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Resurrection of Ambulatory Surgical Services in the Era of COVID

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Disclosures / Potential Conflicts of Interest

- Jason Mouzakes, M.D., FAAP: the presenter has no real or perceived conflicts of interest related to this presentation
- Ian Parron, RN, BSN, CNOR, CNML: the presenter has no real or perceived conflicts of interest related to this presentation

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| Learning Objectives

At the end of this session, participants should be able to:

1. Describe the process improvement methods instrumental to engagement of a workforce previously displaced in the era of COVID shutdowns
2. Recognize the emphasis placed on standard work as it relates to perioperative services and the provision of efficient care in the setting of a busy Ambulatory Surgical Center
3. Identify the importance of identity and branding as it relates to patient engagement and staff satisfaction



Prologue: Albany Medical Center
South Clinical Campus

Ambulatory Surgical Center for the Greater Capital Region of New York

Catchment Area Stats

Demographics:

Capital Region 250K population
(Greater area served 3 million)

Surgical Specialties:

- ENT
- Ophthalmology
- Urology
- Gynecology
- Plastics
- General Surgery

Top 3 Surgeries:

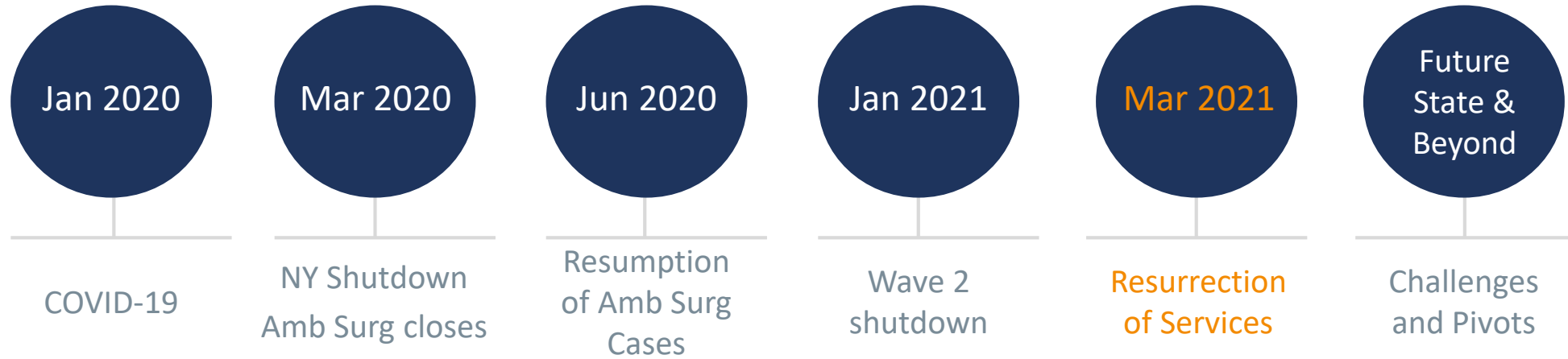
- Tonsillectomy/Adenoidectomy
- Dilatation and Curettage (D&C)
- Robotic Hernia





Chapter 1: COVID-19 &
Timeline of Shutdown Wave 2

Our COVID-19 Shutdown Sequence: Albany, NY



Chapter 2: The Resurrection Begins!

Lincoln on Leadership: Executive Strategies for Tough Times



Lincoln: Go to the Battlefield / “Street Credibility”

Jason Mouzakes:

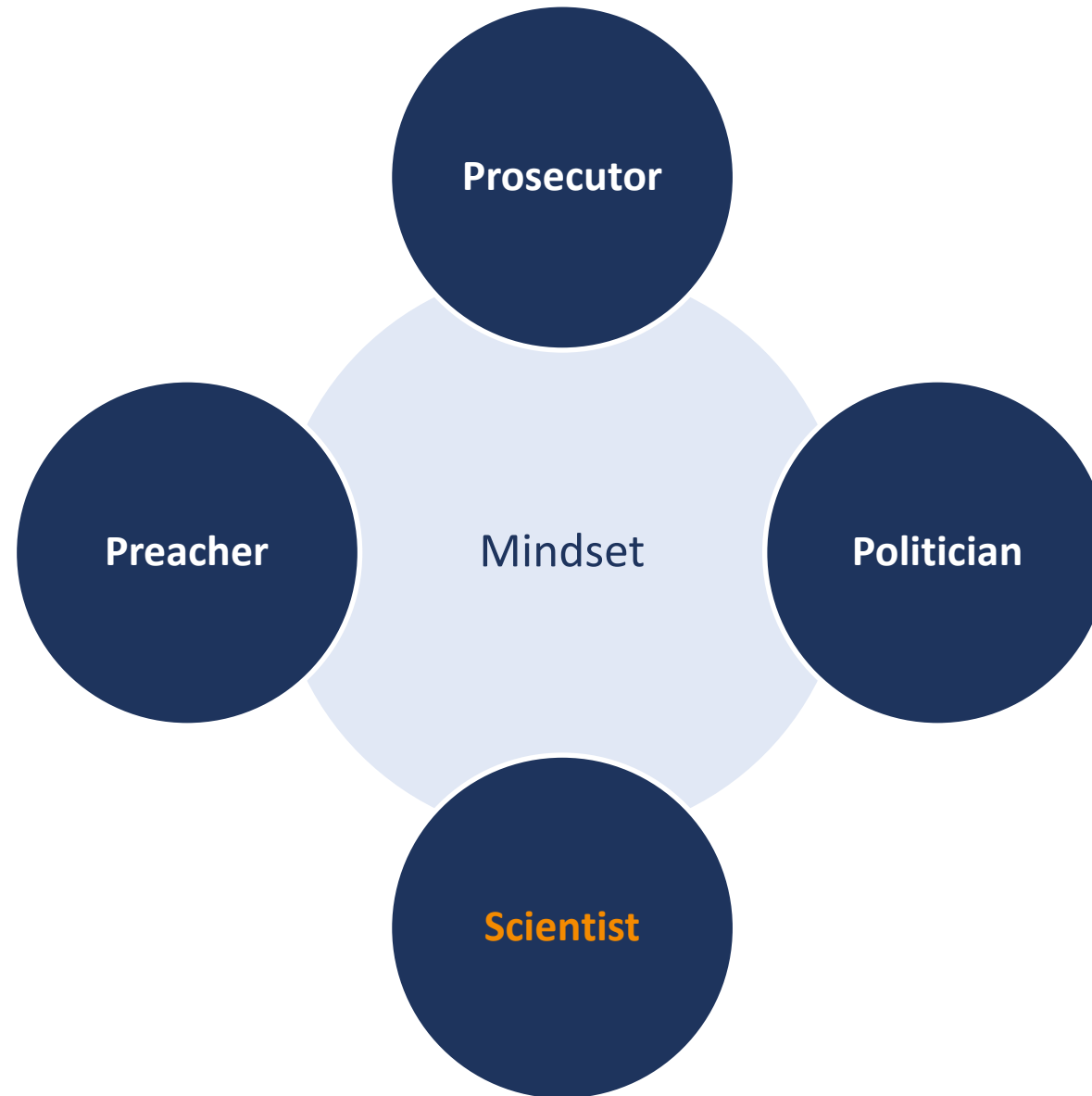
- Chair of ENT Surgery
- 2 Operating rooms with upwards of 15 cases per day



Ian Parron:

