

# SURGICAL SERVICES OPERATIONS

## Vision

*Methodist Health System will be the Surgical Centers of choice for patients, physicians, and staff.*

**Nebraska  
Methodist  
Health System**



**METHODIST**

## Meeting Update:

The meeting structure for Surgical Executive Committee, and Surgical Data Committee are currently being overhauled.

The purpose of these groups will be expanded to include quality data, such as, Surgical Site Infections, DVT rates, etc... In addition, the groups will be incorporating other groups information, such as Orthopedic Co-Management, Enhanced Recovery, Cardiovascular Service Line, as well as others.

The main topics of the SEC and SDC will be sure to cover our overall vision, along as focusing on how it fits into our overall strategic plan.

## Surgical Services Update

### Phase 2:

One of the many benefits of the finished construction project on 1 south is being able to discharge patients following outpatient surgery in the Main operating rooms. We started this process after the first of the year, and we have seen great results. In the first 7 weeks, we discharged over 300 patients from Phase 2. Many of these patients would have gone to 5 south or 9 south. This has been instrumental in keeping beds on the floors open for other patients.

Through the first several weeks of implementation, we have had the opportunity to review the process for discharging patients. These include.

1. Proper orders: including a discharge order, follow up visit instructions, and completion of discharge medication reconciliation.
2. Specific orders for discharge criteria: Including if the patient must void, or should be on bedrest.

Please be sure to include these orders when sending patients home.

In addition, guidelines have been created to ensure we are not only discharging patients from Phase 2, but we are also attending to the needs of other patients, and ensuring the overall flow in PACU is not disrupted. These guidelines are listed below:

1. Length of stay in Phase 2: Any patient needing to stay in Phase 2 for longer than 2 hours will be planned to go to the floor to be discharged.
2. Hours of Operation: Typically Phase 2 has been busiest with discharging patient between 8:00am and 5:30pm.

If there are questions regarding what is needed to discharge patients home from Phase 2, please call informatics at 4-6690.

Thank you to everyone who has made this successful.

### Weekend Staffing:

Recently there have been questions regarding staffing on the weekends. Currently, on Saturday from 7:30am to 3:30pm, there are two schedulable rooms for surgeries. Preop staff are available from 0530 to 2 pm. All other cases are expected to be prepped by the floor nurses.

On Sundays, all OR cases are based on a urgent/emergent status. Designated staff 'on-call', and most of the cases are given a time based on first come, first serve. The only exception to this are cases that are deemed 'emergent.' The expectation is that the patients are prepped for surgery on the floor. There is a preop RN on call from 6a-2p to assist with the 'to follow' cases.

Nebraska Methodist Health System		
Service	2019	2018
Anesthesia/Pain Management	162	197
Cardiology	448	387
ENT	23	35
Gastroenterology	708	703
General Surgery	640	637
Head & Neck	229	232
Neuro-diagnostic	0	0
Neurosurgery	109	79
OB-Gyn	988	872
Oncology	7	10
Ophthalmology	99	117
Oral Surgery	1	1
Orthopedics	695	675
Plastic Surgery	42	41
Pulmonology	46	47
Radiology	532	467
Thoracic Surgery	69	74
Urology	416	377
Vascular	193	140
<b>TOTAL</b>	<b>5407</b>	<b>5091</b>

This chart shows the overall volumes and total procedures completed by specialty for the first two months of 2019 compared to 2018. This includes procedures completed throughout the health system.

