



# Surgery and Practice Management: A Plethora of Pearls

Experts from IPED provide practical advice on running a surgical practice.



BY MEMBERS OF IPED

*The Institute for Podiatric Education and Development's (IPED) core mission is to reach out to our colleagues every chance we can to educate in the areas of practice and people management. We asked some of our members and board members to share their wisdom on running a successful surgical practice. We bring this article to you and look forward to future opportunities to share knowledge.—Hal Ornstein, DPM, IPED Chairman*

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## Running Late, Unequal Recovery Periods, and Dispensing Post-Op DME

By David Applegate, DPM

### 1) Don't leave your patients waiting for you if you often run late.

Be honest with yourself. Do you usually run on time in the operating room? What about clinic? Do you find yourself rushing to get back to clinic to see patients in the afternoon? Maybe you have the reverse problem: do you find yourself rushing to get to the operating room in the afternoon because your morning clinic ran late? Take a minute or two and give an honest assessment as to whether or not you need to make a meaningful change to your current scheduling. This may mean swapping surgical block times from the afternoon to the morning or clinic times from the morning to the afternoon.

### 2) See all postoperative visits on the same day around the same time.

Let's face it: not all recovery periods are created equal. Some patients never feel an ounce of pain. Some

patients in the waiting room are taking notice? Perhaps Mrs. Jones is on the fence over whether or not to have you excise her neuroma, which you know she stands a good chance to benefit from. Do you want Mrs.

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seem unable to shake it. Complications can and will happen. When Mrs. Smith, the prototypical hypochondriac, is anxiously writhing in pain in your waiting room before being roomed, do you think the other

Smith's unrelenting pain causing Mrs. Jones to change her mind? Schedule all of your postoperative visits around the same day and time of the week to avoid situations like this.

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### **3) Have patients fill prescription medications beforehand.**

Everyone responds to pain differently. We all know this very well by now. We also know that to adequately manage pain in the postoperative period, our patients must take pain medications regularly. Consider giving your patients their pain medication

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prescriptions at their preoperative visits and asking them to fill them before the day of the surgery. This will help to prevent a delay in keeping up with their dose schedule when they arrive home on the day of surgery.

### **4) Give patients your personal cell phone number.**

How do you have postop patients contact you when they encounter problems in the postoperative period? Do you have them call a live answering service or leave a voicemail on your practice voicemail? Consider giving them the number to your personal cell phone. Sure, the occasional patient may abuse the opportunity to have a direct method of contacting you, but the overwhelming majority of patients will appreciate the goodwill gesture, increasing the chance that they'll tell friends and family of how great a surgeon you are.

### **5) Prepare a detailed packet of patient information for all surgical patients.**

Want a quick way to avoid your staff having to field multiple calls from patients needing information related to their surgical procedure? Make a packet of information on what to expect from their surgical experience. Include everything from fasting instructions to what to bring and where to park at the hospital. You can also include a host of information on pain management at home and surgical site care. The possibilities are limitless and your staff will thank you for it.

### **6) Package common dressings and dispense them from your office.**

Do you have a typical dressing that you transition patients to a few weeks after surgery? Do you find yourself telling patients what to purchase at the local drug store? Consider packaging dressing supplies and dispensing them out of your office. You'll save your patients the hassle of having to find dressing supplies at the store, with the added benefit of increasing your practice's bottom line.

### **7) Dispense postoperative durable medical equipment from your office and have the patient bring it with them on the day of surgery.**

How often do you find yourself writing an order for a postoperative shoe or crutches in the recovery area after a surgical case? Have you ever thought about dispensing a walker or fracture boot out of your office beforehand and having the patient bring it with them on the day of surgery? This is an easy area in which to increase your bottom line.

### **8) Leave a note on top of postoperative bandaging.**

How often do you have to meet patients at the office to change a tight surgical bandage? Are you comfortable with the results you achieve by simply having them loosen the bandage? If you use a self-adhering bandage like Coban, the only remedy for a tight bandage is replacing it. Consider writing "cut here" with an arrow pointing to an area away from the site of surgical incision. This will allow you to guide the patient through relieving a tight bandage on their own over the phone, saving you the hassle of having to meet them for a bandage change. **PM**

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## Dealing with the Pre and Post-Surgical Patient



*By Hal Ornstein, DPM*

1) To build your patient's confidence in considering surgery, encourage him/her to get a second opinion. This is done as a gentle suggestion, along with offering their x-rays and medical records, to get a second opinion, if they choose. This demonstrates confidence

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and establishes further trust from the patient. This is quite a simple but powerful message.

2) I've long been an advocate of calling all new patients the day of their visit and the day after to ask what additional questions they may have. Surgical patients will most likely have additional questions, and forging a strong bond increases their trust and confidence in you. If you get

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an answering machine, refer to Ray Posa's (below) tip on HIPAA regarding leaving a phone message for a patient. Also, advocate calling surgical patients the night before surgery and the evening of surgery to answer any questions. Document these and all calls with patients even if they do not answer (this is a powerful element in the matter of a malpractice case). Consider giving post-op patients your cellular number on the post-op instructions given in the office as well as on post-op orders for surgery. **PM**

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## Patient Information and HIPAA

By Ray Posa, MBA



1) Timely communication is critical for your surgical patients.

These days everyone is busy, and often we get caught up playing phone tag, wasting valuable time. If your office has only a basic HIPAA communication authorization form which only grants you permission to

**In order to stay HIPAA compliant make sure you are using a secure text messaging service.**

leave a call back number; consider making a one-time full message authorization consent form part of your patient surgical consent pack. By doing this, if you get the patient's voice mail, you can now leave a detailed message.

2) Often you will run into situations where you need last-minute access to pertinent patient information while you are about to go into surgery (or even during a procedure). The ubiquitous smart phone is often the most convenient communication tool available to you in these situations. Many physicians will text-message their office—this is a quick and expedient way to get the information you need. In order to stay HIPAA-compliant make sure you are using a secure text messaging service. Also, if you are doing surgery at a hospital check with their compliance officer to make sure texting, even if it is secure, is permissible. Many hospitals ban outright the use of texting electronic Protected Health Information, so check before you text. **PM**

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**Dr. Ornstein** is Chairman of the Institute for Podiatric Education and Development and a national and international lecturer and author on practice management topics. He serves on the editorial advisory board of Podiatry Management and has been inducted in the PM Podiatry Hall of Fame. He is managing partner of Affiliated Foot & Ankle Center, LLP in Howell, NJ and President and CEO of the New Jersey Podiatric Physicians and Surgeons Group, LLC.

**Mr. Posa** is President of The Manta Group, a technology consulting firm in Farmingdale, NJ. Mr. Posa is a trustee on the Board of Directors of the Institute for Podiatric Education and Development. He has served as the technology advisor to AAPP and is the technology advisor for the Institute for Podiatric Education and Development. Mr. Posa had achieved Fellow status with the AAPP. He is a national speaker on technology and HIPAA issues, and has been published in various medical publications and websites. He can be reached at (732) 919-0944 or rposa@themantagroup.com.