

Dear Referring Office,

Spectrum Health Surgical Services has applied Lean Process Improvement methodology to create a standard set of communication guidelines. These guidelines will help you partner with Spectrum Health and improve the patient experience. Surgery is a scary time for patients, and it's important to streamline the process to reduce confusion and anxiety. As we work together to provide an excellent health care experience for all, it's essential to increase our efficiency and effectiveness in the workplace.

These communication guidelines include:

- Documentation needed from you for anesthesia
- FAQs on Spectrum Health processes and requirements
- FAQs for patients on Spectrum Health processes and requirements
- Scripting to obtain accurate patient contact information
- Scheduling procedures for the Ambulatory Surgery Center
- Directory of key contacts for each site

We appreciate your willingness to work with us to make the Spectrum Health surgical experience safe, consistent, and user-friendly.

Sincerely,

Spectrum Health Surgical Services



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## **Surgical Services Documentation Guidelines**

	Document type:	When is it required:	Notes:	
Spectrum Health required documents	Surgical Schedule Request (Boarding slip)	Not accepted more than 6 months prior to Date of Surgery (DOS); prefer no more than 3 months prior to Date of Surgery.	No abbreviations  All fields must be completed and include: Parent/guardian name if patient is a child or unable to speak for him or herself Long-term care, extended care facility, or correctional facility status for patient Accurate patient contact numbers (including care facility numbers)	
	Pre-operative orders (Choose most appropriate form for your specialty from the 11 evidence-based order sets available.)	<ul> <li>3 days prior for all patients booked 4 or more days prior to surgery at Butterworth/Meijer Heart Center/Blodgett/Helen DeVos Children's Hospital</li> <li>Day of surgery for all other cases (Ambulatory Surgery Centers, booked fewer than 3 days prior)</li> </ul>	<ul> <li>Orders must be signed.</li> <li>Handwriting must be legible.</li> <li>Pre-op orders are the only place medication orders will be recognized. If embedded in notes of History &amp; Physical, the orders will likely be missed.</li> <li>Most recent form must be used to ensure correct / current evidence-based orders such as antibiotic dosing are made.</li> </ul>	
	History and Physical (Must be within 60 days of date of surgery. If more than 30 days old a new H&P will be required on date of surgery.)	<ul> <li>3 days prior for adults at Butterworth/Meijer Heart Center /Blodgett if booked 4 or more days prior to surgery</li> <li>Day of surgery for all other cases (Ambulatory Surgery Centers, pediatrics, booked less than 3 days prior)</li> </ul>	If History & Physical is done by Primary Care Provider, send surgeon impression /plan after surgeon has reviewed History & Physical.	
	Medical Evaluation / Cardiac Evaluation if required per anesthesia guidelines (May also serve as History & Physical if within 60 days. If more than 30 days old, new History & Physical will be required on date of surgery.)	<ul> <li>If serving as History &amp;         Physical, see History and         Physical requirements         above.</li> <li>If in addition to History &amp;         Physical, preferred minimum         of 3 days prior – required         date of surgery.</li> </ul>	<ul> <li>Per anesthesia guidelines for high risk surgery, CV/PV/hx of MI, chronic renal disease, chronic lung disease, MET (metabolic equivalent) of less than 4</li> <li>If asking for hospitalist to see patient for medical evaluation date of surgery, case may not be scheduled before 10 a.m. due to hospitalist availability and additional time needed upon arrival. Office must notify hospitalist group of need for evaluation (including date and time). Order for medical evaluation by hospitalist must also be on pre-op order form.</li> <li>SHMG Hospitalist: 616.776.7430</li> <li>IPC Hospitalist: 616.774.5221</li> </ul>	
	Diagnostics as indicated per anesthesia guidelines (Labs, ECG, etc.)	Preferred minimum of 3 days prior, required by date of surgery	<ul> <li>If not present prior to date of surgery, may delay start time and/or result in repeat tests</li> <li>If ordered on date of surgery, may delay start time</li> <li>Ambulatory Surgery Centers have limited laboratory capabilities</li> </ul>	
	Guardianship papers (Optional)	<ul> <li>Preferred minimum of 3 days prior – required by date of surgery</li> </ul>	Spectrum Health needs proof of legal guardianship documents in order to legally move ahead with surgery.	
Spectrum Health does not require:	<ul> <li>Send only if the surgeon specifically requests for surgical encounter:</li> <li>Doppler studies</li> <li>Previous operative notes</li> <li>Office consents for treatment or surgery if medical care has not been at Spectrum Health, as well as consent for invasive procedure form</li> <li>Office progress notes (if not History &amp; Physical)</li> <li>*These are examples, not an exclusive list. If unsure of what is needed, see above requirements.</li> </ul>			

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# **Surgical Services Processes and Requirements: FAQ for Physician Offices**

### Q. What documents does Spectrum Health need for surgery?

**A.** Prior to surgery, Spectrum Health requires a schedule request, pre-op orders, and a history and physical (H&P) for all patients. Include any additional documents based on the patient's health history per anesthesia guidelines protocol (titled Preoperative Anesthesia Orders: Pre-Procedure). See Spectrum Health Surgical Services Documentation Guidelines for specifics. For patient safety, all pages of each document must have a minimum of two patient identifiers (first and last name and date of birth).

