



All CSC photos by Adam Forster and Kym Williams

Seventy miles southwest of Washington, DC, in a community best known for its small-town charm, historic buildings and southern hospitality, the staff and physicians at the Culpeper Surgery Center are providing state-of-the-art surgical care to a growing number of patients each year. In 2009, they also provided charitable care worth about \$90,000 and community-wide health education services tailored to the patients and families the ASC serves. How do they do all that? According to those involved: great staff, a deep commitment to serving the community and strong partnerships in Culpeper and beyond.

Kim Nomeyko, RN
Janie Long, receptionist
Charity Wolf, RN, and Katherine Inskip, RN



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FOR PATIENTS

Culpeper Surgery Center, LLC, (CSC) in Culpeper, Virginia, opened in 2003 in partnership with the Culpeper Regional Hospital, a 70-bed acute-care facility connected by a hallway to the ASC. In line with the joint venture agreement under which the ASC was established, two of the hospital's Board members sit on the ASC's Board and CSC Executive Director Yolanda Kay, CASC, attends the Health System's quarterly executive director meetings.

"The hospital is a great resource in many ways. It's been a great 'big brother' to us," says CSC Medical Director Khalid Athar, MD. One example of the way that partnership has worked to the ASC's advantage, says Kay, was the hospital's decision to hire a physician recruiter who has attracted clinicians to both the hospital and the ASC. Another is the opportunity to participate in the same group

purchasing organization (GPO). Although all of the purchases the two facilities make through the GPO are billed and managed separately, explains Kay, "We can use the same distribution center, work with the hospital to track price changes and share purchase volume, which allows us to get discounts."

One of the advantages the partnership offers CSC's patients that only a few ever experience is the ease with which a patient transfer can occur if needed. Since all of the ASC's physicians have privileges at the Culpeper Regional Hospital and the two facilities are attached by an enclosed corridor, the transfers are quick and convenient for all involved. "We have everything we need here at the ASC to manage a patient during an emergency," says Kay, "but when we need to transfer a patient, our director can call the hospital's nursing supervisor, give a report and get a bed assignment immediately."

CSC Basics

Opened: 2003

Caseload: 3,000 per year

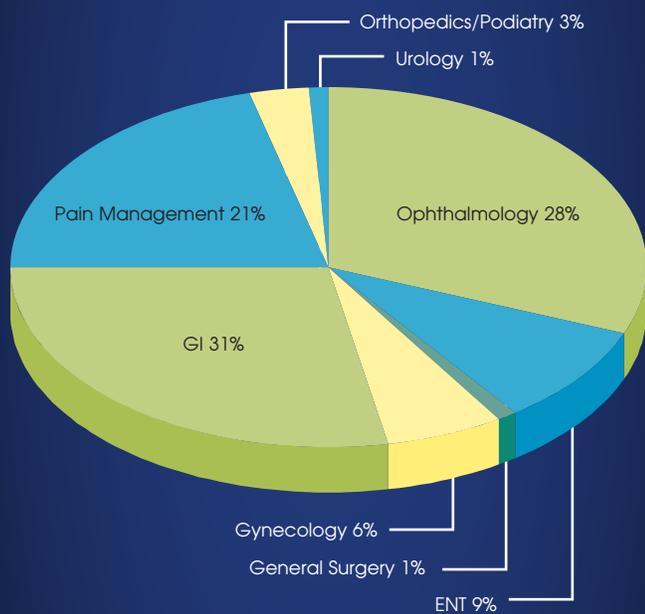
Facility: 2 ORs, 1 GI endoscopic procedure room, a prep and hold area, 1 Phase I and 1 Phase II post-anesthesia care unit; 9,669 sq ft

Payer Mix: Medicare 41%, Anthem Blue Cross Blue Shield 30%, Medicaid 11%, commercial insurance 15%

Number of Credentialed Physicians: 19

Ownership: 58% hospital owned; 42% physician owned

Case Mix



As part of the Culpeper Regional Health System, CSC agreed to provide support services to the Culpeper Free Clinic—a nonprofit, community-based organization that provides medical care and prescription medication to local residents who do not have health insurance or any other means of paying for the care they need. In 2009, the first year that CSC helped provide services for the clinic patients, the ASC provided about \$90,000 worth of charity care. Most of that total was related to the care the ASC provided for patients from the free clinic. Originally, the ASC focused on providing colonoscopies for the clinic patients, but today, the ASC provides cataract surgeries, gynecologic procedures and more. On average, CSC treats about four to five free clinic patients each month. The Culpeper Regional Hospital also performs some of the surgeries the clinic patients need.

