Decreasing operating room turnover: An multi-department analysis of Sinai-Grace Hospital operating room turnover

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Objective
- Identify areas of significant delay in getting operating rooms cleaned and prepared for the next case
- Understand from the employee prospective obstacles to efficient turnover times
- Increase coordination between departments
- Improve morale of physicians and ancillary staff

Efficient coordination of operating room (OR) turnover between patients requires cooperation from multiple hospital departments [1]. Delays in operating room turnover times has a significant impact on hospital and patient cost, patient and surgeon satisfaction levels, and patient safety [2,3]. The purpose of this quality improvement project was to identify significant factors contributing to turnover delays that could be used to inform design of future OR turnover protocols.

Discussion

This study demonstrated a consensus among employees in that there is a problem with current OR turnover times. Studies have demonstrated that most efficient systems have turnover times of less than 25 minutes [4]. There has been no established standard practice to achieve these times as policies vary by system.

According to the survey results, the most significant obstacle involved lack of adequate staffing. While a possible solution is hiring new employees, budgeting is a complex process that can vary with day-to-day operation. Survey responses stated a potential improvement is developing a designated turnover team. Current hospital staff could be trained to perform these roles without potentially increasing staff. However, a potential complication is loss of ability to perform other job responsibilities. Further studies would need to be performed to determine the efficacy of a dedicated team.

Communication between departments is necessary for fast, efficient patient care. This study concluded that poor communication is an obstacle to efficient turnover. A proposed solution that had been implemented in the DMC system is the Vocera communication device. Further investigation into the cost-to-benefit ratio, practicality, and funding would need to be performed.

Conclusions and Implications

Efficient OR turnover requires a complex, multi-departmental effort to ensure fast, efficient care. In this project, the majority of hospital employees felt that there was a significant problem with current practices. Results showed that employees felt that the most common reason for delays revolved around insufficient staffing and communication. From an employee perspective, future efforts to reduce OR turnover times could focus on improving communication, increasing hospital staff, and improving training with dedicated turnover staff.

Outcomes / Results

A total of 105 surveys were received. Ninety two (88%) respondents indicated that they thought turnover times were too long with 63 (60%) strongly agreeing. The most common responses for why employees felt OR turnover times were prolonged was lack of perioperative staff (N = 33 (28.4%), lack of staff motivation (N = 18, 15.5%), and insufficient case-to-case room preparation/Environmental Services (N = 17, 14.7%). The most common response offered to resolve the issue was hire more perioperative staff/Improve staff retention (N = 33, 31.7%), improve preoperative patient work-up processes (N = 13, 12.5%), improve staff morale/motivation/training 1(N = 13, 2.5%), and improve case-to-case transition processes/Improved communication (N = 13, 12.5%).

References and/or Acknowledgements