

NOTES FROM THE FIELD— HEIGHTENED AWARENESS AND NEW NORMALS POSITION ASCs TO CHART A NEW COURSE

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In 2008, before spine procedures were commonplace in the ASC, I found myself needing a complex spinal procedure. Spine surgery is not something one approaches lightly. Frankly, it is an act of desperation: The risks are significant and positive outcomes are anything but guaranteed.

I was willing to travel to be in the best hands, so I did a national search for my surgeon. The surgeon would have to be widely respected, have performed hundreds of surgeries, and willing to operate in an ASC. ASCs are a safer environment of care for surgical patients than hospitals, because the risk of healthcare-acquired infection (HAI) is comparatively minimal. Fortunately, I found what I needed; mission accomplished.

Now, however, living through this pandemic has turned prevailing wisdom on its head. COVID-19 has forced us all to think differently. It has become the great equalizer. Every healthcare provider and institution is vulnerable to this insidious virus. This invisible enemy compels us to acknowledge we are all at risk, whenever and wherever we gather in groups, without social distancing of at least 6 feet, even with personal protective equipment (PPE). This

includes the workplace—in my case, the ASC.

ASCs AT RISK

As a member of the ASC industry, I have boasted about our infection control track record for decades. Though HAIs are not exclusive to hospitals, you rarely ever heard them discussed in conjunction with ASCs apart from a very low rate of post-op infections.

Closings and curtailments of elective surgery in response to coronavirus transmissibility have been devastating to the ASC industry and to ophthalmology in general. PPE has been in short supply everywhere, and allocations prioritize hospitals, which we now refer to as “the front line.” The daily news cycle, the numbers of infections and fatalities, the empty streets in iconic cities: It is clear the world has changed and the ASC niche, which we have always valued as supremely safe, is not immune to the same threats as hospitals or any other healthcare institution in this pandemic era. Even with a severely reduced ASC operation serving only urgent or emergent cases, COVID-19 exposures have found their way into our ASCs, and remaining staff must self-isolate for 14 days post-exposure.

Yet we are all looking to the future, anxious to get back to caring for patients and wondering what it will look like when we reopen. As officials consider when and where to lift restrictions on elective surgery, and as eager as we are to get back to work, amidst talk of additional COVID-19 spikes I am not sure if “first in” is the best position.

BUILDING ON UNIVERSAL PRECAUTIONS

I have faith in our industry. ASCs have been relegated to the sidelines in the battle so far. We are ready to re-emerge, as always, committed to providing the highest standard of care and safety for our patients, while protecting our staff and maintaining our well-established track record of surgeon and patient satisfaction. We are agile organizations that have proven we can adapt. We just need the green light.

“Universal precautions,” adopted in 1987 by the Centers for Disease Control and Prevention, is an approach to prevent the transmission of infectious blood-borne pathogens. It has been the foundation of infection control protocols for decades. In theory, we approach every patient as if s/he is an infected patient. Our

challenge in the current pandemic is to become more *scrupulous* and *disciplined* about incorporating these essential protocols into our daily practice. Of course, the imposition of social distancing, universal masking, and additional screening protocols is expected. We can do all of this, because we are first and foremost committed to the safety of our patients and our people. What is being required of us is consistent with our mission and our values. Thus, we will succeed in reopening and in integrating these new protocols.

One thing is clear: The ASC business post-COVID-19, like every other business, will look different. A heightened awareness of infectious diseases, meticulous implementation of infection control guidelines, and an

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anticipated host of new regulations will likely define our new normal. All of this will inevitably impact our operations in terms of volume, flow, and efficiency, and it will threaten profitability.

Yet, I am optimistic and with good reason. Who would have predicted 10 years ago that ASCs would be doing total joints, spine, and interventional cardiology? Ours is a trailblazing industry, with a history of innovation and adaptation. We have and continue to face many challenges. This is

just the latest. I will gladly place my bet on our ASC industry to chart a new course to optimize performance and profitability in the post-COVID-19 era. *AE*



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