Case Story

A Winning Tide in the OR and Beyond

Righting the Ship:

How Strategic Planning and Expert Implementation Positioned a Community Hospital to Realign Leaders, Save Millions in Staffing, and Improve Surgical Throughput.

Sullivan
Healthcare Consulting

A Winning Tide in the OR and Beyond

As the nation attempts to put the COVID-19 pandemic behind us, the healthcare industry continues to feel its impact. The extreme stress placed on hospitals by the pandemic caused a ripple effect of staff burnout, workforce shortages, and skyrocketing costs. Now, as organizations begin to recover case volume, many of the processes that served them pre-COVID are no longer working.

It didn't take long for this 600-bed, private, non-profit hospital's leadership to recognize this problem at one of its facilities.

One obvious issue was staffing. The inability to successfully recruit and retain staff was similar to many organizations. The high utilization of travelers and agencies did not support developing the necessary experienced staff needed. This staffing issue went beyond clinical staff.

The line of patients waiting to check in for surgeries extended outside the main entrance. Surgeries were regularly delayed or canceled for multiple reasons, leaving patients frustrated and ORs unused. A shortage of critical support staff placed an undue burden on nursing staff and other providers.

The strained system did not go unnoticed by patients, and the disorganization and lack of governance made staff and physicians miserable - not to mention that the hospital was losing money each minute that an OR sat empty or a departing nurse had to be replaced with a costly contractor.

Leadership knew they needed to act, but even the best efforts of a highly experienced Director of Perioperative Services couldn't seem to right the ship. When she resigned, she also gave the COO some parting advice - to call Sullivan Healthcare Consulting. The Director had served as an interim perioperative leader under Sullivan in the past, and she knew if any team could get all stakeholders rowing in the same direction, it was Sullivan.

> "Sullivan Healthcare Consulting came highly recommended from multiple sources," recalled the COO. "We needed a partner to do a complete evaluation and thorough consultation to get all departments working towards the same goal."

This organization's issues were similar to those plaguing healthcare organizations nationwide, and overcoming them would not be easy. This is the story of how Sullivan Healthcare Consulting partnered with a large community hospital in the southwest to:

- Uncover the root causes of their problems
- Develop a surgical services strategic plan for the organization
- Implement critical changes

Ultimately, these changes would result in **over $5.6 million in annual cost savings**, improve throughput, change organizational culture, and illuminate a brighter, sustainable future.

Opportunities to Optimize: Governance, Staffing, Throughput

Sullivan's initial evaluation confirmed one obvious issue - cohesion and workforce management. Each department acted as its own entity with minimal communication or cooperation among teams. This led to a disjointed workforce that grew frustrated and began looking for jobs elsewhere. Employees were siloed, with no overarching guidance or incentives coming from leadership. Essentially, they had four different ORs running as separate programs with no strategic growth plan. Without direction, staff and physicians were working to merely stay afloat rather than rowing together toward a unified goal.

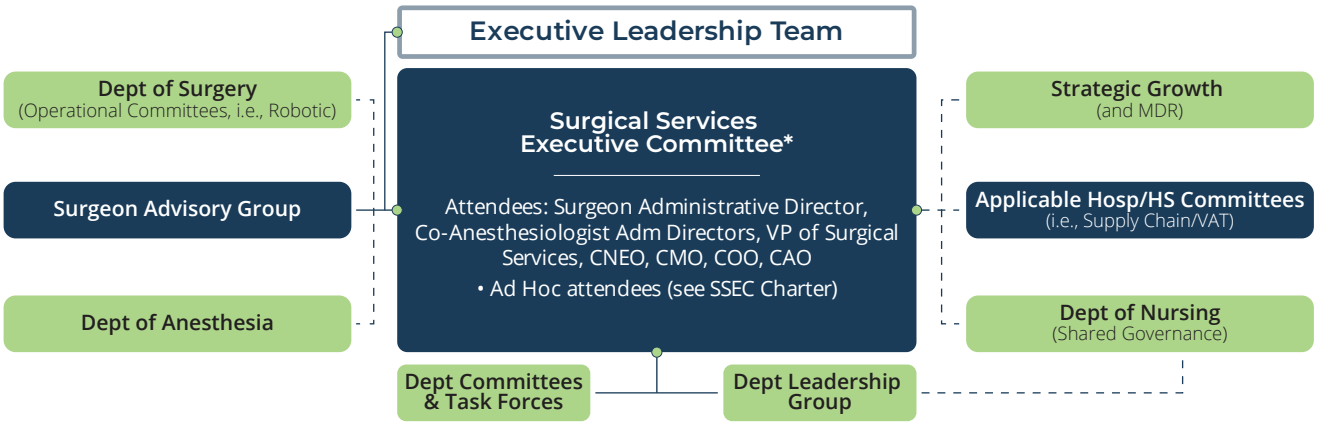
"The environment was every person on their own," says John Pittoors, MBA, BSN, RN, Senior Consultant with Sullivan Healthcare Consulting. "I immediately knew that we had work to do with respect to culture and building trust with staff and physicians. But first, leadership would have to come together around a single vision for the organization and a governance structure for decision-making on the optimal use of surgical sites and staffing to support health system strategy. And ultimately creating a positive work environment and providing a great patient experience."

