

 **PROGRESSIVE
SURGICAL SOLUTIONS**
A DIVISION OF BSM CONSULTING

STREAMLINING COMMUNICATION FROM CLINIC TO ASC

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1

LEARNING OBJECTIVES

You will be able to apply the Nursing Process in order to:

- Systematically conduct an assessment of communication between a surgeon's clinic and the ambulatory surgery center (ASC).
- Identify common interfacility communication pitfalls; their risk factors, and consequences.
- Describe the importance and critical components of effective communication, including operating room (OR) key performance indicators (KPIs).
- Establish best practices in streamlining interfacility communications, including implementation.
- Correlate the relationship of effective communication and stakeholder outcomes.
- Evaluate proof of concept via case study analysis.

2

Nursing Process / Project Management Crosswalk

THE NURSING PROCESS	PROJECT MANAGEMENT
ASSESSMENT	INITIATION
DIAGNOSIS	PLANNING
PLANNING	
IMPLEMENTATION	EXECUTION
	MONITORING & CONTROLLING
EVALUATION	CLOSING

3

Applying the Nursing Process



ASSESSMENT	DIAGNOSIS	PLANNING	IMPLEMENTATION	EVALUATION
<ul style="list-style-type: none"> Establish rapport with patient, family, providers Collect and manage of data 	<ul style="list-style-type: none"> Define the problem Analyze data Identify risk factors Develop a theory and diagnosis 	<ul style="list-style-type: none"> Establish priorities, SMART goals and outcomes from knowledge Identify interventions 	<ul style="list-style-type: none"> Establish priorities Allocate resources Initiate interventions 	<ul style="list-style-type: none"> Determine if standards and goals achieved and if interventions lead to outcome Ongoing evaluation

4



Phase 1 **Assessment**

Assessment of baseline interfacility communication through data collection and management

Establishing Rapport with STAFF

- Must occur with both ASC and clinic staff
- Problem-solving begins with building relationships
 - ✓ Value feedback, be vulnerable, show appreciation
 - ✓ Honesty, transparency
 - ✓ Follow-through, consistency
 - ✓ Friendly, approachable
 - ✓ Empathy, emotional intelligence, respectful
- Improves chances of buy-in later
- Beginning phases of establishing an interdisciplinary team
- Conduct a self-assessment of leadership and communication skills

Establishing Rapport with SURGEONS

- Always prioritize the patients
- Demonstrate empathy and confidence
- Practice ongoing communication
 - ✓ Establish personal connection
- Remain positive and professional
- Be a team player, a present leader
- Keep communications concise
 - ✓ SBAR framework
- Seek opportunity for collaboration
- Practice active listening
- Reduce inefficiencies
- Allow for customized scheduling
 - ✓ Early/late start times
- Consider their needs when budgeting
- Physician satisfaction literature
 - ✓ Periodic surveys

Data Collection | Variables

WHAT *data will you collect?*

SCHEDULING	PREOP	OPERATING ROOM	RECOVERY
<ul style="list-style-type: none"> Missing/incorrect demographics or surgical procedure info Inappropriate risk for ASC Unused block time Incorrect/inefficient scheduling Pre-testing not scheduled 	<ul style="list-style-type: none"> Late/no show Surgical cancellation Lack of instruction, pre-testing Inappropriate risk/status Missing/incorrect surgical equipment or supplies 	<ul style="list-style-type: none"> Missing/incorrect surgical equipment or supplies Delays Cases running late 	<ul style="list-style-type: none"> Missed postop appts Reimbursement issues (ASC or clinic) Patient or surgeon complaints

Data Collection | Methods

HOW will you collect the data?

