



CASA

2019

ANNUAL CONFERENCE
& EXHIBITS

SEPTEMBER 4-6, 2019

PORTOLA HOTEL & SPA
MONTEREY, CA

CASA President's Message



On behalf of CASA, I would like to officially welcome you to our 2019 annual conference. This will be our 32nd annual meeting. My term as president is ending, and I can assure you the CASA Board has never been more active and is diligently working in several areas to better serve California ASCs.

As California's new Governor works toward his legacy, healthcare will be a priority in California. CASA is working with our elected officials to assure they have a profound understanding of how California ASCs provide significant cost savings, innovation and quality outcomes. As you well realize, ASCs are not without their challenges, and I am sure you have dealt with emerging concerns on a daily basis. We will highlight these challenges and strategies to address utilizing the VUCA (volatility, uncertainty, complexity, ambiguity) principles. On Wednesday, our panel of distinguished experts will set the stage, and General George W. Casey, Jr., will provide us with a tactical approach to meet these challenges head-on.

Our Thursday, Keynote speaker John Izzo, Ph.D., will motivate us to take on these responsibilities and be the agent of change. Following the morning sessions, the conference committee has organized a diverse program of breakout sessions, and we are fortunate to have the breadth of expert speakers to share their knowledge with us.

The CASA Board is continually striving to address the changing needs of our members and effectively move the CASA organization forward. I will be highlighting the Board's activities during my presentation on Thursday morning, at 8:00 a.m. I am excited to be unveiling some new CASA benefits and opportunities to help you run your center. This informative business session is a great opportunity to see all the areas CASA is working for your ASC's success.

Friday's sessions will bring us a panel on using quality metrics and marketing your ASC and an important session of staff engagement with Greg Miller, Ph.D. We are grateful for the open dialogue CASA has with our regulators. Friday's closing session will bring us a wide variety of experts representing the Medical Board of California, California Department of Public Health, Centers for Medicare and Medicaid Services and accreditation agencies.

We will take some time to relax and enjoy a bit of Monterey history for the Thursday Evening Rustic Roundup. This event is off-site at the historic Barnes, just a short walk up the road. This is a great time to network while enjoying good music, food and games.

Our sponsors and vendors are critical to the success of our meetings. Please take the opportunity to thank them throughout the meeting, and make sure to maximize your time in the exhibit hall. The diversity of exhibitors will allow you to investigate the latest in technology, products, and services affecting our industry. As always, we have included a fun game to enhance the experience, and who doesn't like an opportunity to win cash and prizes?

In closing, I want to assure you that the CASA Board and administrative team are here to help you and your ASC. Your input is critical for our success. Be sure to take full advantage of the conference app and complete your evaluations for education credit. Your feedback will help us with the planning of future meetings and better serve you in all areas. The CASA Board and staff want to get to know you. So please take this opportunity to say hello; we welcome the opportunity to learn more about you and your center.

Enjoy the meeting and networking with peers,

A handwritten signature in dark ink, reading "Deborah Miller". The signature is fluid and cursive.

Deborah Miller
CASA President

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- Anna Conley, Purchasing Agent
Cincinnati Eye Institute

CASA's Mission Statement

CASA's Mission is to serve as a proactive leader in the California ambulatory surgery industry.

Vision Statement

The California Ambulatory Surgery Association will increase surgical care quality and value through communication, education and advocacy. By:

- Dramatically increasing membership from both multi-specialty and single specialty centers
- Effectively partnering with organizations with similar goals and objectives
- Leading/supporting critical legislative and regulatory reform
- Utilizing/leveraging information and communication technologies
- Electing a motivated and committed Board of Directors
- Becoming more influential in the industry, the community and the legislative branches

Member Code of Conduct

The California Ambulatory Surgery Association ("CASA") and each of its members agree to adopt and implement policies to promote ethical management in the ambulatory surgery industry. Members shall promote the advancement of ambulatory surgery technology and methods, encourage educational activities demonstrating the benefits of ambulatory surgery, promote the efficient, safe and effective utilization of medical care resources and operate facilities in a fiscally responsible manner benefiting and protecting the general public.

As part of these ethical obligations, each member agrees to observe, to the extent applicable to a facility, ethical business practices, including but not limited to:

A member facility should not charge or collect an illegal or excessive fee. A fee is considered excessive when after a review of the facts a person knowledgeable as to current charges made by facilities would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

- (1) The difficulty and/or uniqueness of the services performed and the time, skill, and experience required
- (2) The fee customarily charged in the locality for similar care by facilities that are committed to providing safe and effective care in an efficient and fiscally responsible manner benefiting and protecting the general public.
- (3) The amount of the charges involved.
- (4) The quality of performance.
- (5) The experience, reputation, and ability of the facility in performing the kind of services involved.

The above statement regarding fees is modeled from Opinion 6.05 (as modified in 1994) of the American Medical Association Code of Medical Ethics.

A member facility agrees to be transparent and lawful in its billing and collection practices. Factors to be considered as guides in determining transparency and lawfulness include the following:

- (1) Timely pre and post-treatment notifications of the patient (or parent or legal conservator if the patient is a minor, or an adult with a legal conservatorship) of anticipated and real charges, and expectations regarding the financial responsibilities of the patient, parent or legal conservator, and of any third party payer to be billed.
- (2) Avoidance of unlawful payments or other improper inducements for referral of patients to the facility. (amended 2013)



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Our centers' Governing Boards and medical staff meet quarterly to continually ensure a patient-centric culture. Providing every patient personalized and compassionate care is at the center of all we do.

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Program at a glance

WEDNESDAY, SEPTEMBER 4, 2019

CONFERENCE BEGINS ON WEDNESDAY

10:00 AM to 5:00 PM	Conference Registration
3:00 PM to 5:00 PM	ASCs in a VUCA World (Volatility, Uncertainty, Complexity, and Ambiguity)
5:00 PM to 7:00 PM	Welcome Reception in Exhibit Hall

THURSDAY, SEPTEMBER 5, 2019

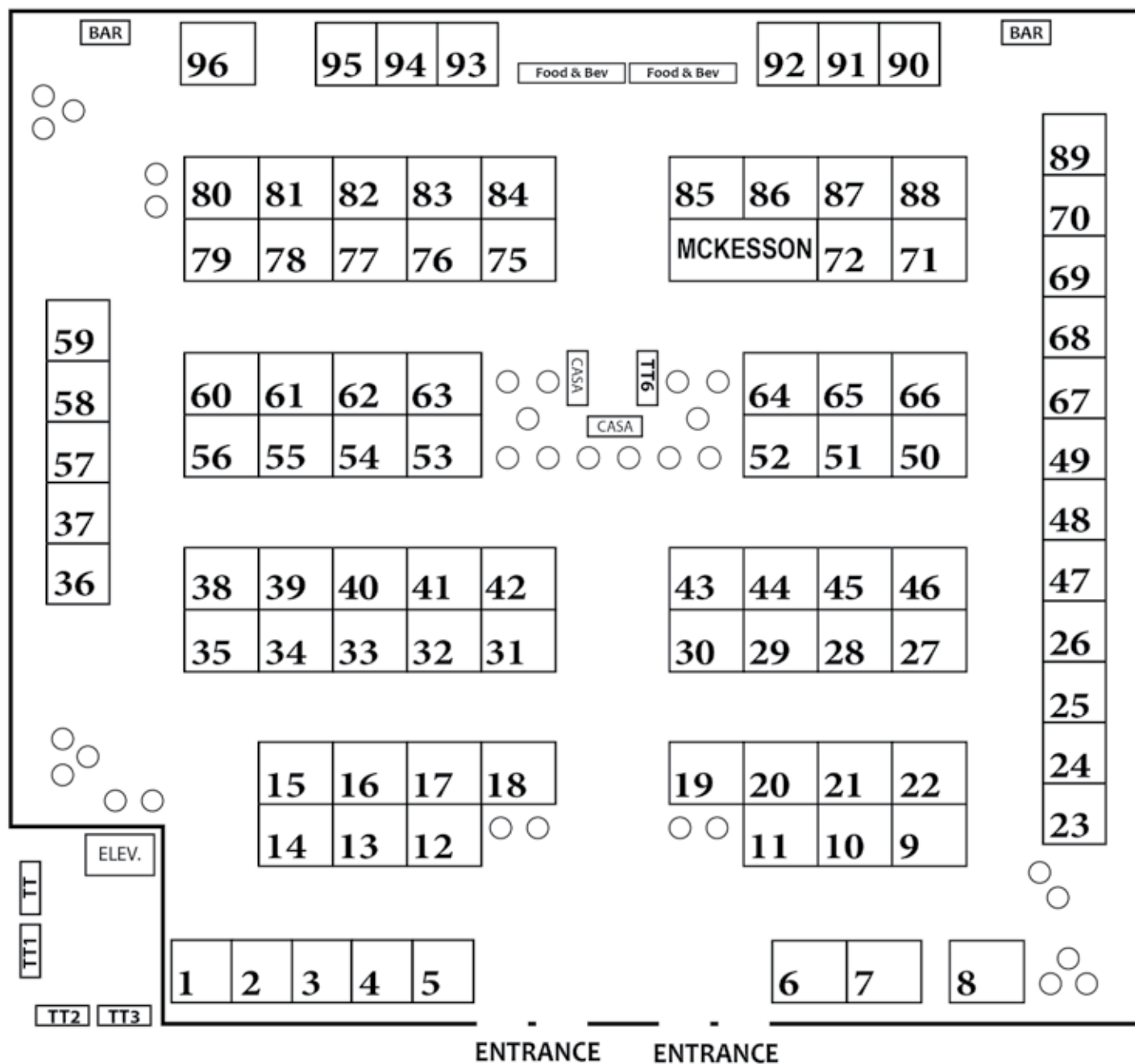
7:00 AM to 8:00 AM	Conference Registration	
8:00 AM to 8:30 AM	CASA Business Meeting	
8:30 AM to 9:30 AM	California and National Legislative Update	
9:30 AM to 9:45 AM	Break	
9:45 AM to 11:00 AM	KEYNOTE: John Izzo - Leadership Expert & Author 100% Responsibility - 0% Excuses: Creating a Culture of Ownership	
11:00 AM to 1:00 PM	Lunch with Exhibitors	
1:00 PM to 2:00 PM	Track 1 - Expanding Revenue in an ASC to Increase Profits	FINANCIAL
	Track 2 - The Difficult Employee and a Proactive Approach from a Leadership Perspective	HR
	Track 3 - Surgical Smoke in the Clinical Environment	CLINICAL
	Track 4 - Quality, Safety & the Patient Experience How Improving your Facility's Culture and Employee Engagement Drives These Three Areas	QUALITY
2:05 PM to 3:05 PM	Track 1 - Improving Sales Skills to Grow Case Volume	FINANCIAL
	Track 2 - The Top Mistakes When Dealing with the Injured Worker	HR
	Track 3 - Communication in the Clinical Setting	CLINICAL
	Track 4 - Developing a Reliable On-Boarding Program for Registry Staff & Per Diem Nurses	QUALITY
3:05 PM to 4:00 PM	Break with Exhibitors	
4:00 PM to 5:00 PM	Track 1 - Best Practices for Revenue Cycle Management	FINANCIAL
	Track 2 - Incorporating Social Media for ASC Success	HR
	Track 3 - High Caliber Clinicians/High Acuity Patients and Screening for Both	CLINICAL
	Track 4 - Training & Developing Your Safety Officer	QUALITY
5:05 PM to 6:05 PM	Accreditation 4-1-1	
7:00 PM to 9:30 PM	Thursday Special Event	