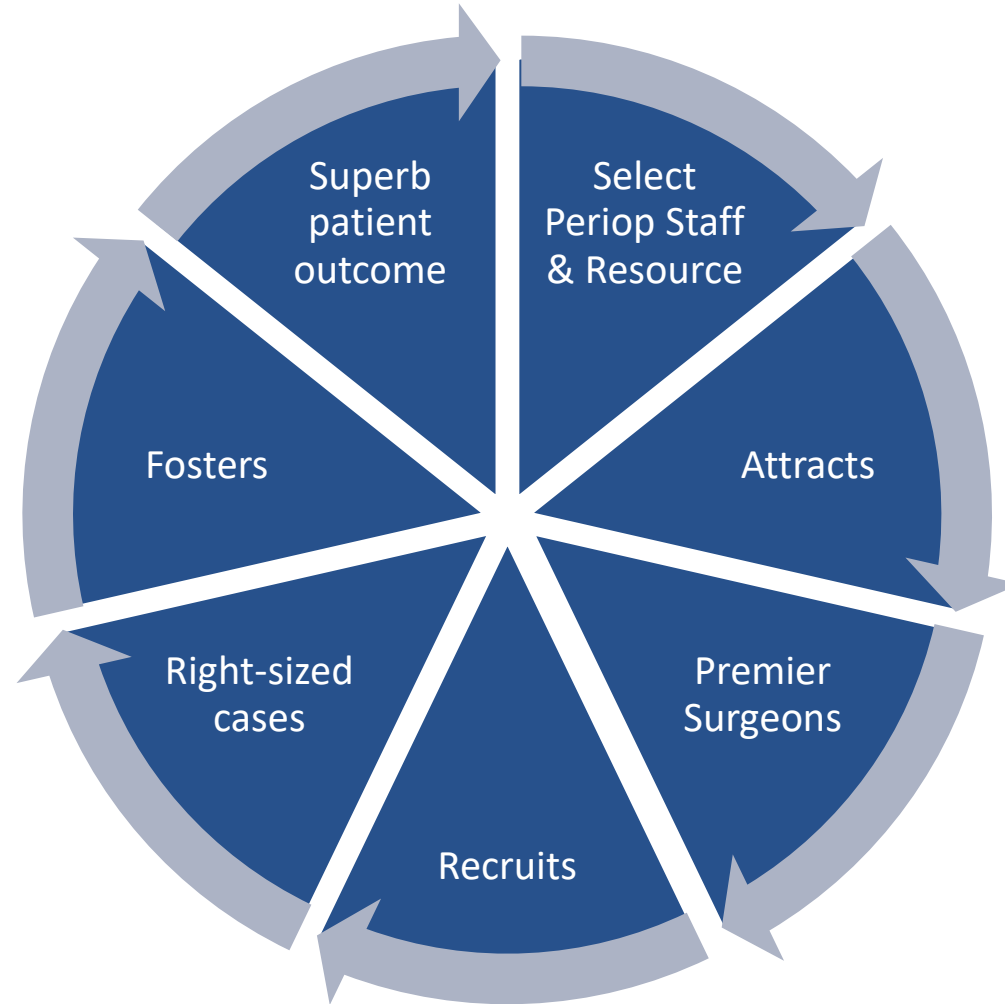
- OR nurse / Clinical Line Lead / administrative leader
- Understands the nuances of all elements of perioperative nursing

| Think Again!



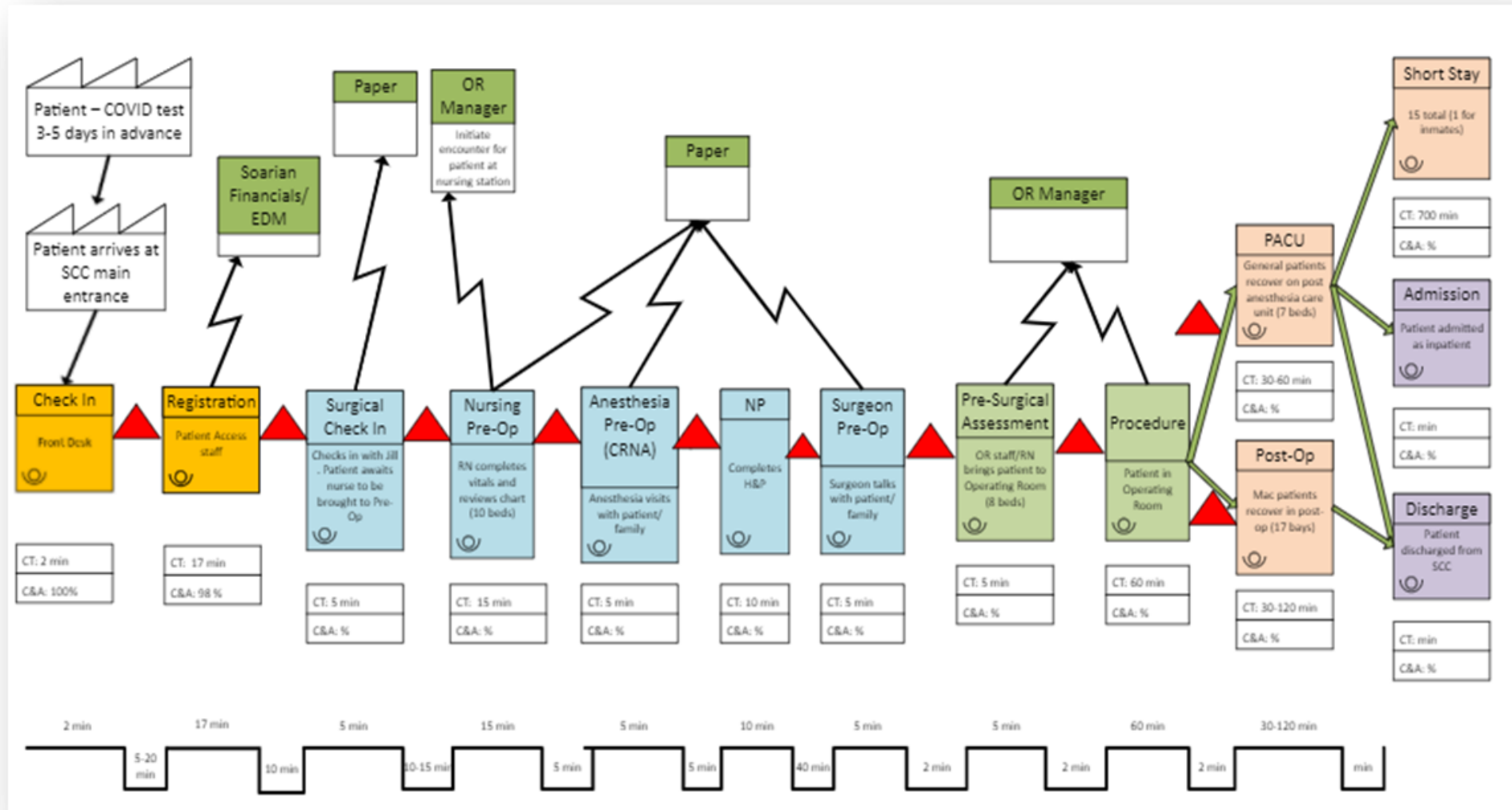
Source: Grant, A. (2021). *Think again: the power of knowing what you don't know*. [New York, New York]: Viking, an imprint of Penguin Random House LLC.