Before CSC became involved with the clinic, all of the clinic patients who required any type of surgery traveled about an hour to the University of Virginia's (UVA) teaching hospital, in Charlottesville, for those procedures. Today, UVA and Culpeper Regional Health System physicians work together to determine whether the free clinic patients should undergo surgery at UVA's hospital, the Culpeper Regional Hospital or CSC.

CSC also supports the clinic in other ways. Athar serves on its Board of Directors and is involved in planning and marketing development. Several of CSC's nurses and some of the ASC's physicians volunteer at the clinic after hours, and several members of CSC's administrative staff have recently indicated an interest in getting involved.

"We are part of this small community and have to be aware of our role and responsibility in that, especially as more people are being hit by the recession," says Athar. The clinic, he adds, is careful to take the limits of the ASC's schedule into consideration and never interferes with physicians' block times or overwhelms the ASC with additional requests.

Convenient Care for Local Residents

"Our patient population is split between the people who use Culpeper as a bedroom community and work in Northern Virginia and some of the larger cities within about an hour of here and the elderly in our community who are dependent on family members and friends and neighbors for transportation," says Kay. To accommodate both groups, CSC goes the extra mile to ensure that obtaining care at the ASC is convenient and comfortable for all.

"Our patients who commute to the more metropolitan areas in this region to work each day could easily have their outpatient surgery done there," says Kay, "so, we do what we can to make it easy for them to have their procedures here."

One program CSC introduced to encourage local residents to visit CSC instead of other more distant providers is the ASC's "Colonoscopy on Demand" program. Through that program, the primary care physician for a healthy patient can authorize a colonoscopy for that patient at CSC without requiring the patient to schedule a separate visit to his or her surgeon's office.

"The patient's primary care physician asks the patient to select a surgeon, issues the preparation prescription, if necessary, and

sends us the patient's history and physical," explains Kay. "We discuss the case with the patient and physician three to four weeks before the day of surgery, and the surgeon examines the patient at CSC just prior to surgery. We also go over a lot of the paperwork with the patient over the phone well before the patient arrives at CSC to make the whole process quick and easy on the day the patient arrives at CSC for the procedure."

CSC has also put a number of other processes in place to make using the ASC as convenient as possible for all its patients. As a beginning, a nurse from the ASC delivers information packets and preoperative forms to primary care physicians' offices in the area so that patients can complete the forms ahead of time. Patients can also access some of those forms on CSC's web site (www.culpepersurgerycenter.com). The physicians or the patients then send the completed forms to the ASC.

Reason Mills, RN, the ASC's full-time preoperative screening nurse, reviews the information patients provide on the forms to ensure that each patient's medical history is complete and that all necessary preoperative tests have been performed before the surgery is scheduled.

Next, using the information patients have provided, a pre-anesthesia assessment checklist she developed with the ASC's anesthesia providers and an in-depth phone interview she conducts with all patients before their visit to the ASC, she collects all of the information needed to evaluate the patient's suitability for surgery, identifies significant health problems and answers any questions they may have. "We do this for our patients' convenience," she explains. "As a result, seldom do prospective patients need to come in for an evaluation by the anesthesia department."

One of the tools CSC relies on as it determines whether or not a patient can have surgery at the ASC is a chart adapted from guidelines published by the American College of Cardiology and the American Heart Association. Athar developed the chart to help the ASC ensure that it has collected all the information it needs to determine when a patient with a heart condition requires an electrocardiogram (EKG) or some other test before undergoing a non-cardiac procedure. Over time, Athar has shared the chart with primary care physicians in the area and helped them understand the best ways to use it.

The chart, says Mills, is extremely helpful. "I was running into a lot of patients who had a cardiac history but either hadn't had much recent follow-up or weren't very knowledgeable about the kind of follow-up they'd received. It was taking up a lot of my time and the anesthesia department's time to try to figure out what information we needed to ensure these patients were appropriate for treatment at our center.