The Plan: Align Leaders, Improve Workplace Culture, Streamline Patient Flow

After a deep analysis of the issues, Pittoors and his team worked with the Chief Nursing Officer and the Chief Hospital Administrator to create a strategic growth plan that focused on improving workplace culture and patient throughput. The Sullivan team served in an executive advisory role and took an active part in implementation. A revised surgical services governance structure was needed to move forward to make resource management decisions in converting the strategic plan to an operational plan. This group was given full authority to make operational decisions and accepted accountability to ensure plans were coordinated and implemented with all physicians and staff involved.

This Functional Chart was used to coordinate and align Surgical Services governance within the hospital and health system.

Surgical Services Governance Structure



*SSEC will have day-to-day responsibility and accountability for the management of resources and overall operations of the General OR, CTOR, Endoscopy, and Cysto/Litho OR.Key responsibilities are to enforce policies, resolve conflicts, and act as the executives of the surgery program, maintaining alignment with the organization's strategic plan.

The initial goals identified by the new governance group were:

- Realign key executives around a strategic plan designed to create a cooperative culture and break down silos - unifying teams around a common goal
- Reduce costly reliance on contingent staff and improve workplace culture and work-life balance
- Improve fill rate of staff vacancies
- Increase first-case on-time starts and improve other patient throughput issues, such as registration and transport

One of the first steps for successful governance is to identify the specific surgical services' strategic goals from the overall health system's strategic plans.

With a strategic plan in place, the team implemented education initiatives to ensure all key stakeholders were on the same page. Pittoors assembled a panel of surgeons (a surgeon advisory group) facilitated by the Surgeon Medical Director to work with the executive team and keep communication lines open. By involving surgeons and aligning leadership around a common goal, department leaders got staff back on the boat and rowing in the same direction. The group adopted Guiding Principles aligned with the organization's overall mission, vision, and values. Their pillars were Experience, Excellence, and Engage.

Guiding principles

This alignment was critical to the organization's workplace culture changing for the better. Staff no longer felt they were floating alone. The culture continued to improve as leadership made a concerted effort to fill vacancies and reduce dependence on contingent workers.

Meanwhile, the team thoroughly analyzed patient admissions and registration, identifying peak times and problematic areas impacting patient throughput. On-time procedure starts were in the 20-30% range, which stemmed from a lack of patient management leading up to the day of surgery. To better prepare patients for admission, Sullivan assisted the organization in opening a pre-admission testing center, which created the infrastructure to accommodate all patients. This minimized delays on the day of surgery, dramatically improving patient throughput, as did addressing issues with patient transport staff and establishing standard operating procedures that gave clear directives for several situations.

Key Challenges in Staffing

Like many healthcare systems, the organization experienced high turnover rates, making it increasingly dependent on costly contingent staff. With numerous vacancies in every department, nurses were taking on additional responsibilities such as transporting patients, meaning they were taken off of their units, working more hours, slowing throughput, and increasing costs. As a result, the organization became less attractive as an employer, making recruiting talent harder further exacerbating staffing issues.

- Unknown number of vacancies
- Costly dependence on contingent staff
- OR schedule out of control, requiring staff to work beyond their shift frequently
- Excessive call and utilization of incentive pay
- Multiple weekly shift rotations (evening/weekends)
- Negative culture leads to low job satisfaction and retention

To combat the excessive challenges in staffing, a consistent weekly Workforce Management Taskforce was initiated between departmental leaders and the H.R. Talent Acquisition team to bridge recruitment efforts (i.e., delays in interviewing and making candidate offers) by driving synergist teamwork.