South Clinical Campus Flywheel Vision: "SELECT"



Value Stream Mapping Event (April 2021): Current State

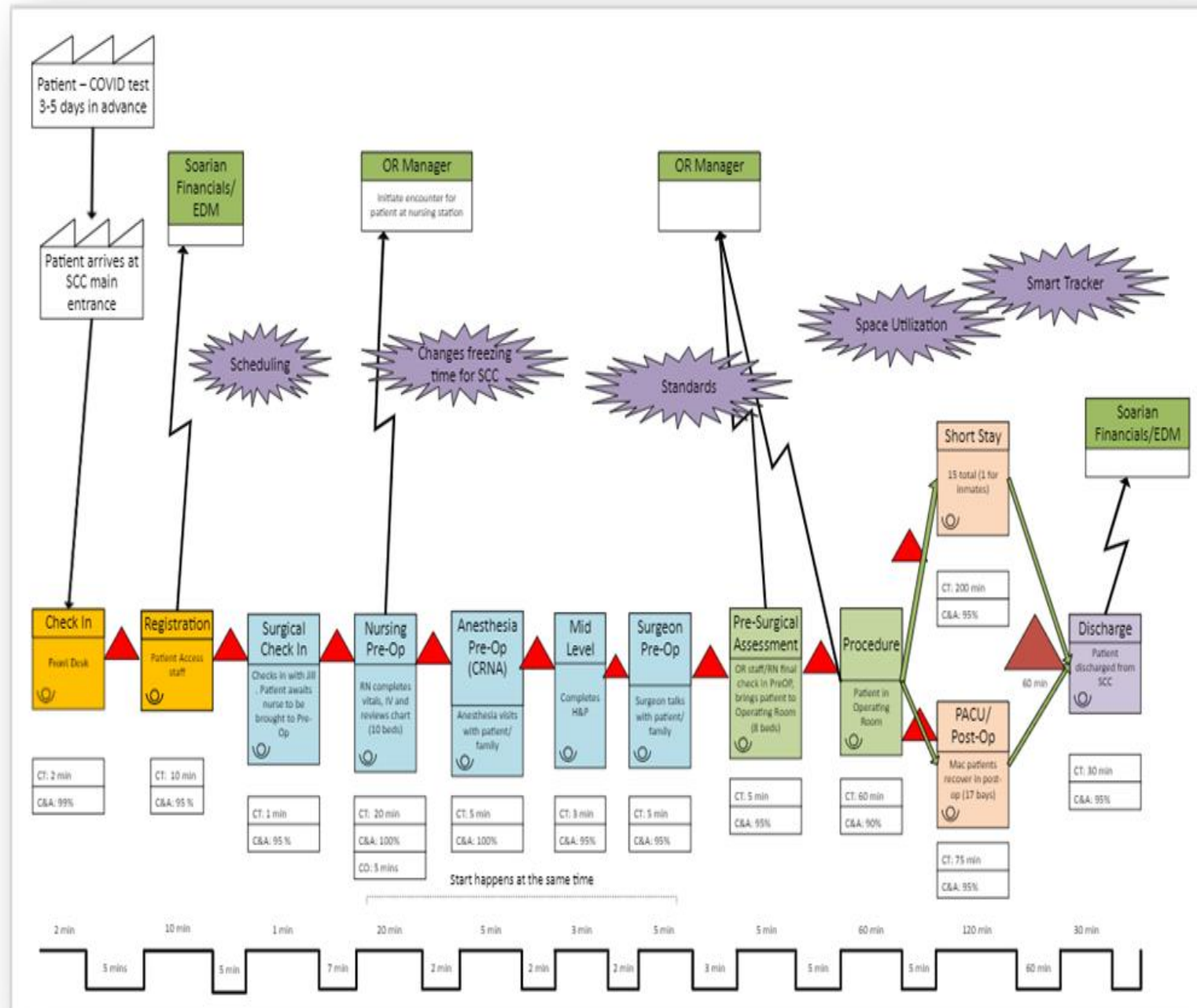
South Clinical Campus Ambulatory Surgical Center



Source: Munro, R., 2009. *Lean Six Sigma for the Healthcare Practice: A Pocket Guide*. Milwaukee, Wisconsin: ASQ Quality Press.

Value Stream Mapping Event: Future State

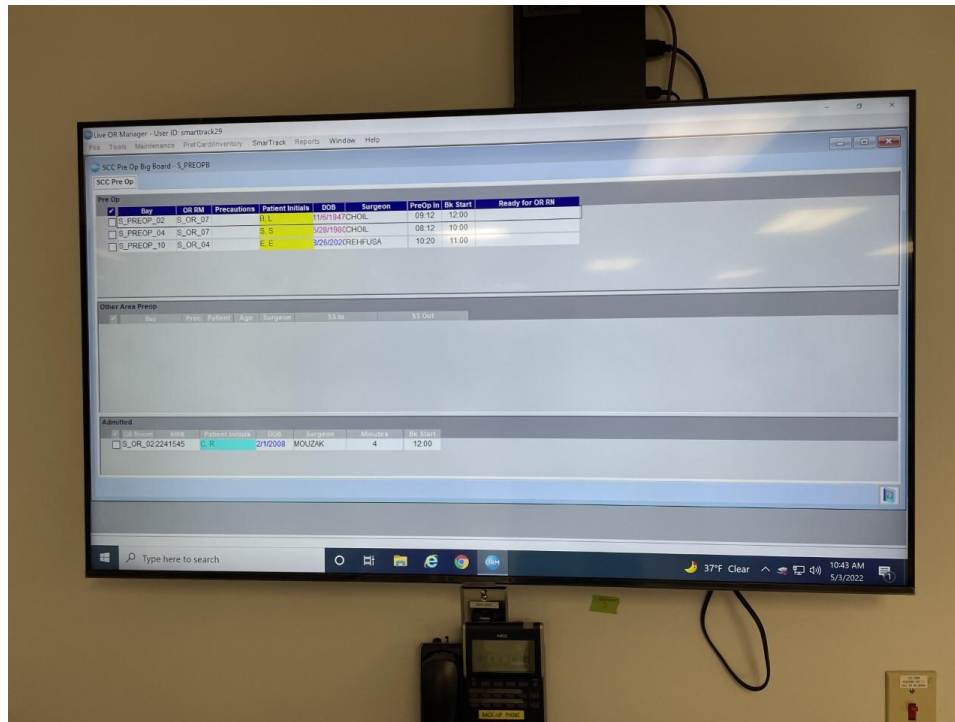
South Clinical Campus
Ambulatory Surgical Center



Communication Subgroup: Example of Actionable Work

Smart Tracker Board

From “Pony Express” to...



Importance of Standard Work; Proposed Work Times

0705 Daily Huddle
0730 First Case Start

0800–0900 Preference Card Report; OR order sent to scheduling
1000 POD/ Float RN reports needs (equipment etc.) to CLL