### Q. Where do I get these documents?

**A.** Each office is responsible for obtaining the Spectrum Health approved forms. The most current version of all forms may be found at: <a href="http://www.spectrumhealth.org/surgical-services-forms">http://www.spectrumhealth.org/surgical-services-forms</a>. Spectrum Health also requires offices to use our approved schedule request and pre-op orders forms. H&Ps do not have to be on these specific forms as long as the same content is included.

# Q. Are there versions of these forms for office electronic medical record (EMR) systems such as EPIC?

**A.** Spectrum Health has created an EPIC version for the schedule request and H&P form, and is currently working on EPIC versions of the 11 pre-op order forms.

## Q. How do I know if my patient is appropriate for surgery at an Ambulatory Surgery Center (ASC)?

**A.** ASCs are intended for low to moderate risk procedures on fairly healthy patients. To assist in determining if a patient should have surgery at an ASC based on their individual health history, ASC created appropriate scheduling guidelines. If your patient does not meet the guidelines, the Anesthesia Review Risk Form must be completed, and an anesthesiologist has to sign the form for approval.

## Q. What does Spectrum Health tell patients for NPO times?

**A.** Spectrum Health follows our policy (titled Fasting Times for Patients Receiving Anesthesia) for all patients, which states NPO for solids and dairy at midnight, clear liquids until 4 hours prior. See policy for more details on tube feeding, breast feeding, etc. Surgeons may specify other NPO instructions on pre-op orders; these instructions will be reinforced with the patient in place of standard instructions per policy.

## Q. How are patient arrival times determined?

**A.** Spectrum Health has standard arrival times based on site. These arrival times are adjusted on an individual basis for pain blocks, nuc medicine, need for pre-op evaluation, pre-hydration, etc. Standard times are:

- Butterworth/Meijer Heart Center/Blodgett 2 hours prior to procedure
- Helen DeVos Children's Hospital − 2 hours prior for a.m. admits, 1 ½ hours prior for outpatients
- Ambulatory Surgery Centers 1 hour prior; 1 ½ hours prior if pre-op block is required



## Q. What medication instruction does Spectrum Health provide to patients?

**A.** A comprehensive list of medication instructions has been added to the guidelines, allowing Spectrum Health nurses to provide thorough instructions while staying in scope of their role.

## Q. What unit of measurement do I use for the weight of my patient?

A. Kilograms

## Q. Which order can be used for pediatric patients?

**A.** Use only the pediatric order sets for pediatric cases.

## Q. How can I help prepare patients for the next steps in the surgical process?

**A.** To help prepare patients:

- Verify all phone numbers.
- Provide consistent messaging about next steps, NPO instructions, arrival times, and medication instructions.
- Use written reference materials.



## **Scripting to Obtain Patient Information**

Please utilize the following scripting in order to ensure accuracy of patient information.

- Verify phone number at the time of patient check-in at the front desk. Registration staff should ask the patient to verify his or her phone number by using the suggested script below rather than "...is everything the same...?" to decrease chances for errors.
  - Scripting: "Can you please verify your phone number? Do you have a work or cell phone number that you want to add?"
- Document patient availability to receive phone calls from pre-procedure nurses at the time of scheduling surgery. Ask the office scheduler to obtain the correct number and best time of day to contact the patient by using this scripting. The number and time of day should be documented on the schedule request (booking slip) so that the pre-procedure planning nurse is aware.

Scripting: "A nurse from the surgery center will be contacting you to review your medical history and to discuss further details about your surgery. What would be the best time of day and phone number for the nurse to reach you directly?"

Spectrum Health Surgical Services thanks you for your partnership in creating an exceptional patient experience.



## **Ambulatory Surgery Center Qualifications**

To qualify for surgery at a Spectrum Health Ambulatory Surgery Center (ASC), approval is needed from anesthesia services.

