
# FOCUS ON QUALITY AND

# THE REST FOLLOWS

Visit Lakeland Surgical & Diagnostic Center's (LSDC) web site (www.lsdc.net) and you find not only a mission statement, but also a vision statement and a set of guiding principles.

"Our vision statement is 'To create, develop and sustain an environment of superior ambulatory surgical and diagnostic care that far exceeds the industry norm and distinguishes LSDC as the preferred choice for these health care services, both on the local and national level,'" says LSDC Chief Executive Officer David Daniel. "And it certainly seems that we are blessed enough because we are achieving these goals. That success is also due to a lot of hard work from a lot of people."

"It is also a cultural thing," continues Daniel, "because our very last guiding principal is the one I refer to the most in our staff meetings: 'That when we encounter a situation or problem that we are unsure of the proper action to take, that we fall back on always "doing the right thing," no matter the ultimate consequences or final result.'And, guess what? We've never gotten into trouble for doing that yet."

## The Basics

**Opened:** Florida Avenue facility, 1996; Griffin Road facility, 2004

**Facilities:** Florida Avenue: 22,500 sq ft, 4 ORs, 5 procedure rooms; Griffin Road: 6,000 sq ft, 2 ORs; Business Office: 5,500 sq ft

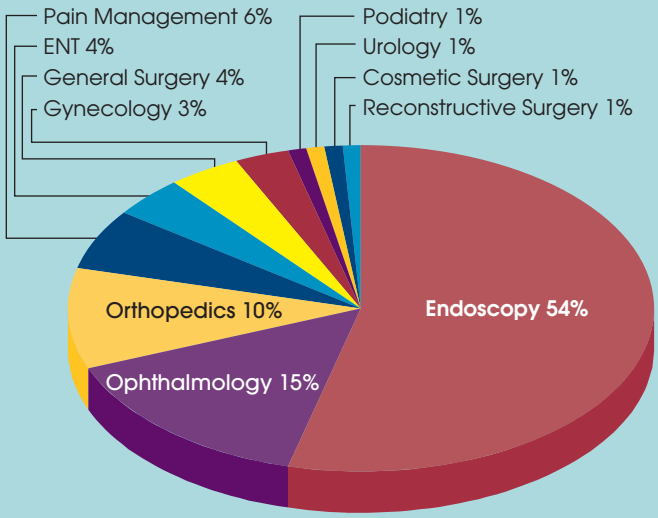
**Caseload:** 19,600 in 2010; >20,000 projected in 2011

**Payer Mix:** Medicare 33.6%; Medicare HMO 15.7%; managed care HMO 46.1%; managed care PPO 2.6%; commercial 0.3%; Medicaid 0.2%; workers' comp 0.3%; self pay 0.3%; all others 0.9%

**Ownership:** Hospital/physician joint venture: 43% Watson Clinic; 43% Lakeland Regional Medical Center; 14% Clark & Daughtrey Medical Group and local independent physicians

