Operating Room Leadership and Management

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I dedicate this book to my wife, Dr. Kim Kaye, my son, Aaron Joshua Kaye, my daughter, Rachel Jane Kaye, and my many colleagues at LSU School of Medicine and Tulane School of Medicine in New Orleans. I am honored to be a part of your lives.

ADK

I dedicate this book to my wife, Mary Beth, for her selfless devotion to our family and to our kids, Chris, Mary Elise, Patrick, Julia, Claire and Margaret who enrich our lives more than we ever imagined.

CJF

I dedicate this book to my wife, Dr. Zina Matlyuk-Urman, and our daughter, Abigail Rose; to my colleagues among physicians, nurses, and administrators at Harvard who supported my efforts in writing this book; and to all my mentors and trainees.

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Gone are the days when operating rooms (ORs) were dominated by bombastic surgeons or a tyrannical OR Nurse Supervisor. Personalities and prejudices are just not tolerable in a time when productivity and revenues are so important to the viability of the hospital. As the overall hospital revenue is so highly dependent on the share derived from perioperative services, a collaborative work ethic and efficiency of the unit become paramount.

High-performing teams set the standards for productivity and value in the perioperative setting. The opportunities to be derived from collaboration cannot be overemphasized. Savings in supply chain management provide the low-hanging fruit and are dependent upon the engagement of the physician staff in the minimization of variety of surgical supplies. Achieving this, however, requires leadership that is able to be inclusive of all participants in the environment of the operative theater. Throughput of cases is facilitated by a broadly understood mandate that the preoperative data be ready in advance and available to the necessary participants, from the preoperative evaluation, the financial clearance, the consents, and the anesthesia and nurse evaluations in the OR.

This book brings into perspective the need and the opportunities to bring proper and efficient management to the perioperative environment. Leadership is critical in this arena, where anxieties can run high and leadership is the calming force that directs the harmony that leads to patient safety and financial success.

Larry H. Hollier, Jr., MD, FACS
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Currently, there is no up-to-date, evidence-based text that encompasses the "A to Z" of operating room (OR) management: metrics, scheduling, human resource management, leadership principles, economics, quality assurance, recovery, ambulatory practice, and topics specific to surgeons, anesthesiologists, and pain service providers.

Years ago, the OR stood alone, and very little attention was given to the perioperative period. This is because until the 1980s the OR generated large profits despite its inefficiency. Thus, hospital administrators allowed it a great deal of autonomy. However, today's hospital administrators realize that, although it is typically one of the biggest sources of revenue for a hospital, the OR is also one of the largest areas of expense. This, coupled with increasing requirements for cost containment in health care and a demand for accountability to the federal and state government, insurance companies, hospital administrators, surgeons, and patients, has magnified the need for an effective and efficient perioperative process. Whereas there was little centralized leadership in the perioperative period of the past, perioperative management is now a critical feature of successful hospitals.

As mentioned above, today's perioperative practice of medicine has evolved significantly and is now influenced by a vast array of factors, both medical and administrative. Because of this, knowledge of hospital economics and administration, OR mechanics and metrics, human resources, financial planning, governmental policy and procedure, and clinical perioperative management is necessary for success. A good management team must bring together these diverse components to maximize productivity.

Today there are more regulations, quality measures, and outcome expectations, which push innovation and provide additional burdens and challenges for hospitals. The need for this expensive technology, to compete with other hospitals, forces reform and new thoughts for traditional ways of the past. Staffing ratios, preoperative visits, and postoperative care will be highly scrutinized financially, while clinical and administrative “multi-tasking” is now expected. Areas such as quality data definition and collection, leadership style, simulation, and OR design will evolve quickly to create a more productive and efficient perioperative process.

We should not lose sight of the fact that the OR is where miracles happen every single day through teamwork, natural talent, hard work, and empathy. From all of this, we create game-changing and life-altering experiences for our patients. Without effective and efficient leadership from all areas – nursing, administration, surgery, and anesthesia services – we are doomed to failure. Let us also remember that we and our families one day will be patients, making a first-rate OR in the best interests of everyone.

As we have observed from all of our real-life experiences collectively accumulated over the past three decades, the science of perioperative patient care is constantly evolving. This speaks to the enormous complexities in all aspects of management and development of a winning OR. We applaud the authors for their hard work and dedication. Their chapters give straightforward information and insight into creating a successful perioperative program.

We all have challenges to make success in the OR environment. We hope any stakeholder in administration, surgery, anesthesia, or nursing services will find tools, ideas, and practical solutions in this book as we all do our best to move forward to the future.

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