



Lancaster Gastroenterology Procedure Center

10 Ways to Reclaim Hidden GI Profits

Tips to maximize profits in these tough economic times. Irene Tsikitas | Associate Editor

▲ **HUMAN CAPITAL** Skilled GI nurses and techs help keep cases humming.

It's hard out there for GI endoscopy centers. With reimbursements declining, regulatory pressures tightening and financially strapped patients opting out of such elective procedures as screening colonoscopy, it's become increasingly difficult for facilities to keep this specialty profitable. But it can be done. Here's what's worked for colleagues just like you across the country.

1 Smart scheduling and patient flow management. As reimbursements decline, it's imperative that you "max out your daily schedules in order to best utilize your employees and fixed costs," says Stephanie Diem, RN, BS, clinical director of Washington Square Endoscopy Center in Philadelphia. But your schedulers must be careful not to load up the docket to the point where it causes delays. At the Houston Valley Surgery Center in Kingsport, Tenn., patient arrival times are staggered 30 minutes apart to reduce patient wait times. Meanwhile, a 4-room GI center in southeast Florida uses an "air traffic control nurse" to watch the schedule and the progress of cases in each room

to head off any potential delays and prevent bottlenecks from forming in the center's 3-bed PACU.

2 Check up on patients before procedure day. The more interaction you have with patients before the day of their procedure, the less likely you are to run into problems, such as failed bowel preps, that can cause delays or last-minute cancellations. Woodlands Endoscopy Center in The Woodlands, Texas, calls patients 1 week before their procedures to review their histories, prep instructions and arrival times. "This avoids prep errors, errors in stopping meds, last-minute cancellations due to patients forgetting their appointments and weeds out inappropriate cases for the ASC," says Center Director Patricia Meine, RN. One-week advance notice of cancellations lets the center fill those slots with new cases. Calling patients again the day before their procedure further helps to ensure that patients have followed all instructions and are still planning to arrive at their scheduled time, says Tammy Andrews, CASC, director of the Houston Valley Surgery Center.



3 Keep patients in the same bed and bay. Stretcher tables, which function as a pre-op bed, operating table and recovery bed all in one, are a great way to speed procedure times without compromising patient safety, says Ms. Meine. At Woodlands Endoscopy Center, each patient is admitted to a stretcher, hooked up to a monitor and remains on the same surface throughout her stay — “no disconnecting of leads or moving from one bed to another.” Another time-saving tip, if your facility’s configuration allows, is to have each patient return to the same bay where he was in pre-op after the procedure. That way, instead of shuffling patients’ clothes and other personal effects from one place to another and risk losing them in the process, “all their belongings are hanging in the closet next to them” when they’re ready for discharge, says Ms. Diem.

4 Use deep sedation with propofol. Yes, supplies are tight and costs may be higher than usual due to the national shortage of the fast-acting anesthetic. But if you can get your hands on it, propofol remains the gold standard in GI sedation. Not only does it speed induction, it also significantly reduces recovery times. Patients are able to wake up faster and “process information much quicker” in PACU if they’ve been given propofol vs. such conscious sedation agents as demerol and fentanyl, says Berry Sowell, CEO and administrator of the high-volume Dothan Surgery Center in Alabama. While he admits that the drug shortage has created some supply-side issues, his facility has been able to continue using propofol by getting “3 or 4 standing orders with companies to make sure we’ve got enough on hand.”

5 Right-size your endoscopes and reprocessing equipment. Avoid delays in the reprocessing room by purchasing the right amount of scopes to keep your cases humming, using automated flushing devices to clean scope channels more efficiently and making sure you have enough reproprocessors — even better if they can clean and disinfect more than 1 scope at once — to handle your daily load.



Robert Neroni

▲ RIGHT-SIZED REPROCESSING Do you have enough scopes and reproprocessors to prevent equipment backups throughout the day?

6 Implement electronic medical records. The conventional wisdom on electronic medical record systems is that they are expensive, difficult to implement and can take a while to earn a return on investment. That may be true in some cases, but it’s only been about 3 months since the Alameda Surgery Center in Burbank, Calif., implemented its EMR, and Administrator Sharyn Wilde says she’s thrilled with the efficiency and cost-saving benefits so far. The system, designed specifically for the GI specialty and tied to her facility’s practice management software, codes procedures automatically when they’re entered into the patient record, yielding “quicker turnaround in terms of getting your claims out,” says Ms. Wilde. She says it was fairly easy to train staff and physicians — who were already using EMRs in the hospital setting — on the new system, and it’s improved efficiency in many ways. It generates patient discharge instructions,



▲ PAPERLESS, NOT PENNILESS Switching to EMRs saves on paper, document retrieval and staffing costs.

faxes reports to referring physicians (thereby saving on postage and labor) and creates an easy-to-read paper record that patients can take home with them. Ms. Diem, whose 3-room GI facility has been using EMRs since 2002, estimates that going paperless has saved the center as much as \$100,000 in annual supply and staffing costs by reducing paper usage, record storage, chart delivery and retrieval and FTEs.

7 Save on supplies. Due to increased regulatory scrutiny on infection control practices at ambulatory care centers, some GI facilities are using more disposable than reusable supplies, which in turn increases costs. The solution: Be vigilant in tracking supply prices and negotiating for better deals whenever possible. Dothan Surgery Center contracts with a group purchasing organization to take advantage of better pricing on such supplies as cold biopsy forceps, snares, resolution clips and bite

locks. But about once a year, Mr. Sowell says he'll go directly to the manufacturers and have 2 to 4 companies bid on specific supplies to see if he can shave a few dollars off the price. "In some cases, we can get a better price than the GPO, just because of our volume." Don't just focus on prices. You can also save by negotiating for such perks as free shipping, as the Houston Valley Surgical Center has done with the distributor for its general medical supplies.

8 Maintain just-in-time inventory. Just-in-time inventory means ordering just enough supplies to get you through 1 or 2 weeks at a time. It cuts waste by preventing supplies from expiring before you can use them and saves money by reducing the amount of cash you have tied up in the storage room. Many EMRs and practice management software systems have inventory solutions that can help you track supply usage, case volume

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