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Same-Day Surgery®

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INSIDE

JUNE 2001

VOL. 25, NO. 6 (pages 61-72)

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Hang up the telephone, throw away POs, and join buyers on-line

E-commerce offers efficiencies, financial savings, and information

You might never again have to pick up the phone or use a purchase order (PO) to order supplies and equipment. Across the country, same-day surgery managers are sitting down at their computers or, even better, getting a clerk to sit down at a computer and ordering 50% or more of their supplies and equipment through web-based medical supply companies, which is referred to as "e-commerce." The advantages are numerous, they claim.

"Surgery centers are so cost-minded because we only get a set rate for our procedures; we are forced into being cost-effective," says **Erin Duffy**, RN, director of the Ambulatory Surgery Center of Greater New York in Bronx. "This is just another avenue for us to save money." Duffy orders approximately 55% of her supplies and equipment through suppleye.com. **(See partial list of vendors, p. 62.)**

Previously, ordering supplies was a major ordeal, she says. "If I had three surgeons and they used six products, I'd have to call six companies and place my orders," Duffy says. While some ordering could be

EXECUTIVE SUMMARY

Same-day surgery programs are ordering 50% or more of their supplies and equipment through e-commerce (buying on the Internet). Managers report time savings by avoiding phone calls and faxes, and cost savings by using clerks instead of nurses to place orders. On-line companies can provide you with information on your past purchases.

- Ask your current vendors if they work with any on-line companies.
- Make a list of your current purchasing problems. Ask the e-commerce companies what they can do for you (without providing them with the list of problems).
- Have purchasing handled by an Internet-savvy employee.
- Keep in touch with your vendors to negotiate prices and learn about technological advances.

Sampling: Medical Supply and Equipment Web Sites

- **www.esurg.com**. Esurg is an on-line source for ordering medical, surgical, pharmaceutical, and office supplies.
- **www.medibuy.com**. Medibuy offers providers a way to budget, source, and purchase medical and surgical products, commodity items, and capital equipment, as well as business and facility-related products. Medibuy is the exclusive e-commerce provider of medical supplies and equipment supported by the Premier group purchasing organization.
- **www.medicalbuyer.com**. This site allows providers to place orders for medical supplies directly with distributors.
- **www.medpool.com**. This site provides interactive communication and contracting tools that pool clinician preferences and purchasing power. Providers tell medpool what they want to buy, their terms, and conditions.
- **www.neoforma.com**. This offers medical, pharmaceutical, and laboratory products. Affiliated with Novation group purchasing organization in the United States and Medbuy in Canada.
- **www.suppleye.com**. This web site is designed specifically for eyecare surgery centers. The site honors your existing manufacturer relationships and contracts.

handled via fax, she usually ended up calling the company to make sure it received the fax and could read it. Duffy often would have to talk to the vendor about the order, especially if the facility had a specialty order, she says.

E-commerce "saves a good hour of telephone calls for the lenses, never mind the other products," Duffy says. While e-commerce prices are competitive, the savings come primarily as a result of saving time, Duffy and others say, "and time equals money," she adds.

Other managers confirm the time savings.

"In the ambulatory surgery center, our old method of purchasing might take a good 45 minutes to compile the information, either reach the rep on the telephone or make a call and wait for the rep to return your call, or if the rep came by, to take time out from your practice to give the rep all the information on what you wanted to order," says **Wesley Gilliland**, administrator of Fish Pond Medical Plaza, which includes Fish Pond Surgery Center, in Waco, TX.

In comparison, it takes about 10 minutes to order via the Internet, Gilliland says. He orders approximately 50% of his supplies and equipment from esurg.com. "Now, as esurg and others such as Office Depot make products available via the Internet, it's a lot quicker and a much more efficient way to purchase your supplies," he adds.

When a same-day surgery program has an urgent need for supplies or equipment, response time is critical, Duffy points out.

With e-commerce, "no one is on the phone, reading off things, and having someone say, 'Can you hold? Can I call you back? Customer service is busy. We're not sure what you're talking about,'" she says.

Billing also can be handled efficiently, Gilliland reports. "If you have a question, you can e-mail them and immediately get a response, rather than being on hold on a phone and going through number of different answering machines and a voice-activated system to get someone," he says.

When you order from e-commerce companies, they typically offer a shopping cart with your frequently ordered items.

"With a click of a button, you can order items and, also at that time, know if the item is back-ordered," Gilliland says.

If for some reason the item becomes back-ordered after you've placed your order, vendors usually will call to find out your priority level for that product, say sources interviewed by *Same-Day Surgery*. "If it's high priority, they go out and find it for you," and at no extra charge, Gilliland adds.

The efficient handling of back-ordered items has been a pleasant surprise for those managers who have ventured into e-commerce.

"That was my biggest concern, and it ended up not being a concern," says **Rose Eickelberger**, RN, BSN, director of nursing at the Cincinnati

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Internet sites track purchasing

Managers report other advantages of e-commerce

E-commerce companies such as esurg.com automatically track how much you're ordering and what your inventory status is, reports **Wesley Gilliland**, administrator of Fish Pond Medical Plaza, which includes Fish Pond Surgery Center, in Waco, TX. Gilliland's current computer system can't track such information. His e-commerce site, however, can go as far as to break down his ordering into cost centers.

"You have the ability to track: How much orthopedic supplies and equipment am I ordering compared to urology? What are my cost volumes there?" he says. "By having those cost centers, I can take that information, apply it against what I'm earning in those areas, and so determine which areas are being the most profitable for the center."

