Multiple OR multidisciplinary team huddles promote ownership of process improvements

Huddles are hot. Experts cite them as effective patient safety tools, and many hospitals have implemented them on nursing units at the start of the shift. The perioperative services team at Vanderbilt University Medical Center in Nashville, Tennessee, broadened the huddle concept to include several disciplines and a structured format, yielding improvements in patient safety and operational performance.

“The huddles also promote patient, staff, and physician satisfaction,” says Cynthia Kildgore, MHA, BSN, RN, the OR director at Vanderbilt, which has 49 ORs where 130 to 140 cases are performed daily. Kildgore says the huddles started in 2008 and have evolved into 3 huddles during each day.

Managing throughput
The primary huddle, held at 9:30 am, includes Kildgore, the anesthesiologist and certified registered nurse anesthetist (CRNA) in charge for the day, the head CRNA, managers from the OR specialty areas and their charge nurses, the super charge nurse (who address 7-day release scheduling and emergency needs), the holding room charge nurse (Vanderbilt has 3 holding rooms), the postanesthesia care unit (PACU) charge nurse, the patient transport manager, the sterile processing manager, and the nurse “board runner,” who manages the schedule during the day. “We end up with about 20 people,” Kildgore says. “We try to have representatives from every piece of the flow process.”

The huddle team uses a form to provide a snapshot of throughput (sidebar, p 25). Reporting elements include first case on-time starts, number of surgical beds available, number of planned surgical discharges, emergency department capacity, number of “sleep overs” (the overflow of inpatients who have not been assigned a hospital bed), and any cancellations or equipment issues. “It gives us a picture of our day and how different areas will be affected,” Kildgore says. Staffing is also briefly discussed.

Huddle team members track data to identify recurring roadblocks that impede efficiency and can negatively affect patient safety. “We learned that not all of our clinic patients were going through preadmission, where they see anesthesia and a nurse practitioner,” Kildgore says. The procedure was changed so that all Vanderbilt clinics send their patients to the preadmission department.

Supporting huddles
The nights, evenings, and weekend director leads 2 smaller huddles at 8:30 am and 2:30 pm. Participants in the morning huddle include managers, charge nurses, and the board runner. They focus on staffing, such as who called in sick, which areas need more help, and lunch relief plans, so that adjustments can be made.

“We track this to help us learn how to flex up and down in staffing,” Kildgore says. The team also discusses the next day’s schedule. “We try to stay ahead of the curve.”

In the afternoon huddle, the managers, charge nurses, and super charge nurse for
the holding room and PACU discuss the schedule for the remainder of the day and identify which cases will be later than expected so staffing needs can be met.

In addition to the 3 main huddles, each specialty area manager in the OR holds huddles with his or her staff at 6:55 am, fine-tuning staffing as needed.

“We are very flexible, and we can turn on a dime when we need to,” Kildgore says.

Networking for effect
Making changes in real time to improve throughput requires staff flexibility. Kildgore says staff involvement in processes has been essential to achieving that flexibility.

“We have a good, solid, unit board,” she says. The unit board includes a leader and co-leader from each specialty area who are elected by the staff of that specialty and serve for 2 years. The board meets twice a week and works on projects such as revising the count process.

There is also an executive unit board, which consists of the leader and co-leader of each unit board and the holding room/PACU, 2 acting directors from surgery, 1 di-
rector from the holding room/PACU, and 1 administrative director for perioperative services. “You have an entire communication network,” says Kildgore.

**Fitting the need**

Kildgore credits huddles with helping her stay current on “what is going on in every single area of the OR.” Her advice is to implement huddles and keep focused on processes, tracking progress, and discussing results. She also suggests OR managers tailor huddles to fit their individual OR’s needs and revise as needed. “It’s important to stay open to change,” she says.

Cynthia Kildgore will be a presenter at the OR Manager Conference, September 17-19, in Long Beach, California.

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