FRIDAY, SEPTEMBER 6, 2019

8:00 AM to 9:00 AM	Quality and Safety in the ASC - Telling the ASC Story
9:00 AM to 10:00 AM	Gaining the Edge with Staff Engagement
10:00 AM to 10:20 AM	Break
10:20 AM to 12:00 PM	Regulatory Update Panel

MONTEREY CONVENTION CENTER (EXHIBIT HALL)

SERRA BALLROOM



EXHIBITORS

3M Healthcare	9
AAAH	20
AcelRx Pharmaceuticals, Inc.	93
Advocate+	68
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Speakers

KEYNOTE SPEAKER

Dr. John Izzo, Ph.D LEADERSHIP EXPERT/ AUTHOR

Vancouver, BC

info@drjohnizzo.com

**100% Responsibility -
0% Excuses: Creating a Culture
of Ownership**
Thursday • 9:45 AM

Michael Bennett

Medical Consultant

Licensing & Certification Program

California Department of Public Health

850 Marina Bay Parkway

Building P, 1st Floor

Richmond, CA 94804-6403

Regulatory Update Panel

Friday • 10:20 AM

Gen. George W. Casey, Jr.

U.S Army (RET)

Worldwide Speakers Group

99 Canal Center Plaza Ste. 100

Alexandria, VA 22314

ASCs in a VUCA World

Wednesday • 4:00 PM

Lisa Cooper

Principal, Advocate+

Lisa@advocareplus.com

**The Difficult Employee and
a Proactive Approach from a
Leadership Perspective**

Thursday • 1:00 PM

Diana Dang

PR Consultant, KP Public Affairs

621 Capitol Mall Ste. 1900

Sacramento, CA 95814

ddang@ka-pow.com

**Incorporating Social Media
for ASC Success**

Thursday • 4:00 PM

Missy Danforth

VP, Health Care Ratings

The Leapfrog Group

1660 L Street NW, Ste. 308

Washington, DC 20036

mdanforth@leapfroggroup.org

**Quality and Safety in the ASC -
Telling the ASC Story**
Friday • 8:00 AM

Tarin English

Assistant Director, Regulatory Compliance

Accreditation Association for Ambulatory

Health Care

5250 Old Orchard Rd, Ste. 200

Skokie, IL 60077

tenglish@aaahc.org

Accreditation 411 - AAAHC
Thursday • 5:05 PM

Tim Fuchs

VP, Client Services

National Medical Billing Services

7 Arnage Road

St. Louis, MO 63005

tim.fuchs@nationalascbilling.com

**Best Practices for
Revenue Cycle Management**
Thursday • 4:00 PM

John J. Goehle, MBA, CASC, CPA

(moderator)

Chief Operating Officer

Ambulatory Healthcare Strategies, LLC

2 Valley Meadow Dr.

Spencerport, NY 14559

jgoehle@ah-strategies.com

**Quality and Safety in the ASC -
Telling the ASC Story**
Friday • 8:00 AM

Kelly Kapp, RN

Senior Director, Group Clinical Educator

Surgical Care Affiliates

234 E. Colorado Blvd., Ste. 220

Pasadena, CA 91101

kelly.kapp@scasurgery.com

Communication in the Clinical Setting
Thursday • 2:05 PM

I. Naya Kehayes

Principal, ECG Management Consultants

1111 Third Ave. Ste. 2500

Seattle, WA 98101

nkehayes@ecgmc.com

ASCs in a VUCA World
Wednesday • 3:00 PM

Kimberly Kirchmeyer

Executive Director, Medical Board of CA

2005 Evergreen St.

Sacramento, CA 95815

kimberly.kirchmeyer@mbc.ca.gov

Regulatory Update
Friday • 10:20 AM

Shea Lansberry, RN, MPA

Regional Clinical Director, Sutter Health

LansbeS@sutterhealth.org

**Training & Developing your
Safety Officer**
Thursday • 4:00 PM

Michael B. Larsen

Executive Director, MCSIG

76 Stephanie Dr.

Salinas, CA 93901

**Quality and Safety in the ASC -
Telling the ASC Story**
Friday • 8:00 AM

Alethea Leandro-Farr

Safety & Loss Control Manager

James G. Parker Insurance Associates

1368 S. Main St., Ste A

Salinas, CA 93901

alethea@jgparker.com

**The Top Mistakes when Dealing with
the Injured Worker**
Thursday • 2:05 PM

Scott Leggett

Co-Principal, Global 1 Ventures, LLC

6125 Paseo Del Norte, Ste. 210

Carlsbad, CA 92011

scott@globaloneventures.com

ASCs in a VUCA World
Wednesday • 3:00 PM



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Speakers *cont.*

Jacqueline A. Lincer, Chief

*Region VI - Field Operations Branch
California Department of Public Health
-L&C*

Regulatory Update

Friday • 10:20 AM

Deborah L. Mack, RN, BSN, CASC, CAIP

*Independent Healthcare Consultant
11194 West Yucca
Littleton, CO 80125
dmack1957@gmail.com*

**Training & Developing
your Safety Officer**

Thursday • 4:00 PM

Alison MacLeod

*Partner, KP Public Affairs
621 Capitol Mall Ste. 1900
Sacramento, CA 95814
amacleod@ka-pow.com*

**Incorporating Social Media
for ASC Success**

Thursday • 4:00 PM

Greg Miller, Ph.D

*VP, Talent Management & Development
Tenet Healthcare
1445 Ross Ave., Ste. 1400
Dallas, TX 75202
greg1.miller@tenethealth.com*

Gaining the Edge with Staff Engagement

Friday • 9:00 AM

Janet Miller, RN, MHA, CAIP

*Group Manager, Clinical Services
Surgical Care Affiliates
5065 Nantucket Street
Roseville, CA 95747
Janet.Miller@scasurgery.com*

**Developing a Reliable On-Boarding
Program for Registry Staff &
Per diem Nurses**

Thursday • 2:05 PM

Amanda Olderog, MHA (moderator)

*Senior Director, Sg2
5250 Old Orchard Rd.
Skokie, IL 60077
aolderog@sg2.com*

ASCs in a VUCA World

Wednesday • 3:00 PM

Alden J. Parker

*Regional Managing Partner
Fisher Phillips
621 Capitol Mall, Ste. 1400
Sacramento, CA 95814
aparker@fisherphillips.com*

