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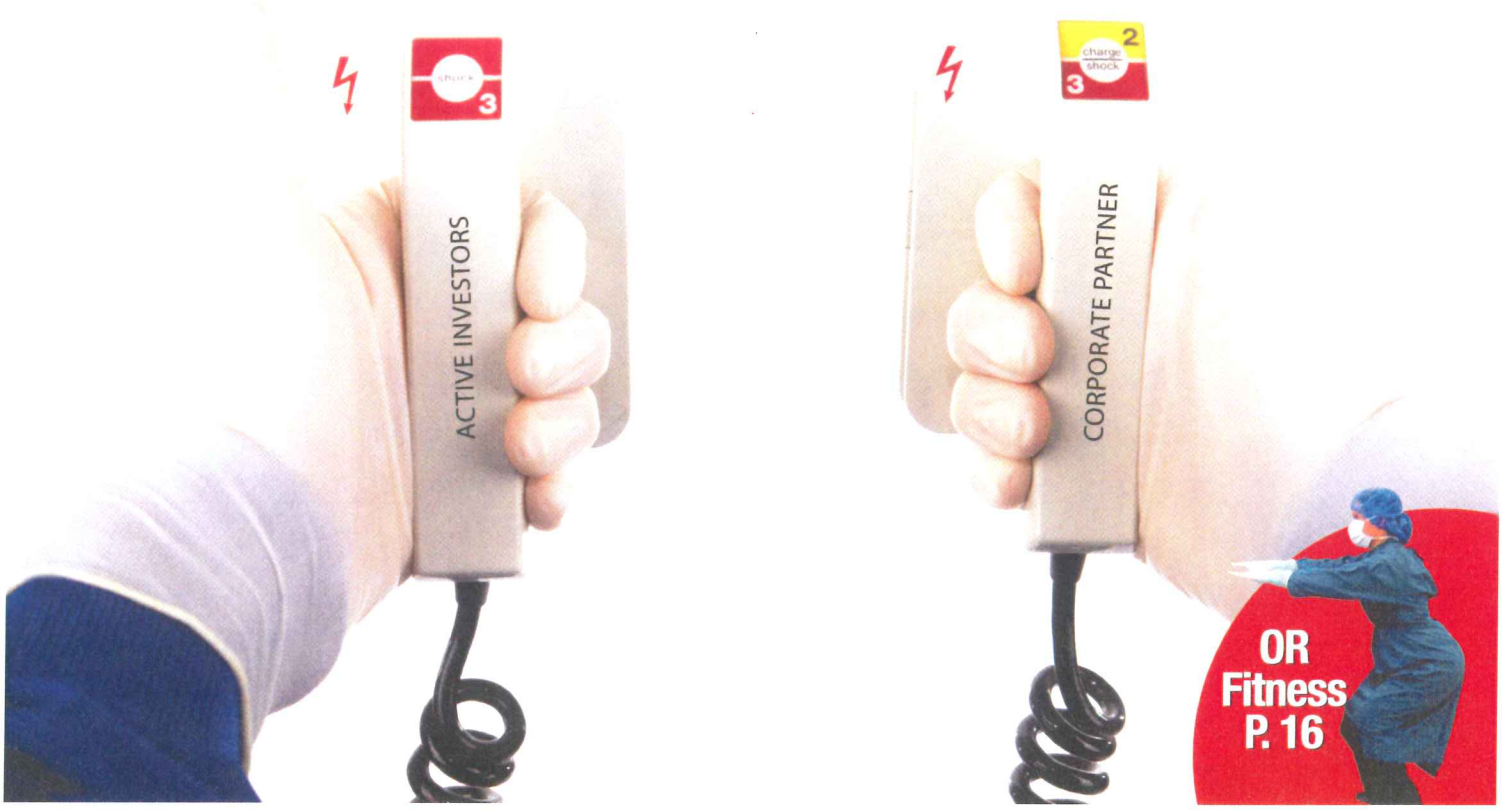