"Given our large elderly population that is dependent on family members, friends and neighbors for transportation," continues Mills, "it was frustrating for them and for us if they had to postpone a procedure they'd already scheduled because it turned out that they needed an EKG or some other test. We don't want to inconvenience our patients any more than we have to, so, this has really simplified the process. And, it hasn't cut down on our case numbers. If anything, we've had a decrease in cancellations as a result."



Beverly Flanagan, materials manager, and Lois Wood, RN

Mills also looks for other preexisting health conditions, such as diabetes or hypertension, that could compromise a patient's ability to undergo a procedure at the ASC. Then, Mills conveys any risk factors she has discovered to Athar using an internal screening communication form the ASC developed. Athar then assesses each patient's suitability for surgery in the ASC and coordinates



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Khalid Athar, MD Medical Director

Athar came to CSC in April 2008 after serving as an attending anesthesiologist at the Washington Adventist Hospital just outside Washington, DC. The ASC's pending partnership with the University of Virginia's Health System, he says, was one of the main reasons he decided to move to CSC. He believed that the partnership would enable him and the ASC to provide a quality of care equivalent to the quality of care patients expect from a university hospital.

"The role of a medical director is more than just working at an ASC," says Athar. "You need to work closely with the primary care physicians and provide exceptional service. It's all about the patient in the end."

Independent of CSC, Athar is the chief executive officer of MedEd Media Consultants, a professional medical animation company and has produced a brief educational film about malaria. The program uses state-of-the-art animation and graphics that Athar hopes will help make people around the world more aware of the prevention techniques available to them. "Although

it's a highly preventable disease, malaria is the number two killer of all time, taking more than 1 million lives a year," says Athar. He is also working on a second version of the program specifically for audiences in Pakistan. He hopes both will be broadcast on April 25, World Malaria Day.

Recently, Athar has also been working on another film about vaccine-preventable diseases. "I don't want to merely treat patients. I want to help them learn about health problems and their solutions," he says.

Born and raised in Pakistan, Athar attended the Dow Medical College at the University of Karachi there. He obtained his training in anesthesia at hospitals in Ireland, upstate New York, New York City and Washington, DC. In 2005, Athar traveled to Pakistan to provide anesthesiology services as part of a 20-member team of physicians and nurses that provided earthquake relief services in that country.



any specialized pre- and post-operative care they may need with their primary care physician and surgeon.

During the preoperative phone calls Mills makes to every patient scheduled for surgery at the ASC, she explains how they should prepare for their visit to the ASC and what to expect before, during

and after the procedure. (A checklist she uses during those calls appears on page 14.) Mills often calls patients that are ASA I, II or III a second time to let them know that everything can proceed.

Another staff member also contacts all of the ASC's patients to verify their insurance information. "If there are any unresolved in-



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A CASC Credential-Holder's Story



CSC Executive Director Yolanda Kay, CASC, became the ASC's business office coordinator in April 2003. Previously, she had worked as the business office supervisor at another multi-specialty ASC, an office manager for a podiatry practice and a hospital unit coordinator. In February 2008, she was promoted to executive director at CSC. In that position, her duties include over-

seeing daily operations, monitoring and reporting financial and accounting activities and managing the ASC's human resources program. She also enforces the ASC's policies, procedures, laws and regulations and helps meet the many diverse needs of the patients, staff and physicians at the ASC each day. In 2009, Kay decided to obtain her CASC (Certified Administrator Surgery Center) credential.

"I just felt that I wanted to push myself," says Kay about her decision to seek the credential. "I felt that I was in a new position and attaining this certification would help me learn a lot, put me in a better position career-wise and give me some of the knowledge and understanding I didn't already have. When I got to reading the qualifications and the criteria

the candidates needed to meet before they could apply, I realized that I had already met those

qualifications after being an ASC administrator for just one year. So, when I sat down with my Board's chairman in 2009, as I do every year to decide my goals for the year, I decided that getting my CASC credential would be one of my goals."

In preparation for the CASC exam, Kay reviewed much of the recommended study material cited on the CASC web site (www.aboutcasc.org) and participated in the CASC review course offered immediately preceding the 2009 annual meeting of the ASC Association. [For information on the CASC review course being offered preceding the ASC Association's 2011 annual meeting, go to www.ascassociation.org/ascs2011/premeeting.-Ed.] She passed the CASC exam in September 2009 and was recognized for her achievement at ASCs 2010 in Anaheim, California, last May.