**The Difficult Employee and
a Proactive Approach from a
Leadership Perspective**

Thursday • 1:00 PM

Trey Parsons, RN

*Sr. Vice President, Operations
Ambulatory Systems Development, LLC
850 E. Ocean Blvd., Unit 901
Long Beach, CA 90802
tparsons@asd-asc.com*

Legislative Update

Thursday • 8:30 AM

**Expanding Revenue in an ASC
to Increase Profits**

Thursday • 1:00 PM

Bill Prentice

*Chief Executive Officer
Ambulatory Surgery Center Association
81012 Cameron St.
Alexandria, VA 22314
wprentice@ascassociation.org*

Legislative Update

Thursday • 8:30 AM

William Rutland

*KP Public Affairs
81012 Cameron St.
621 Capitol Mall Ste. 1900
Sacramento, CA 95814
wrutland@ka-pow.com*

Legislative Update

Thursday • 8:30 AM

Victoria Samper, MS

*Vice President, Ambulatory Accreditation
Institute for Medical Quality
180 Howard Street, Ste. 210
San Francisco, CA 94105
victoria@imq.org*

Accreditation 411 - IMQ

Thursday • 5:05 PM

Ann Shimek, RN, BSN, MSN, CASC

*Independent Consultant
5805 Braemer Drive
Plano, TX 75093
ashimekco@gmail.com*

**Quality, Safety & the Patient Experience -
How Improving your Facility's Culture
and Employee Engagement Drives These
Three Areas**

Thursday • 1:00 PM

**Quality and Safety in the ASC -
Telling the ASC Story**

Friday • 8:00 AM

Mark Shirley, MS, CSP

*Environmental Risk Consultant
Sutter Health
2200 River Plaza Dr.
Sacramento, CA 95833
ShirleM@sutterhealth.org*

**Surgical Smoke in the
Clinical Environment**

Thursday • 1:00 PM

Stuart Simon, MD

*Medical Director
United Surgical Partners International
4514 Lively Lane
Dallas, TX 75220
ssimon@uspi.com*

**High Caliber Clinicians/High Acuity
Patients and Screening for Both**

Thursday • 4:00 PM

Jason J. Strauss

*Chief Operating Officer
Surgical Care Affiliates
569 Brookwood Village, Ste. 901
Birmingham, AL 35209
jason.strauss@scasurgery.com*

ASCs in a VUCA World

Wednesday • 3:00 PM



United Surgical Partners
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By leveraging the strength of joint venture partnerships and through a strong commitment to clinical quality and excellence, USPI remains an innovative leader within the industry.

Thank you to our outstanding administrators and employees for living out our mission every day, and for Every Day Giving Excellence!



Speakers *cont.*

Devan Telken

*Director of Business Development
Surgery Partners*
310 Seven Springs Way, Ste. 500
Brentwood, TN 37027
DTelken@surgerypartners.com
**Improving Sales Skills to
Grow Case Volume**
Thursday • 2:05 PM

Tara Vail

*Chief Operating Officer
HST ASC Software*
3675 Mt. Diablo Blvd., Ste. 100
Lafayette, CA 94595
tara.vail@hstpathways.com
ASCs in a VUCA World
Wednesday • 3:00 PM

Darla VanPutten-Adams, MD

*Field Surveyor
The Joint Commission*
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Accreditation 411 – The Joint Commission
Thursday • 5:05 PM

Peggy Wellman (moderator)

Market President, USPI
200 N. Westlake Blvd., Suite 104
Westlake Village, CA 91362
pwellman@uspi.com
Regulatory Update
Friday • 10:20 AM

John Wogec, MD

*Exercise Coordinator
California Department of Public Health
Emergency Preparedness Office*
John.Wogec@cdph.ca.gov
**Quality and Safety in the ASC –
Telling the ASC Story**
Friday • 8:00 AM

Robert J. Zasa, MSHHA, FACMPE *President/CEO*

Ambulatory Systems Development, LLC
21 Terraza Del Mar
Dana Point, CA 92629
rsaza@asd-asc.com
**Expanding Revenue in an
ASC to Increase Profits**
Thursday • 1:00 PM

CONTINUING HEALTH PROFESSIONS EDUCATION

This CME activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of The Institute for Medical Studies (IMS) and the California Ambulatory Surgery Association. The Institute for Medical Studies is accredited by the ACCME to provide continuing medical education for physicians. The Institute for Medical Studies designates this live activity for a maximum of 11.75 AMA PRA Category 1 Credits™ for the full general conference, and 4 credits for the Pre-Conference. *Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program is also provider approved by the California Board of Registered Nursing, provider number CEP 9344 for 11.75 contact hours for the full General Conference and 4 contact hours for the Pre-Conference. This program is approved for 11.75 hours of AEU credits by BASC Provider #7990 and 4 contact hours for the Pre-Conference.



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Our commitment to our physician partners is the cornerstone of our company's growth and success.

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What we do

IPG works with commercial health plans to drive higher acuity procedures to ASCs by ensuring the **right reimbursement structure** is in place and by **taking on the financial risk of the device** to allow our participating ASCs to perform all procedure types involving an implant.

How we achieve results for ASCs



We provide **national benchmarks** to the health plan relative to appropriate reimbursement rates.



We **fund the cost of the device** for our partner ASCs.



We have an extensive **network of manufacturers** across all procedure types.

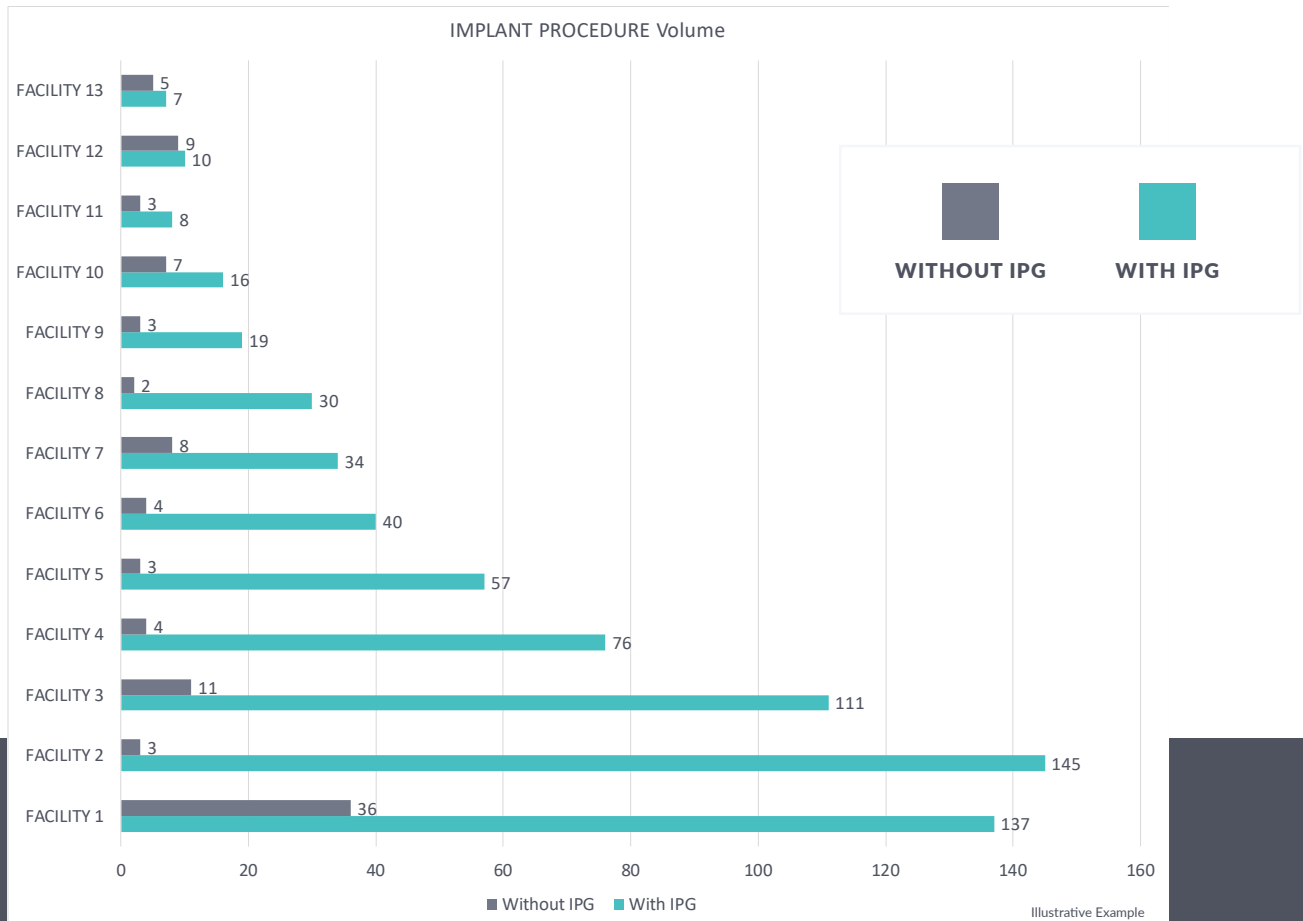


We manage the **payment and billing** of the device.



