The patient-centric surgery center | The power of teamwork | 6 keys to better staff engagement
Clinical evidence has demonstrated 3M™ Skin and Nasal Antiseptic is effective in reducing the risk of SSIs\(^1\). Make 3M™ Skin and Nasal Antiseptic (Povidone-Iodine Solution 5% w/w [0.5% available iodine] USP) Patient Preoperative Skin Preparation part of your pre-op protocol and take control over infection prevention, helping to improve procedural outcomes and lower MRSA readmission cost\(^2\). Within one hour of application, 99.5% of *Staphylococcus aureus* in the nares are reduced and patients are protected for at least 12 hours\(^3\).

To learn more or receive a free trial, visit 3M.com/NasalAntiseptic.

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3. 3M Study-05-011100.
Welcome to the fifth issue of Medline’s *Outpatient Outcomes* magazine. This edition is devoted to creating an environment that fosters satisfied and engaged team members.

Why are tuned-in employees important? Simple. They’re more productive and happy. Research shows satisfied, engaged employees make better decisions, are more loyal and have a more positive effect on an organization’s operations.

Our cover story, “People power,” addresses how successful facilities achieve higher levels of employee satisfaction within the high-pressure outpatient environment. The article highlights some key practices, including autonomy in care, freedom to make decisions and better two-way communication between employee and employer. Successful facilities encourage employees to provide ideas and voice their concerns, making them feel more a part of the process.

Need more ideas? Our “Driving motivation” story describes six more highly effective ways to make a positive impact on your team’s behavior. In “Can healthier hands improve engagement?” and “Hand hygiene compliance,” you will discover how leadership can create a positive environment of engaged, caring employees by considering one of their most frequently used tools — their hands.

Do you need to employ different ideas depending on the age of your staff? That’s the question asked in “Bridging the age gap.” For the first time in our country’s history, five generations of employees may be working together under the same roof. Embracing the values, perspectives and insights of each generation will make for a richer, more diverse culture, leading to higher-performing, happier workers and better patient care.

To see firsthand how employee engagement and buy-in are critical to success, read “The power of teamwork.” When the Surgery Center at Health Park in Grand Blanc, Michigan, undertook a major initiative to improve its supply management processes, managers got the entire clinical team involved at the very beginning of the process. The result is a highly successful program and a team that feels invested in the outcome.

Finally, in “The patient-centric ASC,” several facilities discuss critical ways engaged staff can help patients ease their anxiety and stress, including listening to concerns, showing empathy and taking time to explain each step of the process.

While we’re on the subject of engagement, we’d very much appreciate and encourage your continued feedback to ensure we’re providing information that is important to you in your job. Feel free to contact us at ASC@medline.com with your ideas, comments and suggestions.

Sincerely,

Josh Carter
Senior Vice President,
Ambulatory Service Center Division
Medline Industries Inc.
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ASCs reduce outpatient surgery costs by $38 billion a year
Surgery centers reduce the cost of outpatient surgeries by more than $38 billion a year by offering a lower-cost site of care compared to hospital outpatient departments (HOPDs).

An analysis of private health insurance claims by Healthcare Bluebook, in partnership with HealthSmart, concluded that ASC prices are significantly lower than HOPD prices for the same procedures across the country, regardless of payer.

The study concluded that out-of-pocket costs are reduced by more than $5 billion annually through lower deductible and coinsurance payments. In addition, for commercially insured populations, only 48 percent of procedures commonly performed in ASCs are performed there. If the remaining 52 percent were also done at ASCs, it could save an additional $41 billion a year.

Assessing cyber risks
As an ASC, you may not think your organization is at risk for cybercrime. But with the advent of electronic medical records, healthcare organizations have become a gold mine of patient information for cyber thieves, according to an article on www.beckersasc.com.

Because they store a wealth of patient information, including Social Security numbers, billing information and more, organizations must gain an understanding of their risks and how to mitigate their exposure. To reduce your risk:
- Begin with an honest, in-depth risk assessment, including testing to determine if threats are already in place.
- Involve senior management, and give the issue the same priority and urgency as other critical areas of the business.
- Alert employees to the risk of email attacks, and warn them against opening attachments.
- Map where critical data is in use, in transit and stored to help nontechnologist decision-makers identify problems or areas for potential improvements.

By taking the proper steps, you can protect your patients’ personal information and avoid the costly headaches that could result from the theft of your data.

New nondiscrimination requirements
ASCs had until Oct. 19, 2016, to comply with the Affordable Care Act’s nondiscrimination requirements. If you haven’t already done so, you could be in violation of the act.

Section 1557 requires that language assistance be available to those whose English is limited and that effective communication be provided for those with disabilities. Covered entities are required to post notices of nondiscrimination and taglines that let those with limited English proficiency know that language assistance is available, and facilities must use qualified interpreters and translators.

Required languages vary by state — facilities must post taglines in the top 15 languages used in their state.

For more information, visit the Department of Health & Human Services website at http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html.
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events

April 2017

AORN'S GLOBAL SURGICAL CONFERENCE & EXPO 2017
April 1-5
Boston, MA
This premier event provides 65+ education sessions designed to generate ideas and provoke new thinking, access to an expansive exhibit hall filled with amazing vendors, the latest technology and trends, fabulous events and networking opportunities with more than 5,000 colleagues from around the world. For more information, visit www.aorn.org/surgicalexpo.

