
Written by Laura Miller | April 17, 2014

Single-specialty ambulatory surgery centers often have difficulty selecting and implementing electronic medical record systems because most brands are built to accommodate large hospitals. However, American SurgiSite teamed up with software developer IMW to develop a solution for their own centers.

"When it comes to working with patients at a single-specialty ASC, time is of the essence and you don't want to invest in a software system that requires more time on the computer than taking care of the patient," says Louis I. Sheffler, Chief Operating Officer of American SurgiSite Centers. "I had a hospitalization recently where the software covered everything that can be done in the hospital and the nurse spent about 30 minutes on data entry and three minutes with me. That's the worst scenario in healthcare. With the single-specialty application, you can have a system that is specifically designed for your specialty that is intuitive, easy to use and improves patient care."

American SurgiSite Centers' eye centers made the switch when an insurer said that they would lose their insurance contract if they did not implement an EMR system. After researching several systems that were designed for hospitals and multidiscipline ASCs, they decided on developing a single-specialty system for their own surgery centers.

"You don't want to waste anyone's time doing the research on EMR systems that aren't appropriate for your surgery center," says Anthony J. Bossolina, Vice President of Business Development at American SurgiSite Centers. An efficient way to manage your integration would be to develop a user group that educates ASCs with the immediate tasks associated to the integration of an ASC/EMR system. Topics of discussion could be — what they like and don't like about particular applications and how ASCs could host the application (cloud vs. client based). Mr. Bossolina offers educational webinars about selecting and implementing EMRs for eye surgery centers.

The system developed for American SurgiSite Centers' locations is specifically designed for all ophthalmology subspecialties with touch screen technology that enables the flexibility of drop down menus. The software takes approximately three days for the surgery center staff to learn and become fully operational. The medications and supplies are pre-programmed into the system to improve efficiency, and the system alerts physicians and staff members of any data fields that need to be completed correctly before proceeding for real time chart auditing.
"In this way, the patient's information is entered and available quickly and easily," says Mr. Sheffler. "Compared to a multidisciplinary, hospital-designed systems that require staff time to type in the type of surgical procedure, surgeon name, medications and supplies out of all possible hospital procedures, this application is simpler, more cost-effective and efficient."

Some surgery centers are concerned about implementing EMR because their comfort with paper records. The concern is moving from something the surgery center staff knows and is comfortable and efficient with, to learning something completely new.

"Our paper charts were very simple to use, but it took a lot of time for us to assemble each chart and file them," says Mr. Sheffler. "But now that we have an electronic system, we can better organize and manage our patient records by gathering and accessing the content electronically, which saves us time. We also did a cost analysis of how much paper charting cost with the filing, archiving and copying. We determined that we broke even at the 1,000 procedures per year level. From that point forward, we were saving money, which is very different from the paper charting, which continues to accrue costs."

"A good place to start with selecting an EMR system for your surgery center is on the economic side. See what the cost difference is between paper charts and electronic charting, and where you will break even," says Mr. Sheffler. "You do not want to go through the due-diligence and then find out you don't have enough money to purchase the system."

More surgery centers today are going to Cloud-based systems because they have a fixed price and offers safe and secure data mining. This is an advantage for surgery centers that do not have a large IT departments or budgets to perform security updates on other software platforms.

Staff members access the Cloud by logging in and performing functions on the internet. Access to the Cloud requires a monthly payment. "You know exactly what your overhead is and there aren't any surprises," says Mr. Sheffler.

Once the system is installed, every staff member should be trained to use it. Educate staff members separately so they understand their specific roles in:

- Front desk operations
- Clinical data for nurses
- Anesthesia
- Surgery
- Coders and billers

Throughout the education and implementation period, managers and leaders within the surgery center that convey excitement for the conversion will have more success than those not onboard with the project.

"There needs to be buy-in for implementation from the top on down," says Mr. Bossolina. "Upper management needs to be proactive in their efforts in promoting the implementation and use of the system. That makes for an easier and happier transition."

During the transition, an important factor to remember is that physician office EMR will be different than the EMR at the surgery center. The physician office EMR is more complicated because it deals
with the diagnostics; by the time patients reach the surgery center, the patient's diagnosis is complete and all that is needed is to input the treatment information.

"We know what the operation is that is being performed, and what medications are being ordered, so it's much simpler," says Mr. Sheffler. "With the right system, one designed for ophthalmology subspecialty, people do not realize how effective and efficient a surgery center EMR application can be."

For Further Questions, contact Tony Bossolina @ (201) 887-4796 or abosolina@americansurgisite.com

More Articles on Surgery Centers:
- How to Find Elusive Efficiencies in ASCs
- What Does the ICD-10 Delay Mean for ASCs?
- ASC Financial Dashboard for Physician Owners

© Copyright ASC COMMUNICATIONS 2012. Interested in LINKING to or REPRINTING this content? View our policies by clicking here.

To receive the latest hospital and health system business and legal news and analysis from Becker's Hospital Review, sign-up for the free Becker's Hospital Review E-weekly by clicking here.