

Reimagine Health Care Leadership, Challenges and Opportunities in the 21st Century

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Background Information: Healthcare leaders face many challenges in redesigning the healthcare ecosystem of the 21st century. Important considerations include human capital (leaders and staff) management and cost control. Under hospital-wide, centralized services in Information technology (IT), material services (MS) and finance models, these support teams for Perioperative Services were disconnected from the frontline managers who needed data for quality improvement and monitoring budget and resource utilization. In this model, support staff and clinical managers took several days to communicate managers' needs, complete database searches or financial reports, and notify requestor of results.

Objectives of Project:

1. To reduce communication and feedback delays among division team members.
2. To reduce surgical costs by providing surgeons with feedback on resource utilization in the operating room (OR).

Process of Implementation: The Senior Director (T.H.) of Perioperative Services championed a change management strategy that promoted more interactions across teams and mutual learning. Chief Administrative officers (CAO) at first expressed doubt about the new model but improved accuracy in reporting data because computer analyst staff had better understanding of clinical data & managers' needs by working side-by-side in same department was persuasive. Also, OR cost reductions proved the value of the model.

Statement of Successful Practice: The result of embedding the support teams into meetings with clinical management fosters more dynamic exchanges and consultation.

Objective 1 Outcomes: communications from finance support, material services manager and computer analysts to frontline managers reduced from 3-4 days to 6 -24 hours. Managers were able to learn more about the financial and material services ordering aspects of the leading a unit by being directly connected to these resource individuals within the service line rather than a centralized resources for finance and materials management.

Objective 2 Outcome: In the 4 months after the introduction of the surgical receipt the average cost/surgical case of 18 – 34 procedures dropped by 53%.

Implications for Advancing the Practice of Perianesthesia Nursing: Nursing leadership development must be supported by appropriate level of educational preparedness, and requisite set of competencies and skills. Skill building for our leadership team has been supported by having financial, IT, and material services support staff employed within the service line.