FSASC QUALITY AND RISK MANAGEMENT CONFERENCE
April 20-21
Renaissance Tampa International Plaza Hotel
Tampa, FL
The FSASC Quality and Risk Management Conference is the nation’s premier conference focusing solely on the development of superior quality outcomes in ambulatory surgical centers and reducing the risks present in patient encounters. An array of experienced ASC speakers will address topics crucial to your ASC’s delivery of care. You will also have time to network with other ASC professionals to discover and discuss your own best practices. For more information, visit https://fsasc.memberclicks.net/.

May 2017

ASCA 2017
May 3-6
Washington, D.C.
ASCA 2017 is the premier meeting for the ASC industry and will give you the chance to network with your peers, exchange best practices and discuss marketplace trends that could have immediate and long-term implications for your ASC. For more information, visit www.ascassociation.org/asca2017.

June 2017

BECKER’S 15TH ANNUAL SPINE, ORTHOPEDIC & PAIN MANAGEMENT-DRIVEN ASC CONFERENCE + THE FUTURE OF SPINE
June 22-24
Swissotel Chicago
Chicago, IL
This conference offers a chance for spine, orthopedic and pain management physicians to connect.
For more information, visit www.beckersasc.com/conferences-and-events.html.

If you would like to have your event listed here, please send an e-mail to ASC@medline.com.
Integrated Solutions to help fight HAIs.

PDI covers your Interventional Care, Patient Care, and Environment of Care needs with effective infection prevention products, educational tools, and clinical support, all designed to get patients back home where they belong.

Infections don’t wait. Neither should you.

To learn more, visit pdihc.com/everywhere

For our full product offerings, visit pdihc.com

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Single-use laryngoscope handles: Lowering costs and infection risk

Laryngoscope handles are a potential hotbed of bacteria. In fact, 86 percent of laryngoscope handles that were deemed “ready for patient use” were found to grow bacteria, including staph.1

The question of whether to use reusable or disposable laryngoscopes has recently become a focus in healthcare due to the increased emphasis on reducing hospital acquired infections (HAIs). As concern for reducing HAIs has increased, methods for processing and storing laryngoscope systems have changed.

The Joint Commission recently released a new standards-related FAQ that requires reusable handles and blades to be sterilized or disinfected, then packaged and stored in a way that prevents contamination.2 The estimated cost to adequately reprocess a reusable laryngoscope is about $17 to $26 per cycle.3 The new reprocessing and storage standards have created a shift toward disposable laryngoscopes as a more cost-effective and convenient intubation system.

Medline’s single-use disposable blades and handles eliminate the time, workflow steps and costs related to disinfecting reusable laryngoscopes. Key advantages of disposable laryngoscopes include:

- Individually packaged and labeled
- Sterilized by EtO
- Made of surgical-grade stainless steel
- Macintosh and Miller sizes 00-4
- Interchangeable with all green-coded F/O handles

1. D. Williams, J. Dingley, C. Jones, N. Berry, Contamination of laryngoscope handles, Journal of Hospital Infection, 2010,74, 2, 123
2. The Joint Commission. Laryngoscopes – Blades and Handles – How should we clean, disinfect and store these devices? How will the surveyors evaluate this process? Available at: https://www.jointcommission.org/standards_information/faqdetails.aspx?StandardsFAQId=12016&StandardsFAQChapterId=699&ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=&print=y. Accessed on December 8, 2016
3. Data on file
3M™ Skin & Nasal: Reducing surgical site infections

What is it?
3M™ Skin & Nasal is an antiseptic for the nose. It reduces the bacterial counts of Staphylococcus aureus in the nares by 99.5 percent within an hour and maintains this reduction for a minimum of 12 hours.

Why use it?
The nasal carriage of S. aureus is a significant risk factor for developing surgical site infections in any procedure. Research shows that S. aureus infections are commonly caused by the patient’s own nasal flora, and approximately one in three people have staph in the nares. 3M™ Skin and Nasal Antiseptic helps reduce the risk of SSIs when used as part of a comprehensive preoperative protocol.

When to use it
3M™ Skin and Nasal is the recommended method for infection prevention for nearly any type of surgery. Surgery centers should especially consider using 3M™ Skin and Nasal for more intensive surgeries such as total joints or plastic reconstructive surgery.

Restore® Sense™ Nitrile Exam Gloves: Combat skin irritation

Nurses have their hands full taking care of patients all day, every day. The need to follow hand hygiene guidelines creates an endless moist/dry cycle that can lead to dry, irritated skin. According to one facility study, 55 percent of its nurses on staff experience irritant contact dermatitis1, and skin irritation is a key contributor to lack of hand hygiene2.

Restore® Sense™ Nitrile Exam Gloves are coated with a layer of MaxOAT+™, a proprietary blend of colloidal oatmeal. MaxOAT+™ helps relieve conditions associated with dry, itchy skin.

Additional features include:
- Outstanding tactile sensitivity, excellent durability
- Textured fingertips for enhanced grip
- Color-coded sizing
- SmartGuard to keep gloves in the box
- 250 gloves per box means fewer changeouts

REFERENCES:
Patients at ambulatory surgery centers are nervous, uncertain and often uncomfortable, as in most medical settings. They are also customers who want their needs to be heard, their time to be valued and their humanity to be reflected in the words and faces of ASC staff.

Not unlike the local coffee shop, outpatient facilities are in the customer service business. But caffeine-craving customers arrive at the counter voluntarily, while most patients would rather be someplace else. As a result, staff must take every opportunity to understand and act upon the concerns of their customers.