You can accomplish those same goals by tracking information by hand, Gilliland acknowledges, "but you can imagine how much longer it will take."

Also, vendors often are willing to provide you with this information, but it takes several days, he points out. "With esurg, I can go on-line, set up reporting in a way that they way I want it, and have it in a matter of minutes, Gilliland says. "I can change the way it's set up, so I can manipulate the reports so the data are organized in a way that works for me."

With other companies, if the information isn't organized in a helpful way, the company has to run an entirely new report, which takes additional time, he says.

The e-commerce company provides valuable information when it's time to renegotiate prices with your vendor, says **Erin Duffy**, RN, director of the Ambulatory Surgery Center of Greater New York in Bronx. "The price, the quantity, how much you've ordered is right there in front of you," she says.

When Gilliland's center opened last fall, it joined a national buying group. He has been dissatisfied with the pricing and the service.

"You don't know the price of items you've ordered," he says. "You may think it's one price, but when it comes in, there's been a cost increase. You see it when you get the bill." In comparison, e-commerce provides the cost of the item on the screen, Gilliland says.

An advantages with e-commerce is that ordering can be handled by a clerk, which automatically reduces your cost when compared to the cost of having a nurse handle the purchasing, Duffy reports.

If a question arises, the clerk or manager can contact the vendor representative directly, she says. "You just make sure the clerk is overseen by someone who knows the surgery schedule and the needs of surgeons — but that's a quick glance," Duffy says. At a surgery center, managers have to move the high-volume surgeons and the nurses, who are your highest expense, in and out, Duffy says. "A clerk can stay at the end and finish up orders," she says.

As a caveat, some sources say there might be a potential drawback to ordering on-line, at least initially. In some cases, you might have to pay for the production of the item, the cost of the distributor, plus the additional cost of having a third party: the e-commerce company.

"I think that is a potential downside," Gilliland acknowledges. However, in many cases, the e-commerce company is working directly with the manufacturer, so there's not an additional level of charge, he says. ■

Eye Institute. Eickelberger orders approximately 15% of her facility's supplies and equipment from suppleye.com.

Shipping options range from overnight delivery to standard ground delivery. Facilities that order in large enough volumes sometimes can avoid any shipping charges, even with overnight delivery, sources report.

Managers at smaller facilities, who often feel as if they're on the bottom of the purchasing totem pole when competing with large hospital systems, have found some e-commerce companies are geared toward meeting their particular supply and equipment needs. Purchasing on-line usually involves no fees or contracts. **(See more on advantages, above.)**

To begin on-line ordering, start with your current vendors, Duffy suggests. Ask them whether they deal with an on-line company, she says. "I don't want to go on-line to six different companies," Duffy says. "I can't spend all of my time on the computer."

Consider these additional suggestions:

- **Ask what the company can do for you.**

Remember that the e-commerce company is a service for you, Duffy points out. Write down the problems you're currently experiencing with purchasing, but don't give the vendors your list. "Not to put them on the defensive, but ask, 'What can you do for me?'" she suggests. See if the vendors addresses your problem areas as you converse, she suggests. "Go company by company,"

SOURCES

For more information on using the Internet to order equipment and supplies, contact:

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she advises. "See if they can help you."

• **Tell your e-commerce company what supplies and equipment you need that it doesn't have available on-line.**

Most of the sources interviewed by *SDS* select one Internet site to order from. It's most convenient when you can do one-site shopping, they report.

Call or e-mail the customer service department at your e-commerce company when you're unable to purchase certain items from the web site, Gilliland suggests. "[It will] put it on the priority list to try to get it in the future," he says.

• **Keep communicating face-to-face with your vendors.**

Keeping in direct touch with your vendors is important for several reasons, sources report. When using some web sites, you still negotiate the price face-to-face with your vendor rep. The e-commerce site receives your negotiated price from the vendor. You should double-check to ensure your negotiated price is listed on the order and the bill, Duffy suggests.

And price isn't the only reason for keeping in touch with your vendor reps. You need to keep abreast of technology changes, particularly in fields such as ophthalmology where there has been a rapid introduction of new lenses and other technology, Duffy says.

• **Pick the right employees to handle on-line ordering, and train them.**

Your staff have always picked up the phone to make orders, Gilliland points out. Train them about the advantages of ordering on-line; they can click and be done, he says.

"You can print a sheet of what you just ordered and have confirmation in a file," he points out. "You can check it off when it arrives."

Be sure to pick employees who are comfortable working on the Internet, Gilliland suggests. Some e-commerce companies will provide Internet training for your staff, he says. The training from esurg covered not only how to order from that site, but how the Internet works, Gilliland says. There was no charge for the training, he adds.

Some employees may balk and say that you're just adding another person to the ordering process, Gilliland warns.

"But in reality, you're taking a step toward getting a single vendor to order supplies from," he says. "If they will transition into something new like this, even if initially they only have 50% of their orders on a web site, you will save time and energy on that 50%." ■

Same-Day Surgery Manager

Why do we need to respond to alarms?

By **Stephen W. Earnhart**, MS
President and CEO
Earnhart & Associates
Dallas

It is 3 a.m. when your phone rings. For many of us, our first thoughts are, "Where are the kids?" Nothing good ever comes from a phone call in the middle of the night. Hesitantly you answer the phone, only to hear that it is the security company letting you know that your surgery center's or department's alarm system is going off and you need to go down and meet the police.

How often has this happened to you? After discussing it with management personnel around the country and through my own personal experience, the answer is too much.

