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Outpatient Facility Coding Alert

Management Strategies: Efficient Staffing: Try These Fixes and Be Ready for Patient Volume Changes

Per diem staff can come to your rescue.

When you're looking at efficiently staffing your ambulatory surgery center or outpatient department, leave no stone unturned. The more you know your volume ebb and flow and the capabilities of individuals you've hired to fill roles, the more you'll be able to come up with creative solutions to fill staffing gaps and maintain your profitability.

Here are a few best practices, recommended by surgery center regulatory and operations consultant **Regina Boore, RN**, Principal of Progressive Surgical Solutions, during the "ASC Staffing" session of the Outpatient Ophthalmic Surgery Society's Symposium 2016.

1. Use per diem and part-time staff.

You can bolster your staff very effectively as your work flow fluctuates if you make effective use of per diem and part-time personnel. In fact, you can become heavily reliant on them, so it's a very good idea to make sure they feel as much a part of the organization as your fulltime staff, advises Boore.

Tip: To engender loyalty, offer PTO to your per diem and part-time staff. It's a great loyalty-booster.

2. Turn to LPNs and UAPs as RN backup support.

LPNs, LVNs and unlicensed assistive personnel (UAPs) can be used, depending on the size of your operation, very effectively, especially in your pre-op/PACU, says Boore, where they can help with such services as bringing the patient back, getting them settled, wheeling them out to the car.

Just be sure that whenever you're using someone in that capacity that they are within the appropriate scope of practice for that type of position.

LPN/LVNs can function as scrubs and fulfill tasks that are delegated by an RN in most states, such as focused assessments, taking vitals, and generally providing information to an RN. Their role depends on what your state's practice act says about their scope of practice.

For instance, pre-op and post-op assessments are a no-no, as these are outside an LPN or LVN's scope of practice. CMS requires preoperative and postoperative assessments to be done by an RN, Boore confirms.

Remember: LPNs/LVNs are not interchangeable with an RN and must be under the supervision of an RN. To learn more about what the requirements are in your state, visit the National Federation of LPNs site: http://nalpn.org/contact/)

Unlicensed assistive personnel, a.k.a. "nurse extenders," such as nursing assistants and medical assistants, can come to your rescue during a staffing crunch. They're easy to recruit, and "if you can get one or two really good nurse extenders in your staffing mix, they are worth their weight in gold," says Boore. And ensure "they don't provide services beyond state guidelines for scope of practice," adds **Sarah L. Goodman, MBA, CHCAF, COC, CCP, FCS**, president of the consulting firm SLG, Inc., in Raleigh, N.C.

3. Utilize your clinical director.

It's usually easier for the clinical director to supervise work in pre-op than the OR, given the admin pulls that come up during the day. But it's really important that they know the OR and that they understand the OR, Boore emphasizes.

4. Have surgical techs, instrument techs help turn rooms.

If your techs can take on additional roles, such as getting rooms ready when needed, that can be a helpful workaround on high volume days.