**Credentialed Physicians:** 53

## Case Mix:



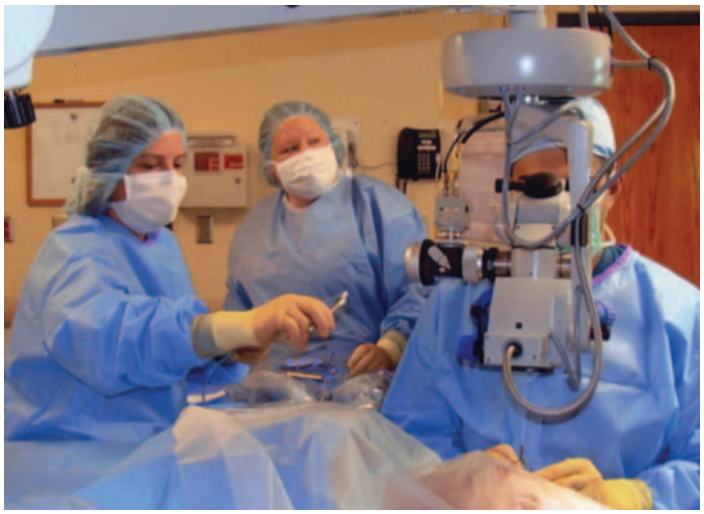

**LSDC's** approach to quality, says LSDC Chief of Anesthesia Duane Baker, MD, reminds him of American business consultant W. Edwards Deming who helped revolutionize the car manufacturing industry in Japan and the US in the 1950s and later. Deming promoted a system of continuous, never-ending improvement. He maintained that businesses that focus on quality find that quality rises and costs fall, while those that focus on cost find that, over time, costs rise and quality declines. Daniel says the ASC's culture of quality is akin to that expressed in the one-time Lexus slogan "the relentless pursuit of perfection."

"Of course, you never reach perfection," says Daniel, "but we never stop trying to achieve it."

As an example of how the ASC's commitment to quality works, Daniel cites the near-perfect scores that both of LSDC's surgical facilities received recently in the portion of their re-accreditation surveys based on the new infection prevention standards Medicare has introduced. "After such good results on our accreditation surveys, you figure we are going to take a little break, right?" says Daniel. "But, no. We are back at work. All of our processes and procedures are just a big team effort toward continuous and never-ending improvement of the patient care and services we provide."

"It is very refreshing to have a CEO here whose first priority really is patient care," says Baker. "I have been in many other facilities, and





Musa Awan, MD, performs cataract surgery as OR Technician Tammie Mills trains newly-hired OR Technician Loretta Tressa at LSDC's Griffin Road Campus.

he really puts patient care first beyond anything else. For him, it's easy because that is where his priorities lie."

## Targeting Zero

One area where LSDC and Daniel's commitment to putting patients first is quickly apparent is in its approach to infection prevention and its commitment to a program the ASC calls "Targeting Zero." Although the ASC's post-surgical site infection (SSI) rate was never high, the program was designed to eliminate SSIs entirely. Instituted in 2007—two years before the Centers for Medicare & Medicaid Services (CMS) introduced its new infection prevention requirements—the program, and LSDC, received international attention last year when Daniel received the 2010 Healthcare Administrator Award presented by the Association for Professionals in Infection Control and Epidemiology (APIC) to recognize outstanding achievement in infection prevention.

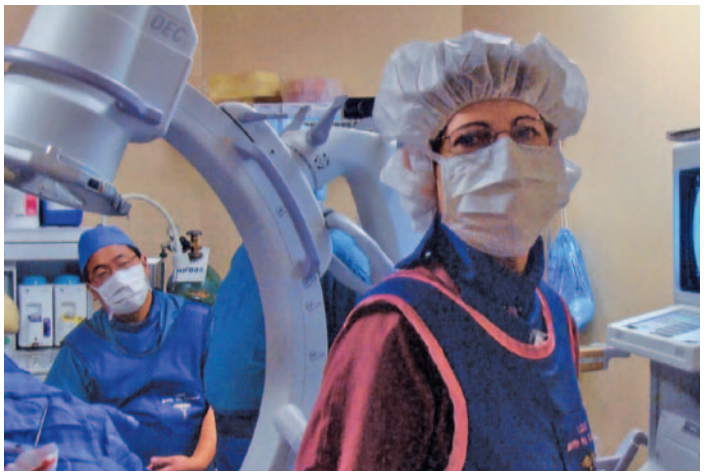
"It wasn't like I woke up at 2:00 in the morning, sat up in bed and said, 'We have to do this,'" says Daniel. "It was over a period of time . . . after reading the literature, seeing where the industry was going and looking at the potential we had to make great strides in an area that strictly is a no-brainer. One of the greatest fears patients have coming into a hospital or any other health care facility is that they are going to leave worse than when they walked in the door. We looked around at the opportunity we had by setting this in motion, and it took on a life of its own.


David Daniel, CEO of Lakeland Surgical & Diagnostic Center, accepts the 2010 APIC Healthcare Administrator Award from APIC 2010 President Cathryn Murphy.