Concurrently, secondary goals were identified and explored, such as reviewing reward and recognition programs, fostering the commitment to training staff (adding departmental educators), and development of new and traditional educational workforce "pipelines."

Being similar to most larger ORs, Sullivan found Surgical Service Leaders were struggling with the scope of their staffing challenges and quickly identified by unit and ultimately by the department the number of FTEs vacant and filled, offers accepted/pending, correlating number of agencies, and staff in training/orientation. Insistence on weekly scheduled meetings with talent acquisition instilled accountability for both HR and departmental leaders, which drove down delays in interviewing that led to making timely decision-making, and candidate offers that, often in the past, were simply lost. Additionally, creative staffing programs for the weekend were implemented, allowing the predominantly weekday staff not to have to work on the weekends, which contributed to fostering a greatly needed employee work-life balance.

Key Challenges in Throughput:

No one was happy with how things were going, and yet, there was no coordinated direction from leadership on improving processes. Even if one department attempted to implement new policies, as the former Director of Perioperative Services had done, with the involvement of other departments, everything stayed the same.

- Pre-admitting and registration times high
- Disjointed patient flow, resulting in many inefficiencies
- Departments working independently
- Critical shortage of support staff (patient transporters)

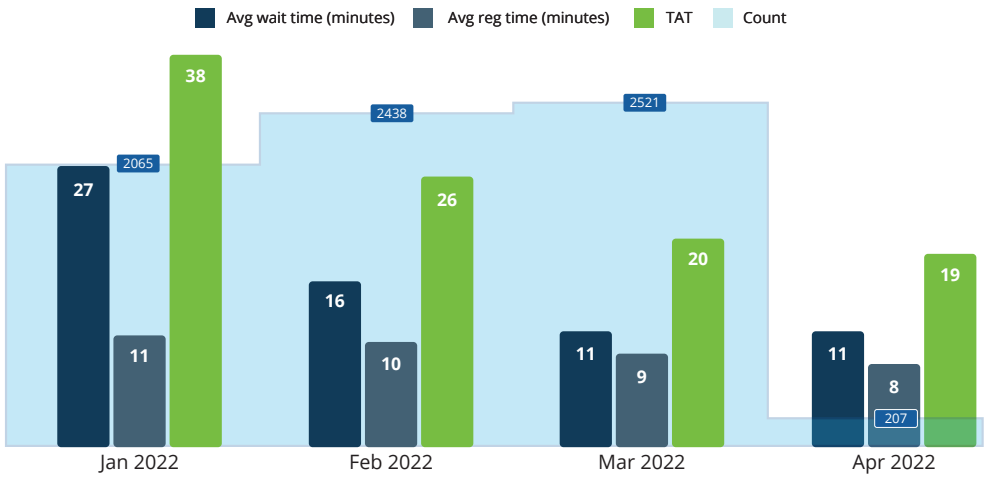
Patient throughput problems were worsened by a broken admissions process that needed to be redesigned to handle increased capacity. Patient wait times and registration times were high, and the percentage of first-case on-time starts was low, meaning everyone from the surgeons to the OR nurses and anesthesia staff spent the day playing a stressful game of catch-up.

A similar tactic employed by the Sullivan team was to foster a relationship with Admitting and also insist upon weekly meetings with the Admitting/Registration department to identify and minimize the multiple variables (identified below) causing day-of-surgery operative delays. As a result, in the first 3 months, the average wait time decreased by approximately half, from 38 minutes to 20 minutes. Noting that most delay variables were attributed to the department itself, staffing schedules were changed to correlate hourly patient demand and further decreased wait times, eliminating the patient line to enter the hospital.

Define the issues in the A&R workflow.

Issues	Jan	Feb	Mar	Apr	Grand Total
New Insurance	9				9
A&R Delays	18	14	3		35
Account Creation Error	2		7		9
Auth Issues		2			2
Copay Issues		1			1
CPT Code			1		1
Duplicate Accounts		1	3		4
No Account Creation	17		2		19
Paperwork Issues			1		1
Patient Delay	3				3
PT Sent to Outpatient Imaging				1	1
Spelling Errors	3	2			5
Wayfinding	1				1
Wrong Patient	1				1
Grand Total	**54**	**18**	**19**	**1**	**92**

Decrease Admitting & Registration time.