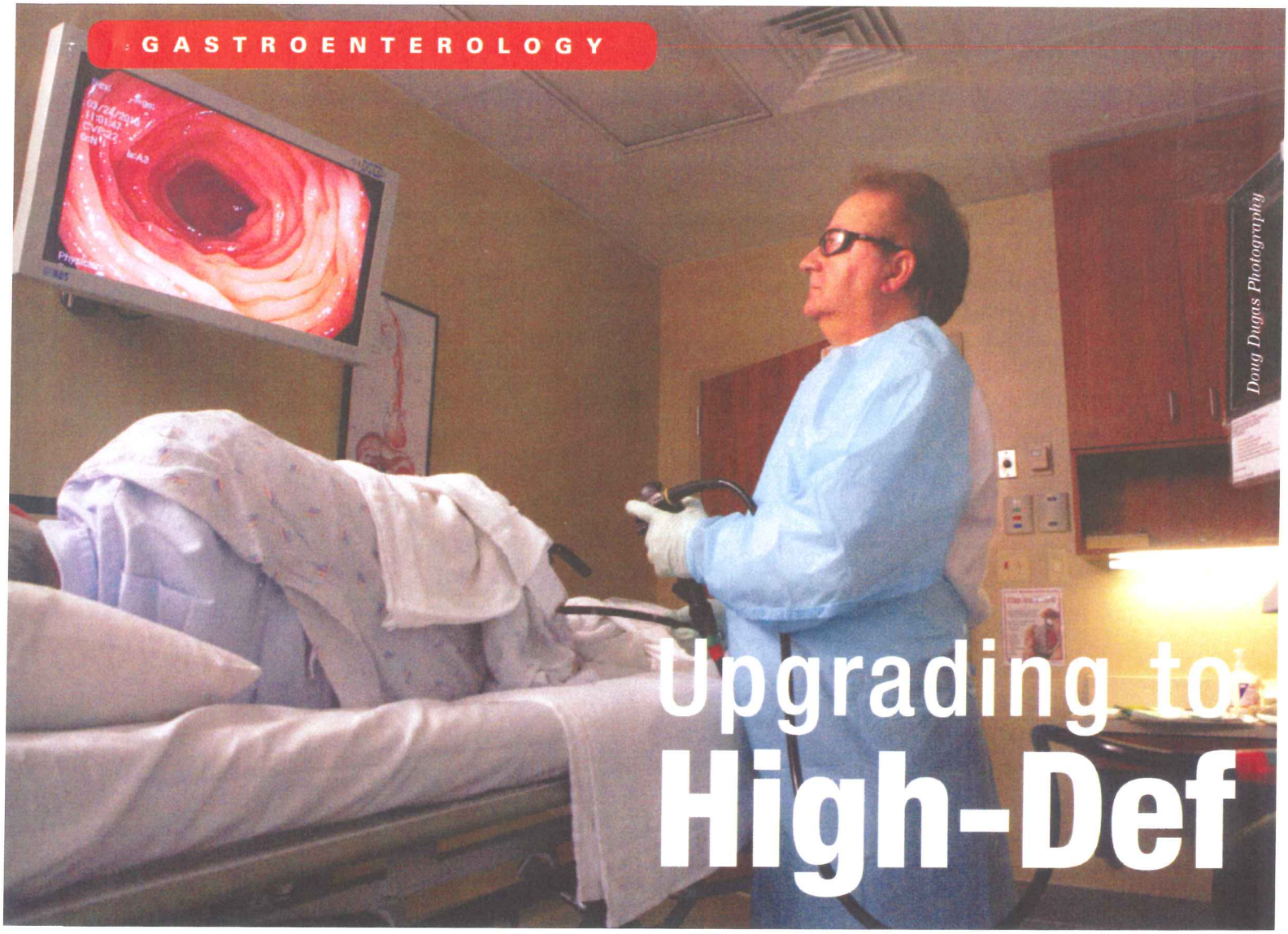
FACILITY TURNAROUND

