Inova Fair Oaks Hospital in Fairfax, Virginia, and seven of its surgeons were among the first to earn the AAGL Center of Excellence in Minimally Invasive Gynecology (COEMIG) designation - several more surgeons are currently working toward it.

Lynne Kennedy, MIG Program Coordinator, provides her perspective on the COEMIG program and designation process in the following Q&A. We hope you find her insight helpful as you consider pursuing designation or advancing your MIG program through the process.

How is Inova’s minimally invasive gynecology program structured?

Inova Fair Oaks Hospital is a community hospital with 73 gynecologists on staff. We currently have 12 operating rooms and will be adding two more this year.

We have an established interdisciplinary team that guides the development of our MIG program. This group includes MIG department co-directors, mentor surgeons, the MIG program coordinator, OR specialists, RNs, scrub technicians, anesthesia providers and line managers.

Why did Inova decide to pursue the COEMIG designation?

The primary reason why we decided to participate in the COEMIG program was to enhance the quality of our gynecologic care, which included decreasing the ratio of open to MIG cases, increasing surgical complexity and improving our overall performance. The COEMIG designation also enables us to be more competitive, and lets the public know that our center has been recognized for its high quality of care.

How did Inova approach the application process?

Inova Fair Oaks is a Center of Excellence in other specialties, so we had an idea of what to expect and knew the importance of starting with the interdisciplinary team. We appointed co-directors that would provide two different surgical viewpoints – one performs standard lap procedures, the other robotic lap. We then began working through the application to identify if there were any gaps we needed to fill and how we could strengthen what we already had in place to meet our goals of improving case ratios and getting our complication rate even lower.

How would you describe the application process?

The process was quick. We focused on it completely for about three weeks, and SRC was available to help us whenever we needed it. Linking between the surgeon and practice was initially a bit frustrating, but everything turned out to be very straightforward.

How did your program develop and implement clinical pathways?

The process of getting everything down in writing was challenging and a bit overwhelming at the first. However, during the process we really saw the value of clinical pathways and actually developed more pathways than were required for COEMIG designation. No matter how organized your institution is or how good you think your processes are, establishing clinical pathways will improve your program, your staff and the consistency of patient care. We created and distributed clinical pathway books to every department that might encounter GYN patients so that everyone was operating from the same viewpoint.

How did Inova prepare for the site inspection?

From completing other inspections, we knew that we needed to get our books and data organized. The most challenging aspect was creating the clinical pathways, which was made much easier with the format provided by SRC. We thoroughly educated our staff to quell any nervousness they had about the inspection process. Overall, the team
was excited.

How would you describe the site inspection?

The site inspection turned out to be a wonderful experience. SRC’s focus was to help us earn designation, not to find fault with our processes. The inspection was conducted in such a way that we felt assured SRC would assist us in making improvements if they were needed.

Did you use SRC resources/support during the designation process? If so, which were the most helpful?

We took advantage of the clinical pathway and case list samples provided by SRC and participated in a number of teleconferences and webinars throughout the designation process. We also listened very attentively to the questions that other participants had.

What have been the benefits of the designation process?

Thus far, we’ve experienced the following benefits:

- Patient care is more consistent
- Patient outcomes have improved, and our complication rate has been reduced to less than 1%
- Patient satisfaction scores have risen
- Surgical volumes have increased
- More surgeons are interested in coming on staff

We also launched a robotics teaching program for MIG and can now offer more choice to patients in physicians and techniques.

How are you promoting and communicating the value of your COEMIG designation?

We are conducting education sessions for patients and consumers as well as educating our referring physicians and nursing teams. We are leveraging our designation in marketing campaigns and media outreach efforts.

If someone is on the fence about applying, what would you tell them?

There are three key reasons to apply:

- Certification is worthwhile
- The designation process improves culture in the hospital and among surgeons and nurses
- It doesn’t matter how good you are, you can always be better

What advice can you give to those in the designation process?

- Be diligent
- It’s worth the hard work
- Stop and think outside the box

Do you have any advice for smaller facilities?

Some facilities are participating with just one surgeon. The best approach, regardless of size, is to form an interdisciplinary team and get buy-in from every department that could encounter a MIG patient. Also, nurses and the entire support team need to be educated on caring for patients who have MIG versus open procedures.

Did Inova pay for the surgeon fee if they were hospital-employed?

Inova did not, but there are other hospitals that do. In some cases, it depends on the total number of surgeons. Designation is well worth the cost, and program fees can be recouped in just one surgery.