Similar to larger hospitals, patient transportation was a centralized function, however this often led to multiple daily delays transporting in-patients to the preop areas and bringing patients from preop to the various procedural units. A decentralized redesign and a reallocation of patient transport staff based upon hourly patient demand was implemented to provide consistent and dedicated departmental support staff which virtually eliminated transport delays.

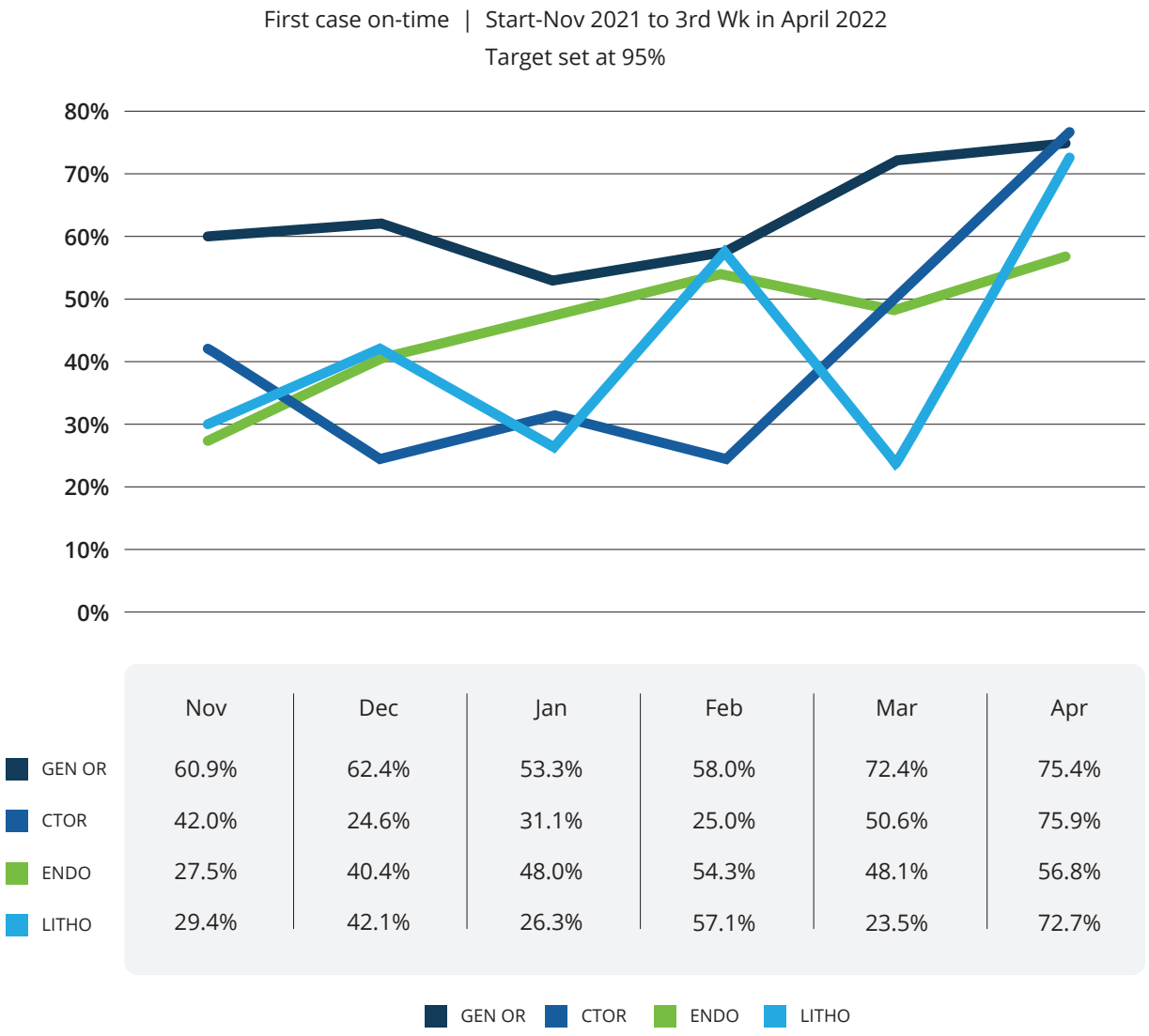
Dedicated Procedural Transportation Support

Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Shift	FTEs
Pre-OP	X	X	X	X	X			0500-1330	**2**
PACU	X	X	X	X	X			1300-2130	**1**
Main OR (Day)	X	X	X	X	X			0600-1430	**1**
Main OR/BNI (WKND)						**X**	**X**	0600-1430	**0.4**
Cath Lab	X	X	X	X	X			0500-1330	**1**
Cath Lab/Litho	X	X	X	X	X			1300-2100	**1**
IR	X	X	X	X	X			0700-1530	**1**
Endo/Litho	X	X	X	X	X			0630-1500	**1**
								Total	**8.4**

Once patient registration and transport was improved, the group was ready to tackle inefficiencies and started with first case on time starts. The Sullivan team assembled a First Case On Time Start workforce of front-line nursing staff, anesthesia, and surgeons to improve lagging on-time starts that were collectively between 20-30% (far from the targeted goal of 95%). This first goal was to understand the current process and redefine standard definitions and future workforce expectations of all team members. New workforce expectations were developed and communicated to the entire surgical team using a T-minus approach. A simple daily dashboard was created and posted at the OR control desk highlighting room achievement or lack thereof. Surgeons identified as chronically late were notified and sanctioned with the loss of first-case start time access for a period of time. Soon after Sullivan's 9-month engagement, it was reported that the **targeted goal of 95% of on-time starts was achieved in all operatives areas.**

First Case on Time Start

FCOTS impacts many stakeholders including surgeons, nursing, and anesthesia.



	Nov	Dec	Jan	Feb	Mar	Apr
GEN OR	60.9%	62.4%	53.3%	58.0%	72.4%	75.4%
CTOR	42.0%	24.6%	31.1%	25.0%	50.6%	75.9%
ENDO	27.5%	40.4%	48.0%	54.3%	48.1%	56.8%
LITHO	29.4%	42.1%	26.3%	57.1%	23.5%	72.7%

The Results

Governance:

- Worked with the executive team to develop a strategic plan
- Realigned leaders
- Established a Surgeon Advisory Group to keep communication lines open between clinicians and executives
- Implemented education initiatives to align department leaders and staff around a common goal

Staffing:

- Identified vacancies and use resources to fill with permanent staff
- Established relationships with area nursing schools to create opportunities for undergraduate nursing students and create a pipeline of future candidates
- Implemented a weekend staff program, creating a work-life balance
- Prioritized filling staff transport vacancies
- Improved staff retention by addressing cultural issues
- Filled 84 positions in 8 months
- Reduced travelers from 14 to 2 in the general or, eliminating incentive pay
- Saved $5.6 million in annual staffing costs

Throughput:

- Established cross-departmental standard operating procedures to improve patient flow
- Assisted in the design and opening of a new pre-admission testing clinic
- New pre-admission testing clinic saw over 600 patients in the first month
- Improved on-time starts from 20-30% to over 95%

By unifying leadership, providing direction for the organization, and improving overall culture, this large community hospital successfully reduced its reliance on costly contingent workers, resulting in an estimated $5.6 million in cost savings annually. In the last 8 months, they filled 84 total positions, increased patient transport staff levels, and created a separate staffing model for the weekends in the general OR.

Additionally, by improving overall workplace culture, their reputation as an employer of choice has been restored, immediately affecting talent acquisition. Many of the employees who left previously ultimately chose to return.

Notably, initiating the new pre-admission testing clinic was a game changer. Its design and construction addressed the most significant pain points of the admissions process and supported strategic growth. In fact, the facility plans to expand further in 2023 and add multiple rooms in the meantime.

In a post-Covid healthcare economy, this hospital had floated off course and struggled to navigate back to a path of success and growth. A lack of cohesive leadership, staffing issues, and long patient wait times left staff and patients dissatisfied. However, by partnering with Sullivan, the organization discovered and addressed the roots of its problems and worked to right their ship. After just eight months with Sullivan Healthcare Consulting, the organization is back on track to long-term success, and patients receive the high-quality care they deserve.

Sullivan Healthcare Consulting puts hospitals on track to long-term success. Each Sullivan consultant has worked extensively in the perioperative space, and now, as consultants serving all over the country, they have clear insights into what is working well for organizations nationwide.

Reach out today to learn how Sullivan Healthcare Consulting can create a customized plan to address the root causes of your organizational pain points and develop and implement a sustainable solution to achieve higher margins.

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