SAME-DAY SURGERY

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Relias Media

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During the COVID-19 Pandemic, Surgery Centers Should Focus on Alleviating Staff Burnout

The COVID-19 crisis has disrupted surgery centers and the lives of staff, which can contribute to stress and burnout. Nurses and other employees carry the added worry brought by the uncertainty of what will happen next.

Closed surgery centers, furloughs, the redeployment to critical care units (CCUs) in hospital COVID-19 wards, and the fear of becoming infected and transmitting the infection to loved ones all have contributed to their stress.

"The uncertainty of COVID-19 is so challenging," says **Deborah McElligott**, DNP, AHN-BC, HWNC-BC, CDE, a nurse practitioner at the Center for Wellness and Integrative Medicine at Northwell Health in Roslyn, NY.

Some ambulatory surgery center (ASC) nurses were redeployed to care for patients on respirators. These nurses may have had to use skills with which they may have been unfamiliar or had not used for years. They may have seen many patients and even some co-workers die from COVID-19.

"All of these contribute to mental and physical strain and moral distress that nurses will feel," says **Linda Groah**, MSN, RN, CNOR, NEA-BC, FAAN, chief executive officer and executive director of the Association of periOperative Registered Nurses (AORN).

On top of that, nurses may have worried about possibly bringing the virus home to loved ones. "They were unable to control what's happening to them, but they know they have to maintain their income," Groah says. "In many cases, nurses are the only income producer in the family."

Cathy Alvarez, MA, RN, CNML, HNB-BC, PCCN, a nursing professional development specialist at Yale New Haven Hospital, says after same-day surgeries were canceled at her facility, many nurses were shifted to intensive care unit (ICU) work. "We wanted to minimize how many healthy patients were coming into the organization [to prevent COVID-19 infections]. Operative areas were

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turned into ICUs," she explains. "Perioperative nurses and operating room [OR] nurses had to be trained [on ICU skills] prior to being in that role."

All Americans are dealing with the combined traumas of more than 170,000 COVID-19 deaths, tens of millions of people unemployed, and a string of police brutality incidents, which have sparked ongoing nationwide protests.

"That combination of crises is really unprecedented. We have very little information to go on [to] understand how people respond to [these] unfolding disaster[s]," said **Roxane C. Silver**, PhD, professor of psychological science, medicine, and public health at the University of California, Irvine. Silver spoke about mental health in the time of COVID-19 at a virtual Newswise media conference held in June.

In a survey by the American Psychological Association (APA), participants reported a significant increase in average stress levels for the first time in more than a decade. People with children younger than age 18 years and people of color reported the highest levels of stress compared with other groups, according to **Vaile Wright**, PhD, senior director for healthcare innovation at the APA. Wright also spoke at the virtual Newswise media conference held in June. The ongoing uncertainty of the pandemic's trajectory is a major part of healthcare professionals' stress. No one knows what the longer-term economic impact will be. There is little indication COVID-19 cases or deaths are leveling off. Parents and children are coping with the stress of schools opening and reclosing, as well as the loss of in-person professional and social events.

The APA survey revealed that nearly half of parents with children younger than age 18 say their stress level is high, between 8 and 10 on a 10-point scale. *(Learn more about the APA survey results online at this link: https://bit.ly/3glkX3B.)*

In a recent paper, the authors suggested nursing leaders and managers need to help reduce stress and reassure staff of their personal safety during the pandemic.[1] If left unchecked, higher emotional exhaustion can lead to lower job satisfaction and a greater likelihood of quitting a job, according to the authors of another new paper.[2]

In a study conducted at a Spanish public university hospital, researchers learned important factors in perioperative nurses' burnout involve personnel and resource allocation, job dissatisfaction, and emotional

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Healthcare professionals across the United States, including perioperative nurses, have seen stress levels rise during the COVID-19 pandemic, leading to potential burnout and post-traumatic stress disorder.

