

# Multidisciplinary Perioperative Huddles: Collaboration Leads to Increased Efficiency

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## BACKGROUND - ASSESSMENT

Several years ago, management at Memorial Hermann The Woodlands Medical Center realized the need to further review the upcoming surgery schedule to decrease same day cancellations and case delays.

Multidisciplinary huddles were formed to provide an opportunity for verifying case preparation needs and resolutions.

## DESCRIPTION OF TEAMS

Weekly Operational Huddle meets for 1 hour on Tuesday mornings and consists of Surgical Services Managers from OR, CSPD, Materials, OR Clinical Coordinators, and Executive Service Line Director as needed.

Daily Schedule Huddle consists of representatives from Operating Room (OR), Central Sterile Processing Department (CSPD), Materials Management, and Surgery Scheduling.

## PREPARATION - PLANNING

Focus includes proper preference card selection at time of posting, eliminating multiple discrepancies between scheduled posting and surgeon orders, lack of or improper implant availability, product representative and specialists unaware of case, equipment and instrument conflicts, as well as inconsistent time allotments for procedures.



## IMPLEMENTATION

Weekly Operational Huddle topics discussed include:

- Difficulties encountered with supplies or instruments; escalate repeat occurrences to avoid future case delays
- Needs for upcoming cases: specialty equipment, instruments, or implants
- Capital purchase requests, product acquisition difficulties, repair status updates
- Emphasis is placed on patient safety and operational excellence

Daily Schedule Huddle occurs at 1pm to allow for add-on cases to be incorporated and includes:

- Clinical Coordinators read the schedule while other members take notes of changes
- Equipment and supply conflicts are highlighted and rectified prior to day of surgery. Incorrect preference cards are corrected by scheduling, materials and SPD
- Designated members track the number of C-arms, Stealth, O-arms, specialty tables, and other necessary items to avoid conflict or cancellations

## OUTCOMES

Empowering high level participation from all resulted in:

- Decreased preference card errors
- Decreased cancellation or postponement for missing implants or supplies
- Decreased instrument and equipment conflicts
- Improved room utilization
- Increased staff satisfaction

## PRACTICE IMPLICATIONS

Collaboration with support teams throughout perioperative services decreases wasted time and materials, procedure cancellations or schedule delays, and equipment conflicts. This yields a more efficient operating room.

## REFERENCES

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