1030 OR Schedule Huddle (final edits for next day)
1200–1215 OR Schedule Frozen

1400 Check in with SPD and Materials for next day instruments/
supplies
1500 Final Schedule review for next day

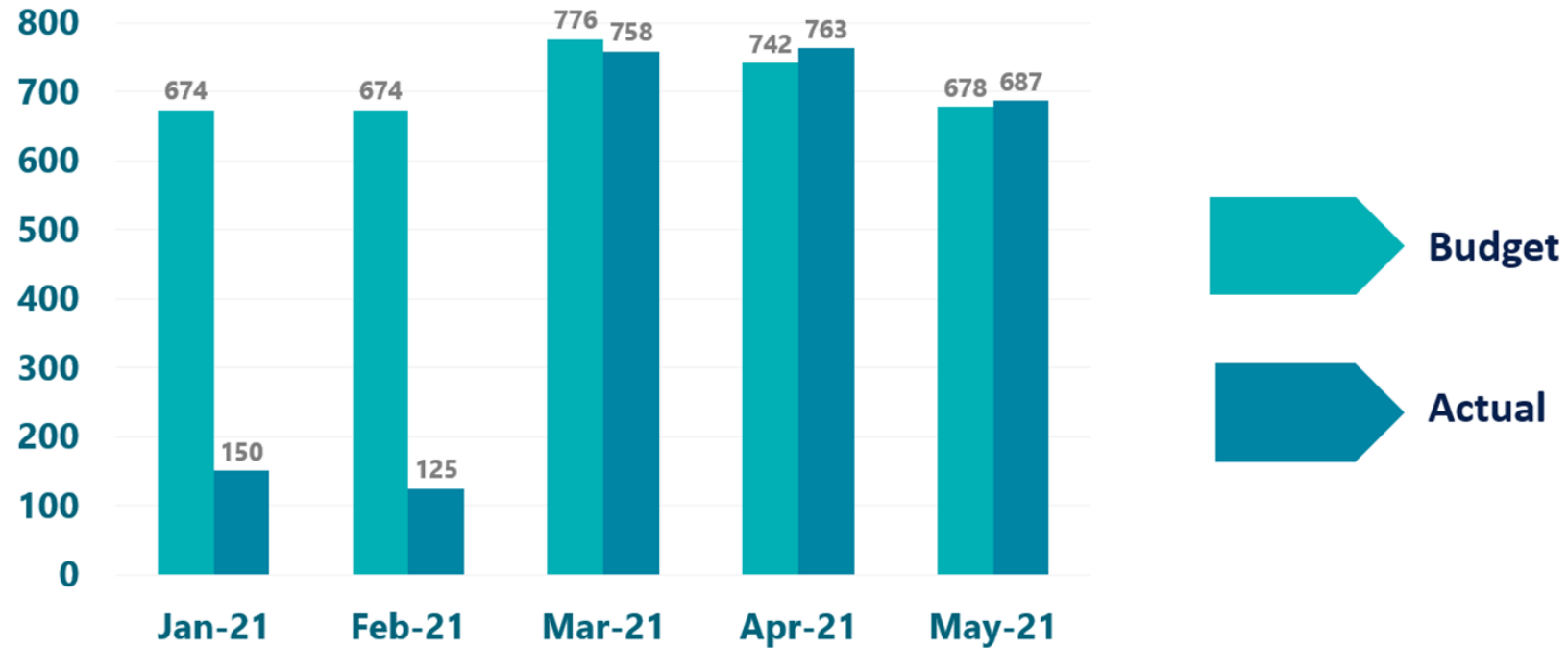


Chapter 3: Engagement & Realignment of Surgical Providers

Historical Data: OR Cases & Procedures

Budget to Actual Trend During the Resurrection

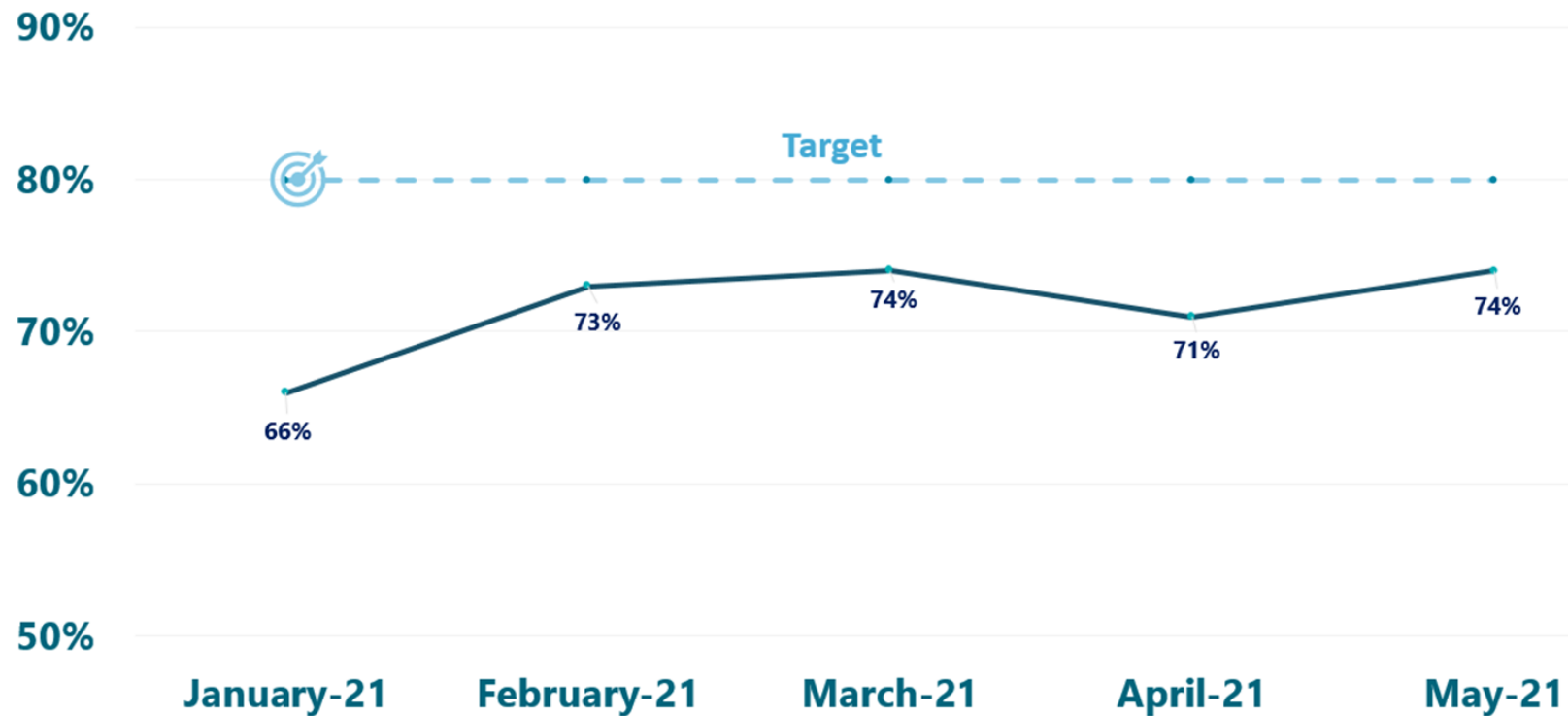
South Clinical Campus 2021 YTD Totals (OR Cases & Procedures)



Source: South Clinical Campus data

South Clinical Campus

May 2021 YTD Utilization – OR Rooms



Perioperative Services

South Clinical Campus

● On-Track
 ● At-Risk
 ● Requires Escalation

Status ●

Project Lead(s)	Dr. Jason Mouzakes, Ian Parron
Project Objective	Enhance the efficiency of operating rooms for Ambulatory Surgeries at the South Clinical Campus while increasing daily throughput.

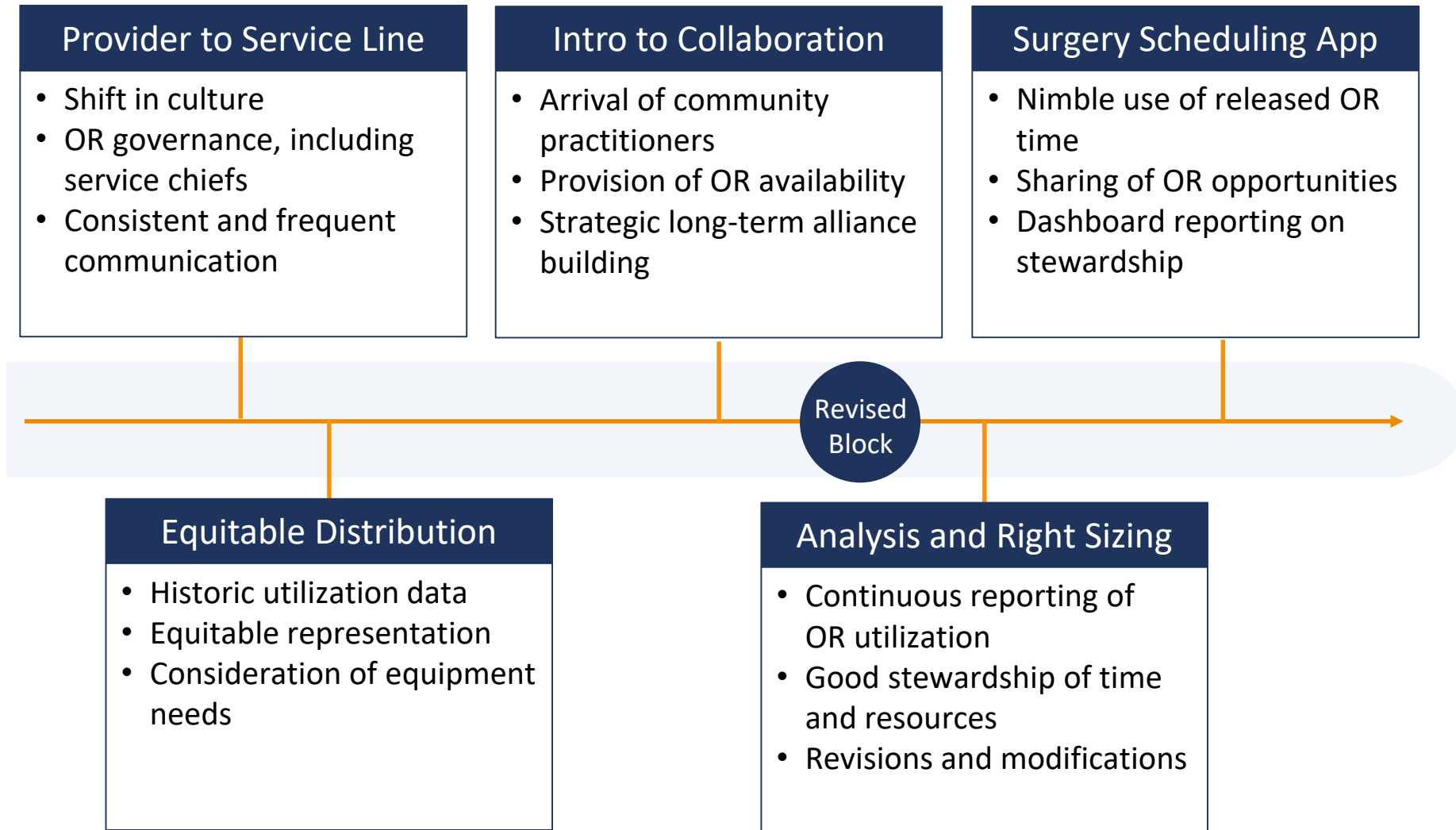
Metric (Hospital)	Baseline 2019	FY 2020	May 2021 YTD	Monthly Trend	Projected 2021	Budget 2021	Variance to budget
# of OR Cases	7,448	5,512	2,167	↑	5,201	7,385	(910)
# of Procedures	883	824	316	↑	758	1,215	(190)
Total # of cases	8,331	6,336	2,483	↑	5,959	8,600	(1,100)
% Utilization for 8 OR rooms	78%	70%	74%	↑	N/A	> 80%	N/A