Everybody who is in health care is in health care to help patients, and no one had a problem with it. Everybody said, 'Let's do it.' And that's what happened."

As a beginning, Daniel asked Bobbie Kendrick, RN, the OR director of LSDC's Florida Avenue facility, and Emily Duncan, the executive director of LSDC's Griffin Road Campus, to serve as the

LSDC's management team: George Ferraioli, director, Materials Management, Rhonda Anderson, director, Endoscopy Department, Bobbie Kendrick, OR director, Emily Duncan, executive director, Griffin Road campus, Tracy Rose, director of Finance Department, Ginny Post, administrative assistant and David Daniel, chief executive officer

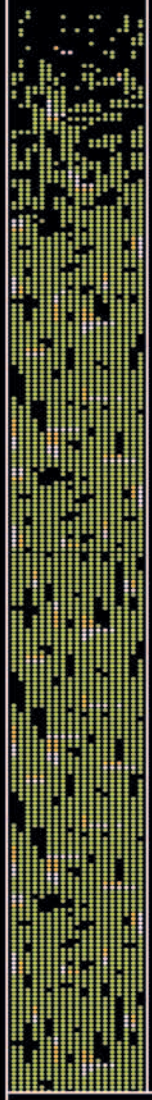


Cindy Lafferty, RN, circulates in the OR at Griffin Road during a pain management procedure.

ASC's infection control officers. The two set to work collecting relevant information from the Centers for Disease Control and Prevention, the World Health Organization, various journals, APIC and other sources. Together with Rhonda Anderson, the director of LSDC's Endoscopy Department, they also attended APIC's basic Education for the Prevention of Infection course.

### Facility Surveillance and Hand Hygiene

To kick off its new infection prevention initiative, Kendrick and Duncan introduced regular surveillance of their facilities and a hand hygiene education program for staff. As part of the surveillance program, staff conduct monthly inspections in each facility to look for and correct any infection prevention concerns and perform more in-



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depth inspections each quarter. Recently, the ASC has also introduced in-room surveillance in the ASC's ORs that enable staff to study an entire case from the time a patient enters the OR until he or she leaves. These inspections look carefully for any procedures or processes that might fall outside the best practices in infection prevention the ASC has adopted.

The staff hand hygiene education program Kendrick and Duncan introduced requires staff to watch an educational video, read the ASC's policy, pass an exam on the subject and demonstrate proper hand hygiene procedures. All who pass get a disk to attach to their name tags, which indicates that they have successfully completed the study required and demonstrated competency in all of the areas involved. To date, 96 percent of the staff have earned the in-house certification.

"We do some fun things too," says Kendrick about the training program, "because everyone responds much better when they can be involved in some fun activities that teach the same lessons." As an example, Kendrick talks about the time several staff members rehearsed for a week to perform a patient safety skit at one of the facility-wide staff meetings the ASC conducts Saturday mornings between 8:00 a.m and 10 a.m. each quarter. "It was all about what not to do, and it was hilarious," she says. On another occasion, Duncan showed an online video from France that featured dancers dressed in black demonstrating proper hand hygiene techniques. The staff members were then asked to stand, and everyone performed the dance and the hand hygiene technique together.

As part of its hand hygiene program, the ASC's nurses and certified nurse anesthetists issue frequent verbal reminders to staff and hand out gold-plated dollars to physicians who are spotted performing proper techniques. Cards that say "Hand hygiene saves lives" are handed out to staff and physicians at the ASC as reminders as well.

Alcohol-based hand rub dispensers, placed in accordance with the National Fire Protection Association's standards, are stationed at many locations throughout all of LSDC's facilities. Both the main and employee entrances have their own dispensers. "We want all of the

### Emily Duncan, RN, CASC
### Executive Director, LSDC's Griffin Road Facility

Duncan joined LSDC as the OR manager of its Florida Avenue facility in 2001. She became the executive director of the ASC's Griffin Road facility when it opened in 2004. At that facility, she also serves as the infection control officer, life safety officer, medical records custodian, privacy officer and risk manager designee. She has been a nurse for 34 years, in both inpatient and outpatient settings, and has been involved in perioperative nursing for 17 of those years.

