Should ASCs hire RNs from the hospital?

Officials for the ambulatory surgery center (ASC) built by Children’s Medical Center of Dallas faced a tough decision in the months leading up to its March 2003 opening: Should they hire OR nurses from the main hospital?

Initially, Matt Chance, MHA, CHE, business manager of surgical services at Pavilion Surgery Center, said the answer was no. Pavilion wanted outside OR nurses to staff the new 6-OR ASC.

“We decided early on that we would have a dedicated staff at the ASC,” Chance says. “We couldn’t take staff away from our main OR, where it was full. We needed to be up and running on Day 1. We also didn’t want to import nurses with inpatient mindsets. Surgery centers have different operational needs than main ORs.”

As volume increased to about 450 cases per month, Patty Crabb, RN, BS, Pavilion’s director, says the ASC has since hired 5 nurses from the main hospital to staff preoperative and recovery units.

“I only hired one nurse from the OR, and she is not here anymore,” Crabb says. “It is a big change in mindset here compared with the main OR. We are a single self-contained unit where turnovers are fast. We have little down time.”

Hiring the ‘right staff’

In the fast-paced and competitive realm of ambulatory surgery, patients spend the majority of their time with nurses, surgical technologists, and support staff. Hiring the right staff can build a reputation of great patient care that can make the difference between a winning and losing ASC, experts say.

Hiring staff for freestanding or hospital-affiliated ASCs can be one of the most sensitive decisions managers make. Some hospital-affiliated ASC managers say hospital politics become a factor in hiring decisions—at least in the beginning when an ASC opens. But most ASC managers say the decision to hire an OR nurse is purely an operational one that is made on a case-by-case basis.

Some ASCs prefer not to hire OR nurses who have spent years working in inpatient environments because the pace, duties, schedules, cost-control responsibilities, and patient and physician interactions are different. Yet ASC managers say they keep an open mind when interviewing and hiring.

“You want the best person for the job, regardless of where they come from,” says Sue Weides, RN, CAPA, former manager of the Ambulatory Surgery Center at Lutheran Advocate General Hospital, Park Ridge, Ill. “Turnover is quick in ASCs. Most main-OR nurses come over and are surprised how many cases we do in such a short time. Some aren’t used to the pace. This is the biggest obstacle over here.”

Weides, who now is clinical coordinator of presurgical testing at Lutheran Advocate General, says more than half of the 20 nurses currently at the 6-OR ASC transferred over from the hospital’s main surgery department.

Two other changes inpatient OR nurses may face when moving into the ASC arena are the wide variety of cases each day and the need to have a customer-friendly attitude toward patients, families, and surgeons.

“Our patients are not as sick. (OR staff) can be involved in an ear tube for 10 minutes and then move to a laparoscopy for 90 minutes,” Weides says.

She says providing good customer service to surgeons is very important at ASCs because there generally is a small core of surgeons that regularly work at the ASC.

“We have probably 250 surgeons on staff, but we have a strong core of about 20
whom we work with consistently,” she says. “It is important that OR nurses work well with the surgeons because they see them every day.”

**Asking the right questions**

When hiring nurses for an ASC, Ann Geier, RN, MS, CNOR, CASC, vice president of operations at Ambulatory Surgical Centers of America, Norwell, Mass, says asking the right questions in interviews can help identify best candidates.

“Nurses might not have ASC or outpatient experience, but you want nurses with the right attitude,” Geier says. “Ask them situational-type questions. For instance, you might ask a nurse to describe a typical work day. If they work in the OR, they might tell you they have cases scheduled, and they do those, restock, and go home.”

This is a red flag, she says, noting that in ASCs, nurses often are reassigned to other units later in the day, depending on work flow.

“Ask them what other responsibilities they have. Have they been on a CQI committee? This is important,” Geier says. “Everybody in an ASC is expected to do other duties.”

Geier says identifying those nurses who are able to deliver customer-friendly service is crucial to make an ASC successful.

“Ask them to describe the worst confrontation they ever had with a MD. This will tell you their customer service orientation,” she says. “Ask them what they do if a surgeon tells an off-color joke. When you hear the answer, you can tell if they would make things worse or be able to defuse the situation.”

Geier, who has worked in both inpatient ORs and ASCs, says hospital ORs are doing a better job at delivering customer service to surgeons. “I still would rather hire the hospital nurse who has ASC experience. It is difficult sometimes trying to change the inpatient nurse’s mentality. They recognize they need to change, but many do not do anything about it,” she says.

Rebecca Craig, RN, CNOR, CASC, administrator at Harmony Surgery Center, Fort Collins, Colo, says she and her clinical director, Catherine Seiler, RN, ask 2 questions that tend to identify a nurse’s flexibility and attitude. Harmony is a joint venture between surgeons and nearby Poudre Valley Hospital.

“I have my toilet question,” Craig says. “I ask, ‘Are you willing to clean a toilet if necessary?’”

Also, Harmony does a lot of GI endoscopy procedures. “We may need that done. Some nurses are versatile and willing; some are not. The answer helps us judge how flexible a nurse is.”

