

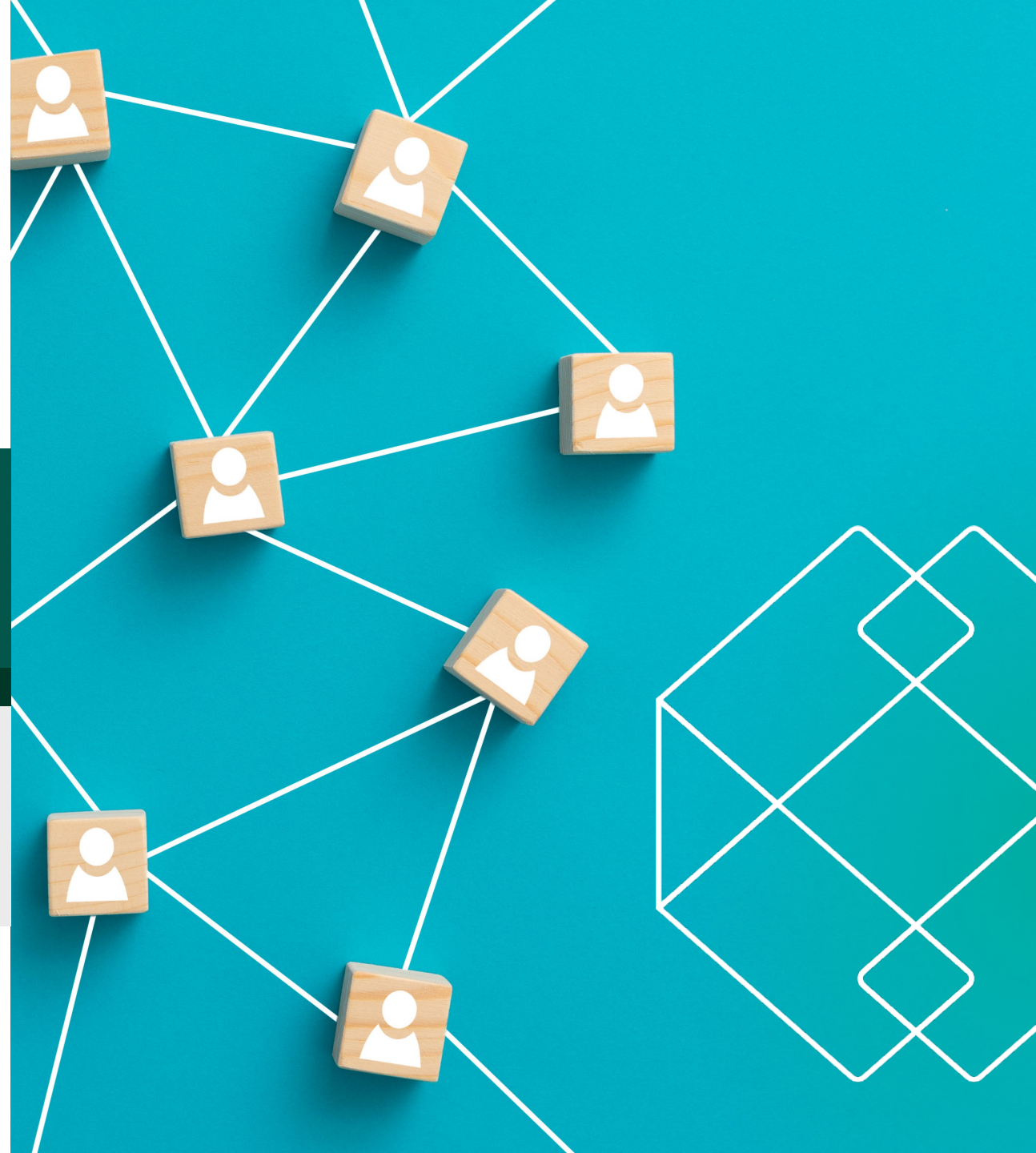


Streamlining Communication from ASC to Clinic Part 2: *Improving Postoperative Communication*

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August 25, 2025



DESCRIPTION

In continuation of the 2023 webinar, *Streamlining Communication from Clinic to ASC*, Apryl and Laurie pick up where they left off in the surgical scheduling journey. The patient's surgical date has come and gone, but what's next?

Surgical scheduling doesn't end when the patient has been discharged.



Background | 2 Part Series

Streamlining Communication from ASC to Clinic

2023

PART 1 BEFORE SURGERY

- Assessed communication between a surgeon's clinic and the ASC.
- Identified common interfacility communication pitfalls.
- Described the importance, critical components, and best practices of effective interfacility communication.
- Correlated the relationship of effective communication and stakeholder outcomes.
- Evaluated proof of concept via case study analysis.