We take on the **patient collection** risk.

IPG partnering facilities perform on average 3x more procedures than they did without IPG.



What That Means to Your ASC

- You get paid appropriately to do more volume and more profitable procedures.
- There is no cash outlay for the device and no costs associated with the program.
- You and your surgeons have access to newer technology and device options.
- The resource and financial burden for payment and billing of the device is removed.
- The impact of outstanding patient collections to your bottom line is removed.



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Or order online at this discounted rate:
casurgery.org/surveypromo2019

reg. \$500

Conference
Attendee Price

\$250

FREE Exclusive Benchmarking

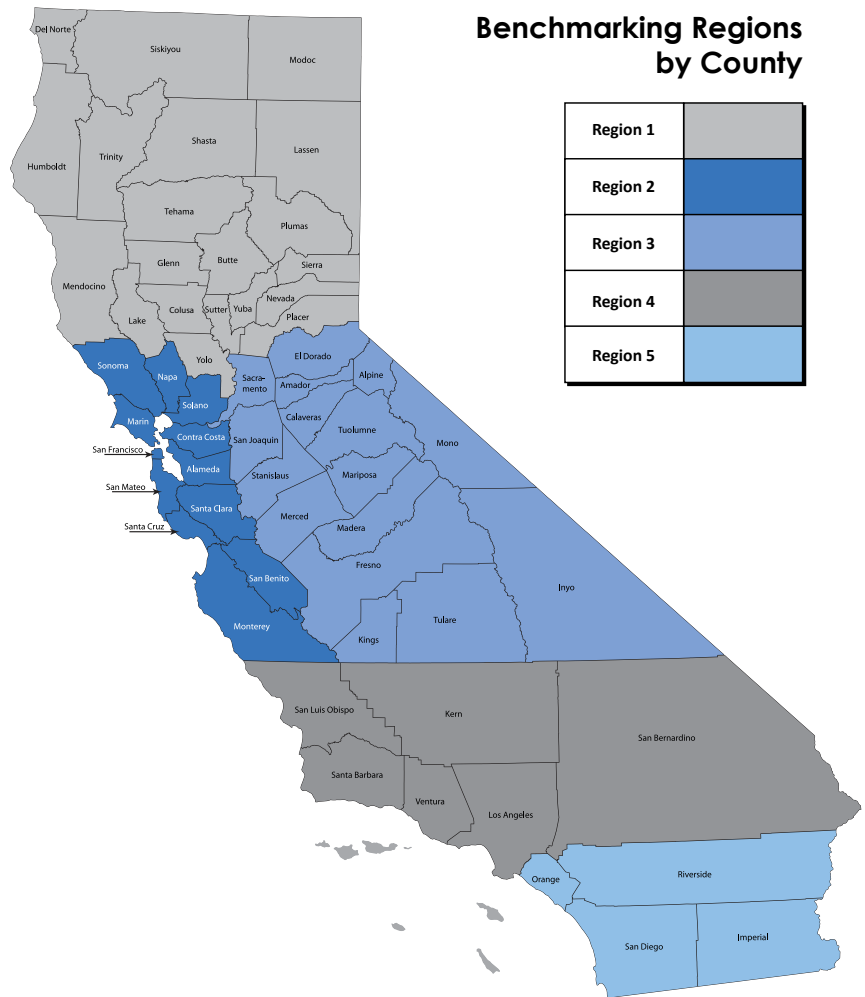
Our newly upgraded CASA benchmarking is FREE to members and includes areas mandated by CMS and accreditation bodies.

This is the only benchmarking program that provides information specific to your California region.

Data Highlights include:

- Demographic & Ownership Structure
- Accreditation
- Payor Mix
- Net Revenue
- Days In AR
- Supplies as a % of Net Revenue
- Productive Hours Per Case
- Cancellation Rates
- Complications
- Incidents
- Hospital Transfers
- Infection Rates
- Complaints
- Post-Operative Normothermia
- Unplanned Anterior Vitrectomies

CASA Benchmarking is a critical component for progressive ASCs. Take advantage of this free opportunity to improve your operations.



BOOTH 30

Learn how non-opioid EXPAREL improves recovery in the ASC

- Pain is the most common cause of PACU delays and the second most common reason for hospital-based acute care admission after discharge from an ASC^{1,2}

EXPAREL provides long-lasting pain control³ AND...

Reduces or eliminates opioid use^{3*}



Enables faster achievement of recovery milestones⁴

*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials. ASC, ambulatory surgery center; PACU, post-anesthesia care unit.

Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL: Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of full Prescribing Information on adjacent page.

Full Prescribing Information is available at www.EXPAREL.com.

For more information, please visit www.EXPAREL.com or call 1-855-RX-EXPAREL (793-9727).

References: 1. Joshi GP, Ogunnaike BO. Consequences of inadequate postoperative pain relief and chronic persistent postoperative pain. *Anesthesiol Clin North Am*. 2005;23(1):21-36. 2. Fox JP, Vashi AA, Ross JS, Gross CP. Hospital-based, acute care after ambulatory surgery center discharge. *Surgery*. 2014;155(5):743-753. 3. Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty*. 2018;33(1):90-96. 4. Yu S, Dundon J, Solovyova O, Bosco J, Iorio R. Can multimodal pain management in TKA eliminate patient-controlled analgesia and femoral nerve blocks? *Clin Orthop Relat Res*. 2018;476(1):101-109.



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EXPAREL®
(bupivacaine liposome injectable suspension)

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(bupivacaine liposome injectable suspension)

Brief Summary
(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity. Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusion, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipercolonylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

OVERDOSAGE

Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of

circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water for injection or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

Recommended Dosing in Adults

Local Analgesia via Infiltration

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectionomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.



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- All surgery centers in California should participate in the CASA PAC Fund. Maximum contribution per year is \$7,800.
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NEW BENEFIT FOR CASA MEMBERS

**You asked,
and we listened.**

Based on member feedback to CASA's 2018 Member Survey, one of the greatest areas of concern for ASCs was staffing.

Specifically, staffing and growing ASC leaders was one of the number one concerns highlighted by our members. The CASA Board implemented a special committee to research opportunities to assist our members with meeting these demands.

We are pleased to announce that we have partnered with AORN to provide our members with a significant discount and access to AORN's Periop 101 training program.

Through this partnership, CASA members can access this program for

Only \$535 per seat

This is a \$460.00 discount off the \$995.00 list price.

What is Periop 101?

Periop 101 ASC is an Ambulatory Surgery Center-specific curriculum that utilizes a blended learning model incorporating online didactic content, skills-based labs, and a clinical preceptorship focused on challenges specific to the ASC environment. Help ensure your nurses have the ASC-specific knowledge they need to keep patients safe.

Periop 101 ASC is a comprehensive, blended educational program that is:

- Developed by AORN's expert perioperative nurse authors
- Based on AORN's latest, evidence-based Guidelines for Perioperative Practice

Periop 101 includes the graduate level QSEN competencies. Incorporating QSEN in the online course and clinical course work will allow your students to apply these competencies to real-time patient care, case studies, and simulation experiences. All Periop 101 ASC students receive a 1-year, complimentary AORN membership.

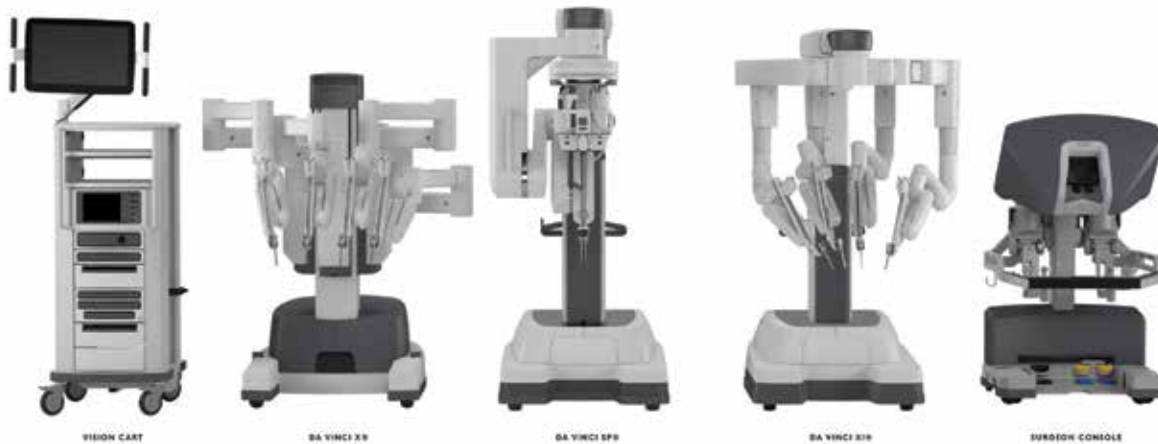
Who Is This Course Designed For?

This course is for all novice ASC perioperative nurses including new graduates, nurses transitioning into the perioperative suite from other nursing specialties, and other surgical team members.