- Research shows perioperative nurses experiencing worse-than-usual emotional exhaustion are at risk of leaving their jobs.
- One feature of the pandemic that contributes to stress is the uncertainty of when it will end and what will happen next.
- Perioperative nurses also have experienced furloughs and redeployments to hospital COVID-19 units, which adds to their stress.

exhaustion.[3] Further, the authors of a 2018 study found 43% of nurses experience emotional exhaustion and 21% feel depersonalized. These factors help predict perioperative nurse burnout.[4]

"I think my biggest concern is all of this stress turning into mental health issues like depression, anxiety, and post-traumatic stress disorder," says **Jin Jun**, PhD, RN, assistant professor at The Ohio State University College of Nursing. "A lot of nurses are traumatized by this whole COVID thing, and, once again, we're not addressing it. We need occupational-level psychosocial therapy available for nurses."

Hospitals have those resources, but independent surgery centers should look for resources for their employees, too. "The burden cannot be on the individual nurses alone," Jun says. "Make the services easy for them to have access." More than six months into the pandemic, certain things have improved. Some surgery centers have reopened and are performing elective procedures again — a few at pre-COVID-19 levels. The supply chain of personal protective equipment (PPE) has improved somewhat. Facilities instituted universal precautions and followed strict guidelines on how to prevent contracting COVID-19.

"People are talking about all of the decisions driven by science and data and taking time to reopen and not rushing it," says **Bala Subramaniam**, MD, MPH, FASA, associate professor of anesthesiology at Harvard. "All of that has played the primary role of calming people down."

Subramaniam's research shows how surgery centers and hospitals can help their operating room staff reduce stress through Isha Kriya, a guided meditation that takes less than 15 minutes to complete.[5] "Pragmatically speaking, if we give people [meditation] techniques, we find they pick it up, stick to it, and practice it for the rest of their lives," Subramaniam says. "Even if you have 30 to 40% of people practicing something like that, it gives you a critical mass in the operating room."

Although Subramaniam and colleagues conducted their study before the COVID-19 pandemic, Subramaniam believes the techniques his group studied could be even more important today. "Especially during COVID, when there is a lot of talk about the mental health pandemic that's going to come, all we can do is be vigilant," Subramaniam says. "This is a chronic issue we'll deal with for months to come." ■

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Tactics for Reducing Staff Stress, Preventing Burnout

Nurses and other surgery center staff could benefit from stress reduction techniques, especially as the COVID-19 pandemic drags on.

"Prior to COVID, [many] nurses experienced burnout. Now, we add COVID onto it, with all of the stressors that go on with what we're experiencing — the guilt and fear," says **Cathy Alvarez**, MA, RN, CNML, HNB-BC, PCCN, nursing professional development specialist at Yale New Haven Hospital.

The pandemic has disrupted some ways healthcare workers previously found stress relief, such as connecting with co-workers and spending time with family, have been disrupted by the pandemic. Physical distancing is the current normal while healthcare professionals try to prevent spreading the virus to family and each other.

Alvarez and others who focus on reducing nursing stress offer these suggestions for how surgery centers and individual healthcare professionals can reduce stress and prevent burnout:

• **Build a support network.** As surgery center staff continue to deal with the uncertainty pandemic, a good first step is to build a support network among employees.

"We're doing compassion circles or caring circles, a virtual platform where nurses can come to a safe environment, with a facilitator, and start discussion," Alvarez explains. "This allows them to talk about experiences they have gone through and pick up with others who may have gone through similar things, but could not acknowledge how they were feeling."

Healthcare professionals may experience trauma that is difficult to process in that moment. Alvarez says these sessions help nurses unpack what they are experiencing and lighten their stress load.

• Try meditation, calming activities. Every healthcare worker should make a conscious effort to help themselves through meditation, exercise, prayer, or yoga to stay mindful.

A study of compassion fatigue among nurses revealed those who practiced short breathing and meditation exercises experienced better outcomes and reported feeling more relaxed and well.[1]

The American Holistic Nurses Association provides a one-page, downloadable instructional sheet on centering for resilience.[2] The paper focuses on alleviating emotional distress, including using centering. This is a process of closing the eyes or finding a soft gaze to keep attention within and to focus on breathing. Centering can start the process of meditation and reflection.

"As we deal with COVID, where do we build our resilience?" asks **Deborah McElligott**, DNP, AHN-BC, HWNC-BC, CDE, a nurse practitioner at the Center for Wellness and Integrative Medicine at Northwell Health in Roslyn, NY. "Until we start to do it, we won't see any benefits."

Nurses might find it challenging to carve out time for meditation and mindfulness activities because of all their competing priorities.