Project Plan Milestone		Target /Actual Completion Date
Current	Assess OR utilization and PODS	Ongoing
	Creation of standard work document for Pre-Op	7/1/21
	Utilization of Post-Op area for Pre-Op during peak morning hours	8/1/21
	Complete work on preference cards	TBD
Next	Review to ensure adequate equipment/supplies at SCC due to limited storage (transportation)	Ongoing
	Evaluate use of Friday night extended stay patients	Ongoing
	Implementation of OR Manager Tracker Board	7/15/21
	Evaluate discharge process to look for opportunities for efficiency	8/1/21

Risks or Issues	Start Date	End Date
	03/21	6/22

Source: South Clinical Campus data

Block Schedule Realignment



Audience Poll Question: #1 of 2

At your ambulatory surgical center, how is block time allocated to surgeons?

- a. Structured / defined block time
- b. First Come / First-Served / “open table approach”
- c. Hybrid (guaranteed time and “open block”)
- d. Other

Surgery Scheduling App:

Key Features: Distribute Recovered Block Time Strategically

- Decide who gets access to released time based on strategic goals
- Alerts physicians looking for time
- “OpenTable” for ORs

Cierra Hyatt,

Newly available time slots as of 2/3/22 at 10:23AM

Kozey, Delmy

Copient Memorial Hospital

Thursday 2/10:

- 12:00pm - 5:00pm in OR 10 [confirm availability](#)

Monday 2/21:

- 7:00am - 5:00pm in OR 10 [confirm availability](#)

