A competent institution is characterized by individual and collective knowledge, skills, and attitudes that enable an organization to operate effectively.

In the context of patient safety, a competent organization is one whose structures and processes enable care that is safe, effective, patient centered, timely, efficient, and equitable.

Nurses and all health care professionals function best when the systems in which they work are competent and enable them to provide high-quality care.

It’s time hospitals and other organizations are held accountable for being competent in quality and patient safety, when nurses and other health care professionals are being called upon to do the same.

A Deep-Seated Problem?

Rapid response systems offer a solution for nurses in medical-surgical and other units, and are especially valuable during periods of peak patient flow. Because nurses must work more quickly during these periods, errors and near-misses may be more likely to occur. Even seasoned nurses with highly developed critical assessment skills can be so busy that they miss a patient whose condition is deteriorating. Rapid response teams are a safety net to catch patients who might fall through the cracks.

Are rapid response teams a Band-Aid on a more deep-seated problem in hospital management? This is the conclusion reached by Professor Eugene Litvak and Dr. Peter Pronovost (2010). Litvak is adjunct professor in operations management at the Harvard School of Public Health and president of the Institute for Healthcare Optimization. He hails from Russia where he helped the trains run on time using queuing theory and variability methodology, common tools to improve operational performance in organizations around the world. Dr. Pronovost is a patient safety leader at Johns Hopkins.

Professor Litvak observed that peak periods of overcrowding in hospitals occur even though, on average, they have an occupancy rate of 66%. These peak periods increase the stress on everyone working in the system, and make it challenging to assign patients a bed in an appropriate unit. These high-volume periods occur because of poor management of patient flow. Contrary to the belief that patient flow just “happens,” it can be managed. Litvak and Pronovost trace the peaks and troughs of patient flow to how elective surgeries are scheduled.

Thoughts on Scheduling

Think about this. Imagine if the airlines scheduled all their flights only when pilots wanted to fly. Assume that few pilots wanted to fly before 6 a.m. or after 7 p.m. Assume, too, that pilots wanted to take Fridays off to play golf. The consequences are predictable. Flight schedules are compressed. Airline and airport staff – air traffic controllers, flight engineers, flight attendants, baggage handlers, and maintenance staff – work around pilots’ schedules. Airports are more crowded as passengers cool their heels waiting in longer security lines that snake outside the airport. Bad weather and flight cancellations wreak havoc when passengers try to rebook. More fre-
quent take-offs and landings in a compressed time period increase the risk of a near-miss on the runways or worse. During times of underused airport capacity, the airport is calm.

In most hospitals, elective surgeries such as knee replacement are scheduled around the doctors’ convenience. Nurses’ and other hospital staffs’ schedules revolve around the doctors. Mondays might be a peak period and crammed with elective surgeries. Fridays may be a quiet period when nurses can spend more time with patients.

A better solution is to control the flow of patients into medical-surgical and other units, which requires going upstream and making institutional-level changes.

When hospital administrators take control over operating room time and assign times when doctors perform elective, non-emergency surgeries, the flow of patients becomes more predictable. Doctors prefer to set their own schedules but by managing the scheduling, frenetic rush hours disappear. Patients can be cared for in appropriate units, and nurses can spend more time with patients and notice subtle changes in their conditions.

Litvak’s research found that hospitals can perform more surgeries using the same capacity more efficiently. Nursing overtime hours decrease. Doctors are enthusiastic about the new system. Fewer surgeries are cancelled. These outcomes are achieved because the chaos during peak periods is engineered out of the system.

Operations Management

The National Academy of Engineering and the Institute of Medicine (2005) urge health care organizations to adopt operations management and other tools that can improve the functioning of complex health care organizations. A joint report, “Building a Better Delivery System: A New Engineering/Health Care Partnership,” concluded that hospitals and other health care organizations have neglected engineering strategies and technologies that have revolutionized quality, productivity, and performance in many other industries.

Health care organizations that use these technologies are on the way to becoming competent institutions. Nurses and all health care professionals function best when the systems in which they work are competent and enable them to provide high-quality care. It’s best when the systems in which they work are competent and enable them to provide high-quality care.

REFERENCES


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