Be empathetic

“Employees should always show empathy and be focused on listening to the patient’s concerns,” says David Zetter, founder of Zetter Healthcare, a management consulting firm in Mechanicsburg, Pennsylvania. “These concerns may have to do with pre-op, post-op and recovery.”

Once a patient has had the opportunity to share concerns, then — and only then — should surgery center staff communicate to the patient what he or she needs to understand, Zetter says. And that often means explaining and re-explaining the procedure and what to expect.

“Always assume the patient doesn’t fully understand the procedure, and do your best to help her understand the processes,” he says. “The patient should be made to feel comfortable
and knowledgeable. Each patient should be assigned a specific person that she communicates with regarding concerns or issues, as this ensures consistent communications.”

It’s important for employees to realize that patients may be feeling uncomfortable — or even embarrassed — about their procedures, says Amy Reighard, administrator at Allegheny Regional Endoscopy in Altoona, Pennsylvania. “When they come here, we want to make sure we do everything to make them comfortable and that they understand what will be occurring. This reduces patient anxiety and contributes to overall patient satisfaction.”

Sandy Berreth, RN, also stresses empathy in her role as administrator of two Wisconsin surgery centers and as director of operations for Pinnacle III, a Lakewood, Colorado-based operations consulting company. “ASC staff need to always remember that the patients have had their days significantly altered with missed work days,” Berreth says. “And by asking them not to eat or drink for an eight-hour period, we’ve taken away their food and beverages. Then when we tell them they need to be at the facility at 8 a.m. and they’re made to wait until 8:45 a.m. before they’re put in a room … sure, they can be irritable.”

Be aware of timing
The impact of sedation makes timing another important factor when it comes to pre-op and post-op staff-patient interactions, says Berreth, who also is a member of the Ambulatory Surgery Centers Association board of directors. “Say you have a UGI (upper gastrointestinal) series and you’re given Versed as a sedative,” she says.

Five habits for achieving quality customer service

Surgical Care Affiliates, based in Deerfield, IL, recently reviewed the best customer-service practices of organizations such as Disney, Starbucks and Cleveland Clinic to develop these five habits for its surgery center employees to follow.

1. **Make a connection.** Smile and introduce yourself to patients and family members. This may seem like a given, but it doesn’t always happen.

2. **Find out what matters most.** During the pre-op phone call, ask patients about their primary concern and then document and relay that concern from one caregiver to another.

3. **Set the expectation of service.** Share with patients what will happen during their stay, when it will happen and about how long it will take.

4. **Request real-time feedback.** In addition to discussing pain management, dressing and wound procedures, and follow-up and aftercare, ask patients if anything could have been done to improve their experience.

5. **Share a thank you.** Within days of the care experience, send the patient a thank-you note with handwritten messages from individual staff members, including the patient’s physician and anesthesia provider.
“Your memory is more intact immediately after the procedure; that’s when you’ll be able to remember what was said immediately prior and just after the procedure. By engaging the patient before amnesia occurs, we’re able to gain valuable feedback, and by engaging the significant other or family member who’s with the patient, that person is then able to remind the patient what was asked of him after the procedure, how he responded and what he was told.”

Gather feedback

Berreth says her centers’ patients are provided with survey forms upon leaving or after they return. Follow-up calls to verify their next appointments provide an effective means for gathering valuable feedback.

Like Berreth, Zetter believes in the value of surveying patients whenever possible throughout the surgery and recovery process. Information gained should include everything about the patient’s experience, including how well-coordinated the ASC and physician’s office were.

“This not only benefits the ASC, but it also serves to help improve this important partnership,” he says.

Keep calm and post

Online reviews and social media are part of today’s business landscape. A growing number of ASCs are using both to ensure patient satisfaction, says Maureen Uy, managing partner of Uy Creative Communications, a Milwaukee-based marketing firm.

Uy helps ASCs send custom satisfaction surveys to patients after each appointment. The feedback measures how the ASC is doing and what it can do better. Reviews can be linked to Google and other search engines for public consumption, and Uy encourages clients to be transparent by publishing their reviews on their websites.

Every so often, a negative online review will surface. When that happens, Uy advises clients to apologize online, move the conversation offline by contacting the patient directly and encourage the patient to come in and meet with the practice.

Uy also champions the use of Facebook and Twitter to promote and educate patients, while stressing the importance of training multiple employees on how, what and when to post.

Recognizing that some healthcare professionals want nothing to do with social media, especially when it comes to posting reviews, Uy stresses the advantages of using software like Hootsuite or Sendible, which allow users to monitor their practices’ reputations online while also tracking what’s happening in their professional communities.

“Healthcare has become more consumer-driven,” Uy says. “As such, ASCs and their providers will be reviewed one way or another, so it’s better to be proactive by monitoring and responding to reviews.”
Materials Coordinators Amy Matney and Chari Soja understand firsthand the importance of teamwork.

When partnering with Medline to analyze her ASC’s perioperative supply management needs, Matney invited her entire team — nurses, technicians and surgeons — to join the discovery process. “We knew that in order for us to be successful, we needed everyone’s input from the start.”

Like most ASCs today, the Surgery Center at Health Park in Grand Blanc, Michigan, was looking for ways to manage its supplies more efficiently. “Cost savings and the fact that our storage room was not running effectively were our biggest challenges,” Matney says.

To address these issues, Medline started with an assessment of the facility’s current needs and practices — examining its existing packs for a variety of surgical procedures and evaluating the effectiveness of its storage space.

The power of teamwork

How a Michigan ASC team worked together to reduce costs, boost productivity and eliminate waste.
**Seeing the big picture**
As much as 50 percent of the cost of surgical procedures comes from the cost of medical supplies. And that doesn’t include the staff time and effort required to order, receive and store those items.

