



Optimize for Excellence Private Surgical Centers

Regina Boore, MS, BSN, RN, CASC
AMO University
Toronto, Ontario
September 24, 2016

Definitions

- **Optimize:** make the best or most effective use of (a situation, opportunity, or resource)
- **Excellence:** the quality of being outstanding or extremely good



Optimize for Excellence Essentials

1. Plan
2. Team
3. Process
4. Leadership



“Failing to plan
is planning to fail”

Alan Lakein

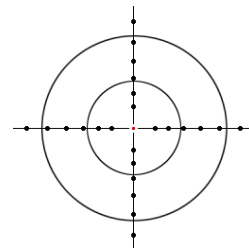
Essential #1 PLAN

- Engage experts for development
- *Do it yourself*, also known as *DIY*, is the method of building, modifying, or repairing things without the direct aid of experts or professionals.



Essential #1 PLAN

- Define the project
 - Scope of care
 - Patient base
 - Size
 - Location
 - Financial projection



Space Planning Considerations

- Minimize the distance/number of steps required to perform those daily tasks which are central to the operation:
 - Patient flow
 - Surgeon flow
 - Instrument flow
 - Supply flow

Design Pearls

- It's cool to be square
- Don't scrimp on pre/post
- Apply the "great room" concept
- Consider privacy/confidentiality



