When patients call the plays, the whole team wins

Patients come first. That is the brief, yet insightful, first principle for the ambulatory surgery industry: Give patients a safe, cost-effective, convenient, and attractive place to have their elective surgery, and profits and career satisfaction will follow.

Well, perhaps, but it is all too easy to become involved in regulations, financial strategy, and technology—elevating the quality of care but leaving out the person who should be the center of the healthcare team: the patient.

As ambulatory surgery centers (ASCs) take on more complex procedures and treat patients with more serious conditions, reaffirming that first principle becomes critical for outcomes and patient satisfaction.

Recalling Hippocrates

In 1978, a San Francisco woman, Angelica Thieriot, was so frustrated by the treatment she had received during a hospital stay that she founded an organization to promote patient-centered care. Now called Planetree Inc after the tree Hippocrates sat under while teaching medicine, the group is based in Derby, Connecticut, and has members in the US and four other countries.

Planetree offers training and consulting services, and awards Planetree Designation to hospitals and other facilities meeting its standards for patient-centered programs.

Any healthcare organization may apply for the designation, but so far only one ASC has done so: Laser Spine Institute in Tampa, Florida. Nicole Gritton, MSN, MBA, RN, LHRM, vice president of nursing and ASC operations, has developed a program that follows the Planetree standards.

“It’s the way you approach the patient,” she explains. “We focus on the entire patient, as opposed to a diagnosis.”

Despite high satisfaction rates overall, LSI wanted to achieve more, Gritton says.

The first step in developing the program was talking to patients, not only about their conditions, but also about their expectations regarding treatment. “Patients want results that work—they want to get back to life,” Gritton says. When surgeons asked, patients indicated they wanted:

• the least-invasive option available
• great communication
• to be valued and at the center of clinicians’ attention.

Chief operating officer Alan Manning says some Planetree hospitals have affiliated surgery centers, but LSI is the first stand-alone ASC to apply. “The Laser Spine Institute in Philadelphia has been a true pioneer in leading that effort,” Manning says. “We have been impressed by the degree to which LSI has implemented the Planetree model across their enterprise of surgery centers.”
The patient-centered team
LSI performs a variety of less-invasive spine procedures for neck and back pain caused by spinal stenosis, degenerative disc disease, pinched nerves, bone spurs, bulging or herniated discs, sciatica, and other chronic conditions. “Patients come to us after an average of 7 to 9 years of pain,” Gritton says.

Citing Centers for Disease Control and Prevention data, she estimates that nationally, 100 million adults suffer from back pain, but 60% of those referred for surgery do not have it. That is where the new technology practiced in ASCs can help. “Patients don’t want open back surgery,” she says.

LSI attracts prospective patients through television commercials, the Internet, surgeon referrals, and personal recommendations. To be accepted for surgery, each candidate is first screened medically, beginning with a history form.

Of the initial candidates, about 30% are accepted and 70% are referred for additional screening, such as MRIs and x-rays, because of health conditions. Of the 70% given follow-up screening, 30% are deemed not eligible for outpatient spine surgery—that is, about 20% of total candidates are not able to be treated in the ASC.

Patient screening determines whether a candidate has spine pathology that can be corrected by an outpatient procedure. If not, the patient is referred to a hospital.

Thus, the first consideration is the condition, and the second is the procedure that will be necessary, and whether it is available in an ASC.

The next step is to determine if the patient is eligible. For spine procedures, patient selection is key, Gritton says.

If the screening so far indicates the patient will be appropriate for the procedure, one step remains: explaining the options to the patient. Some will not want to undergo outpatient spine surgery. In addition to the usual considerations of weight, age, comorbidities, and available home care, spine patients need to understand, accept, and comply with pre- and postoperative instructions and communicate their concerns and questions. It is important to have their agreement before proceeding, Gritton notes.

Another component of patient selection for surgery is the financial arrangement. Medicare has recently approved payment for more complex spine procedures. LSI, however, does not accept Medicare patients. Candidates must therefore have adequate private insurance or be able to pay the full amount.

Since 2005, LSI surgeons have performed spine surgery on about 50,000 patients. Gritton says demand has increased steadily while outcomes have been excellent and complications few.

The Planetree approach
“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it,” Planetree member Laura Gilpin explains on the website. “It is the simple things that we tend to overlook,” she says.

The Institute of Medicine defines patient-centered care as a marker of quality healthcare, and the Joint Commission recognizes the Planetree designation as a quality check in its accreditation surveys.

Planetree, following the Institute of Medicine, calls the concept “health literacy.” It means the ability of a patient and the patient’s family to make appropriate health decisions. This ability requires information and understanding of health issues. Without it, patient-centered care is impossible. Therefore, a first step is communicating with patients in ways that they can understand and encouraging their participation in decisions. “Addressing health literacy challenges must be a healthcare priority,” Planetree tells its members.

In addition, regulations creating accountable care organizations (ACOs) and
meaningful use thresholds for electronic medical records (EMRs) require participation of patients in their own healthcare.

Managing the patient experience

Jason Jones is vice president of patient experience at LSI. He supervises the full-time patient experience managers (PEMs) at each facility.

The PEM is the first person the patient meets, so that, instead of a parade of staff and clinical specialists, the patient is able to depend on consistent communication with someone who can relate to him or her as an individual.

As a PEM, Jones says, “my role is to create a great experience, and let them know it is safe to raise their hands if they feel we don’t put their needs first.”

Patients respond to this unusual message in a variety of ways, he says. “Some just nod, while others open up right away.”

PEMs and ASC staff receive training in patient communication. Very often, Jones notes, a physician or nurse will explain something and then ask, “Any questions?” The usual response is, “no.”

To elicit a better response, he has clinicians say something like, “I’ve gone over a lot of information. I don’t want you to leave this room with any questions unanswered.” That approach lets the patient know that questions are welcome and expected.

Jones compares the healthcare setting with a restaurant visit. “The reason we don’t like to send food back at a restaurant is fear that it will affect the level of service.” It may take a while and some effort to persuade a patient that complaints or repeated questions won’t affect the caregivers’ attitudes. “If you make sure to earn their trust, you’ll be amazed at how much they’ll share with you,” Jones says.

Not that such sharing is always comfortable.

The PEM role is similar to a concierge’s, caring for the patient’s individual needs. When a problem arises, the PEM has the authority and duty to stop the process and meet with clinicians.

For many healthcare professionals, especially those with long experience in traditional methods, such an on-the-spot conference is uncomfortable.

Despite training and organizational culture and even individual willingness, there will be situations in which defenses will go up, Jones cautions.

“ASCs need to know that there will be resistance,” he says. “Sometimes the staff will go back to what they’re comfortable saying. Not everyone can change.”

A wider view

For complex procedures like spine surgery, patient focus and communication are necessary, but not sufficient for the best outcomes. Surgeons, anesthesiologists, and staff must be well trained and experienced in the outpatient setting. Fortunately, Gritton says, outpatient surgery centers find it easy to attract the best nurses and other staff because of the attractive work environment.

Also important is having a hospital available for transfers and capable of handling spine complications.

Finally, because outpatient back surgery is so new and gaining the attention of the general public, it has attracted media scrutiny, which can help or hinder acceptance of newer techniques, depending on how physicians and ASCs respond to questions and explain the facts. Clear, understandable communication from surgeons and facility managers will promote health literacy and confidence, and ultimately the best outcomes.

—Paula DeJohn