Interviews, Surveys, Questionnaires, Focus Groups		Observation of Processes		Chart Review
ASC STAFF	CLINIC STAFF	ASC PROCESS	CLINIC PROCESS	
<ul style="list-style-type: none"> Scheduler Nurses Techs Billing 	<ul style="list-style-type: none"> Surgeon Scheduler Nurses Techs Billing 	<ul style="list-style-type: none"> Scheduling (with clinic and patient) Preop phone calls Pre/intra/post, recovery Billing 	<ul style="list-style-type: none"> Surgeon appt scheduling (with patient and ASC) Billing 	<ul style="list-style-type: none"> Incident reports Near misses Variances
<ul style="list-style-type: none"> Patients Families 				

Data Management Organization

How will you ORGANIZE the data?

- Consider existing data management software
- Track and trend collected data
 - ✓ Excel spreadsheet or another table
- Data scrubbing
 - ✓ Remove incorrect, redundant, or unnecessary data
- Charts and graphs
 - ✓ Critical for presentation
- File by category
 - ✓ Examples: Surgical cancellations or surgical delays

Data Management Validation



How do you know the data is

FUNCTIONAL and ACCURATE?

- Objective vs subjective data
 - ✓ Do they conflict?
- Excel hacks
 - ✓ Data type, code, range, and format checks
- Consistency check
- Uniqueness check
- No null values
- Ask clarification questions
- Verify data with a team member

11



Phase 2 **Diagnosis**

Diagnosis of ineffective
communication via data analysis



12

Identify the Problem

What is the problem the ASC is experiencing?



"A problem well-stated is half-solved."

- Charles Kettering

Develop a **problem-focused** diagnosis.
What is the experience due to the diagnosis?

EXAMPLES

The ASC is experiencing an increase in...

...inappropriate risk category patients scheduled for anesthesia/surgery.

...out-of-network patients are scheduled for surgery.

...cases are not scheduled in in a compact fashion.

13

Data Analysis

What is the data telling me about the problem?



EVENT	What occurred?
WHO	ASC or clinic staff, patient, surgeon
FREQUENCY	Percentage of cases, daily, weekly
LOCATION	ASC or Clinic Which phase of the process?
CAUSATIVE FACTORS	Why did the error occur? <i>(if known)</i>
SEVERITY	Resulted in inconvenience, case cancellation, or never event

14

Communication Pitfalls | Risk Factors

PHYSICAL	INTELLECTUAL OR DEVELOPMENTAL	EMOTIONAL	LANGUAGE	CULTURAL	INTERPERSONAL
Separate office locations or hours	Reading disability	Stress	Dialect	Conflicting values or beliefs	Lack of transparency & trust
Masking, hearing disability	Difficulty with speech	Anxiety or trauma response	Foreign language	Stereotyping or bias	Differing communication styles
Interruptions or excessive noise	Learning disability	Disinterest	Accent	Body language and gestures	Conflicts in workplace
Time or time management	Autism spectrum disorder	Anger	Slang words	Low/no inclusion or sensitivity	Previous misunderstanding

Hypothesis & Diagnosis

HYPOTHESIS	DIAGNOSIS 3 PARTS
<p>YOUR THEORY</p> <p>Why do you think these errors are occurring?</p>	<ol style="list-style-type: none"> 1 Diagnosis: problem-focused 2 Diagnosis statement: defines the cause of the diagnosis, related factors 3 As evidenced by statement: specific data to support the diagnosis
<ol style="list-style-type: none"> 1 <u>Ineffective communication</u> related to <u>lack of policies and procedures</u> as evidenced by <u>increased inappropriate risk patients scheduled for surgery.</u> 2 3 	



Phase 3 Planning

Establish priorities, goals,
and outcomes for an intervention
framework

Establish Priorities

"If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions."

