

# OFPSA Times

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## Special Points of Interest:

- 2007 Fall Meeting in Washington D.C.
- OFPSA Mentoring Program
- Top Product Sellers in the Facial Plastic Surgeon's Office
- Patient Financing
- Nursing Info
- Surgery Cancellation Policies—Do you have one?

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## Our First Newsletter Makes It Out the Door!

Welcome to our first newsletter! We are excited to bring you news from other members of the OFPSA! This is our first edition and we plan to send out three

newsletters this year! Your contributions and feedback are very important! Have information you want to share? Looking for information that is important to your

practice and also to other practices? Send us your information! Enjoy your reading and we hope you find this information helpful! Email comments to:

## A Manager's Eight Commandments

*Wanted: Highly trained administrator capable of integrating multiple business systems, managing staff, coordinating billing, and reacting to changing healthcare environment. Full responsibility for financial success of practice. No direct authority.*

Put that way, it's easy to understand why practice administrators often feel frustrated on the job. On one hand, you are charged with managing all the business affairs of a medical practice effectively, and work successfully with physicians to improve the patient experience and the bottom line.

On the other hand, your power to make decisions and direct change is often undermined by physician partners. That's why political savvy and leadership skills are such important traits for managers to possess and cultivate. Since you often can't make demands of physicians or even staff, you have to foster a workplace atmosphere of respect in which problems are solved as a team and the open exchange of ideas -and even productive debate -is encouraged.

Easier said than done? Quite.

Ahead is a list of best practices culled from seasoned

veterans in the field who have made mistakes along the way and found solutions that work. We got the idea from Chris Kelleher, practice administrator for South Carolina OB/GYN in Columbia. Kelleher's "Rules for Administrators" is a list of lessons that he shares with colleagues.

**1. Don't be a yes woman** (or man). To earn physicians' respect, administrators must bring their own perspective and expertise to the table - even when their opinions run contrary to the direction the practice's physicians wish to take, says Kelleher. Just be sure to keep it professional.

## Leadership from the Capital OFPSA Fall 2007 Meeting in Washington D.C.

We are very excited about this year's meeting! The meeting will be a two-day meeting full of educational, round table discussions and sharing of information. The agenda in-

cludes risk management, benchmarking, human resources, medical esthetics, patient education and more! There will also be a post-conference seminar on Friday morning featur-

ing Matt Taranto from Aesthetic Consulting. If you have a laser or you are planning on getting one, you cannot miss this seminar! Matt will lead you through the sales consultation and

*Want to Know What Type of Information is Being Exchanged Among the OFPSA Members?*

1. *What are you charging for your laser services?*
2. *What type of salary arrangement do you have with your Medical Esthetician?*
3. *Where can I get 32g needles?*
4. *Do you have protocols for your skin care services?*
5. *How are you promoting your Botox®?*
6. *Do you have a laser consent form?*
7. *Do you take before and after photos of your medical spa patients?*
8. *Who do you use to create your postcards?*
9. *What type of product lines do you offer in your medical spa?*

*Do you have questions? Ask your colleagues for help? For additional information to any article provided in this newsletter, Email your questions to Dawn Swartz at [dswartz2@kumc.edu](mailto:dswartz2@kumc.edu) or*

*ReGina Simo at [regina@anaturalyou.com](mailto:regina@anaturalyou.com).*

## Mentoring Program at Work

As an OFPSA member, many offices offer a mentoring program. This program offers any member to visit other facial plastic offices and observe, receive information (i.e. forms, processes, billing information, etc.) and establish an on-going relationship with office staff members for future needs.

Some members visit one day and some members visit up to

three days, depending on what the needs of their practice are.

For example, you may want to observe all areas of the office from front desk procedures to billing policies to medical spa set-up. Or your visit may be specific to one area such as an in-office procedure room set-up and establishing policies for AAAHC certification.



This program is great for new “start-up” practices or well established practices looking to update their procedures.

## Facial Plastic Surgeon Offices Top Sellers

Facial plastic offices were surveyed across the country and asked...“What are your product top sellers in skin care?”

1. SkinCeuticals—Vitamin C Serums (10,15, 20)
2. SkinCeuticals—CE Ferulic
3. Innovative Skin Care—Active Serum

Serums are the buzz word

today! The serums are for most skin types. They are light and fast-absorbing and defend against environmental damage. All serums contain pure vitamin C.

The true success of these top sellers is due to the fact that both physicians and medical estheticians recommend these products to their patient’s, therefore, they hear it from both

sides of the practice!

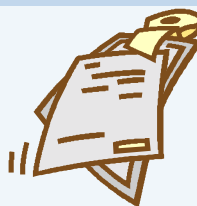
It is imperative to have your physician support your product line...If they recommend it...It will sell!