"If you have kids to get off to school in the morning, then you might not take time to meditate for an hour," McElligott says. "We're all on this journey toward wellness, and it's not like a perfect routine."

If someone does not know how to start meditation or a wellness activity, McElligott suggests carving out just five minutes in the morning as a good start. Some may take 15 minutes during a mid-morning break to go on a relaxing walk. Others may use their lunch hour to walk outside or engage in other regular wellness activities.

While each individual needs to find his or her own motivation to make wellness activities part of their daily routine, employers can facilitate and encourage.

"Motivation comes from the person, but it works when the work environment supports it," McElligott says. "They need to take a break somewhere during the day ... many nurses say, 'I will work through lunch because I want to get out on time."

• Promote peer support. There is plenty surgery center leaders and staff can do to lift each other, says **Jin Jun**, PhD, RN, an assistant professor at The Ohio State University College of Nursing. Management style is especially important.

"The frontline managers, nurse managers, their direct supervisors really make a difference in terms of nurses' job satisfaction and turnover," Jun says. "Managers should be empowered, especially in surgical centers, which are not really big."

Surgery center leaders can create a space that promotes teamwork. It needs to be a safe space for employees to come together, whether it is in physical or virtual space. It could be a group chat where employees feel safe to share their thoughts and feelings.

"The idea of safety has to be there however it's carried out," Jun explains. "There are creative ways of reallocating resources and having the space. If we don't have the money [for creating space for staff], then just having the [teamwork] culture helps."

Peer support also can help staff with forming healthy habits and goals. McElligott was involved in a project in which nurses were focused on creating healthy food habits. When they came into work in the morning, they were assigned a peer partner.

"They were responsible for making sure their peer partner got lunch that day, and their peer partner was responsible for them to get lunch,"

McElligott says. "When someone is responsible for making sure you take lunch, that person will say at 1:30 p.m., 'You haven't had lunch yet, so I'll relieve you. Go take a break.'"

• **Give staff wellness resources.** "We need to take integrated approaches to wellness and give staff options to be well," Alvarez says.

Resources could include virtual activities or videos on demand. Surgery centers can give employees links to wellness information and affordable tools. Surgery centers might even invite a yoga or meditation instructor to teach a quick course on meditation or mindfulness and relaxing exercises.

Surgeons could benefit from wellness resources, says **Bala Subramaniam**, MD, MPH, FASA, associate professor of anesthesiology at Harvard. "When surgeons arrive in the morning, you might think they'd be relaxed and ready to go," Subramaniam says. "But we found that at 7 a.m., they are so stressed out that half of them have moderate stress levels."

A solution is to invite surgeons to a workshop on meditation. After attending a workshop, surgeons may use what they learned and take a few minutes for themselves each morning. That could help surgeons make it through the entire day with less stress.

Surgery center leaders could use a tool to see where employees are in efforts to stay healthy. For example, the Integrative Health and Wellness Assessment tool is a 36-question, self-reporting tool that helps people assess their healthy behaviors. It can be used as part of nurse coaching.[3] "What I like about the tool is it makes people think a lot more about wellness than just what they're eating and how they're moving," McElligott says. "It looks at 'Do I have a connection to something greater than myself?'" ■

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Tools to Help Build Resilience

Surgery center leaders and staff can improve their resilience and coping mechanisms during the COVID-19 pandemic by practicing mindfulness, meditation, yoga, healthy eating, exercise, and group sharing.

Below are some suggested techniques to help those who are short on free time:

• **Get rid of the "what ifs."** When trying to center, the whole point is to stay in the moment, not worry about all the "what ifs" that could lie ahead that day.

"You want to be prepared if something happens, but stop thinking about it," says **Deborah McElligott**, DNP, AHN-BC, HWNC-BC, CDE, a nurse practitioner at the Center for Wellness and Integrative Medicine at Northwell Health in Roslyn, NY. "That's where mindfulness comes in — prayer, imagery, meditation."

• **Morning check-in.** "A daily check-in with the team is very powerful," McElligott says. "Before you start your day, do a morning huddle, a brief check-in of 'How is everybody doing? Is there anything personal going on?' That environment has to be created by the leader, and it has to be a mindset that everyone honors and respects each person they work with."

It can be challenging to incorporate this into daily routines. McElligott suggests starting small, perhaps start the day with a short prayer or quick meditation.