"The test wasn't easy," says Kay, "but once you pass it, you have to say to yourself, 'Well, I do know some things.' The whole process is very helpful. You learn a lot, and you get a great appreciation for yourself and all that you know. It is very self-assuring."*



*The ASC Association's 2010 *ASC Employee Salary & Benefits Survey* indicates that, on average, the median salary for ASC administrators with their CASC credential is 17% to 23% higher than the median salary for ASC administrators without that credential. To order a copy of that report, go to www.ascassociation.org/store. For more information about obtaining the CASC credential, go to www.aboutcasc.org.

Culpeper Surgery Center, LLC

Pre-op Interview

Patient Arrival Time: _____ Call @ _____ if time changes

Instructions to Patients:

- Directions to Center
- NPO instructions: _____
- Bring in med list (with dosages) day of surgery
- Medication instructions: _____
- Pre-op testing instructions reviewed if applicable _____
- Ride home; Adult stay post-op
- Instructions for dentures, glasses, contacts, hearing aids: _____
- Bring cane, crutches if applicable
- Leave jewelry, valuables, money at home
- Bring photo ID, & Insurance card
- Advance Directives policy reviewed/Pt has Advance Directive: Y or N other: _____
- Patient Rights/Responsibilities reviewed
- Physician Ownership reviewed
- Pediatrics – Bring toy/blanket, diapers, bottle, car seat
- Patient/responsible party verbalizes understanding of instructions

Nurse's Notes:

Signature & Date: _____

insurance issues, we work with the physician's office to handle them before the patient comes in," Kay says. "We take care of as much of the paperwork ahead of time as we can and explain to patients what to expect before they get here."

Award-Winning Patient Satisfaction

"We try to make each patient feel as though he or she is the only one in the center," says Kay. For the ASC's pediatric patients, that includes providing televisions in the preoperative bays, providing stuffed animals during their visit and allowing the children's parents to wheel them to the door of the ASC's operating room (OR) in a red wagon. Parents who want to accompany their child into the OR are invited inside, then asked to leave once the anesthesia is administered.

For CSC's adult patients, says Kay, much of the work that goes into creating the impression that they are the only patient in the ASC that day involves the paperwork and telephone interviews that take place before those patients ever step foot inside the ASC.

"When our patients actually arrive for their procedure," says Kay, "they already have a good idea of how things are going to go, including how long the procedure will take and how long they will be here after the procedure."

CSC's efforts to make its patients feel warmly welcomed at the ASC paid off in an unexpected way in July 2009 when the ASC won

national recognition for the high level of satisfaction its patients report from the national company that conducts the ASC's patient satisfaction surveys. Kay, and a member of her staff selected in a random drawing the ASC conducted to determine who would get to accompany her, traveled to Orlando, Florida, to receive the award. At the "Exceeding Patient Expectations" award ceremony, CSC was the only ASC recognized. "We were judged on quality of care, reliability and customization of the services that patients receive before their visit," says Kay.

Pioneering Practices

Thanks to the consistency of care available at CSC as well as the ASC's ability to respond quickly to special circumstances, says Athar, CSC has been able to help him and other physicians at the ASC introduce some improvements in patient care he believes would have been much more difficult to implement in the hospital setting. One of those is helping pediatric patients emerge more quickly and easily from anesthesia.

Another innovation in care the physicians at CSC have been able to introduce is a protocol for reducing the amount of pain and postoperative nausea and vomiting (PONV) the ASC's patients experience. "The way to do this is by identifying those most at risk for PONV and treating them, not only by administering opioids after surgery, but prophylactically, with nonsteroidal anti-inflammatory drugs, such as acetaminophen or IV-administered ibuprofen. It quickens recovery and reduces pain and other complications" explains Athar.

"These types of treatment modifications are being introduced in hospitals," says Athar, "but fast-tracking them is more accepted in the ASC setting where there's better utilization and efficiency because everyone is more aware of facility turnover times."

Otolaryngologist R. Bruce Redmon, MD, FACS, FAAO, who has more than 30 years of experience, returned to Culpeper three years ago after spending 11 years practicing in Orlando, Florida. He says the excellent care CSC provides for his patients, especially his pediatric patients, has had a positive influence on his practice. He also values the ASC's computerized image guidance system, which he uses to perform the endoscopic sinus surgeries his patients need.