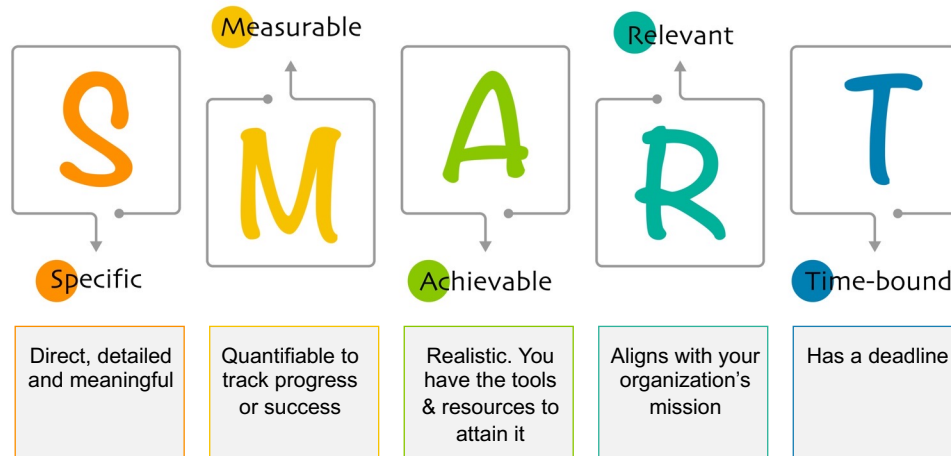
- Albert Einstein



REFER TO YOUR DATA ANALYSIS

- The type, severity, and frequency of events
- Which problem requires immediate intervention?

SMART Set Goals for Established Priorities



19

SMART Set Goals for Established Priorities

- Guides interventions
- Provides established criteria for evaluation

EXAMPLE

Reduce the number of out-of-network patients scheduled for surgery by 75% by the end of July 2023.

Is it Specific? Measurable? Achievable? Relevant? Time-bound?

