

The Operating Room

*Optimizing the experience for
patients and doctors*

Bruce L. Gewertz, M.D.

Surgeon-in-Chief

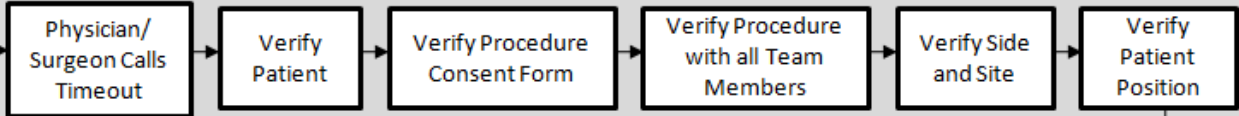
Vice-President for Interventional Services

Cedars-Sinai Medical Center



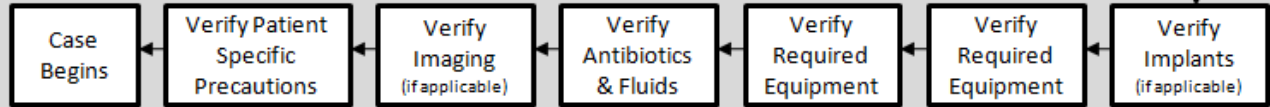
Timeout

- Patient already positioned
- Side & site prepped & draped
- If multiple sites involving laterality are involved, the process must be completed for each site



Participants: Attending Surgeon, Anesthesiologist, Nurse, Scrub Tech

Return to Trauma Team Admission Process

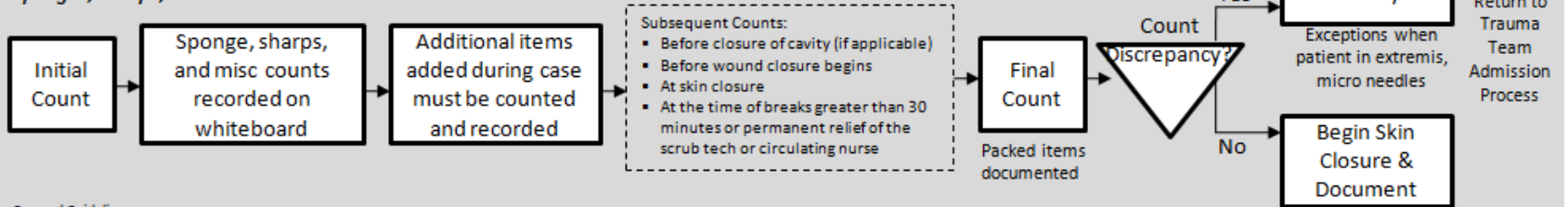


- Patient History
- Medication Use

Counts: Sponges, Sharps, Instruments, and Special Items

Owners: Circulating RN, Scrub Tech. Acknowledgement of count result is expected from the surgeon

Sponges, Sharps, and Miscellaneous Items

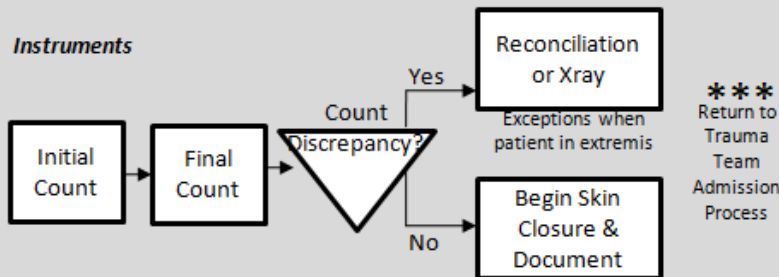


General Guidelines:

- Sponge count bags must be used
- Report from surgeon to surgeon regarding packed sponges when multiple procedures are performed
- When tapes, cottonoids, or sponges are cut, all portions must be accounted for & noted on the white board

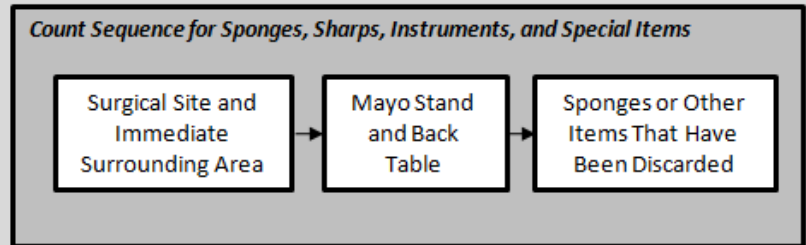
- All counted items must remain within the operating room
- Following the initial count, trash and linen bags must remain in the operating room
- Custom pack item lists, sponge wrappers, and suture package should be saved to assist in final count