Community Outreach

One of the other partnerships CSC invests heavily in within its community is its relationships with the physicians' offices in the area. The ASC sends a staff member to their offices regularly to explain important details about the services the ASC offers and any new programs or procedures the ASC has adopted. Time to time, CSC also hosts social events that allow local primary care physicians and the center's surgeons to network. Kay has also invited the physicians' schedulers to breakfast meetings at the ASC where they participate in roundtable discussions and discuss best practices and the most effective ways of working with the ASC.

To reach potential patients and the others who live in and around Culpeper, CSC routinely participates in local community health fairs. In 2010, the ASC partnered with the Culpeper Regional Health System to sponsor the largest health fair the community has ever seen.

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Reason J. Mills, RN Preoperative Screening Nurse

Mills, a life-long resident of Culpeper, began her nursing career in 1982. She worked in acute care, long-term care, internal and family practice offices and home health care before joining CSC in 2004. Since then, she has concentrated on providing the pre-operative care CSC's patients need. Assisted by Kim Nomeyko, RN [see Nomeyko's profile on page 21], Mills performs nearly all of the ASC's preoperative screenings.

"Anyone who is interested in this type of position needs to be able to work independently, be very detail oriented and be able to prioritize and enjoy a challenge," says Mills. "You must also enjoy interacting with patients and their families. The best part of my job is working with the patients to help educate them and ease their anxiety."

Mills is certified in basic, advanced cardiac and pediatric life support and is a member of the American Society of PeriAnesthesia Nurses (ASPAN) and the American Academy of Ambulatory Care Nursing.

To keep her nursing skills current, she tries to attend at least one ASPAN conference or other educational offering each year. Outside CSC, Mills spends most of her free time with family, friends and church-related activities. For fun, she rides motorcycles with her husband and son.



"Lines of people were wrapped around the building before we even opened the doors," says Kay. "We ran out of all our giveaways after about an hour and a half. I was thinking, 'Oh my goodness, where did all these people come from?' But I think the turnout we got just shows that patients are becoming more aware and wanting to be in charge more of their health. They want to find out as much information as they can and use the resources that are available to them."

In addition to free services like blood pressure screenings for attendees, the day featured a cycling demonstration, a Zumba® event and an

opportunity to explore the Powell Wellness Center, an affiliate of the Culpeper Regional Health System that integrates fitness, wellness and medical amenities to promote health in the local community.

With Athar's support, the ASC has also created some public service announcements that air on the local television station. In general, the announcements include some general information on one health topic, like colon cancer, and feature the ASC's physicians talking about the condition and treatment options. The announcements also introduce viewers to the ASC and its physicians.

A photograph of a woman with dark hair, wearing blue patterned scrubs, smiling and holding a large, wrapped bundle of white linens. She is standing in a storage room with metal shelving units filled with more bundles of linens. To the right, there is a rack with several white lab coats hanging on it.

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CSC staff with the ASC's Exceeding Patient Expectations Award

“The spots are very inexpensive for us to produce,” says Kay, “and they air whenever the station chooses as part of its community service programming.”

Simply Great Staff

Letter after letter that CSC receives from its patients, and often posts on its web site to give new patients a taste of what they can expect when they arrive at the ASC, raves about the outstanding way staff treat them during their visit to CSC. “Everyone I came in contact with made my visit very pleasant,” says one former patient.

“They all seemed to want to be there, enjoy their jobs and were very friendly.”

“I feel that if everyone is treated the same way that I was treated, this center is number 1 in my book. You all are great people—you have compassion, professionalism and caring all wrapped up in one,” says another.

“The staff that are here are very involved and have been in the community for a long time,” says Kay. “They have been here at the center, but they have also been in Culpeper for a while or all their life, so I think that has something to with our patient satisfaction and the assurance patients have that they are in a safe, friendly and warm environment.”

“When Brian Woodward [see his profile on page 20] is in pre-op,” adds Kay, “it seems like he knows everybody or his family knows everybody, and when I walk by, the patients and Brian are just talking about everything from bike riding to duck hunting . . . just everything.”

“We often hear patients say that they don’t feel like a number here and that they appreciate seeing a friendly, familiar face,” says CSC Preoperative Nurse Kim Nomeyko, RN. “I believe this has played a key role in ensuring our patient satisfaction levels and exceeding our patients’ expectations.”

