The Problem/Background
- In the first quarter of 2014, an interdisciplinary Faculty Hour chartered team reviewed the 'as-is' OR turnover practices for the West Campus
- Baseline data revealed that turnovers average 45min with many turnovers exceeding 60min
- Survey results indicated that 75% of respondents believe current turnovers are poor or fair at best
- Initial analysis suggested that we currently lack a standardized, well-understood turnover workflow
- Benefits of more predictable flow: Less forced overtime and pt waiting

Aim/Goal
- In Q2, define ideal workflow and roles of all disciplines involved
- Determine additional resources needed
- Utilize preferred workflow in pilot activities in Q3 to assess magnitude of benefit derived from process changes & additional parallel processing

The Team
- Brian Ferla, MD, Anesthesia, Co-leader
- Barbara DiTullio, RN, Nursing, Co-leader
- Jonathan Crithlow, MD, Surgery, Co-leader
- Leann Alsop, RN (West PACU)
- Siddhu Gangadharan, MD, Thoracic Surgery
- Robert Nurse, CPD
- Angela Kelly, RN (West)
- Brett MacTavish, ST (east)
- Maryellen Messina, RN (West PACU)
- Beth Person, RN, Nursing
- Rafael Serrano, OR Attendant, Perioperative Services
- Justin Stiles, MD, Anesthesia
- Jessica Thomas, RN, CVI, Nursing
- M. Leo Tsay, MD, Anesthesia
- Jason S. Wakakuwa, MD, Anesthesia
- Sherman Z. Wu, Senior Director, Strategy and Business Development
- Kevin McGuire, MD, Orthopedics
- Barbara Sneeney, RN, Nursing
- Peter Russo, RN, Nursing
- Debra Martinez, Manager, CPD Operations
- Mary Conant, RN, Nursing
- Mary Cedorchuk, RN, Nursing, Advisor
- Pete Panzica, MD, Anesthesia, Advisor
- Ross W. Simon; Andreas Pleumann, Facilitators
- Elena Canacari, RN, Sponsor
- Justin Thomas, RN, CVI, Nursing
- Brian Ferla, MD, BIDMC, Department of Anesthesia, Critical Care, and Pain Medicine, bferla@bidmc.harvard.edu

The Results/Progress to Date
- Defined preferred workflow in “swimlane” format (see figure below)
- Defined key-expectations by functional role
- Trained nursing staff
- Additional resources allocated (e.g. supervisor for attendants)

The Interventions
- Observed all disciplines in OR setting and documented workflow
- Reorganized workflow activities to fit in ‘ideal’ turnover window of 30min – eliminated some tasks and added parallel processing
- Conducted two short-cycle pilot activities in OR

Lessons Learned
- Communication and coordination among is ‘siloed’
- Complex, cross-functional process without a single process owner

Next Steps/What Should Happen Next
- Utilized preferred workflow as backbone of large scale pilot study in September 2014 (see additional Silverman poster)
- Continue educational/pilot activities and adjust workflow during 2015

For more information, contact:
Brian Ferla, MD, BIDMC, Department of Anesthesia, Critical Care, and Pain Medicine, bferla@bidmc.harvard.edu