

ONE LOVE, ONE HEART – Uniting Cardiac Surgery Programs Within a Network

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ONE LOVE, ONE HEART – Uniting Cardiac Surgery Programs Within a Network

Perioperative Services

Lehigh Valley Health Network, Allentown, Pennsylvania

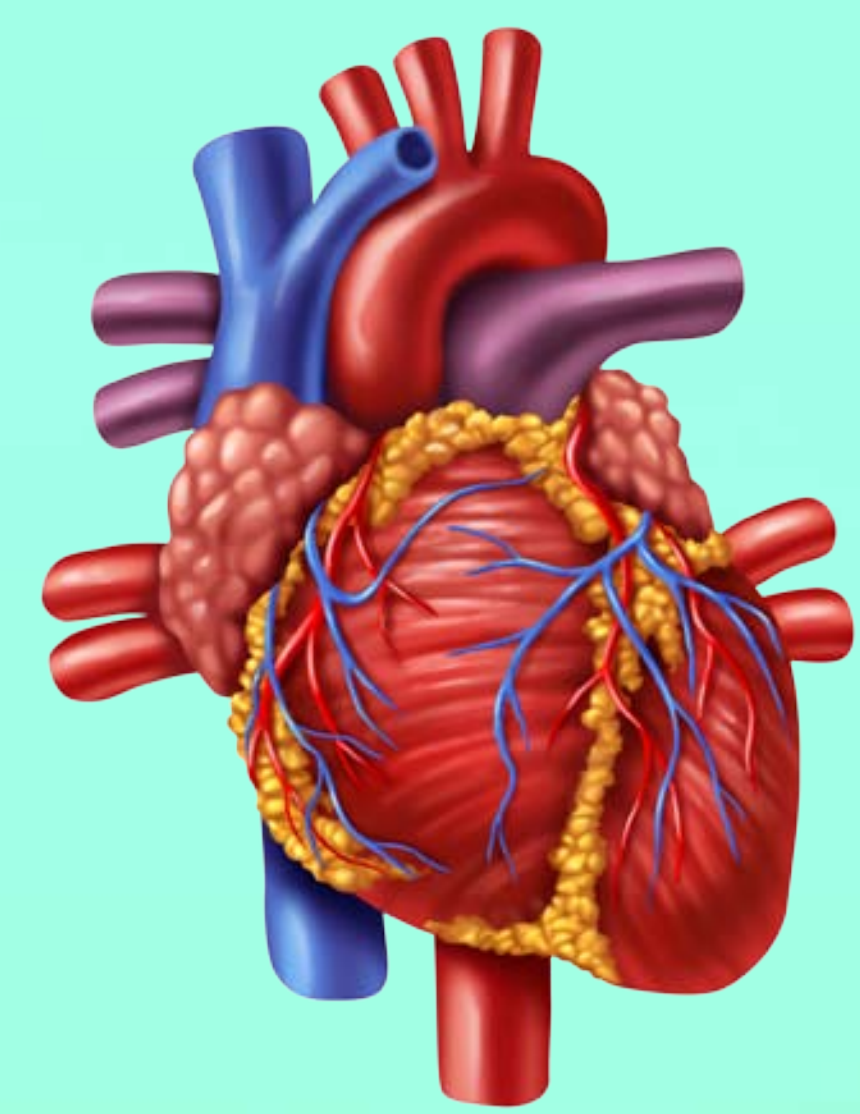
Behavioral Objectives:

- Identify process for implementing a specialty specific OR float pool
- Recognize cultural differences and practices
- Merge cultural differences to create a new culture

Methodology:

To begin the merger, one central director was appointed to manage and be accountable for changes. The first step was joining the two, otherwise separate, teams. Volunteers from the more stable site were requested to help with the merge and transformation. Meetings were held to discuss the differences and similarities. Based on the inconsistency of volume across both sites, the decision was made to provide an avenue for temporary employees-which developed in a specialty specific float pool. This voluntary group was compensated for their flexibility in staffing both units. Continuing a rotation to both sites, helped to keep skill competency of this float pool flourishing. Additionally, this group assembled to aide in the coverage of call required to keep the site operational. Standardization of practice issues occurred, beginning with items, such as instrumentation and equipment. Bonding of the teams through workgroups and establishing common ground allowed for the major differences to become alignments.

Problem Statement:



An active cardiothoracic service at a Magnet, Level One trauma center was servicing the community in two different physical locations. Despite the key procedures being identical, nursing, inventory and technique couldn't be further apart. Instrument trays were different, and ancillary personnel and processes were inconsistent. After key staff members resigned, one site was left with insufficient staffing. A plan to support case volume was required to continue the services provided. The plan uncovered vast cultural differences. Adding to concern was the necessity for call hours to allow the functionality of the program to continue. With the reduction in workforce, this was an unmanageable task.

Rationale:

Staff and patient satisfaction were paramount in the need for reform. Without the appropriate staffing or call coverage, the services could not be provided. If services were arrested, the community would suffer. Gaining buy-in from members of the team was principal in moving the program ahead. This opportunity brought about the ability to standardize and merge culture.



Results:

The interactions of the group resulted in the successful development of a float pool, standardized instrumentation, and cost saving opportunities. Perhaps the most important outcome was the creation of a group of nurses united in the cause of delivering safe, quality, and standardized care of the cardiac surgical patients within the community.



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