Medline’s comprehensive supply management process determines the optimal mix of routine, procedure-specific products. Medline then recommends changes that result in increasing efficiencies, streamlining supply inventory and improving storage space.

**Owning the process**
No one knows the day-to-day work flow and supply needs of an ASC better than the people who work within the system every day. That’s why getting feedback and buy-in from ASC staff was critical.

Following Medline's initial assessment, Matney and Soja asked the surgery center team to review the new Medline-proposed program. “We set up the nonsterile packs in the conference room and invited everyone to walk through and provide their feedback,” Matney says. The feedback, combined with Medline’s analysis, enabled the Michigan ASC to implement a custom surgical pack program that was a win-win on all fronts. First, having the team review the proposed packs ensured accuracy through production. Second, it required staff members to take ownership of the program, gaining full acceptance at the time of implementation. The bottom line: Everyone felt invested in the outcome.

**The results**
Here’s how the Surgery Center at Health Park benefited from its lean analysis.

---

BEFORE
- Multiple activities occurred within the large sterile storage room. The multipurpose use of the area limited the ability to increase storage for more instrument sets and physician-specific soft goods.
- The facility was challenged with a limited area that was composed of high-density shelving, which greatly increased the time needed for replenishment of inventory and case pick.
- The existing space had already been maximized, but an opportunity existed to increase the vertical efficiency of each rack.

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“Opinions matter. When they’re taken to heart, people are more willing to work toward the same goal.”

– Deb Beckmeyer, Surgical Technician, Surgery Center at Health Park, Grand Blanc, Michigan

“Opinions matter. When they’re taken to heart, people are more willing to work toward the same goal.”

– Deb Beckmeyer, Surgical Technician, Surgery Center at Health Park, Grand Blanc, Michigan

Supply protocols increased from 5 to 15
- 86,400 items were removed from its annual supply stream, resulting in a reduction of 572,000 touch points
- Surgical coverage increased from 61 percent to 97 percent
- Prep time decreased
- Fewer components were pulled

“We now have one procedure where we used to pull 28 items, now we pull two. Now, everyone is more engaged in the process and has a better understanding of what things cost,” Matney says. She and her team even created a game called Guess the Price that...
AFTER

- Plan and 3D drawings of the sterile storage area were completed to give the Surgery Center of Health Park a detailed plan for implementing changes to the case pick, storage configurations and the supply management process.

- The disassembly of the high-density system and the creation of an open-flow layout gives the staff quick access to supplies during the case pick process.

- Adding 10 shelves to the existing racks allowed for an 11 percent increase in overall storage capacity.

- The introduction of the modules lessens the need for single sterile supplies, allowing for additional compression of on-hand inventory.

they play at facility meetings. “The staff compares two similar items and then guesses the price of each one,” she explains. “For example, we have two different brands of 5mm laparoscopic trocars; one costs $23 each and the other costs $60 each. This gets the staff thinking about, next time, maybe we can try the less expensive brand and see if we can get our surgeons to switch.”

Since the ASC’s lean analysis last year, Matney and Soja continue to engage their staff.

“..."I could not be more proud of our team. Every team member has taken ownership in this process and that is what will continue to make this successful”
– Stephanie A. Rubio,
Executive Director,
Surgery Center at Health Park, Grand Blanc, Michigan

The Medline Lean Analysis:
4 steps to success

Lean assessment: Discovery process to better understand the facility’s strengths and challenges regarding supply management

Clinical analysis: Uses surgical data and current practice analysis to create a roadmap for optimal perioperative supply management

Logistics analysis: Design team assesses and optimizes storage space and staff productivity

Financial analysis: Proposed changes are presented along with a summary detailing the financial impact

A sheet of paper hanging on the whiteboard in the OR encourages staff members to continuously refine packs by noting recommended changes. Almost everything the Surgery Center at Health Park has implemented to improve its supply management process has been a staff effort. And the results speak for themselves. That’s the power of teamwork.
Employees at Memorial Outpatient Surgery Center in Jasper, Indiana, (L to R): Christine Polen, RN; Keith Green, CRNA; Beth Howard, CST; Jennifer Chanley, RN; Kim Padgett, RN; Leslie Antley, RN; Ashley Werner, Scheduler; Erika Whitehead, CST.
Ambulatory surgery centers are inherently demanding workplaces. Employees are juggling multiple responsibilities in a short amount of time, and they’re dealing with patients who are worried about their operations.

Adding to the pressure are Medicare and Medicaid patient satisfaction standards, which carry a potential 2 percent reimbursement deduction if not met.

It sounds like a recipe for anxiety and burnout, yet many ASC employees thrive in this environment, consistently reporting high satisfaction levels. What’s their secret? Employers who understand and address their needs.

“My crew is my family, not just my team,” says Lori Johnson, administrator of Memorial Outpatient Surgery Center in Jasper, Indiana. “We do everything we can to make sure the staff can have peace of mind to do the best job they can when they are here.”

PEOPLE POWER
How employee satisfaction drives success
Here’s why employee satisfaction is critical to your ASC’s operating results, and how successful ASCs are getting the employee equation right to raise their level of care and improve the bottom line.

**Boosting engagement**
Research shows that engaged workers make good decisions that have a positive cumulative effect on an organization’s core operations. However, engaged workers are not the norm; Gallup Inc. studies have found that 70 percent of American workers are not engaged.

