



## OBA Policies & Practice Management

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## Importance

- Little or no regulation/oversight by federal, state, local laws but increasing
  - FSMB
  - JCAHO
- Safety has improved over time – patient selection, adequate protocols
- Practice standardization
  - Cognitive aids for emergencies
  - Safety checklists
  - Facility accreditation standards

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## Policies – Up to Us



- Governance and organization
- Construction and equipment
- Fire, safety, drugs, emergencies
- Staffing, training
- Unanticipated transfers
- Patient/procedure selection

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## Source Material



- State licensing bodies
- National organizations (ASA)
  - Standards – Preanesthesia Care, Basic Monitoring, Postanesthesia Care
  - Guidelines for Ambulatory Anesthesia & Surgery
  - Statement on Office Based Anesthesia
- Accrediting entities (AAAASF, AAAHC, JCAHO, etc.)
- DEA website
- Other facilities
- Emergency Manuals Implementation Collaborative (EMIC)
- ISOBS

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# Policies – Safe Patient Care

- Patient care based on
  - Nationally accepted standards
  - Guidelines & statements
- Consistent independent of location
- Proceduralist level of training/education
- Adequate facilities
- Patient selection
- Safety/emergency protocols

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## Safety Checklist for Office-Based Surgery

from the Institute for Safety in Office-Based Surgery (ISOBS)



Introduction	Setting	Operation	Before discharge	Satisfaction
Preoperative encounter, with practitioner and patient  Patient medically optimized for the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No, and plan for optimization made  Does patient have DVT risk factors? <input type="checkbox"/> Yes, and prophylaxis plans arranged <input type="checkbox"/> No  Procedure complexity and sedation/analgesia reviewed? <input type="checkbox"/> Yes  NPO instructions given? <input type="checkbox"/> Yes  Escort and post-procedure plans reviewed? <input type="checkbox"/> Yes	Before patient in procedure room; with practitioner and personnel  Emergency equipment check complete (e.g. airway, AED, code cart, MH kit)? <input type="checkbox"/> Yes <input type="checkbox"/> No  EMS availability confirmed? <input type="checkbox"/> Yes  Oxygen source and suction checked? <input type="checkbox"/> Yes  Anticipated duration ≤ 6 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No, but personnel, monitoring, and equipment available	Before sedation/analgesia; with practitioner and personnel*  Patient identity, procedure, and consent confirmed? <input type="checkbox"/> Yes  Is the site marked and side identified? <input type="checkbox"/> Yes <input type="checkbox"/> N/A  DVT prophylaxis provided? <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Antibiotic prophylaxis administered within 60 minutes prior to procedure? <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Essential imaging displayed? <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Practitioner confirms verbally; <input type="checkbox"/> Local anesthetic toxicity precautions  <input type="checkbox"/> Patient monitoring (per institutional protocol)  <input type="checkbox"/> Anticipated critical events addressed with team  <input type="checkbox"/> Each member of the team has been addressed by name and is ready to proceed	On arrival to recovery area; with practitioner and personnel  Assessment for pain? <input type="checkbox"/> Yes  Assessment for nausea/vomiting? <input type="checkbox"/> Yes  Recovery personnel available? <input type="checkbox"/> Yes  Prior to discharge: (with personnel and patient) Discharge criteria achieved? <input type="checkbox"/> Yes  Patient education and instructions provided? <input type="checkbox"/> Yes  Plan for post-discharge follow-up? <input type="checkbox"/> Yes  Escort confirmed? <input type="checkbox"/> Yes	Completed post-procedure; with practitioner and patient  Unanticipated events documented? <input type="checkbox"/> Yes  Patient satisfaction assessed? <input type="checkbox"/> Yes  Provider satisfaction assessed? <input type="checkbox"/> Yes

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. \*Adapted from the WHO Surgical Safety Checklist. © 2010 Institute for Safety in Office-Based Surgery (ISOBS), Inc. – All Rights Reserved – www.isoobs.org



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## Highlights



- Quality of Care – Medical Director
- Controlled drug supply, storage, and administration
- Patient & Procedure Selection
  - BMI
  - Pregnancy test
  - Rescheduling Guidelines
  - Length/type of procedure

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## Practice Management



- Many forms depending on practice arrangement
- Directs operations, administrative and business affairs
- Strategic planning and execution, in collaboration with physicians
- Workforce planning and development
- Partners with financial team
- Cultivates and develops relationships
- Team leadership
- Ensures compliance

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# Data Analysis

- What is useful to our practice?
- Implement changes
  - RN Health Hx Calls
  - Rescheduling guideline
  - One-week out calls
  - Text reminders
  - Highlights in email
- Track numbers monthly