Soon after accepting her current position at the Griffin Road facility, Duncan took on a new challenge: serving as the project manager for the building renovation, which included adding an OR. With that renovation now successfully behind her, she recently took on another new project: finding an electronic medical records system for the ASC. So far, she says, making site visits and asking end users what they like and dislike about their own systems has proven valuable. Currently, she is attempting to learn more about portable computer workstations ("workstations on wheels") to determine how they might benefit the ASC.

Asked to share an idea that works well at LSDC that other ASC managers might want to adopt, Duncan suggests marketing the ASC by working closely with the physician offices in a liaison role that also helps coordinate patient care and secure the ASC's place in the continuum of care chain in its community. "We personally meet with staff and attend staff meetings at the physicians' office groups that support the facility," she explains. "And, the physicians' office staff come over to observe cases, after completing our visitor waiver process, so they have firsthand knowledge of what patients go through and the importance of providing thorough pre-op instruction."

Duncan teaches Basic Life Support at community events and local retirement centers and is a Board member and former officer in the local chapter of the Association of periOperative Registered Nurses (AORN). She is also a member of AORN's national organization, the Association for Professionals in Infection Control and Epidemiology and the Ambulatory Surgery Center Association and is working toward her infection prevention and sterile processing department certifications.

Duncan and her husband enjoy saltwater and freshwater fishing and plan to spend their fifteenth wedding anniversary on a fishing trip in Alaska where, during an earlier visit, they caught more than 100 pounds of salmon and helped catch a 340-pound halibut. When she's not fishing, she enjoys gardening, playing the piano and doing arts and crafts.

employees and the manufacturing reps to alcohol their hands when they come in. We also require manufacturing reps to scrub before they go into the OR," says Kendrick. Usage of the hand rub solution, she adds, has increased by 11 percent since the program began.

### Training Anesthesiologists and Surgeons

To encourage the anesthesiologists who work at LSDC to adhere to the ASC's infection prevention policies, Baker designed an exam using information published by the American Society of Anesthesiologists. All of the ASC's anesthesia providers must pass the exam to be recredentialed. "They also get CME credits for doing it," notes Baker.

Surgeons at LSDC are required to watch educational videos about infection prevention to qualify for reaccreditation. They must also review material on LSDC's infection prevention and safety practices and policies. "Some states have mandated infection control education for physicians, but our state isn't one of them yet," says Kendrick. "That's why we're doing our own mandated education prior to credentialing."

Health Information Services Department staff CJ Sanders, Sharon Mills, Sandy Aragon, Rachael Powell and Kim Van Meter

### Other Initiatives

After developing its initial infection program, the ASC invited an infection control preventionist, recommended by LSDC's risk manager and certified by the Certification Board of Infection Control and Epidemiology, Inc., to evaluate the program. The preventionist conducted an extensive baseline study of the ASC's operations and produced a detailed report that LSDC used to improve and expand its infection prevention policies and procedures.

Another step the ASC took two years ago was to begin using a medically certified linen provider. Now, no one is allowed to leave the ASC wearing scrubs and only those who put them on while inside LSDC's surgical facilities can enter the ORs.

Nancy Hipple, Sharon Mudd, Tammy Mills, Lori Pecinovsky and Jackie Jackson of the Insurance Verification, Pre-Registration and Scheduling Department

Patients who come to the ASC with an existing infection are isolated, and anyone who provides care for them follows strict contact precautions. "And so far, we haven't had any outbreaks or any indication of contamination in our facility," says Kendrick.

In general, staff avoid using flash sterilization, but if an instrument is dropped in the midst of a procedure, staff can use one of the autoclaves located in a substerile room that opens only to the ORs. "Even though we are not taking the instrument into a hallway," says Kendrick, "we still chose to install a closed system for sterilizing these instruments."

