CONSIDERATIONS FOR ENHANCING THE PERIOPERATIVE PATIENT THROUGHPUT PROCESS

To our Healthcare Clients and Friends:

In this issue of IMA Insights, we continue to examine some of the opportunities available to improve our patient throughput processes. One department that is often overlooked when assessing the patient’s throughput process is perioperative services, frequently referenced as the Operating Room (OR). The perioperative experience includes not only the OR, but also the pre- and post-operative care areas, such as pre-admission testing (PAT), same day surgery (SDS), and post anesthesia care unit (PACU).

Proactive assessment of the current perioperative organizational structure and governing policies is an excellent way to start to enhance the patient’s surgical throughput experience. The governance and structure of perioperative services can significantly impact other hospital cost centers and patient flow. Also, since recruitment and retention of qualified surgeons, anesthesiologists, and critical nursing resources is a definite concern within the perioperative setting, this is another primary component to be considered. Executing a concrete recruitment and retention plan, inclusive of succession planning and management of physician and nursing talent can positively impact patient throughput. Further, in today’s perioperative services environment, new technology allocation planning can assist in addressing changes in surgical case volume and acuity, help define staff competencies, and enhance patient revenue and surgical markets.

ISSUES & CONSIDERATIONS

What are some of the key trends that will continue to impact perioperative productivity and patient throughput?

For the past few years the perioperative environment has seen a fluctuation in:

- Staff Tenure
- Patient Acuity and Volume
- Technologic Advancements
- Departmental Span of Governance

Staff Tenure

As the average age of OR and PACU nurses nears retirement, the need for a multi-faceted recruitment and retention plan is critical. Successful in-house orientation programs and staff specialty cross training programs will be required to educate new orientees and aid in surgical case mix fluctuations. On average, a successful campaign for recruitment of a new perioperative director can take up to a minimum of six months. Recruitment and retention of knowledgeable physicians, perioperative leadership, and nursing staff is crucial to departmental productivity and utilization. Staff tenure and knowledge can influence future capital and material purchasing decisions, surgical service utilization rates, departmental labor costs, and continuity of patient care. Further, physician champions and competent staff drive new technology adoption. Technology opens new markets. Is your succession plan and new technology allocation plan updated today?
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Patient Acuity and Volume

Many healthcare analysts believe that the current acute care hospital model must transform into one that continues to address chronic disease while designing future models for specialty and outpatient procedures. Although many facilities have built outpatient surgery centers in an attempt to embrace increases in outpatient surgical volumes, chronic co-morbidities in the older inpatient surgical population continue to generate significant intra- and post-operative hours. Outpatient surgery consumes over 60% of the total OR utilization in many acute facilities with hospitals only capturing, on average, half of the potential outpatient volume due to competition from other providers. Increases in OR time from acutely ill surgical inpatients, and increased volume from outpatients will in the future continue to impact perioperative utilization and intensify the need for innovative patient progression technologies that standardize documentation, provide for interactive physician and patient scheduling requests, and benchmark best practices. As hospital margins remain flat and perioperative departmental cost per some cases average increases of 4.1% annually, streamlining hospital workflow processes and minimizing waste is one of the best defenses against decreasing revenue per case.

Technological Advancements

As the patient population continues to fluctuate from inpatient to outpatient settings, new IT systems, anesthesia agents, and high tech instrumentation by specialty physician champions will play an important role in deciding patient access, procedure location, and throughput initiatives. Continued technologic gains on large volume procedures such as endoscopies and chemotherapy will challenge the paradigm of the surgical pre-admission unit. OR suites may be converted to specialty procedure areas for less invasive treatments and patients may be routed to an extended stay unit for secondary recovery and discharge. The structure and delivery of care in the perioperative department will continue to change as future visualization and interventional radiology (IR) technology is introduced to the enterprise. New technology will impact surgical case turnover times, and increase the requirements for facility plant alterations and capital expenditures for equipment and sterilization of instrumentation. Since the issues surrounding technological advancements are too broad to be thoroughly addressed here, look for future IMA Insights articles to focus solely on technological advancements.

Departmental Span of Governance

Integration of surgical procedures across the healthcare enterprise influenced by procedure volume, patient access, staff competencies, and technology will continue to impact the current governance and organizational structure of the perioperative department. Still today, many
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perioperative departments are governed primarily by policies implemented by an OR committee and overseen by the medical staff bylaws. Perioperative departments must develop and implement governing and organizational structures that complement new care delivery modalities and provide for continuity of patient throughput. Care performance issues must address not only the clinical quality improvements, but also the administrative, service, and cost of care performance impacting actual patient outcomes. Development of a Perioperative Steering Committee composed of nurses, surgeons, anesthesiologists, and administrative representatives can guide ad hoc work teams (i.e. scheduling and patient access, new technology, materials, and risk management) designed to provide feedback on predefined benchmarks to the organization.

INSIGHTS
How to Assess Your Perioperative Throughput Opportunity

Our experience in assisting numerous health systems and hospitals assess their current perioperative processes shows that frequently, the first challenge is getting the senior leadership team to recognize that an opportunity does exist. A self-assessment completed by senior leadership can often uncover the scope of the opportunity and help prioritize where initial improvement issues should be focused. Some typical “self-assessment” questions would include:

- If your perioperative services leadership would retire today, do you have an internal succession plan with needed competencies in place to replace their role?
- Have you considered what other departments are impacted by the surgical patient flow and whether they should be included in the perioperative services organizational structure?
- Does the existing OR culture curtail involvement in processes existing outside its doors?
- Are your surgeons complaining about getting time on the OR schedule? Are the surgeons’ offices compliant with current scheduling guidelines? Are they able to post a scheduling request remotely?
- Are there time delays (more than fifteen minutes) in getting the first OR cases started? Does the OR staff, surgeons, and anesthesia personnel even agree on the definition of surgery start time?
- Does your anesthesia team take an active role in enhancing and assisting patient’s throughput processes by streamlining protocols regarding PAT testing, post operative order sets, post operative discharge criteria, and conscious sedation administration?
- Are more than 10% of your daily surgical caseloads elective add-ons?
- When making changes to the elective block schedule for both inpatient and outpatient cases, does the OR committee consider surgical specialty floor bed availability, capital equipment resource costs, sterilization turnover times, staff competencies, and on-call requirements?
- Do you continually augment the OR block schedule with call personnel in an effort to get the surgical caseload completed?
- Is the PACU experiencing continued, extended, or overnight stays?
- Does the Perioperative Steering Committee have an established set of best practice benchmarks that emphasize commitment to quality, service, operational efficiency and financial metrics reviewed at least monthly?
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If you answered, “yes” to any of these questions you may have an opportunity for improving your perioperative patient throughput processes. If you answered “yes” to three or more of these questions and have a significant percentage (greater than 20 percent) of the respondents agreeing that this is only a patient care services responsibility, there is a high probability that a successful redesign to improve patient throughput will reap significant benefits for your organization.

SUMMARY

As new technology and procedure demand expands existing and new surgical markets, informed patients will insist upon active collaboration with caregivers and family involvement. New perioperative care delivery models will broaden the perioperative patients’ progression through the system to include direct information access to the surgeon’s office through postoperative case management, documentation, and patient education for discharge planning. The continued spotlight on the perioperative department patient throughput process will require balancing quality, service, and cost with benchmarks for operational effectiveness.

We are pleased to have the opportunity to provide this information to you. If you have any questions or comments or would like to discuss the issues contained in this issue of IMA Insights, please contact Rob Sutton at (610) 909-9291 or Mary Ann Holt at (610) 659-9530.

Very truly yours,

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