

OR leadership

Finding an effective structure for perioperative clinical leadership

As jobs of surgical services directors and OR managers become more demanding, they're looking for ways to strengthen front-line clinical leadership. A typical surgical services director today is responsible for 6 departments, a 13.7 million-dollar budget, and 96 employees, according to the 2005 *OR Manager* Salary/Career Survey. The OR managers who report to them are taking on more responsibility for financial management, quality improvement, and an ever-growing list of regulations.

Yet managers and directors also need to have a strong presence with their staffs—research shows managers are a key factor in staff retention.

"You consistently hear from the staff that the manager isn't visible enough. The job is just too big," says Mary Murphy, RN, BSN, CNOR, director of surgical services at Munson Medical Center, Traverse City, Mich.

Traditionally, the OR charge nurse has run the daily schedule and interacted with staff and physicians. But a rotating charge nurse doesn't provide the leadership continuity that's needed, nurse leaders say.

Instead, medium-sized ORs (8 to 12 rooms) are more likely to have a clinical coordinator or consistent charge nurse, says Linda Slezak, RN, MSN, a perioperative consultant based in Redwood Shores, Calif.

"Most have an OR manager position, but the vacancy rate is high, and it's hard to recruit. Charge nurses fill the role until a manager is recruited," says Slezak.

Another veteran OR consultant, Kathleen Miller, RN, MSHA, CNOR, says she doesn't see the title "charge nurse" much any more except in smaller facilities. She often sees a clinical manager or clinical coordinator who reports to the director plus team leaders or clinical coordinators for the specialties. Miller is consultant for perioperative services and performance management for Denver-based Catholic Health Initiatives, which has 70 hospitals and other facilities.

Munson has upgraded its front-line positions to give them more authority and accountability and provide more support to the manager and director (related article).

Clinical leadership scenarios

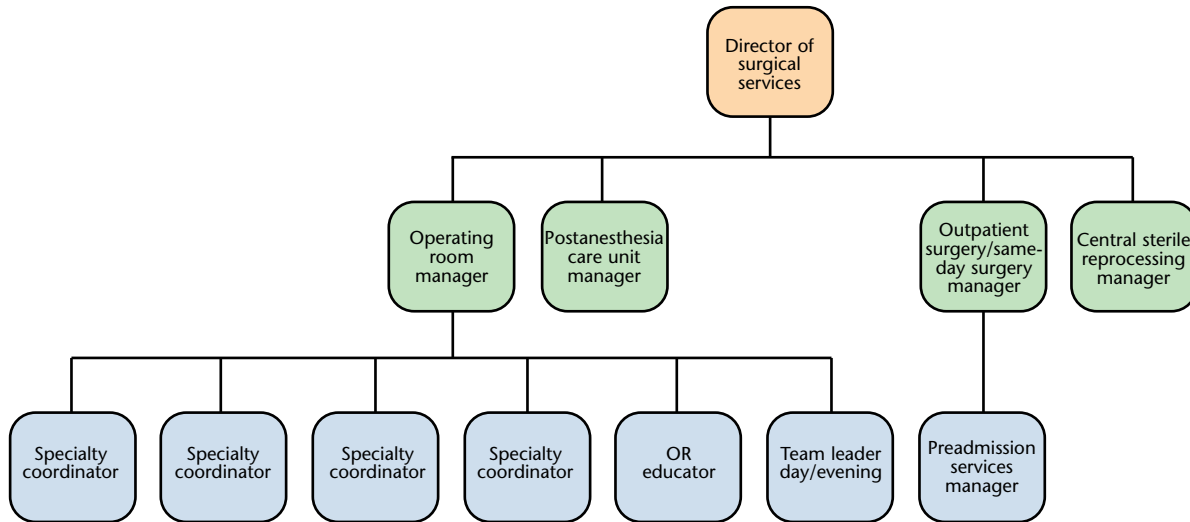
Denice Higman, RN, MSN, president of Soyring Consulting based in St Petersburg, Fla, says the firm typically recommends 1 of 2 scenarios for OR clinical leadership, depending on the client and size of facility:

- The most common scenario has an OR clinical manager whose direct reports include a team leader nurse who runs the control desk, specialty coordinators, and an educator coordinator. (See organization chart.)
- The second scenario has no clinical manager but has specialty coordinators who report directly to the OR director.

"This scenario would apply in a facility that has strong specialty coordinators with good administrative skills," she says. "If the specialty coordinators are mostly clinical, we would usually have an OR clinical manager."

Slezak says the charge nurse position is still key, especially when the OR manager job is vacant. "However, most charge nurses are not in formal leadership roles and lack management training and skills," she says. In a unionized facility, the charge nurse is a union employee and does not discipline or evaluate fellow employees. "This makes it difficult for the OR director to stay abreast of annual evaluations and competency reviews," she observes.

Typical nursing management organization chart for 10-room OR



Source: Denice Higman, Soyring Consulting.

Positions with the title “manager” are typically salaried and carry responsibilities such as hiring, counseling, and disciplining, Miller says. Those with the title “coordinator” usually are paid hourly and don’t have human resource or budgetary authority. Coordinators’ duties usually are limited to daily OR operations, though they may participate in some leadership committees with other departments. Specialty coordinators’ duties usually are 75% clinical and 25% management.