Name

Released Block Time Distribution Plan

Tier 1 Assignments

Abbott, Dylan × Collins, Maudie × O'Keefe, Lise ×

Tier 2 Assignments

ORTHO ×

Tier 3 Assignments

Gen Surg ×

Tier 4 Assignments

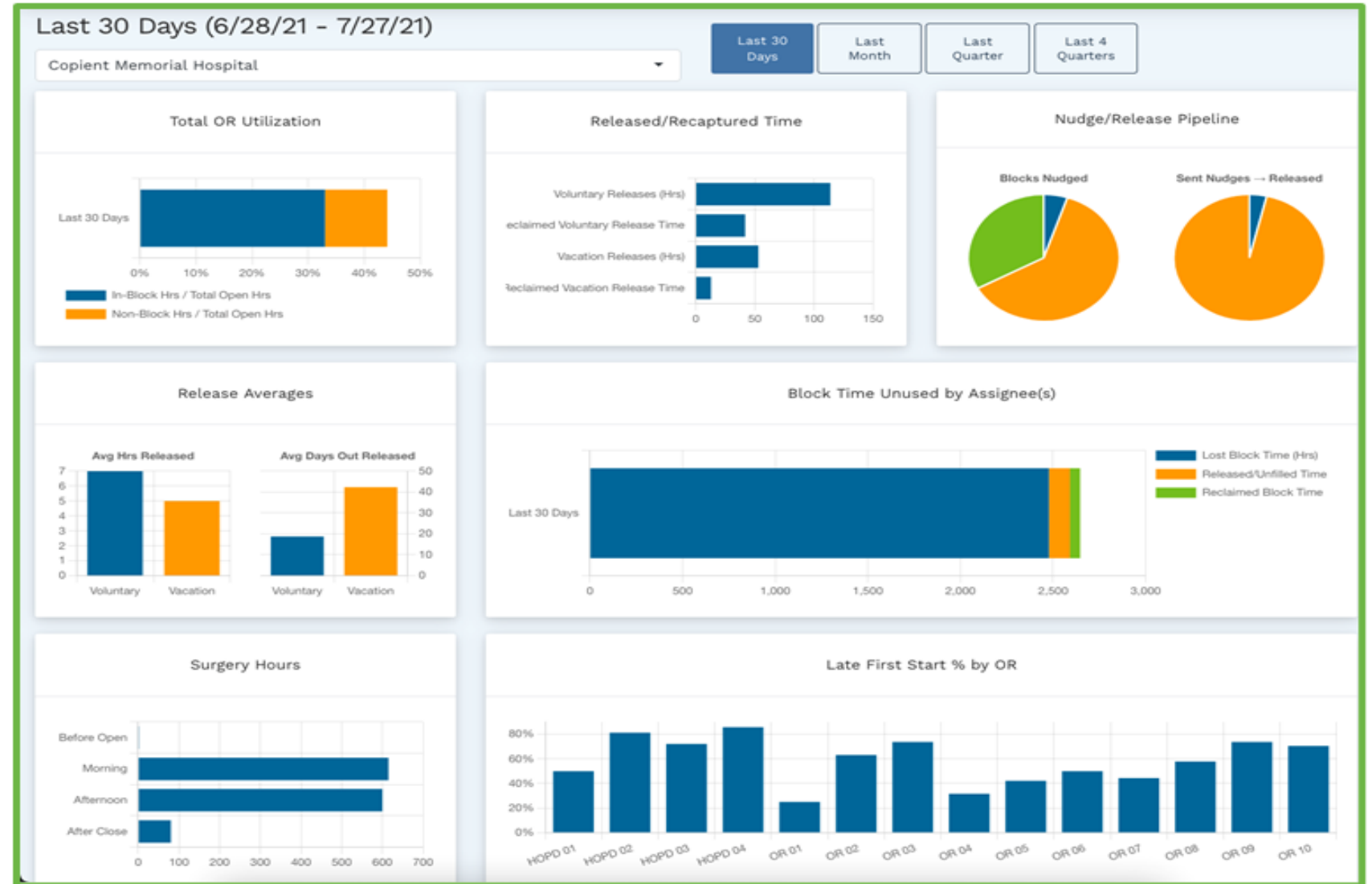
NEURO - All Facilities ×



Surgery Scheduling App

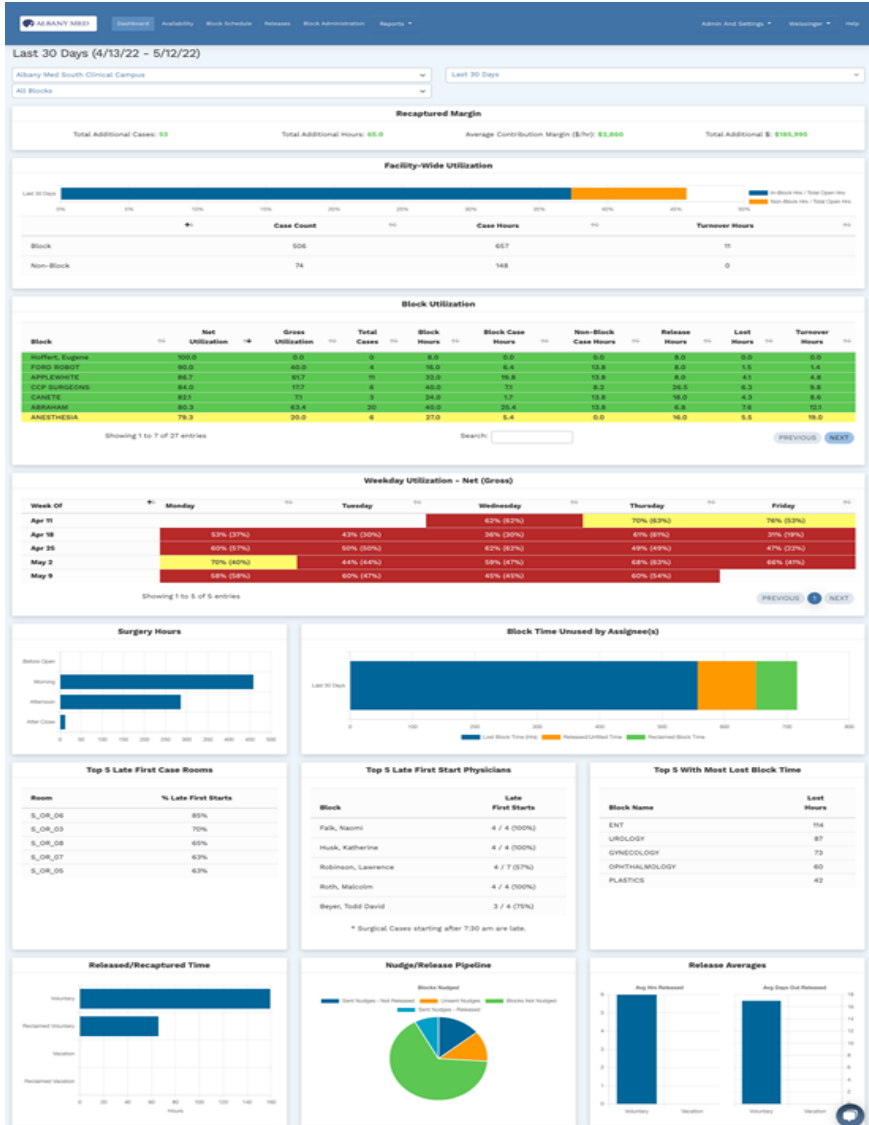
Dashboard, Reports, Metrics

- Dashboards and reports for all sites from one enterprise view
- Can pull data from different systems
- Available as a separate module



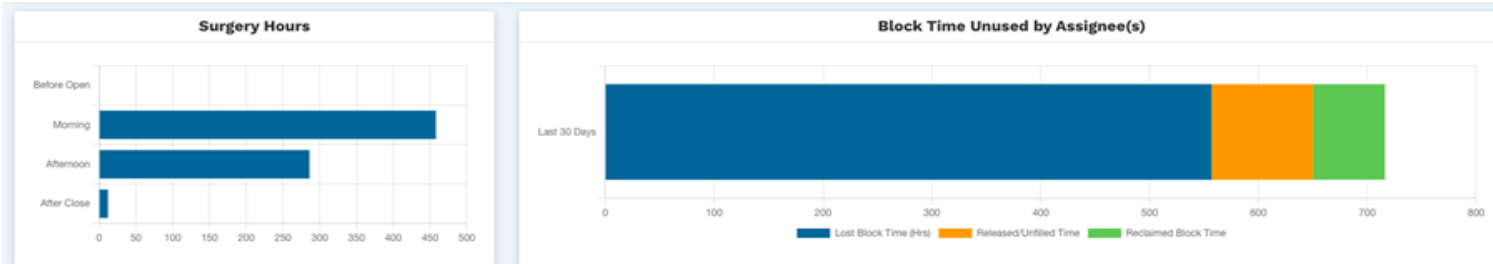
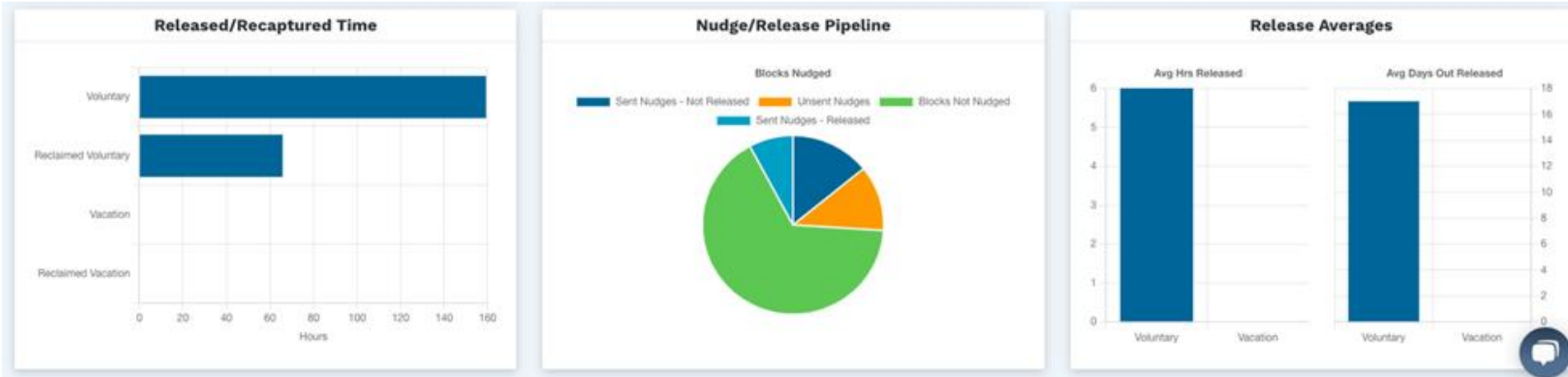
Results at South Clinical Campus

Current Dashboards



Taking a Closer Look

Dashboards & Reporting



Top 5 Late First Case Rooms

Room	% Late First Starts
S_OR_06	85%
S_OR_03	70%
S_OR_08	65%
S_OR_07	63%
S_OR_05	63%

Top 5 Late First Start Physicians

Block	Late First Starts
Falk, Naomi	4 / 4 (100%)
Husk, Katherine	4 / 4 (100%)
Robinson, Lawrence	4 / 7 (57%)
Roth, Malcolm	4 / 4 (100%)
Beyer, Todd David	3 / 4 (75%)

* Surgical Cases starting after 7:30 am are late.