The ASC has also introduced a new toy cleaning policy. Furry toys are no longer provided and the vinyl and plastic toys that are supplied are washed regularly. At one point, LSDC tagged all of its single-dose vials for several months to train staff to recognize and avoid using them for more than one patient.

## Specialized for GI

To address the particular challenges gastrointestinal procedures can present, LSDC's Gastrointestinal Department devised its own infection control program. For example, if a patient is known to have *Clostridium difficile*—a form of bacteria that can cause symptoms ranging from diarrhea to life-threatening colon inflammation—the ASC will not perform his or her colonoscopy. If, however, the ASC finds the condition only after the procedure has begun, the procedure room is terminally cleaned with a 10:1 bleach solution.

The department has also introduced a list of competencies its group of six technicians who clean and disinfect endoscopes must meet and established a policy containing all the steps the technicians must follow during the sterilization process. The policy is based on standards set by the Society of Gastroenterology Nurses and Associates (SGNA), and the technicians are required to review and pass a test on the policy. Anderson also developed a surveillance procedure to monitor the steps the technicians take and requires that written documentation detailing who processes each scope, and when and

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how, to be attached to the scope and entered in a log book in the room where the scope is being used.

"We started logging this information about a year before CMS made it mandatory," she says. Anderson also sends four or five staff members to SGNA's state meetings and two to the organization's national meetings each year.

### Involving Patients

LSDC also encourages its patients to participate in its infection prevention efforts by sending them information in advance about what steps they can take, before and after surgery, to avoid exposure. "We send them instructions on how to prepare, such as how to shower, wash their hair, how to prepare their house by cleaning it and the need to use clean towels, and we explain that, afterwards, they can't go swimming," Kendrick says. "We remind them, once they get home, not to clean their fish tank and not to let their cats sleep with them . . . all of those sorts of things." Patients are also discouraged—and surgery staff are prohibited—from wearing artificial nails on the day of surgery.

With all of these policies in place, LSDC's patient infection rate is now about .04%, or less than one infection in every 2,000 patients.

## Patient Safety

LSDC makes many other aspects of patient safety a top priority as well. For example, to prevent the risk of wrong-site surgery or comparable errors in the OR, surgical staff ask the patient to identify which procedure is being performed and on what part of the body, both verbally and by signing a safety sheet that contains that information. All staff involved in the case sign the sheet as well.

Although most patients understand the need for these precautions, Baker says, he makes a point of informing them during the preoperative interview that everyone they come into contact with at the ASC that day will ask them to confirm the information about the procedure they are about to undergo. Any patients who refuse to follow the safety protocol will not be treated. As he explained to one patient who initially refused to identify the type and location of procedure he was about to begin, "We can't do procedures on people who don't know what we're doing."

Once the patient is in the OR, Baker says, he implements a "time out" just before administering anesthesia. During that time out, he

### George A Ferraioli
### Director of Materials Management

Ferraioli has been at LSDC for three years. Previously, he worked as a materials manager for a local community hospital and a large teaching hospital in New York.

Ferraioli first became interested in working for an ASC while working at the community hospital, which networked with several ASCs at the time. The short-stay, cost-effective health care delivery model ASCs represent, he says, "made sense to me then and makes even more sense now as the nation strives to make health care more affordable to everyone. When the opportunity to become part of LSDC opened for me, I jumped at the chance to become part of that growing trend I saw for the future in health care."

In addition to managing LSDC's inventory, and the contract negotiations involved with that inventory, he handles the ASC's environmental, maintenance, engineering and safety issues. He also serves as LSDC's Occupational Safety and Health Administration officer.

To be an effective materials manager, says Ferraioli, it is important to view the facility through a patient's eyes. "Look at everything: equipment, supplies, infection control, clinical care, facility comfort. If it wouldn't be acceptable to me as a patient, then it wouldn't be acceptable for me as the materials manager."

Ferraioli holds a bachelor's degree in business administration from the University of South Florida and ISO 13485 internal auditing certification—accreditation related to quality management standards for medical devices and supplies—available from the internationally recognized business management training and consulting company Oriel STAT A MATRIX. Ferraioli is also a member of the Institute for Supply Management, where he is pursuing the Certified Professional in Supply Management credential.

