

Physician Meet and Greet Program

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OBJECTIVES

Discuss the importance of team building, efficiency and OR room preparedness on quality patient care.

Describe the components of the checklist for on boarding new surgeons.

Discuss the benefits of this process improvement and surgeon satisfaction

INTRODUCTION

Partners Healthcare uses the “ High Performance Model of Practice”

According to Research this is compose of:

Communication, partnership and teamwork lead to:

- Positive patient outcomes.
- Culture of openness and safety in surgery.
- Respect for the expertise and contributions of allied disciplines.
- Shared goal of high quality.

(The Royal College of Surgeons of England, October 2014)

EFFECTIVE TEAMWORK CONSISTS:

A patient’s experience from the start is influenced and supported by many teams. CPE, Holding, Operating Room, PACU, Inpatient

Evidence supports effective teams are more innovative and members have a greater job satisfaction.

Teamwork is essential component of high-reliability organizations.

METHODS AND MATERIALS

INCLUSIONS OF ALL MEMBERS:

OR,
CPE, Pre-Op Holding, PACU
Pharmacy,
CPD,
Purchasing/Business Manager,
Radiology,
Rehab,
Nursing Director for Surgical Inpatient Unit,
Professional Development,
Surgical Services

INITIAL SURGEON MEETING OBJECTIVES:

- 1) Clinical Objectives
- 2) Operational/Logistical Objectives
- 3) Connection to additional BWFH Services

Overview

Clinical Objectives:

1. Selection Criteria for Elective Surgery
2. Optimizing patient for surgery (PPE & H&Ps)
3. Special mixtures from Pharmacy
4. Discharge instructions

(See Below for Examples)

OPERATIONAL/LOGISTICAL:

1. How a case gets booked in Epic
2. Use of Central Scheduling
3. Equipment: special tables, microscopes
4. C-arm and other perioperative imaging
5. In patient vs. Outpatient visits

CONNECTION TO BWFH SERVICES:

1. Radiology: Outpatient use of CT/MRI
2. Pharmacy: Connection for intra-op medication
3. Rehab Services: Any special needs

CONCLUSIONS

BENEFITS:

Welcoming: Customer Service

Communication: Includes relaying information to stakeholders beyond staff present.

Face to face meeting: Building relationships

Ability to ask and answer questions

Clarification of assumptions

Fill in the gaps of missing information

Better prepared for the 1st day

Increased Surgeon and Staff satisfaction

CONTACT

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BWHC Pre-operative Care Guidelines (1 of 2)

Lab Orders	Guidelines for Laboratory Orders by Pre-Operative Facility	Very low risk procedures (outpatient, urgent or limited patient turn)	Moderate risk procedures (outpatient or limited patient turn)	Moderate blood loss with anticipated patient stay	Highly invasive with high risk exposure or potential for rapid blood loss
Complete Blood Count (CBC)	None	None	A	B	C
Prothrombin Time (PT) / International Normalized Ratio (INR)	None	None	B	C	C
Partial Thromboplastin Time (PTT)	None	None	B	C	C
Urea Nitrogen (BUN) / Creatinine	None	None	B	C	C
Electrolytes	None	None	B	C	C
Coagulation Studies	None	None	B	C	C

Lab panels by above criteria:

Group A:

- INR
- PT

Group B:

- INR
- PT
- BMP (basic metabolic profile) / Age 65 or if indicated by disease process (HTN, DM, renal disease, etc)

Group C:

- INR
- BMP / Age 65 or if indicated by disease process (HTN, DM, renal disease, etc)
- BB

Group D:

- INR
- PT
- BB

BMP for a case that is long, complex with large volume shifts/blood loss

BWFH Elective Surgery Selection Criteria

AGE

- Patients less than 15 years of age if admission is required or likely cannot be done at BWHC

Patients with any of the following can ONLY be scheduled for a CPE appointment and surgery at BWHC:

STENTS

- Discontinuation of dual antiplatelet therapy placed less than 1 year prior – if surgeon requires discontinuation of dual antiplatelet therapy
- OR
- Stent medication placed less than 3 months prior – if surgeon requires discontinuation of dual antiplatelet therapy

PULMONARY

- Pulmonary hypertension greater than 55 mm Hg

CARDIAC

- Active cardiac conditions, including:
 - unstable angina
 - myocardial infarction (MI) less than 30 days ago
 - symptomatic aortic valve area (AVA) less than 1 cm diameter
 - symptomatic mitral valve stenosis/regurgitation
 - clinical signs of active congestive heart failure (CHF)

BWFH PPE Visit Type Guidelines

Patients are eligible for the following visit types:

Chart Review	Phone Screen	In-Person visit
<ul style="list-style-type: none"> *Patient was seen in the BWHC Waiting Center less than 30 days prior *Patient is returning for a follow-up procedure under the same Surgical Department OR *Patient resident at a transitional care facility, is transferable, bound AND the facility is able to furnish adequate EKG, labs and a history and physical 	<ul style="list-style-type: none"> *Has a current H&P within 30 days of procedure *No craniofacial abnormalities *BMI less than or equal to 40 *Zone 1 and 2 patients 	<ul style="list-style-type: none"> *H & P outside of 30 day window *BMI greater than 40 *Has malignant hyperthermia *Patient is a Jehovah's Witness *Zone 3 patients

NOTE:

- *Patients in rehab/transit homes should be chart reviews, unless an exception is approved.

2) Operational/Logistical Objectives

Checklist

- Access: ID badge
- Credentialing
- Locker
- Dictation
- Volume
- Block time
- Preference Cards
- Orientation to OR and Tailet