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In My Opinion...

Effective Strategies to Improve the OR

"The key to improving a troubled OR is setting appropriate leadership in place."

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Considering that a majority of hospital revenue results from perioperative services, it is imperative for operating rooms (ORs) to run smoothly. Troubles in the OR can stem from a variety of sources—one of the most important being inadequate leadership. In many cases, an OR committee is responsible for the majority of decisions made regarding the OR. This committee, however, commonly meets too infrequently to rapidly or effectively address issues. Further, these committees often lack sufficient representation from busy surgeons and key anesthesiologists working in the OR. Addressing these inadequacies and providing better leadership can improve hospital revenue as well as the work environment for all staff involved in the OR and the quality of care for patients.

Some problems that may hinder an OR include physician complaints, conflict among staff, and an inability to schedule surgeries. Continuously changing personnel, late surgery start times, long turnovers, and feelings of under appreciation among staff are other telltale signs of a troubled OR. These problems extend from one of the biggest issues—failure to have the proper leadership in place. Without collaborative leadership between physicians and nurses who actively participate in the OR, it becomes increasingly challenging to incorporate tools to adequately run it or to improve it.

An Important Solution: Establishing Effective Leadership

The key to improving a troubled OR is setting appropriate leadership in place. It is important to have a governance model—a collaborative arrangement of several key OR participants. To achieve the best results, leadership involved in this model should include an anesthesiologist, a surgeon, and a nursing director. These constituents should be actively involved in the OR and have a long-term stake in the hospital's performance. The goal among these participants should be the same: to treat the surgeon like a customer and to improve the OR such that everyone's interests are met.

In addition to involving staff members as leaders, it is also important to have a surgical services executive committee that is separate from the classical OR committee. This committee meets frequently to assess and improve the entire perioperative process. In fact, some hospitals involve this committee as a part of the hospital board rather than as a group compiled of medical staff. The goal for the committee

is to determine the most efficient ways to care for surgical patients. Methods for accomplishing this goal include providing consent forms, patient education, and financial screenings for all patients. Furthermore, a full work-up of tests and examination by an anesthesiologist may be necessary for some patients, but is not recommended for all.

Consider the Price of Implementing New Procedures

While the costs associated with implementing new procedures to improve ORs are high, it is a worthwhile investment. In many hospitals, the overwhelming majority of revenue is a result of perioperative services; if programs are not in place to improve the perioperative process, hospital revenue can suffer and may ultimately result in bankruptcy. To prevent this from happening, it behooves hospitals to invest in their ORs by hiring an outside consultant or bringing in a full-time medical director—usually an anesthesiologist—to aid in the process. It should be noted, however, that the costs of hiring a full-time medical director can be more expensive than bringing in an outside consultant.

The former model of primarily nurse-run ORs is no longer the most ideal approach—it now takes involvement on the part of physicians and surgeons to effectively manage the OR. This is the only way to enact improvement in troubled ORs. Hospitals should be willing to let leadership groups within the system become involved in the reformation of the OR rather than leaving such changes to administrators. It can not only help physicians and hospitals, but also the patients they serve.

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