Instruments



Return to Trauma Team Admission Process

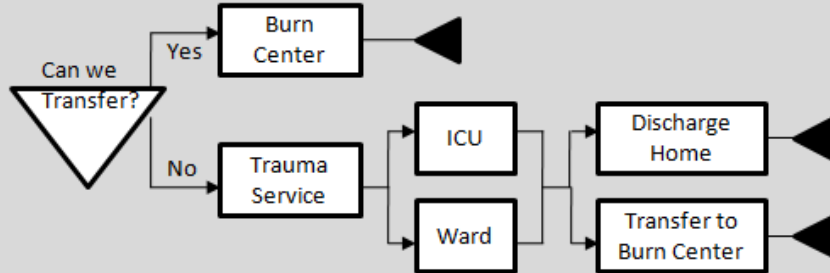
Count Sequence for Sponges, Sharps, Instruments, and Special Items



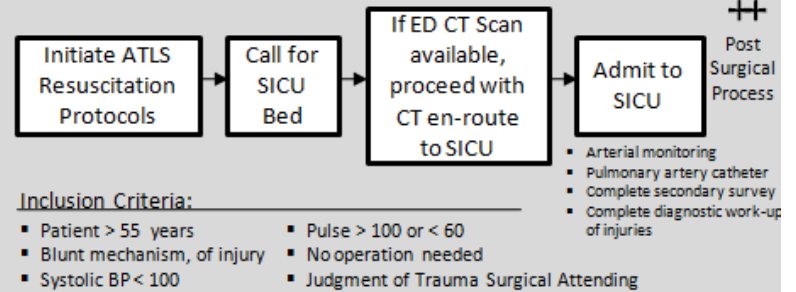
General Guidelines:

- Instruments must be counted by two people for all open cavity cases with an incision greater than two inches and all vaginal procedures
- Disassembled or broken instruments must be accounted for in their entirety