"We have heard throughout the crisis of how many people have bonded together and been supportive," McElligott says. "But there's the added pressure of 'Am I bringing this home to my family?' There are so many stressors involved in that."

Create a space for people to verbalize when they need to discuss their issues. Also, provide employee wellness and health education and encourage everyone to engage in this learning in groups. That way, employees may not feel they are going at this alone.

• **Storytelling.** Nurses and other healthcare professionals may be reluctant to talk about what they are going through during the pandemic. One technique that might provide employees with an outlet for communicating their experiences is a workshop on storytelling or expressive writing.

"Expressive writing is when a small group of nurses comes together, and one person facilitates the gathering," says **Jin Jun**, PhD, RN, assistant professor at The Ohio State University College of Nursing.

Each group member is asked to write a story of his or her life. They do not necessarily have to share their writing, but the act of writing can be therapeutic.

"It's very much like a therapy session," Jun offers. "It works because

a lot of times what people need is the space and time to process their emotions and think it through."

Every nurse wants to do a good job, but sometimes they are bogged down by what happens at work and at home. After a while, they forget why they were bothered in the first place.

"Storytelling gives them time and space to think," Jun says. "I interviewed nurses who participated in these workshops last year. The topics they wrote about were varied." Often, the nurses did not want to talk about their own stories, but they did want to talk about how they felt after writing the story.

"They felt it was therapeutic and healing," Jun says. "A lot of them said they cried during the storytelling ... because it was the first time they had processed their experiences."

Just putting their stories on paper made them feel heard, and it was healing. "A few said, 'If I could do this again, I could do it on my own,'" Jun says.

The biggest limitation is the time and cost of providing nurses with this experience. A less expensive option might be to offer nurses an online version of a storytelling group that they could seek on their own.

"They need to come together and share with one another," Jun says. "They want to be heard." ■

American College of Surgeons Opposes New Fee Schedule

The American College of Surgeons (ACS) issued a statement in August about its opposition to the Medicare Physician Fee Schedule proposed by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2021. *(Read more of that statement online at this link: https://bit.ly/3gtTmgQ.)*

Same-Day Surgery (SDS) asked **Beth H. Sutton**, MD, FACS, chair of the board of regents for ACS, and **L. Scott Levin**, MD, FACS, FAOA, vice chair of the board of regents for ACS, how this proposed fee schedule could affect surgery centers.

(Editor's Note: This interview was conducted by email. The transcript has been lightly edited for length and clarity.)

SDS: *What are the main problems, from a surgeon's perspective, with the proposal?*

Sutton and Levin: The Medicare Physician Fee Schedule will jeopardize patient care by cutting Medicare payments to surgeons, with some surgical specialties seeing up to a 9% cut. If implemented, patients (especially older Americans in the Medicare system) will bear the brunt of these cuts.

The rule likely will force surgeons and hospitals to take fewer Medicare patients, leading to longer wait times and reduced access to care. Medicare patients already are vulnerable, given their age, and this could lead to reduced access to care and loss of choice.

Additionally, trying to implement this policy during a pandemic is even more shortsighted. Now is not the time to make any cuts to doctors or healthcare.

SDS: *Did CMS offer any explanation for why it is proposing payment cuts for all surgical specialties, and what could be the possible rationale?*

Sutton and Levin: CMS is increasing payments for some doctors while cutting payments to surgeons because current Medicare rules require any changes to be budget neutral. This is why we have advocated for Congress to waive Medicare's budget neutrality requirements for the E/M adjustments to ensure that no doctors experience a payment cut,

especially during a pandemic. Additionally, we believe Congress should require CMS to apply the increased E/M adjustment to the 10- and 90-day global code values. We believe this will ensure Medicare patients have the best access to the best care when they need it and where they need it.

(Editor's Note: CMS explained its rationale in this release, available at: https://go.cms.gov/3lmNGc8.)

SDS: *Why is this fee schedule change particularly troublesome in light of the ongoing COVID-19 pandemic? How might it affect patients' access to elective surgeries?*

Sutton and Levin: If Congress allows these cuts to go into effect while the country continues to confront the coronavirus, older Americans will see the greatest impact, as doctors will be forced to take fewer Medicare patients.

