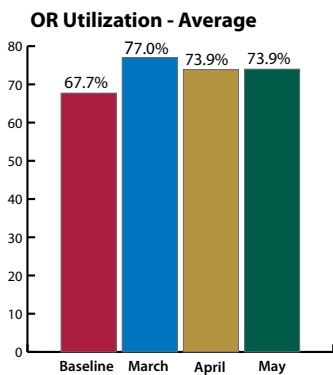




**IMPERATIVE:  
CASE STUDY:**

**Improved Surgical Capacity  
Anderson Hospital**



**Anderson Surgery Center Reduces OR Inefficiencies and Improves Finances**

In the midst of bad economic times, Anderson Hospital’s Surgery Center is thriving, thanks to the devoted efforts of hospital staff and the assistance of Compirion Healthcare Solutions. While competing hospitals in the area are seeing a drop in utilization of their operating rooms, Anderson Hospital’s Surgery Center has seen Volume Hours increase 8.5% over the last six months.

At the end of last year, hospital administration noticed a slide in marketshare and began receiving negative feedback from local surgeons. In response, hospital leadership wanted to ensure they were doing everything possible to make the Surgery Center attractive to area surgeons. They also wanted to streamline processes and procedures in the department to handle more volume and to increase profitability.

According to Kim Perry, Director of Perioperative Services, “The Surgical Department had reached status quo. We tried but we weren’t moving along with Quality Indicators or Patient Satisfaction. I wasn’t satisfied with Anderson being a good (surgery center.) We needed to be the best.”

To assist in the improvement project, hospital President and CEO Keith Page suggested engaging Compirion Healthcare Solutions, a healthcare consulting firm

*“I wasn’t satisfied with Anderson being a good (surgery center.) We needed to be the best.”*

*– Kim Perry,  
Director of Perioperative Services*

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## Anderson Surgery Reduces OR Inefficiencies... *(continued)*

focusing on hospital process improvement. Compirion had recently helped Anderson Hospital with a Patient Throughput improvement project in its Emergency Department that reduced Door-to-Admit time from 5.6 hours to 2.95 hours while increasing Billable Patient Volume 11%. Based on the success of that project, hospital leadership again chose to place their trust in Compirion.

Compirion sent a team of consultants to work onsite with management, staff and physicians from Surgical, Pre-Admission Testing (PAT) and Inpatient areas, and with management involvement from Diagnostic, Support, Registration and Case Management to define issues and determine goals. Hospital Core Teams were named and set up. Goals included:

- Determine metric baselines
- Improve Core Measures scores
- Improve OR Utilization
- Improve First-Case On-Time Starts from 35% to 75%
- Reduce PACU discharge delays from 75% to less than 25%
- Increase Block Utilization to greater than 60%
- Improve ambulatory Patient Satisfaction from 65th percentile to 90th percentile PRC ranking
- Improve Physician and Staff Satisfaction
- Reduce staff overtime by 50%
- Reorganize surgical team leader roles to help improve staff development and competency

CNO Lisa Klaustermeyer said, “Katy Ward, the Clinical Coordinator, was a shining star during the project. She really saw the need to make things better. She got the Admitting Department on-board and turned it around quickly. She was able to engage and motivate her staff and get the physicians on-board with the trials. She even worked with the anesthesia staff. She was able to carve out a Liaison Nurse position from the existing staff. Compirion provided the diligence and kept everyone on task. They helped keep the focus on the project.”

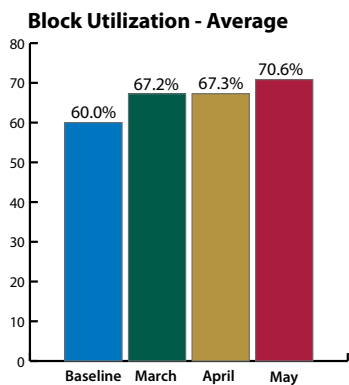
The first few weeks were spent in observation of the processes and procedures in the OR, and baselines were set. About mid-project, as part of an outreach process, one-on-one interviews with area physicians were held. The interviews allowed the Core Teams team to determine the overall impression of the Anderson Surgery Center and monitor improvements in satisfaction throughout the project. About a dozen outside physicians met with hospital and Compirion personnel three times each during the project to gauge change in image and measure any rise in physician Physician Satisfaction scores.