Several factors contribute to engagement, and one of the most critical is autonomy, according to Gallup. The most important thing a manager can do for employees is “to place them in jobs that allow them to use the best of their natural talents, adding skills and knowledge to develop and apply their strengths.” Alternatively, those in high-demand, low-control jobs are the most stressed.

Therefore, in an ASC, where demands placed on workers are high, it is particularly important for employees to feel that they have control. Giving employees more autonomy not only improves their satisfaction and health, it leads to better patient care.

“Employees need to think and act like owners of the business,” says Randi Busse, founder and president of Workforce Development Group, a coaching and training company outside New York City. “One of the reasons they’re not engaged is they feel their hands are tied and they’re not given authority to make decisions on policies and procedures.”

**Build autonomy into your practice**
When researchers at the University of Pennsylvania sought to understand why some hospitals — in particular, the Kaiser Permanente system — were more efficient and had better quality of care than others, one factor stood out: employees. Nurses who had more autonomy about caregiving choices and who participated in hospital decision-making were more engaged in their work. As a result, they were happier, had better relationships with physicians and provided faster and more efficient care.

Another study, published in *The Journal of Nursing Administration*, found that nurses who felt empowered on the job also felt they provided better care to patients. These findings come as no surprise to Rikki Knight, executive director and administrator of Lakeview Surgery Center in West Des Moines, Iowa. Lakeview’s employees are highly engaged, and “they have total control over their jobs,” Knight says. “They know what’s expected, and they do it without micromanaging.”

While there is always a physician in the building that employees can consult with, employees make their own decisions about administering pain medication or removing devices, she says.

They also work with surgeons to make price comparisons when ordering supplies. “They’re very cost-conscious,” Knight says, and their diligence contributes to the center’s bottom line.

Employees are also valued participants in discussions about improving procedures. For example, when patients complained about problems with discharge instructions, Knight says, “we all got together and decided how to do better.”

**Make communication a priority**
Effective communication is crucial to employee satisfaction, but in busy workplaces like ASCs, there’s often not enough of it. Too often, workers hear from management only when

“*My crew is my family, not just my team. We do everything we can to make sure the staff can have peace of mind to do the best job they can when they are here.*”

– Lori Johnson, Administrator, Memorial Outpatient Surgery Center
Positive feedback is important, and it needs to be specific. “Employees tell me they’re craving feedback from bosses,” Busse says. “Don’t just say, ‘You did a great job.’ Say what was great about it, and the employee will demonstrate the behavior again.”

Good communication is a two-way street. Those who run successful ASCs understand that getting to know employees and taking time to listen to their concerns has a powerful impact.

In addition to expressing appreciation, Memorial’s Johnson encourages workers to come to her with problems, even when there isn’t a ready solution. “Sometimes I feel like people just want to be heard,” she says. “If I give them that ear, it relieves a lot of the stress.”

Her close relationships with staff create loyalty. “It rewards me by giving me employees I can depend on,” Johnson says. Only twice this year have any of her 28 employees called in sick, a fact she attributes at least in part to workplace camaraderie.

A 2012 Towers Watson workplace study showed that employees become “sustainably engaged” and positively affect financial and operational results when leaders show a sincere interest in their well being and earn their confidence and trust. Employees who feel valued by their managers are not only more engaged, they place a higher value on their relationships with patients, Busse adds.

“Employees are your internal customers,” she says. “How you treat them will have a huge impact on how they treat the patient.”

Provide flexibility and perks
Workers everywhere value flexibility, but that’s not easy to achieve within the hectic scheduling demands of an ASC. Nevertheless, successful administrators do what they can to accommodate employees.

Over the years, Lakeview has become more open to flexible work times, adding more 10- and 12-hour...
shifts for employees who want time off during the week. “They’ve really liked being able to choose their hours,” Knight says.

Addressing individual needs is another opportunity for accommodation. Knight also tries to work with individual needs. “If somebody has to clock out to go to a kid’s game at school, we can make it work,” she says.

Johnson does the same at Memorial. “If someone isn’t feeling well or has a sick child, Karin Seibert, my nurse manager, or I will take over their room and make sure the day keeps moving,” she says. “Karin plays as important a role as I do in helping keep my staff happy. We work as a team to make things possible. If I do what I can to help them, I know they’re going to help me.”

ASC employees notoriously work long hours and skip lunch and breaks. Over time, this can lead to serious problems. Nurses who work long shifts without eating or taking time for themselves can get burned out, leading to lower quality of care and, ultimately, financial losses for the organization, according to a study published in Health Affairs.

One way to combat the effects of overworking is to structure in food breaks and other perks. To prevent overwork and stress at Memorial, Johnson buys lunch for employees, and afterward, invites them to dip into a file cabinet drawer that she keeps stuffed with candy. “We also get our employees a gift every year at Christmas time. Last year, it was mani-pedis. Also, we rent a pontoon on a local lake in the summer and have a great boat party.”

At Lakeview, lunch is catered every day, and employees get discount tickets to baseball and hockey games to help them enjoy their time off.

**Measuring success**

Employee satisfaction is closely tied to patient satisfaction, which in turn is tied to an ASC’s bottom line. So it’s not surprising that many organizations try to gauge employee engagement through surveys.

Busse says if organizations act on the results, surveys can be a valuable tool, but too many file the results and fail to follow up. She believes open-ended survey questions are the most useful because the answers employees want to provide aren’t always as cut-and-dried as employers think.

Lakeview conducts employee satisfaction surveys every two years. The leadership team then reviews the results and presents them to staff. They discuss problems and formulate solutions together.