This comes as COVID-19 has already impacted patients by the delay in non-emergent surgeries like removing tumors, repairing hernias, and placing heart stents.

While the pause on non-emergent surgery was necessary to protect patients and doctors on the frontlines, as well as to conserve valuable supplies, it has caused a ripple effect across the healthcare system.

Prior to COVID-19, the median hospital margin was 3.5%. Even in the most optimistic scenario, assuming a decrease in COVID-19 cases, median margins could be -1% by the fourth quarter of this year. Under a different scenario, assuming periodic COVID-19 surges similar to now, margins could be at -11%.

(Editor's Note: Learn much more about this detailed report by Kaufman, Hall & Associates that was released over the summer online at this link: https://bit.ly/3hCEyxS.)

SDS: *How might this threaten the economic health of surgery centers?*

Sutton and Levin: Many surgeons who use same-day surgery centers will be impacted by these cuts. In a survey earlier this year, one in three private practice surgeons shared they may have to close their practices due to the financial strain of the COVID-19 pandemic. *(Read more at: https://bit.ly/31KTkgn.)* When that is coupled with the planned cuts to Medicare, even more private surgical practices may close, which could further impact same-day surgery centers. While the healthcare system is under tremendous financial stress due to COVID-19, now is not the time to cut healthcare and create more uncertainty by disrupting patients' timely access to surgical care.

That is why the American College of Surgeons and Surgical Care Coalition have been urging Congress to waive Medicare's budget neutrality requirements to ensure no doctor sees their payments cut, especially during the current healthcare crisis. ■

Guidance from AORN, Others Updates COVID-19 Recommendations

It might have been the best decision to pause elective surgeries across the nation when the COVID-19 pandemic began earlier this year. However, that may not be the best tactic if another major viral wave strikes this fall or winter, according to updated national guidance.

"There was a total shutdown earlier this year. Our learning from that was we would not do that going forward," says **Linda Groah**, MSN, RN, CNOR, NEA-BC, FAAN, chief executive officer and executive director of the Association of periOperative Registered Nurses (AORN). "Hospitals and ambulatory surgery centers [ASCs] have learned they can keep doing surgeries, but they have to be very thoughtful about it."

AORN, along with the American College of Surgeons, the American Society of Anesthesiologists, and the American Hospital Association, released the "Roadmap for Maintaining Essential Surgery During COVID-19 Pandemic," on Aug. 10. The guide was built on lessons learned throughout 2020 and

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The American Society of Anesthesiologists and other organizations updated their guidance about surgeries during the COVID-19 crisis.

- The revised guidance does not recommend a second nationwide shutdown of elective surgeries in the event of another viral wave this fall or winter.
- The guidance asks healthcare providers and governments to engage in more cooperation as the pandemic continues and as surges in hospitalization occur.
- Healthcare capacity should match community prevalence of disease.

includes decision-making guidance as surgeons plan for the months ahead. *(Read more at: https://bit.ly/3j5Doeu.)*

When COVID-19 was pummeling the United States in March, it was clear the federal government was unprepared, based on the lack of available ventilators and personal protective equipment. Thus, it was important to pause elective procedures to conserve precious medical equipment, treatment space, and staff. Further, ambulatory surgery centers adjusted to slower business by closing altogether or using a combination of cutting hours, staff, and/or procedures.

"The good part about that decision was it helped us with the supply chains, which were very fragile," says **Mary Dale Peterson**, MD, MSHCA, FACHE, FASA, president of the American Society of Anesthesiologists.

The updated guidance stresses the importance of regional cooperation in addressing patient capacity and supply chain issues. "Working within the region is really important, as opposed to being isolated," Groah says. "We need to know what's going on in the region so resources can be shared, including personal protective equipment."

The lack of cooperation contributed to hospital bottlenecks during the early days of the crisis, Peterson notes.

"Two hours away from New York City, there were hospitals that were not hit hard with COVID patients. They were half empty and had furloughed half their staff," she explains.

If regional governments and hospital systems had cooperated, then New York City hospitals might have been able to transport some of their COVID-19 patients to other facilities, reducing the burden on the city's overwhelmed hospitals.

"In Texas, we automatically do that, maybe because we've been hit with so many disasters," says Peterson, who serves as the executive vice president and chief operating officer at Driscoll Health System of Corpus Christi. "We have local, state, and regional cooperation."

