



Putting the Pieces Together

## Managing Call Programs – Perioperative & Procedural Units

Oregon Health and Science University

Presented by

David Silva, MN, RN

Kristen Lund, MN, RN, CNOR, CSSM, NEA-BC

February 2, 2017



## About Us



- Academic Medical Center
- Level 1 Trauma Center
- 573 Beds (including 145 pediatric)
- 5 OR sites
  - 49 Operating Suites
- 15,642 Employees
- RNs: 2263
- Resource Nurses: 296
- CNAs: 266
- LPNs: 26
- 3 unions



## Presentation Topic



- Managing Call Programs – Periop & Procedural Areas
  - Inpatient, Ambulatory, Pediatric ORs
  - Cath Lab, Interventional Radiology, GI Unit
- Early 2015- started hearing about SB 469
  - Staffing Committee
  - Leadership interest in safe staffing – CNO support

3

## What's Working?



Environment	Staffing
<b>Shared Governance</b> <ul style="list-style-type: none"> <li>• Staff input</li> <li>• Shared decision making</li> <li>• Seniority &amp; equality balance</li> </ul>	<b>10 hour rest period</b> <ul style="list-style-type: none"> <li>• Built in to staffing model</li> <li>• Centralized staffing/cross training</li> </ul>
<b>Culture</b> <ul style="list-style-type: none"> <li>• Tracking and reporting</li> <li>• Fatigue Policy</li> </ul>	<b>Reduce call burden</b> <ul style="list-style-type: none"> <li>• In house staff</li> <li>• Split call shifts</li> <li>• Call only position</li> </ul>

4

## Challenges and Solutions



Challenges	Solutions
<ul style="list-style-type: none"> <li>• <b>Specialty teams</b> <ul style="list-style-type: none"> <li>• Skill mix, competency</li> <li>• Unpredictable case volume</li> </ul> </li> <li>• <b>Staff preference</b> <ul style="list-style-type: none"> <li>• Clustering call and work</li> <li>• Personal economic stability</li> </ul> </li> <li>• Unexpected shift cancellations (sick calls)</li> <li>• Unexpected volume (cases run long, emergencies)</li> </ul>	<ul style="list-style-type: none"> <li>• Reliance on volunteers</li> <li>• Special staffing considerations</li> <li>• Frequent reassessment</li> <li>• Ongoing discussion with staff at shared governance structures</li> <li>• Evidence based recommendations</li> <li>• Reliance on volunteers</li> <li>• Increase in flex staff</li> <li>• Level load, increase case scheduling accuracy</li> </ul>

5

## Advice for Others and Lessons Learned



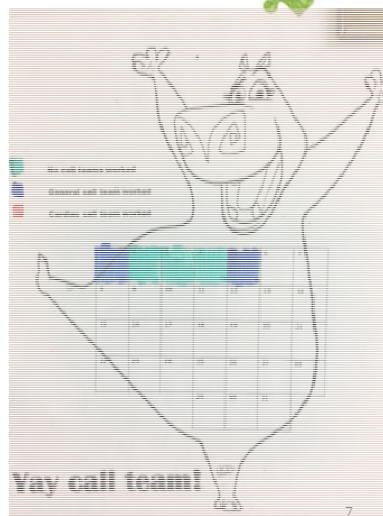
- Staff input is crucial
- Don't forget about culture
- Build in flexibility

6

## Plan for Sustainment



- Fatigue Policy full implementation
- Unit Improvement Rounds
  - Make it visual
  - Ongoing monitoring (call usage, breaks)



Example of a call tracking calendar in the pediatric OR.

7

## Plan for Sustainment



- Fatigue Policy full implementation
- Unit Improvement Rounds
  - Make it visual
  - Ongoing monitoring (call usage, breaks)



Example of a cause duration accuracy tracker from the ambulatory OR.

8



Questions?

9

## Contact Information

---



David Silva

[silvad@ohsu.edu](mailto:silvad@ohsu.edu)

Kristen Lund

[bonczkow@ohsu.edu](mailto:bonczkow@ohsu.edu)

10