How do I take advantage of this offer?

- 1 Attend the informational breakfast at the CASA Conference, Friday, September 6, 2019 at 7:00 a.m. or the webinar Wednesday, September 18, 2019 at 1:00 p.m.
- 2 Complete your order form with your facility name and CASA in the "Facility Name" field. For example: "Deschutes Surgery Center/CASA". Order form is at the link below:
<https://www.aorn.org/education/facility-solutions/periop-101/order-forms>
- 3 Send your payment and order form to AORN for processing.
- 4 AORN contacts the CASA for member confirmation.
- 5 After receiving CASA approval, AORN processes the order and your seats become available. You have until September 30, 2021 to utilize these seats.

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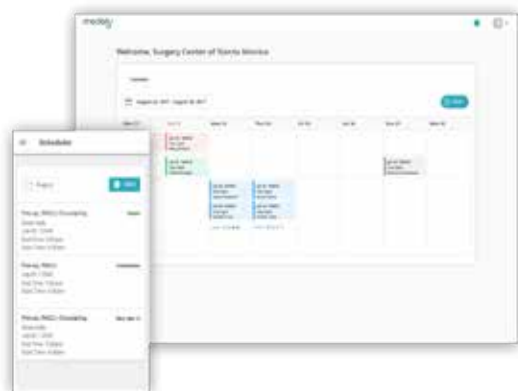
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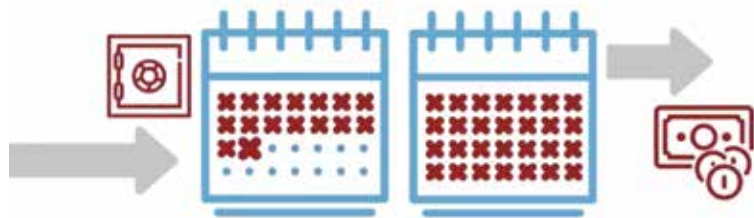


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Source Surgery Center
The Endoscopy Center, Inc
Tri County Surgery Center
Unicare Surgery Center A Medical Corporation
Ventana Surgical Center
West Coast Joint and Spine Center
Younique Surgery

Schedule of Events

WEDNESDAY SESSIONS • CONFERENCE BEGINS

3:00 PM to 4:00 PM

ASCs in a VUCA World | *Panel*

VUCA is a concept that originated with students at the U.S. Army War College to describe the volatility, uncertainty, complexity, and ambiguity of the world after the Cold War. These terms are prevalent in healthcare as we move towards the future. ASCs and their leadership teams will need to be agile to meet the changing demands. This panel of industry leaders from different aspects of ASC healthcare delivery will discuss the vision they forecast. They will set the stage for the conference as we learn and move forward with new tools and concepts to prepare to succeed in tomorrow's world.

4:00 PM to 5:00 PM

ASCs in a VUCA World | *General George W. Casey, Jr.*

Building on the panel's discussion, General Casey will lead us into a thought-provoking discussion on a tactical approach to VUCA challenges. General Casey is one of the most accomplished soldiers in U.S. history and an authority on strategic leadership. As the 36th Chief of Staff of the U.S. Army from April 2007 to 2011, General Casey led what is arguably the world's largest and most complex organization, 1.1 million people strong, with a \$200+ billion annual budget, during one of the most extraordinary periods in military and global political history.

THURSDAY BREAKOUT SESSIONS

FINANCIAL

1:00 PM to 2:00 PM

Expanding Revenue in an ASC to Increase Profits

*Trey Parsons, RN, Sr. VP of Operations
Ambulatory Systems Development, LLC*

*Robert J. Zasa, MSHHA, FACMPE, President/CEO
Ambulatory Systems Development, LLC*

Adding new service lines is an excellent opportunity to expand ASC revenue. This session will educate participants on how to add a new specialty service line to the ASC. This will include a review of case costs, capital equipment purchases and prepare staff for implementation of new service lines.

2:05 PM to 3:05 PM

Improving Sales Skills to Grow Case Volume

Devan Telken

*Director of Business Development
Surgery Partners*

Outreach to physicians is key to growing volume, but few Administrators or Marketing Team Members have had formal sales training. This presentation will provide an introduction to basic concepts in making an effective sales call to a physician.

4:00 PM to 5:00 PM

Best Practices for Revenue Cycle Management

Tim Fuchs, VP, Client Services

National Medical Billing Services

In today's increasingly challenging healthcare reimbursement environment, it is incredibly important to ensure that your revenue cycle is efficient, effective and designed to maximize your revenue by utilizing best practices and financial benchmarks. This session will discuss areas of process improvement, analytics, technology and training of skilled personnel.

HUMAN RESOURCES

1:00 PM to 2:00 PM

The Difficult Employee and a Proactive Approach from a Leadership Perspective

Lisa Cooper, Principal, Advocate+

*Alden J. Parker, Regional Managing Partner
Fisher & Phillips LLC*

The goal for a great manager is to improve employee performance. Understanding what the core root for performance issues is and then addressing it in a way to motivate improvement is often easier said than done. In this session we will identify the different types of problem employees, ways to motivate to improve performance and how to navigate the legal landmines of running a business in 2019.

2:05 PM to 3:05 PM

The Top Mistakes When Dealing with the Injured Worker

Alethea Leandro-Farr

*Safety & Loss Control Manager
James G. Parker Insurance Associates*

When trying to control your organization's workers' compensation claims it is imperative that the appropriate actions are executed promptly and correctly. This session will address common mistakes employers make in proactively dealing with the injured worker and discuss how forming a partnership to manage the claim can help to reach a proper resolution.

4:00 PM to 5:00 PM

Incorporating Social Media for ASC Success

Diana Dang

Public Relations Consultant, KP Public Affairs

Alison MacLeod

Partner, KP Public Affairs

Healthcare is being transformed through the use of Facebook, Twitter, Instagram, YouTube and other web tools to improve patient engagement and interaction. Establishing a strong media presence is an excellent way to tell your ASC story. From relaying ASC benefits, to responding to negative Yelp reviews, using these platforms properly is crucial. This session will discuss how to successfully integrate these opportunities for your ASC's success.

CLINICAL

1:00 PM to 2:00 PM

Surgical Smoke in the Clinical Environment

Mark Shirley, MS, CSP

Environmental Risk Consultant, Sutter Health

There are many questions that surround the dangers of surgical smoke and the appropriate response ASCs should provide for their employees. This session will address the common concerns and approaches as well as the policies and practices employers must put in place to meet OSHA standards.

2:05 PM to 3:05 PM

Communication in the Clinical Setting

Kelly Kapp, RN

*Senior Director, Group Clinical Educator
Surgical Care Affiliates*

Communication is the key to safe patient care and building collaborative teams. Failure to communicate effectively has been identified as a key contributing factor in patient harm events, the development of an unhealthy culture and the loss of qualified employees. This presentation will focus on strategies that engage your team, set clinical priorities and build employee loyalty.

4:00 PM to 5:00 PM

High Caliber Clinicians/ High Acuity Patients and Screening for Both

Stuart Simon, MD, Medical Director

United Surgical Partners International

As higher acuity patients seek care in our ASCs, appropriate patient screening and the level of training for staff require renewed focus. Dr. Simon will discuss patient selection and admission criteria from an anesthesiologist's point of view, and will provide his perspective on the hiring and training processes of nurses that treat higher acuity patients.

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Schedule of Events

THURSDAY SESSIONS

8:30 AM to 9:30 AM

California and National Legislative Update

Trey Parsons, RN (moderator)

Sr. VP, Operations Ambulatory Systems Development

Bill Prentice, CEO, Ambulatory Surgery Center Association

William Rutland, KP Affairs

This popular session will discuss recent national and state legislative and regulatory activities. As California moves forward under new leadership and we move into another presidential election season, this session explores the healthcare implications ASCs can anticipate on both the national and state level with interesting insights from panel experts.

THURSDAY BREAKOUT SESSIONS

QUALITY

1:00 PM to 2:00 PM

Quality, Safety & the Patient Experience - How Improving your Facility's Culture and Employee Engagement Drives These Three Areas

Ann Shimek, MSN, RN, Independent Consultant

This interactive session will discuss and review the cornerstone to every ASC, which is the overall culture imperative to driving quality, safety and the patient experience. Without a strong culture of safety, where every employee feels completely free to speak up every time without the fear of retribution, patient safety will be compromised. The most important component revolves around communication, care based on empathy and a patient-centric approach.

2:05 PM to 3:05 PM

Developing a Reliable On-Boarding Program for Registry Staff & Per diem Nurses

Janet Miller, RN, MHA, CAIP
Group Manager, Clinical Services
Surgical Care Affiliates

California has been dealing with a nursing shortage for many years, and this issue is not expected to change any time soon. Because of this, coupled with the challenges of staff retention, ASCs typically need to fill staffing needs with registry and per diem nurses. This presentation is designed to assist the surgery center in creating a reliable program and toolkit that ensures your nurses are appropriately oriented to your center and are provided with the tools to be successful in their roles.