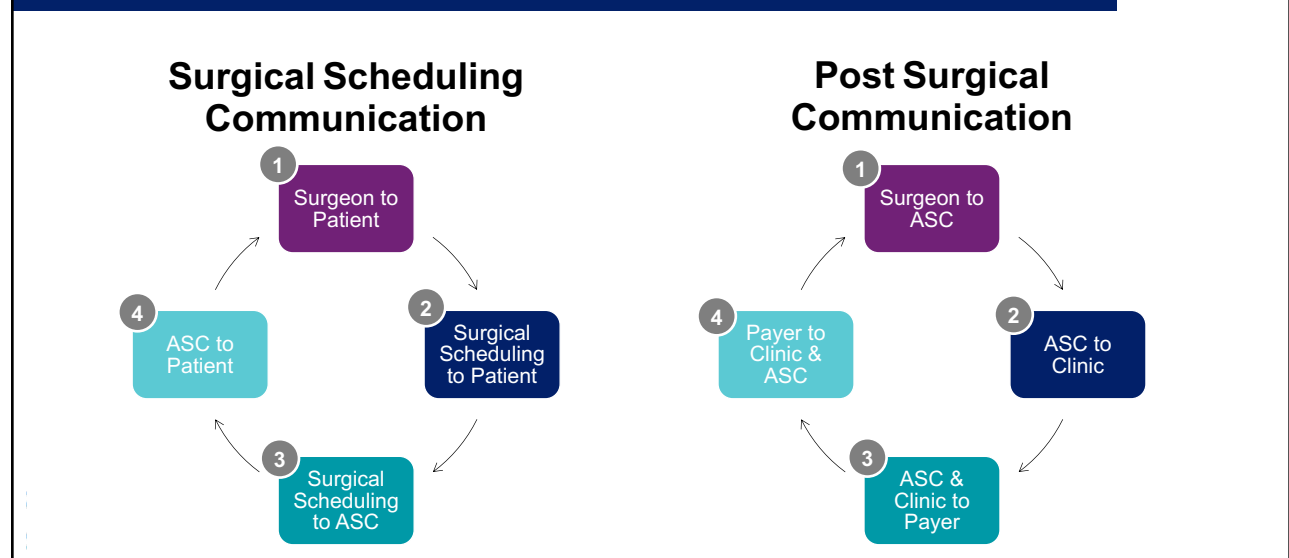
20

Establish Targeted Outcomes with Industry Benchmarks

KEY PERFORMANCE INDICATORS (KPI)	INDUSTRY BENCHMARKS <i>(Specialty Specific)</i>
Times: First case start time, delays, turnover and case times	Turnover times: 7-10 mins (oph, GI) Procedure times: 8-23 mins (colonoscopy)
OR complications and outcomes	Wrong site surgery: 0.026 per 1,000
Scheduling accuracy	Establish internal benchmarks: internal & external
Use of block time	Block time utilization: 70-90%
Compressed schedules	Compressed schedule: 10 cases/OR/day
Case cancellation rates: Pre-admission testing	Case cancellation rate: < 1-2%
Staffing: Adequate, appropriate	Median staffing hours per case: 13.4 (multi-specialty)

21

Establish Targeted Outcomes with Best Practice Processes



22

High Quality Hand-Offs

The Joint Commission 8 Steps

Communication failures most commonly occur during **care transitions**, or **“hand-off”**

Clinic to Patient | Clinic to ASC | ASC to Patient | ASC to Clinic

1. Determine the critical info that needs communicated
2. Standardize communications tools and methods
3. Use face-to-face methods, not just electronic or paper
4. Combine info from multiple sources and communicate all at once
5. Confirm receipt of all critical info
6. Limit interruptions
7. Consider required participants
8. Use EHR and other technology to enhance hand-offs

23

High Quality Hand-Offs

The Joint Commission 8 Steps



24

Hand-Over Process

AORN

- Standardized process
 - ✓ Developed by an interdisciplinary team
- Components of hand-over process
- Read-back method
- Standardized tools, checklists, protocols
- Include all phases and locations during process design
 - ✓ Scheduling to postop/recovery phases
 - ✓ Primary care physician (PCP), surgeon's office, to ASC

Identify Interventions Policies and Procedures

- Reflect processes to meet KPI targets
- Standardized hand-off/hand-over processes
- Assigned roles and responsibilities: define all involved participants
- Specific to patient population: age, comorbidities, surgical complexity
- Notification of the other site
 - ✓ Approved tools and methods
 - ✓ Confirmation receipt
 - ✓ Send information together, not segmented
 - ✓ One patient at a time
- Documentation
 - ✓ Complete, timely, and compliant

Identify Interventions Education and Training

- Communication skills
 - ✓ Active listening
 - ✓ Read-back method
 - ✓ Seek clarification
 - ✓ Emotional intelligence
 - ✓ Prioritization
 - ✓ Limit interruptions
- Patient Safety Culture
 - ✓ Just culture



Phase 4 Implementation

Education, training, and
competency **(ETC)**

Ongoing Assessment Elements

○ Ongoing Assessment

- ✓ Ensure no changes since last assessment
- ✓ Continued validation of the planned interventions
- ✓ Allow for adaptations to plan, if necessary

○ Priorities

- ✓ Establish implementation priorities
- ✓ Where/who needs education the most?

○ Resources

- ✓ Educators
- ✓ Content
- ✓ Material or tools
- ✓ Venue or platform

Intervention Education & Training

Adult Learning Principles

- Fast talkers
- Impatient
- Use words and phrases that evoke visual images
- See and visualize

VISUAL SEE

Use charts and graphs

- Slow speakers
- Natural listeners
- Linear thinkers
- Prefer explanation over text
- Listen and verbalize

AURAL HEAR

Use verbalization

READ/WRITE READ/WRITE

Use writing techniques

- Prefer written text
- Emphasize text-based input and output
- Enjoy reading and writing

KINESTHETIC DO

Demonstrate skills

- Slowest talkers
- Slow to decide
- Use all senses to engage
- Do and solve
- Prefer hands-on approaches
- Learn through trial and error