Other questions frequently asked are: “What is your favorite part of your (current or last) job? What is your least favorite?” Craig says. “We have been weeding out a lot of people with this question. Some say their least favorite was that they were so busy. They wouldn’t be able to work in our environment.”

Of Harmony’s approximate 36 part-time and full-time nurses who staff its 4 ORs and 2 GI and pain management rooms, about half originally came from a hospital inpatient OR.

“We had a lot of turnover the first 2 years when we opened, but we have very little turnover now,” she says. “Some may have started out as inpatient nurses, but everyone working here now is an ambulatory nurse.”

Wiedes agrees interviews are critical, but they only tell part of the story.

“Some people know all the right answers. I liked to get recommendations from people they worked with. I always had staff or the leadership team interview candidates. I would get everybody’s feelings afterwards,” she says.

Most ASCs want OR nurses with a “can-do” attitude who are willing to learn new duties and responsibilities, says Donna Slosburg, RN, BSN, LHRM, CASC, senior vice president of quality initiatives at HealthSouth. In Slosburg’s experience, some OR nurses may lack the experience to carry out multiple duties required of ASC nurses.

**Doing what it takes**

“In a hospital, you have a lot of support staff. ASCs have limited staff, so everybody has to be flexible and willing to do whatever it takes,” Slosburg says.

For example, ASC nurses in the OR are expected to staff procedures and then
clean up the room between cases. “We don’t typically have housekeepers or orderlies like hospitals,” she says. “You may be scrubbing, ordering supplies, cleaning instruments, working on PI projects, as well as picking up the trash.”

In past interviews she has conducted, Slosburg, who is based in St Petersburg, Fla, says OR nurses typically think ASCs are easy places to work because they don’t have night shifts and call responsibilities.

“This is not true. I tell them this is the hardest but most rewarding job you will ever have,” she says.

ASC staff at HealthSouth, which operates about 170 surgery centers, usually work based on the surgery schedules, not shifts, she says. “One day you may work 5 hours, and the next day you may be here 10 hours,” she says. “Based on our surgery schedule, you have different starting and ending times.” Slosburg says most OR nurses are accustomed to regular 8-hour shifts.

The need to be cross-trained to multiple jobs is another major difference at ASCs. “If you are a circulating nurse, you will circulate on cases, but you also are expected to multi-task in other areas such as preop and PACU to help out on busy days,” Slosburg says.

Craig agrees. She says cross-training occurs most often between preop, postop, and recovery areas, but OR nurses can be expected to work in all other areas, including pain management, endoscopy, and sterile processing. All ASC nurses are expected to become knowledgeable about instrument processing, materials management, and quality improvement, she says.

Weides says Lutheran’s ASC employs a few surgical technologists as scrub techs, but “most OR nurses have to scrub and circulate.”

Crabb says OR nurses primarily are dedicated to surgery, but they are also expected to participate in quality assurance and process improvement projects. “If needed, (OR nurses) also work in Phase 1 and Phase 2 recovery rooms and sterile processing,” she says.

**Attention to costs**

Many ASCs are profitable, and managers say much of this is attributable to efficient operations and attention to costs. Staff nurses are expected to pay rigorous attention to cost containment.

“Because our reimbursement is on a flat-fee basis (Medicare ASC groupers), we have to be efficient with time and costs. We don’t open everything on the preference card. We just open the necessities, and nurses will wait and ask the physician,” says Crabb.

Since Dallas Children’s Pavilion opened, Chance says per-case supply costs have dropped to under $750 per case from about $1,000 per case in 2003.

Crabb says OR nurses learn quickly how much items cost and how to query surgeons who order expensive supplies.

“Nurses learn to ask if (the surgeon) knows how much an item costs before they open it. Most times the doctor doesn’t know and will offer an alternative or not use it.”

**Nursing shortage affects hiring**

ASC managers say the nursing shortage sometimes makes it difficult to find experienced nurses who are willing to take an ASC’s sometimes lower pay, fewer benefits if they work part-time, and less vacation time in exchange for what is sometimes a more flexible schedule and a more open working environment.

“The main hospital trains new nurses,” Geier says. “ASCs don’t have the staff development budget hospitals do. In a way, we have a Catch-22 type situation. We don’t hire new graduates because they are not experienced. The experienced nurses are at the hospitals, and they are in great demand, and hospitals have deeper pockets than ASCs.”

For example, some OR nurses who would be good candidates for an ASC may have seniority with 6 weeks’ vacation at the hospital. “We can only offer 2 weeks,” Geier says. “Nurses who come to us want the challenge of working in an ASC. They
like the smaller staff and more intimate settings and are willing to make adjustments."

Geier says other benefits to working at an ASC are: a family atmosphere, teamwork and cross-training, convenient parking, work autonomy, and less of a hierarchy.

Once the decision has been made to hire OR nurses, Geier recommends hospital-affiliated ASCs advertise within the hospital first and then advertise externally after a few weeks. Advertising in local and national publications works well, she says. But word of mouth within the local nursing community is the most effective.

“When you hire from outside—that brings resentment. But you need to be careful during your interviews to make sure nurses don’t bring the hospital mentality and a lot of baggage that needs to be undone,” she says.

— Jay Greene

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