Avoiding confrontation affects productivity

Primary care physicians avoid sending patients to a particular cardiologist because they think the specialist is incompetent. A pharmacist fails to change an incorrect prescription out of fear the physician who ordered it will become hostile and confrontational.

An administrator is reluctant to drive quality improvement because some physicians have been uncooperative in the past.

“Nobody says anything. Why?” asked John F. Bourke in his Thursday keynote at the OR Business Management Conference May 10 to 12 in Austin, Tex. “It’s because they have a fear of confrontation. You overcome this by talking it over.”

Avoiding uncomfortable conversations by working around those who are troublesome “results in a huge loss in productivity,” said Bourke, president of Bourke & Associates, a Plano, Tex-based consulting and training company.

There are even more serious consequences for avoiding crucial confrontations—medical errors, patient injuries, and a loss of reputation for both the individual and institution. And once manageable problems become chronic and affect the hospital’s culture and environment, good people leave, and troublesome people stay. This creates a culture of avoidance and negativity, he says.

“The goal should be to improve patient care. Pledge to the other person: If I see you do something that jeopardizes patient care, I will tell you,” said Bourke. In addition to his keynote, Bourke taught the tools of “crucial confrontations” in 2 breakout sessions.

Bourke is a master certified trainer and associate of VitalSmarts, a change management training company whose owners authored the acclaimed business books, *Crucial Conversations* (McGraw-Hill, 2002) and *Crucial Confrontations* (McGraw-Hill, 2005).

The 231 attendees at the 7th Annual OR Business Management Conference chose among 4 all-day seminars and 15 breakout sessions. OR directors, OR business managers, materials managers, and others interested in the financial side of surgery heard topics including OR design and construction, inventory control, supply chain management, scheduling, and teambuilding.

### Design and construction tips

Other conference highlights:

Daniel Beney, medical planner and engineer with Harley Ellis Devereaux, Southfield, Mich, discussed key planning principles for building a new surgical suite. He listed 5 predesign tasks and 5 tips to keep the project moving.

Five predesign tasks:
- Create a multi-disciplinary project team to set the scope and objectives for the project.
- Hire a medical equipment planner.
- Conduct site visits of existing facilities.
- Hire the architect and construction manager.

Five tips to keep the project moving:
- Involve the project team in design review meetings.
- Create a final equipment list with technical information before the design phase.
• Create a 3-dimensional virtual tour or mock-up of the proposed OR design.
• Develop an issues list and create a PERT (Project Evaluation and Review Technique critical path) chart to plan the key milestones and activities needed to complete the project.

“I never get the ideal situation when I work on a project, especially a remodeling one,” Beney says. “I always make adjustments. A PERT chart gives me a general idea of who is responsible for each major component.”

Building value analysis teams

Allen Caudle and Kate Rogers, RN, MSN, CNOR, of Swedish Medical Center, Seattle, discussed the importance of using a value analysis team (VAT) to evaluate new products and equipment before making purchasing decisions.

“We try to make decisions about what’s going to happen rather than what’s happened already,” says Caudle, vice president of supply chain management.

A VAT is a multidisciplinary group, including physicians, that has product knowledge, financial analysis skills, and purchasing expertise to make sound decisions when acquiring new products and equipment. The team sets up a process and policies for physicians and others to follow in submitting purchasing requests, meets regularly to review requests, and has an appeals process.

“We tell the vendors, ‘If you don’t have a purchase order, you don’t get (your product or equipment) into (the OR),’” said Rogers, who is executive director of perioperative services. “Our process is not perfect, but it helps.”

— Jay Greene

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