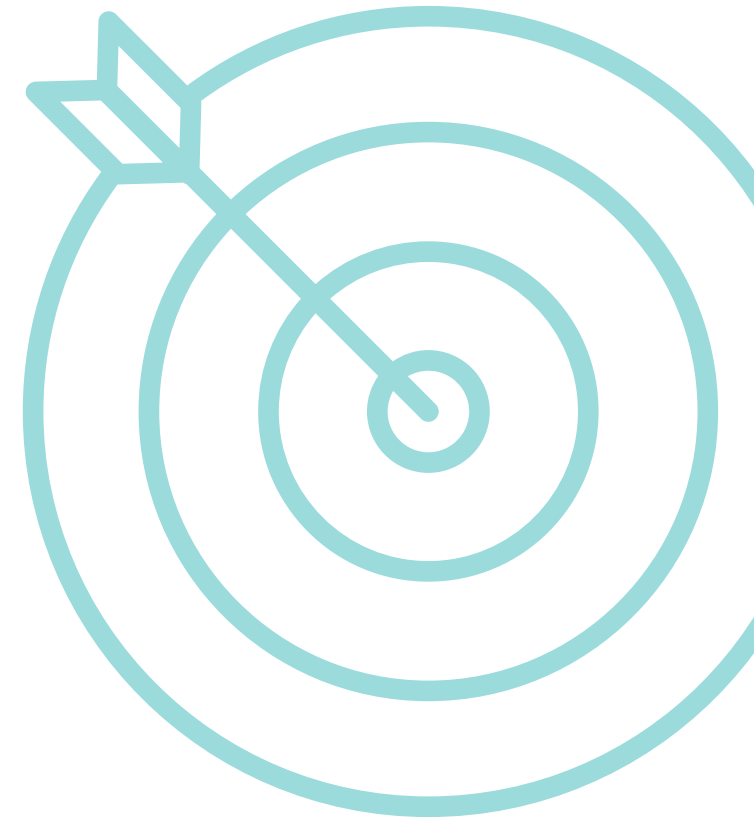
2025

PART 2 POST SURGICAL FOLLOW UP



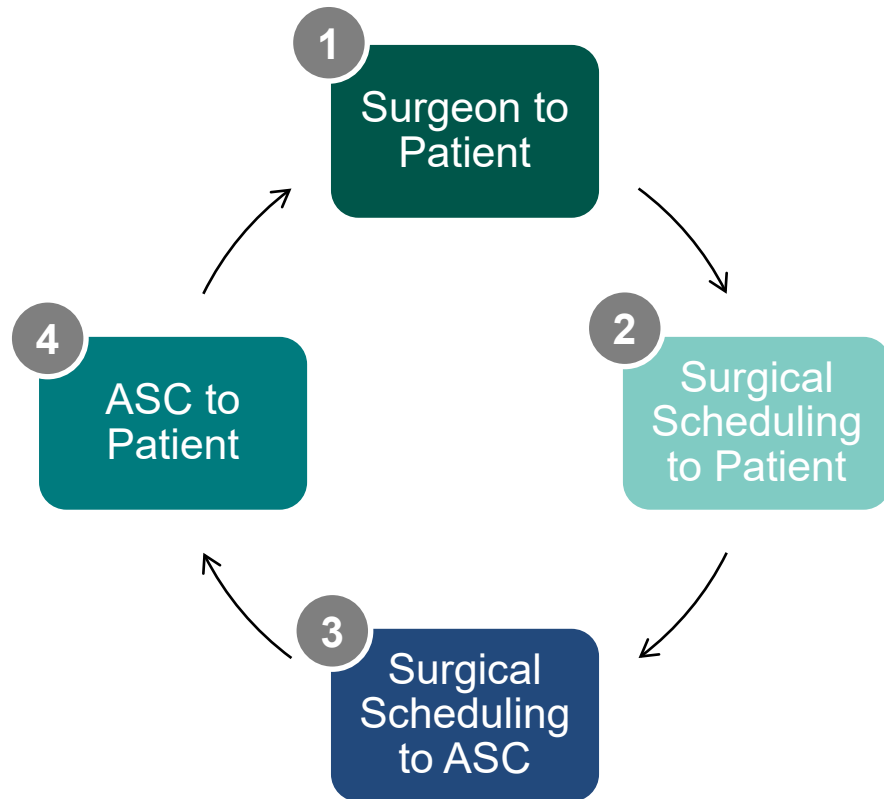
Part 2 | LEARNING OBJECTIVES

- Outline the importance of continuous improvement in the surgical scheduling process.
- Describe the potential sources of feedback data such as patient, surgeon, and staff satisfaction.
- List objective data sources to consider such as time studies, efficiency issues, and complications rates.
- Describe methods of implementing improvements and process control.