4:00 PM to 5:00 PM

Training & Developing your Safety Officer

Shea Lansberry, MPA, RN
Clinical Director, Valley Region
Sutter Surgery Center Division
Deborah L. Mack, RN, BSN, CASC, CAIP
Independent Healthcare Consultant

The ASC Safety Officer is often the person whose function is to develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe situations. This session will provide an overview of the training, checklists and tools.

KEYNOTE

9:45 AM to 11:00 PM

John Izzo - Leadership Expert & Author

100% Responsibility - 0% Excuses: Creating A Culture Of Ownership

Taking responsibility means stepping up and seeing yourself as the agent of change, whether it is changing your company or the world. Dr. Izzo shows how "stepping up" creates positive change while improving satisfaction at work and in life. Dr. Izzo's simple concept, called "100 - 0" (100% responsibility - 0 excuses) can transform a company when we decide to put aside our excuses and take initiative to create change. Filled with inspiring examples of how people have "stepped up," you will leave knowing that the more each of us takes personal accountability the better the workplace, the better our life and the better the world.

FRIDAY SESSIONS

8:00 AM to 9:00 AM

Quality and Safety in the ASC - Telling the ASC Story

Panel

ASCs are being scrutinized by the media, payors and the employer community regarding their safety and outcomes. How can ASCs successfully respond to questions and their patients' concerns? This panel will address current programs evaluating ASC outcomes, their findings and how ASCs can utilize these products for the benefit of the industry and their own ASC.

9:00 AM to 10:00 AM

Gaining the Edge with Staff Engagement

Greg Miller, Ph.D
VP, Talent Management & Development
Tenet Healthcare

Attracting, retaining and engaging ambulatory surgical staff is a high priority for each facility. The shortage of qualified talent requires leaders to focus on strategies for keeping and motivating our best employees. This session examines key elements for leaders to consider as it relates to solving these issues. The focus will be on practical approaches for driving employee engagement and reducing turnover.

10:20 AM to 12:00 PM

Regulatory Update

Regulatory Panel

Navigating through the different regulating bodies in California can be difficult. This popular session will review and provide the latest update by ASC regulators in California, including the California Department of Public Health (CDPH) and the Medical Board of California. This session will review their oversight, common questions and whose authority the oversight falls to. This will be an interactive session allowing the audience to ask questions to the panel on common issues, reporting, requirements and accreditation.

WEDNESDAY EVENING WELCOME RECEPTION

Wednesday Welcome Reception in Exhibit Hall

5:00 PM to 7:00 PM

This is a great opportunity to make new friends and meet up with old ones! Vendors will welcome you to the conference and share the latest information about their services. Great prizes, games and raffles, as well as lots of food and fun. It's the perfect way to kick off the conference! Your paid conference registration includes the Welcome Reception.



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Important Safety Information

The use of Revonto in the management of malignant hyperthermia crisis is not a substitute for previously known supportive measures. These measures must be individualized, but it will usually be necessary to discontinue the suspect triggering agents, attend to increased oxygen requirements, manage the metabolic acidosis, institute cooling when necessary, monitor urinary output, and monitor for electrolyte imbalance. Patients who receive i.v. dantrolene sodium preoperatively should have vital signs monitored.

If patients judged malignant hyperthermia susceptible are administered dantrolene sodium preoperatively, anesthetic preparation must still follow a standard malignant hyperthermia susceptible regimen, including the avoidance of known triggering agents. Monitoring for early clinical and metabolic signs of malignant hyperthermia is indicated because attenuation of malignant hyperthermia, rather than prevention, is possible.

Despite initial satisfactory response to i.v. dantrolene there have been reports of fatality, which involve patients who could not be weaned from dantrolene after initial treatment. The administration of i.v. dantrolene is associated with loss of grip strength and weakness in the legs, as well as drowsiness and dizziness. There have been reports of thrombophlebitis following administration of intravenous dantrolene. Tissue necrosis secondary to extravasation has been reported. Injection site reactions (pain, erythema, swelling), commonly due to extravasation, have been reported. Fatal and non-fatal liver disorders of an idiosyncratic or hypersensitivity type may occur with dantrolene sodium therapy.

To report SUSPECTED ADVERSE REACTIONS contact US WorldMeds at 1-888-900-8796 or MEDWATCH at 1-800-FDA-1088 (1-800-332-1088) or <http://www.FDA.gov/medwatch/>.

To see the full prescribing information visit www.revonto.com.

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Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Wednesday, September 4, 2019

3:00 pm to 4:00 pm

ASCs in a VUCA World

PANEL

Amanda Olderog, MHA (Moderator)

Senior Director, Sg2

I. Naya Kehayes

Principal, ECG Management Consultants

Scott Leggett

Co-Principal, Global 1 Ventures, LLC

Jason J. Strauss

Chief Operating Officer, Surgical Care Affiliates

Tara Vail

Chief Operating Officer, HST ASC Software

VUCA is a concept that originated with students at the U.S. Army War College to describe the volatility, uncertainty, complexity, and ambiguity of the world after the Cold War. These terms are prevalent in healthcare as we move towards the future. ASCs and their leadership teams will need to be agile to meet the changing demands. This panel of industry leaders from different aspects of ASC healthcare delivery will discuss the vision they forecast. They will set the stage for the conference as we learn and move forward with new tools and concepts to prepare to succeed in tomorrow's world.

Objectives:

- Define volatilities ASCs are facing now and in the future.
- Describe complexities specific to healthcare and obstacles and opportunities on the horizon.
- Describe opportunities to tactically approach future challenges

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Wednesday, September 4, 2019

4:00 pm to 5:00 pm

ASCs in a VUCA World

General George W. Casey, Jr.

Building on the panel's discussion, General George W. Casey, Jr. will lead us into a thought-provoking discussion on a tactical approach to VUCA challenges. General George W. Casey, Jr. is one of the most accomplished soldiers in U.S. history and an authority on strategic leadership. As the 36th Chief of Staff of the U.S. Army from April 2007 to 2011, General Casey led what is arguably the world's largest and most complex organization, 1.1 million people strong, with a \$200+ billion annual budget, during one of the most extraordinary periods in military and global political history. He is widely credited with restoring balance to the war-weary U.S. Army and leading the transformation necessary to ensure the Army remained relevant in current conflicts.

He currently lectures on leadership at the Johnson School of Management, Cornell University, at other business schools, and to the leaders of national and multinational corporations. He also lectures on International Relations at the Korbel School, University of Denver. He has published a book, *Strategic Reflections, Operation Iraqi Freedom, July 2004-2007* (October 2012), about his experiences in Iraq, and several articles on leadership including, "Leading in a VUCA World," *Fortune Magazine* (March 20, 2014). Known for his vision, candor, integrity and humor, General Casey's story is one of personal courage and commitment to excellence.

Objectives:

- Define VUCA and how it relates to ASCs
- Describe opportunities to tactically approach future challenges

CASA BUSINESS MEETING REPORT

Thursday, September 5, 2019 • 8:00 am to 8:30 am

2018 YEAR IN REVIEW AND 2019 HIGHLIGHTS

MEMBERSHIP

We rebounded from 2017's atypical year of membership decline with a significant increase, particularly in facilities, to reach an all time high of 331. Closures for 2018 fell back into alignment at 6. The CASA staff and the membership committee worked diligently on membership retention as well as securing new members. We continue to build momentum as ASCs are seeing the value CASA brings to them. A survey of our membership was conducted in September, with very favorable results in all areas. The committee and staff will dig into these results to pull out areas for improvement amidst the positive comments.

	Facility	Auxiliary	Individual	Total	New Fac/Aux/Ind	Non-Renew Fac/Aux/Ind	Closed/Merged	Recaptured
2018	331	53	10	394	35/10/4	16/11/3	6	15
2017	318	53	9	380	27/8/2	32/14/6	14	5
2016	322	59	14	395	27/12/5	22/16/3	6	5
2015	311	61	12	384	29/11/4	26/14/2	7	
2014	308	64	6	378	26/13/0	28/12/4	7	
2013	302	65	10	377	38/12/2	21/8/2	4	
2012	277	55	15	347	31/17/4	23/9/4	5	

ADVOCACY

FEDERAL

- The CASA Board sent 13 ASC representatives and members of CASA to the Ambulatory Surgery Center Association (ASCA) Washington, D.C. Fly-In in June of 2018. The CASA team was able to take the ASC message to 23 California legislators. In addition to educating on the benefit of ASCs, the group was encouraging our lawmakers to co-sponsor the Ambulatory Surgical Center Quality and Access Act of 2017 (HR 1838 / S.1001) and Removing Barriers to Colorectal Cancer Screening Act of 2017 (HR 1017 / S.479). The Board plans on sending a contingency this September, in conjunction with ASCA's 2019 fly-in.
- At last, this advocacy effort along with prior years' efforts saw success in 2018! In November, the Centers for Medicare & Medicaid Services (CMS) released the 2019 final payment rule for ASCs and hospital outpatient departments (HOPDs). CMS addressed several long-requested ASC priorities, including proposing to align update factors, moving ASCs to the hospital market basket that is used to update HOPD payments. The final rule also included the addition of approved cardiovascular procedures and an overhaul of the quality reporting program for ASCs.
- In the final rule mentioned above, CMS basically gutted the quality reporting program. However in July, the Ambulatory Surgical Center Quality Reporting (ASCQR) Program launched a new webpage, **ASC Facility Compare Tool**, designed to enhance the display of measure data from Hospital Compare. **ASC Facility Compare Tool** allows the public to compare ASCQR Program quality measure information for the past payment year.
- In late December 2018, CMS launched a new online tool, the **Procedure Price Lookup**. This unique consumer service allows users to compare Medicare payments and copayments for certain procedures that are performed in both hospital outpatient departments (HOPDs) and ASCs.

