A Culture of Collaboration: How Continuous Improvement Strategies Can Build Stronger Multidisciplinary Teams.

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Clinical Significance

Surgical teams are composed of multiple disciplines including Anesthesia, Physicians, Physician Assistants, Perioperative Nurses, Surgical Technicians, Sterile Processing Technicians, Operating Room Assistants, and Surgical Support. These disciplines are required to work together in a highly complex and dynamic work environment to ensure efficient, high-quality, and safe patient care. Challenges among surgical teams often consist of breakdowns in communication which can lead to surgical errors, delays in patient care, process failures, poor patient experiences, and overall caregiver dissatisfaction.

In 2016, Richard E. Jacobs Ambulatory Surgery Center began the transition from an outpatient surgical center to an inpatient facility: Avon Hospital. This transition required many changes to take place surrounding patient care processes, staff workflows, inventory management, space design, team building, and culture changes. The surgical team's, surgical specialties, and patient's needs began to grow exponentially. The tight-knit ambulatory surgery staff that was once a small team, multiplied into a larger, more extensive team, including many additional disciplines. The increase in patient acuity, surgical case volume, and an increase in the number of full-time equivalents (FTEs) then required a team transformation into an inclusive culture, based on team collaboration. The numerous challenges of this transition required an evolution from a team that was once resistant to change, to a team that is driven to continuously improve their culture. There was no longer room for the mentality to base our actions on the phrase "because we've always done it that way!"

As the ambulatory surgery center began its transition from an outpatient care facility to an inpatient hospital, the team was faced with the question: How do we improve interdisciplinary collaboration in an effort to run effective teams, promote positive changes, and begin the foundation for creating a high performing, patient centered team?

Evidence-Based Protocol

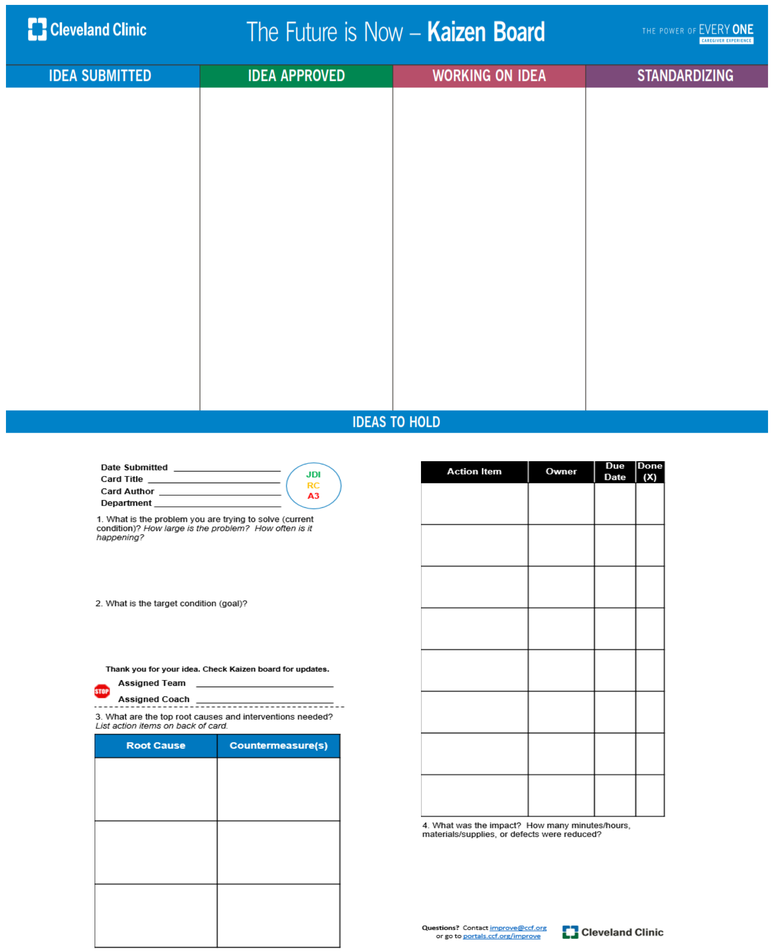
Interdisciplinary surgical staff must be able to identify clinical issues, address challenges, and remove the barriers that interfere with the advancement of patient care, in order to function as a high-quality, effective team. Issues among surgical teams often consist of breakdowns in communication. These breakdowns can lead to surgical errors, delays in patient care, process failures, poor patient experiences, and overall dissatisfaction of the surgical team. Strong multidisciplinary teams that focus on continuous improvement initiatives, result in a decrease in communication failures. Effective communication leads to a decrease in the number of serious safety events, increase in patient satisfaction, and increase in employee engagement and retention.