Ferraioli is involved in volunteer activities at his church, the Kiwanis club, the Boy Scouts, the Salvation Army and the Lakeland-based Talbot Ministries. He says that this involvement "helps me center my commitment to helping others as we do in our ASC every day."

asks the patient what allergies he or she has and, once again, what procedure is being performed and where. Once the patient is asleep, a member of the surgical team rings a bell to signal one last time out during which the patient's name, the scheduled procedure and any fire hazards (e.g., oxygen, alcohol, drapes and lasers) are announced.

Other patient safety policies LSDC follows include

- conducting three unannounced advanced cardiac life support (ACLS) drills per year,
- adhering to a "first-in/first-out" use policy for all inventory,
- marking "look-alike/sound-alike" drugs to ensure correct identification,
- initiating cerebral oximetry for all cases during which patients are in a sitting or beach chair position during the procedure,
- instituting a program requiring the documentation of the training credentials of manufacturer representatives who demonstrate devices and train staff in their use, and
- requiring supervision of all certified registered nurse anesthetists at no more than a 1:5 ratio, and most often at 1:3 or 1:4.

## Employee Benefits and Performance Incentives

LSDC's employee turnover rate is consistently below 15 percent, and its average employee retention rate is about eight years. The many benefits the ASC provides that help encourage staff to stay include health insurance, a 401(k) program, across-the-board profit-sharing and longevity bonuses for staff with more than five years on the job. The ASC also has an employee recognition program and tries to hire from within before considering outside job applicants.

Griffin Road campus staff: Annette Williams, RN, Diane Langford, RN, Gina Mammel, RN and Ellen Alexander, RN

When Daniel joined LSDC in 2007, he called on his 26 years of experience in the US Navy's Medical Department to introduce a new staff performance evaluation program. He began by creating detailed job descriptions for each position in the ASC and, then, broke down those descriptions into critical elements that are each assigned a number to indicate their importance. Once a year, each

Greeter Margaret Baxley, and front desk staff Valerie Bosque, RN, Linda Higgins, physician communication specialist, and Tara Kemp, admission lead

staff member's manager sits down and assigns a number to each critical element of the job description to indicate how well the employee performed in each area for the previous year. Those numbers add up to the employee's total score for the year, and his or her annual pay raise is based on that score.

"Employees like the system because they can compare their score to a list of pay raises tied to each score to learn, immediately, how much of a raise they can expect," says Kendrick. "If they're not being compensated as they want to be, they can increase their pay by increasing their performance. So, it gives them an incentive to do that."

### Staff Education and Training

Daniel and LSDC's managers are dedicated to ensuring that staff at the ASC have opportunities to develop the skills they need and access to a broad array of professional development opportunities. As a result, LSDC's employees routinely have opportunities to participate in meetings sponsored by the Ambulatory Surgery Center Association (ASCA), the Association of periOperative Registered Nurses, SGNA, APIC and others.

All of LSDC's nurses are required to be certified in Advanced Cardiac Life Support, and Baker teaches a difficult airway workshop for anesthesia providers and anyone else who wishes to attend. "I charge about $25 to cover breakfast and lunch expenses, and participants get eight to nine continuing education credits, so, it's quite a bargain," Baker says. Nurses can also earn continuing education credit for taking a sedation course that covers anesthesia drugs and pharmacology and an airway course for nurses who provide conscious sedation without an anesthesia provider present.

