

# Data Breathes Life into ORBC Top Performers' Quality Efforts

Good data is to performance improvement what oxygen is to life. That is, while there are many other factors that have a positive impact on quality, using good data is imperative.

Healthcare providers cited in the 2008 OR Benchmarks® Collaborative (ORBC) **Top Performer Recognition Program** (see list) certainly can attest to the importance of quality benchmarking data. More specifically, relying on information accessed from McKesson's and OR Manager's "vendor-neutral" ORBC service is often the starting point for these high-performing organizations' quality efforts.

The ORBC provides monthly trend data on 12 key performance indicators including start-time accuracy for the first case of the day and subsequent cases, estimated case-duration accuracy, prime-time utilization, and day of surgery add-on cases. Users enter information and access both internal and national trends through an online dashboard with multiple options for generating and accessing data based upon various factors such as procedure or surgeon.

Relying on ORBC data can indeed lead to improved performance. Consider the following: ORBC users have improved scheduling accuracy by 29% based on data from more than 2.6 million OR case records from 240 ORBC subscribers. Scheduling accuracy, which translates into predictable start and end times, is a significant customer satisfier in the OR, as well as a key contributor to efficiency.

As a matter of fact,  
**Jennifer Koetsier**, decision support consultant for the surgical

program at **Niagara Health System**, Ontario, Canada, says that having "good data to make good decisions" is the lynchpin of her organization's overall success.

Certainly, the use of data in performance improvement initiatives helps organizations drill down to identify real problems and real solutions. For instance, when evaluating surgical start times, it's easy to assume that the surgeon causes late starts. But good data can make such assumptions erroneous. In fact, one user recently investigated her organization's performance data and discovered that late starts actually occurred on two days of the week when the surgical team also handled pre-admissions for an additional unit. So patients were not prepared as efficiently on these days. It just so happened that one of the surgeons scheduled his surgeries on those same days, even though he had nothing to do with the late starts.

Most importantly, though, delving into data helps organizations set and realize achievable performance improvement goals based on relative peer comparisons. For example, leaders at **Longmont (Colo.) United Hospital** have found that it is much easier to generate actionable items from the quality data that is pulled from ORBC.

At **Sunnybrook Health Sciences Center**, Toronto, performance improvement initiatives are built upon good data. For example, organization leaders quickly realized they were estimating too much time for setup and cleanup and are now making the appropriate modifications, which are allowing more flexibility in the OR schedule.

Similarly, **Tillsonburg Hospital**, Ontario, Canada, has used the data to establish targets and then implement changes in its quest to improve surgical processes en route toward its goal of offering "the perfect patient experience." Changes range from physically altering patient flow to better aligning staffing with volume and creating surgical blocks based on volume, allowing open time in which to schedule urgent cases.

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In addition to relying on data to empower change, it's pretty much a given that high-performing organizations embrace a culture of excellence and a steadfast commitment to quality. In addition, many of these organizations share the following attributes:

#### **Alignment of goals, expectations and accountabilities.**

By establishing a zero tolerance policy, a physician leader has made all staff members accountable for on-time starts at **Southlake Regional Health Centre**, Ontario.

#### **Empowerment of change at the patient care level.**

At Longmont, an on-time start team was organized and, perhaps more importantly, empowered to recommend solutions that would directly affect start times. **Rex Hospital** states it is a "daily concentrated effort involving all stakeholders" that allows it to achieve performance that leads first case start time performance across the U.S.

**Collaboration between anesthesia and surgical teams.**

At Longmont, for example, the anesthesia team “sees themselves as part of the OR, not as a contracted group,” and **Los Angeles Medical Center (LAMC)** says “the day-in and day-out working relationship with our anesthesia group is what allows us to be successful.”

**Functional and active OR/steering committee.** At **Chatham Kent Health Alliance** - Grand Avenue site, Ontario, a surgical program council comprising service chiefs, managers, program directors and staff members is well attended.