You arrive at the facility, tired and scared and unknowingly putting your own life at risk just by going to the facility. If you are lucky, the police

will be there and escort you into the building. If you are unlucky, they already will be in the center looking for the prowler. One administrator from Indiana experienced this situation when he was tearing into the center, only to have an officer stick a pistol in his face because he thought he was the intruder.

In my experience, you have two types of responses by the police to these types of break-ins: It is either the lazy, stifling-a-yawn attitude that it is just another drug addict and "let's turn off the alarm and go back to work," or the type who say "let's take fingerprints off everything and keep you at the center for three hours until we find something cool." Neither type is attractive.

How many times do we have to risk our lives responding to "alarms" in the middle of the night? It is time to stop this practice. Rarely do these alarms mean anything. Most of them are false, and the ones that are genuine — I'm sorry, but those are the ones I most definitely want to stay away from. Am I supposed to accost the intruder and threaten him with arrest? I think not.

There is no "code" or regulation that requires our facilities to be externally monitored — so why are we doing it? You might say there could be some benefit to having alarms, such as they reduce damage caused by vandals and the amount of drugs a thief will take if the alarm sounds. However, I do not wish to risk the life of one of our administrators or staff personnel to catch an agitated drug addict in the process of stealing narcotics. Compare the value of your narcotics in the center against the risk to the person responding to the alarm either through physical danger with the intruder or driving in the middle of the night, still groggy from being awakened.

There are a rash of narcotic thefts going on in surgical departments and surgery centers, but many of these are traced back to inside jobs or to people who have knowledge of the facility.

To address these thefts, I suggest you do the following: Go to Radio Shack and buy dummy security cameras. They look exactly like the real thing and even have a cable that connects to the wall. Mounted up on the wall, the blinking red light indicates that they are recording every event they see in the area. Complete the illusion with a card that reads, "These Premises Protected by Off-site Video Recording." Do not tell your staff they are dummy cameras, and no one will ever know. Or for about $50 per month, you can get the real thing, but why bother?

Here is another idea to consider: Take down your "Medication Room — We have lots of narcotics in here" sign and replace it with "Soiled Utility" and stick a "Biohazard" symbol on the door. Complete the deception by placing your "Medication Room" sticker on the soiled linen room door. Confuse them. If you do both, you cover the insider break-ins by "videotaping" the area, and you remove your advertising to the drug addict looking for quick drugs. With proper orientation and required staff meetings, staff will be adequately trained about where to find the medications.

Steps to take when you have a drug theft are different for each facility, but here is an overview of what should occur:

- "QA" the incident. Theft reports are good material to address.
- Notify your medical director and consulting pharmacist upon discovery. (Note regarding "upon discovery": If you don't externally monitor your facility, you don't need to get up in the middle of the night and waste your time.)
- Notify the security department if the facility has one.
- Report the incident to the local police department, which will do some type of investigation and probably take statements (at a reasonable time).
- Change locks on all narcotic boxes, the lock on the PACU med room door, and the lock on the anesthesia workroom door.
- Restrict who has access to keys.
- Reevaluate getting an automated dispensing system for sign-out of keys, etc.
- Have the required report issued to the Drug Enforcement Administration in Washington, DC, detailing the theft, names and amounts of drugs, and detailed measures taken to prevent future occurrence as outlined above. **(See information in resource box, below, about how to access the form on-line. Also, see copy of form enclosed in this issue.)**

RESOURCE

The *DEA Form 106* (*Report of Theft or Loss of Controlled Substances*) is in PDF format available to print on your printer. You may complete it by hand, sign it, and mail it to the nearest office of the Drug Enforcement Administration (DEA). A copy is enclosed in this issue. The form also can be printed from the DEA web site: www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html.

The bottom line is that the $300 to $400 worth of drugs in your center have a street value of about $50,000. You do not want to get in harm's way by accosting addicts or dealers. Let them take what they want. Drugs can be replaced — you cannot.

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Monitor competency with education

Here are tips to reduce medical errors

(Editor's note: This is the second of a two-part series on improving patient safety. In last month's issue, we addressed the new emphasis from the Joint Commission on Accreditation of Healthcare Organizations, professional associations, and government groups. We also told you about new guidelines on correct site surgery. This month, we give you tips on how to use documentation and education to reduce medical errors.)

To reduce medical errors, provide free on-site clinical education, suggests **Claire C. Yoder**, BSN, JD, consultant and partner for Vanot Consulting, Risk Management Services in Highland Village, TX. Yoder spoke at the recent meeting of the Association of periOperative Registered Nurses on the topic, Medical Errors: System Solutions for Ambulatory Care.

Education is a way of involving people in their work more seriously, because same-day surgery "is more serious work than putting out widgets in a factor, frankly," Yoder says. Physicians and nurses should study the same topics so they can work together better as a team, she says. "To leave a physician free to take a [continuing medical education course] on something that doesn't affect his or her everyday practice doesn't give you a good idea of their competency," Yoder adds.

Orientation should put more emphasis on risk factors for patients, she advises. "It can be alarming and frightening, but someone once said, 'Fear works,'" Yoder says. Include statistics, she adds. For current staff, hold "what-if" workshops that allow staff to practice clinical disasters, such as a sudden drop in blood pressure with no backup. "They need more contingency training," Yoder says. "There's no reason in the world they shouldn't be prepared for anything that could happen."

Education is particularly important when it comes to new procedures and technologies, which are frequent in outpatient surgery, explains **Lee Swanstrom**, MD, clinical professor of surgery at Oregon Health Sciences University and director of the department of minimally invasive surgery at Legacy Health System, both in Portland.