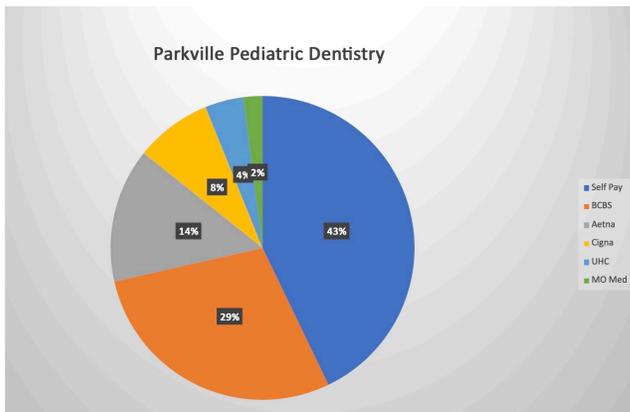
Patient Cancels	
7/2/24 Expedition	no response to dental site or pre op calls
7/8/24 Spencer	child ill
7/10/24 Smile Spot	NPO violation
7/11/24 MyKids LO	parent decided to go another route
7/11/24 MYKids BS	child is ill
7/12/24 KC Braces	child in pain and going elsewhere
7/12/24 DFC KC	not wanting to wait for date
7/12/24 MyKids BS	same day cx-drunk water right before appt
7/15/24 LeBlanc	parent called day before-no ride to appt
7/15/24 LeBlanc	child ill for 7/16 appt
7/16/24 LeBlanc	same day cx-mom called day-of-unable to make appt
7/16/24 MyKids LO	same day cx-showed up sick
7/18/24 Shoal Creek	same day cx-showed up sick
7/19/24 Summit	cx on pre-op call. Something came up
7/22/24 MyKids OW	parents tested positive for Covid
7/23/24 Smiles4Kids	parents moved forward w/o anesthesia
7/24/24 Ped Smiles	NPO violation
7/25/24 KC Braces	canceled during pre-op
7/25/24 KC Kids	child bit by dog-stitches to the face
7/25/24 Summit	same day cx

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# Data Analysis



Average Cases/Day		Frequency
4.5		1x/month
2 days/month in Oct and Nov		
<b>29% Referral Increase</b>		
Date	Total Referrals	Total Completed
2023	98	55
2022	76	46

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## Data Analysis



- Discrepancies billed charges vs AR
- Billing code changes
- Errors – insurance
- Persistence required
- Teamwork required

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## Contract Negotiations



- Education is critical
- Cannot settle for “standard anesthesia unit rates”
- Bundled package; stipend
- Enlist CEOs, legislative contacts, state association lobbyists, dentists/surgeons, regional practitioners
- Eventually get to the “right” person
- Have to be willing to walk away if substandard rates

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## Pearls



- Shared file & calendar system
- Point of contact facilitates communication
- Create collaborative, respectful environment
- OBA offers autonomy but requires constant vigilance inside and out of OR
- Change is inevitable – personnel, regulations, insurance contracts, medication shortages

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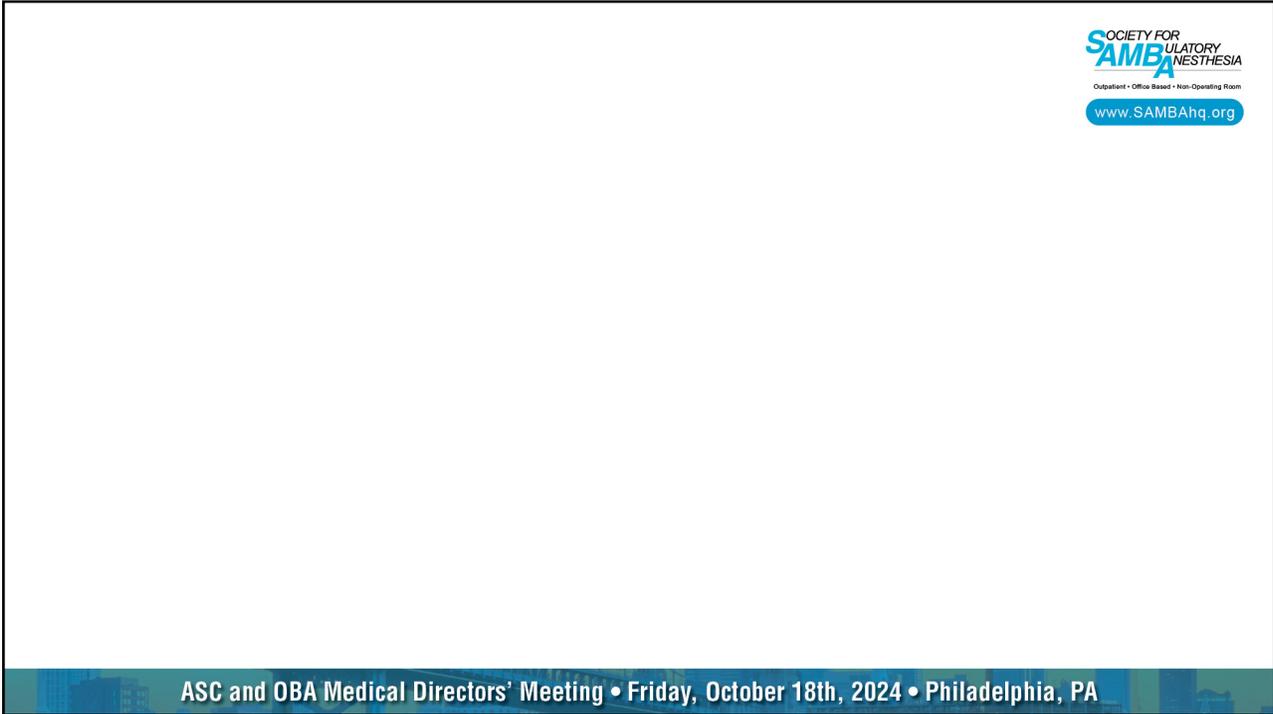
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