13. Extended Lunch Relief for OR Teams

Finding: A 45 minutes lunch relief is provided to all RN’s and CST’s. The 45 minutes is a combination of a 30 minute lunch and a 15 minute break. Relief occurs regardless of case delays or any scheduled gaps between cases where the Staff could have taken a break. Three relief teams come in between 1030 – 1100 to provide lunches from 1100 to 1300. Each member of the team relieves 3 Staff during this time. Once lunch relief is over, they take lunch themselves. If there is no Staff that needs lunch relief, they spend their time pulling cases for that afternoon. By 2 pm they begin to take over cases in rooms where Staff will be leaving at 1500. It is interesting to note, time of day data indicates the case time peaks at 1100 and declines throughout the remainder of the day. This would indicate the Staff could have lunch between cases without the need for 3 relief teams.

Recommendation: In the current environment of case delays this practice wastes worked hours. The CN should schedule lunches to coincide with gaps between cases and case delays. Staff involved in cases should be relieved for 30 minutes rather than 45 minutes. Permit the Staff to take their 15 minute break at another time. Consider the practice of extended lunch time would be acceptable if cases are scheduled back-to-back and turn-over is reduced to 20 minutes.

14. EVS Issues

Finding: On more than one occasion the CST and RN Staff were opening packs for the next case and have found blood, bone and fat globules on the floor, walls, under carts, under the table and stuck to the wheels of the carts. The cost of having to close, re-clean and sterilize unused opened packs and clean the room again is high. If the cleaning problems go unnoticed and the surgery proceeds the risk of infection is greater. Some CST’s believe that the EVS Staff is so poor that they should be fired and the OR Staff should be cleaning the room. Environmental Services has no ownership in the OR cleaning process, nor do they understand the need to complete this process quickly. Because EVS is poorly trained in the process of cleaning in OR (starting in the middle and working their way to the outside, high to low) it takes them longer to clean a room and, very often, the room is not cleaned properly.

Recommendation: An appropriate training program should be instituted and techniques should be approved by the OR Manager and monitored by, and in conjunction with the EVS Supervisor and OR Manager. It should be instilled in the EVS Staff the importance of their work, that they are part of a functioning team and the effects of their work on OR flow.

Another alternative, to the above recommendation, is to let the EVS Staff become part of the OR Staff, with control, training and disciplining in the hands of the OR Manager.

15. Front Desk Congestion and Noise

Finding: The front desk of the OR is the hub of all activity and area where the OR board, Unit Secretary, Nurse Manager and Charge Nurse work. This space is the CN’s “office.” She works between the board and the phone (located behind the unit secretary) coordinating schedule changes, physician schedules, staffing and patient arrivals. The CN is communicating these changes to the RN’s in the OR Rooms via phone. This small space also houses the Unit Secretary who spends most of her day coordinating activities via telephone.