



THE WHY, WHAT, AND HOW OF ASC STAFF TRAINING

Regina Boore, RN, BSN, MS, CASC

Physician and writer Atul Gawande addressed the complexity, cost, and surprising lack of efficacy of our healthcare system in a TED Talk on April 16, 2012, called “How do we heal medicine?” He concluded our medical systems are broken. Medicine is capable of extraordinary (and expensive) treatments, but is losing its core focus: actually treating people. Gawande suggests we take a step back and look at new ways to do medicine—with fewer cowboys and more pit crews—that is, more teamwork.

TEAMS REQUIRE TRAINING

Effective teams require intense training. Consider a pit crew. Pit crews devote countless hours to intense training. “If these guys aren’t well trained and focused on

their individual jobs, we lose hundredths of seconds,” said Chris Burkey, Hendricks Motorsports’ director of recruiting. “We get beat by hundredths of seconds. That is the world we live in.”

When you consider the complexity of our ASC operations, one of the differentiators between top-performing and average-performing ASCs is an investment in training. A comprehensive, well-implemented training program contributes to increased productivity, quality, safety, profitability, morale, and job satisfaction.

There are other compelling reasons to invest in staff training. The Medicare ASC Conditions for Coverage has more than 20 references to training. The American Association and Ambulatory Healthcare (AAAHC) standards have a similar number of references. OSHA,

HIPAA, and the Life Safety Code regulations also mandate training. Compliance is a major driver of ASC training programs.

FROM ORIENTATION TO DRILLS TO RETRAINING

So the need for ASC staff training is well established. What should it look like to tick all the required boxes and truly contribute to improved facility performance? It starts with thorough orientation. **Table 1** shows an example of a new employee general orientation program.

The most important principle to ensure effective new employee orientation is to structure your process. Avoid making it up as you go. Put together a new employee packet to ensure each employee receives the same information the same way. Because of the lack of depth

TABLE 1. PLAN FOR A THOROUGH ORIENTATION

NEW EMPLOYEE GENERAL ORIENTATION	
ORGANIZATIONAL STRUCTURE	
Vision, mission, goals	
Employee handbook	
Phone system, office equipment	
Timekeeping procedures	
Scheduling procedures	
Facility tour	
Information technology	Intranet, EMR, security P&Ps, logins
Job description	
COMPLIANCE	
Compliance plan	
HIPAA program	
Patient rights, advance directives	
Sexual harassment, discrimination	
Abuse reporting	Licensed staff per state law
Policies and procedures	
SAFETY	
Patient safety	Latex sensitivity
Equipment safety	Directions for use
Emergency operations plan	Fire/disaster plan
Internal disaster	
External disaster	
OSHA	
Bloodborne Pathogen Exposure Plan	Risk classification, sharps injury log, personnel protective equipment (PPE)
Safe injection practices	Needleless and Engineered Sharps Injury Protection (ESIP) devices
Injury and illness prevention	Body mechanics, reporting and treatment of work injuries
Hazardous communications	Safety Data Sheets
Violence in the workplace	Active shooter
Laser safety	
QAPI	Quality Assessment and Performance Improvement
QAPI Plan and committee	
Quality indicators	
Performance improvement projects	
Risk management	Incident reports, adverse events
Infection control and prevention	Nationally recognized guidelines and standards
CLINICAL	
Proper surgical attire	
Medication administration	
Hand hygiene	

TABLE 2. TRAINING DRILLS

MANDATORY DRILLS	
Mock code	Annual
Malignant hyperthermia	Annual—with general anesthesia or triggering agents
Emergency operations (disaster)	At least one community based + one
Fire	Quarterly

TABLE 3. SCHEDULE MANDATORY ANNUAL RETRAINING

ANNUAL RETRAINING
HIPAA
Compliance plan
Patient rights
Emergency operations plan
QAPI
Infection control
OSHA

of staffing in an ASC, orientation is best left to the facility leader. This lends consistency to the process and sets new-employee expectations.

ASC training requirements, however, go beyond general orientation. Regular training drills are required (see **Table 2**). Remember that quarterly fire drills must include alarm activation.

Additional mandatory required annual retraining includes the items shown in **Table 3**.

DON'T FORGET PERIODIC STAFF TRAINING

In addition to new employee orientation, drills, and annual re-training, there are reasons to do periodic staff training. New or revised policies and procedures, Quality Assessment and Performance Improvement (QAPI) initiatives, process changes, new equipment,

new procedures, and new regulations or standards are a few triggers for periodic staff training.

Job-specific training is vital to establish competency and ensure consistency of performance. There have been several well-publicized incidents of patient injury or death associated with improper processing of re-usable medical equipment—just one example of the critical importance of job-specific training. In an ophthalmic ASC some examples of job-specific training include administration of eye drops, medical record documentation, opening and closing routines, equipment operation, and instrument processing.

The staffing model in an ASC does not include a lot of flexibility for implementing staff training. The process is further challenged by the fact that so much of our staff is part time or per diem. A strategy I have

employed successfully is to plan one or two mandatory staff education days per year. I know this is easier said than done. However, it is the most effective way to implement training and it communicates the organizational commitment to training and performance.

Here are some pearls to consider in planning your staff education day:

- Schedule at least two months in advance, so all your part-time and per diem staff can make sure they accommodate the date.
- Make sure staff understand it is mandatory and paid time.
- Have a well-developed agenda.
- Plan to knock out your mandatory drills and retraining.
- Involve one of your surgeons in doing some specific education on a common or new procedure.
- Enlist your equipment vendor to do training on your phaco system



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- if your staff needs a refresher, or training on a new piece of equipment like the femtosecond laser.
- Structure your agenda so that you alternate periods of sitting and moving.
- Provide breakfast and most important, make it fun. I like to break the staff into two teams and create a competition as a way of learning. This increases staff engagement.

Use multi-media when it fits. One fun suggestion is to show the video segment of “The Office” fire drill (https://youtu.be/gO8N3L_aERg). This gives everyone a good laugh and sparks a conversation about what *not* to do in an emergency.

IT'S YOUR RESPONSIBILITY

In my experience, it is the responsibility of the administrator and

clinical director to advocate for staff training. You have to believe in the critical link between training and organizational performance and employee satisfaction. Only if you believe will you be effective in advocating this investment to your owners.

Based on my experience as an ASC administrator, I am absolutely convinced an investment in staff training reaps immeasurable rewards for the business.

Are you a believer? Do you have a plan? **AE**



Regina Boore, RN, BSN, MS, CASC (rboore@PSS4ASC.com), is president of Progressive Surgical Solutions, LLC, a division of BSM Consulting, Inc.