Use the Anesthesia Review Risk Stratification form if:

- The patient has a BMI >40 and at least one of the risk factors listed here
- The patient has two or more of the risk factors listed here

## **Anesthesia Risk Factors:**

- Obstructive Sleep Apnea (diagnosed)
- Obstructive Sleep Apnea (undiagnosed)

STOP Score → see additional information

#### STOP Score

- Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
- Do you often feel tired, fatigued or sleepy during daytime?
- Has anyone observed you stop breathing during your sleep?
- Do you have or are you being treated for high blood pressure?
- Is your BMI more than 35 kg/m2?
- Are you over 50 years old?
- Is your neck circumference greater than 40 centimeters?
- Are you male?

Score - More than three "yes" answers is considered high risk for sleep apnea

- Shortness of breath
- Asthma
- Seizure disorder
- History of MI
- Heart failure
- Pacemaker / defibrillator
- Renal failure
- Reflux
- Previous difficult intubation
- Malignant hyperthermia (self)
- Malignant hyperthermia (family member)
- Chronic Obstructive Pulmonary Disease
- CVA/TIAs
- CHF/CAD
- Angina
- Pregnancy
- Uncontrolled diabetes / hx of DKA

\*BMI>40 without other identified risk factors will also require consult with anesthesia services for approval.

### **Pediatric Considerations**

- Term infants less than 6 months of age are not candidates for Ambulatory Surgical Centers
- For airway surgeries, patients must be at least 3 years of age to be candidates at an Ambulatory Surgical Center.



## **Anesthesia Review Risk Stratification**

Patient Name: Procedure:					
Date of Birth:	Type of Anesth				Spinal
Surgical Site (circle one): Meijer Heart Blodgett East Paris Surgical Center					
Date of Surgery:	Surgeon: _				
Risk Score:	<b>-</b>				
ASA score + procedure ris	sk score	_ =		MET =	
Additional Risk factors:					
Obstructive Sleep Apnea (diagnosed)		Reflu	X		
OSA (undiagnosed) - STOP score =	_	Previ	ous difficult ir	ntubation	
BMI >40 – BMI =	_	Malio	nant Hyperth	ermia (self)	
Shortness of Breath			nant Hyperth		/ member)
Asthma		COPI		`	,
Seizure disorder		CVA/			
History of MI		CHF/	'CAD		
Heart Failure		Angir			
Pacemaker / defibrillator		Pregr			
Renal failure		•	ntrolled diabe	tes / hx of D	KΑ
Additional Information:		011001	Til Olloa diabe	100 / 11/101 2	
Anesthesia Findings:  ☐ Chart review completed; appears to ☐ Additional testing recommended price		onale):			
☐ Additional testing recommended da	y of surgery (with rat	ionale)	:		
☐ Reschedule recommended due to t	he following (with rat	ionale):	<u> </u>		
Reviewing Anesthesiologist signature:					
			Date of	review:	
Notes for date of surgery Anesthesiologis	t:				
Please fax form to appropriate Ambula	tory Surgery Cente	r 36 ho	urs prior to	surgery.	

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# **Surgical Services Contact Information**

## East Paris Ambulatory Surgical Center-- Main Phone 285-1800 Fax 285-1850

Robin Finkbeiner	Nurse Manager	285-1093
Amber Mclaughlin	Site Manager	285-1823
Charge Nurse		267-4464
Pre-Procedure Planning		285-1830

## Lake Drive Ambulatory Surgical Center-- Main Phone 285-1120 Fax 285-1169

Robin Finkbeiner	Nurse Manager	285-1093
Marilyn Dykwell	Site Manager	285-1064
Charge Nurse		267-4453
Pre-Procedure Planning		391-4635

## South Pavilion Ambulatory Surgical Center-- Main Phone 391-8260 Fax 391-8257

Robin Finkbeiner	Nurse Manager	285-1093
Kristi Grzybowski	Site Manager	391-8262
Charge Nurse		774-1422
Pre-Procedure Planning		391-8371

## Helen DeVos Children's Hospital-- Main Phone 267-0250 Fax 267-1243

Amy Fox	Nurse Manager	267-0394
Michon Lubbers	Service Line Manager- OR	267-0392
Joyce Vestal	Service Line Manager- Pre/Post	267-0314
Charge Nurse	Surgical Prep/Recovery Unit (SPRU)	267-6513
Pre-Procedure Planning		267-0593

## Butterworth Hospital-- 391-1510 Fax 391-1020

Ann Shupe	Nurse Manager	391-6381	
Blodgett Hospital Main Phone 774-7870 Fax 774-7729			
Adam Post	Nurse Manager	774-7252	
Meijer Heart Center Main Phone 391-6997 Fax 391-6998			
Tom Fluit	Nurse Manager	391-6996	

## Pre-Procedure Planning-- BW, BL, & MHC-- 643-9250

## **Physician Relations**

To reach your Physician Liaison		486-6671	
Pg Q	Reviewed:	7/14/2014	