Specialty coordinator duties

Typical duties:

- evaluating and managing equipment and instrumentation
- providing input to the clinical manager or team leaders on daily staffing assignments
- assessing skill levels and education needs of staff in collaboration with the OR educator
- coordinating preceptorships for new staff members
- participating in interdepartmental committees, such as those involving sterile processing, biomedical engineering, and quality improvement
- participating in strategy sessions related to their specialties.

Tips for specialty coordinator success

Here’s advice for increasing specialty coordinators’ effectiveness:

Define the role clearly

The position needs to be defined clearly, says Slezak. The role needs to be empowered, “enabling the person to hold the staff accountable to do their jobs and behave according to department standards.”

Build in time for management

“Specialty coordinators must have a day or a day-and-a-half a week built into their schedules for management activities. If they don’t, their specialties fall apart because no one is coordinating their activities,” Higman says.

This management time shouldn’t be hard for managers to justify, she says. If specialty coordinators aren’t given time to run their specialties effectively, there are like-

ly to be more delays in the OR schedule, which is more costly than the additional staff time.

Encourage leadership

Coaching and leadership are increasingly important to coordinators' roles. Close contact with staff is essential for retention, accountability, and performance management. This takes leadership development. Too often, specialty coordinators focus mostly on equipment and instruments, she notes.

"Part of their job is to make sure the staff is performing optimally, so they need to spend time observing," Higman says. Coordinators also need to interact with the physicians to get feedback on staff performance and customer service issues. Among other human resource duties are interviewing job candidates and providing input to the manager on team members' performance.

Select the right candidates

Specialty coordinators not only should be clinical experts but also should show initiative and leadership potential. The typical requirement is 2 to 4 years of clinical experience in the specialty they will be overseeing. Other traits to look for:

- How willing is the person to take on additional responsibilities?
- Is the person respected by peers and the physicians?
- Does the person work with the staff and physicians effectively?

Provide leadership development

Because leadership is so necessary for coordinators' effectiveness, leadership development opportunities should be provided, either through the Human Resources Department or by the OR director and manager if they have time and a strong background in leadership and management.

"The role definitely needs to be defined and training provided so the people in these roles can be successful," Slezak says. "These people are our future leaders and should be nurtured." ♦

Clinical coordinators provide support to managers, staff

To provide more support for staff and managers, 368-bed Munson Medical Center, Traverse City, Mich, has upgraded its front-line leadership positions.

Instead of a charge nurse and team leaders, Munson's 13-room OR now has 4 clinical coordinators.

As the OR manager's job has expanded in recent years, the manager doesn't have as much time to interact with the staff and physicians—which is key to staff retention and customer service, notes Mary Murphy, RN, BSN, CNOR, director of surgical services.

The clinical coordinators "provide additional leadership presence on the unit," Murphy says. "They have formal authority to implement change, hold the staff accountable, address performance improvement, and support individual growth of the staff."

The team leaders, in contrast, spent most of their time on equipment and instrument needs and staffing cases.

"The team leaders no longer met our needs," says Murphy.

Clinical coordinators' duties

Over the past 5 years, Munson has converted to clinical coordinators in many of its patient care units, including the OR, outpatient surgery, and postanesthesia care unit. (The OR's open-heart and neurosurgery services continue to have team leaders.)

Each of the OR's clinical coordinators covers a cluster of specialties:

- neurosurgery, ENT, urology

- gynecology, plastic surgery, eye surgery
- orthopedics
- open-heart surgery.

An additional half-time “relief coordinator” provides extra support to the OR manager by performing duties such as preparing the payroll, checking references for potential new hires, following up on incident reports, and conducting special projects.

Coordinator positions are paid hourly and receive 10% more than a staff RN, compared with the 4% additional pay charge nurses received. Coordinators spend 20% to 25% of their time in patient care. Munson is not unionized. The OR manager meets with the clinical coordinators weekly.

Clinical coordinators’ duties include:

- Assigning and adjusting staffing (“The financial savings from this alone can justify the additional cost of a coordinator,” says Murphy.)
- Observing and supervising the staff to ensure quality of care
- Coaching and counseling employees
- Holding staff accountable for policies and procedures
- Supporting policy decisions and implementation
- Participating in quality improvement projects and measurements
- Assisting the manager in yearly performance appraisals by preparing narrative summaries
- Working in collaboration with the educator to identify the staff’s educational needs
- Tracking daily attendance violations and reporting to the manager
- Reviewing and completing time cards as needed
- Directing ancillary staff
- Participating in the interviewing process.

Role models

Clinical coordinators also serve as role models. They are selected for leadership potential as well as clinical expertise.

Murphy sees them as potential future leaders for the OR and has set up a formal program to mentor them.

“I want someone to replace me when I retire!” she says.

She and other leaders have designed an education program of four 4-hour segments, covering topics such as leadership, delegation, communication, problem solving, and conflict resolution.

Mary Murphy will present a breakout session entitled “Successful Mentoring Relationships” at the Managing Today’s OR Suite conference Nov 8 to 10 in Orlando, Fla.