For example, last year’s survey indicated that managers needed to communicate better about scheduling vacations and answering questions about bonuses. Instead of just creating a top-down plan, the center held an open-ended, all-staff meeting.

“We asked them, ‘How can we better communicate things to you? We can’t read your minds — we want to do better, but you need to tell us what you want,’” Knight says.

Employees don’t hold back in such meetings, she says. They participate in a positive way, offering solutions rather than gripes.

“They’re taking charge of their job, their work environment, their culture,” she says. “We are open to change.”

**Provide incentives**

Frank workplace discussions also extend to financial goals, and increasingly, ASC employees are being rewarded with the kind of results-oriented bonuses that used to be reserved for executives.

Lakeview provides incentives tied to a host of measures encompassing patient care and center financials. Quarterly income, surgical volume, patient satisfaction, patient safety measures and medication compliance are all factored in, Knight says.

Bonuses at Memorial are tied to beating the projected budget, Johnson says. Rather than putting pressure on employees, the system encourages them to consider what’s best for the center and its patients.

“They understand that everything we do to keep our bottom-line costs as low as possible comes back to them in the way of bonuses and raises,” she says.

**Create a partnership**

Working at an ASC has never been easy, and in some ways, demands on employees have increased. Instead of just caring for patients, employees are being measured on their care practices. At the same time, they’re shouldering new financial responsibilities.

But these changes also bring employees closer to their managers, with whom they now share the common goal of improving clinical and financial performance. Managers who recognize the value of employees’ contributions, respect their autonomy, communicate with them effectively and provide workplace flexibility will gain powerful allies in the struggle to attain ever-higher levels of success.
In 1847, Ignaz Semmelweiss made a landmark discovery. He noted that the incidence of puerpal (childbed) fever, a female reproductive tract infection occurring after childbirth or miscarriage, could be drastically cut by the use of hand washing with chlorinated lime solutions. Semmelweiss’ hypothesis — that there was only one cause and all that mattered was cleanliness — was extreme at the time, and was largely ignored, rejected or ridiculed. It was years after his tragic and untimely death in 1865 at age 47 that the concept of hand hygiene gained acceptance.

By the 1950s, infection preventionists had taken a leading role in preaching the benefits of hand hygiene. In 1975, the Centers for Disease Control and Prevention (CDC) published formal guidelines on handwashing practices in hospitals. Today, hand hygiene is considered to be the cornerstone of infection prevention and the best way to reduce healthcare associated infections and prevent the transmission of organisms from the healthcare workers’ hands to the patient.

Despite the body of evidence in its favor, hand hygiene compliance remains low across healthcare settings. Worldwide hand hygiene rates are between 40 and 60 percent¹, while it is reported that in the United States, the rate, on average, is as low as 38 percent².

A recent example of how even basic skin sterilization protocols may not always be followed properly appeared in a study published in the American Journal of Infection Control (AJIC). The study reported that healthcare professionals at outpatient care facilities fail 37 percent of the time to follow recommendations for hand hygiene and 33 percent of the time for safe injection practices, even after having policies in place about these infection control issues³.

So what are the barriers to hand hygiene compliance? Evidence-based practices supported by the World Health Organization and the CDC have identified the placement of hand hygiene products at the point of care (POC) as a fundamental component. The POC is defined as the place where the following three elements come together: patient, healthcare worker and the provision of care or treatment.⁴ This necessitates that a hand hygiene product be easily accessible and as close as possible — ideally within arm’s reach of where the patient care or treatment is taking place. This allows for the integration of hand hygiene into the natural workflow of patient care.

In another study published in AJIC, a cross-sectional examination of healthcare workers using a survey of

How do you ensure hand hygiene compliance at your facility? Let us know at ASC@medline.com.

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Hand hygiene compliance

It’s not as simple as asking everyone to please wash their hands
knowledge, attitude and self-reported practice of POC hand hygiene was conducted. More than half of the 350 respondents from the United States and Canada agreed or strongly agreed that they would be more likely to wash their hands at the appropriate moments if the alcohol-based hand rub was closer to the patient.4

Other barriers of hand hygiene identified in this study include:
- Inconveniently placed dispensers/sinks
- Being busy
- Empty product dispensers
- Product drying out hands
- Lack of knowledge of hand hygiene guidelines
- Inadequate knowledge of the risk of cross contamination of pathogens
- Poor habits learned early in life.

An additional challenge for ambulatory care facilities occurs when trying to apply the concept of POC hand hygiene. The ambulatory setting does not look the same as an acute care hospital, where the patient is in a room and much of the care happens in that space. In the ambulatory setting, the patient environment touched by the patient and the healthcare provider is not static; it moves beyond the walls of a single room or cubicle.

Implementing and maintaining a high level of hand hygiene compliance can sometimes feel like a daunting task, but it can be accomplished. Single interventions or one-size-fits-all solutions, such as in-service education training, leaflets, lectures or compliance feedback, often provide transient but unsustainable results. Understanding the culture, workflow and challenges of your organization can help you to target specific issues to address.

The APIC Guide to Hand Hygiene Programs for Infection Prevention offers suggestions to implement and sustain a successful hand hygiene compliance program.5

Industry also plays an important role in the struggle to increase hand hygiene compliance. Hand hygiene programs must be supported by ongoing research and product development to build on established science and continue to promote improved patient outcomes. Industry needs to invest in research and development of improved product formulations and new technologies to bolster monitoring of hand hygiene.

