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Management

Edited by Alan David Kaye , Richard D. Urman , Edited in association with
Charles J. Fox III

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Operating Room Leadership and Perioperative Practice Management

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Operating Room Leadership and Perioperative Practice Management

3rd Edition

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the identities of the individuals involved. Nevertheless, the authors, editors, and publishers
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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 in Shreveport. I am honored to be a part of your lives.

A.D. K.

I dedicate this book to my wife, Dr. Zina Matlyuk, and our daughters, Abigail Rose and Isabelle Grace; to my colleagues among physicians, nurses, and administrators at The Ohio State University and Wexner Medical Center who supported my efforts in writing this book; and to my patients who will be the ultimate beneficiaries of this work.

R. D. U.

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.

C. J. F.

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Foreword to third edition

The operating room represents a special place in which miracles are performed every day, dramatically affecting people's lives as they seek treatment for far-ranging conditions. There are many stakeholders in the operating room and there are a variety of models that have evolved focused on efficiency, patient safety, and clinical excellence.

This textbook, now in its third edition, highlights each component of an operating room and the roles of anesthesiologists, nurses, administrators, and surgeons in creating a successful system. Integrating multidisciplinary methods has evolved, creating effective care, happy workers, and the best possible outcomes for our patients.

This textbook, comprising 44 chapters, is far ranging, covering every topic related to the operating room. In this regard, leadership in the operating room is paramount for success! The authors and editors of this book have spent their careers in different aspects and bring their expertise to light in easily comprehensible chapters that include national standards and best practices techniques. This third edition includes more topics and is updated so that the readers can benefit by creating their own successful systems, locally, regionally, and nationally.

Standardization of anesthesia, nursing, and surgical performance represents a critical component for operating room success. For over three decades, we have had leadership roles in dozens of hospitals and surgery centers, served as chairmen in anesthesia and surgery departments, as well as holding the highest administration positions at Louisiana State University Health Sciences Centers in New Orleans

and in Shreveport, Louisiana. We are delighted to provide this foreword to the third edition of the Cambridge University Press book, *Operating Room Leadership and Perioperative Practice Management*. The book is divided into five sections, including Leadership and Strategy; Economic Considerations, Efficiency, and Design; Surgical and Anesthesia Practice Management; Nursing; and Safety, Standards, and Information Technology. We know you will enjoy the book, which has been used in its previous editions as an industry standard for stakeholders in the operating room and as a required textbook in multiple health-related disciplines.

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Foreword to first edition

Evolution describes our past. Revolution defines our future. Surgical services are in a period of revolutionary change, and financial and operational efficiency will remain important. However, it is no longer sufficient to simply refine our current processes. We must reengineer our models, designing toward our future of bundled care, shared risk, and value-based payments to determine our success.

We must also look outside of our traditional temporal and geographic boundaries. The days when a surgical encounter is viewed as an event in isolation must be put behind us. To maximize the value provided to our patients, we will include preconditioning efforts prior to surgery, and examine the longer-term outcomes and effects of our actions during the perioperative and recovery periods. Though integrating multidisciplinary teams into the entire care process, we will draw on the unique talents and knowledge of each group, maximizing safety, efficacy, and patient satisfaction.

Expanding our geography will ensure that our patients receive care in the most convenient and

cost-effective location. Ambulatory, office-based, and nontraditional procedural locations such as radiology and gastroenterology suites are experiencing increasing demands for service. Applying the knowledge held by experts in OR suite management will be critical for the success of these areas.

This textbook highlights processes, techniques, and expert knowledge to prepare today's and tomorrow's leaders for these challenges. Only through exemplary leadership will we be able to realize the success which is critical for our sustained vision of providing excellence to the patients we serve.

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Preface to the Second Edition

With the operating room (OR) and practice management science constantly evolving, we undertook a laborious task of writing a second edition to this already popular textbook. We changed the title of the book to reflect the inclusion of topics related to perioperative practice management, adding topics that are important for anesthesiologists, surgeons, nurses, and administrators. Thus this new edition is now entitled *Operating Room Leadership and Perioperative Practice Management*. We hope that you find the additional topics useful in your daily clinical practice or administrative activities, especially given the constantly evolving regulatory and payer environments and published research. We have significantly updated and expanded each section of the book, with an emphasis on areas such as leadership training, teamwork, and OR culture change; perioperative surgical home; non-OR locations; efficiency, scheduling, and budgeting; anesthesia practice management and post-anesthesia care unit. Three chapters speak exclusively about nursing, education, and checklists.

We believe that our book currently represents the only up-to-date, evidence-based text that encompasses the “A to Z” of OR management: metrics, scheduling, human resource management, leadership principles, economics, quality assurance, recovery, information technology, ambulatory practice, and topics specific to surgeons, anesthesiologists, and pain service providers.

Years ago, the OR stood alone, and little attention was given to the perioperative period. This is because until the 1980s the OR generated large profits, despite its inefficiencies. Thus, hospital administrators allowed it a great deal of autonomy. However, today’s administrators realize that, although the OR is typically one of the biggest sources of revenue for a hospital, it is also one of the largest areas of expense. This, coupled with increasing requirements for cost containment in healthcare and a demand for accountability to the federal and state governments, insurance companies, hospital administrators, surgeons, and

patients, has magnified the need for an effective and efficient perioperative process. While 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, preoperative patient optimization strategies, human resources, financial planning, governmental policy and procedures, and clinical perioperative management is necessary in order to succeed. 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 result in 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. Putting an emphasis on quality data definition and collection, leadership style, simulation, and OR design will lead to the creation of 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 patients. Without effective and efficient leadership from all areas – nursing, administration, surgery, and anesthesia services – we are doomed to fail. Let us also remember that all of us will be patients one day, and so let us strive to make a first-class OR in the best interests of everyone.

As we have observed from 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

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Preface to the Second Edition

complexities in all aspects of management and development of a winning OR. We applaud all the authors for their hard work and dedication. Their chapters give a practical insight into creating a successful perioperative program.

We all face challenges in the OR environment. We hope the ideas and practical solutions discussed in this expanded second edition will benefit any stakeholder in administration, surgery,

anesthesia, or nursing services, as we all do our best to move forward into the future.

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