HOSPITAL POLICIES, ADMINISTRATORS & PRACTICE EFFICIENCIES

Tips for the right balance

AREAS FOR CONSIDERATION

- Sterile Processing
- Patient Safety
- Implant Choice
- Documentation
- Scheduling of OR cases

- OR NURSING
- FLOOR NURSING
- STERILE PROCESSING
- MATERIALS MANAGEMENT
- CAPITAL PURCHASING
- OR SCHEDULING OFFICE
- ADMITTING OFFICE

MANAGEMENT SILOS

SILO LEADERS

- Good People!
- They are evaluated on keeping to budget, and on keeping their people happy. As an aside they also have to do their job to keep the facility operating by passing the JC surveys.
- What you don't see: They are NOT responsible for revenue, and have no overall quality of care metrics.

POLICIES

- Derived by administrative leaders for the most part
- Need to be influenced by clinicians – don't shy away from helping
- Have to be done for the right reasons
- May cause delays and or inefficiencies

SCENARIO 1

- Want to bring in periarticular plates, locking standard large frag plated, cables, small frag, and just in case a distal femoral replacement set.
- Problems: Late start, upset OR staff, missing instrument sets, waste, etc.
- Considerations
  - Cost
  - Efficiency
  - Quality

SCENARIO 2

- You want to start on time first thing in the morning but the anesthesia attending is working with the resident in the next room, and you have a flight to catch at the end of the day.

SCENARIO 3

- YES – they have space for you to open up another room for the last case of the day. Ends up taking the same amount of time – what the heck happened?

SCENARIO 4

- You forgot to date the consent, and presurgery is calling you about a T&S for a tibial rodding! You are in a critical research meeting and cannot leave. Just bring the damn patient in the room!

SCENARIO 5

- Its Friday at noon, and you have a hip fracture to schedule. The OR cannot take you until 11PM and you ask to schedule the case first thing Saturday morning.

HOW TO SUCCEED

- Remember what they are accountable for
- Always keep quality of care and service to patients at the top of mind
- Don't say you need to be more efficient – your efficiency is not necessarily the hospital being efficient. Efficiency is hard to measure and they are not accountable for profit/margin.

KEY TACTICS FOR EFFICIENCY

- Split Elective from Urgent Work Flows
- Block Assignment by Historical Utilization
- High Efficiency Days
- Block Optimization
- Accurate Scheduling
- Equipment Process Improvement
- Redistributing Blocks for Inpatient Smoothing

ELECTIVE FROM URGENT PATIENT FLOWS

- Elective room utilization should be 75%
- Urgent Room utilization should be 50%
- The most predictable work is the urgent work – there is far more variability in the elective work
- Saving time for emergencies in your elective blocks is inefficient

BLOCK ASSIGNMENT

- Assign by historical utilization
  - Adjust by new services
  - Adjust using backlog numbers

HIGH EFFICIENCY DAYS

- Doing similar cases in one OR leads to better efficiency and better quality

BLOCK OPTIMIZATION

- Blocks need to have similar end times, and start times
- Staggered starts makes sense
- Use blocks to smooth the floor census
- Use blocks to smooth need for equipment
- Have similar release times for blocks
- All blocks need to be staffed for their full time frame

ACCURATE SCHEDULING

- Cases request have to be accurate
  - Dictates equipment/instruments/implants
  - Dictates time saved
- Standardized booking
  - Don’t end or start at weird times
  - Don’t change the historical times
  - Full block booking

EQUIPMENT PROCESS IMPROVEMENT

- Orthopedics has 5 ways of recording which implant is to be used
- None are seen by the SPD staff

SMOOTHING

- When 65% of elective ICU admissions are scheduled on Tuesdays, the ICU will be full on Wednesday and Thursday.
- Avoid understaffing and overstaffing on the floor

LESSONS

- Administrators are good people who care about patients and their care, but who are motivated by budget (ie cost), and employee satisfaction
- Policies are derived by good people, and need clinical input
- Negotiation should always be respectful and about what the patient needs