**Tip #1: Use a pre-printed script pad with a list of your sun-screens. Get your physician to use it with his patients! Want a sample? Email or call us!**

## Do You Have a Surgery Cancellation Policy?

When offices were polled, many offices did not have a surgery cancellation policy and most offices stated they knew they needed one. Unfortunately, policies such as this only become important when it becomes necessary.

What happens when the patient has taken a six hour block on your physician’s surgery schedule and just decides he or she does not want to have surgery the day before? How should you be covered?



You have to think about the worth of your physician’s time as well as office personnel who spent time with the patient and setting up tests, scheduling, etc.

The offices that do have a policy in place range from following with some in between:

- If the patient cancels surgery within 48 hours, a deposit of 10% is withheld.
- If the patient cancels within two weeks prior to surgery, a \$500 deposit is withheld.
- When a surgery date is secured, a down payment is required of 20%. This is non-refundable unless they do not obtain medical clearance. If they cancel within 10 days of their surgery date, they are charged a 3% administration fee. If it is more than 10 days prior to their surgery, there is no administration fee.

All offices have patients read and sign this policy when scheduling their surgery. All offices do require the full amount paid two weeks prior to surgery. Also, all offices do excuse patients that truly have a legitimate reason for canceling such as illness or

## Post-Operative Nausea and Vomiting By Dianne Bourque, RNC, CNOR

This hot topic gets a lot of space in nursing journals....and with good reason! This condition can impact your practice in many different ways. Patients plagued with PONV are miserable and risk complications of hematoma or suture damage from the force of retching, not to mention the frightening potential for aspiration if they are still quite sedated. If your practice includes a surgical suite, these patients have longer dwell times in the PACU, which can impact budget when staff must stay longer for the patient to reach discharge criteria.

Identification of the at-risk patient and prevention of the onset of nausea are essential in combating PONV and its complications. The risk factors include: young female, over-

weight, non-smoker, history of motion sickness or previous PONV, planned head/neck surgery, planned general anesthesia, and sensitivity to narcotics used to treat post-operative pain. We must identify any patient that has had a previous incident when the nausea/vomiting became debilitating after exposure to sedation or anesthesia and work with the surgical team to develop a plan of care.

Office-based nurses that participate in the pre-op appointment may be the first on the health care team to note the potential problem and identify causative factors. It is best to really ask about the patient's last experience in detail. Was the case done under general

anesthesia? Did the patient find out there was an adverse reaction to a narcotic? Had the patient taken oral antibiotics the morning of their surgery (on an empty stomach)? Do they have a personal history of motion sickness? Was their last surgery a rhinoplasty? These details should be communicated to the surgeon and the anesthesia provider for the case.

When a patient reports a history of profound nausea or vomiting post-operatively, it is important to reassure the patient that your team will do everything possible to avoid a repeat experience. Emphasize the role of prophylactic treatment. Anxiety itself can induce nausea, so emotional

transdermal Scopolamine (an anticholinergic agent) to be applied the night before the surgery, or Emend 40mg (a neurokinin-1 receptor antagonist) PO 1-3 hours before the induction of anesthesia. Review the instructions in detail with the patient to maximize compliance.

If the patient exhibits two or more risk factors, he or she will be classified as high-risk for PONV and the OR team may be given orders for meds such as Zofran 4mg IVP or Kytril 0.1mg IVP (both very effective serotonin antagonists), Dexamethasone 5-8mg IVP (a corticosteroid), or Reglan 10mg IVP (a substituted benzamide that promotes gastric motility). Since blood in the stomach can induce nausea for upwards of

## A Manager's Eight Commandments (Continued from page 1)

"You've got to delicately tell the physician that you're in this together," Kelleher advises. "They pay you to be their thought process and to help implement policy, but if you can't talk honestly about how you feel, you're not going to accomplish anything."

**2. Keep your boss out of trouble.** Sometimes a practice administrator's most important task is to help physicians help themselves. If you don't agree with them, have another plan to suggest. Just make sure the process is deliberative, allowing time for discovery and careful management.

**3. Leave your door open.** Stay abreast of both morale and sentiment among your staff. "You can't lock yourself in your office," says Ed Carne, a long-

time practice administrator and the current chief executive of DuPage Medical Group, a 240-physician multi-specialty group near Chicago. "Good administrators are always checking the pulse of the office."

**4. Don't interfere.** It's one thing to be a team player, but stepping in to do another staff member's job too often sends a message (inadvertent though it may be) that *you* don't trust your staff to get it right. Pinch-hitting also confuses customers, patients, and employees, inviting repeat requests for similar "quick favors" down the road. "Do it once, and it's a favor," says Kelleher. "Do it twice, and the job is yours."