From Flatlined To Flourishing

How a Beverly Hills surgery center revived its business after declaring bankruptcy. P. 24





Upgrading to High-Def

What you need to know before you purchase high-def endoscopy equipment.

Stephen G. Abshire, MD, and Marsha M. Williamson, RN | Lafayette, La.

For us, upgrading to high definition was an easy decision. During a trial of high-def endoscopy systems, our physicians noted that the system gave them increased depth of perception and helped in identifying lesions, particularly right-sided flat polyps that were difficult to see with a standard definition system. Right-sided polyps tend to be flat and very obscure. Often they're only identifiable by the bilious staining of the mucous secreted by the sessile serrated adenoma, a characteristic of this type of polyp. A year after purchasing high-def endoscopy equipment, our physicians were finding 39% more polyps and 62.5% more adenomas than before (see *"The Evidence Is Clear: HD Improves Polyp Detection Rates"* on page 32). If you haven't yet upgraded to high definition for your endoscopy suites, consider the following.

The high-def endoscopes have wide-angle lenses, which provide a 170-degree field of vision, as compared to our previous scope system, which had a 140-degree field. For the physician, switching to high-def has a slight learning curve. You need to become familiar with the nuances of the technology. Ironically, one of the biggest challenges in going from standard to high definition is being able to identify all that you missed with standard definition, such as the landmarks of flat polyps. Removing flat polyps is a bit more involved because the procedure requires an injector to create a saline pillow and a snare.

A GI ROOM WITH A BETTER VIEW Plan on spending $250,000 per room to upgrade to a high-def endoscopy system, says Stephen Abshire, MD. Each endo room has monitors on articulating wall mounts and cables that drop from the ceiling to keep them out of the way.

Find the best price

Whether you're upgrading an existing surgical facility or outfitting new construction, plan on spending $250,000 per room for a high-def light source, processor, monitors, endoscopes and wiring. As we learned, there is a fairly wide price range for the same piece of equipment. If you're outfitting a handful of rooms you'll have some negotiating power.

Depending on your situation, you can consider:

- **Group purchasing organization.** You can definitely save money by being in a purchasing group or GPO. But make sure to have your sales representative price the equipment you are considering in more than one way. There are lots of variations and scenarios that can change your bottom line by about 15%. If you're not part of a GPO but are partnered with a hospital or health system, consider purchasing your system through your partner's GPO membership.
- **Trade in.** You can trade in your old equipment for credit, but you may receive more for your used items by selling to a third-party company that purchases equipment to refurbish and then resell. You can also look into purchasing used, refurbished equipment instead of purchasing new if your capital budget is tight or you are just starting a center or practice and prefer a lower cash outlay.
- **Lease.** Leasing equipment will let you have the latest models for a monthly fee over a specified period of time instead of purchasing up front. But the equipment may cost you considerably more than the purchase price over the length of your lease.
- **Deal for disposables.** Some companies will give you the equipment or reduce the purchase price if you enter into a purchase agreement for disposable supplies. This can result in considerable savings because you don't have a big cash outlay. Be sure that your physicians are happy with that manufacturer's forceps, snares and injectors. Often these deals have penalties if you don't meet the quotas set in your purchasing agreement.
- **Upgrade in phases.** You might also consider first upgrading a single room, or half of your procedure rooms if you have several, then continuing the conversion room-by-room at a pace that will require

The Evidence Is Clear: HD Improves Polyp Detection Rates

After we purchased high-def equipment for all procedure rooms in 2007, we believed that we were indeed seeing and removing more colon lesions, especially flat polyps. At the time, no research data was available to validate our assumption. So we launched our own research effort.

We did a retrospective chart audit to compare polyp and adenoma detection rates of our physicians for the year before implementation of high-def versus a 1-year period after we upgraded, when we were using only high-def.

Patients included in the study were those over the age of 50 who were asymptomatic and scheduled for a screening colonoscopy. Our staff gastroenterologists performed the colonoscopies, with practice experience ranging from 15 to 30 years.

We benchmarked our results using reference material published by the American Society of Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) journal *Gastrointestinal Endoscopy*. After all data was collected and tabulated, the results of the research revealed a 39.9% increase in total polyp detection with high-def and a 62.5% increase in adenoma detection.

This study was selected for presentation at Digestive Disease Week in Chicago in 2009 and was published in the April 2009 issue of *Gastrointestinal Endoscopy*. Subsequent studies from other centers have come out recently with similar results, further validating our findings. The data produces a valid reason to justify the cost of purchase: a measurable improvement in quality outcomes.

— Stephen G. Abshire, MD, and Marsha M. Williamson, RN

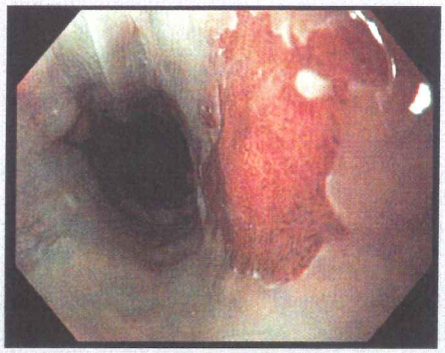
Doug Dugas Photography

MORE POLYPS Expect to find more polyps with high-def equipment, say authors Marsha M. Williamson, RN, and Stephen Abshire, MD, who compared polyp and adenoma detection rates of the physicians at their facility for the year before using HD and the year after.

less cash outlaid all at once. In this case, your choice of equipment will be limited to what's compatible with what you're already using. You will be able to use scopes that are standard definition with your high-def processor, monitor and cables, but remember that high-def endoscopes cannot be used in a standard definition processor. If you're upgrading a room at a time, you will need to calculate how many high-def scopes you will need for each upgraded room based on your case volume per room. Also, if you have an agreement with another facility to loan and borrow equipment due to a heavy case load or broken equipment, consider purchasing equipment compatible with that facility's inventory in order to continue your agreement with that facility.