Burn Patient

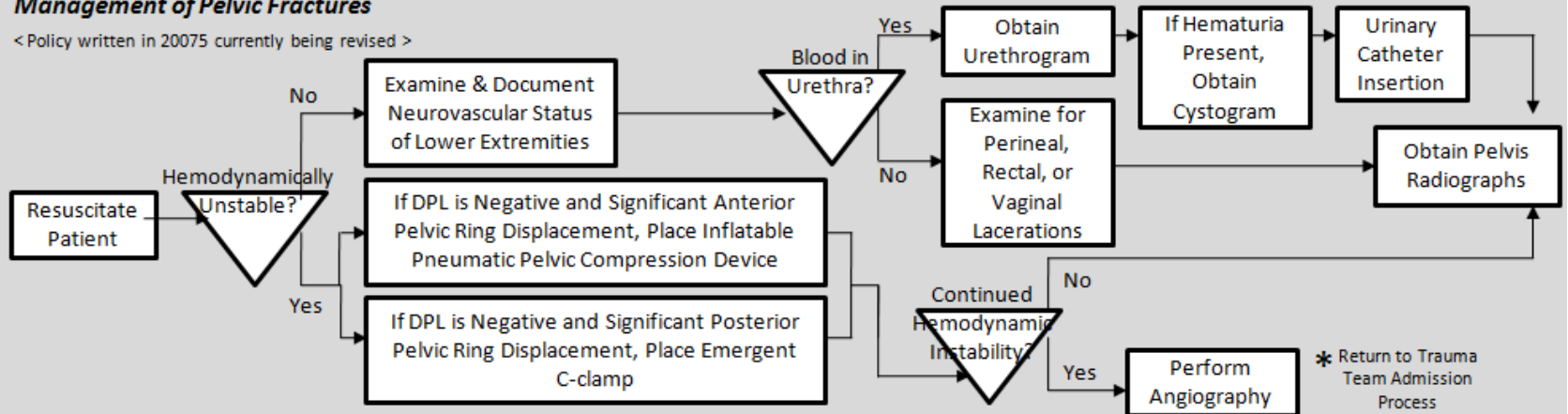


Blunt Trauma and the Elderly Trauma Patient

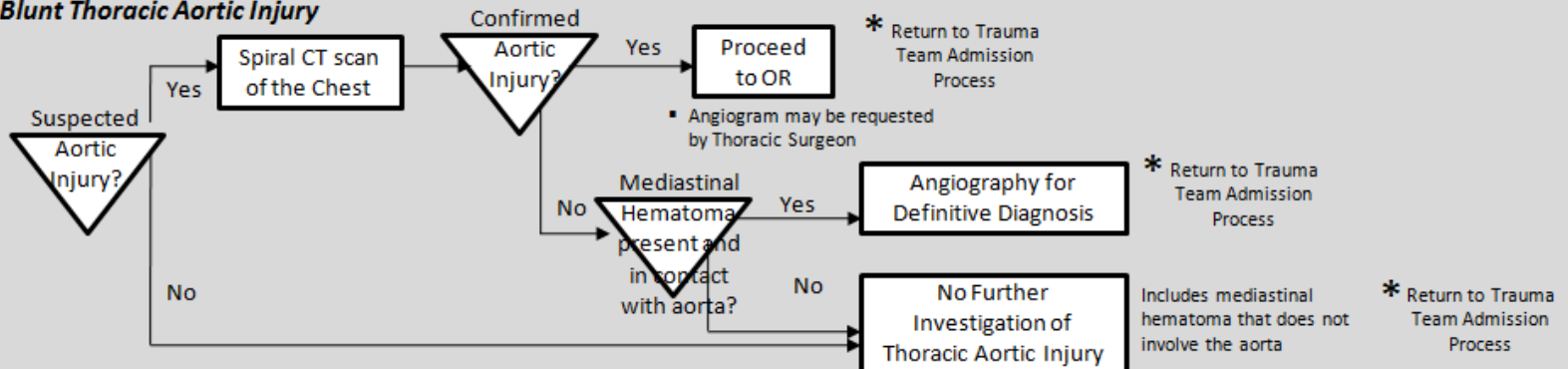


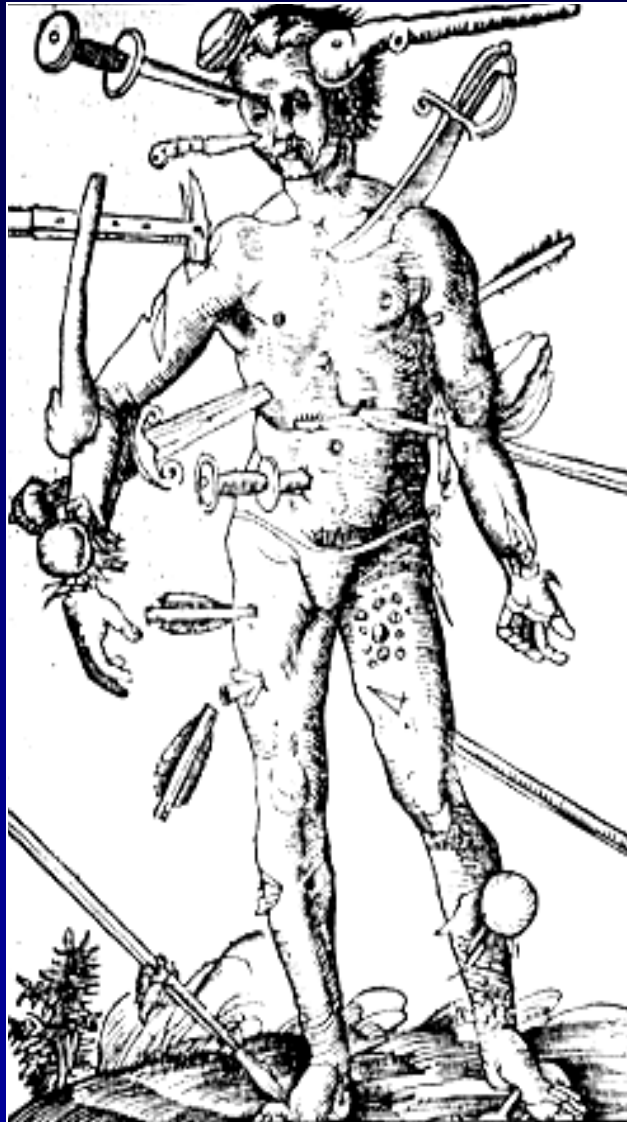
Management of Pelvic Fractures

< Policy written in 20075 currently being revised >



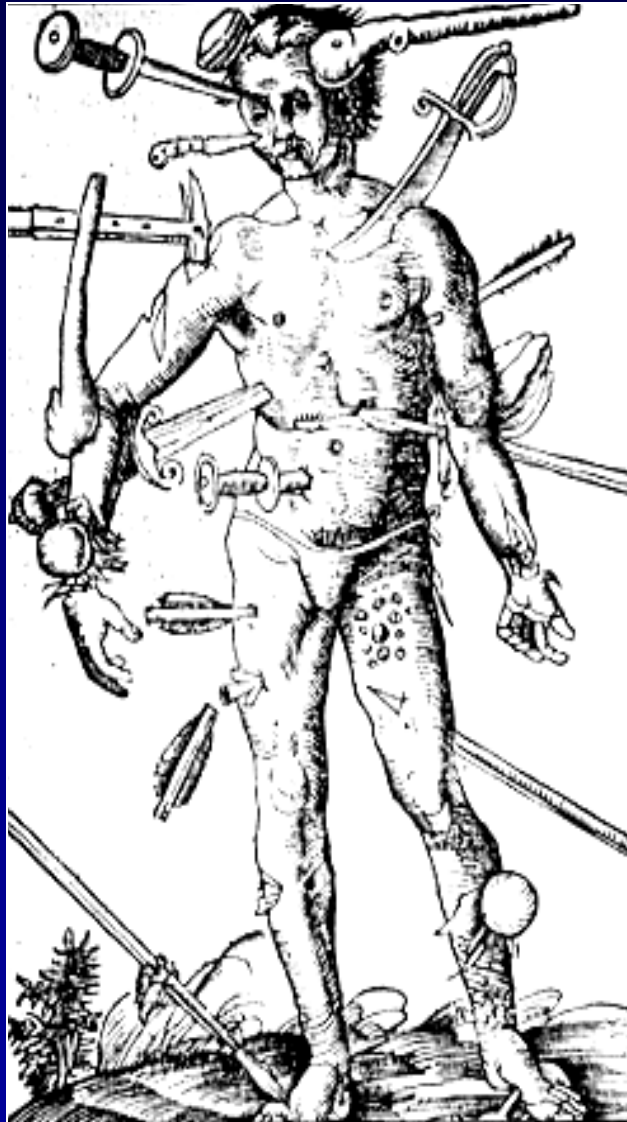
Blunt Thoracic Aortic Injury





**“Life is full of misery,
loneliness and
suffering.....**

- Woody Allen



**“Life is full of misery,
loneliness and
suffering.....**

**and it’s all over much
too soon”**

- Woody Allen

A lunchtime conversation.....

- late starts, equipment problems, long turn-overs are frustrating and have real impact on outcomes

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A lunchtime conversation.....

- late starts, equipment problems, long turn-overs are frustrating and have real impact on outcomes
- fostering collegiality and teamwork are even more important
- surgeons' attitudes and behaviors drive operating room morale and efficiency

Barriers to surgeon leadership are more apparent than real

Inhibited by

- our tendency to dissociate from “people” work
- inconsistent appreciation for others’ contributions

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Can be remedied by

- understanding the dynamics of success in OR
- maximizing “flow” in our daily work



"So, does anyone else feel that their needs aren't being met?"

Myth of leadership

Heifetz, *Leadership Without Easy Answers*, 1994

“.....a lone warrior.....a solitary individual whose heroism and brilliance enable him to lead the way”

The Wisdom of Crowds

James Surowiecki

(Doubleday, 2004)