The guidance suggests facilities consider taking various actions, including:

- "Local, state, and regional cooperation with public health authorities and state hospital associations for effective management of resources and optimal care for patients in the region";
- "Any provision of essential surgery should be authorized by the appropriate municipal, county, and state health authorities";
- "Healthcare capacity should match community prevalence of disease."

The collaboration extends to partnering with medical supply and device vendors.

"They're great resources to help find out where somebody might have an excess amount, and we can share those resources," Groah says. ■

Eye Surgery Center Shows How to Keep Patients Happy During Pandemic

Creating a welcoming, patient-friendly environment during the COVID-19 pandemic is a challenge for any organization, including surgery centers, which rely (in part) on smiles and exceptional people skills.

This challenging high-wire act hit home for one perioperative nurse when she found herself in the role of an eye surgery center patient after some elective procedures resumed over the summer.

"Even though I am a perioperative nurse, and I know what to expect and had COVID-19, you still get a little nervous and are not fully relaxed when having a procedure," says **Kay Ball**, RN, PhD, CNOR, FAAN, a perioperative consultant, certified medical laser safety officer, and adjunct professor at Otterbein University in Westerville, OH. Ball also serves as the nurse planner for this publication. "My first procedure was canceled in April. Then, I had my first eye procedure in June."

Ball underwent cataract surgery in both eyes one month apart at the Columbus Eye Surgery Center in Ohio. She was impressed with how well the surgery center maintained friendly customer service despite following strict infection prevention guidelines.

Good customer service begins at the top, notes **Janie Norman**, RN, director of the Columbus Eye Surgery Center. "I set high expectations for all of my staff, and they know that," Norman says. "We focus a lot on patient satisfaction surveys."

Staff review patients' comments, looking for any issues they can fix. "We fix it so patients have a great experience here at the center," Norman says. "Everyone at the center

likes what they do ... and they like taking care of patients, which gives the patient a great experience."

Building rapport between surgery center staff and patients can be a little more challenging at a time when patients mostly are not permitted to bring family or friends, they are required to wear masks at all times, and are required to stay six feet apart from other patients.

Norman and Ball describe a few ways a surgery center can provide a patient-friendly environment in the backdrop of the COVID-19 pandemic:

• **Set expectations for staff.** The week before Columbus Eye Surgery Center reopened and restarted performing elective procedures, staff attended a mandatory meeting to review all new protocols, Norman says."We wanted to make sure staff, physicians, and patients were safe," Norman reports. "We put in place additional protocols to encourage employees that they could feel comfortable coming back to work."

Leaders spoke with every employee, asking whether they were comfortable with returning to work. Every person answered was comfortable returning to work.

"At the end of each week, we touched base and asked, 'What's working? What's not working? How is it going?'" Norman says. "There were some things we had to adjust as things went on."

The surgery center moved slowly with its new infection prevention measures because they placed additional burdens on staff. For example, there is more paperwork now. There are additional cleaning protocols in place, from the lobby up to and around the receptionist's desk, back through pre-op, and into the recovery room.

"It did slow down our efficiency in the beginning, but as our staff adjusted to the protocols, we were able to be more efficient and take great care of our patients," Norman says.

• **Provide warm welcome.** Smiling remains important, even behind a mask, Norman notes. "I think you can really see someone smile through their eyes," she says.

When Ball arrived at the surgery center, an employee took her temperature and asked her driver to wait in the car. The center's staff reminded Ball to take off her jewelry and verified her insurance.

"The pleasantness of everybody felt very welcome. They smile a lot and joke with patients, and patients feel very much at ease," Ball recalls. "You can tell when someone is smiling when they have a mask on. It gives you a warm feeling when you hear them talking to you and treating you like you are family. They asked me if I was comfortable so many times and asked me if I had any questions so many times."

That is part of perioperative nurses' and surgeons' caring attitude. "With COVID, there's that stress of 'I don't want to get this disease,' and everyone is there by themselves," Ball explains. "The nurses and surgeons are more alert to the patient's discomfort."

• **Make new infection prevention rules clear.** One challenging change was requiring family members and friends to wait outside the facility instead of the waiting room.

"We'd call and say, 'Mrs. Smith, your mother is ready; bring the car down,' but they might be at [lunch] or the store," Norman explains. "That backed up our recovery room because the family wasn't there."