Intervention | Education & Training

Academic and practical approach

LEARNING STYLE	EDUCATION	TRAINING
AURAL	Verbal lecture or discussion	Scenario-based role-playing
KINESTHETIC	Deliver material with movement or change in environment	Group games or exercises
READ/WRITE	Written text and notetaking	Scripted responses or journaling
VISUAL	Video, charts, and graphs	Flashcards and notetaking

Intervention | Competency

Establish a well-documented competency

- Following training, as needed, and annually
- Help identify knowledge/skills gaps
- Promotes professional growth and development
- Demonstrates understanding of policies and procedures
- Established expectations
- Links behavior to KPI targets
- Promotes proper HR management
- Aids in succession planning
- Component of performance appraisals



Phase 5 Evaluation

Evaluation of goal achievement
and reassessment



Achievement of Standards and Goals

Have we met the standard(s)?

- Continuous data collection
- Determine if the SMART goals, outcomes, and KPI targets were met
- Confirm the organizations' ability to provide care
 - ✓ Identify additional needs
- Define, explain, and measure processes

Correlate the Relationship

Did the interventions lead to expected outcomes?

- **Evaluate interventions:** how progress is measured
- **Teamwork and collaboration:** accountability to team and patients
- **Data-driven:** current data vs. assessment data
- **Continuity of care:** apply lessons learned to other problems

Ongoing Evaluation

Reassessment & Maintenance

- Demonstrate sustained improvement
- Continue to track and trend data
 - ✓ Maintain relationships
 - ✓ Onboard new staff, provide retraining for existing staff

Modifications

- Revisions to the plan may be necessary
 - ✓ Beginning with assessment
 - ✓ The diagnosis may change

CASE STUDY ANALYSIS

Proof of concept



37

INTRODUCTION

The ASC has been experiencing an increase in wrong intraocular lens (IOL) information from the surgical schedulers in the surgeon's clinic, resulting in the incorrect IOL being ordered for surgery.

38

3 surgical cases were cancelled in 1 month due to incorrect IOL ordering information being supplied from the surgical scheduler's email.

BACKGROUND

39

CASE EVALUATION

It was determined that the surgical scheduler had made transcription errors in these cases.

The surgeon's IOL section was correct on his document but then transcribed incorrectly by the surgical scheduler when notifying the ASC via email of the IOL selection.

40

To prevent future transcription errors and subsequent case cancellations, the ASC began requesting a copy of the surgeon's IOL selection document.

This was a collaborative change in policy for the ASC and clinic.

PROPOSED SOLUTION

41

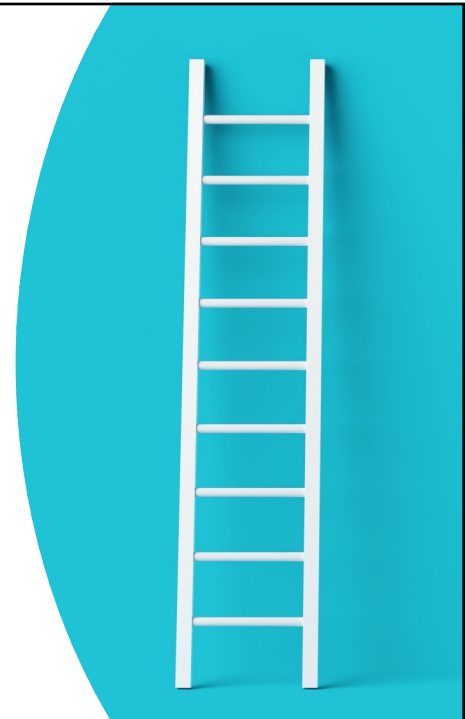
CONCLUSION

Through the utilization of original documents by the ASC and the elimination of unnecessary transcription by the surgical scheduler, improved patient safety and efficiency was gained.

