

Efficiency in the ASC

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As healthcare providers, ambulatory surgery centers (ASCs) face many challenges. Rising consumer expectations, advancing technology, increased competition, expanding reg-

ulations, and scarce resources are but a few. Efficient operations have always been key to a successful business. However, in the current climate they can mean the difference between survival and success.

In the past, we compared our operations to the hospital surgical environment and gloated over our relatively superior efficiency. That is no longer the benchmark for ASCs. ASC best practices are clearly established and we are all faced with the difficult task of doing more with less. Leading organizations have demonstrated that it is possible to achieve efficiency without compromising quality. Efficiency becomes a major driver to increase surgeon and patient satisfaction, which in turn increase volume and profitability.

The cost burden associated with Medicare compliance in light of the recently expanded Conditions for Coverage makes it even more critical for ASCs to explore every opportunity to improve their processes. This may appear daunting to those who already operate a “lean, mean machine.” However, the current environment and our relentless commitment to quality compel us to continually scrutinize our operation in search of opportunities for improvement. Surgeons drive patient volume to the facility. The two aspects of the operation over which we have the most direct control are staffing and supplies.

Staffing

The old axiom “time is money” was never truer. Efficient staffing patterns can decrease labor costs. Because labor is typically the single highest line item on the expense ledger, managing your staffing effectively can improve the bottom line, while assuring quality patient care. Utilization of per diem or flexible staff is essential. A small core full- and part-time staff should be complimented by a cadre of well-oriented and trained per diem staff to cover peak days and absences. Here are some options for maximizing staff efficiency.



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1. Consider variable shifts (4-, 6-, 8-, and 10-hour). Seek out a combination of nurses and techs in terms of how much they want to work. Balancing your available staff between some who want and need a regular schedule and others who are not reliant on working regularly is the best of all worlds. For instance, I utilize several RNs who work three 12-hour shifts at the hospital and pick up extra hours at the ASC. If they are not on the schedule that week, it is not the end of the world for them. This allows great flexibility to adjust staffing to meet the needs of the surgery schedule without being “overstaffed” or incurring staff turnover because I cannot offer enough hours.

2. Flex the arrival time of staff to coincide with patient care requirements. For example, the post-anesthesia care unit (PACU) nurse should not be scheduled to start before the first case is in the OR. The pre-op nurse should be floated to PACU or released from her duties as soon as possible after the last patient is taken to the operating room. OR teams should be staggered to support the surgery schedule. If OR 1 starts at 0730 and OR 2 starts at 0830, do not bring both teams in at 0630. Opening and closing procedures should be streamlined and clearly communicated.

3. Effectively manage the surgery schedule. When possible, consolidate rooms. Establish a policy with your board that a minimum of four cases is necessary to open an OR. This not

only justifies bringing in an OR team, but keeps your anesthesia providers happy. Make sure your surgeons give you plenty of advance notice of their absences so you can adjust your staffing accordingly. You should also have a policy on release of block time. There should be some point in time prior to a surgery block at which, if the block is not scheduled, it is released and made available to other surgeons. This allows you to add cases or reduce staffing as appropriate to the schedule.

4. Get your record-keeping system in order. Medical record processes can be a huge drain on the operation and extremely labor intensive. Chart prep in advance of the day of surgery is essential to the efficiency of the surgical encounter. Preprinted medical record forms can save time. Most importantly, make sure the right type of staff member is managing the paper chase. It should be a clerical person rather than an RN. Because your RNs are typically your most expensive personnel, it is important to utilize them for those functions which can only be performed by RNs.

Supplies

If you do not have an inventory management system, which does actual case costing, it is imperative that you do a cost per case analysis at least semi-annually. This should ideally be done based on actual supplies used rather than from a preference card. Frequently used drugs should also be evaluated and put out to bid regularly. I recently did this and was able to re-

duce the expense on my most expensive and highest-volume drugs by 30%. Do not take anything for granted. Continually mind your store, assess your costs, and hound your vendors. Obtain competitive bids on *everything*. To do otherwise is to become a frog in boiling water. Monitor contract expiration dates so bids can be obtained before you fall into an automatic renewal with a vendor. Explore GPO options. Meet with key distributors regularly to explore opportunities for saving and ways to leverage your relationship to your maximum benefit.

Conduct a complete inventory count on a regular basis—at minimum, annually. It is a valuable exercise for the entire staff to see how much cash is tied up on the shelf. In conjunction with inventory, plan an in-service using the Jeopardy game format to raise staff awareness on the cost of individual items. Let them know how important it is not to open expensive items until you are sure they are needed. Many nurses, in particular, have no idea what Vision Blue or iris hooks cost.

The End Game

Efficiency and productivity are closely linked to patient and surgeon satisfaction. Clearly our pursuit of efficiency cannot be at the expense of patient quality and safety. However, the extent to which we can achieve efficiency without compromising quality and safety allows us to satisfy our customers and contributes to our overall success. **AE**



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