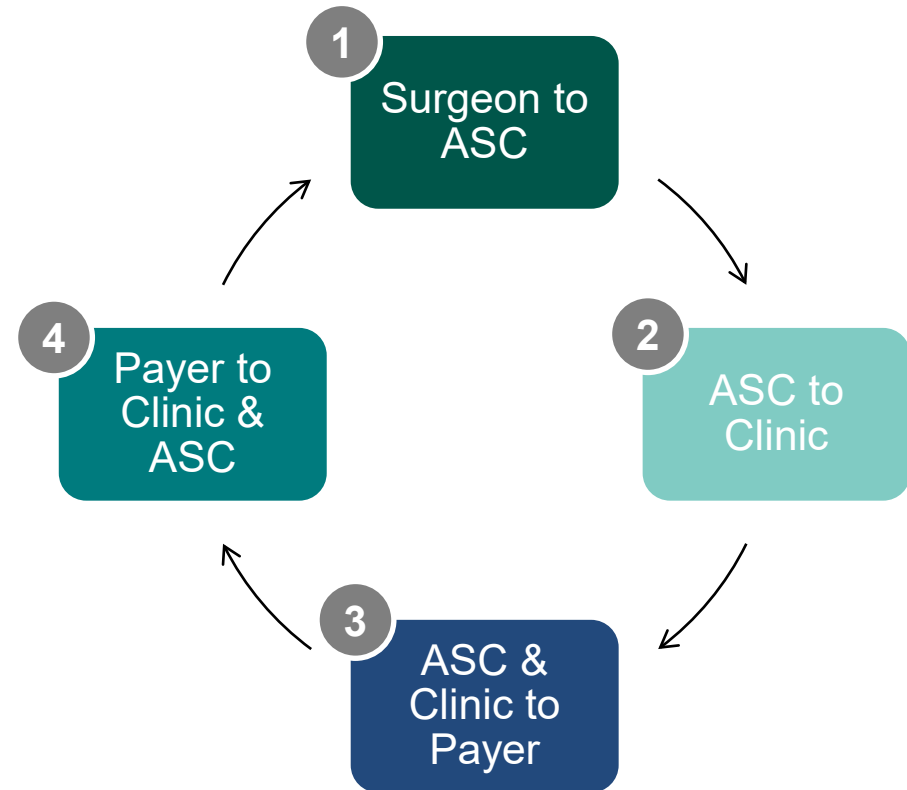


Surgical Scheduling Process Flow

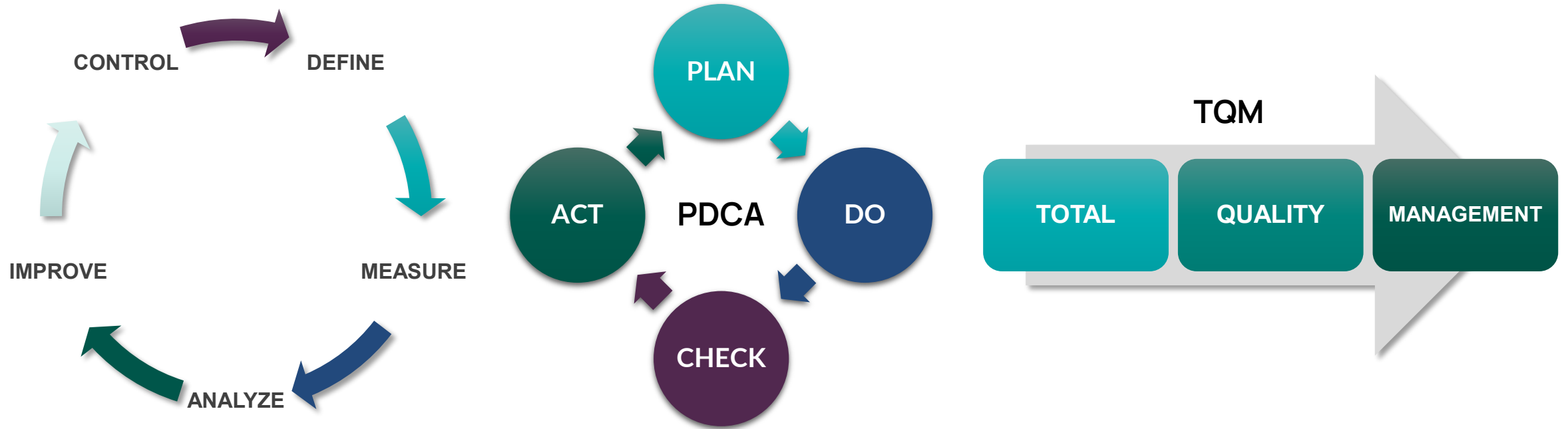
Surgical Scheduling



Post Surgical



Process Improvement



↓ Errors + ↑ Quality = Improved Outcomes



QAPI Program

§416.43 Condition for Coverage

Quality Assessment and Performance Improvement

The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

- §416.43(a) Standard: Program Scope
- §416.43(b) Standard: Program Data
- §416.43(c) Standard: Program Activities
- §416.43(d) Standard: Performance Improvement Projects
- §416.43(e) Governing Body Responsibilities



Continuous Improvement Data Sources



Potential Sources of Feedback Data

Patient, Surgeon, and Staff Satisfaction

- Continuous, organic
- Formal surveys, annually
- Performance appraisals, exit/stay interviews
- Social Media feedback



Patient Satisfaction CLINIC

- Organic feedback
- Electronic tools surveys
 - Review data at staff meetings
- Formal survey
 - Ran over 2 weeks



Patient Satisfaction

ASC



- Ongoing, reviewed quarterly
- Self-selected tool
 - Not ASCQR participants
- OAS CAHPS
 - Questions related to scheduling process
 - Specific to target processes that may require improvement
 - Sharing info between clinic and ASC
- Complaints, grievances
- Internet/social media reviews
- Reported to QAPI Committee, Governing Body, and staff