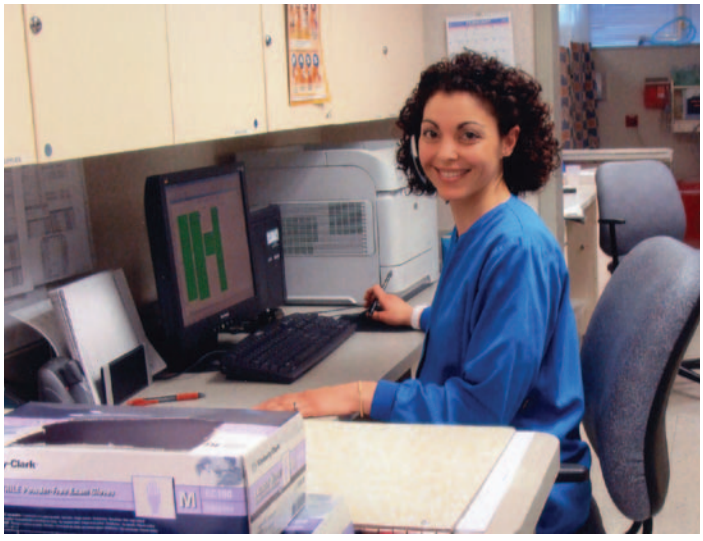
LSDC also provides tuition assistance to anyone who wants to pursue additional education in their field or a related field. "If surgical techs want to get their RN, for example, we provide tuition reimbursement for that," Kendrick explains. "We also require our surgical scrub and sterile processing department technicians to be certified, and we pay for that."

"In fact, that's reflected in each person's job description and performance evaluation," says Daniel. "If they do not obtain continuing education, attend in-service lectures and seek available certifications, they actually get graded down in their evaluations."

## Patient- and Family-Friendly

Beginning with LSDC's web site and ending when a patient can no longer benefit from any of the surgical care or follow-up services the ASC provides, the ASC goes the extra mile to keep its patients,





Melissa Welch, RN, makes pre-admission phone calls at the Florida Avenue campus's nurses station.

Griffin Road staff Ellen Alexander, RN, Mendy Decker, RN, and Cindy Lafferty, RN, charge nurse, receive a patient.

and their friends and family members, informed and comfortable. On the web site, patients are informed about everything from the ASC's guiding principles to their rights as patients, what to expect at the ASC on the day of their surgery and how to help their friends and family members prepare. They are also given opportunities to review and download their preadmission forms, pay their bill online, respond to the ASC's patient satisfaction survey online and find the ASC on Facebook.

When patients arrive at LSDC for their surgical procedure, they are greeted by one of LSDC's full-time greeters. All dress in professional uniforms that make them easy to recognize. The greeters welcome the patients and their friends or family members who have accompanied them to the ASC that day. Then, they set about making everyone comfortable, attempting to alleviate any anxiety the patients might feel and offering refreshments, the ASC's free Wi-Fi service and a pager to those who will remain in the ASC's waiting room. During and after a patient's procedure, the greeters also connect with the ASC's surgical staff to give those who remain in the waiting room updates on the patient's condition and answer any questions they may have. "You wouldn't believe the feedback we get on that and how successful it is for our patients," says Daniel. "It makes the whole operation run more smoothly from the moment they walk in the door."

Patients who remain in the waiting room temporarily before their procedures begin are given notice that they need to take the next step in preparing for their procedure when the pagers their friends or family members have been given buzz quietly. Using the pagers, says Daniel, ". . . there is complete patient privacy and discretion. No one feels uncomfortable in that environment."

## Community Outreach

To help support the contributions employees at LSDC make to their local community, Daniel has created an in-house committee that identifies a local charity event in which the ASC and its staff participate each month. With the support of that committee, staff have raised money for heart health, breast cancer awareness and a home for orphaned children. They have also provided support for disadvantaged families during the holidays

Electronic Medical Records Committee members Ginette Hughes, Cindy Nichols, manager, Kim Brannen, and Angela Mitchel


Materials Management and Maintenance Department staff Joe Carucci, Wayne Gomez, Chris Repasky, George Ferraioli, John Barauskas, Sandra Barhausen and Amy Edwards

and for the work of various charity organizations like Habitat for Humanity and the local Kiwanis club. "One year, we sponsored a trip to the Super Bowl for some wounded Marines," Baker recalls.

