Operation Patient Satisfaction

Focusing on the fundamentals of care from pre-op to post-op

By **Joseph F. Jalkiewicz,** Contributing Editor

As an owner or operator of an ASC, your goal is to keep a steady flow of patients coming through your doors. Whether you operate a small surgery center or a multiple-OR facility with dozens of staff members, the key to achieving that goal is the same: delivering great patient care.

We spoke with veteran clinicians, consultants, and ASC operators to find out what they do — and should be doing — to deliver great patient care. What follows is a primer on what to do pre-, during, and post-surgery, to ensure patient satisfaction.

Before the Day of Surgery

The best practices of delivering high-quality patient care start well before a patient ever sets foot in your ASC, says Vanessa Sindell, MSN, NSN, RN, who is a consultant with Progressive Surgical Solutions (PSS), an international ASC consulting firm based in Seal Beach, CA. In fact, she says they start at the top of the organization.

"The difference between top-performing and average-performing centers is the culture," says Sindell. "A commitment to operate with discipline and a commitment to excellence in everything you do must be in the DNA of the organization. This can only be accomplished when physician owners are actively engaged as leaders of the ASC in collaboration with the clinical director and the administrator."

Sindell, who spent her career working at three ASCs before joining PSS, says that clinical staff, in particular, should regularly attend educational conferences to ensure the facility is operating according to industry best practices and within current regulatory guidelines.

Sindell also recommends that ASCs provide local ophthalmology offices with a comprehensive presurgical packet. The material in this packet should describe your ASC, what patients can expect while there, what type of anesthesia is used, what to bring, what not to bring, and other topics that typically would be a concern to patients. This packet should be given to patients during the pre-op visit.

With respect to daily operations, Sindell says ASCs should ensure that once a surgical procedure is scheduled, the following steps should always be taken:

- Make a pre-op call to the patient as soon as possible to review pertinent information, including: arrival time and scheduled surgery time; what to bring (ID card, insurance card, medication list, etc.) and what not to bring (valuables); instructions regarding when the patient must stop eating/drinking prior to surgery; and directions to the ASC. This will help preclude cancellations and other "hiccups," such as late arrivals, on the day of surgery.
- Make a second pre-op call at least 2 to 3 days prior to surgery to make the patient aware of any payment due upon arrival. "That way," Sindell says, "money can be collected up front for copayments and premium lens upgrades. Collecting cash on the day of service is a best practice for the ASC to maximize revenue capture. Any insurance or other outstanding balances can also be clarified."
- Ensure that all physician orders and surgeries are scheduled in a timely fashion to avoid expensive overnight shipping costs (for IOLs) and improve efficiency.

Much of what Sindell describes is standard operating procedure at the Chesapeake Eye Surgery Center in Annapolis, MD. Jennifer Knopp, RN, nurse administrator at Chesapeake, says each patient is given a presurgical packet by the coordinators at their respective surgeon's office with instructions on what to expect before, during, and after surgery. Then, 1 week before surgery, a registered nurse from Chesapeake calls patients for a pre-op interview.

"The RN will complete a checklist of items during the interview so the patient is prepared and knowledgeable about what to expect on the day of surgery," Knopp says (See Sample Checklist, page 20). "The interview will also give the medical team (the surgeon, the anesthesiologist, and the RN) the ability to prepare the operating room for each patient. For example, if the patient is allergic to latex, that information is passed on to the OR team so they can set up the room accordingly."

This pre-op interview also gives patients an opportunity to ask questions about their procedure, or even change their mind about lens choices.

"The nurse can answer questions regarding surgery," Knopp says. "For example, there are several upgraded lens choices available. The surgeon has already gone over this with the patients, but the nurse can re-educate patients prior to surgery regarding the best option for them.

"It may seem simple, but in some cases — depending on the procedure, the patient's level of anxiety, etc. — it can take a great deal of effort," she says, noting that it's worth the effort because, in most cases, "when a patient arrives on the day of surgery, they come in relaxed and prepared for what is about to happen."

A similar presurgical protocol unfolds at Independent Surgery Center (ISC), a one-OR surgery center in Lake Hallie, WI.

"Our nurses call each patient before surgery to review their health status and prepare them for the surgery day," says Stephanie Harvey, MBA, CASC, CEO of ISC. "These same nurses greet these patients and take care of them on the day of surgery. This creates a very personal connection between patients and staff."

Harvey says patients are also called again 2 to 3 days prior to surgery to go over items such as what medications to take or not take, food intake restrictions, and other notes. "This gives patients adequate time to process our needs and theirs, and make the surgi-

Delivering Great Patient Care

We asked our experts for their best tips on how to deliver great patient care. Here are their recommendations on what to do — and what not to do.

DO:

1. Foster open and honest communication among all staff members and across disciplines.
2. Treat every patient as you would a loved one.
3. Speak up if something seems problematic.
4. Wear easily readable name tags.
5. Create and nurture a culture committed to quality and safety.
6. Get all required documentation ready prior to patient arrival.
7. Smile and introduce yourself to the patient during each interval of care.
8. Provide a welcoming environment with patient-focused staff.
9. Communicate to all team members when a patient requires special needs.
10. Strive to leave a long-lasting good impression.