Before staff at Legacy Health System perform a new procedure or use a new technology, the physicians and nurses do some "practice runs" in a laboratory to ensure the team is working well together and being safe. The credentialing criteria require that physicians must be proctored for the first three cases.

Include nurses in the entire education process, Swanstrom emphasizes. "They're key in learning a new procedures," he says. "If they're dropped into a new process and they don't know what's going on, it's potentially dangerous for a patient." ■

EXECUTIVE SUMMARY

To reduce medical errors, provide free on-site clinical education, risk management experts suggest.

- Physicians and nurses should study the same topics to enhance teamwork.
- Include contingency training.
- Address risk factors for patients in your orientation program.
- Perform "practice runs" of new procedures.

Don't just simply 'follow the form'

Thorough documentation needed to assess patients

A nurse was conducting a preoperative assessment of a Vietnamese patient. For race, the form had three choices: White, African-American, and Hispanic. The nurse checked "White."

Because staff were not alerted to his correct race, they didn't think to question whether the patient might have a background health condition. Unfortunately, that patient had hepatitis, which is two-thirds more common in Southeast Asian patients, says **Claire C. Yoder**, BSN, JD,

consultant and partner for Vanot Consulting, Risk Management Services, in Highland Village, TX. "I don't think the [health care] system should encourage people to follow a form and make it work," Yoder says.

Forms such as the one mentioned above limit the range of choices for practitioners and limit the possibility that they'll check the diagnosis or properly assess the patient, she says.

In the effort to reduce documentation, some facilities have reduced the history and physical (H&P) to a bare-bones document that lacks the patient information, which nurses need for assessment, says **Althea Dunscombe**, RN, PhD, CRNFA, staff nurse at the Cleveland Clinic in Naples, FL. "We're making an extra effort to talk to the physicians when we don't feel we don't have adequate H&Ps on patients to find out more about them," she says.

Physicians often think that as long as they know the patient's background, a brief documentation for the nurses is sufficient, she says. However, "we're responsible for patient care and patient safety," Dunscombe says. "That lack of information makes our job very difficult."

To avoid medical errors, don't allow clerical staff to collect lab or X-ray reports, Yoder suggests. Organizations that are responsible for lives, such as the National Aeronautics and Space Administration, normally do not put unit clerks in charge of critical pieces of information, Yoder points out.

"You probably should not have that going on in your system," she advises. ■

Why are other programs growing faster than yours?

Cash flow, contracting, staff incentives are keys

EXECUTIVE SUMMARY

The truest measurement of your program's success is its ability to pay the bills, meet payroll, and stay in business.

- Cash flow is critical, so stay on top of collections.
- Expenses can only be cut so much, so look for ways to increase new revenue.
- The staff must realize the physician is the customer and the same-day surgery program is an extension of the physician's office practice.
- Staff members are likely to have a vested interest in the surgery program's success when a good incentive program is in place.

How do you know if your same-day surgery program is successful? Number of procedures? Physician satisfaction? Growing number of managed care contracts? Net revenue? Staff or patient satisfaction?

However you measure success, the bottom line is the same: You have to make money to keep your employees working and your program open.

"Cash is king," says **Robert J. Zasa**, principal at Woodrum / ASD, a Pasadena, CA-based firm that manages and develops ambulatory surgery centers. Once a same-day surgery manager understands this concept and knows how to make sure the program generates enough cash flow to handle the needs of the program, success will be attained, he adds.

A real problem for most same-day surgery managers is a lack of training that focuses on the business side of surgery programs, says Zasa. "We have health care executives who are excellent at providing quality care, overseeing good clinical practices, and handling personnel matters, but we haven't done a good job to make sure our managers and executives have a business orientation," he explains.

Because most glitches in a same-day surgery program's profitability are not usually clinical problems, the manager must be able to focus on the business side of ambulatory surgery, Zasa says. One of the most obvious mistakes made in an SDS program is that managers will set budgets, but they don't look at monthly cash flow, he says.

"A manager needs to look at collections and creation of new revenue to make sure cash is coming into the business," he explains. "You can only cut so many expenses, so the only way to increase your profits is to find new revenue." Ways to create new revenue include:

- Keep your current surgeons happy so they continue bringing their patients to your program.
- Recruit new physicians.
- Develop new programs that may tie in with recruitment of new physicians.
- Manage your contracts effectively.
- Monitor collections on a regular basis.

Know which managed care companies are paying in a timely manner as you renegotiate

Tips you can follow for successful contracting

Don't assume that because you are participating in every managed care program in your market, you are guaranteed a steady, profitable stream of patients. In fact, one of the more important parts of any manager's jobs is to continually review those contracts to see if you really are making money, says **Robert J. Zasa**, FACMPE, principal for Woodrum/ASD, a Pasadena, CA-based firm that manages and develops ambulatory surgery centers.

Look at the patients and reimbursement for three months before contracts are due for renewal, says Zasa. "In addition to the payment timeframe, look at what you get paid for procedures, as well as the volume of business you receive from the insurer," he suggests.

Although Zasa recommends contracting with many managed care companies if you are just starting a new same-day surgery center, he also points out that it is acceptable to cancel contracts if you don't see a financial justification to continue the relationship. If the volume is low, you might be better off canceling the contract and receiving the nonparticipation fee for those patients, he says. By evaluating the data well before the renewal date, you give yourself time to analyze the information and make your decision, he adds.

