Restructuring and revamping workflow help a small hospital make big strides

Working for a small facility after spending many years at a large one can present a host of leadership challenges, but meeting those challenges with process changes and improved efficiencies can be highly satisfying.

After serving more than 23 years at the Cedar Crest campus of Lehigh Valley Health Network in Allentown, Pennsylvania, Jodi Koch, BSN, RN, moved to Lehigh’s Muhlenberg campus in Bethlehem as director of perioperative services in December 2012.

Muhlenberg has 8 ORs staffed by about 35 FTEs vs the 23 ORs at the Cedar Crest campus, where Koch most recently was director of perianesthesia services. “It was a huge culture change even though we’re in the same organization,” she says. “Our Cedar Crest campus is very large, and our Muhlenberg campus has the feel of a small community hospital.”

Challenges and changes

One of the first challenges she faced was the need to improve patient throughput and flow. That meant getting the staff to evolve from “the way things have always been done” to a more efficient system.

“Many years ago, the staging unit existed in a different part of the hospital. Patients had to leave the staging area to go to the holding room and then on to the OR. A new unit was built and located closer to the OR, but the patient flow hadn’t changed,” she explains. “Patients were still moving from staging to holding, then handed off and checked again and moved to the OR. This added an extra 45 minutes to patients’ preoperative workup times.”

Even so, it took some effort to persuade the team that a change had to be made. “I partnered with a Lean coach, and we went through a value stream map and looked at a future state process,” Koch says. Completing that exercise helped the team to understand what was happening, and frequent staff meetings put everyone on the same page.

“We needed to get the team involved in examining patient throughput, and in July we implemented a new handoff from the staging unit directly to the OR,” she says. Now, only patients who need a block or an epidural go to the holding area.

“We talked a lot about privacy and handoffs,” she says. There’s more privacy in the staging area, which has closed bays, than in the more open environment of the holding room. However, because families may be with patients right up until they go into the OR, it’s important to make sure the patient is comfortable with letting the family hear what OR staff are discussing, such as when they go over the checklist, she notes.

“We had multiple different parts of this action plan, which included education for the staging nurses and for the circulators in the OR because things are different in those 2 areas. It helped us go from the low 70s to the high 80s in first case on-time starts.”

A similar problem existed in the endoscopy suites, she adds. Patients were leaving the endoscopy suites and going to the main postanesthesia care unit (PACU) regardless
of type of anesthesia received, level of consciousness, and so on. “We put clinical guidelines in place so that patients who were awake and alert could go directly back to the inpatient unit, bypassing the PACU, and be discharged.”

Restructuring and defining responsibility
Koch found quite a bit of overlap among managers’ responsibilities when she joined the Muhlenberg team. “Some of the frontline managers didn’t understand the structure; some managers were working on the same things as other managers, and some things were being done in silos,” she explains.

“After I restructured and implemented leadership rounds within my core management group, I learned that the manager who had been responsible for the preop and postop areas and had worked here for at least a decade had never seen the inside of the OR suites. I also learned that the manager for the OR had not known some of the flow and processes for the preop area. We started asking ‘who’s the owner of this?’”

Responsibility charting and co-partnering were effective strategies. “When we were working on the throughput change, the manager for the preop unit had to spearhead that, but I made sure an OR manager was co-partnered with her,” she notes. “We’re all part of the big continuum of care, and everything we do impacts each other.”

Incentives and improvements
One way to help staff adapt to change is to give them a “quick win,” Koch says. To improve first case on-time starts, for example, staff reviewed the way in which patients moved from the waiting room to the OR. They found that patients who needed epidurals or blocks weren’t moved along sooner than others, and failing to do that created delays all along the process. Making a schedule change that began with how patients were prioritized and moved from the waiting room was a relatively simple fix for a vexing problem.

Getting teams to talk to one another and work together, and involving them in decisions about how to prioritize changes that are needed helps to get their buy-in, Koch says.

She has learned not to assume that something she’s familiar with is familiar to her staff. She has also found it’s important to distinguish between the way things are done at Cedar Crest vs Muhlenberg. One facility’s approach may or may not be better, and in some cases, neither approach is the best way to get something done.

In addition to reducing OR managers by 50%, Koch has had some turnover from voluntary departures, including 3 staff who recently retired and 2 PACU nurses who subsequently moved to Cedar Crest.

With more young, novice nurses coming on board, Koch says that her team of tenured nurses must learn how to teach the new people and understand the generational differences. In addition, everyone must adapt to the move from 12-hour and 8-hour shifts to more 10-hour shifts.

The volume of vascular, spine, and urology cases is growing rapidly, and it’s anticipated that pediatrics will have to be integrated into the workflow for adult patients. Space constraints still hamper efficiency in OR case picking and storage, so improvements in those areas are needed.

Staffing will continue to be a challenge because of retirement or other reasons people may want to leave. But Koch feels that the restructuring that has been completed has eliminated redundancy, clarified role responsibility, and improved efficiency.
“Sometimes people mistakenly believe another manager needs to be hired when there’s a problem, but more isn’t always better,” she says.

Jodi Koch will be a presenter at the OR Manager Conference, September 17-19, in Long Beach, California. ✤

—Elizabeth Wood