

Starting Point

Sumbiosis had previously facilitated a difficult transformation process in a medium-sized hospital in Germany (see case study nr. 11). The same hospital was now struggling with bottlenecks in its central operating rooms (OR). On the one hand, measurable constraints such as limited financial resources and the high rates of sick leave among OR nursing staff were an issue. On the other hand, it was evident that problems in the collaboration among the different professions diminished the OR's efficiency. The hospital therefore decided to first establish a good basis for collaboration in the OR, and only then to further improve process cycles if necessary.

Individuals or groups from the same professional category had in the past tried to improve the situation, and none of the involved actors purposely blocked transformation processes. The obvious difficulty lay in beginning a continuous process. From the point of view of the hospital's management team, the aim was not to suddenly overthrow practices in one sweep in the hopes of immediately achieving improvements. The aim was rather to begin a process of rapprochement among the actors and to establish set routines for the control and regular improvement of collaboration and operative efficiency. In addition, structures and processes had to be established that could be seen as a method of support rather than as yet another stress factor.

Thanks to the good relationship and mutual trust that we had previously built with key decision makers, the hospital asked us to develop and facilitate a project in the OR-area aimed at improving collaboration.

Our Role

We initially led several individual discussions with all concerned groups (management, head physicians, surgeons, nursing staff, OR-coordinators, and other service providers).

In nearly every discussion, the individuals concerned pointed out that it would be easy to solve the problem of "shortages" if only sufficient staff were available. However, most of them quickly recognized that merely increasing the number of staff could not resolve the issue - one would need to establish a solid basis for good collaboration first.

In fact, a majority of those we spoke to complained of multiple small issues, which to us indicated lack of acknowledgment and respect. It was clear that over time the inhibition to verbally abuse each other within the teams had decreased. Indeed, each individual could describe concrete incidents that he or she had felt to be offensive. These incidents were in the same breath called "trivial" – but: they had caused a "scar" that was still present in the participants' memory.

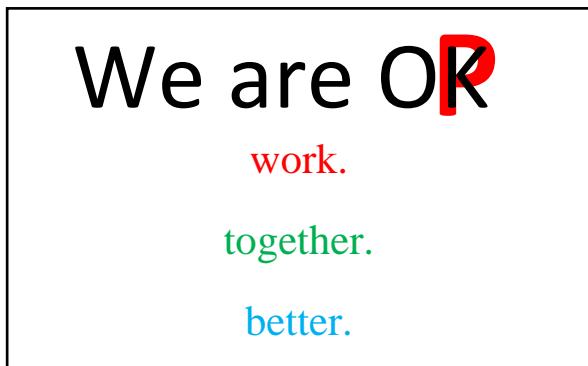
We systematically gathered these “trivial” incidents in a list. We then confronted the people involved with this structured list, which provoked a rather disillusioned response. Once again, the main message was that the “real” problem was lack of resources; however, while working on the “trivial” incidents would not change a lot, it would also not cost a lot - i.e. one could at least try.

We developed an extensive concept to ensure that every single issue and problem mentioned during the discussions would be addressed. We were however always careful to begin with small, concrete steps so that it was as easy as possible to start implementing them. The team itself then „translated“ these small steps into daily work routine and prepared the concrete implementation.

The following three distinct areas to focus on emerged:

- „We create routines – Please adhere to OR scheduling, team time-out¹, teambuilding and debriefing as a fixed part of our operational routines!“ (work)
- „We are individuals with functions – We address each other by our names!“ (together)
- „We raise transparency and offer trainings – Please explain and ask!“ (better)

The team also created its own slogan:



The following lists some of the measures that were tested and (in part) implemented:

- We had noticed that people working in the OR did not always know who was “hiding” behind the masks. For that reason, the decision was taken that from now on everyone would wear a nametag – from the surgeons to the cleaning team. In addition, the respective superiors were asked to actively introduce staff present for the first time with their name and function.

¹ The „team time-out“ is a broadly applied controlling procedure, which has been recommended by the World Health Organization (WHO) since 2009. Immediately before beginning an operation, all patient data is verified with the aid of a “mini checklist” (identification of the patient; identification of procedure and surgery location; in the case of implants: check if the correct implant is available; etc.). “Teambuilding” means a short exchange among attendants; the aim of this exchange is for attendants to feel comfortable as part of the team, and to be able to work together efficiently.

- A regular and obligatory series of workshops was established for the nursing staff. These were integrated into the OR schedule so that everyone had the opportunity to participate. Some other professional categories also used this opportunity to establish other workshop series in parallel.
- The surgeon was asked to ensure that the members of the team knew each other before starting a surgical operation, and that any particularities were made known (e.g. „person x is joining us for the first time today“ or „please be especially quiet today“). This intermediate step was called “team-building”.
- An anonymous and simple evaluation scheme was introduced („How well did we work together during this surgical operation?“) in order to encourage a debriefing, i.e. a direct exchange after each operation. In a first step, colored chips (green, yellow, red) and a piggy bank were set up in each OR. One aim was to be able to quickly detect anomalies in individual ORs, in order to be in a position to react quickly. The installation of an electronic system is now being tested.

Results

We received some critical feedback after the presentation of the concept and before the implementation of the suggested measures – although the positive responses were clearly in the majority:

- „If we can do this, we will be far ahead of other hospitals.“
- „The limited number of small measures helps - because many people can concretely imagine what really needs to be done.“
- „The closed loop of preparation, briefing and debriefing requires a high measure of individual commitment – but spares people being threatened with negative consequences.“
- „That is how we can put the advantages of collaboration for each individual into the foreground – and at the same time advance the hospital overall.“

We draw the following conclusions after several months of implementation:

- The shortages are not (yet) (all) eliminated. However, the progress in collaboration has indeed improved the hospital’s reputation as a workplace. This improvement made the recruitment of several new staff members possible. In addition, the process of integrating staff has noticeably improved.
- Most responses were positive. „It was definitely right to undertake this project. It was the only way to change something for the better.“
- Interestingly, the most contested suggestion at the beginning of the project was holding a short debriefing at the end of each surgical operation. Now nobody questions the basic need for such a step. The piggy bank solution was a very good “energizer”. A technical solution that can better facilitate this step of the process must be found in a next step.

- Some participants initially stated that the project „has not solved the core problem“ – the core problem being the lack of resources. However, everyone also noted that at least some smaller issues have changed for the better, which markedly improved the atmosphere.

One thing was clearly demonstrated: Serious disruptions are no longer just “taken note of”. They are immediately addressed and if necessary, dealt with in a dialogue process on a higher hierarchy level.

Lessons Learned

- We are convinced that individual discussions were the perfect beginning for the project. This was the only method that allowed us to gather information on multiple smaller issues and then to submit a proposal to all participants in form of a structured collection.
- It is worthwhile to begin complex projects with small steps – without losing sight of the final goal, which can be ambitious. Almost everyone involved quickly showed support for at least one of the smaller issues. This meant that we had at least one supporter for each of the smaller issues, who, even today, still feels responsible for that issue – often together with others.
- The enthusiasm with which employees absorbed new knowledge, if only it is presented to them reasonably, still surprised us. The training program is successful, despite much skepticism at its beginning, and is being copied in other areas of the hospital.
- Unusual approaches do not always have to work immediately. However, they can produce astonishing results. We realized this during the development of the debriefing method with a piggy bank.
- Even though the subject matter was very serious, we laughed a lot in the discussions and meetings. Humor certainly helped to initiate interesting lines of thought.

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