As healthcare workers, we need to embrace more rigorous adoption of hand hygiene practices across healthcare settings and consider the patient’s role in hand hygiene. Patients and visitors should not be exempt from performing hand hygiene. They should clean their hands before they eat, after they use the restroom and as they enter and exit their rooms.

Hand hygiene compliance is complex and the solution is not as simple as asking everyone to please wash their hands. The intricate dynamic of behavioral change requires a multidimensional approach engaging a combination of education, motivation and system change. Improved hand hygiene compliance among all hospital personnel, patients and visitors could have a significant impact on HAIs, healthcare and patient safety.

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Driving motivation
6 keys to encouraging staff engagement

Motivating employees is difficult in any organization, but healthcare presents a particularly challenging environment. The diversity of professional backgrounds, skill sets, qualifications and increasing specialization yields a complex mix of motivations among surgery center staff members.

“Each group of employees has different motivators and reasons for being there,” says Linda VanTuyle, RN, a former chief nursing officer who now consults with healthcare providers. “Clinical people are generally not motivated by financial indicators the way administrators are. They’re thinking more about clinical issues than making or saving money for the organization.”

Sharing decision-making can be an additional struggle, adds Denise Bullock, a talent management and organizational development consultant. Most employees — no matter where they work — want to know their opinions matter. In healthcare, where organizations are becoming more outcomes based and are introducing quality improvement techniques, this creates additional tensions — or opportunities — among doctors, administrators and the rest of the team.

Despite these challenges, surgery center administrators can effectively motivate all employees — managers, support staff and clinical providers — with many of the same core practices. Here are five key tenets to keep in mind.

“Clinical people are generally not motivated by financial indicators the way administrators are. They’re thinking more about clinical issues than making or saving money for the organization.”

— Linda VanTuyle, RN
Facilitate mastery. Employees want to feel they’re in a job where they know what they are doing. Bullock says, “We want to help employees find the right spot — where the work is not so easy that it is boring or so difficult that it’s frustrating.” Mastery involves supporting and encouraging employees to reach higher and to continue to improve and grow. Good ASC leaders help make this happen for employees with career development programs, mentoring and pathways to professional growth.

Push autonomy down. Managers should be encouraged to give employees control over their day-to-day work lives as much as possible, VanTuyle says. “Employees feel that decisions are made every day by people who don’t actually know what they do.” She adds that employees too often try to do a good job while working around inefficient processes or systems that someone designed without their input. As a result, work takes longer than it should, patient care suffers, employee morale declines and costs go up.

“Inclusion is a big deal,” VanTuyle says. “It’s different from asking for feedback. When you ask for feedback, you’ve already made a decision or put a new process in place, and you’re asking employees what they think about it. Asking for input is saying, ‘We need a new system or process. What do you think will work?’”

Start with purpose. It is critical to help people understand what they do in the context of the organization’s purpose. This is where so many organizations fall short, Bullock says. Every employee — no matter their role (or multiple roles as is often the case in an ASC) — wants to understand how what they do contributes to the goals of the organization. This is particularly true for frontline workers.

Get out of the office. VanTuyle says it was easy for her to make decisions when she stayed in her office. “But it becomes more complex when you are in the work environment. It is important to be visible to your staff. It does take longer to work this way. It’s easier and faster to make the decisions yourself.” VanTuyle says leaders who observe and recognize staff reap the rewards. She once implemented a “Doing the Impossible” award. Every month she publicly recognized an employee she observed going above and beyond. “You wouldn’t believe how much that recognition meant to people,” she says.

Customize your offerings. Find out what your employees want and need, such as flexible work hours, extra time off, challenging projects or tuition reimbursement. One-size-fits-all programs are not effective. And it’s not all about money. Bullock says more money is not necessarily a motivator. However, it can be demotivating if employees feel you are not paying them fairly.

Give your program time. Implementing organizational change to drive better engagement is a long-term process, and most managers don’t give change enough time before deciding it doesn’t work, VanTuyle says. “It takes two to three years to change an embedded system. Put metrics in place to see if the change sticks. Given a choice, most employees would rather go back to what they used to do.”

Motivated employees are willing to work toward organizational goals. With predicted shortages in qualified medical professionals across all skill levels, ASC leaders who effectively motivate their employees should enjoy a significant competitive advantage through lower turnover and better recruiting results.
For a long time, healthcare leaders believed increasing staff satisfaction was the Holy Grail to heightened job engagement and patient care. So leaders focused on pay, benefits and other tangible rewards.

“As it turned out, we were wrong,” says Martie Moore, RN, MAOM, CPHQ and chief nursing officer at Medline. “Competitive pay and benefits are givens in recruiting good employees, but that’s not what keeps them at your facility and makes them your best workers.”

Moore says there is a very important distinction between satisfaction and engagement. Satisfaction is more about the head, but actual engagement is about the individual’s feeling of contribution and enthusiasm in work-related activities for the organization.

“Engagement is truly about helping employees feel they can achieve and make a difference,” she says. “You want them to have confidence that they have autonomy in their practice and a voice in what’s happening in the workplace.”

To support that point, there is a statistical relationship between high engagement and improvements in productivity, outcomes and overall job satisfaction. A Gallup study of 200 hospitals found that the engagement level of nurses was the leading variable correlating to patient mortality — even beating out number of nurses per patient per day.

According to the study, here are just a few ways workers demonstrated engagement.

• Never forgetting to wash their hands
• Routinely checking on their patients
• Listening — unrushed — as patients ask about their medications and other questions
• Carefully cleaning the environment

If engagement is the best way to elevate the performance and satisfaction of your employees, how do you create an environment that fosters this behavior? Moore says that what are accepted as routine tasks, such as hand hygiene compliance, actually can be utilized as an opportunity to improve engagement.