OAS CAHPS Review

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

- Part of the CMS-mandated ASC Quality Reporting Program
- Voluntary to mandatory in 2025
- CMS-approved vendor conducts the survey

| | |
|----------------|--|
| ASC-15a | About Facilities and Staff |
| ASC-15b | Communication About Procedure |
| ASC-15c | Preparation for Discharge and Recovery |
| ASC-15d | Overall Rating of Facility |
| ASC-15e | Recommendation of Facility |



OAS CAHPS Domains

| OAS CAHPS Domain | Description |
|---|--|
| Pre-operative Communication | <i>Clarity and completeness of instructions before surgery</i> |
| Preparation for Discharge & Recovery | <i>Patient readiness for recovery at home</i> |
| Facility Cleanliness | <i>Perceptions of hygiene and environment</i> |
| Facility Staff | <i>Interpersonal and professional behavior</i> |
| Overall rating of the facility | <i>Patient's general satisfaction with the facility</i> |
| Willingness to recommend the facility | <i>Loyalty and perceived quality</i> |



Staff *Satisfaction*

- What staff encountered
- Staff concerns
- Where process can be improved
- What patient's report to the staff
 - Formalizing patient feedback
- Culture that welcomes open communication and feedback



Surgeon Satisfaction

- Development and initiation of surgeon satisfaction surveys
- Showing the tools
- Patient experience
- Surgeon experience in surgical scheduling
- Close the loop on surgeon feedback
 - Feedback on corrective actions, effectiveness, and outcomes

**Samples available on eSupport*



Objective Data Sources

TIME STUDIES

- **EHR**
 - Anesthesia
 - OR times
- **Industry benchmarks**

EFFICIENCY ISSUES

- **Gaps in processes**
- **Redundancies**
- **Payroll**

| | |
|--------|----------------------------------|
| ASC | 20-30% of revenue |
| Clinic | 25-35% FTE Support Staff Payroll |

- **Scheduling Staffing**
adequate, approximate **1 FTE per:**

| |
|--|
| 2,000 intravitreal injections |
| 1,000 cases for facility-based surgeries |
| 500 elective procedures <i>includes premium IOLs, LASIK</i> |

COMPLICATIONS RATES

- Tools* for capturing this data
- **Postop infection/ complications rates**
- **Investigations**
- **Root cause analysis**

**Tools available on eSupport*



Other Data Sources

- **Reports**
 - Leveraging EHR/EPM
- **Cancellation rates**
 - Preop, intra-op
 - Capturing reasoning for cancellations
 - Workflows for capturing data
- **Block time utilization**
 - KPI: 70 – 85%+
- **Physician timeliness**
 - Start times, late start, case lengths



Other Data Sources

- **ASC Check In**
 - Patient financial responsibility
 - Updated insurance cards, photo ID
- **Right Information to Clinic**
 - Procedure updates, matching claims
 - Operative report to clinic
- **Billing Hiccups**
 - Rejections, denials
 - Capturing reasoning for issues
 - Preauthorizations, non-par/out-of-network



Improvement and Process Control In Action



CASE STUDY ANALYSIS



- The ASC has been experiencing an increase of patients with IFIS (Intraoperative Floppy Iris Syndrome) in the operating room and being unprepared.
- There were three cases in one month where advance notice was not provided to the surgeon and ASC staff. While these three patients were not on Flomax or Saw Palmetto, they each had the history of use of these IFIS risk drugs.



CASE EVALUATION



- It was determined that the clinic surgical scheduler was not asking about a history of IFIS risk medication use and using the drug reference list.
- Subsequently, the ASC intake staff were also not confirming a past history of IFIS risk drugs, only confirming current medications.



