

# Strategies for ASC Efficiency and Increased Productivity

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- I. Preoperative Protocols – Dr. Richard J. Ruckman
  - A. The importance of efficiency
  - B. Benchmarking
  - C. Preoperative protocols
    - i. Prior to day of surgery
    - ii. Patient charting, universal protocol
    - iii. Patient monitoring
    - iv. Patient clothing
  - D. Specifics of preoperative efficiency
  - E. Anesthesia – optimizing efficiency
  - F. Patient transport to OR
    - i. Communication/transfer of care
    - ii. Ways to maintain efficiency
- II. Operative Protocols – Dr. Bruce Wallace
  - A. Instrument sterilization and set up
    - i. Instrument selection and sterilization
    - ii. Phacoemulsification instruments and set up
  - B. Patient eye prep
    - i. Methods for lid/ocular cleansing
    - ii. Methods for draping, head alignment
  - C. Surgeon/patient logistics
    - i. Microscope, phaco, scrub technician orientation
    - ii. Surgeon posture
    - iii. Video monitoring
  - D. Anesthesia
    - i. Monitoring vital signs
    - ii. Sedation – IV, other
  - E. Safety issues in OR
  - F. Patient exit from OR
- III. Post-Operative Protocols – Dr. Larry Patterson
  - A. Patient recovery
    - i. Monitoring vital signs
    - ii. Assessment of patient condition
    - iii. Patient consumption of beverage, food
  - B. Patient education
    - i. Presentation of post-operative instructions
    - ii. Post-operative medications
    - iii. Schedule for visits to clinic for re-evaluation
    - iv. Safety issues in recovery and post-op
- IV. Working in a Multi-Doctor/Multi-Subspecialty ASC – Dr. Bowes Hamill
  - A. Scheduling for efficiency
    - i. Different days for different specialties
    - ii. One room vs. multi-rooms per surgeon
  - B. Patient safety and patient satisfaction
    - i. Handling multiple patients at one time for different surgeons
  - C. Standardization of equipment
    - i. Same phaco, IOL's, phaco settings
  - D. Standardization of staff
    - i. "Cataract nurse" or cross-train for all specialties
  - E. Unique problems to each subspecialty
    - i. What subspecialty should or should not be in an ASC