According to Kay, CSC staff don’t really need much encouragement to work as a team, but the ASC does offer small opportuni-

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Brian Woodward, RN
Charge Nurse/Assistant Clinical Coordinator

Woodward left his job as a nurse at a dialysis center to join the staff of CSC seven years ago after becoming interested in working in the ASC setting and hearing that CSC was a great place to work. Today at CSC, he is responsible for making certain all of the clinical operations at the ASC are functioning smoothly each day.

Woodward is a Reserve Army Nurse Corps officer and says the training he got there helped prepare him for a leadership role at CSC. He is certified in basic, pediatric advanced and advanced cardiovascular life support and is seeking certification in conscious sedation. He belongs to both the Association of periOperative Registered Nurses and the Association for Professionals in Infection Control and Epidemiology, which he says help him keep his nursing

skills up to date and find the best ways to apply those skills in the ASC setting. His simple formula for success in managing the day-to-day challenges of an ASC is

- remember to treat people as you would want to be treated
- stay flexible and open to each day's challenges and rewards
- constantly work to learn more so that you can be as prepared as possible for what lies ahead

On his days off, Woodward enjoys spending time with his family. Everyone in the family, he adds, is looking forward to exploring new places in their new trailer camper.



ties to build on its team spirit. "I try to do luncheons, and we have regular staff meetings," says Kay, "and we have a couple of outings a year, like going bowling or going to a movie. A couple of weeks ago, Dr. Athar arranged a cookout at the country club and gave everyone an opportunity to get together with the doctors and staff in a different setting. We also have a holiday party. As we have gotten bigger,

it has been a bit more difficult to get everybody together, but we still try to do that. We're not going bowling again, though, until I have a chance to get better at that."

The kind of care patients want most, adds Kay, just seems to come naturally to many of CSC's staff. "Like our receptionist, Janie Long," says Kay, "she is always smiling and always happy. I don't know how she does it, because I would be exhausted by the end of the day, but it's just natural for her. Our patients continually say that from the time they walk in the door until they leave, they just feel that everyone on our staff has provided them with the best quality care possible."

Planning for Growth

Long-term, say Kay and Athar, CSC is planning for growth. "We're looking to add to our general surgery practice and attract enough gastroenterologists to expand our endoscopy suite," says Kay. "I think that, through the partnership with Culpeper Regional Health System and the University of Virginia, we'll recruit physicians to set up offices here, which will give us the additional expertise we need."

To help CSC manage the growth Kay and Athar are anticipating, the ASC has begun looking at electronic medical record systems. Unfortunately, says Kay, a final decision is still pending. One of the biggest challenges the ASC is facing is being able to find a "surgery-center-friendly system."

"The future of the ASC industry as a whole," says Athar, "will be about how to continue to grow, and part of that involves focusing on minimally-invasive procedures. For example, as a clinician, I am not just focusing only on anesthesia, I am now a perioperative physician. I work to make sure the right patients are being referred to our ASC and on using multi-modal ways to treat them to improve outcomes and prevent complications. These are the types of changes ASCs can implement efficiently."

Athar also encourages ASC physicians and staff to reach out to local physicians to help them serve their patients and achieve their business development priorities. "When I or our surgeons visit doc-

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Kim Nomeyko, RN, BS
Preoperative Nurse

One of the original members of the CSC team when it opened in 2003, Nomeyko says that although many things have changed as the ASC has grown over time, one thing has remained constant: the ASC's commitment to personal, quality care. "In the ever-changing environment of health care services in this country," she says, "I feel blessed and honored to be able to fulfill my passion for nursing by working for an organization that places such a high premium on caring and excellence."

Nomeyko's father was a US Air Force sergeant who she says valued pride and integrity, service before self and excellence in every endeavor above all else. Her mother was a nurse committed to compassion and care. Given the influence her parents' values had on her own life, Nomeyko says she knew early on that she wanted to be a nurse. Preoperative nursing,

she adds, is her niche. At CSC, one of the aspects of her job she enjoys the most is being able to educate, reassure and prepare patients for their procedure in the fast-moving environment.