Woodrum/ASD's programs generally cancel about one-half of the contracts over time as the programs grow and managers can see patterns that demonstrate which managed care companies provide the greatest volume or the best reimbursement, says Zasa.

"In fact, our 10 freestanding surgery centers in California ceased participation in a number of contracts that we considered bad for our business, and their net revenue increased by 15%," Zasa says. ■

contracts, Zasa explains. Specify a payment timeframe in your original contract, and determine if the managed care company is meeting that timeframe, he suggests.

Contracting is an important part of any manager's job, says Zasa. "It is not always beneficial to participate in a managed care program, but a manager has to evaluate information and know [his or her] market in order to determine which contracts are good and which are not," he says. **(For contracting tips, see story, above.)**

Monitor physician satisfaction, advises **Tracey E. Carrigan**, RN, BSN, CNOR, administrator of the Texas Midwest Surgical Center in Abilene, TX. Carrigan's center opened in early 2000, and the surgeons working in the center are very happy, she says.

Even though the physicians are investors, however, it does not automatically mean they are performing all of their same-day surgeries at Texas Midwest, she point out.

"If I notice a physician who is not posting many cases, I'll talk with him or her to find out the reason," says Carrigan. Sometimes the physician is allowing his or her office staff to post cases. Those staff members simply schedule at the hospital as they've done before, and the physician doesn't realize the surgery center isn't being considered, she says. Other reasons include patient preference or insurance restrictions.

"As we increase the number of managed care contracts in which we participate, we tell the surgeons in meetings and through memos. This helps eliminate insurance restrictions as a reason not to use our program," she says.

For a same-day surgery program to succeed, surgeons have to think of it as an extension of their practices, says Zasa.

"The surgery program must be convenient and comfortable with staff who are dedicated to helping the physician," he says. "Successful same-day surgery programs have top-quality staff who are committed to excellent patient care, but also realize that their real customer is the surgeon. Without the physicians, there will be no patients who need care and no same-day surgery program in which to work."

Ownership, actual or philosophical, is another key to success, Carrigan says "I and my clinical director were hired when the surgery center was a concrete slab, so we think of the center as our child, and we want it to succeed," she explains.

All staff members have a vested interest in the success of the center because everyone, not just managers, receive bonuses tied to achievement of goals, says Carrigan.

Incentive programs make employees more willing to take responsibility for the success of a surgery program, points out **Charles Logan**, RN, executive director of St. Mary's Ambulatory Surgery Center in Knoxville, TN. **(See story on incentive programs, p. 69.)**

Another priority should be to manage collections, says Zasa. "Don't blithely wait for 90-day accounts receivable reports," he says.

"Managers should receive weekly collection reports that allow them to identify potential

SOURCES

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problems," Zasa advises. **(For information on improving collections, look for a future story in *Same-Day Surgery*.)** ■

Incentives increase staff commitment to success

Bonus and award programs have long been a part of corporate America's strategy to develop enthusiastic, innovative, and loyal employees, but now same-day surgery programs are using incentive programs as an effective way to improve service to patients and physicians.

Incentive programs give employees a sense of ownership that empowers them to go beyond the traditional thinking that only managers and administrators make important decisions, says **Charles Logan**, RN, executive director of St. Mary's Ambulatory Surgery Center in Knoxville, TN.

"Our philosophy is that we have taken the word 'no' out of our vocabulary," says Logan. "If a surgeon asks a employee to do something that varies from our regular routine, such as scheduling a procedure at a different time or using a different vendor's equipment, the staff member does not automatically say no. If the employee doesn't feel comfortable making the decision to go ahead with the change, he or she can say, 'We can probably do this; let me check,'" he explains.

If you do have an incentive program, be sure to communicate your program's progress to staff members on a regular basis, says **Robert J. Zasa**, FACMPE, principal, Woodrum/ASD, a Pasadena, CA-based firm that manages and develops ambulatory surgery centers.

"It is hard to ask people to shoot at a target and not show them the target," he points out. He recommends monthly meetings at which you share all information with all staff and physicians.

"Some organizations select information to share with different groups based upon what they can affect, but we share it all because everyone works as a team," he explains.

Logan agrees with the team concept and points out, "I have heard nurses suggest to surgeons ways to improve upon processes. We work together as peers who all have a vested interest in improving our service and our bottom line."

St. Mary's incentive program is a quarterly monetary bonus based upon the same-day surgery program's overall performance in areas such as number of cases, supply costs, and patient and physician satisfaction, says Logan. The amount of incentives are based upon the percentage of the goals achieved and can vary from quarter to quarter, he adds. ■

Ask: 'Why are we doing it this way?'

Cut turnover time by questioning your processes

As same-day surgery managers look for ways to improve efficiency and decrease the cost of performing different procedures, the solutions are often a matter at looking at what you do and asking why it has to be done that way.

"We used to make the anesthesiologist keep the patient in the hallway until the scrub nurse had the room completely ready," says **Lynne McGrath**, RN, BSN, patient care manager of the operating room and post-anesthesia care unit at Bryn Mawr (PA) Hospital. "Now we look at the activities as parallel processes that can be done at the same time without compromising patient care."

The result? An average reduction in turnover time of 10 to 15 minutes, she says.

Scrub nurses kept the anesthesiologist and the patient outside the operating room because they thought that too many activities going on at one time would prevent them from getting the room ready for the surgeon, explains McGrath. The reality is that when the anesthesiologist was told

EXECUTIVE SUMMARY

Reducing turnover time is one way same-day surgery managers can make sure their program is efficient and cost-effective. Finding ways to accomplish turnover time reduction means evaluating processes and planning ahead.

