Hendrick Medical Center significantly lowers turnover times with the help of OR Benchmarks Collaborative™
As a not-for-profit institution affiliated with the Baptist General Convention of Texas, Hendrick Medical Center handles more than 10,000 surgeries a year for the surrounding community. With 14 operating rooms and over 70 physicians, Hendrick is always searching for ways to improve OR efficiency, reduce patient wait times and improve the overall patient experience.

After using OR Benchmarks Collaborative™ to help establish evidence-based, achievable performance goals, Hendrick was able to create a successful turnover process that resulted in a five-minute reduction in average room turnover and a 20 percent increase in first case start time accuracy. In addition, the facility was able to decrease its surgery wait times by 25 minutes – which led to a corresponding 2.3 percent increase in patient satisfaction scores.

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— Angie Crawford, nurse manager, Hendrick Medical Center
Challenges

For the past two years, Hendrick’s surgical services department had been working through a comprehensive performance management plan. They sought to improve first case start time, turnover time and surgeon turnover time in an effort to boost physician satisfaction and reduce patient waits.

On average, patients were waiting downstairs for 35 minutes before they were seen, and overall patient wait time was more than two and a half hours. From pre-admissions testing (PAT) to Preop to the OR, each department was only concerned with its individual part of the patient experience – and the breakdown of communication between silos was contributing to poor patient throughput.

In addition to concentrating on turnover times, leadership decided to focus on speeding the PAT charting and anesthesia review processes in hopes that these measures might improve patient satisfaction.

Results

- Decreased average room turnover time by 5 minutes
- Decreased surgery wait times by 25 minutes
- Increased first case start time accuracy rate by 20%
- Increased patient satisfaction scores by 2.3%
Before beginning its turnover time initiative, Hendrick Medical Center joined the OR Benchmarks Collaborative™, a web-based, vendor-neutral benchmarking service designed to help organizations safely optimize patient throughput. Previously, the facility had recorded much of its OR data by hand, a slow process which did not allow for timely examination of current data.

After backloading two years of raw data, Hendrick was able to view its historical data in an online, interactive dashboard that revealed key factors and trends. Now that the facility was using standardized case data for uniform metrics, leadership was better able to determine how current performance compared to both historical performance and statistically significant, self-selected peer groups. The benchmarking service aggregates data from more than 2.5 million surgical cases in 350 hospitals, providing benchmarks with other facilities.

With actionable insight into viable areas of opportunity, Hendrick was able to establish evidence-based, achievable performance goals in the areas of turnover time and first case start time accuracy. In comparison with its peer group, Hendrick was initially at or below the 50th percentile for these metrics, and leadership established a goal of reaching the 75th percentile for both measures.

After achieving some early success, the turnover project suffered a setback. Five months into the initiative, the surgical turnover times spiked from an average of 24 minutes per case to a high of 26.7 minutes after a move to a new facility. The new building held 14 ORs instead of 8 ORs, and the distance to be traveled doubled. Instead of instruments and supplies being self-contained within the department, they were now located down one floor, necessitating countless elevator trips.

Organization
Hendrick Medical Center
Abilene, TX
- 522 licensed beds
- Voluntary, non-profit
- 12 staffed ORs
- 10,000+ annual surgeries
“We wanted to create a sustainable process, but our team was really struggling. That’s when we realized that we couldn’t sustain downward pressure on turnover times unless we made the data visible, sharing accountability across the board,” says Angie Crawford, nurse manager. Using the benchmarking service’s monthly trended outcomes on key performance indicators, managers posted reports detailing turnover times by doctor, nurse and specialty to drive compliance.

Most significantly, leadership charged their clinical coordinators with driving the turnover process. Hendrick now relies on five clinical coordinators who are responsible for the turnovers within their specialties: GYN, ENT, plastic, neurosurgery and orthopedic. Coordinators act as managers, determining what their staff needs as the day progresses. “Our turnover times began to change drastically when we selected the coordinators as the primary drivers for the process and created transparency in the data,” says Crawford.

The specialty coordinators check supplies, ensure that staff is ready and available, and help open the room and deliver the patients to the PACU if the nurse is busy. The coordinators also serve as a kind of cheerleading coach, calling out to the team how many turnover minutes have elapsed so far and helping to ensure that everyone is where they need to be. Reports on current vs. historical performance are handed out at coordinator and OR committee meetings, and coordinators can access their specialty’s dashboard in OR Benchmarks Collaborative to drill down into details.
At Hendrick, turnovers now work like a well-oiled machine, with all the gears turning in the right direction. Thirty minutes prior to turnover, the circulator nurse calls the preop department to notify them that the next patient is ready. Fifteen minutes prior to the turnover, the circulator nurse calls for turnover help. The cleaning team swings into action. The attendants have already pushed the equipment close to the room, so afterwards the room can be changed out quickly.