The surgery center changed its rules to direct visitors to agree to return at a specific time, waiting for the staff's call to pick up the patient. "We always told them a time that is a little before the surgery was done so they could be there on time," Norman says.

Another new rule was requiring everyone in the center to wear a mask, including during the procedure. So far, every patient has been pleasant and understanding about wearing their mask, Norman reports.

• **Emphasize teamwork.** "You create a family atmosphere by having employees who believe in teamwork and have positive attitudes," Norman offers. "When you have a group of

nurses and employees who will help each other, that creates teamwork and positive energy that you need to have a successful surgery center."

Creating an optimal team environment starts with hiring the right people, which is not always easy, Norman admits.

"Sometimes, it's hard to judge a person in a 20-minute interview. You have to hope they're being honest with you," she says. "When you have someone who is creating negative energy in a group, you have to address it by pulling that person aside and having a conversation with them, letting them know they're creating that negative environment and [how] it affects everyone."

In Ball's experience at the surgery center, it was not just the assigned team that made her feel valued. Other employees were friendly, too.

The surgery center's leadership contributes to teamwork by chipping in wherever needed, Norman says. "Our operating room [OR] supervisor is circulating every day," she says. "I help wherever they need me, whether it's turnover in the OR, cleaning instruments — just not sitting in my office."

Everyone works hard to provide a positive patient experience, according to Norman. Helping in all areas of a surgery center gives managers a better understanding of problems that arise.

"If you have an employee who comes to you with a complaint about a certain responsibility, and you've done that responsibility, then you can relate better and help form a solution that is doable," Norman explains. "This works better than if someone comes to me complaining about something I've never done before. It's hard for me to come up with a solution if I don't know that job."

• **Keep communication flowing.** When Ball was rolled into the OR, everyone introduced themselves, including the nurse anesthetist. Staff offered Ball medication to help relax her, but Ball said she preferred to be awake.

The OR team made sure Ball was comfortable, turned on some background music, and instructed her to let them know if she needed to cough or sneeze so they could stop everything and be prepared. "You have to be very still for 10 to 15 minutes," Ball notes.

The team reviewed her information to confirm they were working on the correct eye and putting in a certain lens. During this process, the nurses are social, engaging patients in conversations as everyone prepares for surgery, Norman says.

"It's very natural, and it's something we can continue to do because they have their mask on," she says. "That builds rapport with the patient." ■

Lack of Health Literacy Tied to Higher Risk for Postoperative Infections

Patients who struggle to read, absorb, and follow healthcare instructions may be more likely to contract an infection after surgery, according to the results of new research.

Investigators from the University of Alabama at Birmingham (UAB) Hospital examined 270 patients who underwent colon or rectal operations. Using the Brief Health Literacy Screening Tool, researchers measured these patients' literacy, placing them in three categories: 213 demonstrated adequate health literacy, 38 demonstrated marginal health literacy, and 19 demonstrated low health literacy. Patients with low literacy were 4.5 times more likely to contract an infection one month after surgery vs. those with adequate literacy.

"It's important to understand that patients with limited health literacy might be at higher risk for an infection after surgery so we can start to understand why and design interventions and tools to better support those patients," **Lauren Theiss**, MD, a third-year surgical resident at UAB School of Medicine and lead investigator, said in a statement.

In addition to 30-day complications, the authors studied length of stay, readmission rates, and mortality statistics. They also looked closely at what level patients complied with UAB Hospital's enhanced recovery program, a specialized guide designed to help patients experience the best post-surgical outcomes. On top of demographics, socioeconomics, and other patient-level factors, overly intricate institutional instructions play into poor health literacy.

Considering the results of this study, UAB surgeons have committed to improving the way they communicate information to patients. This may range from easier-to-understand language and more visual elements in collateral patients receive to surgeons taking their time when delivering instructions.

Read much more about this subject in the upcoming November issue of *Same-Day Surgery.* ■

What Would You Do?

By Stephen W. Earnhart, RN, CRNA, MA
CEO, Earnhart & Associates, Austin, TX

In every facility, there are issues that arise that no one knows how to handle — or the issue may be so delicate that everyone is uncomfortable to address it.

