One way an OR manager and a supply, processing and distribution (SPD) manager found to overcome an inefficient and sometimes adversarial relationship between their departments was to have their staffs walk in each other’s shoes.

As part of a quality improvement (QI) project, OR and SPD staff spent time in each other’s departments, watching and learning how tasks are accomplished. The lessons learned helped mend fences and generate ideas to improve the relationship and the process.

Within a year of the project, Joanna Roland, RN, BSN, CNOR, CNA, nurse manager of the OR at Central Texas Veterans Healthcare System, Temple, Tex, and Maleah Ordens, CRMST, chief of SPD, successfully brought together 2 departments that once operated independently and with little coordination.

By forging a collaborative relationship, the departments have been able to tackle a number of issues including moving to an automated inventory system; standardizing case carts, supplies and equipment; and adopting a consignment program.

“Where we should have been hand in glove, we were separate departments and didn’t understand each other’s processes,” Roland says. “In order to work together more effectively, I proposed to send my surgical technicians and RNs down to SPD and walk through their prep, decontamination, and case-cart side.”

In turn, Ordens sent SPD personnel into the OR to better understand how surgical nurses use case carts and supplies in actual operations.

“By having a better understanding of the common goal—to provide the best possible care to our veterans—our departments began a collaborative partnership,” Ordens says.

Central Texas is one of the largest of the 16 integrated health care systems in the Department of Veterans Affairs. It includes Olin E. Teague Veterans’ Center, the Waco VA Medical Center, the Thomas T. Connally VA Medical Center, and 4 outpatient clinics, for a total of about 1,063 beds.

Roland oversees 8 ORs at Central Texas, and Ordens provides SPD services to the 3 Central Texas hospitals and 5 clinics. SPD cleans, processes, stores, and distributes sterile and nonsterile supplies, instruments, and medical equipment for clinical use across all facilities and for surgical use.

Creating the team

Once Roland and Ordens decided to improve relations between the departments, they formed a QI team with employees from both departments to talk about ways to improve performance.

“We worked with those teams from the beginning. Then we took ourselves out of that role and let them work on their own,” Roland says.

“We were selective in choosing people for the team,” Ordens says. “We wanted eager beavers and people with positive energy.”

In the beginning, however, Ordens says the meetings were tense. “Nobody was sure what we could do,” she says. “We quickly realized what we could accomplish. We come to the table with open minds. There will be times when there will be disagreement. We know that the final decision will be for the good of the veteran.”

High-problem areas

Orthopedics and cataract surgery were high-problem areas.

“Neither one (OR and SPD) understood what the other was doing,” says
Roland. “We cannot do our job without SPD, and they can’t do their job without surgery.”

One problem the team identified was a mysterious situation where trays on case carts were being delivered to the OR in damaged condition.

“We would have 6 of 18 trays with little holes in them. We complained to SPD that they should be catching these problems,” Roland says. “We were wasting time having to reprocess trays, which delayed operative procedures, and SPD had to duplicate work by rehandling and assembling the same trays.”

Ordens says the SPD staff felt certain they were not damaging trays during packing procedures.

“They talked about it and felt they were doing it right. They felt something must be happening when the carts went up, or later (in the OR),” she says. The OR staff went down to SPD to see how the trays were processed, and the SPD staff came to view the OR process.

In the investigation, the team discovered the source of the problem.

“We found the wire racks on the new case carts had small solder points that caused tears in the trays when they pulled the instrumentation out,” she says.

The racks were reversed on the case cart, which helped reduce the problem.

Another complaint from nurses was that the supplies on the case carts were not arranged for optimum removal, Roland says.

“Watching surgery gave (materials management) staff a better understanding of how the staff in the OR worked,”Ordens says. “We learned how to arrange the carts to make them more user-friendly.”

The teams also found that using custom packs on certain cases reduced the workload for both units and provided a more organized and less labor-intensive effort, which increased productivity.

Tom Scott, MD, who became chief of surgery in July, says he is impressed with how well the OR and SPD communicate and resolve problems.

“I have seen this unfold in different ways,” Dr Scott says. At a previous hospital, he had control over the OR and sterile services. He said he also has worked in situations like this, where services cross lines. “Here, the surgeons report to me, but the OR nurses do not. We work together in a matrix fashion. It can work well either way, or it can be dysfunctional.”

The key, Dr Scott says, is to establish clear lines of communication.

“Now the real issue is how we consolidate these gains and integrate this into our culture,” he says. “Sustaining this is the main issue. We are still reaping the benefits from more effective matrixing that they have worked out over the years.”

**Well-oiled machine**

Interdepartmental teams continue to meet to work out issues and discuss projects, Roland says. Orientation of new employees includes visits to the SPD and the OR so they can learn about operations. To increase communication, Ordens has added a full-time liaison between the 2 departments.

“We are a well-oiled machine now,” Roland says. “We hear about adversarial relationships across the nation between OR and materials management, but our staffs here work for each other. We are problem solvers.”

Among issues the interdepartmental OR/SPD quality initiative has addressed:

- Moved inventory supply purchasing and management out of the OR and into SPD. In 2002, SPD hired an inventory management specialist for the OR.
- Standardized video systems for orthopedics, urology, cardiology, and other surgery departments. Now, when a video system breaks down, replacements can be more easily found because of interchangeability.
- Established stock par levels. This helped to reduce inventory and increase cash flow.
- Helped to install and train personnel for an automated inventory system. This helped provide necessary data to reach agreement with physicians on standardization efforts.
- Implemented an inventory management system with bar coding. During the
first 3 months, more than $130,000 was recovered through reduction in infor-
mal inventory, lower par levels, the ability to have a system that could flag crit-
ical par levels, and standardization.

• Adopted an orthopedic consignment program.
• Worked with physicians to standardize supplies and equipment, including
  surgical beds, saws, and drill systems.
  “The key for physicians is having a good attitude, being flexible and open-
minded,” Dr Scott says. “Surgeons are the end users, and we should have a lot of
interest in the process. Leadership is important, but not so much leadership at the
top. It is more important that people at all levels be leaders.”

Roland and Ordens say they believe in Robert Greenleaf’s “servant leader-
ship” theory.
  “As leaders, we need to listen to our staff because they usually know how to
fix the problem and to encourage creativity and thinking outside the box,”
Roland says. “Leaders need to be empathetic, rely on persuasion, and build a con-
sensus among the team members.”

The challenge in creating a collaborative relationship between the depart-
ments, says Roland, is that managers must be able to open lines of communica-
tions.
  “There was no blame assigned to issues but a strong commitment to resolve the
issues,” Roland says. “It makes us stronger as an organization committed to taking
care of veterans.”

—Jay Greene

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