Top 5 With Most Lost Block Time

Block Name	Lost Hours
ENT	114
UROLOGY	87
GYNECOLOGY	73
OPHTHALMOLOGY	60
PLASTICS	42

Results at South Clinical Campus – Quarter 1, 2022

	January	February	March	AVG
Additional Cases	50	63	42	6 additional cases (per room per month)
Additional Case Hours	80.0	96.7	68.1	10 additional case hours (per room per month)
Net New Contribution Margin*	\$228k	\$277k	\$195k	58x ROI*

* Assumes average contribution margin of a surgical case at \$2,860/hr as approximated in Dexter et. al., Anesth Analg. 2002 Jan;94(1):138-42, adjusted for inflation with CPI for healthcare

Communication & Reporting

OR Governance & Block Time Allocation

SCC Dashboard

Period: 2021-05-01 to 2021-06-01

Primetime Capacity Utilization	Total Utilization	Available Primetime Capacity	Primetime Utilization
74.0%	603 Cases in 795h	20 business Days 8.0 Staffed Room (a) 63.6h per day	(b) 37.4h (c) 9.6h

Block Utilization by weekday

Week	Week Of	Mon	Tue	Wed	Thu	Fri
2021w19	May 3	68.1%	88.0%	75.4%	88.9%	82.4%
2021w20	May 10	90.9%	82.9%	62.0%	85.3%	82.9%
2021w21	May 17	82.7%	70.5%	71.4%	91.0%	72.0%
2021w22	May 24	59.5%	72.6%	64.2%	71.7%	66.3%

Turnovers

Month	Turnovers	Average minutes WOWI	Total WOWI hour	Primetime Gaps > 90'	Total gap Hours
2021-05	420	27.3 minutes	191.2 h	5 gaps	10.0h

Top 10 Procedures

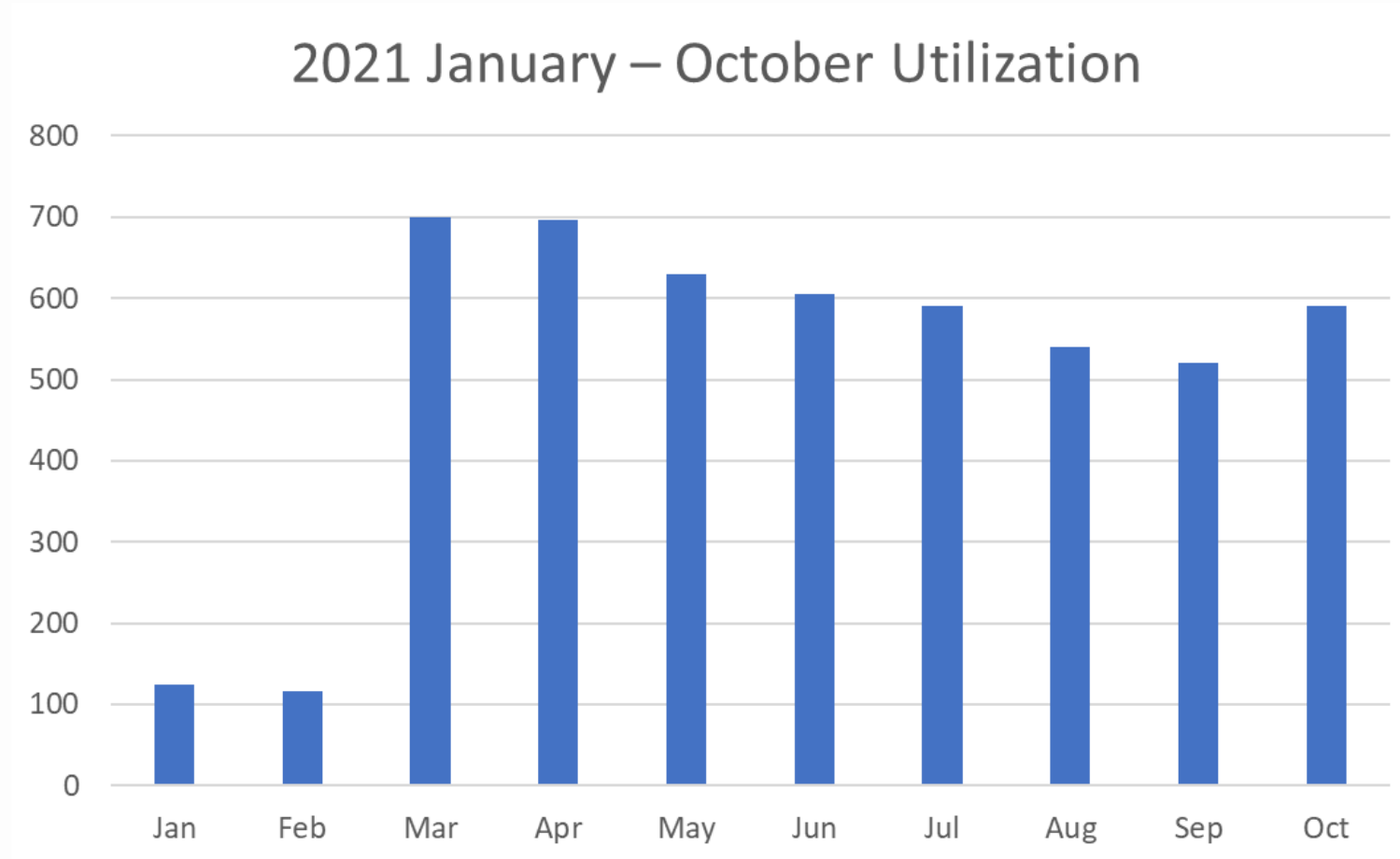
Procedure	cases	% of the Room Use
SCC Tonsilectomy/Adenoidectomy	29	2.5%
D&C/ TOP	20	1.9%
Hernia Repair Robotic with Xi	18	4.9%
SCC Bil. Myringotomy Tube Insertion	17	0.7%
SCC Septoplasty	17	2.3%
SCC Breast Biopsy/Needle Loc/Sent Node/Axillary Di	15	3.1%
SCC Colonoscopy	15	1.0%
Implantation of Bladder Stimulator	14	1.5%
SCC Eye Muscle - Resection or Recession	12	2.5%
SCC Bil. Myringotomy Tube Removal	11	0.4%

Utilization by Provider Group

Provider Group	Block Utilization	Total Utilization	Blocks	Primetime + Turnovers Credits
General	121.2%	136 cases 196.8h	24 Blocks 192.0h	190.7h + 42.1h
OTOL	91.5%	160 cases 158.2h	27 Blocks 215.0h	149.2h + 47.4h
UROLOGY	77.1%	107 cases 126.4h	24 Blocks 190.0h	111.4h + 35.1h
Ophth	92.0%	73 cases 108.7h	17 Blocks 135.0h	100.9h + 23.2h
GYNE	72.6%	61 cases 97.0h	19 Blocks 151.0h	87.1h + 22.5h
Plastic	54.3%	23 cases 52.5h	13 Blocks 103.0h	48.9h + 7.0h
Dental	98.2%	10 cases 31.2h	4 Blocks 31.0h	27.8h + 2.6h
Ortho		8 cases 9.9h	0 Blocks h	h + h
Anesthesi a	52.1%	8 cases 7.0h	1 Blocks 8.0h	3.4h + 0.8h
Neuro		4 cases 5.0h	0 Blocks h	h + h
PMR		11 cases 4.0h	0 Blocks h	h + h
Podiatry		2 cases 1.9h	0 Blocks h	h + h
Vascular		0 cases 0.0h	0 Blocks h	h + h
Gastro		0 cases 0.0h	0 Blocks h	h + h
Pediatrics		0 cases 0.0h	0 Blocks h	h + h

OR Utilization After Shutdown & Beyond

South Clinical Campus Ambulatory Surgical Center





Chapter 4: Perioperative Staff Satisfaction & Engagement

Nursing Satisfaction



Staffing Shortage & Crisis Coupled With Unionization of
Our Nursing Team...

