



A surgical team headed by orthopedic surgeon Dr. Joseph Mannino has a "time-out" before surgery commences. This is an important patient-safety checklist before every procedure.

Cayuga Medical Center: Step into the Future of Surgical Care

At 8:13 A.M. ON A SULTRY JULY MORNING, Dr. John Mecnas enters Operating Room 3 at Cayuga Medical Center, where a team of three nurses, a surgical technician, and an anesthesiologist is waiting for him. On the table in the center of the room is a 29-year-old-male patient who will undergo a laparoscopic sleeve gastrectomy, a type of bariatric surgery that will remove 80 percent of his stomach to promote weight loss.

After the surgical time-out—a required patient safety checklist to verify the patient's name, date of birth, and surgical procedure—Mecnas asks for listening music and the surgery begins.

Inserting a long telescopic rod into one of five small incisions made in the patient's abdomen, Mecnas watches the position of the instrument on a flat-screen, high-definition video monitor hanging from the ceiling. He maneuvers the clippers at the end of the scope to dissect most of the stomach from the surrounding tissue. Nearly an hour after he started, Mecnas seals the remaining sliver of the stomach with three layers of staples and then slowly removes the larger section through one of the incisions.



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elcome to the world of surgery at Cayuga Medical Center, where a combination of highly skilled physicians and the latest technology has allowed the hospital to offer more advanced surgical procedures that are saving lives and improving patient outcomes. Specialized techniques in neurosurgery, orthopedics, and general and bariatric surgery are now part of the daily schedule unfolding in the hospital's surgical suites.

To accommodate these increasingly advanced procedures, the hospital rebuilt its nine operating rooms over the past three years, increasing their size and equipping them with state-of-the-art surgical equipment in a multi-million-dollar project. Staff continued to perform surgeries while the new rooms took shape on the hospital's third floor.

"This has been the longest and most difficult project we've done in the 20 years I've been here—and probably since this hospital was built in 1979," says John Rudd, president and CEO of Cayuga Medical Center and Cayuga Health System. "The challenge of doing a total renovation of our operating rooms and post-anesthesia care unit while continuing to perform surgeries of the complexity we do here was a major undertaking."

The new operating suites are much larger than the ones they replaced, ranging in size from 502 to 620 square feet. (The biggest room before the renovation was 426 square feet.) Instead of rooms crowded with monitors and machines on carts, most of the surgical equipment is now suspended from the ceiling on hydraulically controlled arms, or booms, so that it doesn't have to be

rolled into the room for each procedure.

"The ceiling was a space that had been underutilized," says Mecenas, who has practiced surgery at the hospital since 2002. "All of the monitors we used had to be wheeled in on carts. It wasn't always convenient because we had much smaller rooms, so we had to move the equipment in and out to get the patient in. Now it's so much easier."

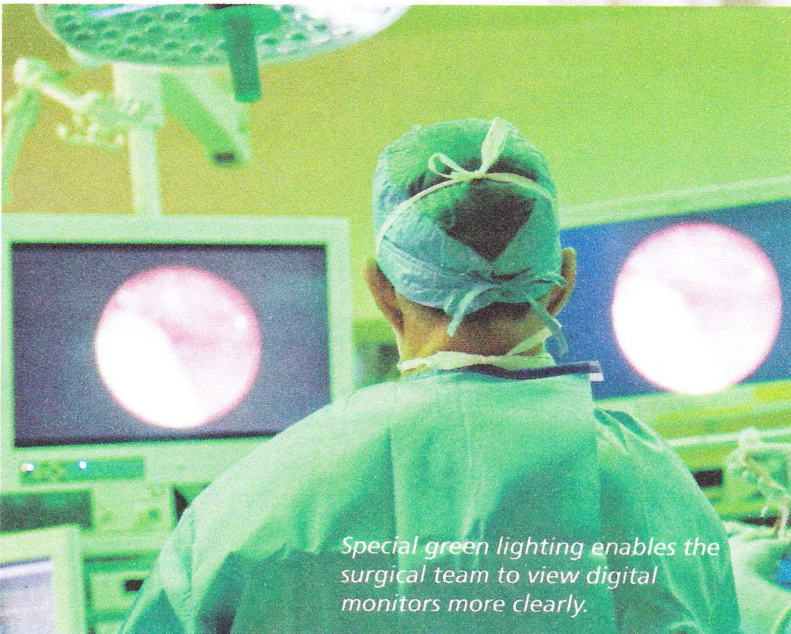
Another new addition in the operating room is the computerized pharmacy dispensing units. While there used to be a central dispensing unit for the entire surgical department, there is now one in each operating room. "That means we have immediate access to all of the medications that we would need in each case," says Dr. Anthony Sanito, an anesthesiologist and the medical director of surgical services.

For patients, a new feature of the operating rooms is the ambient natural light that floods into the suites from a wall of west-facing windows that run the entire length of the surgery department. "The rooms are large and bright, and it's impressive to see all the equipment on the booms that is used for surgery," says Sarah Searles, RN, BSN, CNOR, the operating room unit manager.

Although up-to-date technology is needed for advanced procedures, even more critical is qualified staff performing the surgery. Over the past five years Cayuga Medical Center has successfully recruited a number of specialized surgeons and nurses who were attracted to the hospital, in part, because of the hospital's renovation of its surgery department. Additions to the staff include specialists in neurosurgery, general and bariatric surgery, ob-gyn, and orthopedics.

"Our new operating rooms not only provide the facility piece of what you need to have high quality care, but they have also helped ensure that we have superb physicians who have come here, in part, because we've done this," Rudd says.

Attracting well-trained surgical nurses has also been a key factor in moving the surgery department toward higher-level procedures. To build more specialized



Special green lighting enables the surgical team to view digital monitors more clearly.



surgical teams, the surgery department asks its nurses to focus in one of two areas: one including orthopedics, neurosurgery, and advanced laparoscopic surgery; the other comprising general, plastic, and ear, nose, and throat surgery, as well as urology and gynecology. Nurses receive continuing education in the specialty areas of their choice.

“Just as surgeons have become very specialized over time in what they do, it only makes sense to do that with the nursing staff,” says Michele Burt, RN, MSN, CNOR, director of surgical services at Cayuga Medical Center. “Surgery has become very complex with the technology and the procedures. There’s no way that you can know everything, so if you divide your nurses into two teams, then they can become very high functioning very quickly.”

Another factor that has improved the efficiency of the surgery department is a

multidisciplinary team established by the hospital—the Surgical Governance Council. Created in 2013, the council provides oversight to the surgery department while addressing urgent and long-term issues. The nine-member council, which meets monthly, includes surgeons, anesthesiologists, nurses, and members of the hospital administration. Since its inception, one of the key projects the group tackled was providing input into the design of the new operating suites, from the selection of the lighting to the configuration of the rooms, says Dr. Michael Wilson, an orthopedic surgeon and chair of the council.

“I think the council played an important role in managing a very challenging yet very successful phase for the hospital,” Wilson says. “It’s taken us three years to do this, but I think we’re well set up for future growth. We have a modern facility that should serve us well for the next 20 years.”



Michele Burt, RN, MSN, CNOR, director of surgical services at Cayuga Medical Center



Anthony Sanito, MD, anesthesiologist and medical director of surgical services at Cayuga Medical Center