## Advantages of Joint Venturing

As originally designed, LSDC operates under a joint venture agreement between the Watson Clinic, a 200-physician multi-specialty group and the 850-bed Lakeland Regional Medical Center (LRMC).

"We were a bit ahead of our time," says Daniel. "Now, physician joint ventures with hospitals are the way to go, but at the time we did it, it was highly unusual. But this arrangement has worked out extremely well for us." Because the ASC's physicians, including anesthesiologists, also practice at LRMC, says Daniel, the continuity of care for any ASC patients who might need to be admitted to LRMC is seamless. "The hospital is even considering sending more of its outpatient cases to us and, whenever we have cases that are too complex for us to handle, there's no problem in sending them next door to LRMC. We're beginning to look at sharing and standardizing our policies and procedures as well," he adds.

As an example of the value of this ever-evolving collaboration, Daniel cites a committee of operating room (OR) managers, nurses and administrators the ASC and the hospital recently formed to improve OR scheduling procedures. "We want to refine our process to the point where a patient can make one call to a scheduler who decides whether the procedure should be performed at the hospital or the surgery center," he explains. "This is not based on clinical considerations alone. It has to factor in what kind of insurance they have, operating room availability and when the patient can take time off to have the procedure done. We have to consider a whole host of issues to make sure the patient is sent to the right place to get the best care in a timely manner."

But, patients and physicians often expect to have a vote on this issue as well. "We have a lot of patients who tell their doctors that they want to go to the surgery center for their GI procedures," explains Kendrick. "In fact, there are huge numbers of patients who say 'I won't go anywhere except LSDC for my colonoscopy,' and they won't."

"In a way, we're our own worst enemy," Daniel adds. "Most of the surgeons who work here prefer to come to our facility because, in addition to the quality, they get the efficiency. They can often do five or six procedures here in the time it takes them to do two

in the hospital. They'll actually get mad at us when they can't treat a patient at the ASC."

## Building on Success

To ensure that its efficiency and the quality of health care it provides remain high, LSDC participates in ASCA's outcomes monitoring and financial benchmarking surveys and in other clinical benchmarking as well. "We benchmark against ourselves—against what our performance has been in the past—and through ASCA's Outcomes Monitoring Project," Daniel explains. "We also set new goals every year. We look at how we performed last year and set our goals based on that."

Daniel also attributes part of LSDC's success to the comprehensive management structure he put in place at LSDC to accommodate its large size and high patient volume. The model "gives us the oversight and expertise that a smaller facility would not have," he explains. He has five directors reporting to him: an OR director, one for the endoscopy department, an executive director for the Griffin Road facility, a finance director who is also LSDC's chief financial officer and George Ferriaoli, LSDC's materials management director, who fills several other roles as well.

In addition to negotiating contracts and purchasing, "he handles all of our environmental issues, our maintenance and engineering, and he's also our safety officer," says Daniel. "He has gotten the very best contracts with the best GPOs [group purchasing organizations] and is working hand-in-glove with the hospitals on getting the best prices for equipment."

"I've been doing this for about 40 years," says Daniel, "and, during all that time, one thing became, not only apparent, but a truism: You can study and worry about the bottom line, profit, market share and all of the things that business people worry about on their balance sheets. But, if you do just two simple things right—provide a high quality product that the patients like and a facility the doctors like that produces a great health care experience, all kinds of things fall into place. The doctors and the patients want to come here. You don't have to worry about that. You don't end up in the newspaper for doing something wrong like operating on the wrong side or having inspection issues. And, guess what? Your bottom line goes absolutely crazy. If you do those two things, everything else takes care of itself."

"Not a week goes by that someone doesn't call me or send me a letter wanting to know if I want to sell," says Daniel, "and I put those immediately into the trash because we have no intention of selling out. We are doing better now than we have ever done. . . . Our growth is continuing upward . . . and we are going through a tremendous program of replacing all of our equipment with state-of-the-art equipment. We upgraded our physical plant. . . . Our Board is happy, our investors are happy, our employees are happy, our physicians are happy and our patients are happy. Why mess with that?" ASC