Inside Narrow Band Imaging

If you purchase a system with narrow band imaging, you'll need to understand how it works. Narrow-band imaging uses a "blue light" that is close to the spectrum of hemoglobin. The red light is absorbed by the blue, which gives better definition to the vascular patterns of polyps. This helps the endoscopist to distinguish between normal tissue and polyp tissue. It also helps better delineate the esophagogastric junction in cases when you suspect Barrett's esophagus. The biggest drawback with narrow-band imaging is the lack of a bright light when you're using it. Narrow-band imaging is still in its first generation. The manufacturer says that the company is currently addressing the problem. We believe that it will improve.



Olympus Surgical & Industrial America

BLUE LIGHT SPECIAL Some HD systems have narrow-band imaging, which uses blue light to create better definition of the vascular patterns of polyps. This helps the endoscopist see polyp tissue.

We recommend online courses as well as hands-on sessions. Overall, you can learn the techniques and adapt them to your style in a relatively short period of time if you do your research and practice.

— Stephen G. Abshire, MD, and Marsha M. Williamson, RN

• **Get multiple bids.** Be sure to price the equipment you want through as many vendors as possible and let everyone know you're taking other bids. Also, make sure that you are "comparing apples to apples" in the quotes that you receive. Every vendor will be more than happy to set up equipment for you to demo. This will let your physicians and staff work with everything firsthand and compare the systems. Be sure to get written statements from vendors regarding the availability of loaner equipment if you have to send items in for repair. Shortages of equipment due to repairs can delay cases if you don't have replacement items.

What's the difference?

The 3 major players for new endoscopy equipment all have a high-def platform and promote basically the same equipment capabilities, with few exceptions. Two of the high-def colonoscopes have a 140-degree field of vision while the third manufacturer's scopes have 170 degrees. We found that much of the other features were comparable.

All 3 companies obtain their monitors from the same source, which provides high-def, medical grade LCD monitors with screens up to 42 inches. The size of your procedure rooms and the distance the monitor will be placed in relation to the light source will help you determine the size of screen that best suits your needs. We're using 32-inch monitors, as suggested by our vendor. We've found that with larger monitors, you don't necessarily get as crisp a picture as with smaller ones. Most important is the compatibility of your monitors with your equipment.

Another key factor is cost for repairs. Compare the different annual service agreements that each manufacturer offers. Negotiate the price of the service agreement as part of your purchasing agreement when you buy the endoscopes. You'll have more leverage at that time than if you were to purchase a service agreement after you bought the equipment.

We recommend subscribing to a service agreement. We've definitely saved money over the last few years on repairs that we would have had to pay out of pocket. As the technology has advanced, so have the repair costs for common wear-and-tear issues

such as leaks in the biopsy channel or the head, which can cause damage to the video chip. An annual service agreement can pay for itself with a single major repair job, which could cost as much as $9,000.

Wall mount or tower mount?

There are also several options for mounting the monitor. They can be secured to the wall, placed on a rolling stand or mounted from the ceiling. Consider the cost, size and configuration of the room and any other uses of the room. Is the room only used for endoscopy, or converted for other procedures? At our facility, we chose to mount the monitors on the walls with articulating mounts. The light source and processor are on a mobile cart on the opposite side of the room. The cables that send the image to the monitor drop from the ceiling so the cart can be moved anywhere in the room without having the cables in the way. This lets us adjust the distance from the endoscopist to the monitor screen to meet the preference of each physician.

Ceiling mounts are gorgeous and expensive. If you're outfitting new construction, they're a good option because you'll be able to incorporate them above the ceiling, where they attach to the beams. But remember that a boom will permanently configure the room, so you should be sure that how you'll use that room won't change in the future.

HD is worth the expense

Even though upgrading your facility to high-def is a large capital investment, it's a necessity to keep your facility from being left behind when it comes to attracting patients and improving outcomes . **OSM**

*Dr. Abshire (**abshire@gastroclinic.com**) is the founding partner, chief executive and medical director of the Lafayette General Endoscopy Center in Lafayette, La. Ms. Williamson (**marsha@gastroclinic.com**) is the facility's nurse administrator.*