At the beginning of the project, SCIP Core Measures compliance was inconsistent from measure to measure. Specifically, Antibiotic-Discontinuation-Within-24-Hours was at 81% while Appropriate Antibiotic was at 99%. The Core Measures team developed and instituted a PAT/Pre-Op checklist for improved interdepartmental quality and efficiency. Compirion staff educated the hospital staff in better documentation of antibiotic use. The compliance for Antibiotic-Discontinuation-Within-24-Hours rose to 100%.

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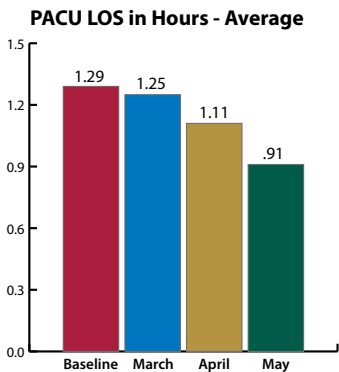
– **Kim Perry**

*Director of Perioperative Services*

# Anderson Surgery Reduces OR Inefficiencies... *(continued)*

*“There were some things that Compirion did that were minute but very significant...they helped organize all paperwork ahead of time, which improved workflow. A simple solution of placing a sticker with the patient’s name on it to the chart had the effect of increasing staff satisfaction.”*

*– Kim Perry,  
Director of Perioperative Services*



Kim Perry said, “There were some things Compirion did that were minute but very significant. They added shelves to a cabinet which helped get calls organized. They helped organize all paperwork ahead of time, which improved workflow. A simple solution of placing a sticker with the patient’s name on it to the chart had the effect of increasing staff satisfaction.”

Thirty-five percent of physicians were showing up 20 minutes late on average. Late physicians, combined with patient cancellations, was reducing the number of on-time surgery starts to 37%. That was costing the hospital thousands of dollars per cancellation and reducing the number of cases that could have been scheduled. Several initiatives in the Pre-Anesthesia Testing Department were piloted and later hard-wired into the process, along with new policies that made it easier and more convenient for the patient. An existing staff member was reassigned to a new position as Surgical Nurse Liaison to improve communication between the Surgery Center and the physician’s office. Her duties included calls to the physician to remind him of case times, and to ensure patient and chart readiness by obtaining all workups, test results and medical clearances ahead of time. Physicians who continued to be chronically late had their blocks canceled. By the 13th week from the project launch date, on-time starts (within a 5-minute grace period) had risen to 75%, and cancellations had dropped by 13%. The Anderson Surgery Center was recovering about \$25,000 per month in lost revenue.

A new scheduling policy was instituted that allowed physicians to schedule smaller blocks, increasing the availability of room time. “Flipping” cases between rooms was encouraged, a privilege previously allowed only to in-house physicians. Now surgeons from outside the hospital could improve their productivity and billable hours. Block utilization started to climb.

The increase in efficiency created a domino effect of other issues that needed to be surmounted. Case clustering became the first issue to surface. The surgeons were taking advantage of the improved productivity and scheduling more cases of a similar type within their blocks. The second issue was the rise in demand for certain types of instrument trays. That triggered heavy flash loads and a higher risk of infection. In response, the Sterile Processing Team, driven by Perioperative Services Director Kim Perry, began working with physicians to improve case mix while Anderson hospital administration invested more than \$50,000 in the purchase of new equipment for gynecology, orthopedic and general surgery, plus in multiple miscellaneous specialty instruments. An instrument Quality Assurance program was put into place. Trays were marked for repair or refurbishment, and for next year, the hospital committed to more scheduled upgrades and the purchase of EndoTowers. Repairs are now done in the Sterile Processing Department. By the end of the project, the flash load metric was hovering around zero.

As a direct result of the flashing assessment, a flow problem was noted in the way materials were dispensed to surgery. Cases were picked randomly and routed from one of three departments through multiple hands before they made it to surgery, often arriving late. Duplicate excess inventory amounted to thousands of dollars. Hospital administration made a bold move to streamline the process and move Materials Management and Sterile Processing responsibilities under the auspices of the Surgical Services Department to eliminate duplicate materials and staff. A meeting was held

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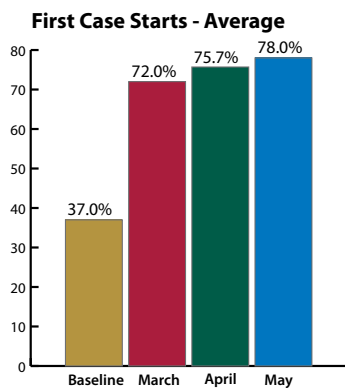
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# Anderson Surgery Reduces OR Inefficiencies... *(continued)*

