Clinical Expert Panel

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Disclosure
Regina Boore is the Principal/CEO or Progressive Surgical Solutions, LLC.

A CHALLENGE you successfully overcame in your facility.

Femtosecond Laser Location

OPTIONS:
• Leave in the operating room
  • Lose an OR since it needs to be available for multiple surgeons
  • Takes up space
  • Can’t clean adequately under machine
  • Machine is noisy and can be heard in adjacent rooms
• In separate room
  • Access to OR
  • Lose office space
  • We decided to put it in a separate room outside the OR

Femtosecond Laser

• Implementation of femtosecond cataract surgery in an ASC with no space to accommodate the unit
• Laser placed in separate office area
  • COMPLIANCE
  • PATIENT FLOW
  • STAFFING
  • COMMUNICATION
Patient Scheduling

- Accurate information from the surgeon office
- Other procedures i.e. Femto, Surgeon speed
- Have the cases done at beginning of schedule to allow for time
- Is the surgeon operating from one room or more
- Eventually, the purchase of a second or third unit will prevail

A BEST PRACTICE you have implemented to which you attribute an improvement in operation (quality/safety/efficiency, etc.)

Patient Safety

- The red sleeve eliminates the risk of potential injury for patients with at “risk arms.”
- We use the red sleeve for all patients that should not have their arm used for blood pressures, blood draws or IV’s.
- The sleeve is placed on the arm at time of admission to the pre-op area and alerts all members of the team not to use that arm.
- Patients keep the sleeves and can use them for all medical visits.

Patient Flow

- Busiest surgeon inherits all of the difficult cases within the practice – more physicians added to the practice, providing even more difficult cases from surrounding areas
  - SEVERE PATIENT WAITING ISSUES
  - STAFF FELT RUSHED TO CARE FOR PATIENTS
  - LEFT PATIENTS WITH A POOR EXPERIENCE

- Quality Assessment/Performance Improvement Study performed for period of 3 months
  
  End result: potential difficult cases are reviewed by the staff and planned/scheduled on “difficult cats” days: slower paced arrival times of 20 minute intervals

  Patient flow for normal cataract surgical days allows for our patients to be cared for in an average of 52 minutes (factoring in femtosecond patients and regular cataract patients)
  
  Difficult days are a “mind set” for staff and surgeon with expectations of slow progression
  
  Increased patient satisfaction
  
  Increased staff satisfaction
  
  Increased surgeon’s satisfaction
IOL Errors

1. Whether it is a single or multi room ASC IOL errors are an issue
2. With the increasingly fast pace of the surgical procedures the staff is always looking for ways to be efficient.
3. Once the IOLs are chosen staff will bring the entire selection for the individual surgeon into the room.
4. If the surgeon is working in 2 rooms staff will look ahead and anticipate that they will do every other case and bring #s 1, 3, 5 etc. into the room.
5. Changes in the patient order can be the start of an error.
6. Surgeon can decide to use a different IOL

7. Even though the IOL box will be labeled with the pertinent patient information, “haste will always make waste”!
8. Inevitably the incorrect IOL can be chosen.
9. Policy was written specifying that “the only IOLs brought into the room will be that of the patient on the table at the start of the case.”
10. When the Time Out is performed, the circulating nurse will confirm the IOL with the surgeon and scrub tech using the surgeon order contained in the EMR/chart

Evacuation!

- During a winter snow storm
  - Flood in garage caused power failure.
  - Generator power
    - Entire building was powered by generators.
    - We had our own generator in case there was a need for backup power.
- Fire alarm sounds
  - Evacuated patients with their coats and lots of blankets.
  - Pediatric patient right out of the OR- stayed in PACU. We had an Ambulance available if evacuation became necessary.

Family Emergency

- January 2015, busiest surgeon experienced an urgent family emergency during a very heavy volume surgical day.
- SITUATION:
  - Urgent call from family member to surgeon’s cell between surgical cases
  - 1 patient was in the next OR being prepped for surgery
  - 3 patients in preoperative area with all patients dilated
    - 2 had been given IV sedation with 1 patient having been given a peribulbar block due to language barrier; 1 with IV placed only
  - Patient in the OR proceeded with surgery
  - Call was made to patient services department to call ALL patients to reschedule – Front desk made aware to immediately stop checking in patients
  - Patient that had been blocked was taken to the OR and proceeded with surgery
  - Patient that had IV sedation was allowed to recover with family member and everything explained
  - Patient with IV only had IV discontinued and family member brought back and everything explained
Communicate needs to EMS-911 Operator

Incapacitated Surgeon

- 1) During routine cataract surgery the surgeon became ill
- 2) Experienced light headedness, dizziness and heart palpitations
- 3) Surgeon was moved from the OR table and brought to PACU for observation
- 4) Anesthesia provider managed the surgeon
- 5) Nursing staff assured the patient that there was no reason to be concerned
- 6) Patient remained calm throughout the remainder of the case

- 7) Medical Director was informed of situation, after speaking with patient the surgery was completed without complication
- 8) The surgeon was transferred to the ED via ambulance
- 9) After evaluation it was determined that the surgeon had suffered a rise in BP

BEHAVIOR MODIFICATION
Success

Teamwork

- Great employees in each area of the center
  - Pre-op / PACU
  - Operating Room
  - Business office
- Work as one team
  - Monthly staff meetings as one team and separate departments
  - WOW box- encourages team members to work together by complementing or thanking each other.
  - Surgical Scheduler communicates all additions, cancellations, special orders
    - Stamper to confirm communication on all postings
      - PA1
      - PA2
      - OR
      - Other
- Nurse Manager to work together with all areas of the center
  - Coordinate / communicate with staff and patients family
    - patients are running late
    - Surgery is running late

TEAMWORK
coming together is a beginning
keeping together is progress
working together is success

- Henry Ford
Compliance Education

**PHYSICIAN:**

- **COMPLIANCE EDUCATION** – number one issue for us is paperwork from outside clinics that are not part of our practice. These physicians do not have well-formed compliance teams and therefore need help learning compliance specifics. SHOW “chapter and verse” so they understand the WHY and that these regulations do exist. Currently, we have several potential investors for our new center and the key is to also educate the key clinical personnel (and be engaged in the process WITH them) to appropriately address the issues as they come. This does lead to change and better processes for everyone, which leads to better satisfaction by all parties.

- Provide forms that cover all necessary regulatory items to ensure compliance is met.

**STAFF:**

- **CROSS TRAINING** – when staff members can better understand the individual job roles, they in turn better understand what actions can help make that job position easier. Staff are more apt to be compelled to perform helpful measures to others to provide for the greatest efficiencies.

- Make staff a part of the ongoing processes for improvement. Welcome ideas and new ways at looking at things. Allow them to have a voice.

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**Hand Hygiene**

1) We opened a new Ophthalmic ASC. The center was to undergo both CMS and AAAHC survey.

2) The staff was In-serviced on all aspects of care.

3) Time was taken to ensure that the staff was practicing good Hand Hygiene protocols.

4) The Medical Director and owner of the ASC was included in the Hand Hygiene training, in-services and policy review.

5) Minimal attention was given to the training by the Medical Director.

6) The survey team arrived at the center and observed the staff and surgeon.

7) I was not present for the survey when the surgeon was observed in the OR. He did perform the protocols practiced for Hand Hygiene.

8) While being observed the surveyor commented to the surgeon that his Hand Hygiene technique was very well done.

9) The center passed the survey and the surgeon called to Thank me for the Hand Hygiene reviews.

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**Ask the Expert Questions**

Course Launch: CDC Hand Hygiene Interactive Education.mht