As she continues to look for new and improved ways to provide the best possible care to her patients, Nomeyko says she continues to seek additional educational opportunities and relies on organizations like the American Society of PeriAnesthesia Nurses for the seminars and networking opportunities they offer. She is certified in basic, pediatric and advanced cardiac life support. In her free time, she volunteers at the local free clinic and pursues her second passion: cooking, both everyday and gourmet meals.



tors, we don't just tell them what we bring to the table. We ask what we can do for them."

"With our ability to access so much information so quickly and health care costs increasing," say Mills, "our patients are becoming very educated consumers. ASCs must recognize this and be able to deliver the quality of care that patients seek in a friendly, convenient setting."

Athar also says he believes that, ultimately, ASCs' ability to provide effective, affordable health care in a comfortable setting and with efficiency will preserve the industry. "Everybody feels that their time is important and the ability to save people time is something we definitely have to offer. ASCs are the way of the future!" -ASC

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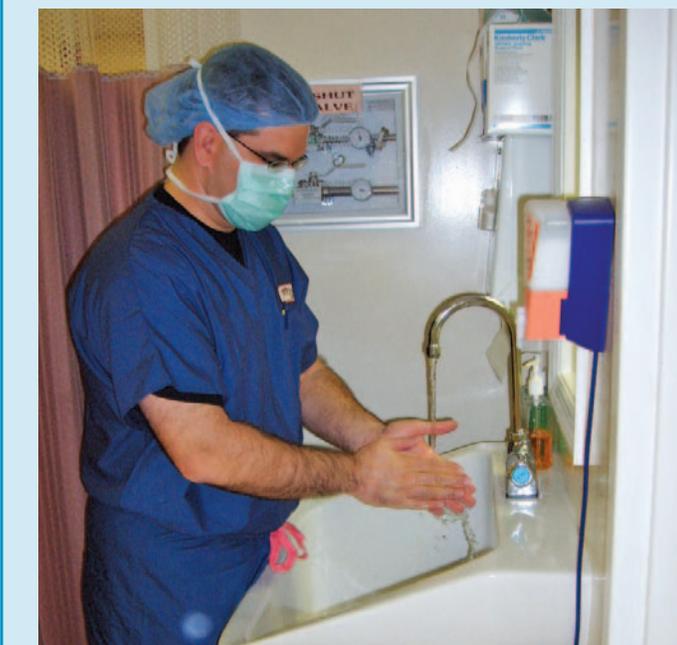
ASC Association and APIC Team Up

The ASC Association and the Association for Professionals in Infection Control and Epidemiology (APIC) are working collaboratively to promote best practices in infection prevention in ASCs and other ambulatory care settings throughout the country. Many of the opportunities described below are a result of that collaboration. More plans for 2011 are being made.



APIC Infection Prevention Seminar

During September, APIC provided a two-day educational seminar titled “Infection Prevention for ASCs: Meeting CMS Conditions for Coverage” in Baltimore. More than 300 ASC professionals from across the country participated. ASC Association representatives who staffed an exhibit booth at the meeting distributed ASC Association membership materials and information about programs and resources the association offers to assist ASCs in their infection prevention efforts. Nancy Jo Vinson, CASC, of NJM Consulting, Inc., served as the ASC Association’s representative on the APIC panel at the seminar.



Other Educational Opportunities

- In 2011, on May 11, APIC will present the first half of a full-day workshop at the ASC Association’s annual meeting in Orlando. For more information on that workshop, go to www.ascassociation.org/ascs2011/premeeting.
- In partnership with the Ambulatory Surgery Foundation, APIC will co-produce a webinar on February 22, 2011, about hand hygiene and infection prevention in the ASC setting. The program will be presented by Marilyn Hanchett, RN, APIC’s senior director of clinical innovation.
- Another webinar, sponsored independently by the ASC Association on March 15, will focus on Tier II of the HHS section plan to reduce and eliminate healthcare-associated infections. Tier II is the part of the plan that is focused on ASCs, while Tier I focused on acute care settings. Joe Perz, DrPH, MA, prevention team leader of the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention, and Rani Jeeva, team leader for health-care associated infection prevention and a management analyst at the US Department of Health & Human Services, will lead this program. To register for either of these webinars and to see the complete 2011 series, go to www.ascassociation.org/webinars.
- An archival version of the November 2010 webinar co-sponsored by APIC, “Infection Control—What Every ASC Needs to Know,” led by Gwenda Felizardo of the Group Health Cooperative, is also available. For order information, go to www.ascassociation.org/webinars3.

