CMS, the department of health and the Joint Commission. The technician in the room generates all the required labels and documents for pathology specimens. When patients



DOCK OF THE BAY Each patient bay at Washington Square Endoscopy Center in Philadelphia, Pa., has a computer workstation.

are ready to go home, all the documents that they need to take with them are printed in the PACU.

- **Billing.** Efficient billing is an integral part of this process. The coding engine within the software generates codes that are timely and correct. Our billing department can access these codes and submit them without leaving their desks.

— **Stephanie Diem, RN, BS**



Kent Steinriede

DIGITAL DOCUMENTATION Using workflow management software to digitally store all patient information you gather on the day of the procedure lets staff follow the patient's progress throughout the facility.



A CHANCE TO FOCUS Anesthesiologist Angela Jones, MD, is assigned to the pre-op and PACU areas, which lets a second anesthesia provider concentrate on the procedure rooms.

and equipment manufacturers. I rotate all the reprocessing techs into procedure room shifts once a week so that their clinical skills stay fresh. We have very little turnover in our reprocessing department because the techs have pride of ownership in their department. Since we have so many computers, there's never a bottleneck when staff members complete online training courses.

6. Automate faxing

Although we're primarily a paperless facility, we send a lot of faxes. At the end of a procedure, the physician who performed it faxes documentation to the referring physician's office. By clicking the print function at the end of a case, the document is sent directly to the fax server.

To better comply with Joint Commission requirements for medication reconciliation, we plan to begin faxing from the patient's bedside a list of medications that the patient received in our facility to the referring physician's office. Faxing this list to a physician should be more effective than sending the patient home with the list and hoping that he will give it to his physician.

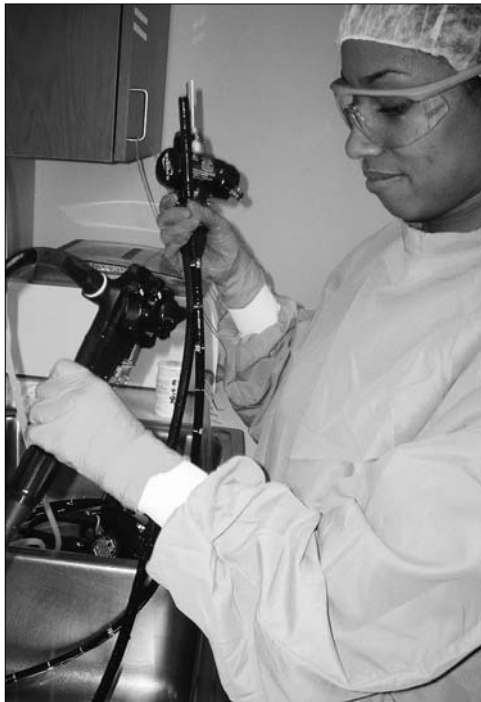
7. Discharge patients directly

from the PACU

Not all patients need to go back to the front desk to check out. Unless the physician asks for a follow-up visit, we discharge patients directly from the PACU, where they receive all the documents that they will take home with them. For cases in which the person responsible for accompanying the patient home has not arrived yet, we've created a discharged patient waiting room. Directing patients to this area opens up a bay for the next patient and helps shorten the line that can grow at the front desk. Patients who need a follow-up visit are directed to the front desk, where they can schedule their next appointment.

8. Listen to your patients and staff

The best ideas usually don't come from managers. They come from the people closest to the workflow: the hands-on staff and the patients. Listen to your patients. Find out what they don't understand. This is especially important with prep for GI procedures, since improper bowel prep can lead to the cancellation of a case. If you learn that a patient is confused about something, chances are that other patients



STRONG CAREER PATH Continuing education helps colonoscope reprocessors advance their careers and creates a sense of ownership among them.

are just as confused but haven't spoken up.

The same goes for employees. Often a staff member will have an idea but is reluctant to speak up. Make it as easy and non-threatening as possible for employees to share their ideas.

In the end, remember that health care is constantly changing and that you have to continuously critique and adjust the way that you do things, even when everything is running smoothly. If you keep looking, those good ideas will never stop coming. **OSM**

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