SOLUTION

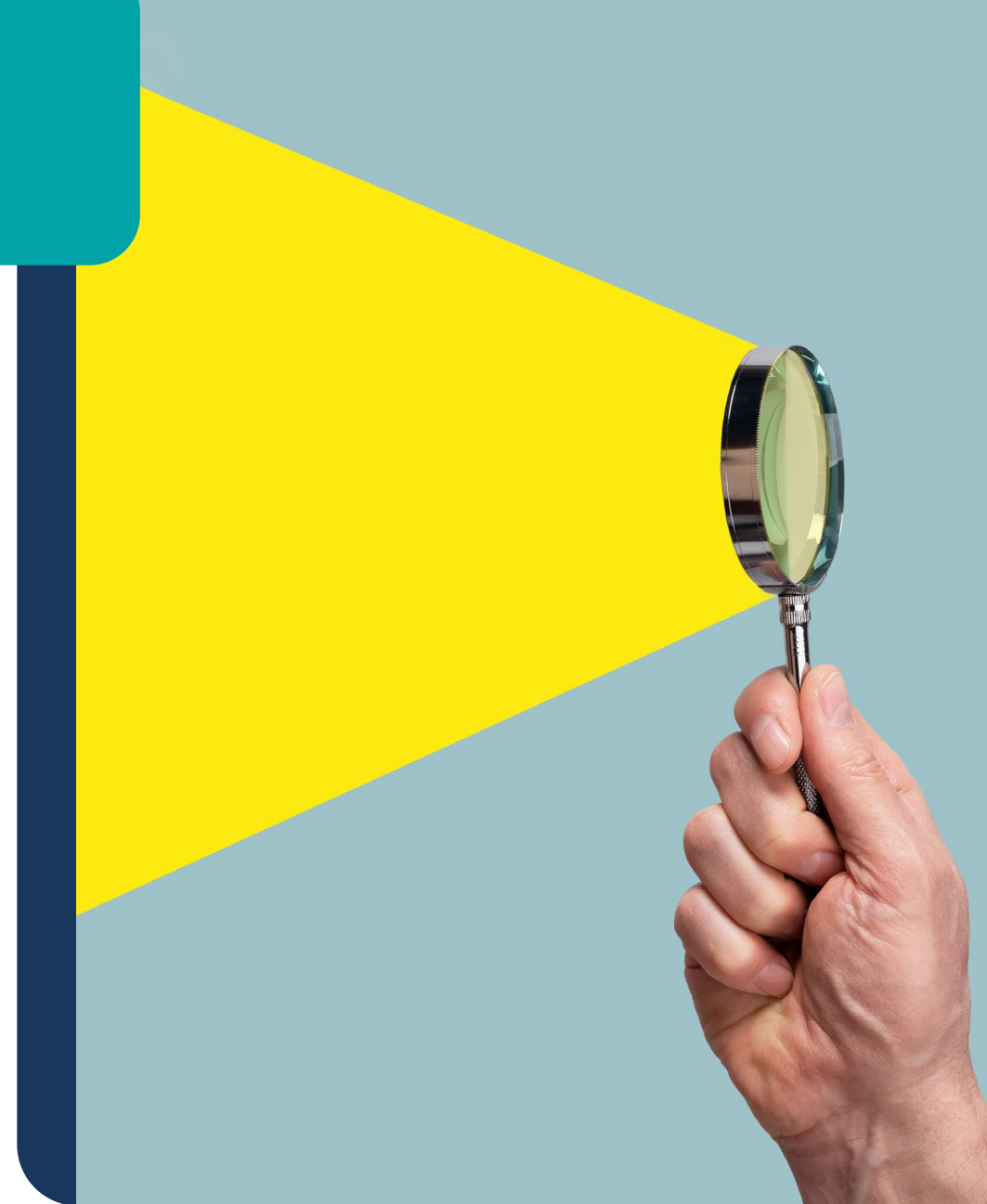


- Through the assessment of the current clinic & ASC surgery scheduling & intake checklists, the addition of the specific IFIS-risk medication history questions were added to ensure improved patient safety and efficiency was gained.
- This was a collaborative change in policy for the ASC and clinic



CASE STUDY ANALYSIS

- The ASC has been experiencing an increase of surgical cancellations due to patients presenting not NPO.
- There was an increase of 1 surgical cancellation due to NPO status in Q1 to 4 surgical cancellations due to NPO status in Q2.
- This resulted in a loss of ASC efficiency and patient dissatisfaction.



CASE EVALUATION

- It was determined that the clinic surgical scheduler was only providing preoperative instructions in writing and not verbally reviewing instructions with the patients.
- 2 cancelled patients reported they didn't read the instructions, and 1 reported losing the paperwork. All 3 received a preop phone call from the ASC.



SOLUTION

- The clinic and ASC collaboratively reviewed each case and implemented corrective actions.
- Preoperative instructions are now given both verbally and in writing by the surgical scheduler. These instructions were simplified for clarity and ease of understanding.
- The ASC developed a checklist for preop calls to ensure patients are reminded to stay NPO and to review their instructions.



Process Control

Measure and monitor



- Inputs
- Process
- Outputs
- Control mechanisms
- Adjustments



PERFORMANCE IMPROVEMENT

QAPI

Culture

The Why

Closing the Loop



Conclusion

- Identify issues, potential areas to improve
- Consider all data sources
- Implement positive changes
- Continue to track and trend on an ongoing basis
- Keep patient safety as a top priority



Available to eSupport Members



eSupport > Quality Management > Surgeon Satisfaction Survey

- Measures and implementation
- Survey Templates



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QUALITY MANAGEMENT: SURGEON SATISFACTION SURVEY

SURGEON SATISFACTION

Patient satisfaction surveys have been a longstanding quality indicator in the ASC QAPI program and will become even more formal with the OAS CAHPS moving from optional to mandatory in 2025. Now, during an industry-wide staffing crisis, ASCs have also implemented employee satisfaction surveys in an attempt to drive retention. Who are we missing? Our surgeons, of course! You may even have a difficult time finding the topic of surgeon satisfaction in the literature and you will find even less information specific to the ASC.

However, what we do know is that surgeons want to:

- provide exceptional and safe care to their patients,
- use their time effectively, and
- make money.

As you can see, the surgeons' goals are not so very different from yours and those of your center!

