

The Efficient Operating Room

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USAP is the highest quality anesthesia practice in America; but what does that mean? Not just delivering the best outcomes for our patients—we do! But, also delivering reliable service to our hospital partners. To illustrate how this is achieved, we went to an expert: USAP’s Dr. Derek Schoppa, USAP-Texas in Houston. As Chief of Anesthesia at St. Lukes The Woodlands Hospital, Dr. Schoppa is legendary for his ability to run a busy OR at maximum capacity, while simultaneously handling emergency cases, helping anxious mothers and juggling rabid alligators.

An efficient OR depends on the people that work there. As with any team sport, from complex open-heart surgery to pit stops at the Indy 500, the best outcomes are achieved by the strongest teams. Team members must work together with understanding and trust: every person understanding their own job (e.g. how many milligrams of propofol, which surgical implant) and every person trusting the knowledge of their teammates.

Trust is what makes the care team model work, and it works best when everyone knows their job and does it. When Dr. Schoppa assigns an emergency case to an anesthesia team (his job) he knows that it will be done well and quickly (the team’s job). No further thought is required; he can move along to the next task.

If a glitch develops (say the patient has not yet come from the ward to the pre-op area) he trusts the team to communicate. He knows they will fix the problem, if possible. And sometimes, of course, it means he will go and get the patient himself. While leading from the front is a bad idea in the long run, it sets a tone about the importance of getting the job done. A precedent the team appreciates.

Which leads to the second tip: a good relationship with hospital administration. **At the end of the day, we all want the same thing: good patient outcomes and high satisfaction.** Facility administration knows that 75 percent of their business depends on surgical services, but in many facilities, the OR is a black box they don’t understand. They can’t observe the OR without changing clothes and getting in the way, so they need Dr. Schoppa to keep them in touch with both problems and solutions. If we can show them the data that matter—good clinical outcomes, an efficient OR, and satisfied patients and surgeons—they will trust us to work our magic.

Dr. Schoppa’s 5 Tips for an Efficient OR

1. Hire the right people
2. Develop a good relationship with hospital administration
3. Control the schedule
4. Model staffing to match the need
5. Once again, Hire the right people

For both patients and surgeons, setting the daily schedule is important. How many rooms are needed? At what times? For which services? Given free choice, every surgeon would operate either first-thing in the morning or late in the afternoon. But ORs are a limited and expensive resource, and anesthesia and nursing personnel even more so. OR management is a constant juggling act of balancing surgical desire against operational efficiency, so that everyone can come to work, stay busy and leave at a predictable time. Decades of management research in this area reveal that few things are as important as a reliable and accurate surgical schedule. Not only does this get the doctors and patients to arrive at the right times—it also assures that human resources will be scheduled efficiently. It turns out that a surgeon cares less about the absolute time he or she operates (7:30 a.m. vs. 11:00 a.m.) and more about the *predictability* of operating when scheduled. For example, 11:00 a.m. is fine if the surgeon knows that he or she can work in the office until 10:47 a.m. and be holding a scalpel at 11:01 a.m.

Getting the schedule right a majority of the time increases the morale of the team. Then, when the inevitable hiccup occurs, people are more prepared to deal with it. It helps when there is an experienced individual, like Dr. Schoppa, managing ‘the board’ every day, because dealing with variability is another key to efficiency. The experienced manager knows which surgeons excel in time management, which providers are happy to work late, which ones need to leave early or on time, who is ready for more work and who deserves a break.

Anesthesia and nursing personnel are happy to stay late when they can remember the day they got out early. **This is an area where the USAP Site Chief can bring substantial value, not just by tactical management but also by questioning the overall system.** What if we started earlier? Are there patients, nurses and doctors who would like to get going at 6:00 a.m. so they can be done by Noon? At The Woodlands, it turns out, there are.

Do resources run thin at lunch-time? Let’s bring in some mid-day people to help with breaks and emergencies. Is the PACU backed-up at 5:00 p.m.? Let’s work with the hospital to make some evening observation beds for patients on their way home. The talented OR manager will fit space and personnel to the cases taking place that day and to the external needs of patients and surgeons, resulting in the smooth flow of cases throughout the day, an honest and achievable schedule, and a happy and productive workforce.

In the end, the efficient OR depends on the flexibility of the staff, their willingness to trust leadership and try new things. How is this flexibility achieved? By hiring the right people!