DON'T:

1. Blame others; instead, demand accountability from every staff member.
2. Compromise safety by cutting corners.
3. Lie or misrepresent the facts to a patient, staff member, or surgeon.
4. Tolerate unprofessional behavior.
5. Get complacent.
6. Alarm the patient unnecessarily. Always answer questions appropriately without overeducating.
7. Lose patience with your patients.
8. Allow yourself to be distracted from caring for the patient.
9. Assume anything of your patients. Ask questions to get the information you need to deliver great care.
10. Hide from your patient. If you don't get the history and physical examination forms prior to surgery, call the patient. If the ASC is experiencing a delay, keep the patient informed.

cal experience as pleasant and smooth as possible," Harvey says, adding that patients are also reminded to bring a picture ID, health insurance information, and signed patients' rights and responsibilities forms.

Day of Surgery

With respect to the day of surgery, there should be a system in place for everything once the patient arrives at your ASC, says Sindell. For example, once the patient checks in, his or her identity and procedure are confirmed, and consent is verified. The process of verifying consent should be performed multiple times throughout the patient's stay to ensure that all staff are on the same page when surgery is ready to begin, she says.

In addition, upon arriving in pre-op, the patient should be seen by a nurse as soon as possible to start the dilation process so surgery can begin without delay, Sindell says, adding that issues of clinical significance, such as a latex allergy, should also be communicated to OR staff immediately if they haven't been previously.

"The use of walkie-talkies or an intercom system can improve communication between the OR and pre-op/post-op staff," Sindell says.

A Little Hospitality Goes a Long Way

Waiting, of course, can be the most challenging part of the surgical experience, not just for patients, but also for their companions. Never underestimate the power of hospitality to make waiting more pleasant. For example, chances are your facility is chilly; Sindell advises offering patients warm blankets and pillows as they wait for meds to take effect and before heading into the operating room. In addition, play soothing music, offer magazines, check on patients often, and build rapport with friendly conversation to help ease any anxiety patients may be experiencing, she advises.

"We always offer warm blankets, and we have 'sound machines' to help block out the everyday noises that may occur in these areas," says Deb Berg, RN, clinical director at ISC. "We also find that it's critical to dim the room lighting to encourage patients to relax and let the medication work."

Waiting time is affected by OR time, so as long as an ASC's operating rooms are well staffed and all equipment is functioning properly, prolonged wait times should be avoided, Sindell says, noting that occasionally, an unforeseen complication or difficult case may prolong the start of the next one.

In that case, Sindell says, "We try to assuage the patients by assuring them we don't cut corners. Although we do our best to run on time, we are caring for patients; things happen and we take as much time as necessary to ensure optimal patient outcomes. If patients are unreasonably delayed (as in a delayed surgeon arrival, which has a snowball effect), we apologize profusely and sometimes give patients gift cards with a note of appreciation for their patience."

It also helps to ensure that surgeries are scheduled for the correct length of time; this can dramatically reduce wait times and improve patient satisfaction, Sindell says. Sometimes, however, despite your best efforts, lengthy wait times simply cannot be avoided. In these cases, the best solution is to keep patients informed; this can be aided by strong communication among the OR, pre-op, post-anesthesia care unit (PACU), and front desk staff, says Sindell.

Postsurgical Care

Post-op instructions should be given by a PACU nurse, and patients should always receive a written copy of everything, as well as the surgeon's and ASC's phone numbers so they can call with any questions or concerns, Sindell says.

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Sample Checklist: Items to Cover in the Presurgical Interview

- ☐ Review patient presurgical packet information
- ☐ Arrival time
- ☐ Location of surgery center and where to park
- ☐ What to wear
- ☐ NPO after midnight, including gum, lozenges, etc. (customize based on each patient's arrival time and medical history)
- ☐ Medication Issues
  - Medications to hold
  - Medications routinely taken
  - When to start medications ordered by surgeon
  - When to discontinue blood thinners
- ☐ Transportation arrangements to and from ASC
- ☐ Who will stay with the patient after surgery
- ☐ Advance directives; patients' rights and responsibilities forms
- ☐ Review patient questions about surgery
- ☐ Surgery center phone numbers

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Per CMS Standard 416.52(c)(3), all surgical patients who undergo sedation/anesthesia are required to bring a responsible adult to drive them home after the procedure. Some facilities, however, will help make alternative transportation arrangements under certain circumstances.

"There are exceptions. With an MD's order, a taxi may be taken," Berg says.

With regard to compliance with Medicare requirements, ASC staff should also complete a post-op phone call the day after the patient's surgery, Sindell says.

"We make sure patients have followed up with the surgeon, and we answer any questions they might have. This call is also important to validate patient outcomes for the ASC," she says.

At ISC, Berg says, surgeons call their patients the evening following surgery and a registered nurse from the ASC will follow up with another courtesy phone call 2 days later. Knopp, of the Chesapeake Eye Surgery Center, says her facility follows a similar protocol.

"All surgeons call their patients the night of their surgery, and patients have an appointment the next morning," she says.

Helping Patients Feel Good Every Step of the Way

When all is said and done, keeping a steady flow of new patients coming to your ASC ultimately is a matter of focusing on the fundamentals of delivering great patient care. It starts at the top with leadership that has a commitment to excellence in patient care — a commitment that extends throughout the organization.

As Knopp puts it, "The real key to success is hiring doctors, nurses, and ancillary staff who work together as a team. I truly believe you need to hire people smarter than yourself. And if you ensure that your staff is aware of how appreciated they are, this will create a cohesive, happy environment. All of this reflects on patient care. The patients see the teamwork and togetherness of a good group working hard for outstanding patient outcomes."

Harvey adds that patients are looking for a surgical experience that makes them feel safe and secure about the procedure they are undergoing.

"Although our staff has been through the process thousands of times, it is the first time for our patients, and that can be very scary," she says. "Our job is to take the fear out of the experience and help patients feel good every step of the way." ■