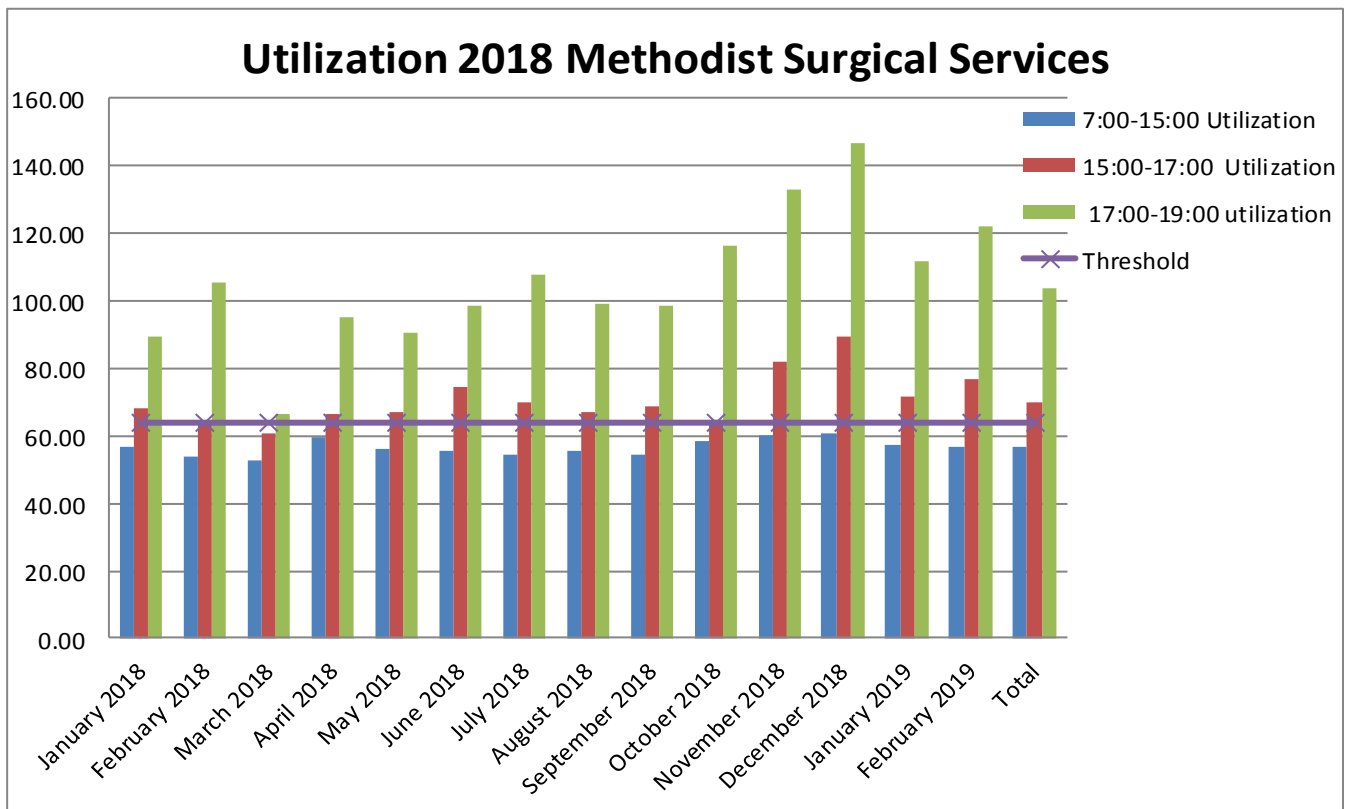
### Other Updates:

#### Navicare:

The decision has been made to change from NaviCare to a Cerner product. Navicare is at end of life, and must be replaced. A team will be working with a Cerner representative to ensure that the Cerner product will meet our needs moving forward.

#### Construction:

Construction is well underway for the air handler upgrade in the cancer center. Currently this is effecting Operating Rooms 25-27. Along with the air handler upgrade, some minor updates are occurring. This includes updating the wall coverings, new ceilings, etc.



This graph shows the Operating Room Utilization for all surgical services areas. This includes Methodist Hospital Surgery Center (MHSC), which is comprised on MOR, and OPS, Women’s Hospital, Healthwest, GI/Endoscopy, and Cath lab. The threshold for anesthesia utilization from 7am-3pm has been set at 64%.