Privacy and confidentiality



Design Pearls

- You can never have enough storage
- Consider receiving/supply management



Receiving



Design Pearls

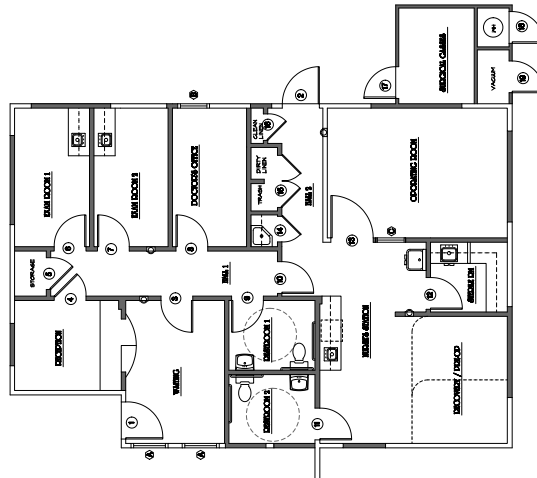
- Stainless steel utility casework



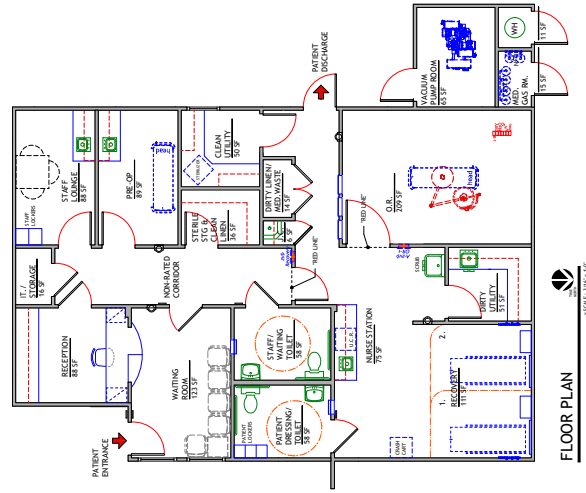
Stainless Steel for infection control



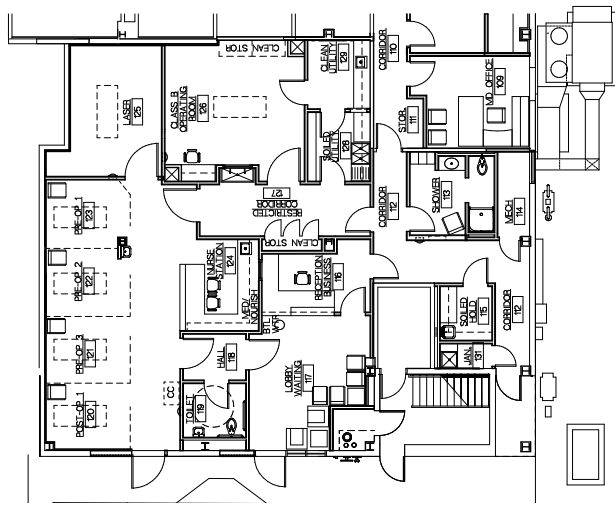
Example #1



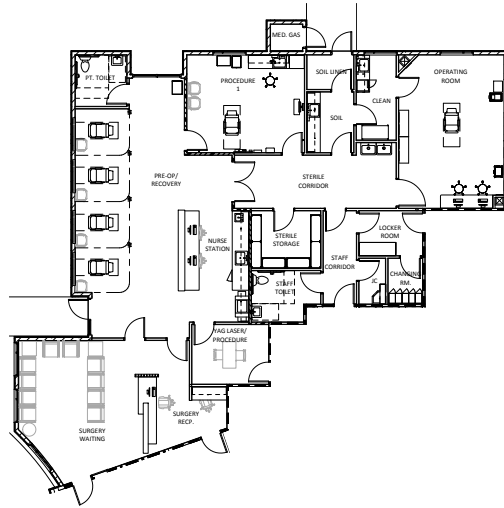
Example #1 Floor plan fix



Example #2 floor plan



Example #3 floor plan



Essential #2 TEAM

- Stable, high performing, responsive team of competent, compassionate individuals



Essential #2 TEAM

- Get the right people in the right seats on the bus for operations



The Right Team

- They share your core values
- They don't need to be tightly managed
- They have the potential to be the best in the industry in their position
- They understand the difference between having a job and holding a responsibility.
- If you had to do it all over again you would hire them w/o hesitation

Staffing Model

- Clinical Director RN
- Receptionist
- Preop/PACU RN
- OR/Circulating RN
- Scrub Tech
- Instrument Tech
- Laser Tech



Staffing Variables

- Case volume
- #ORs
- Patient acuity (anesthesia level)
- Femto
- Procedure time/surgeon speed



Staffing Variables

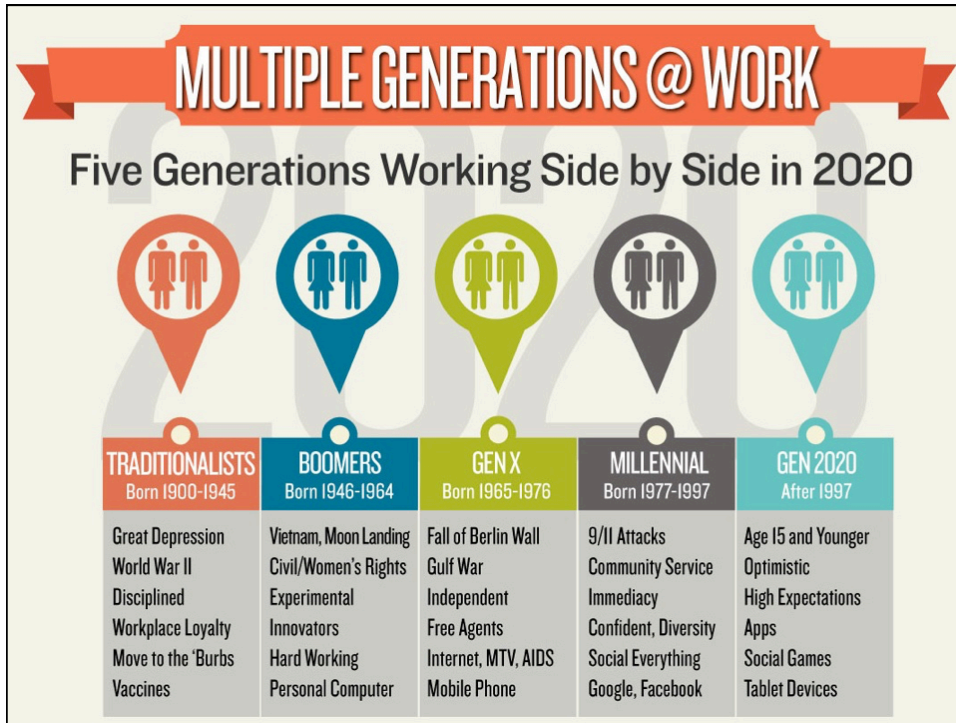
- Working managers
- Use of Unlicensed Assistive Personnel (UAP)
- Overlapping responsibilities (materials management, instrument processing)
- Shared staff