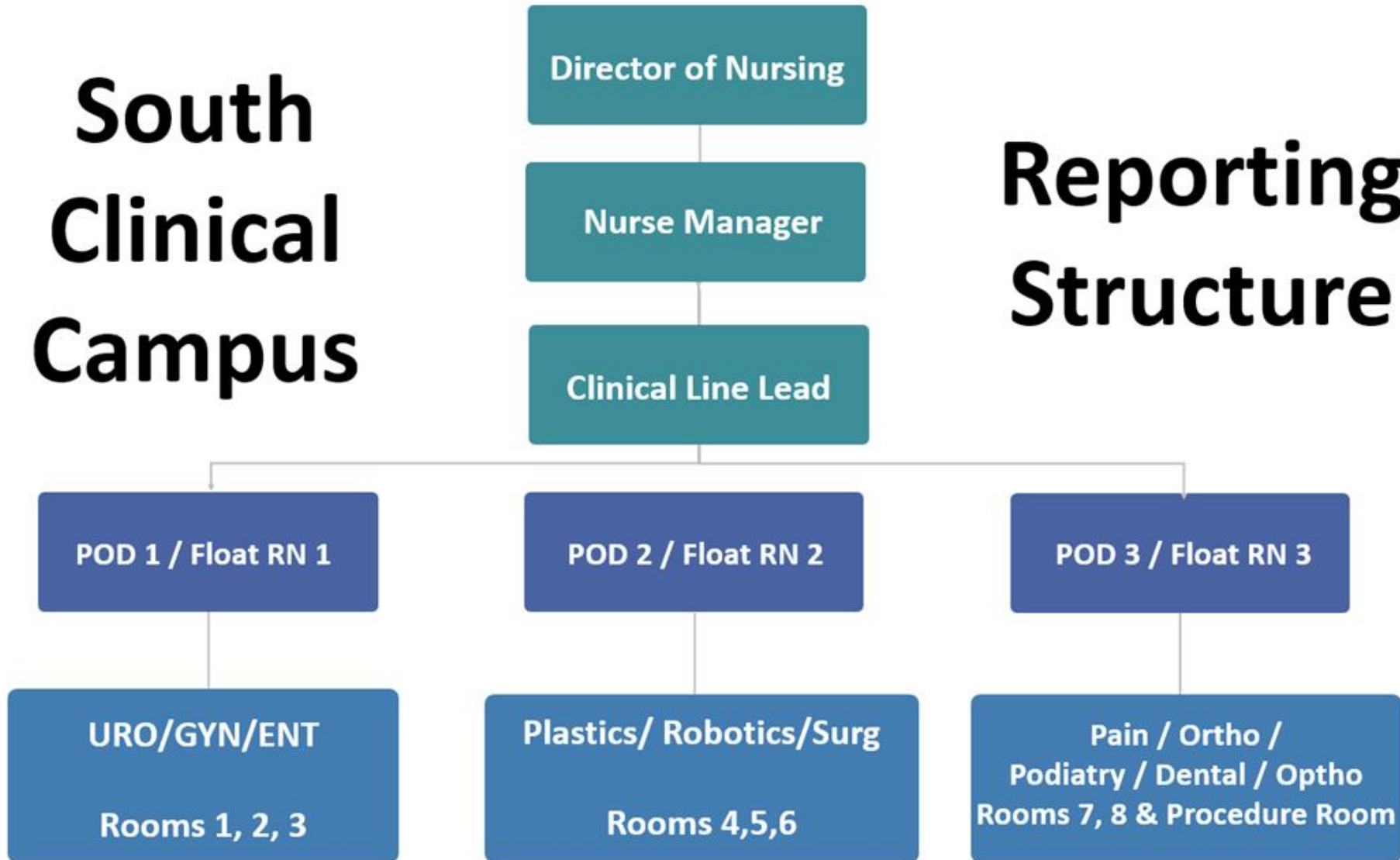
PODS Concept



Source Stoutzenberger TL. "Using Lean Strategies to Improve Operating Room Efficiency." *OR Manager*. Volume 30, Number 1 2014.

South Clinical Campus

Reporting Structure



Chapter 5: Importance of Identity & Branding

Identity & Branding

Patient & Provider Information



Amenities

The South Clinical Campus offers patients many amenities including:

- Ample, free parking
- An outpatient surgery setting
- Comfortable waiting areas and recovery spaces
- A gift shop open from 8 a.m. to 1 p.m.
- A cafe open from 7 a.m. to 2 p.m., Monday through Friday

Our Practice

Albany Med's South Clinical Campus is a hospital that features a same-day surgeries, a breast care and radiology center and medical offices located on Hackett Blvd, in Albany, one mile from Albany Med's Main Campus. Patients receive a high-level Albany Med experience in an easy-to-navigate setting.



Location

Albany Med's South Clinical Campus and medical offices are located on Hackett Blvd. in Albany, one mile from Albany Med's Main campus.



25 Hackett Blvd.
Albany, New York 12208-3478

(518) 262-1200
Call **911** For All Emergencies



South Clinical Campus

Same-Day Surgeries
in a Convenient Setting



Identity & Branding

Patient & Provider Information

Surgical Procedures at South Clinical Campus

Many procedures performed by Community Care Physicians' surgeons can be performed on an outpatient basis at the South Clinical Campus. Our surgeons provide you with the same high level of care you've come to expect, but you don't have to enter the main hospital or emergency room. Our patients often find this environment more comfortable, with easy, ample parking, and the same high-level Albany Med experience.

Common procedures Community Care Physicians surgeons can offer as outpatient surgeries include:

- Breast surgery
- Biopsies
- Colonoscopies and endoscopies
- Gallbladder surgery
- General Surgery
- OB/GYN surgery
- Pain management surgery
- Urologic surgery



Albany Med's First 'Off-Campus' Hospital

Albany Med opened South Clinical Campus in 1999 after purchasing the former Child's Hospital, which had operated in Albany since 1875. Approximately 10,000 surgeries are performed each year at South Clinical Campus, where patients and families receive the advanced skill and expertise of Albany Med physicians, surgeons, nurses and other professionals in an supportive and patient-friendly environment.



Coordination of Care

Because Community Care Physicians' (CCP) surgeons perform only outpatient surgery at the South Clinical campus, we are able to schedule procedures more quickly with less chance of delay for our patients. CCP surgeons and staff coordinate our patients' needs with CCP's diagnostic, primary, and specialty providers located at Community Care offices throughout the region.

<<insurance information to be added>>



| Branding / Marketing / Identity

Public Relations Video



Source: <https://www.youtube.com/watch?v=1ffunHwddIM>



Epilogue: Future Challenges

| Current & Future Challenges

As the pandemic lingers on...

- Staffing shortages / “Great Resignation”
 - Traveling staff
- OR Utilization challenges
 - Linked to limited resources / supply chain disruptions
 - Last minute schedule changes / patient & surgeon COVID positivity / patient reluctance
- Our “Resurrection” has provided the tools and governance to pivot
 - With reduced staff, we have compressed from 8 to 7 Operating Rooms
 - Data-driven decisions on allocation of OR time
 - Surgery scheduling app drives 10-day release to drive dynamic and nimble responses to gaps in the schedule



Audience Poll Question: #2 of 2

What is the greatest challenge facing an ambulatory surgical center today?

- a. Supply chain disruptions
- b. Staffing challenges
- c. Patient reluctance to engage in elective procedures
- d. All of the above

References:

1. Phillips, D. (1992). *Lincoln on Leadership: Executive Strategies for Tough Times*. New York :Warner Books
2. Grant, A. (2021). *Think again: the power of knowing what you don't know*. [New York, New York]: Viking, an imprint of Penguin Random House LLC.
3. Collins, J. (2001). *Good to Great*. Random House Business Books
4. Munro, R. (2009). *Lean Six Sigma for the Healthcare Practice: A Pocket Guide*. Milwaukee, Wisconsin: ASQ Quality Press
5. Jackson, TL (2012). *Standard Work for Lean Healthcare*. Productivity Press
6. Lundin, Stephen C, Harry Paul and John Christensen (2000). *Fish!: A Remarkable Way to Boost Morale and Improve Results*. New York: Hyperion
7. Stoutzenberger TL (2014). "Using Lean Strategies to Improve Operating Room Efficiency." *OR Manager*. Volume 30, Number 1. Access Intelligence.

Thank you...

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