42

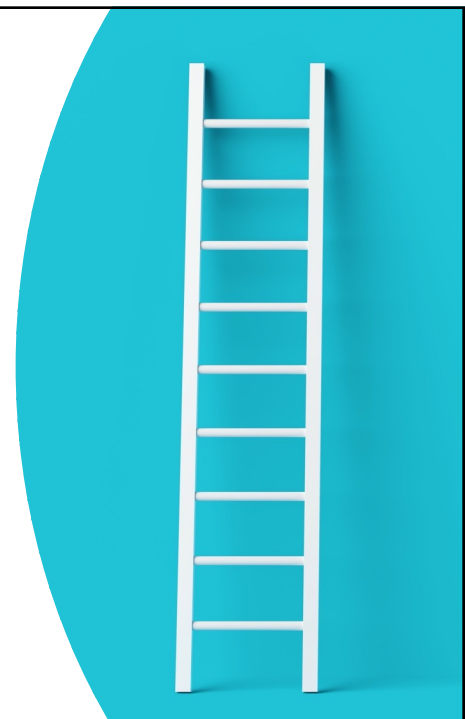
Overcoming Obstacles

- Hesitant, non-transparent, change resistant, noncompliant personalities
- Limited time, varying schedules, staff turnover, and resources
- Interruptions, distractions
- Lack of education
- Complex systems and processes
- Differing interpretations of or insufficient data
- Varying communication styles
- Poor/no communication or documentation



Overcoming Obstacles

- Shifting priorities
- Identifying a starting point
- Not following a process or plan, SMART goals/outcomes
- Lack of leadership or stakeholder buy-in
- Politics, hierarchy, organizational culture



Streamlining Communication Best Practices

Establish Rapport	Ongoing Communication	Policies and Procedures	Surgical Scheduling	Explore EHR Capabilities
<p>Stakeholder buy-in</p> <p>Serve as a model communicator</p>	<p>ASC to clinic</p> <p>Clinic to ASC</p> <p>Patients</p>	<p>Information sharing</p> <p>ASC patient criteria</p>	<p>Efficient scheduling</p> <p>Block time management</p> <p>Compact scheduling</p>	<p>Clinic-facing surgical scheduling platform</p> <p>Surgeon presurgical access</p> <p>Surgeon preference cards</p>

Questions?




Available to Members on eSupport

DOCUMENTS FOR DOWNLOAD

Preop and Admissions Packet Summary
Surgical Block Scheduling Policy
Block Time Scheduling Standards
Surgeon Preference Card

eSupport > Compliance & Operations > Business Ops NEW PAGE: Surgery Scheduling



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SURGICAL SCHEDULING

OVERVIEW

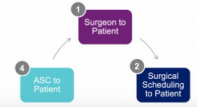
DOWNLOAD FULL CONTENTS OF THIS PAGE:

ASC Surgical Scheduling Guidelines & Best Practices | SUMMARY

Surgical scheduling in the ASC is a multifaceted and complex process, comprised of various stakeholders and end users. To the patient, this process should appear accommodating and streamlined, focused on their comfort and safety. For the surgeon and the ASC, surgical scheduling must be effective and provide methods for accurate and timely communication of the patient's unique surgical needs. Poor surgical scheduling design can result in surgical cancellations and inaccurate claims. With this comes lost time, efficiency, and revenue for all parties. Fortunately, several best practices and newer technologies have emerged including the interdisciplinary team approach, standardized scheduling practices, and block time management. It serves in the ASC's interest to establish a surgical scheduling experience that is easy for the surgeon, making you ASC the site of choice.

