Ann Nix, MSN, RN, ANP-BC, is the Manager of Quality and Education for Surgical Services at Northside Hospital in Atlanta, Georgia, and a board-certified Adult Nurse Practitioner. The Q&A below reflects her perspectives on participating in the AAGL Center of Excellence in Minimally Invasive Gynecology (COEMIG) program. We hope you find this information helpful as you advance your MIG program through the process or consider applying for designation.

Q. Why did Northside Hospital decide to pursue the COEMIG designation?

A. Northside is a community hospital that system-wide performs more than 40,000 surgeries annually. Of those, more than 7,000 are gynecology cases. Northside surgeons were among the first in the United States to pioneer video laparoscopy. Northside Atlanta was among the first hospitals in the Southeast and the first hospital in Georgia to acquire HD technology in its operating rooms. Northside performs more surgeries than any other community hospital in Georgia and ranks in the top 5% of all robotic GYN programs in the country. As a leader in performing minimally invasive gynecological procedures, we believed it made sense for Northside to pursue a designation that represents our commitment to quality and surgical excellence. We were initially approached by a surgeon who was interested in the COEMIG designation, took the proposal to our administration and thoroughly considered it before beginning the application process.

Q. How is your minimally invasive gynecology program structured?

A. Northside has a total of 8 designated COEMIG surgeons. Our structure is such that the group of COEMIG surgeons collaborates to discuss MIG, review practices, offer recommendations for improvement and assist with continuing education. Recommendations are channeled through our existing Medical Staff Committee structure, which includes a GYN Clinical Pathway Committee.

Q. How did Northside Hospital approach the application process?

A. We set a goal of obtaining designation before last November’s AAGL Congress and launched our efforts in the first week of August 2012 with the full support of our administration. This timing enabled us to be prepared for site inspection by mid-October.

Participating in the COEMIG webinars was key for us. SRC provided the documents that made the process easy and outlined exactly what we needed to do. We formed a COEMIG Survey Preparation Committee that met on a regular basis to map out action plans and delegate responsibilities.

Q. Were there any requirements that you didn’t meet or needed to work on?

A. Generally, we felt that we had the quality and safety measures in place, but they were not necessarily formalized. We found that staff education was the key and targeted the two units where most of our GYN surgeries are performed as well as the units where care is provided postoperatively. We also worked with clinicians in all units to determine what staff education had been provided in the
past and filled in the gaps with additional education when necessary.

Q. How did your program develop and implement clinical pathways?

A. Fortunately, Northside already had a Hysterectomy Clinical Pathways Guideline (CPG) Team (Medical Staff Committee) in place. We met with surgeons who were seeking the COEMIG designation and worked with them on developing written pathways. We essentially looked at our process starting from the point of patient entry at the physician's office - prior to entry at the hospital. We then reviewed the patient flow and day of surgery events such as postop and PACU to complete the continuum of patient care.

We distributed the written pathways for broad approval and presented them at our Hysterectomy CPG/GYN Committee meeting for final approval. We then educated our OR, PACU and other applicable units on the new pathways.

SRC provides a clinical pathway template that can help you no matter where your program is in the process of developing clinical pathways.

Q. How would you describe the application process?

A. From a facility perspective, the process was easy. We supported our surgeons by using a single contact person in each physician's office to coordinate application completion and submission. Whenever we had questions, we contacted SRC Support and received a response quickly. Staying connected with our surgeon practices and SRC was essential.

Q. How would you describe the site inspection?

A. I have been a nurse for more than 30 years, and this is one of the most painless surveys that I have been through. It was a fun and enjoyable process, and a pleasurable experience overall.

We pulled together a task group that met monthly, then every two weeks, then every week as our inspection date neared. With SRC's site inspection preparation packet, everyone knew what to expect. Pulling together the procedure list was the most time-consuming and challenging task. While some information was already captured and easily compiled, other information required a longer process to obtain and included chart review.

On the day of the inspection, SRC's site inspector explained which of the items she wanted to review, and we worked collaboratively with the inspector to obtain the needed information. For example, a few of our procedures did not qualify, so we worked with the inspector to identify other ones that did. In another instance, one of our surgeons did not meet CME requirements by the time of the inspection. However, since survey, he attended an additional MIG conference and has recently achieved the COEMIG designation.

Q. How did you approach your facility/get them on board to pursue designation?

A. Fundamentally, we viewed the COEMIG designation as an acknowledgement of what we already do. Northside Hospital has many other quality and safety certifications, so it was not unusual for us to seek this type of certification for a high-profile surgery service line.

We explained that unlike some other certification programs, COEMIG did not require us to purchase equipment or additional resources. We also leveraged the genuine interest of our surgeons. We did not seek out or recruit surgeons to participate in achieving COEMIG designation. The surgeons themselves sought out the program, which spoke volumes to our hospital leadership.