Staffing Essentials

- Job description
- Orientation
- Ongoing and periodic education and training
- Competency demonstration
- Function within scope of practice, licensure, &/or certification
- Periodic evaluations of job performance
- Cross training
- Address problems when they are identified





Staffing Efficiency

- Utilize PT/PD staff
- Flex start times
- Compress the schedule – set a case minimum
- Use nurse extenders (UAPs)



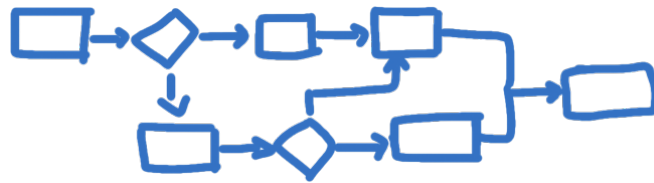
Essential #3 PROCESS

“If you can't describe what you are doing as a process, you don't know what you're doing.”

W Edwards Demming

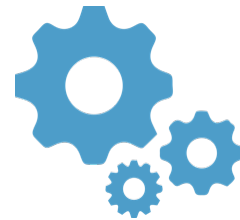
Process

- Best Practices support operational objectives
 - Quality
 - Safety
 - Efficiency



Best Practices

- Patient process
- Supply management
- Documentation



Patient Process

- Patient ID
- Surgical Site ID
- Safe surgery checklist

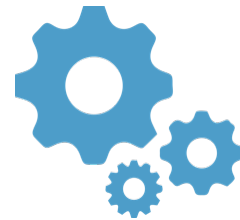


Ophthalmology Safe Surgery Checklist

Before Anesthesia	Before Incision	Before Leaving OR
SIGN IN	TIME OUT	SIGN OUT
<input type="checkbox"/> Patient has confirmed <ul style="list-style-type: none"> • Allergies • Consent • Identity • Procedure • Site <input type="checkbox"/> Site marked	<input type="checkbox"/> All team members have introduced themselves by name and role <input type="checkbox"/> Surgeon, anesthesia provider, and nurse orally confirm <ul style="list-style-type: none"> • Patient • Site • Procedure 	Nurse orally confirms with team: <input type="checkbox"/> Name of procedure recorded Instrument, sponge, sharp count correct <ul style="list-style-type: none"> • <input type="checkbox"/> Not applicable • <input type="checkbox"/> Yes Specimen labeled (including patient name) <ul style="list-style-type: none"> • <input type="checkbox"/> Not applicable • <input type="checkbox"/> Yes
<input type="checkbox"/> History & Physical reviewed <input type="checkbox"/> Pre-surgical assessment complete <input type="checkbox"/> Pre-anesthesia assessment complete <input type="checkbox"/> Anesthesia safety check done	<input type="checkbox"/> Surgeon and nurse orally confirm <ul style="list-style-type: none"> • Antibiotic • Devices • Dyes • Gas • Implant style and power • Mitomycin-C /Anti-neoplastics • Tissue 	Nurse orally confirms with team: <input type="checkbox"/> Whether there are any equipment issues to be addressed Surgeon, anesthesia provider, and nurse discuss: <input type="checkbox"/> Key concerns for recovery and management of this Patient reviewed.
Does patient have: Difficult airway/aspiration risk <ul style="list-style-type: none"> <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> Yes: equipment/assistance available History of Flomax/alpha 1-a inhibitor? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes History of anticoagulants? <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> <input type="checkbox"/> Continued <input type="checkbox"/> Stopped as instructed 	ANTICIPATED CRITICAL EVENTS <input type="checkbox"/> Surgeon reviews <ul style="list-style-type: none"> • Critical or unexpected steps <ul style="list-style-type: none"> <input type="checkbox"/> None anticipated <input type="checkbox"/> Reviewed • Operative duration <input type="checkbox"/> Anesthesia provider reviews <ul style="list-style-type: none"> • Any patient-specific concerns <input type="checkbox"/> Nursing team reviews <ul style="list-style-type: none"> • Sterility (including indicator results) • Equipment issues • Concerns 	<p style="text-align: center;"><i>Patient Label</i></p> Date of Surgery:
Signature/ Time	Signature/ Time	Signature/ Time

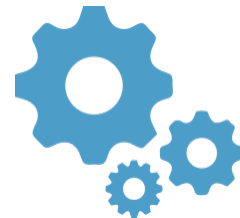
Patient Process

- Infection control
- Preop screening
- Loose fitting clothes – no change
- Eye stretcher chairs w monitors
- Compound dilating drop
- Room Turnover
- Topical vs. MAC
- Saline lock