SURGICAL SCHEDULING PROCESS

The surgical scheduling process is a cycle of processes that require teamwork and collaboration, ongoing and effective communication, and well-designed and streamlined policies and procedures. To develop an



SEARCH

BUSINESS OPS

Business Ops Overview


Surgery Scheduling

Medicare Fee Schedule

Key Indicator Reporting

Budget

Other Resources



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eSupport > Compliance & Operations > Quality Management Quality Improvement Indicator Dashboard

YEAR: 2023

QUALITY IMPROVEMENT INDICATOR DASHBOARD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CLINICAL EFFECTIVENESS													
# of outpatient admissions who experience a post operative Infection													0
# of outpatient admissions that experienced a complication related to their procedure													0
# of outpatient admissions who receive a pre-operative prophylactic antibiotic and received the antibiotic within 1 hour of out/turnquest time													0
# of outpatient admissions experiencing a burn prior to discharge													0
# of outpatient admissions that experienced a Fall prior to discharge													0
# of outpatient admissions that experienced any of the following Wrong site, side, patient, procedure, implant													0
# of outpatient admissions requiring a Hospital Transfer prior to discharge													0
# of outpatient admissions requiring a Hospital Admission after discharge from facility													0
ASC 13 - Normothermia Outcome (2018)													0
ASC 14 - Unplanned Anterior Vitrectomy (2018)													0
TRACKING OF IDENTIFIED ISSUES													
% procedures that time out documented													0
% H&P completed and updated													0
# of charts reviewed that had documentation issues for Nurses													0
# of Pharmacy consultant report narcotic documentation issues													0
# of Pharmacy consultant report pharmacy inspection concerns													0
# of Physicians that were 15 minutes or more late to start procedures													0
# of risk management incident reports													0
RELATIONSHIPS													
% patients that were satisfied with their visit, would recommend the facility and return here for surgery													0
Physician satisfaction (measured yearly)													0
OPERATIONAL EFFECTIVENESS													
# of cases for the month													0
# of cases Turned down due to scheduling conflicts													0
# of Marketing Calls													0
Block Utilization Issues													0
Block release notifications to offices within 72hrs of release													0
# of patients that have their procedure cancelled after admission													0
Net Revenue per case													0
Point of service collections													0
Salary cost per case													0
Supply cost per case with implants													0
PTCs													0
SAFETY													
# Environmental/Safety concerns													0


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QI STUDY FORMATS AND SUGGESTIONS


- Quality Improvement Study Format Sample
- Quality Improvement Study Format Sample (AAAHC)
- Quality Improvement Study Suggestions

QUALITY IMPROVEMENT STUDY SAMPLES


- A/R Benchmarking
- Biohazardous Waste
- Biohazardous Waste Re-Study
- Case Cancellation 1
- Case Cancellation 2
- CRNF (Closed Reduction Nasal Fracture Post-Operative Pain)
- Hand Hygiene 1
- Hand Hygiene 2
- I.C.E. (Limit Inflammation and Corneal Edema)
- R.I.C.E. (Limit Reoccurring Inflammation and Corneal Edema)
- Infection Control: Environmental Cleaning and Disinfection
- IV Necessity
- Medical Record Audits
- Medical Record Documentation 1
- Medical Record Documentation 2
- Medical Record Documentation 3

49

Thank You



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50

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1 AEU per **CASC**
attendee



Complete Course
Evaluation sent via
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Allow up to 2 weeks
for processing your
certificates



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51



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52



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53

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54

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DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
MAR 27	20		ASC Budgeting	Nancy Stephens
APR 27 - 28			ASC NURSE LEADERSHIP CONFERENCE <i>No Webinar</i>	
MAY 22	20		Nursing Scope of Practice	Debra Stinchcomb
JUN 29	60	RN, CASC	USP <797>: What You Need to Know	Tiffany An
JUL 24	20		Managing your ASCs Ancillary Service Contracts	Vanessa Sindell Nancy Stephens
AUG 24	60	RN, CASC	Piecing Together the Talent Puzzle: 6 Truths about Finding and Keeping Talent	Trinet
SEP 25	20		Credentialing Review	Cyndi Krause
OCT 27	60	RN, CASC	ASC Billing 101	Jessica Macias
NOV 27	20		Annual Survey Watch Report 2023	Crissy Benze
DEC 18	60	RN, CASC CAIP	Steam Sterilization	Delores O'Connell

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