**Recognition for exemplary work.** At Longmont, staff members participate in a variety of recognition programs including a “superstar board” and are routinely rewarded with lunches and gift cards.

**Emphasis on a team approach.** At **Mount Carmel West**, Columbus, Ohio, all perioperative services staff members, including the surgeons, participated in a C.R.E.W. Resource Initiative, a team building training program that was created by the airline industry. ■



**Kaiser / Ontario Vineyard**

*Seated left to right: Thelma Korpman, MD, Physician-in-Charge, OVASC; Earlene Freeman, RN, Director of OVASC. Standing left to right: Rose Mary Reyes, Admitting Clerk; Zennie Caro, Charge Nurse PACU/PREOP; Melissa Sclafani, Scheduling Coordinator; Nhiem Ly, CRNA; Lito Macaspac, Systems Analyst; Art Urquizu, Staff Nurse/OR Liaison; Ruth Estrada, Staff Nurse PACU; Dr. Myron Hall, DPM*

**ORBC Recognizes Kaiser Permanente Southern California Region for Outperforming National Benchmarks**

The healthcare industry’s intense spotlight on quality is spurring healthcare organizations to do likewise. Not surprisingly, the senior leadership team of **Kaiser Permanente** Southern California is always looking for ways to measure and improve quality, efficiency and access to the high-quality care its members enjoy. Although Kaiser Permanente has been successfully using internal benchmark data to support improvement efforts in the operating room for some time, the Southern California senior leadership team wanted an unbiased view to measure performance at the national level.

After exploring several options, they decided to participate in the ORBC service, a comparative database from McKesson and OR Manager that aggregates data of almost 400 participating hospitals across North America. Kaiser Permanente Southern California is using ORBC to assess its efficiency and utilization and improve its access and quality. Kaiser Permanente initially piloted the program in three of its facilities in February 2007 and in August 2007 rolled out ORBC to the entire Southern California Region, including 12 hospitals and five ambulatory surgery centers.

Two of the Kaiser Permanente facilities that participated in the pilot have been recognized as exemplary performers in the first **ORBC Top Performers program**. The Ontario (California) Vineyard Ambulatory Surgery Center (OVASC) was named a top performer in the category of Best Overall Ambulatory Surgery Center. And the LAMC was honored for being first in the nation for prime-time OR utilization. Both facilities have historically fostered cultures supporting performance improvement efforts.

**Excellence Is Part of the OVASC Culture**

OVASC’s achievement is largely due to its cultural milieu, where “excellence is just the expectation and is demonstrated from the top down daily,” says **Earlene Freeman**, RN, Director of OVASC.

Adds **Thelma Korpman**, MD, physician-in-charge of OVASC, “being efficient does not mean sacrificing quality.”

Leaders at the ambulatory facility embrace excellence at every turn, so high expectations trickle down to all staff members. To ensure that they actually deliver on this promise, employees routinely elicit feedback from members. According to Freeman, “All patients receive a survey after the procedure prior to discharge. Any rating of three or less (with five being the best) gets a follow-up phone call so we can get information on things that could have been done better.”



**Kaiser / Ontario Vineyard**

*Standing left to right: Earlene Freeman, RN, Director of OVASC and Thelma Korpman, MD, Physician-in-Charge, OVASC*

Another key to OVASC’s success lies in the strong collaboration between nursing and anesthesia, which enables more efficient management of patient flow into the operating rooms. “The OVASC is an example of what can happen when the Kaiser Permanente labor-management partnership is embraced in order to reach a lofty goal,” Dr. Korpman says. “The result is patient satisfaction, surgeon satisfaction and employee satisfaction in a safe and efficient environment with high productivity.”

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For example, nursing and anesthesia work together to ensure that all patients are in the operating rooms by 7:15 each morning, and everyone takes responsibility for making that happen. Dr. Korpman and her team promote the patient-focused, fast-tracking anesthesia model to achieve high quality and increased throughput.

"It is a collaborative effort with no finger-pointing. This is a fragile culture, which requires daily attention to keep it balanced and maintained. We live it every day with no days off," Freeman says.