STATE

AB 2476 (Rubio): ASC Medicare Conditions of Participation Licensure Standards

CASA has been working with the Legislature to permanently extend the California Department of Public Health (CDPH) authority to use the Medicare Conditions of Participation (in effect immediately preceding January 1, 2018) as the default state licensure standards for "surgical clinics" (i.e. ASCs). This was accomplished in the budget process by way of Budget Health Trailer Bill AB 1810 which immediately became law upon Governor Brown's signature on June 27, 2018.

The CASA PR team created a useful graphic simplifying the California ASC oversight rubric which is posted on the CASA website.

CASA BUSINESS MEETING

Thursday, September 5, 2019 • 8:00 am to 8:30 am

CA DEPARTMENT OF PUBLIC HEALTH

We continue to have quarterly meetings with CDPH to assure an ongoing dialogue. CASA continues to work with CDPH and their Central Applications Unit to streamline the application and CHOW process. In early 2018, CDPH updated their online consumer tool **Cal Health Find**. This tool now includes CMS certified ASCs, their survey history including complaints, as well as ownership information.

EMERGENCY PREPAREDNESS

CASA conducted a webinar in July, on Emergency Preparedness with John Wogec of the California Department of Public Health Emergency Preparedness Office. This webinar is recorded and available on the CASA website. CASA has developed useful tools to assist with meeting the CMS requirements; these are also available on the CASA website.

GRASSROOTS

In addition to the 23 legislative visits in DC, CASA members have toured 8 state representatives and 2 congressmen. The CASA Board also met with 13 state legislators or their staff in January, 2019. CASA has also participated in 10 private events with key legislators in 2019.

MEDIA

2018 saw a focus by Kaiser Health News on ASCs. This was a national campaign picked up by several outlets including network TV. The 3rd article in a series of 4 focused on California oversight. In response, the CASA Board secured the services of the KP Public Affairs public relations arm in late October, 2018. This campaign is focusing on the positive aspects ASCs provide for their communities including costs savings, quality and serving the underserved. The theme is #casacares. Op-eds have been submitted to the major media outlets and TV. The social media campaign has been expanded as well.

PAYORS AND IMPORTANT PARTNERS

The articles referenced above are a concern to the payor community and employers. CASA established a research committee in 2018, to work with stakeholders to provide objective data-driven studies on ASC quality. This committee has been collaborating with the Ambulatory Surgery Center Association (ASCA). This committee has also reached out to UC Berkeley and payors for a CA-specific study regarding ASC quality.

We continue to meet periodically with the payor community. It is interesting to see their shift in positive attitude regarding ASCs, and there is a significant interest in driving surgeries to the ASC market.

QUALITY DATA AND BENCHMARKING

Benchmarking participation continues to average around 125 centers. In 2018, CASA began submitting their data to the ASC Quality Collaboration and became an active member. A series of luncheon meetings were held in 2019, to discuss quality reporting with our members and market the benchmarking program. The CASA benchmarking reporting was updated to calculate quarterly data to an incident per 1000 to be consistent with industry standards.

Leap Frog announced in 2018, that they will begin a program focusing on ASCs. Several of our members have offered to be volunteer participants as they roll the program out. A representative from Leap Frog presented at the 2019 Summit and will be presenting at the 2019 CASA Conference.

CASA continues to work with the Health Service Advisory Group (HSAG) who has a grant to educate ASCs in infection prevention.

The 2019 Salary Survey continued to grow with a record participation of 186 ASCs.

EDUCATION

In the Spring of 2019, CASA partnered with the law firm of Nossaman LLP for their West Coast ASC Seminar focusing on legal issues impacting ASCs. This one-day seminar was extremely successful and surpassed all expectations. The Seminar saw 156 attendees.

The annual conference continues to grow, and 2018 was CASA's largest and most successful. The conference was attended by a record 440 attendees.

The CASA Infection Prevention and Surveillance Seminar continues to grow and receive acclaim across the industry. The 2018 Seminar saw a record 298 attendees.

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

8:30 am to 9:30 am

California and National Legislative Update

PANEL

Trey Parsons, RN (Moderator)

Sr. Vice President, Ambulatory Systems Development

Bill Prentice

Chief Executive Office, ASCA

William Rutland

KP Public Affairs

This popular session will discuss recent national and state legislative and regulatory activities. As California moves forward under new leadership and we move into another presidential election season, this session explores the healthcare implications ASCs can anticipate on both the national and state level with interesting insights from panel experts.

Objectives:

- List political challenges facing ASCs
- Describe opportunities for CASA members to take action on the state and national level.

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

9:45 am to 11:00 am

KEYNOTE

100% Responsibility - 0% Excuses: Creating a Culture of Ownership

DR. JOHN IZZO, Ph.D

Leadership Expert & Author

Taking responsibility means stepping up and seeing yourself as the agent of change, whether it is changing your company or the world. Dr. Izzo shows how "stepping up" creates positive change while improving satisfaction at work and in life. Dr. Izzo's simple concept, called "100 - 0" (100% responsibility - 0 excuses) can transform a company when we decide to put aside our excuses and take initiative to create change. Filled with inspiring examples of how people have "stepped up," you will leave knowing that the more each of us takes personal accountability the better the workplace, the better our life and the better the world.

Objectives:

- Identify areas to demonstrate responsibility to effect change in your ASC
- List specific steps one can take to set the example and implement change

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

1:00 pm to 2:00 pm

Financial

Expanding Revenue in an ASC to Increase Profits

Trey Parsons, RN

Sr. Vice President of Operations, Ambulatory Systems Development, LLC

Robert J. Zasa, MSHHA, FACMPE

President/CEO, Ambulatory Systems Development, LLC

Adding new service lines is an excellent opportunity to expand ASC revenue. This session will educate participants on how to add a new specialty service line to the ASC. This will include a review of case costs, capital equipment purchases and prepare staff for implementation of new service lines.

Objectives:

- How to assess new revenue opportunities
- Which new revenue services fit best in market and the ASC
- How to implement new revenue services

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

1:00 pm to 2:00 pm

Human Resources

The Difficult Employee and a Proactive Approach from a Leadership Perspective

Lisa Cooper

Principal, Advocare+

Alden J. Parker

Regional Managing Partner, Fisher Phillips LLC

The goal for a great manager is to improve employee performance. Understanding what the core root for performance issues is and then addressing it in a way to motivate improvement is often easier said than done. In this session we will identify the different types of problem employees, ways to motivate to improve performance and how to navigate the legal landmines of running a business in 2019.

Objectives:

- Identify different types of problem employees
- How to motivate problem employees to improve their performance
- Understanding and taking into consideration legal factors when address performance issues

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

1:00 pm to 2:00 pm

Clinical

Surgical Smoke in the Clinical Environment

Mark Shirley, MS, CSP

Environmental Risk Consultant, Sutter Health

There are many questions that surround the dangers of surgical smoke and the appropriate response ASCs should provide for their employees. This session will address the common concerns and approaches as well as the policies and practices employers must put in place to meet OSHA standards.

Objectives:

- Define the dangers of surgical smoke
- List the standards and responses employers must take to meet OSHA standards

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

1:00 pm to 2:00 pm

Quality

Quality, Safety & the Patient Experience - How Improving your Facility's Culture and Employee Engagement Drives These Three Areas

Ann Shimek, RN, BSN, MSN, CASC

Independent Consultant

This interactive session will discuss and review the cornerstone to every ASC which is the overall culture imperative to driving quality, safety and the patient experience. Without a strong culture of safety, where every employee feels completely free to speak up every time without the fear of retribution, patient safety will be compromised. The most important component revolves around communication, care based on empathy and a patient-centric approach.

Objectives:

- Explain the different communication methods that can be used for communication to the patient, about the patient and for the patient
- Define the difference between empathy and sympathy in delivering care to the patient
- Describe three things you can implement at your facility to improve the culture of safety
- Discuss several different initiatives that you can put into place at center to enhance the patient experience

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

2:05 pm to 3:05 pm

Financial

Improving Sales Skills to Grow Case Volume

Devan Telken

Director of Business Development

Surgery Partners

Outreach to physicians is key to growing volume, but few Administrators or Marketing Team Members have had formal sales training. This presentation will provide an introduction to basic concepts in making an effective sales call to a physician.