What follows are some real-world problems worth considering. How would you would handle these issues? How would you begin a conversation about these problems in a staff meeting? While some of these may seem innocuous, others may be more serious — issues that put patient safety at risk or activities that are downright illegal:

- My surgeons refuse to change their scrubs when they go out to eat or to their office. Then, when they return, they dive right into a case in the surgery center.
- My surgeons may have made a kickback deal with anesthesia staff.
- I'm the administrator here, and everyone hates me.
- I think my materials manager is selling supplies out the back door.
- We profit-share at our surgery center. We need two more nurses, but the current staff will work longer hours with straight pay (no overtime) if we do not fill the positions and dilute our profit-sharing pool.
- Our vendors are cutting back on bringing lunches in. I think we should cut back on what we order from them.
- We found a camera in the women's locker room.
- We have one anesthesia provider using double the right fentanyl dose.
- The owner doctors are going to start charging the staff for parking.
- One of our new surgeons drops about 20 f-bombs per case.
- A male scrub tech claims one of our surgeons is sexually harassing him.
- Someone is stealing the money in our "Curse Jar."
- A surgeon's wife wants to put carpet in the recovery rooms so it "Won't look so sterile."
- I don't think our COVID-19 protocols are strong enough.
- We have mice in the storage room.
- Someone is stealing the Lysol spray we use for COVID-19 wipe down in the waiting room.
- Our staff is insisting on paid lunch breaks after the COVID-19 shutdown and subsequent rehire.
- Our circulator used a foghorn to start the surgical time out. The surgeon screamed at her; the circulator quit.
- There are not enough funds to give everyone a bonus this year.

Have you had to address one or more of these problems at your facility?

If so, what steps did you and your staff take to solve these issues? Feel free to send me your comments about these issues, and I may share them in future columns (your confidentiality will be protected). ■

(Earnhart & Associates is a consulting firm specializing in all aspects of outpatient surgery development and management. Address: 5114 Balcones Woods Drive, Suite 307-203, Austin, TX 78759. Phone: (512) 297-7575. Fax: (512) 233-2979. Email: searnhart@earnhart.com. Web: www.earnhart.com. Instagram: Earnhart.Associates.)

CME/CE OBJECTIVES

After reading *Same-Day Surgery,* the participant will be able to:

- identify clinical, managerial, regulatory, or social issues relating to ambulatory surgery care;
- identify how current issues in ambulatory surgery affect clinical and management practices;
- incorporate practical solutions to ambulatory surgery issues and concerns into daily practices.

COMING IN FUTURE MONTHS

- Tactics for handling cash flow during flu/pandemic season
- Experts say pandemic has changed surgery centers' role in healthcare
- Studies reveal racial disparities in surgical outcomes and pain
- Factor in fall prevention for post-op patients

SAME-DAY SURGERY

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CME/CE QUESTIONS

1. **The American College of Surgeons opposes the 2021 Medicare Physician Fee Schedule because they believe this:**

   a. will jeopardize patient care by cutting Medicare payments to surgeons, which could result in surgeons taking fewer Medicare patients.
   b. increases Medicare payments to surgeons by less than 5%.
   c. makes Medicare copays unaffordable for many Medicare patients.
   d. hurts patients and surgeons by cutting 10% of the Medicare-allowed procedures in ambulatory settings.

2. **What is one of the main points of the revised "Joint Statement: Roadmap for Maintaining Essential Surgery during COVID-19 Pandemic?"**

   a. Surgery centers need to stop elective procedures when their area's COVID-19 transmission rates enter the medium or high range.
   b. Staff of hospitals and surgery centers should be paid a 10% bonus during COVID-19 outbreaks.
   c. Physicians, surgeons, and nurses need access to personal protective equipment even when their area is near full capacity of critical care beds because of COVID-19.
   d. Cooperation is needed among healthcare organizations and state, local, and regional governments.

3. **Management style can be important when helping nurses:**

   a. improve their ability to meditate and practice mindfulness.
   b. lower their depression scores.
   c. alleviate their anxiety over the pandemic.
   d. improve job satisfaction.

4. **In a nationwide survey by the American Psychological Association, mental health problems and stress increased among Americans for the first time in a decade. Which group(s) fared worse?**

   a. People over age 65 years and nurses
   b. People with children younger than age 18 years and people of color
   c. Nurses and other healthcare workers
   d. Frontline workers in all industries