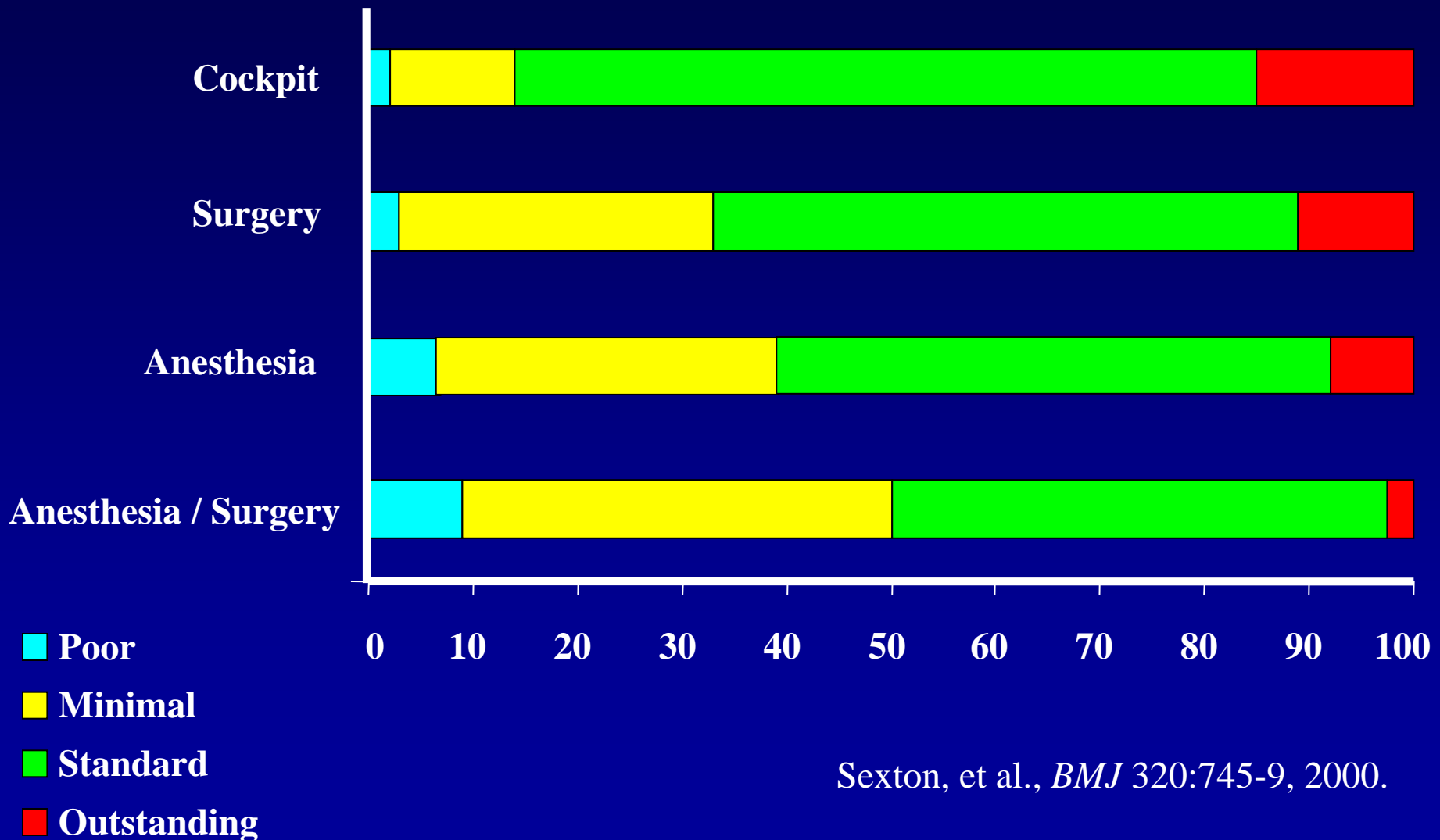
“Why the many are smarter than the few
and how collective wisdom shapes
economies, society and nations”

Jack Treynor's Jelly Bean Jar

- Group estimate was closer to actual number of beans than all but one or two individual guesses
- On repeated tests, closest estimates were never same people.....but group estimate was consistent and invariably close to correct number