Objectives:

- Expanded case volume from existing partners
- Improved recruitment of physicians
- Gaining case volume from non-partners

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

2:05 pm to 3:05 pm

Human Resources

The Top Mistakes When Dealing with the Injured Worker

Alethea Leandro-Farr

Safety & Loss Control Manager, James G. Parker Insurance Associates

When trying to control your organization's workers' compensation claims it is imperative that the appropriate actions are executed promptly and correctly. This session will address common mistakes employers make in proactively dealing with the injured worker and discuss how forming a partnership to manage the claim can help to reach a proper resolution.

Objectives:

- List the common errors when handling a workers' compensation claim
- Describe alternative work assignment including the pros and cons
- Identify important components to a claim investigation

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

2:05 pm to 3:05 pm

Clinical

Communication in the Clinical Setting

Kelly Kapp, RN

Senior Director, Group Clinical Educator, Surgical Care Affiliates

Communication is the key to safe patient care and building collaborative teams. Failure to communicate effectively has been identified as a key contributing factor in patient harm events, the development of an unhealthy culture and the loss of qualified employees. This presentation will focus on strategies that engage your team, set clinical priorities and build employee loyalty.

Objectives:

- Have a clear understanding of the “Why” and the importance of good communication in the clinical setting
- Understand how to create a culture that supports good communication and collaboration
- Learn new strategies and gain tools to building healthy, good team communication
- Learn what is at risk when there is unhealthy communication in the clinical setting

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

2:05 pm to 3:05 pm

Quality

Developing a Reliable On-Boarding Program for Registry Staff & Per diem Nurses

Janet Miller, RN, MHA, CAIP

Group Manager, Clinical Services, Surgical Care Affiliates

California has been dealing with a nursing shortage for many years, and this issue is not expected to change any time soon. Because of this, coupled with the challenges of staff retention, ASCs typically need to fill staffing needs with registry and per diem nurses. This presentation is designed to assist the surgery center in creating a reliable program and toolkit that ensures your nurses are appropriately oriented to your center and are provided with the tools to be successful in their roles.

Objectives:

- Describe strategies for developing a reliable on-boarding program for registry and per diem nurses
- Identify specific orientation topics required
- Provide examples of orientation toolkits to ensure the successful transition of registry nurses
- Identify strategies for ensuring per diem nurses are informed of on-going policy and practice changes within your center

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

4:00 pm to 5:00 pm

Financial

Best Practices for Revenue Cycle Management

Tim Fuchs

Vice President, Client Services, National Medical Billing Services

In today's increasingly challenging healthcare reimbursement environment, it is incredibly important to ensure that your revenue cycle is efficient, effective and designed to maximize your revenue by utilizing best practices and financial benchmarks. This session will discuss areas of process improvement, analytics, technology and training of skilled personnel.

Objectives:

- List important benchmarks to include in financial analysis
- Discuss how to incorporate analytics and train your ASC staff to use appropriately
- Identify areas of technology to simplify the analytical process

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

4:00 pm to 5:00 pm

Human Resources

Incorporating Social Media for ASC Success

Diana Dang

Public Relations Consultant, KP Public Affairs

Alison MacLeod

Partner, KP Public Affairs

Healthcare is being transformed through the use of Facebook, Twitter, Instagram, YouTube and other web tools to improve patient engagement and interaction. Establishing a strong media presence is an excellent way to tell your ASC story. From relaying ASC benefits, to responding to negative Yelp reviews using these platforms properly is crucial. This session will discuss how to successfully integrate these opportunities for your ASC's success.

Objectives:

- List opportunities ASCs can utilize to market their surgery center
- Describe strategies to successfully use social media platforms for ASCs
- Understand appropriate responses and actions for Yelp reviews

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

4:00 pm to 5:00 pm

Clinical

High Caliber Clinicians/ High Acuity Patients and Screening for Both

Stuart Simon, MD

Medical Director, United Surgical Partners International

As higher acuity patients seek care in our ASCs, appropriate patient screening and the level of training for staff require renewed focus. Dr. Simon will discuss patient selection and admission criteria from an anesthesiologist's point of view, and will provide his perspective on the hiring and training processes of nurses that treat higher acuity patients.

Objectives:

- Describe the process at your facility to pre-assess the patients prior to the day of surgery to ensure the highest quality of care for the patient.
- List the attributes of experience needed for nursing personnel while we continue to see the shift to higher acuity patients in the ambulatory space.
- Explain the appropriate pre-screening process and admission criteria from an anesthesiologist's perspective
- Describe the training an anesthesiologist thinks is needed to adjust to caring for more acute patients in the outpatient setting

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

4:00 pm to 5:00 pm

Quality

Training & Developing your Safety Officer

Shea Lansberry, MPA, RN

Regional Clinical Director, Sutter Health

Deborah L. Mack, RN, BSN, CASC, CAIP

Independent Healthcare Consultant

The ASC Safety Officer is often the person whose function is to develop and recommend measures for assuring personnel safety and to assess and/or anticipate hazardous and unsafe situations. This session will provide an overview of the training, checklists and tools.

Objectives:

- Review common responsibilities/duties of the ASC Safety Officer
- Acknowledge when to delegate responsibilities to a vendor/ specialist
- Discuss safety rounding, review sample tools, how to lead a safety meeting

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Thursday, September 5, 2019

5:05 pm to 6:05 pm

ACCREDITATION 4-1-1

AAAHC session DeAnza II

IMQ session DeAnza I

The Joint Commission session..... DeAnza III

Tarin English

Assistant Director, Regulatory Compliance, AAAHC

Victoria Samper, MS

Vice President, Ambulatory Accreditation, Institute for Medical Quality

Darla VanPutten-Adams, MD

Field Surveyor, The Joint Commission

A new twist on a familiar topic! CASA invites you to hear about changes, opportunities, and challenges from experts representing the accrediting agencies during concurrent sessions. You are encouraged to ask questions, share your thoughts, and participate in an open dialogue during these informal agency-specific sessions. This is an excellent chance to improve your understanding of the regulations that are vitally important to your center.

Objectives:

- Understand critical components of accreditation
- Identify recent changes to current accreditation standards
- Document benefits of accreditation for the healthcare delivery

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Friday, September 6, 2019

8:00 am to 9:00 am

Quality and Safety in the ASC - Telling the ASC Story

PANEL

John J. Goehle, MBA, CASC, CPA (Moderator)

Missy Danforth

VP, Health Care Ratings, The Leapfrog Group

Michael B. Larsen

Executive Director, MCSIG

Ann Shimek, RN, BSN, MSN, CASC

Independent Consultant

ASCs are being scrutinized by the media, payors and the employer community regarding their safety and outcomes. How can ASCs successfully respond to questions and their patients' concerns? This panel will address current programs evaluating ASC outcomes, their findings and how ASCs can utilize these products for the benefit of the industry and their own ASC.

Objectives:

- Describe the different platforms to demonstrate ASC quality
- Identify the opportunities to incorporate these platforms into your ASC marketing with patients, physicians and plans
- List the outcomes ASCs should be messaging to the public and their partners

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Friday, September 6, 2019

9:00 am to 10:00 am

Gaining the Edge with Staff Engagement

Greg Miller, Ph.D

Vice President, Talent Management & Development, Tenet Healthcare

Attracting, retaining and engaging ambulatory surgical staff is a high priority for each facility. The shortage of qualified talent requires leaders to focus on strategies for keeping and motivating our best employees. This session examines key elements for leaders to consider as it relates to solving these issues. The focus will be on practical approaches for driving employee engagement and reducing turnover.

Objectives:

- Understand why top talent disengages
- Identify key causes of turnover and offer solutions for addressing
- Understand employee engagement, how to measure and implement solutions to drive engagement
- Understand the importance of culture and management capability as it relates to engagement of top talent: Front-Line Managers, Leader of Leaders, etc.

Notes

[illegible]

CASA ANNUAL CONFERENCE 2019

Friday, September 6, 2019

10:00 am to 12:00 pm

Regulatory Update

Regulatory Panel

Peggy Wellman (Moderator)

Market President, USPI

Kimberly Kirchmeyer

Executive Director, Medical Board of California

Jacqueline A. Lincer, Chief

Region VI - Field Operations Branch

California Department of Public Health - L&C

John Wogec, MD

Exercise Coordinator

California Department of Public Health, Emergency Preparedness Office

Navigating through the different regulating bodies in California can be difficult. This popular session will review and provide the latest update by ASC regulators in California, including the California Department of Public Health (CDPH) and the Medical Board of California. This session will review their oversight, common questions and whose authority the oversight falls to. This will be an interactive session allowing the audience to ask questions to the panel on common issues, reporting, requirements and accreditation.

Objectives:

- List common areas of CMS survey and accreditation deficiencies for California ASCs
- Identify reporting requirements and the appropriate state regulatory body

Quality Driven Trusted Partner Innovative Leader

“Our mission
is to care for every patient and
their family as if they were our
own. Each patient, each family,
each and every time.”