- Patients don't have to wait in hallway with anesthesiologist until room is completely ready.
- Streamline procedure kits by including instruments that are used more than 70% of the time.
- Designate a staff member to look at next day's schedule to evaluate instrument and supply needs.
- Cross-train employees who can help with different aspects of setup and cleanup.

the patient couldn't enter the room, he or she would go off to do something else, and there could be a delay when the room was ready while the staff found the anesthesiologist, she explains.

Now, the scrub nurse is gowned and gloved, and he or she continues setting up while the anesthesiologist brings the patient into the OR, she says. Setup itself has been simplified as a result of a project that streamlined kits for different procedures, McGrath says.

"We reviewed the amount of time and number of instruments used in different procedures, then looked at our kits to see if we were setting up instruments that were unlikely to be needed," says McGrath. "If we never used a particular retractor or if we used it less than 70% of the time, we took it out of the kit," she says.

If the procedure was to be performed by a surgeon that uses an instrument not included in the kit, the nurse simply picks up the extra instrument, she adds. The need for an extra instrument occurs infrequently enough that the streamlined kits make setting up easier and faster, she says.

Sometimes reduction of turnover time starts the afternoon before surgery, says **Jon Carter**, OR business manager at Danville (VA) Regional Medical Center.

"We used to focus only on the day of surgery, but we now have one person who is responsible for looking at the next day's posted cases to make sure we have the instruments and equipment we need," he says. "For example, if there are six laparoscopic cholecystectomies scheduled, we know that we'll need extra hand pieces. If there are not enough instruments available, we have time before surgery to get an old scalpel looked at and prepared by biomedical engineering."

That situation on the day of surgery means delayed procedures that tie up staff, physicians, and patients needlessly, he adds. You also should evaluate the type of cases you do frequently and make sure you have enough instruments to handle the volume, Carter says. "We do [more than] 250 tonsillectomies each year, so we purchased six sets of instruments for the procedure. This means we can do a number of cases without having to flash the instruments between cases," he says.

Reducing turnover time is important at Danville Medical Center's same-day surgery program because staff have seen a 16% increase in volume over the past three years, says Carter. Using quality assurance teams that include a variety of staff members to look at turnover times has proven beneficial, he says.

"The nonclinical people add just as much to our improvement as clinical people," he adds. "We had one housekeeping employee ask why every operating room was wet vacuumed after every procedure. Now, we use a mop and change the mop head between cases," he says.

Cross-training employees helps with turnover time, says McGrath. Her operating room assistants that serve as orderlies are also trained to scrub and hold retractors. Another classification of operating room assistants serve as anesthesia techs who can scrub, hold retractors, and help the anesthesiologist clean the room, she explains.

"This helps with turnover time because you have more people who are in the operating room to help prepare and clean," she adds.

Another key to reduction of turnover time is to continually talk about it, says Carter. "We post turnover times, talk about them in our staff meetings, and have pizza parties to celebrate reductions," he says. Everyone in his same-day surgery program is committed to reducing turnover times, he says, and they remind each other of progress they make or suggest new ideas that will help.

SOURCES

For more information about reducing turnover times, contact:

- **Lynne McGrath**, RN, BSN, Patient Care Manager, Operating Room and PACU, Bryn Mawr Hospital, 130 Bryn Mawr Ave., Bryn Mawr, PA 19010. E-mail: mcgrath1@mlhs.org.
- **Jon Carter**, OR Business Manager, Danville Regional Medical, 142 S. Main St., Danville, VA 24541. Telephone: (804) 799-2242. E-mail: carterj@drmc.drhsi.org.

"It's the same as reminding your children to brush their teeth," Carter says. "You tell them to do it every day because it is important to their health. Turnover times are important to our financial health in same-day surgery." ■

Managing change requires creativity and networking

(Editor's note: This is the second of a two-part series on the future of same-day surgery. In last month's issue, we helped prepare you for future challenges, including reimbursement, staffing, and technology. In this month's issue, we offer you tips on managing change.)

Once you've accepted the inevitable fact that change is a constant in same-day surgery, you are ready to move on to the challenge of preparing for and managing change, says **Kay Ball**, RN, MSA, CNOR, perioperative consultant for K&D Medical, a surgical consulting and educational firm in Lewis Center, OH.

Education is important for every same-day surgery manager, says Ball. "Finding a mentor, reading books, attending classes, and networking with peers in other settings are all important ways to stay up to date on what is happening in the field," she says.

Staying up to date means knowing about health care in general, as well as same-day surgery specifically, Ball points out. "Look at your program's place within the whole health care industry and be able to identify trends in other parts of health care that might affect same-day surgery," she says.

For example, she asks, with the increased emphasis on preventative care, does that mean fewer herniated discs to repair and more breast lesions to dissect? If you know what is happening throughout health care, you won't be caught unaware when changes happen within same-day surgery, she adds.

Same-day surgery managers do need to keep their eyes and ears open, agrees **Beth Derby**, RN, MBA, executive vice president, Health Resources International, a West Hartford, CT-based management and consulting firm for ambulatory surgery centers. "While many same-day surgery centers may be specialty organizations, we can't be insulated from what is happening in our community

CE objectives

After reading this issue, the continuing education participant will be able to:

• Identify clinical, managerial, regulatory, or social issues relating to ambulatory surgery care and management.

• Describe how those issues affect nursing service delivery or management of a facility.

