

OR Management News

The Independent Source of News for Operating Room Managers, Supply Chain Professionals & C-Suite

Volume 11 • Spring 2020

www.ormanagement.net

AI in the OR

Do New Technological
Advances Reveal the
Future of Surgery?

Coronavirus:
To Mask or Not to Mask?

Anaphylaxis From
Chlorhexidine Considerably
Underestimated

Brought to you by the publisher of
GENERAL SURGERY NEWS



Should I Hire a Consultant?

Why Health Care Organizations Should Make Consultants Part of Their Team

By DAVID TAYLOR, MSN, RN, CNOR

Today's health care leaders may ask why they should consider hiring a consultant when there are full-time employees in place to execute initiatives and solve problems. The short answer is consultants bring a wealth of knowledge and experience that may not exist within the organization, and they bring an unbiased third-party perspective that is vested in the success of your organization.

Health care organizations occasionally have challenging problems they need to be solved, but doing so can be difficult for several reasons. Day-to-day operations are already consuming your leaders' time, keeping them from taking on new projects; hospital systems may be experiencing staffing shortages that are stressing business opportunities; and regulatory changes are difficult to keep up with and even harder to incorporate into daily work routines. All of this creates silos and employees become distracted. They stop seeing the problems around them or the opportunities in front of them. This myopic view grows over time and can cost your organization dearly, squeezing your margins.

Filling the Void

Working diplomatically, consultants provide provocative approaches that challenge the status quo and improve the bottom line. Research conducted by the Management Consultancies Association suggests organizations that employ consultants see returns that are six times their investment.¹

Consultants typically work with the executive team, bringing a clear and objective perspective while contributing fresh ideas that are results oriented. They are not afraid of letting leadership know there is a problem. Consultants can ultimately save organizations time and money by prioritizing capital and resources for both short- and long-term goals, thereby letting employees focus on their areas of expertise.

Assessment and Implementation

A quality assessment can take a few days (macro view) and as long as a few months (micro view). During an assessment, a consultant will typically evaluate the institutional culture, review staffing models, scheduling practices, educational programs, inventory and supply chain costs, and analyze infection and quality control measures. Most firms then provide a summary of their findings and make recommendations for proposed changes, which could include organizational structure, training and education, and equipment and design options. A consultant can scale the project needs to the organization's internal capabilities, partnering with leadership to facilitate and coordinate every aspect of the project.

Situations to Hire a Consultant

If your organization is due for a regulatory agency visit, a consultant can provide a pre-survey visit and help prioritize needs. If your organization has been cited by the Joint Commission, or worse, by CMS, a consultant can help you work toward a

resolution quickly. Other areas that a consultant can help with include:

- Performance improvement initiatives that reduce care variations and improve quality outcomes.
- Improvement of workforce productivity and effective allocation of scarce resources.
- Boosting transformational change and establishing cohesive interdepartmental relationships.
- Facilitation of OR, PACU and pre-admission testing standardization.
- Preference card standardization, cleanup and ongoing card management.
- Supplying design assistance with new construction or facility renovations.
- An objective perspective when previous attempts to meet needs were not successful.

The Cost of Doing Business

Although it may seem the hourly rates and expense of hiring a consultant are high, the true costs may be nominal when an organization considers the median salary of an equivalent executive-level position plus the cost of benefits—such as health insurance, 401(k)/profit sharing and lack of taxes—as well as ease of termination once the job is completed. Consultants can hit the ground running and need very little oversight. They require no training, company orientation or hand-holding. Working long hours is part of their job. It is not uncommon to see consultants working every shift and even on weekends to gain clarity into the issues their clients face.

continued on page 22

Coronavirus: To Mask or Not to Mask?



By FREDERICK L. GREENE, MD

The recent emergence of a deadly mutated strain of coronavirus (COVID-19) and its spread across the world has heightened interest in the role of the surgical mask as one possible barrier to a potential pandemic. The media has touted the use of surgical masks and the types of masks that should be worn as a barrier to airborne viral spread. The need and desire of entire urban populations and travelers for facial barriers have literally created a worldwide shortage of surgical masks and viral barrier respirator masks. The largest surgical mask provider, Prestige Ameritech, no longer is accepting orders for masks from individuals as it focuses on supplying U.S. hospitals. Not since the SARS epidemic in 2002-2003 has there been such interest in the varieties of mask protection.

Initial interest in the use of masks as protection against infection, especially tuberculosis, began in the late 19th century but did not routinely translate to usage in the OR until the 1920s. It is reported that Paul Berger, a Parisian surgeon, first began routinely using a mask during surgical procedures in 1897. These early masks were made of fine mesh gauze and used to cover the mouth only. During World War

I, the use of gauze masks in military hospitals was introduced to protect patients who were placed in mixed wards with a high incidence of respiratory infections.

During the influenza pandemic of 1918, wearing of gauze masks became commonplace, but sadly in retrospect, masks were not protective in trapping viral particles. Throughout the early 20th century, varieties of masks were introduced to prevent bacterial transmission from OR personnel to patients. With the recognition of viral contamination, this filter concept gained greater importance.

'While the wearing of surgical masks may be beneficial in locales with smog or other environmental pollutants, they are woefully inadequate for protection against the mutated coronavirus.'

As we began operating on HIV-infected patients with laparoscopic techniques in the late 1980s, the release of a "viral plume" into the OR from the escape of the carbon dioxide used for creation of a pneumoperitoneum became a concern. This led to the development of mask filters that would lessen transmission of viral particles and afford increased protection for the operating team. Later improvements would usher in the mask respirator

concept now designated as the N-95 mask recommended for protection against viral particles and especially COVID-19.

While the wearing of surgical masks during seasons of heightened respiratory illness has been commonplace in Asian cultures, this protective strategy remains infrequently used in North America. The current spread of COVID-19 is changing all of this. While the wearing of surgical masks may be beneficial in locales with smog or other environmental pollutants, they are woefully inadequate for protection against the mutated coronavirus.

It is both appropriate and beneficial as a public health mandate that surgeons should have proper knowledge regarding mask protection that could be shared with patients, their families and, when asked, the media. The assumption that the wearing of a surgical mask is protective for populations at risk from respiratory-mediated viral epidemics should be dispelled. Adequate hand-washing is a better preventive measure than wearing nonprotective facial barriers. While the spread of COVID-19 has rightly engendered fear, the ultimate antidote against fear is fact, and who is best suited to provide appropriate facts regarding the drawbacks of surgical masks and the benefits of hand-washing? Surgeons—that's who!

—Dr. Greene is a surgeon in Charlotte, N.C.

Hiring a Consultant

continued from page 20

Conclusion

Challenging problems and/or controversial projects can be hard for organizations to take the necessary steps toward without getting wrapped up in the emotions or politics to make the change that is needed. Workplace culture commonly is a significant barrier to change for any health care organization. Today's leaders know that overcoming this barrier demands appropriate and thoughtful staff engagement to create the buy-in necessary to support needed changes. When choosing a consultant, cultural compatibility is

important. It is essential that they understand the change that is needed and can work within the culture that exists.

References

1. Management consultants help achieve enormous cost savings. <http://bit.ly/2OpaVTT>. Accessed February 3, 2020.
2. Don't be fooled—the real cost of hiring an employee vs a consultant. <http://bit.ly/2UsixA>. Accessed February 3, 2020.

—David Taylor, MSN, RN, CNOR, is an independent hospital and ambulatory surgery center consultant and the principal of Resolute Advisory Group LLC, in San Antonio.

