



The Director of the Cardiovascular Operating Room for AdventHealth Tampa on Migrating Her Staff to Venapax

An Interview with Bettina Thomas

Bettina Thomas is director of the cardiovascular operating room for AdventHealth Tampa. Bettina is a skilled, confident administrator that balances her fiscal responsibility to the hospital against an unwavering commitment to delivering excellent patient care. An inspiring leader, Bettina recently transitioned her hospital to the Venapax System. She led her talented staff of 6 harvesters through training to complete integration in just four weeks. Mike Glennon sat down with Bettina to discuss her process for this successful transition.

Mike Glennon: You migrated your entire team to Venapax from a legacy system that had been in place for years. What were the factors behind that decision?

Bettina: My rep, Jose, introduced me to Venapax. I did my homework and conducted quite a bit of research on the device. When I reviewed all of the data, to me it was a superior device. It eliminated what I saw as a lot of the challenges present in the previous system.

It also represented a significant cost savings for the hospital. But I do want to stress that in relation to delivering excellent patient care, cost needs to play a much smaller role in that decision. To me the delivery of improved care and the introduction of a more efficient technology is a much bigger determinant.

“The bottom line is that the Venapax system is a superior product at an exceptional cost.”

BETTINA THOMAS

Mike Glennon: Migrating to a new surgical device must present logistical challenges with your staff. Had you consulted with them?

Bettina: My staff was absolutely a part of the decision-making process. I initially sat down with Chris, my first lead assist, and reviewed the data. We decided that this is a very innovative, cutting edge technology and as a department this is where we want to be. We would also be setting a precedent for the other hospitals in our system.

We presented our findings to the other first assists and the rest of the team. I felt it was important to empower them to be a part of the process and get their buy-in. We wanted everyone to be excited about this transition to a new EVH system.

Mike Glennon: How did you approach training your team on this new system?

Bettina: Well first I want to say that Jose, our Saphena rep, was great. He was with us every step of the way and he ensured that the conversion went smoothly.

We planned it out so that each our staff members had an opportunity to train directly with Jose. And we made it fun. Chris and I went offsite to Orlando first. We were then able to report back to the team on how smoothly it went and communicate that it was exciting to learn the new system.

The rest of the staff took turns traveling to Orlando for the training. I purposely did not want to have one first assist train and then come back and train everyone else. The entire

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team made the commitment to see this through and I wanted to provide them with the best possible environment to ensure their success.

The group as a whole became proficient on Venapax very quickly. Now if we need to introduce a new member to the team we can do it in-house because the entire staff is fully trained.

Jose: I would like to share an important point, all of Bettina's harvesters came in with an open mind. That is really an important part of their success. I spoke with Chris, the senior harvester, first. I reviewed the advantages of the device and explained our training process. He was totally engaged. His attitude was, "It's new, it's innovative, let's commit to learning this because we really haven't had anything new or innovative in EVH in 15 years".

Mike Glennon: And how did the actual integration of the device into your workflow go?

Bettina: The speed of onboarding Venapax was impressive. I attribute that to the quality of training that Jose provided and equally important was having an excellent staff that approached this with an open mind and a desire to embrace a new technology. Starting with Chris, after 3 or so cases he was up and running. The rest of the team followed a similar pattern. The average learning time was 3 cases and the longest was 5 cases.

Mike Glennon: That is an impressive learning curve. Did you find that the newer, less experienced harvesters in the group fared as well?

Bettina: I think in general, harvesters that had less experience probably had an easier transition. Case in point was Jessica, a younger and talented member of our staff.

Jose: Yes. Jessica surprised me. I did one case with her. After that case she said, "Okay, I think I got this. You don't need to be in here anymore. I can do this by myself. If I need you. I'll call you".

Bettina: Jessica had a great attitude, she wanted to learn. Also, I think having less time on the legacy systems helped her in a way. She didn't develop the habits that come from repeating a particular procedure over time. She was more open to trying something a little different. There was no muscle memory to get rid of.

Mike Glennon: So, you complete the transition from training to implementation. Can you share your thoughts about the device with regards to outcomes, efficiencies of operation, feedback from your staff?

Bettina: As far as the staff is concerned it was 100% positive transition. I believe that's because we took the time to make this transition correctly.

I believe Venapax has the ability to do things that the other vein harvesting systems we used did not. It's a single more efficient device, we've seen improved vein quality, and we've shaved minutes off our harvesting time. Over time that adds up.

The bottom line is that the Venapax system is a superior product at an exceptional cost.

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