Surgeon satisfaction improvement measures include:

- Timely scheduling of patients
- OR music options
- Effective, ongoing, and concise communications
- Readiness of OR (supplies, instruments, implants, equipment, staff)
- Availability of preferred snacks and/or beverages
- Premium parking spot
- Improved turnover time

IMPLEMENTATION

Surgeon satisfaction can be an additional quality indicator in your QAPI program. Conducting annual Surgeon Satisfaction Surveys that are well-designed and concise will not only help drive surgeon satisfaction, this practice will

SEARCH

QUALITY MANAGEMENT

- Quality Management Overview
- Risk Management
- Quality Improvement Study
- Benchmarking
- Patient Satisfaction Survey
- Peer Review
- QAPI Resources
- Surgeon Satisfaction

SURGEON SATISFACTION SURVEY

To help us meet your patient and surgical needs, please complete this survey.

Please submit completed survey by way of any of the following:

Fax

Email

Mail

Please circle your level of satisfaction with the following items related to your experience at

1 Very Dissatisfied 2 Dissatisfied 3 Fair 4 Satisfied 5 Very Satisfied

HOW SATISFIED ARE YOU WITH:

Your overall surgeon experience?

Management collaborative efforts and partner communication?

Management collaborative efforts and responsiveness to your surgical needs?

Nursing staff competence, knowledge & responsiveness to your clinical needs?

Anesthesia services?

Business office staff and their interface with your patients and office staff?

Organizational efficiency, turnover time?

Surgical equipment/supplies relative to your clinical needs?

Your patients overall experience at

What is most important to you relative to your success as a surgeon at



eSupport > Quality Management

- QAPI Indicator Dashboard

Available to eSupport Members



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QUALITY MANAGEMENT: OVERVIEW

CMS Conditions for Coverage require ASCs to comply with the following condition:

416.43 Condition: Quality Assessment and Performance Improvement

The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

This Condition includes the following standards:

- 416.43(a) Standard: Program Scope
- 416.43(b) Standard: Program Data
- 416.43(c) Standard: Program Activities
- 416.43(d) Standard: Performance Improvement Projects

The QAPI Committee should meet and report quarterly on all aspects of the program. Assume that you have documented all required delegations of authority and committee delegations as well as, credentialing approvals contract approvals. The QAPI Committee can meet in conjunction with the Governing Body quarterly, especially in smaller organizations. These meetings must be documented in meeting minutes.

Every ASC must annually assess their QAPI Program. The QAPI Annual Assessment Guide can be used to guide you through this process. It is not intended to be used as a "fill in the blanks". Your annual QAPI assessment should be written in a narrative format.

ACHC requires an annual QAPI plan (download example below).

CLICK LINKS BELOW TO DOWNLOAD

- QAPI and Infection Control Program Annual Assessment Guide
- QAPI Annual Assessment Narrative Example 1
- QAPI Annual Assessment Narrative Example 2
- Annual QAPI Plan (ACHC)

SEARCH

QUALITY MANAGEMENT

Quality Management Overview

Risk Management

Quality Improvement Study

Benchmarking

Patient Satisfaction Survey

Peer Review

QAPI Resources

Surgeon Satisfaction Survey

PROGRESS INDICATOR DASHBOARD

| INDICATOR | 2024 | | | | | | 2025 | | | | | | TOTAL | GOAL |
|--|------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-------|------|
| | JAN | FEB | MAR | APR | MAY | JUN | JAN | FEB | MAR | APR | MAY | JUN | | |
| CLINICAL EFFECTIVENESS | | | | | | | | | | | | | | |
| Number of postoperative infections | | | | | | | | | | | | | | 0% |
| Number of reoperation/operative complications | | | | | | | | | | | | | | 0% |
| Number of non-compliance with infection control plan (including timely prophylactic antibiotic administration) | | | | | | | | | | | | | | 100% |
| Number of patients experiencing a fall prior to discharge (ASC-2) | | | | | | | | | | | | | | 0% |
| Number of patients experiencing a fall prior to discharge (ASC-2) | | | | | | | | | | | | | | 100% |
| Number of patients experiencing a fall prior to discharge (ASC-2) | | | | | | | | | | | | | | 0% |
| Number of patients that experienced a wrong site, side, patient, procedure, or implant event (ASC-3) | | | | | | | | | | | | | | 0% |
| Number of patients requiring a hospital transfer/admission (ASC-4) | | | | | | | | | | | | | | 100% |
| Number of average risk patients with appropriate follow-up interval for colorectal colonoscopy (ASC-5) | | | | | | | | | | | | | | 0% |
| Number of non-emergent patients, if applicable (ASC-13) | | | | | | | | | | | | | | 100% |
| Number of patients with unplanned anterior dissection, if applicable (ASC-14) | | | | | | | | | | | | | | 0% |
| Number of patients with pain being treated as effectively as possible (ASC-15) | | | | | | | | | | | | | | 0% |
| Number of laser procedure exceptions, if applicable | | | | | | | | | | | | | | 0% |



eSupport > Infection Control > Infection Prevention & Investigation

- SSI Investigation Toolkit

Available to
eSupport
Members



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INFECTION CONTROL: INFECTION PREVENTION & INVESTIGATION

SURGICAL SITE INFECTION (SSI)

The following resources help healthcare facilities prevent and control the incidence of surgical site infections.

Part of CDC's work is the development and dissemination of public health guidance based on the best available information. CDC is committed to reviewing and updating their Guidelines Library (link below) to ensure that they provide up-to-date, practical, and effective public health recommendations.

[Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017](#)

[CDC: SSI FAQ | Patient Information](#)

The CDC's National Healthcare Safety Network (NHSN) has definitions and reporting instructions for Surgical Site Infection (SSI) Surveillance. There are some states that mandate SSI reporting to NHSN including, Colorado, Massachusetts, Nevada, New Hampshire, New Jersey and Texas. Click here for Surveillance for SSI Events – Resources for NHSN users.

[CDC National Healthcare Safety Network \(NHSN\)](#)

[CDC: NHSN Surveillance for Surgical Site Infection \(SSI\) Events – Resources for enrolled users](#)

[NHSN ASC Resources](#)

The Joint Commission's Implementation Guide for NPSG.07.05.01 on Surgical Site Infections (link below) will provide guidance to health care organizations implementing the National Patient Safety Goal (NPSG) on surgical site (SSIs).

[The Joint Commission's Implementation Guide for NPSG.07.05.01 on Surgical Site Infections: The SSI C](#)

Infection Control Today put out a special report, SSI Prevention: Back to Basics, that summarizes the basics of surgical

SEARCH

INFECTION CONTROL

[Infection Control Overview](#)
[Infection Control Coordinator](#)

Infection Prevention & Investigation

[Hand Hygiene](#)
[Surgical Eye Prep](#)
[Instrument Decontamination and](#)

Every month or quarter, depending on your volume, surgeons should be queried to determine if there were any postoperative infections for facility patients. If there are any infections or suspected infections reported, an investigation must follow. The following document is a guide/tool to use for this investigation. It should be completed in a narrative format, not just yes/no answers. To all questions applicable to your facility. The investigation, any findings and any necessary facility changes should be presented quarterly at the Governing Body/MAC meeting.

INFECTION INVESTIGATION TOOLKIT

Case History:

Patient Name: _____ Patient MRN #: _____

DOS: _____ Total procedures in OR DOS: _____ OR Room #: _____

Case Times: _____ Start: _____ End: _____

What case of the day was this procedure? _____

List all staff involved in the patient's care and their titles:

Preoperative RN: _____

Intraoperative RN: _____

Surgical Technologist: _____

Instrument Technician: _____

Surgeon: _____

Anesthesiologist/CRNA: _____



eSupport > Business Ops > Surgical Scheduling

- ASC Surgical Scheduling Guidelines and Best Practices

Available to eSupport Members



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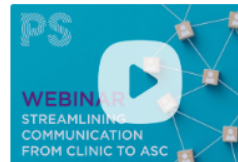
SURGICAL SCHEDULING

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.



[WEBINAR | Streamlining Communication from Clinic to ASC](#)

Presented by: Apryl McElheny

Recorded February 24, 2023

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



Available to eSupport Members



eSupport > Quality Reporting > ASC-15 OAS CAHPS

- Guidelines, resources, and FAQ



[HOME](#) [ESUPPORT](#) [EDUCATION](#) [FORUM](#) [ACCOUNT](#) [HELP](#)

QUALITY REPORTING: OAS CAHPS

NO LONGER VOLUNTARY BEGINNING 2025

The OAS CAHPS, which stands for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, was designed to measure the experiences of care for patients who visited Medicare-certified HOPDs and ASCs for a surgery or procedure. The OAS CAHPS website (link below) has news, training, and information about the survey. The survey instrument has been available for voluntary use since January 2016 but is set to become a mandatory component of the ASCQR in 2025.

ASCs **must** contract with a CMS-approved vendor. A list of approved OAS CAHPS vendors can be found below. The approved vendor collects survey data for eligible patients at the ASCs on a monthly basis and report that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

***IMPORTANT NOTE:** Although reporting isn't mandatory until 2025, we recommend you begin researching vendors now. Vendors have different billing structures, and your staff will need to learn how to interface with your individual vendor.

Registering on the OAS CAHPS website is required for participation. Visit OASCAHPS.org, then click "For Facilities" to:

- Create login credentials
- Register your Facility Administrator
- Authorize your selected vendor to survey patients on your behalf.

The five measures are collected via one survey:

- ASC-15a: About Facilities and Staff
- ASC-15b: Communication About Procedure
- ASC-15c: Preparation for Discharge and Recovery
- ASC-15d: Overall Rating of Facility
- ASC-15e: Recommendation of Facility

SEARCH

QUALITY REPORTING

[Quality Reporting Overview](#)

[Data Reporting](#)

[ASC-20 Reporting](#)