Help alleviate stress
Irritated skin caused by rigorous hand hygiene guidelines is a major source of high anxiety and stress for clinical staff, she notes. One facility study concluded that 55 percent of its nurses on staff experienced irritant contact dermatitis, which can contribute to a lack of hand hygiene.

Another survey found that 63 percent of nurses said the condition of their hands impacts job satisfaction.

Showing empathy for your staff’s plight and providing solutions will go a long way toward creating a caring, compassionate environment in which staff are highly engaged, Moore says.

Involvement does not end here
As a leader, your involvement doesn’t stop at providing products. Moore says, “You have to constantly ask yourself, ‘How do I help my staff?’ You have to always be engaged because engagement goes both ways.”

She adds that you can do this by asking staff how they’re doing. Reinforce that you understand frequent hand washing and glove wearing can damage their hands and ask them how the solutions you gave them are working.

“If you want to convey to your employees, ‘I care about you, so follow my actions and show how much you...
care about the patients we serve,' you have to deliver that message frequently and in many different ways," Moore says. "If you do that, the message will take hold. Employees will feel that leadership is looking out for them and feel good about the place where they work. In turn, they will do everything they can to make sure patients are given the very best care."

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9. Effect of Lotions and Creams on Irritant Hand Dermatitis in Health Care Workers (HCW) - Marty O. Visscher, Ph.D., Director, The Skin Sciences Institute, Cincinnati Children’s Hospital Medical Center. Study on file.

BETTER SKIN STARTS HERE

Here are some commonly used supplies to consider, along with innovative product suggestions that may help improve your staff’s skin condition, which has been linked to better hand hygiene compliance.

EXAM GLOVES

Restore® Sense Nitrile Exam Gloves are premium gloves that contain a layer of colloidal oatmeal, temporarily protecting the skin and helping relieve dry, itchy skin. The colloidal oatmeal helps to maintain moisture and keep skin feeling softer and smoother.

According to a survey of nurses6, only 30 percent said they were content with the condition of their hands at work. But after wearing Restore, that number increased to 96 percent. The same survey revealed that before wearing Restore, just 4 percent of nurses felt their hands were well-hydrated and soft at work. After wearing Restore, that percentage rose to 92 percent.

HAND ANTISEPTICS

Sterillium® Comfort Gel is a surgical hand antiseptic formulated with 85 percent ethyl alcohol that kills 99.999 percent of germs in 15 seconds without water. Studies show that after only two weeks of using Sterillium, skin hydration increased by 14 percent compared with untreated skin.7

MOISTURIZERS

Remedy® skin care is a line of advanced therapeutic moisturizing products that have been clinically proven to reduce the effects of frequent hand washing, helping improve skin condition and increase compliance.8

A clinical study demonstrated that aggressive treatment of chronic irritant dermatitis experienced by healthcare workers with Remedy resulted in significant reduction in skin erythema and dryness. The results showed “Reduction in skin erythema suggests that the treatment is mitigating the damaging effects of repetitive hand hygiene procedures and allowing the skin to recover.”9

SURGICAL GLOVES

DermAssure® Green Surgical Gloves are made without chemical accelerators or natural rubber latex. More than 80 percent of reported glove-associated allergic contact dermatitis is attributed to chemical accelerators.10

These gloves help to advance performance and promote safety during double gloving.
BRIDGING THE GAP
Five tips for motivating your intergenerational workforce

For the first time in history, five generations are working together in the workplace. Workers today span at least 55 years of birthdates, from pre-1946 to 2000, and include traditionalists, baby boomers, Generation X, millennials and Generation Z.

However, too many organizations are failing to take advantage of this rich opportunity. In fact, a 2015 survey by AARP and HR consultants Towers Perrin found that more than 60 percent of employees experienced tension among workers of different generations. “If you’re not embracing the values, perspectives and insights of each generation, you’re not leveraging all the talents at your disposal,” says Will Turner, a performance coach, consultant and author. “The result is people who are underperforming, underutilized, less content and not as engaged. They are not going to stay around as long, especially millennials, the fastest-growing employee segment. They’re not afraid to jump ship.”

Like every business, ambulatory surgery centers must address generational differences head on. Here are five tips for motivating your intergenerational workforce.

Talk about it. The first step toward creating an open, inclusive and respectful culture is to acknowledge and talk about generational differences. Despite their differences, employees of all ages desire a rewarding work environment.

Create a mentoring culture. Turner says it’s not enough to establish mentoring programs. Instead, mentoring should permeate the entire organization and be bidirectional. For example, Turner says, millennials tend to be technologically savvy, while traditionalists and baby boomers have a wealth of institutional knowledge. Both generations can learn from and help each other.

Make performance goals personal. If employees don’t buy in to goals, they are less likely to commit to them, Turner says. “Instead of dictating top-down goals, involve employees in goal setting. Try, ‘Let’s talk about goals. What’s important to you and to the organization?’ This requires a higher level of facilitation and finesse.”

Tailor rewards and recognition. Generation X workers, who often are raising children and caring for elderly parents, may value childcare vouchers or flexibility. Boomers may want additional time off. Ask employees what they value and customize your compensation and benefits accordingly.

Expand your communications. Deliver organizational messages using the full gamut of communication tools available. Older workers tend to value in-person communications, while younger workers may prefer text or email messages.
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*Based on eight internal Medline case studies.
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