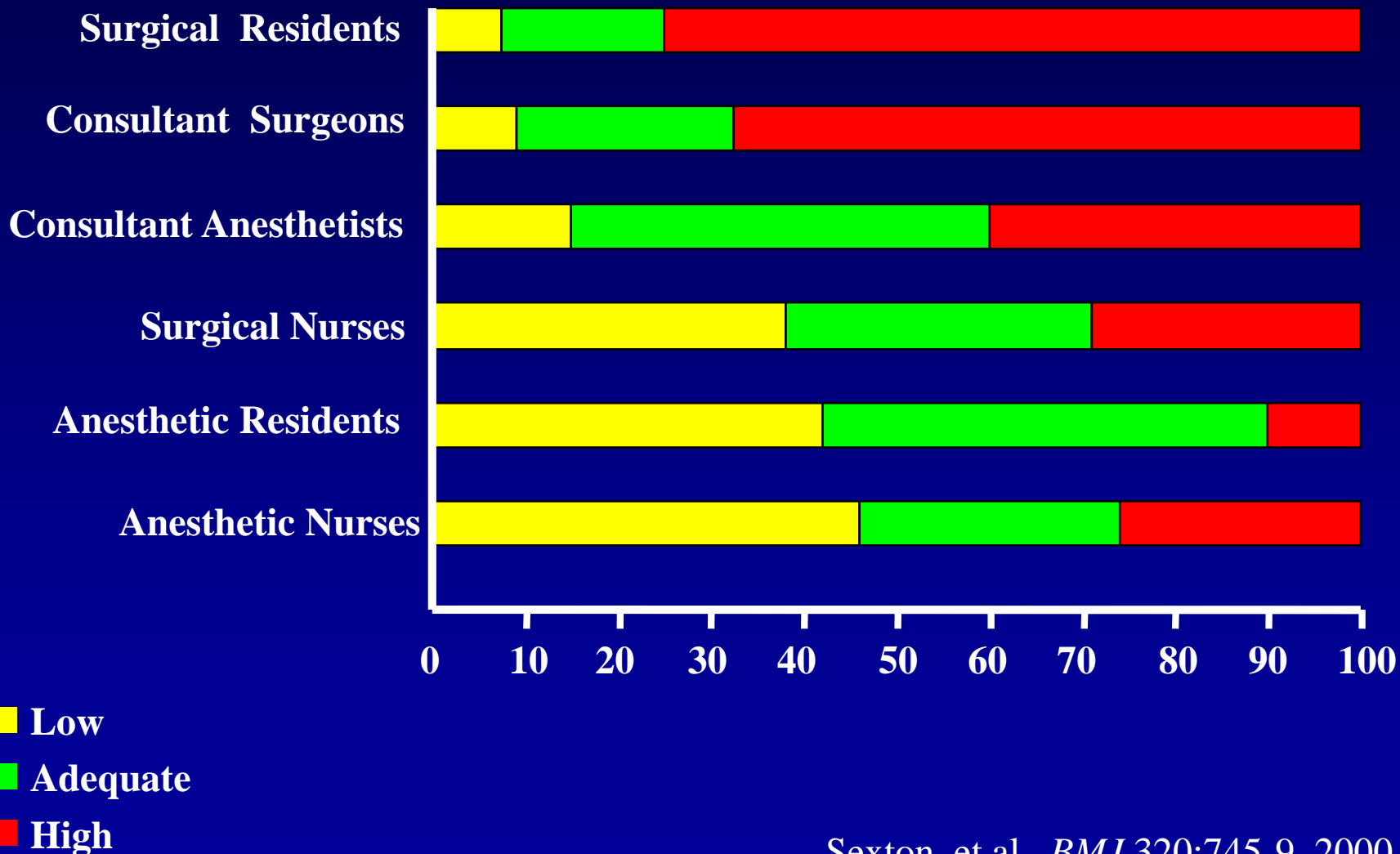


Trained Observers' Ratings of Teamwork



Sexton, et al., *BMJ* 320:745-9, 2000.

Rating of Teamwork with Consultant Surgeons



Sexton, et al., *BMJ* 320:745-9, 2000.

Role of Human Factors in Pediatric Cardiac Surgery

(Jane Carthey, Great Ormand Street)

- Reviewed high and low volume surgeons performing arterial switch procedures
- Defined and identified major and minor events
- Observed and recorded incidences of events and the effects on outcomes

Major

- hemodynamic instability
- damage to neo-aortic valve
- omission of pacing wires

Minor

- scheduling problem
- problems with availability of instruments
- distracting phone calls
- conflict with anesthesia

Effects of Major Events on Outcome

(J Thor Surg 2000;119:661)

- # major events/case **2.4 X**
- # uncompensated major events/case **23 X**

Effects of Minor Events on Outcome

(J Thor Surg 2000;119:661)

- # minor events/case **1.5 X**
- # uncompensated minor events/case **1.5 X**

Effects of Minor Events on Outcome

(J Thor Surg 2000;119:661)

- # minor events/case **1.5 X**
- # uncompensated minor events/case **1.5 X**

overall number of minor events is important not whether or not they are compensated

goal is avoidance of minor events since compensation is not “curative”