**5. Be responsive.** When doctors call you with questions or concerns, respond to them

quickly. "This is one of the most important lessons I've learned," says Carne. "Even if you don't know the answer, it's important to call the physician back and tell them you're working on it. It's always appreciated - and often, it relieves any pressure they may have felt."

**6. Invite input.** At larger practices, be sure to involve both physicians and non-physician managers in the strategic planning process. Doctors often consider implementing new equipment or procedural changes that could affect other departments. "I need to be able to prepare for those changes," says Carne. "If we're going to grow as a company, everyone needs to be part of that growth." In fact, in any size practice, everyone's opinion matters; each staff member has

**7. Don't rush hiring decisions.** Carne says that when hiring for any position, it's important to pay attention to any gut-level warning signs you may perceive, despite the pressure you may feel to quickly fill the vacancy. "If you get a feeling that this person is not right, spend the time to do more... reference checks, because a lot of times you're right," he says. "Wait for the right person. Don't settle for mediocrity."

**8. Always question strategy.** Before undertaking any new project, Kelleher tells practice administrators to always ask themselves, "Is the juice worth the squeeze?" *Shelly K. Schwartz is a freelance writer in Maplewood, NJ, who has covered healthcare and business issues for 12 years. Her work has appeared on CNN, Bahmle.com and in Healthy Family magazine.*

# OFPSA

Organization of Facial Plastic Surgery Assistants

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## Post-Operative Nausea and Vomiting (Continued from Page 3)

Post-operatively, if the patient is actively nauseated or vomiting despite preventative care, PACU nurses may administer rescue medicines such as Phenergan 6.25-12.5mg IV (a phenothiazine that works on both the nausea and vomiting centers of the brain) or Diprovan 0.5-1mg/kg IVP (an intravenous anesthetic) in a slow delivery system to avoid deep sedation or apnea. An important note: Phenergan should ALWAYS be well diluted and pushed very slowly when administered intravenously. There is discussion in the medical community that the indication for IV administration of Phenergan may be pulled secondary to cases of patient pain, vessel damage, or tissue necrosis after the medicine was pushed whilst the site had infiltrated or the vein was too small. Visit this site for further information:

[www.ismp.org/Newsletters/acutecare/articles/20060810.asp](http://www.ismp.org/Newsletters/acutecare/articles/20060810.asp)

Post-op pain can often be overlooked as a reason for many changes in baseline. A patient that is very uncomfortable can become diaphoretic and nauseated until their pain is treated effectively. Preventative anti-emetics are almost always given with PACU narcotics. If not contra-indicated, Toradol 30mg IV or IM is a highly effective non-narcotic analgesic that may offer the patient substantial pain relief without associated nausea.

Studies have shown lesser known interventions can also be effective: oxygen therapy, aroma therapy with peppermint oil, right-sided patient positioning, having the patient smell rubbing alcohol, acupressure at the P6 site, and that comforting cold,

wet washcloth on the neck or forehead. Unfortunately, some patients only feel relief after they have expelled their stomach contents. Reduction to noise and light in the recovery area may provide additional comfort measures.

**Bottom line:** Thoroughly assess your patient. Give emotional reassurance that past experiences are not destined to be repeated. Consult with your surgeon and anesthesia provider to make sure everyone is aware of a patient at high-risk. Talk with the patient and remind them to inform the staff at the FIRST onset of symptoms. If the patient goes home with persistent nausea, but no vomiting, it is imperative that the patient's companion understand how to seek follow up care if the patient's condition worsens or does not improve.

A phone call to the patient the day after surgery is a prudent action to monitor patient progress with hydration and progress towards normal diet.

You are your patient's advocate. Your participation is essential in delivering the safest and most compassionate care possible. Here are links that you may find helpful:

[www.meniscus.com/PONV-newsletter/ponv-newsletter.pdf](http://www.meniscus.com/PONV-newsletter/ponv-newsletter.pdf)  
[www.aspan.org/PDFfiles/yipan\\_aip.pdf](http://www.aspan.org/PDFfiles/yipan_aip.pdf)  
[www.anesthesiologyinfo.com](http://www.anesthesiologyinfo.com)  
[www.jama.ama-assn.org/cgi/content/extract/287/10/1233](http://www.jama.ama-assn.org/cgi/content/extract/287/10/1233)  
[www.medscape.com/viewarticle/553034](http://www.medscape.com/viewarticle/553034)

## Who Are We Using for Patient Financing?

**Capital One**—Patients like the ease of the program and the interest rate.

**Care Credit**—Provides patients with a very convenient way of financing their surgery. Offers a revolving line of credit.

**Monarch Financing**—Offices find customer service very helpful.