*“At the outset, physicians were skeptical that change would actually take place., but now they are impressed with room turnaround time, case scheduling, instrumentation availability, and lab work/Pre-Op coordination. Physician satisfaction is up to 99.5%. ”*

*– Lisa Klaustermeyer  
Chief Nursing Officer*



*“Compirion’s people were very professional and helpful in facilitating a lot of changes. They gave excellent feedback. It felt like I got three times the amount of work done.”*

*– Kim Perry  
Director of Perioperative Services*

with the Materials Director, Sterile Processing Department, buyers, technicians and key staff nurses. They worked collaboratively to painstakingly roadmap a new process for materials flow that reduced volume and cost and realigned jobs so only one person picked cases and delivered upstairs, instead of many. Materials were now to be delivered to, inventoried and dispensed from Sterile Processing. That required literally knocking out walls and rebuilding to handle the new space requirement in Sterile Processing.

Next, they worked with IT to set up a new system of electronic documentation to help capture more charges and to maintain par levels in inventory. The goal of an annual reduction in supply costs was set at \$100,000. At this time, construction is underway, and supply costs have already been reduced by \$10,000 per month. Physician and Staff Satisfaction improved, and lost revenue is being recovered.

As productivity increased, more beds were needed. This increased communication between the floors. Physicians and hospital personnel across the board became a team. Bed hold times dropped from an average of 9 hours to 6.

At a point in the project, a backslide in on-time starts was showing up in the data. Most of the late starts were attributed to issues with the anesthesia team. The newly incentivized surgeons confronted the anesthesiologists peer-to-peer and began to hold them accountable for delays.

*“At the outset, physicians were skeptical that change would actually take place, but now they are impressed with room turnaround time, case scheduling, instrumentation availability, and lab work/Pre-Op coordination. Physician Satisfaction is up to 99.5%,”* added Klaustermeyer.

In spite of efforts, interviews with outside physicians revealed the effect the slow economy was having on case volumes. According to the interviews, patients who would normally have elective surgery were holding back and the uninsured were putting off primary care. Postponement of primary care was creating an upsurge of more critical cases in need of surgery. Cases were now running longer and parallel staff was made available. A new metric was added: Severity of Cases.

After six months of mentoring, piloting and implementing, the following results were achieved:

- OR Volume Hours increased 8.5%
- Room Turnaround Time was reduced from 17.8 minutes to 13 minutes
- Staff overtime was decreased by 75%
- SCIP Core Measures improved from 81% to 97.28% compliance
- Physician Satisfaction was at 99.5%
- Patient Satisfaction scores increased from the 74th to the 94th percentile
- On-Time Starts are up to 84%
- Staff Satisfaction scores increased 15.8%
- Cancellations decreased 13% based on improved Pre-Admission Testing
- Two new positions were carved out of existing staff:  
Surgical Nurse Liaison and Charge Nurse

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## Anderson Surgery Reduces OR Inefficiencies... *(continued)*

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*– Kim Perry,  
Director of Perioperative Services*

*“Compirion provided the diligence and kept everyone on task. They helped keep the focus on the project.”*

*– Lisa Klaustermeyer,  
Chief Nursing Officer*

Klaustermeyer concluded, “The Compirion consultants met all expectations. They were excellent working with staff. They did their groundwork in understanding the culture. I appreciate everything that they did.”

Perry added, “Compirion’s most important achievement was that two managers grew in their ability to take more on. They improved as managers and in knowing what they needed to do. They improved communications, understood and set expectations. The Dashboard gave positive reinforcement or indicated a need to improve. This all happened very fast in spite of the Joint Commission coming, the holidays and the state Health Department coming through with a validation survey! Compirion’s people were very professional and helpful in facilitating a lot of changes. They gave excellent feedback. It felt like I got three times the amount of work done. That is the part I am going to miss.”

The Compirion method is a process of continual improvement. The dedicated surgical staff at Anderson’s Surgery Center continues to monitor, problem solve and implement solutions. Scores and revenue continue to climb, even in these times of economic stress.

For more information on Compirion’s sustainable healthcare solutions call **1-866-661-4677**, or visit **[www.compiron.com/Anderson](http://www.compiron.com/Anderson)**

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