

Office-Based Surgery

Frequently Asked Questions

Clinical

1. What are the best types of surgical procedures to be performed in the office setting?

Patients undergoing the following types of procedures may be ideal candidates for office-based surgery

- Dental (extractions, implants, restorations)
- General Surgery (lesion/lipoma excisions, ? breast bx)
- GI (endoscopic procedures)
- Gynecologic (hysteroscopies, ablations, sterilizations)
- Orthopedic (screw removal, manipulations)
- Plastic Surgery (liposuction, laser resurfacing, blepharoplasty)
- Urologic (cysto, bladder/prostate bx, stent removal, vasectomy)
- Other

2. What is the patient selection criteria for office-based surgery (OBS)?

Based on American Society of Anesthesiologists (ASA) guidelines for office-based surgery, surgeons should only consider patients for OBS based on the criteria listed below:

- BMI – less than 30
 - >30-RN will call anesthesiologist if other co-morbidities
 - >35- at the discretion of the anesthesiologist
- A. ASA Class 1 & 2 are acceptable:
 - ASA1- Healthy without any medical problems
 - ASA2 - No functional limitations; has a well-controlled disease of one body system; controlled hypertension or diabetes without systemic effects, cigarette smoking without chronic obstructive pulmonary disease (COPD).
 - ASA Class 3 may be acceptable. Patient should be contacted by anesthesia before being scheduled.
 - ASA3 - Some functional limitation; has a controlled disease of more than one body system or one major system; no immediate danger of death; controlled congestive heart failure (CHF), CVA, stable angina, old heart attack, poorly controlled hypertension, chronic renal failure; bronchospastic disease with intermittent symptoms, sleep apnea.
- ASA Class 4 & 5 are not acceptable OBS candidates.
 - ASA4 – Patient with severe systemic disease that is a threat to life.
 - ASA5 – Morbid patient who is not expected to survive without the operation.

Any questions about the patient selection criteria should be addressed to the Lead RN for Valley's OBA team, 602-528-6932.

3. What staff and equipment does Valley/VAC Mobile Services provide?

Valley provides one board-certified anesthesiologist (fellowship-trained as necessary) and one RN to assist in pre- and post-operative care for all patients. Additionally, Valley provides all supplies/equipment required to ensure the safety and comfort of patients.

4. What staff and equipment does the practice need to supply?

The surgeon's office is only required to supply those items necessary to perform the procedure; 1 surgical assistant and all surgical supplies required to perform the procedure. Additionally, the surgeon should have 2 portable oxygen E-tanks(as back-up supply) and an IV pole.

5. How many procedures/how much time should the practice schedule on a given day?

Ideally, the surgeon's office will schedule 1/2 day or a full day of block time. However, we realize there is an "experience curve" with office-based surgery and Valley possesses the flexibility to accommodate this.

6. How much space (procedure room, exam rooms) is required for office- based procedures?

At minimum, Valley needs 1 procedure room and 1 exam room for pre-op and recovery. Especially for multiple patients, it is most efficient for the office to dedicate 2 exam rooms and one procedure room for OBS.

7. What are Valley Mobile Services NPO guidelines?

Valley will provide pre-operative anesthesia instructions to the patient and the practice, as follows:

- Patients may have a light meal up to 6 hours prior to anesthesia
- Patients may have clear liquids up to 2 hours prior to anesthesia

The anesthesiologist will discuss the optimal anesthetic care with the patient on the day of the procedure. The patient will receive anesthesia medications that may cause drowsiness for about 24 hours. Therefore, it is mandatory for the patient to have a another person drive the patient home and ideally stay with the patient for a minimum of 24 hours following the procedure. Also, some patients might experience nausea after anesthesia and surgery. It is important for the patient to inform the anesthesiologist or RN when this occurs.

8. What if a patient/significant other needs to contact a Valley anesthesiologist or RN after the procedure?

Valley will provide the patient and the surgical practice with a discharge instruction card that includes Valley's 24/7 contact information.

9. Does Valley Mobile Services staff routinely contact patients before or after their procedures?

Valley's anesthesiology nurse contacts all patients 24-48 hours in advance of their procedure to ascertain the patient's medical history and review the pre-op anesthesia instructions.

The nurse will again contact the patients 24-48 hours after their procedures to ensure a positive anesthesia experience and answer any questions they have related to the care provided to them by Valley

10. What federal, state, or medical board licensures/certifications are required for the surgeon's practice and/or staff?

At present (Feb 2010), the state of Arizona has no official mandates for licensure/certification; accreditation for offices is considered optional. Valley requires a copy of each surgeon's hospital admission privileges. If a surgeon conducting OBS does not have hospital privileges, Valley requires the surgeon to provide a copy of his/her certificate of malpractice insurance. Valley is the only office-based anesthesia group accredited by the Accreditation Association of Ambulatory Health Care (AAAHC).

11. Are there any issues related to malpractice the surgeon needs to be aware of?

The surgeon should contact his/her malpractice carrier for specific details prior to scheduling an office-based surgery.

12. What types of policies does the practice need to have in order to minimize risk and optimize safety?

As part of Valley's commitment to OBS excellence, Valley provides the surgeon's office with an OBS manual that details multiple patient safety policies and procedures, including but not limited to, the following

- fire safety
- code arrest
- procedure site verification
- emergency transfer of patient

Scheduling/Billing

1. What is the best way to schedule patients with the Valley/scheduling practice?

The vast majority of our surgeons schedule block time to maximize their efficiency. If a practice has block time, the practice will simply fax/email the patient list a minimum of 48 hours in advance for the day of surgery.

If a practice does not have block time with Valley, simply call the Valley Mobile Services scheduling number, 602.528.6998, with all pertinent patient/procedure

related information and depending on availability that day, Valley will cover the case(s) if possible.

2. How far in advance does the practice need to schedule patients with the Valley scheduling office?

A minimum of 48 hours in advance is required in order for Valley's RN to call the patients in advance as mentioned above. Valley's breadth and depth of board-certified anesthesiologists provides the surgical office with unparalleled availability in the event of a scheduling glitch.

4. Does the practice charge a "facility fee"?

The decision about charging the patient with a facility fee is at the discretion of the surgical practice. However, most of Valley's OBS clients do not charge a facility fee. Typically, the practice's professional fee should include reimbursement for all costs associated with the surgery, including drugs and supplies. The administrator for Valley's billing agency is available to consult with surgical practices about the billing process.

5. How much does the practice charge for procedures since there is no "facility fee"?

The practice's fees are set independently. The administrator for Valley's billing agency is available to consult with surgical practices about the billing process.

6. How does the practice manage patients who are self-pay (no insurance involved)?

Valley will establish a protocol for managing payments by self-pay patients based on the interest of the surgical practice. Valley maintains the flexibility to collect payment by credit card from the patient prior to the procedure, or will establish a collection protocol from the surgical practice.

7. How does Valley Mobile Service bill for insurance and/or self-pay patients?

Valley bills third party payers for OBS in the same manner as it does for hospital/ASC procedures.