Walking the Tightrope – Thoughts on Aligning Surgeons and Administration

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In honor of Myles Cohen
Professor and Chair, Department of Orthopaedics
PUT YOUR MONEY
WHERE YOUR MOUTH IS

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Achieving alignment/Implementing change

- Meeting new regulations
- Budgets cuts
- Process improvement
Typical change management

New Regulation – Meaningful use

Committee

Cumbersome solution

Failure

Surgeons
Nurses
Administration

New Regulation – Meaningful use

Failure

Failure
Effective change management

• Real institutional commitment

• Real stakeholder involvement (surgeons and others)
Surgeon engagement myth busting

• Surgeons do want to be involved
• Hospitals do want surgeons involved

• Surgeons do not want to be involved
• Hospitals don’t want surgeons involved
Surgeon engagement

WHAT WE HAVE HERE

IS FAILURE TO COMMUNICATE
Surgeon engagement

Comprehensive Care for Joint Replacement (CJR) Model

Introduction to Comprehensive Care for Joint Replacement (CJR) Model
Surgeon engagement

APATHY:

BECAUSE I REALLY CARE ABOUT IGNORING CRUCIAL SHIT WHEN I'M COMPLETING A QUEST

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Typical change management

- Surgeons
- Nurses
- Administration
Project to address on-time starts and turnover time in MGH ortho ORs
Lessons learned

- Must have high level mandate
- Must have proper resources
- Must carefully analyze the problem
- Must identify and engage all stakeholders
- Implementation is just the first step
- Need a long tail to adjust and change culture
Project to address on-time starts and turnover time in MGH ortho ORs

- 63% on time starts
- 50 min. turnovers
- Tense environment
- Poor morale
Appropriate Resources

• Dedicated Project Manager with support team
• Budget to pay nurses time for work on the project
• Budget for team building events
Project to address on-time starts and turnover time in MGH ortho ORs

Analyzed current state and Identified bottlenecks
Project to address on-time starts and turnover time in MGH ortho ORs
Project to address on-time starts and turnover time in MGH ortho ORs

Preference Card

- James J. Hughes, DO
- Electrosurgery – Traditional Approach
- With arms extended on armboard
- Regular
- Surgical unit with dispersive Standard setting: 40/40 Blend

Broken Communication System
Project to address on-time starts and turnover time in MGH ortho ORs

- Total knee, left
- Left total knee
- Left knee arthroplasty
- Cemented left knee replacement
- Cemented knee replacement left
- Cemented left knee arthroplasty
- Left cemented replacement knee
- Left total knee with cement

250 Preference Cards
Project to address on-time starts and turnover time in MGH ortho ORs

What are we doing?

Are we still doing?

Preference Card

<table>
<thead>
<tr>
<th>Name</th>
<th>Procedure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas J. Hughes, DO</td>
<td>Elective Condyle 1 - Traditional Approach with arms extended on arm board</td>
<td>Complete</td>
</tr>
<tr>
<td>Regular 1</td>
<td>Surgical unit with dispersive Standard setting: 40/40 Blends</td>
<td>In progress</td>
</tr>
</tbody>
</table>

Fixed Communication System
Project to address on-time starts and turnover time in MGH ortho ORs

- Second biggest bottle neck – not enough people cleaning rooms. Hired more
- Number of other sub-projects – surgeons, nurses, anesthesia
- On time starts 95% on-time starts
- 25 min. turnovers
- Excellent morale
Lessons Learned Summary

• Must have high level mandate
• Must have proper resources
• Must carefully analyze the problem
• Must identify and engage all stakeholders
• Implementation is just the first step
• Need a long tail to adjust and change culture
Summary Engaging Surgeons

• Convenient
• Meaningful
• Proper resources
Postscript

• Cedars Projects
  ◦ CJR
  ◦ Spine Length of stay
  ◦ OR turnovers

• Further lessons
  ◦ MGH OR project
  ◦ Cedars CJR