Implementation

Establishing a Continuous Improvement Core Team was the first step in changing the team culture dynamic. Members from each surgical department were identified as those team members who possess exemplary professional characteristics, high engagement scores, and those who display the desire to support the evolution of the team healthcare environment. The Continuous Improvement team must strive to support a culture of collaboration, respect shared decision-making strategies, strive to overcome communication barriers, and engage in ongoing process improvement initiatives. The core team participates in voluntary weekly meetings that promote open discussion in a supportive environment that allows for the identification of breakdowns in communication, and process failures that create barriers to delivering high quality patient care. These meetings are scheduled outside of the patient care hours to allow for the team to dedicate their time, attention, and energy solely to continuous improvement initiatives during that protected time.

Methods

Members of the Continuous Improvement team identify caregiver concerns, process failures, and process wastes within each department. The team utilizes specific continuous improvement tools such as fishbone diagrams, A-3 projects, spaghetti diagrams, and Kaizen cards. These tools are then utilized to identify areas of concern, and pinpoint suggested causes of these inefficiencies. Whether it be wasted movement, time, energy, or decreased engagement, the team identifies potential solutions, and is empowered to impose process improvements. After implementation of the initiatives, the team is then able to quantify the impact made. It is essential to communicate the initiatives and results to the entire surgical team. This information is shared in an effort to empower all employees to feel they can personally influence and make positive changes.



Perioperative Nursing Implications

The creation of a Continuous Improvement Core Team resulted in the ability of caregivers to focus their energy and clinical expertise on process improvement initiatives. These initiatives enabled caregivers to overcome barriers to delivering safe, efficient, high quality patient care. Results of these improvements increased time spent on direct patient care, improved Press Ganey patient experience scores, and maximized compliance and use of the Universal Protocol Safety Checklist.

Multiple initiatives addressed inefficiencies that impacted the business aspect of the operating room. Optimized utilization of surgery block time resulted in increased patient volume, improved turnaround times, and a more accurate surgery schedule end time. Furthermore, processes were implemented to continually analyze the usage of supplies, reduce wasted spend, and maximize efficiency of storage constraints.

A highlighted example of one Continuous Improvement Initiative related to the relocation of supplies and equipment saved caregivers from wasting energy, leaving more time available for patient care. The Continuous Improvement Team worked diligently to reorganize supplies and equipment based on need and frequency of use. After implementing these changes and quantifying the impact, it was calculated that caregivers saved over 3 million steps annually. This was equivalent to a staff member walking from Cleveland to Orlando and half-way back each year (Greene, T., Howell, D., Shaarda, J. and Weekley, L. 2020).

Additionally, there were an exponential number of improvement initiatives related to caregiver satisfaction. These improvements were directed at supporting the empowerment and positivity amongst all teams. All of these enhancements have resulted in improved Press Ganey employee engagement scores, increased employee retention, and has created the positive culture that is unique to Avon Hospital.

Conclusion

Patient care in the surgical arena creates a highly complex and dynamic work environment. This environment requires a knowledge base, skills, and clinical expertise from a continuum of interdisciplinary care groups. Utilizing multidisciplinary teams to implement continuous improvement strategies resulted in a strong collaborative culture. The creation of a multidisciplinary Continuous Improvement Core Team led to the identification and resolution of an exponential amount of improvement initiatives. These initiatives brought resolution to patient and caregiver concerns, process failures and wastes, and business efficiencies.

The improvement initiatives and shared decision making resulted in the formation of a high performing, exceedingly engaged, and remarkably effective multidisciplinary team that values and exemplifies a culture of collaboration.

References

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