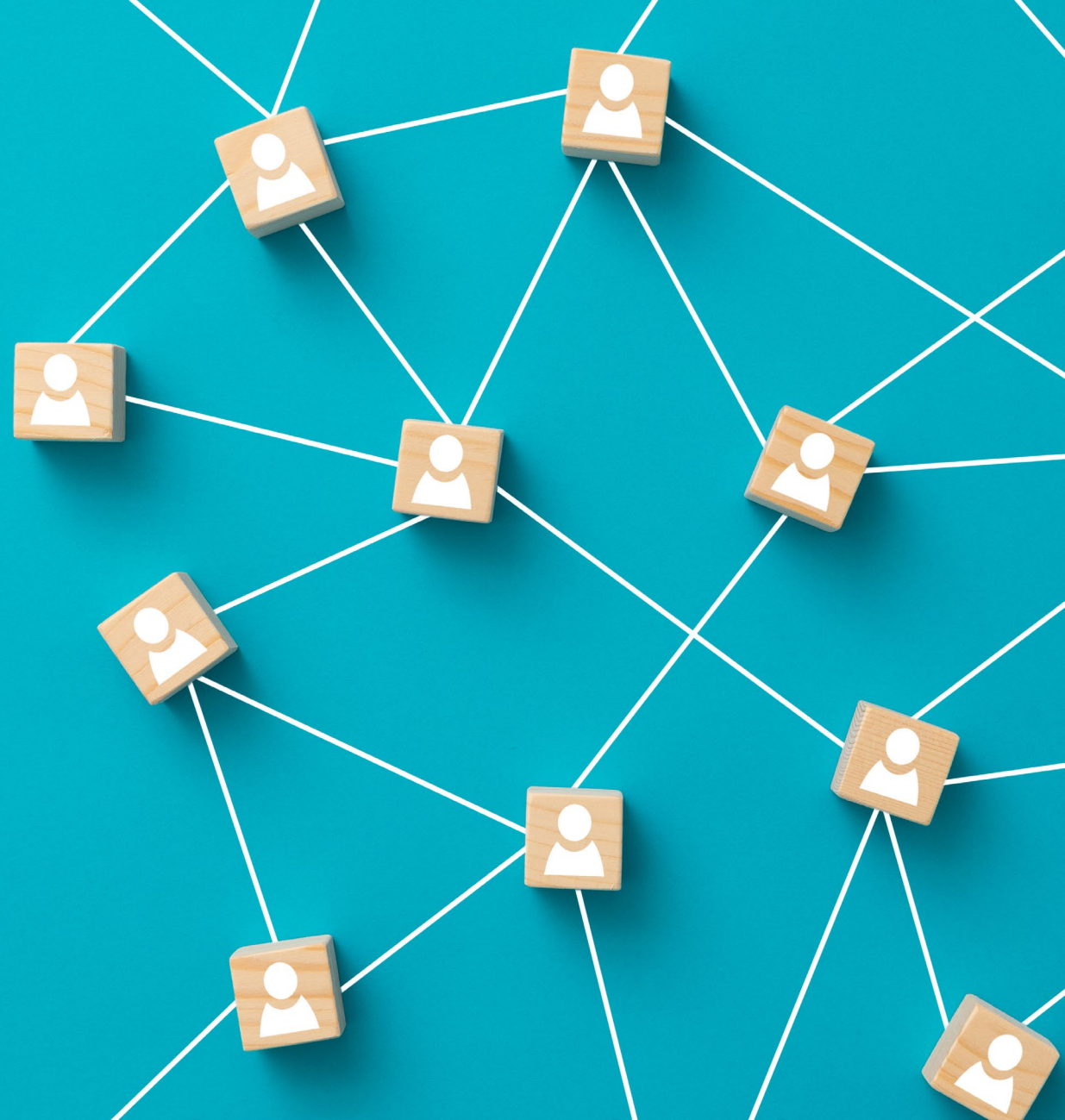
ASC-15 OAS CAHPS

[ASC-24 FCHE](#)

[Resources](#)



Questions?





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less

RUNNING AN ASC CAN BE OVERWHELMING



CE Credit

VMG Health is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.



| | |
|-------------|----------------------|
| RN | 1 CE Contact Hour |
| CASC | 1 AEU |



Complete Course
Evaluation sent
via email by
**Monday,
September 22**



Allow up to 2 weeks
to process your
certificates



Any questions
regarding CE Credit,
contact Customer Support

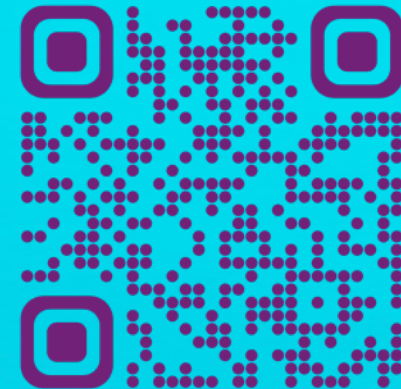
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Join our *Private* Facebook Group

A place to **connect, support,**
and **network** with other ASC
managers all over the country.



Upcoming Webinars

| DATE |  | CE | WEBINAR TOPIC | SPEAKER |
|--------|---|----|---|---|
| SEP 29 | 20 | | Hot Topics in Pharmacy Compliance for the ASC | Nick Bockmann, Pharm.D. <i>The Fawks Company</i> |
| OCT 24 | 60 | | Inventory Management: Key Strategies for Enhancing ASC Financial Health and Profitability | Vanessa Sindell MSN, BSN, RN, CAIP Nancy Stephens <i>VMG Health</i> |
| NOV 10 | 20 | | Annual ASC Survey Watch Report 2025 | Crissy Benze, MSN, BSN, RN <i>VMG Health</i> |

www.ProgressiveSurgicalSolutions.com/webinars



2025 WEBINAR CALENDAR

