OR governance builds a strong foundation

Two hospitals, both recognized nationally for their strong performance on patient outcome and financial measures, describe their approaches to OR governance.

Leadership triad provides a strong base for safety

Regions Hospital
St Paul, Minnesota
Level 1 trauma center with 17 ORs and an ambulatory surgery center

As Regions Hospital moved to a greater emphasis on patient safety, its OR leaders realized they needed a stronger foundation.

“When we started talking about patient safety, we realized we had some work to do,” says the senior director of surgical services, Dana Langness, RN, BSN, MA.

Their response was to form a leadership triad with a surgeon, anesthesiologist, and the senior director of surgical services.

Regions is part of Minnesota-based HealthPartners, a nonprofit integrated health system known for its cost-effectiveness and quality. HealthPartners’ CEO, Mary Brainerd, has been a leader in the Institute for Healthcare Improvement’s Triple Aim, which seeks to improve the patient’s experience with care, the health of the population, and the cost of care.

In 2009, Regions was rated as one of the nation’s 45 “high value” hospitals by the Leapfrog Group for its performance on complex high-risk procedures.

OR governing body

The leadership triad includes David Dries, MD, a surgeon and assistant medical director for surgical care; Matt Layman, MD, an anesthesiologist and medical director of perioperative services; and Langness.

“It was our request that it be structured this way,” says Langness. “We are mentoring a partnership, which is a huge change. People have not been taught in school how to collaborate at the level necessary to keep our patients safe.”

The triad reports to the senior hospital leadership; Drs Dries and Layman.
also report to the vice president for medical affairs. About 80% of the physicians are employed by HealthPartners.

The three meet quarterly with Brainerd to give a quality update, including the status of the Surgical Care Improvement Project (SCIP), infection rates, retained foreign bodies, and other issues.

“As a result, the team feels supported in their work and personally accountable,” Langness says.

**OR committee’s role**

An OR committee, part of the medical staff structure, meets quarterly and includes the surgeon service line leaders as well as Langness and other participants. The committee reviews surgical volume, block utilization, a quality update, any new policies needing approval, concerns about policy compliance, and other issues. A subgroup consisting of Langness, the service line director, the OR business manager, and if necessary a surgeon leader meets regularly to review block utilization and report to the OR committee.

A separate safety task force meets biweekly. Results are shared at regular joint physician-staff in-services.

**Leave titles at door**

“We actually get people together in a room so we can learn at the same time,” Langness says.

“We always start the in-services with a story—with a good catch, an award we have received, or something to elicit passion and the idea that we are all here together for patient safety. We leave our titles at the door. The surgical tech’s opinion is just as important as the surgeon’s opinion.”
The patient safety focus extends to physician and staff recruitment. “When we hire new physicians and staff, we are looking for people who are passionate about making a difference for their patients and health care,” Langness says. “We want people who are going to push us to the next level.”

A surgeon joins OR exec committee

Munson Medical Center
Traverse City, Michigan
Nonprofit regional referral center with 14 ORs

Munson is one of 23 hospitals in the country to earn the Everest Award from the Thomson Reuters’s 100 Top Hospitals program for its performance and long-term improvements. Munson also won the American Hospital Association-McKesson Quest for Quality Prize in 2009. It is a Magnet hospital for nursing excellence and participates in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP). Most of the physicians are in private practice.

OR governing body

The governing body, called the OR executive committee, recently added a third member, a general and vascular surgeon. The 3 members now include the medical director of surgical services, anesthesiologist Robert Cline, MD; the director of surgical services, Maxine Hunter, RN, MSN; and Walter Noble, MD, as the surgeon director of surgical services.

The committee reports to a senior vice president (chart). Drs Cline and Noble also have reporting relationships to the vice president for medical affairs. Dr Cline’s position is 50% administrative and 50% clinical. Dr Noble’s is 20% administrative and 80% clinical. Neither is the chief of service.

An 8- to 10-member surgery committee serves in an advisory capacity and is part of the medical staff structure. Members include surgeon representatives, Hunter; the OR manager, Loie Rainey, RN; and the senior vice president.

Responsibilities

Hunter has administrative responsibility for the OR and related departments. Dr Cline manages the block schedule, monitors performance indicators, communicates with the surgery committee and medical staff, and handles day-to-day interactions with physicians. Dr Noble heads Munson’s NSQIP project. He also provides representation for the surgeons on the OR executive committee.

The executive committee enforces policies such as those for block scheduling, management of the block schedule, and urgent and emergent cases.

Of his role, Dr Noble says, “It has been helpful for the surgical specialties to feel they have input. It’s another set of eyes.”

Hunter adds that having a surgeon member of the leadership team has been especially helpful in situations such as the late afternoon when cases are running late, and decisions are needed about which cases will go next.
Dr Cline adds that Dr Noble provides important input regarding the purchase of capital equipment and new technology.

“It’s been a huge support to have the two specialties represented, especially when you have conflict situations,” Hunter says. “It is great to have a surgeon available to represent the surgeons, to have anesthesia involved, and to have all 3 perspectives.”