• Cite practical solutions to problems or integrate information into their daily practices, according to advice from nationally recognized ambulatory surgery experts. **(See, "Ask: 'Why are we doing it this way?'")** ■

Same-Day Surgery® (ISSN 0190-5066) is published monthly by American Health Consultants®, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Same-Day Surgery**®, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcpub.com). Hours of operation: 8:30 a.m. to 6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A., one year (12 issues), $499. Outside U.S.A., add $30 per year, total prepaid in U.S. funds. Two to nine additional copies, $399 per year; 10 to 20 additional copies, $299 per year; for more than 20, call (800) 688-2421. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $83 each. (GST registration number R128870672.)

This continuing education offering is sponsored by American Health Consultants, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing. Provider Number CEP 10864. Approximately 20 nursing contact hours.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

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Editorial Questions

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as well as other areas," she says. "A manager needs to be inquisitive and gather information in order to make good decisions."

Creativity will be another component of a successful same-day surgery program, says Ball.

"When a problem is identified, everyone on the same-day surgery staff has to find a solution," she says. "Don't be afraid to ask 'what if' when looking for solutions."

Managers should be willing to come up with ideas that haven't been tried before because you will be dealing with challenges that haven't been dealt with before, Ball says.

Perhaps the biggest challenge of managing change will be doing so without compromising the personal service and pleasant atmosphere that have differentiated same-day surgery programs from other health care services, says Derby.

"Our patients, physicians, and payers expect personal attention, cost-efficient service, and pleasant environments," she says. "These are factors that have made same-day surgery programs successful, and we can't lose sight of them." ■

U.S. Department of Justice
Drug Enforcement Administration

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (include ZIP Code)

ZIP CODE

2. Phone No. (Include Area Code)

3. DEA Registration Number
2 ltr. prefix | 7 digit suffix

4. Date of Theft or Loss

5. Principal Business of Registrant (Check one)
1 ☐ Pharmacy
2 ☐ Practitioner
3 ☐ Manufacturer
4 ☐ Hospital/Clinic
5 ☐ Distributor
6 ☐ Methadone Program
7 ☐ Other (Specify)

6. County in which Registrant is located

7. Was Theft reported to Police?
☐ Yes ☐ No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Registrant has experienced in the past 24 months

10. Type of Theft or Loss (Check one and complete items below as appropriate)
1 ☐ Night break-in
2 ☐ Armed robbery
3 ☐ Employee pilferage
4 ☐ Customer theft
5 ☐ Other (Explain)
6 ☐ Lost in transit (Complete Item 14)

11. If Armed Robbery, was anyone:
Killed? ☐ No ☐ Yes (How many) _____
Injured? ☐ No ☐ Yes (How many) _____

12. Purchase value to registrant of Controlled Substances taken?
$

13. Were any pharmaceuticals or merchandise taken?
☐ No ☐ Yes (Est. Value)
$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?
☐ Yes ☐ No

E. If received, did it appear to be tampered with?
☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?
☐ No ☐ Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

DEA Form - 106
(Dec. 1985)

Previous edition dated 03/83 is OBSOLETE

CONTINUE ON REVERSE

DEA-106 (Dec. 1985) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	**Methamphetamine Hydrochloride**	**5 mg Tablets**	**3 x 100**
Demerol	**Meperidine Hydrochloride**	**50 mg/ml Vial**	**5 x 30 ml**
Robitussin A-C	**Codeine Phosphate**	**2 mg/cc Liquid**	**12 Pints**
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

Source: U.S. Department of Justice, Drug Enforcement Administration, Washington, D.C. Web: http://www.deadiversion.usdoj.gov/21cfr_reports/theft/106.pdf.

Confidential Salary Survey

This confidential salary survey is being conducted to gather information for a special report later in the year. Watch in coming months for your issue detailing the results of this salary survey and the overall state of employment in your field.

Instructions: Please answer each question as accurately as possible. If you are unsure of how to answer any question, use your best judgment. Your responses will be strictly confidential. Do not put your name or any other identifying information on this survey. Mark your answers by circling the appropriate item on the questionnaire. Mark only one answer for each question. In some cases, you will need to write in your answer. When you have answered all the questions, please return the survey in the enclosed postage-paid envelope.

1. What is your current title?
   A. Director/CEO
   B. Administrator
   C. Ambulatory Surgery Manager
   D. Nurse Manager
   E. Other

2. Please indicate your highest degree.
   A. LPN
   B. ADN (2-year)
   C. Diploma (3-year)
   D. BSN
   E. MSN
   F. MS
   G. Master's-other
   H. PhD
   I. MD
   J. Other

3. Including your past and present employers, how long have you worked in positions with the same or similar responsibilities as your current position(s)?
   A. less than 1 year
   B. 1 to 3 years
   C. 4 to 6 years
   D. 7 to 9 years
   E. 10 to 12 years
   F. 13 to 15 years
   G. 16 to 18 years
   H. 19 to 21 years
   I. 22 to 24 years
   J. 25 or more years

4. Including your present and past employers, how long have you worked in the health care field?
   A. less than 1 year
   B. 1 to 3 years
   C. 4 to 6 years
   D. 7 to 9 years
   E. 10 to 12 years
   F. 13 to 15 years
   G. 16 to 18 years
   H. 19 to 21 years
   I. 22 to 24 years
   J. 25 or more years

5. What is your age?
   A. 25 years or younger
   B. 26 to 30 years
   C. 31 to 35 years
   D. 36 to 40 years
   E. 41 to 45 years
   F. 46 to 50 years
   G. 51 to 55 years
   H. 56 to 60 years
   I. 61 to 65 years
   J. 66 years or older

