The BIDMC “Faculty Hour”

An Infrastructure for Faculty Development and Interdisciplinary Care Improvement

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IHI Forum
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The BIDMC “Faculty Hour”

A program for perioperative faculty development, team building, and enhancing quality clinical care

An interdepartmental partnership uniting Anesthesia, Surgery, Nursing, Orthopedics, Obstetrics and Gynecology, and others at BIDMC
What are the challenges to perioperative care improvement?

- Communication
- Silos
- Respect and collaboration

Solution:

- Carve out time from the OR schedule for faculty development and collaborative programs
- Start the ORs 30 minutes later one day per week (in addition to grand rounds day)

ALL HIGH-PERFORMING ORGANIZATIONS SET ASIDE TIME FOR LEARNING AND IMPROVEMENT
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
- to foster mutual joy in work

Each Tuesday...

- Start time for all operating rooms is moved forward by 30 minutes (8:00 a.m.)
- Faculty Hour: 6:45 – 7:30 a.m.
- This allows unopposed weekly 45-minute meetings for multiple groups.
2 Parallel Programs
- same 6:45-7:30 am time slot

Interdisciplinary Team Projects
- Anesthesia, surgery, nursing
- Organized by clinical focus
- Driven by common interests
- Make something better!
  - Quality
  - Consistency
  - Communication
  - Efficiency

Staff Development
- Faculty focus
- Customized programs by department
- Bring resources to the staff
- Bring specialty groups together

Faculty Hour Model:
Tuesdays in a 90-day Cycle by Week

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Dept. Based
Getting Started

- Input and support from hospital leaders and department chairs
- Steering Committee
  - Department Chiefs and nursing leadership
  - Determines chartered teams, infrastructure, communication
- Surgeon buy-in (or at least tolerance)
- Service commitment
  - On time starts and end of day

Logistics

- Sharon Muret-Wagstaff, PhD
  - Vice Chair, Faculty Development and Innovation
- Steering Committee
  - Senior surgery and nursing leadership
- On-time OR starts!
Key Features

- Leadership
- Service commitment
- Voluntary participation
- Protected time
- Planning
- Resources
- Inclusion
- Time limited

Infrastructure

Chartered Teams

Faculty Development

Division Meetings
Quality Care through Collaboration

**Goals**
- Enhance mutual respect through professional interaction to same ends
- Improve patient care by definition of best practices
- Improve patient experience
- Improve workflow, efficiency, satisfaction
- Academic productivity
- Improve teaching and resident experience

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Joint Replacement Team
GOAL: Achieve 4 primary joints in a day, enjoyable day

1. Surgeons
   - Updated anesthesia information in Patient Binder.
   - Developed patient selection criteria for four-case per day.
   - Identified need to get patients in earlier to match faster throughput

2. Scheduling
   - Adjust surgeon times to reflect reality
   - Scheduling criteria to include patient and procedure complexity

3. Interpreter
   - Trialing two-way phones to improve efficiency of utilizing Interpreters.

4. Anesthesia and Blocks
   - Organized an approach to do preop blocks.
   - Discussed potential benefits of increased regional anesthesia and reduced depth of sedation on post-op delirium and outcomes (future project).

5. Parallel Processing
   - Developed/tested concept of second circulator to allow in-room patient prep at same time as set-up.

6. Surgical Site Infection
   - Designed new room layout to minimize traffic by sterile field.
   - Eliminated step of Block Team traffic to bring in ultrasound confirmation.
   - Need for Vanco flagged early

7. OR
   - Standardized draping kit.
   - Obtain addition instrument sets to speed turnover

Joint Room Reorganization to Reduce Traffic

Anesthesia team members:
- Don DeSilva, MD
- Lisa Kunze, MD
- Cale Hendricks, MD
- Marc Shnider, MD
Optimize patient arrival in the OR

Pt Flow Overview

BIDMC’s Walking Program: Choose to Move

Week 4: Ideas to Increase Your Steps

As we surpass the half-way point of the program, many of our participants are working hard and have continued to increase their average number of steps each week. Below is a question posed by one of our walkers. If you have a question or idea please email us at ChooseToMove@bidmc.harvard.edu.

Location that Pt Enters

BIDMC Holding

SC OR

SC PACU

Home

Arrival to OR Team

Goal: Eliminate cross-overs

Key Questions & Tasks: How large Holding Area needed?

Define optimum Holding Area size.

Define concrete tasks to address this & who do we need to bring together to do this?

Patient- and family-centered communication with trauma patients

- Motivated by a patient complaint
- Goal: improve the patient and family experience for trauma care
- Members from:
  - Anesthesia, Ortho, Surgery, Nursing, ICU, ER, PACU
Acute Care Surgery (ACS) is a service which provides care for patients in need of immediate surgical intervention, including trauma and emergency general surgery cases. If you or someone close to you has been hospitalized following a traumatic injury....

Who are the team members...
The primary team is made up of...

