Faculty Hour: Building Partnerships for Perioperative Performance Excellence

The Challenge

- Clinicians who are committed to quality frequently lack the infrastructure to implement the interdisciplinary collaboration needed to improve systems.
- Clinical schedules often prevent operating room-based faculty and staff from participating in either service meetings or career development training.
- Many clinicians feel that external performance benchmarks do not fully reflect the thoughtful, skillful, insightful, experienced care that they provide.
- Providing care that is safe, effective, patient-centered, timely, efficient, and equitable is a strategic priority at BIDMC.

Aim/Goal

Launch an engaging, interdepartmental partnership for performance excellence in 2010-2011 that unites Anesthesia, Surgery, Nursing, Orthopedics, Obstetrics and Gynecology, and others who work in the perioperative environment

The Steering Committee

S. Muret-Wagstaff, PhD (Anesthesia)

C. Awtrey, MD (OB/Gynecology)

M. Callery, MD (Surgery)

E. Canacari, RN, CNOR (Periop Svcs)

E. Chaikof, MD (Surgery)

M. Gebhardt, MD (Orthopaedics)

C. Guglielmi, RN, MA, CNOR (Nursing)

J. Yeh, MD (OB/Gynecology)

B. Simon, MD, PhD (Anesthesia)

The Interventions

- Faculty Hour affords anesthesiologists, surgeons, nurses, and others the opportunity to meet at the start of the day once each week to advance quality and outcomes for patients, to accelerate learning and innovation, and to foster mutual joy in work.
- A Steering Committee of department chairs, senior faculty, and nursing leaders created a balanced scorecard of metrics to guide decisions about chartered teams, infrastructure, support, communication, and logistics.
- In April 2010, OR start time was moved forward to 8:00 a.m. each Tuesday, allowing 6:45 7:30 a.m. for **Faculty Hour** plus travel time to the ORs.
- Each 90-day cycle includes interdisciplinary chartered teams with triad leadership; quarterly interdisciplinary division meetings; faculty development themes; and quarterly review of highlights, metrics, lessons learned, and upcoming plans. Discovery teams visit other sites in action to spur innovation.
- Continuing input from the Patient and Family Advisory Council and BIDMC faculty and staff informs priorities and allocation of resources.

The Results/Progress to Date

In the first 10 months of **Faculty Hour**, 36 anesthesiologists, 28 surgeons, 38 nurses, and 23 others have been engaged on weekly chartered teams, with breakthrough innovations and early results that are improving care, increasing efficiency for patients and staff, teaching safe practices to others, and building interdisciplinary relationships and leadership capabilities.

Quarterly joint Division meetings of anesthesiologists and surgeons have yielded products such as new clinical guidelines and interdisciplinary hand-off protocols. Departmental faculty development opportunities are now available to a majority of OR-based faculty and staff. On-time start rates are better on Tuesdays than on any other day.

90-Day Chartered Teams Launched

- Joint Replacement
- o Operating Room Team Training with Simulation
- Reduce Hazards in the Operating Room
- Feldberg-Shapiro Bridge Flow Diagnostics
- Communicating for Safety in the Operating Room
- Spine Surgery Instrumentation Streamlining
- Optimizing Patient Arrival in the OR- ENT Pilot
- Optimizing Patient Arrival in the OR Implementation
- Cardiovascular Surgery Infection Control
- Clinician Support in Adverse Event Situations

Lessons Learned

We have learned that setting aside time and ensuring leadership, infrastructure, and support are key to unlocking innovation and the collaborative potential of teams.

Next Steps/What Should Happen Next

In the coming months, we will institute enhanced pre-planning and resources for team leaders, strengthen measurement, increase the number of 90-day chartered teams, propose a mutual website for OR-based staff, and seek new ways to nurture innovation.