6. What is your sex?
   A. Male
   B. Female

7. Please indicate your annual gross income from your primary health care position. Please exclude additional income from teaching, consulting, bonuses, etc. To answer this question, find the correct salary range and circle the corresponding letter.
   A. less than $30,000
   B. $30,000 to $34,999
   C. $35,000 to $39,999
   D. $40,000 to $44,999
   E. $45,000 to $49,999
   F. $50,000 to $54,999
   G. $55,000 to $59,999
   H. $60,000 to $64,999
   I. $65,000 to $69,999
   J. $70,000 to $74,999
   K. $75,000 to $79,999
   L. $80,000 to $84,999
   M. $85,000 to $89,999
   N. $90,000 to $94,999
   O. $95,000 to $99,999
   P. $100,000 to $104,999
   Q. $105,000 to $109,999
   R. $110,000 or more

8. If you or your company charges clients by the hour, please indicate the hourly amount. If you do not charge by the hour, please circle answer I.
   A. less than $30
   B. $31 - $50
   C. $51 - $70
   D. $71 - $90
   E. $91 - $110
   F. $111 - $130
   G. $131 - $150
   H. $151 or more
   I. do not charge by the hour

9. On average, how many hours a week do you actually work? (Regular hours plus overtime, regardless of whether you're paid extra for it.)
   A. fewer than 20 hours/week
   B. 20 - 30 hours/week
   C. 31 - 40 hours/week
   D. 41 - 45 hours/week
   E. 46 - 50 hours/week
   F. 51 - 55 hours/week
   G. 56 - 60 hours/week
   H. 61 - 65 hours/week
   I. more than 65 hours/week

10. In the past 12 months, how has your salary or income increased or decreased?
   A. salary or income has decreased
   B. no change
   C. 1% - 3% increase
   D. 4% - 6% increase
   E. 7% - 10% increase
   F. 11% - 15% increase
   G. 16% - 20% increase
   H. 21% or more increase

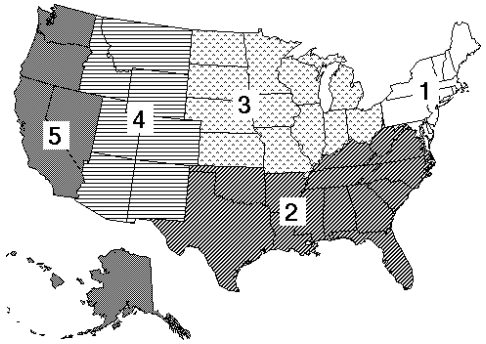
11. In the past 12 months, how has the number of employees in your company or department changed?
   A. increased
   B. decreased
   C. no change

Please rate the following benefits according to how important they are in determining your job satisfaction. Use the following scale, and write in the appropriate letter next to the listed benefit. Be sure to indicate the benefit's importance only if your employer currently provides that benefit to you. If your employer does not currently provide that benefit, or if your company has no benefits, write in E.
A. extremely important; B. important; C. somewhat important; D. not very important; E. benefit not provided to me

12. medical coverage
13. dental coverage
14. eyecare coverage
15. life insurance
16. 401k or other savings plan
17. child care
18. tuition reimbursement (including continuing education credits)
19. pension plan
20. profit-sharing plan
21. annual or semi-annual bonus
22. elder care
23. maternal/paternal leave
24. some freedom to choose work schedule
25. exercise facilities or health club membership

26. Over the last 12 months, has your contribution to the cost of your medical benefits increased, decreased, or stayed the same? (Don't include deductibles or copayments. If you don't contribute to your medical plan or don't receive medical benefits through your job, please circle either D or E.)
   A. increased
   B. decreased
   C. no change
   D. I don't receive medical benefits.
   E. I don't contribute to my plan.

27. Using the map provided here, please indicate where your employer is located by circling the corresponding letter.
   A. region 1
   B. region 2
   C. region 3
   D. region 4
   E. region 5
   F. Canada
   G. other



28. Which of the following best describes the location of your work?
   A. urban (within a large city)
   B. suburban (in a community within a metropolitan area dominated by a large city)
   C. medium-sized community
   D. rural

29. Which of the following best describes the ownership or control of your employer?
   A. college or university
   B. federal government (VA, military, and federal agencies)
   C. state, county, or city government
   D. nonprofit (church-operated, volunteer, etc.)
   E. for profit (individual, private practice, corporation, etc.)

30. Which of the following best categorizes the work environment of your employer? Choose only one answer.
   A. hospital-based
   B. freestanding, hospital-affiliated
   C. freestanding, independent
   D. freestanding, part of chain
   E. office-based

31. If you work in a hospital, what is its size? (If you don't work in a hospital, please circle J.)
   A. < 100 beds
   B. 100 - 200 beds
   C. 201 - 300 beds
   D. 301 - 400 beds
   E. 401 - 500 beds
   F. 501 - 600 beds
   G. 601 - 800 beds
   H. 801 - 1,000 beds
   I. > 1,000 beds
   J. I don't work in a hospital.

Thank you very much for your time. The results of the survey will be reported in an upcoming issue of the newsletter, along with an analysis of the economic state of your field. Please return the answer sheet in the enclosed, postage-paid envelope as soon as possible. If the envelope is not available, mail the answer sheet to: Salary Survey, American Health Consultants, P.O. Box 740058, Atlanta, GA 30374.

PLEASE return your survey by July 15.