CRICO analyses show:
- Surgery-related claims are the second most common
- Clinical misjudgment, technical error and communication breakdowns are the most common contributing factors
- Strategies are needed to improve communication, prevent errors, and mitigate consequences for surgical patients
CRICO/Harvard OR Team Training with Simulation

- Completed curriculum design, pilot testing, and program launch in a 90 days
- Checklists, closed loop communication, speaking up
- 12 Monthly 6-hour interdisciplinary sim sessions
- Highly engaged core team of 6 surgeons, 4 anesthesiologists, and 3 nurses conduct training
Reduce Hazards in the OR

- Reduce sharps injuries through increased blunt needle use
- Reduce splash injuries using a novel approach developed for Latino agriculture workers
- Implement safe passing zones

LEARNING STRATEGIES AND BEHAVIOR CHANGE TO REDUCE SHARPS INJURIES

Denis M. Gilmore, MD; Sharon Muret-Wagstaff, PhD, MPA; James M. Hurst, MD; Stephen R. Odom, MD

Department of Surgery and Department of Anesthesia, Critical Care & Pain Medicine
Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA
Harvard Medical School, Boston, MA

Context
- 3,126 sharps injuries occurred in 2008 across 99 Massachusetts hospitals
- Nearly half of which incurred by interns and residents, most occurring in operating rooms.

BIDMC Data
- 50 operative needlesticks over 22 months
- 5% of injuries sustained by physicians
- Underreporting is likely cause of disparity

Objective
- Increase use of safe passing zones for sharps
- Reduce intraoperative sharps injuries by using systematic, iterative intervention design techniques and application of theories of social cognition and social networks.

Outcome Measure
- Main: Percent of randomized, observed operative cases in which a safe passing zone is implemented in the month following a 90-day intervention.
- Secondary: Rate of sharps injuries reported before/during/after use, and before/during disposal.

Design
- Single-site, anonymous electronic study involving all operating room personnel
- Retrospective data review
- Site visits
- Key informant interviews
- Anonymous pre-survey

Intervention
- Identify and overcome barriers to learning and behavior change based upon:
  - Retrospective data review
  - Site visits
  - Key informant interviews
  - Anonymous pre-survey

Conclusions
If successful, the impact of this study will be to:
- Improve resident and fellow competencies in patient care, medical knowledge, and practice-based learning and improvement
- Increase safe practices in the operating room
- Reduce sharps injuries
- Provide a replicable model of learning and behavior change to reduce injuries in other sites.
Clinicin Support in Adverse Event Situations

Goal: Define a structure, processes and triggers for offering support to perioperative staff involved in adverse events.

Accomplishments:
- Visited and reviewed local programs
- Survey and needs assessment
- Defined scope of practice for peer supporter
- Identified triggers and access
- Identified supporters

To do:
- Training
- Policy and confidentiality
- Tool kits for supporters
- Documentation
- Roll out fall 2011

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Faculty Hour

- Weekly protected time for learning and improvement
- Parallel programs
  - Interdisciplinary chartered teams- 90 day cycles
  - Department-specific faculty and staff development
  - Division meetings +/- surgeons

How have we done?
Balanced Scorecard – Faculty Hour

Achieve strategic goals to fulfill the mission and vision

- Sustainability
- Patient, family, and other stakeholder perspectives
- Clinical care quality
- Teaching and learning
- Research
- Faculty & staff development and support
  Learning, technology, innovation

Faculty Hour Balanced Scorecard:

- SUSTAINABILITY: Stay Strong for the Long Haul
- PATIENTS: Patients Come First
- CLINICAL QUALITY: Fasten Your Seatbelt
  Innovate for Quality Eliminate Obstacles
- TEACH & LEARN: Increase Learning Effectiveness
- RESEARCH: Generate New Knowledge

Divisions: multiple measures

- Peer support
- OR Communication
- Spine kits
- First starts
- Joint team
- Bridge team
- Lean 101
- Robot team
- OR Teamwork – Simulation
  Clinical Innovation Workshops
  Hazards in the OR
- Grant basics
- Presentation skills
- Writing skills
- Feedback
- Wednesday
- Master teachers
- Oral boards

What does success look like?

- Metrics hard to come by
- “Vote with your feet”
- Project suggestions from faculty and staff
- Including surgeons!

- >125 faculty, residents, and staff involved in projects in first year
- Participants from anesthesia, surgery, nursing, critical care, emergency medicine, social work, facilities, patient care services, health care quality, PFAC
"Focus on the Faculty" Survey, 2009
Percent of faculty who agree or strongly agree

1. Our faculty knows what we are trying to accomplish as a Department.
2. We know how our Department is doing.
3. Our faculty feels encouraged and enabled to develop skills to advance our careers.
4. Faculty members are recognized for the quality of our work.
5. Our Department is flexible and can make changes quickly when needed.
6. Our faculty cooperates and works as a team.
7. Our Department encourages innovative ideas.
8. Our faculty members are committed to the Department's success.
9. We have a safe workplace.
10. Our Department has the right people and skills to do its work.
11. Our Department practices high standards and ethics.

Adapted from Baldrige Performance Excellence Program

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Encouraging signs...

- Nurse: “Tuesday is the best day of my week”
- Part-time faculty changed her work schedule to participate
- Senior faculty: “I don’t know what will come of this but I’m proud as hell we are doing it”
- CEO: “This is the most positive, proactive, constructive program ever presented here”