Collaboration and creative thinking hold down the number of OR holds

Putting a hold on the OR can lead to revenue losses no manager wants to see. At Lehigh Valley Health Network (LVHN) in Allentown, Pennsylvania, OR holds were averaging 1,100 minutes per month. Jodi Koch, BSN, RN, director of perioperative services, and Kathleen Duckworth, RN, CPAN, their colleagues got holds down to less than 200 minutes per month—a reduction of 88%.

Beth Hall, BSN, RN, CPAN, postoperative patient care manager at Lehigh Valley, credits the success to the team’s attitude of “being open and flexible, and thinking outside the box.”

One of the first steps LVHN took was to create a value stream mapping team, which developed and completed more than 30 process improvement projects. Value stream mapping is a Lean tool used to analyze the flow of specific processes. Creating a map involves identifying the process; drawing a map showing every step of the process, including delay points; analyzing the map to identify areas of improvement and areas where waste can be eliminated; drawing the desired process; and implementing change.

Using a large piece of paper such as butcher paper and putting it on a wall where everyone can see it is 1 technique. Adhesive notes, color coding information, and drawing arrows to show flow are all helpful. Software tools can also be used.

The LVHN team included a Lean coach, staff nurses, unlicensed staff, and patient care managers, among others.

“During value stream mapping, we identified the whole flow process,” Hall says. “When you see on paper what you are doing, it’s easier to ask why you are doing something that way and to ask if it’s because it’s the best process or because you always did it that way.”

This detailed analysis led the team to take several key steps to reducing holds.

Using an alternative recovery area

LVHN performs about 50 to 70 cases a day, and sometimes the 23 bays of the postanesthesia care unit (PACU) were full, halting progress in the OR. The PACU turned to its holding area for help. The 7-bed area serves as a place where preoperative blocks can be administered, so all the nurses who work there are trained in critical care. This expertise made the location a natural fit for using some beds as an alternative Phase I recovery area.

“We cross-trained staff so they can float to all 3 areas: PACU, the holding area, and the alternative Phase I recovery area,” Hall says. Staff, including the 3-nurse perianesthesia float pool, spent time in each location so they would feel comfortable caring for patients in all the settings in the PACU continuum. Staff can then be relocated throughout the day to meet changing needs.
Creating a medical-surgical overflow area

Hall says the team also “took a 4-bed area and converted it into a med-surg area for patient overflow.” Patients who are ready to be transferred to a unit but don’t have a bed assignment are cared for by a medical-surgical nurse in the overflow area. “The nurse starts their medication, gives them pain medication, and does everything that’s needed, just like they were in their med-surg room,” she says, adding that a full-time medical-surgical nurse was hired to staff the area.

The small individual rooms have walls, and each room has a television. Most importantly, family can stay with the patients. The area is located next to the PACU for easy access.

Holding multiple huddles

The team at LVHN has developed huddles into an art form. “Huddles are no longer than 5 minutes,” Hall says. “You don’t want to drag them out.”

Four huddles are held daily. The preoperative patient care manager, certified registered nurse anesthetist (CRNA), anesthesiologist assigned to the PACU, OR manager, and specialty OR managers attend the first huddle of the day, held at 6:30 am in the OR. The team reviews the cases for the day, verifying information such as whether equipment is available.

The second huddle is a “bed huddle,” held at 10:30 am with directors and patient care managers from the entire hospital. “We meet in the hospital auditorium and go over patient flow,” Hall says.

At 12:30 pm, a third huddle is held in the OR and includes the preoperative or postoperative care manager, CRNA or OR manager, the anesthesiologist assigned to PACU, and specialty managers. “They go over the schedule for the next day so they can plan ahead,” Hall says. For example, if there will be several pediatric patients early in the day, the PACU can adjust staffing so more nurses are available earlier in the day.

The final huddle, at 3:15 pm, includes the postoperative care manager, the PACU charge nurse, and the holding room charge nurse. They look at the next day’s needs and adjust if necessary.

Hall says huddles have had the most impact in reducing holds. “Before huddles, we weren’t proactive in planning and our staffing was rigid. Now we have places where patients can go if there aren’t beds, and we make the time to discuss patient needs. We always put patient safety first.”

Empowering staff

Hall says the most effective way to create change is to empower staff. “Make them part of decisions,” she says. The process changes at LVHN were a team effort. “We all worked together to do it.”

—Cynthia Saver, MS, RN

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