Before each case starts, the turnover nurse checks the case cart to ensure the presence of the correct equipment and supplies. When an OR calls for turnover help, the turnover nurse checks in with that OR’s circulator nurse for a quick report and then actually escorts the patient to the PACU. In order to create a sustainable process that everyone could support, leadership made sure the process resonated with the team.

“Instead of the PACU picking up the patient or the CRNA delivering the patient to the PACU, our coordinators felt more comfortable with an actual OR nurse accompanying the patient,” says Crawford. The circulator nurses also preferred to stay in the room, fulfilling their responsibility to make sure the room is ready and safe for the next case. “Given the size of our new facility, we also realized we could save about four minutes with this process.”

In the daily huddle, the team discusses the next day’s caseload. The charge nurse makes the appropriate staffing assignments, adjusting as necessary for the day ahead. For example, the charge nurse might compensate for a physician with high turnover times by assigning a faster, more familiar turnover team to those cases. At the end of the day, the charge nurse collects the day’s turnover times for discussion in tomorrow’s huddle.
Results

Over the span of 21 months, Hendrick has seen its average room turnover time steadily decreased from 24.6 to 19.5 – almost 21 percent. In addition, average case turnover time has dropped from 24 minutes to 18.5, and the team is still working towards what they call the 15-minute gold standard.

“We would love a fifteen minute average across all our surgeries, from the time the patient leaves the room to the time the next patient enters. Obviously some surgeries are longer than others, but we put a lot of effort into the cases where we can make a difference,” says Crawford. After asking staff for feedback on transition speeds, the team reached a consensus about how quickly they could move while still maintaining a high standard of patient safety.

Focusing on transparent metrics has also helped Hendrick improve communication between the OR and ancillary departments. “Initially, one of our coordinators pointed out that she was being held accountable for the numbers, but she was being affected by a preoperative nurse who didn’t want to move as fast,” says Crawford. The team now tracks the turnover times for all preoperative nurses as well, allowing them to fully participate in the initiative. “Now they can celebrate success and be involved in a positive manner that really promotes cooperation.”

With the help of shared benchmarks for the entire surgical services team, each department is finally working together. “Before, PAT wasn’t concerned with what happened in Preop, and they weren’t concerned with what occurred in the OR. Now there’s a sense that we’re all in this together – and we can be proud of our success,” says Crawford.

The new process involves heavy lifting by the PAT charge nurses, who take care of every unfinished detail before the patient is admitted to preop on the day of surgery. In addition to ensuring that all doctors’ orders are sent, the charge nurse takes responsibility for entering lab work results, chest Xrays, EKGs and other tests into the patient’s chart.
During the preadmissions visit, the PAT nurses interview patients and flag any areas of concern, such as a change in EKG readings. “During the huddle, I’ll ask the anesthesiologist if they’re comfortable with that patient or if they would prefer cardiac clearance prior to surgery,” says Kyra Atchison, PAT charge nurse. “We try to anticipate everything the preoperative nurses might need, so that when we hand over the chart, it’s ready to go.”

The preparation extends to ensuring that all consents are signed, that a full patient history is provided and the physical is up to date. If patients need to repeat any tests, they are asked to stop by preadmissions in advance so that the results are ready in time for surgery.

Between reducing turnover time, improving communication and developing a more comprehensive PAT process, Hendrick has realized a few added benefits. Immediately following the implementation of OR Benchmarks Collaborative, Hendrick’s first case start time accuracy rate was 65 percent. After these initiatives, the facility has maintained rates over 84.5 percent for the last two years.

“OR Benchmarks Collaborative provides us with visibility into our first case start times. On a biweekly basis, its reports show us which doctors are late and what their reasons are,” says Crawford. Previously, management sorted through cases manually to record their start times, and the data was not necessarily accurate. Hendrick estimates that the OR Benchmarks Collaborative report saves 16 hours of time every reporting period.

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In addition, patient satisfaction has also improved dramatically. Before the initiative began, patient wait time averaged more than two and a half hours. When patients arrived on the day of surgery, they were waiting downstairs for 35 minutes without being seen. Now that figure has dropped to an average preop wait time of 8 minutes – and an overall surgery wait time of 1 hour, 43 minutes. “Now we ask patients to arrive an hour and a half early, so we’re only wasting about 13 minutes of their time,” says Crawford.

With all their success, the team is proudest of the effect these initiatives have on the patients. “Our patient satisfaction score has risen to 98.9. We’ve never seen that kind of approval rating before,” Crawford notes. “By bringing all the pieces of our puzzle together, OR Benchmarks Collaborative has helped us create cohesive surgical services processes that result in quality patient care.”

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