Femto Process

- Locate in a laser room
- Always stay a patient ahead
- Input the pt plan in advance
- Prepare the patient
- Staff training



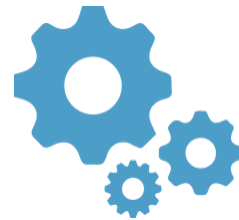
Supply Management

- Standardize
- Centralize storage
- Establish par levels
- Schedule a week out
- Manage controlled substances from the nurse station
- Drape
- Instrumentation
- Instrument processing



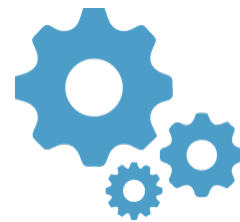
Documentation

- Standardize
- Checkbox
- Authenticated orders



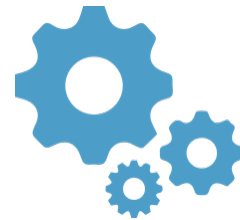
Validate Process Efficacy

- Monitor Key Performance Indicators (KPI)
- Chart audits
- Semi-annual inventory



Key Performance Indicators

- Profitability ratio = net profit/collections
- Labor ratio = labor expense/collections
- Supply cost per case
- Labor cost per case
- Man hours/case



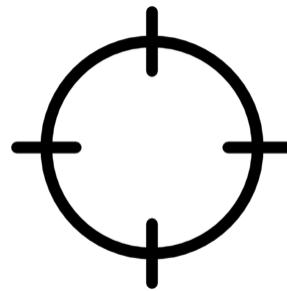
Differentiate for Success

“Result of efforts to make a brand stand out as a provider of unique value to customers compared to its competitors”

Business Dictionary

Define it

- Mission statement
- Core values
- Culture statement



Culture Statement

We understand our **staff is our greatest asset**. We strive to foster a culture based on **mutual respect** and **accountability**. When we treat each other well, our patient experience is enhanced.

We hold each other accountable.

We accept our work leaves **little room for error or inaccuracy**. We appreciate the **gravity** of what we do.

Through surgical procedures to **improve vision**, we are privileged to contribute to **improved quality of life** for our patients and their families.

The World Health Report 2000

Health Systems: Improving Performance states that **human resources** is the **most important** contribution to the **quality of health care** because “the performance of health care systems **depends ultimately on the knowledge, skills, and motivation of the people responsible** for delivering services.”

Secret Sauce

- The difference between average and top performing ASCs is engaged leadership.



Commit to Leadership

- Governing Body engagement
- Qualified managers – business and clinical
- Staff development plans
- Industry meetings
- Support your managers
- Invest in your people
- Employee surveys
- **Lead by example**

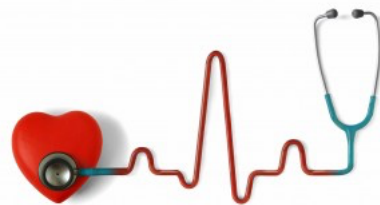


“Desire is the key to motivation,
but it's determination and
commitment to an unrelenting
pursuit of your goal - a commitment
to excellence - that will enable you
to attain the success you seek.”

Mario Andretti

Commit to Patient Safety

- Authenticated MD orders for every patient
- Team pause for “Time out” – no exceptions
- Hand-off communication
- Adherence to infection control standards
- Support staff training efforts
- **Lead by Example**



Elevate the Patient Experience: Commit to Customer Service

- People talk about it – good or bad
- People talk 10-15X more about the bad
- Ritz Carlton
 - Founded 1983
 - 90 hotels in 27 countries
 - \$3B annual sales
- American Society for Quality study on customer loss
 - 9% lured by competition
 - 14% dissatisfied w product or service
 - 67% because of the attitude of one person in your organization

“Be a yardstick of quality.
Some people aren’t used to an
environment where excellence
is expected.”

Steve Jobs



Takeaways

- Commit to **QUALITY** and **COMPLIANCE**
- Get the **RIGHT PEOPLE** in the **RIGHT SEAT** on the bus
- Maximize **EFFICIENCY**
- **ELEVATE** the **PATIENT EXPERIENCE**