

## THE ORGANIZATION

**Bed Size:** 233

**Number of Sites/Locations:** Perioperative Services is at one site/location, with eight units in the department

**Academic or Community:** Community

## THE TEAM

**Description:** Perioperative Services Department

**Multidisciplinary:** Yes

**Established:** Frederick Memorial Hospital (FMH) first opened in 1902. At that time, the first surgical teams were created.

**Care Setting:** FMH at the Main Campus

**Patients:** Patients having elective surgical, emergent surgical or diagnostic procedures

## TEAM STRUCTURE

**Location:** Perioperative Services is on the first floor and basement of the main campus. Administrative offices, Pre-admission Screening, and Informatics are co-located. Surgical Scheduling and Sterile Processing are located in the basement.

**Outcomes Access:** Team has access to data on patient experience, productivity, nursing quality, hand hygiene compliance, complication rates, and costs. All data is posted on bulletin boards and discussed at staff meetings.

**Shared Goals:** Zero SSIs, pressure ulcers, CAUTIs, falls, pulmonary emboli and DVTs; reduced acute pulmonary edema and respiratory failure; reduced accidental puncture/laceration during invasive procedures; and 100% hand hygiene compliance.

**Team Incentives:** Monetary team award to fund lunch, supervisor recognition, monthly drawings, points to purchase goods, recognition write-ups by leadership, and monetary payouts for achieving Service, Quality, Finance, and People goals.

**Team Building Example(s):** FMH Safe Surgery Initiative, peer-to-peer accountability, leadership development, collaborative projects, and staff education on crucial conversations, professional relationships, and diversity in patients and staff.

## TEAM PERFORMANCE

### Team Contributions to Improving Value and Enhancing Care

- To protect privacy, curtains are closed when reviewing electronic medical records, and families are given a specific patient number to follow their loved one through the surgical experience.
- Preadmission screening nurses, preoperative nurse, and operating nurses reinforce explanations prior to surgery.
- PACU nurses give families written and verbal discharge instructions and follow up with each patient by phone.
- To support National Patient Safety Goal 2eE, the FMH Surgical Patient Transfer Report documents important information about the patient that has occurred, so an accurate and inclusive handoff can take place in each area.
- For all surgical patients, the Perioperative Director supplies free bottles of chlorhexidine gluconate and free information guides on what to expect both during the surgical experience and after discharge.

### Team Impact on Delivering Care that Reduces Patient Suffering

- To alleviate patient anxiety about IVs, a vein-finder device was purchased which allows visualization of veins through the skin. This is particularly helpful with patients who have veins that are difficult to palpate or see.
- Anesthesiologists and nurses work together to prevent postoperative nausea and vomiting.
- Two staff members attend pediatric patients waking from anesthesia and arrange parent visiting as soon as child is stable.
- Interpreters facilitate communication for the deaf population and others who do not speak English.
- All families are allowed in the post-anesthesia care unit as part of outpatient and family-centered care.
- Team advocated for multimodal pain management, working with pharmacy for non-narcotic intravenous medications.
- A process was developed with a local pharmacy to ensure pain medicine availability for patients upon discharge. Narcotic prescriptions are now arranged prior to surgery start, and are ready for pickup by the family on the way home.
- Nurses conduct phone calls the day after surgery to make sure the patients are doing well and to answer questions.

## Outcome Highlights

### PATIENT EXPERIENCE

#### Overall Patient Experience

- Outpatient Surgery's overall score was above the 75<sup>th</sup> percentile every quarter this past year, with three months above the 90<sup>th</sup> percentile.
- Randomly selected patient comments include:
  - *This was the most professional and caring hospital visit I have ever had. I haven't been to the hospital in years and I must say it has dramatically improved in all aspects.*
  - *Nurses were very comforting. Explained all they were doing. Went out of their way to make me feel comfortable.*
  - *Staff was above and beyond...incredible.*

#### Patient Evaluation of Teamwork

- The Perioperative Patient Satisfaction Committee and Unit Practice Councils in each department meet monthly to discuss comments and issues that need attention and improvement. A group of former patients also meets to give input on improving the patient experience. Action plans addressing issues are developed and reassessed for success.
- Volunteers, often past patients themselves, help meet the needs of families and applaud staff teamwork. The comments received from patients and staff indicated that teamwork is thriving.

### SAFETY, CLINICAL, OPERATIONAL, COST

#### Safety

- Safe Surgery Initiative includes MRSA screening, temperature control, free chlorhexidine to patients for preoperative skin cleansing, and a surgical instruction guide.
- The OR safety checklist, nursing perioperative handoff tool, and time-out are all completed before the procedure begins.
- All staff members receive education on procedural sedation, and are trained in ACLS and PALS as applicable.

#### Clinical Process

- SCIP measures: 100% compliance for 11 months.

#### Clinical Outcomes

- FMH earned The Joint Commission's Gold Seal of Approval.
- Several FMH programs have earned Centers of Excellence designations.
- Only wound care center in state to receive Accreditation with Distinction from The Undersea & Hyperbaric Medical Society.

#### Operational

- Room turnover time is monitored between each case, and has surpassed the goal for 11 of 12 months.
- The percent of patients with a PAS nurse phone call has been above the goal of 80% for 11 of 12 months.
- Day-of-surgery cancellations remain below the goal of 5% for 12 of 12 months, and are at 2.7% on average.
- \$217,263 reduction in expenses (net of Reductions-Additions).

#### Cost to Patient

- FMH ranks 33<sup>rd</sup> of 109 hospitals for cost and efficiency in the Premier/Quest database.

### ENGAGEMENT

#### Overall Team Member Engagement

- Engagement survey results showed over 80% of employees were measured as content or engaged, with less than 5% disengaged.
- NDNQI results showed measures above the mean for 11 of 14 categories and 12 of 22 questions. Three of five units on the team measured above the mean for nurse satisfaction.

#### Team Perception of Teamwork

- Two new employees were interviewed recently at the completion of their department orientations. Both highlighted the outstanding teamwork they experienced as different from other hospitals or departments where they have worked.