### LAMC Raises the Bar for Prime-Time OR Utilization

The success of the LAMC surgery team in leading the nation in prime-time OR utilization isn't random, but the result of careful planning, the willingness to change and the commitment of the entire surgical team. Another key ingredient for success is the willingness of LAMC leaders to take an active role in performance improvement areas such as surgical throughput.



#### Kaiser / Los Angeles Medical Center

*Management Team: Paz Lopez, Department Administrator; Donald Marcus, MD, Area Medical Director; Edwin Agustin, Assistant Department Administrator; Johnny Yadao, Assistant Department Administrator; Judith Mercado, RN, Department Administrator; Gayle Owens, RN, Perioperative Director; Carl Plaia, Project Manager; Maria Elena Montalvan, RN, Assistant Medical Group Administrator; Juan Pimentel, Project Manager; Maria Carreon, Project Coordinator; Araceli Valdovinos, Assistant Department Administrator; Maryam Polan, Assistant Department Administrator; Pattie Broome, Nurse Educator*

"Leadership has worked hard in changing the culture and influencing staff to be more aggressive in moving cases through the surgical process," says **Judith Mercado**, RN, department administrator of perioperative services. "The active involvement and support from all levels of the organization have enabled us to surpass the status quo."

For example, the team recently suggested that start times could be improved if a team came in an hour early each morning to set up the five busiest operating rooms. Because the intervention was so successful, the early start team has become part of the daily routine.

There's also support from all surgical chiefs and surgeons to begin the first surgical cases on time. "Strong leadership among the surgical chiefs, along with the motivation and dedication of individual surgeons to improve patient care and efficiency, has been essential to the success of this strategy," says **L. Andrew Difronzo**, MD, FACS, assistant area medical director at LAMC.

Additional changes that helped the surgery department achieve efficient throughput include:

- Use of the "Awarepoint" asset tracking system to locate equipment
- The creation of an RN and surgical technologist pilot team to expedite daily OR turnover
- A unit-based team approach
- A significant investment in additional surgical instruments
- Hiring a project manager to manage daily scheduling and OR utilization

According to **Maria Elena Montalvan**, RN, LAMC assistant medical center administrator, "Our success reflects the commitment of our physicians, management and staff to provide the most personalized care possible to our members."

### Making Good Use of ORBC Data

Although Kaiser Permanente leaders are proud of these successes, they're not resting on their laurels. With ORBC implemented throughout the entire region, they expect to continue to enhance care delivery by regularly using the ORBC data. At LAMC, for example, Montalvan says, "The ORBC data will help guide caregivers to areas of opportunity in our daily operations." Furthermore, ongoing monitoring of ORBC data across the Southern California Region will help to:

**More accurately assess performance** — By tapping into ORBC to compare performance with hundreds of hospitals, Kaiser Permanente caregivers can clearly identify where they need to focus their efforts to enhance care. For example, shortly after implementing ORBC, Kaiser Permanente leaders discovered that compared with their peers, they were performing well in case start-time accuracy but needed to improve case-duration accuracy, a measure they weren't tracking.

"Adding ORBC to our data analysis tools enables us to see where we stand in relation to the larger medical community," says **Jim DeFontes**, MD, assistant executive medical director and perioperative physician leader for the Southern California Region. "As a result, we are able to better understand where we should concentrate our performance improvement energies. We know where we need to roll up our sleeves and work. And we know where we can cut ourselves some slack."

**Gain improved access to benchmark data** — Kaiser Permanente caregivers can more closely monitor performance because the Web-based system is easy to use and access. According to **Marie Paulson**, RN, perioperative specialist and perioperative nursing leader for the Southern California Region, "The fact that users can access online dashboards makes the system very accessible and user-friendly." Employees at different levels within the organization can proactively review performance data and use the findings to apply logical solutions.

**Increase focus on key performance metrics** — The ORBC data now appear in Kaiser Permanente’s monthly perioperative scorecard that includes performance metrics for all 12 medical centers in Southern California. Kaiser Permanente leadership established specific goals for the ORBC metrics and is holding facilities accountable by continually tracking their progress toward meeting those targets. If one facility isn’t performing as well as others, they can identify where and begin an action plan to correct any issues. “Performance improvement is becoming a dynamic initiative, and staff members across the organization have taken real ownership in our efforts,” Paulson says. “Because the ORBC system is so easy to use, everyone is able to drill down into the data, evaluate practices and make improvements on an ongoing basis.”



**Kaiser / Los Angeles Medical Center**

*Shared Governance - Targeted Unit-Based Team and OR Managers: Maryam Polan, RN, Assistant Department Administrator; Intira Paredes, RN; Susie Badkoubei, RN; Deniece Rawls, RN (Shared Governance co-lead); Judith Mercado, RN, Department Administrator (Shared Governance and Targeted Unit-Based Team co-lead); Debbie Cabatu, RN (Targeted Unit-Based Team co-lead); Eva Kellam, RN; Edwin Agustin, RN, Assistant Department Administrator*

**About the Top Performer Recognition Program**

The Top Performer Recognition Program is a new annual awards program highlighting organizations that have used ORBC data to achieve significant results. This year, the program honors 38 member hospitals that exemplify the transformational value actionable data can bring to the OR. By recognizing the accomplishments of these hospitals, the ORBC can share with member organizations best practices and proven strategies for improving OR utilization.

**Join the ORBC Today**

If you are looking to leverage benchmarking to help improve your OR performance, then sign up for the OR Benchmarks Collaborative today. To get started, just call 800.981.8601 or visit [www.orbenchmarking.com](http://www.orbenchmarking.com) and complete an Intent to Purchase form. ■



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**2007 ORBC Top Performers**

**Best Overall Performer – Multi-Facility**

*Niagara Health System*

**Best Overall Performer – Ambulatory Surgery Center**

*Kaiser Permanente Ontario Vineyard Ambulatory Surgery Center*

**Best Overall Performer**

*Tillsonburg District Memorial Hospital (Canada)*

*Decatur Memorial Hospital (US)*

**Most Improved Overall**

*Winchester District Memorial Hospital (Canada)*

*Longmont United Hospital (US)*

**Honorable Mention – Best Performer**

*Brockville General Hospital*

*Chatham Kent Health Alliance – Grand Avenue site*

*The Royal Victoria Hospital of Barrie, Inc.*

*Brantford General Hospital*

**Honorable Mention – Most Improved**

*St. Michael’s Hospital - Kidney Stone Center – ASC*

*LakeridgeHealth Corporation*

*Mount Carmel West*

*Munson Medical Center*

**Honorable Mention – First Case Start, Best Practice**

*Grand River Hospital*

*Ross Memorial Hospital*

*Southlake Regional Health Centre*

*Heartland Regional Medical Center*

*Rex Healthcare*

**Honorable Mention – First Case Start, Most Improved**

*Windsor Regional Hospital*

*Children’s Hospital of Eastern Ontario*

*Jefferson Regional Medical Center*

**Honorable Mention – Scheduling Accuracy, Best Practice**

*Humber River Regional Hospital Church site*

*Huron Perth Healthcare Alliance – Clinton Public Hospital*

*The Kensington Eye Institute – ASC*

*Rutland Regional Medical Center*

**Honorable Mention – Scheduling Accuracy, Most Improved**

*Scotland Healthcare Systems*

*Florida Hospital – Waterman*

**Honorable Mention – Prime-Time Utilization, Best Practice**

*The Ottawa Hospital Corporation – Riverside Campus*

*University Health Network – Princess Margaret*

*Kaiser Permanente / Los Angeles Medical Center*

**Honorable Mention – Prime-Time Utilization, Most Improved**

*Humber River Regional Hospital*

*LakeridgeHealth Corporation*

*Sunnybrook Health Sciences Centre*

*Jewish Hospital Hand Center – ASC*

*Atlantic Health Overlook*

*St. Jude Medical Center*