Characteristics of Operating Rooms Experiencing Good Outcomes

(Carthey et al, 2000)

- Confident in each others abilities
- Anticipating success
- Focused on sequential steps
- Adaptive to changing situation
- Balancing passion and technical precision

Characteristics of Operating Rooms Experiencing Bad Outcomes

(Carthey, et al, 2000)

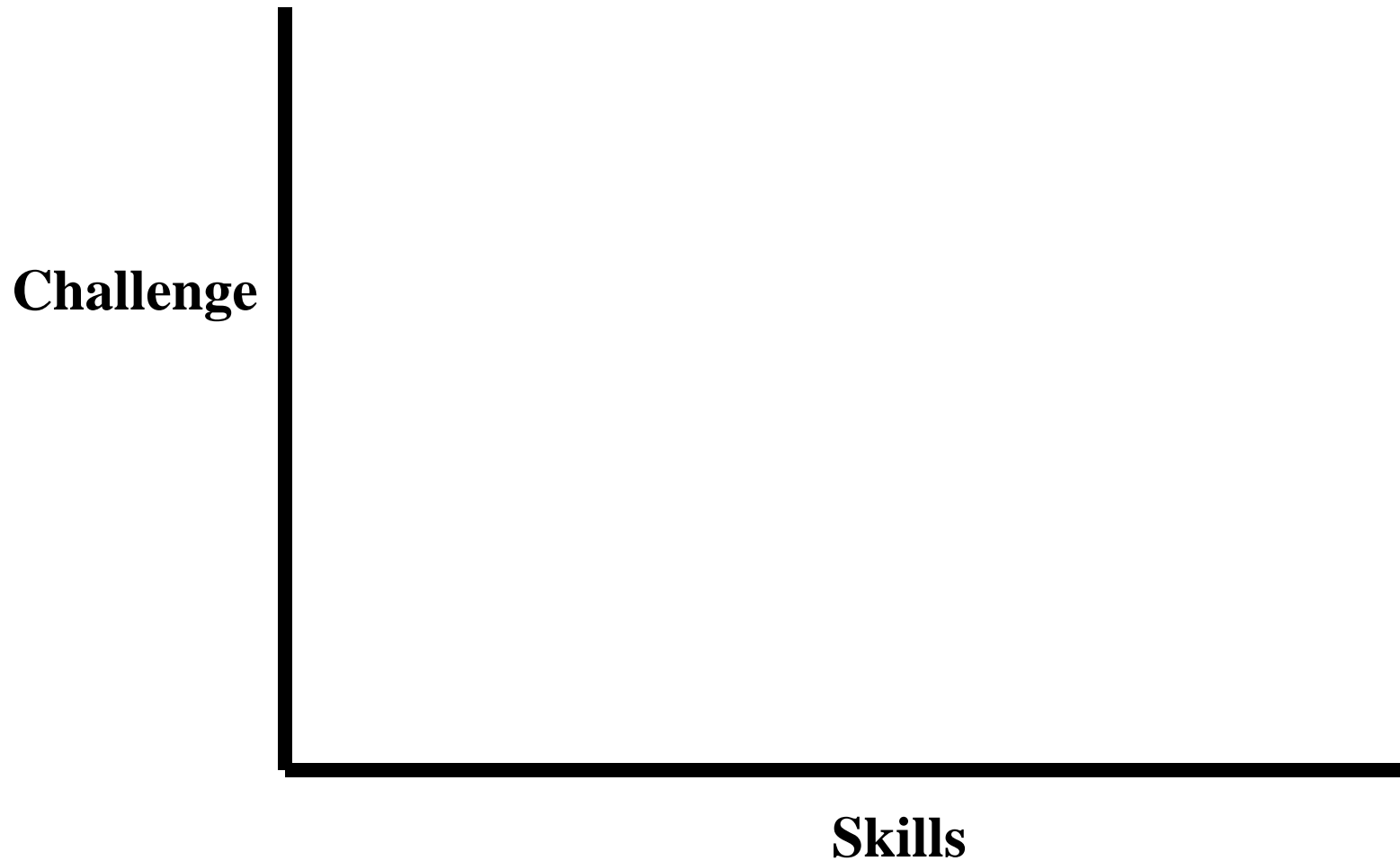
- Tension between physicians
- Unsure of abilities
- Focused on final outcome
- Inflexible and mechanical
- Easily distracted



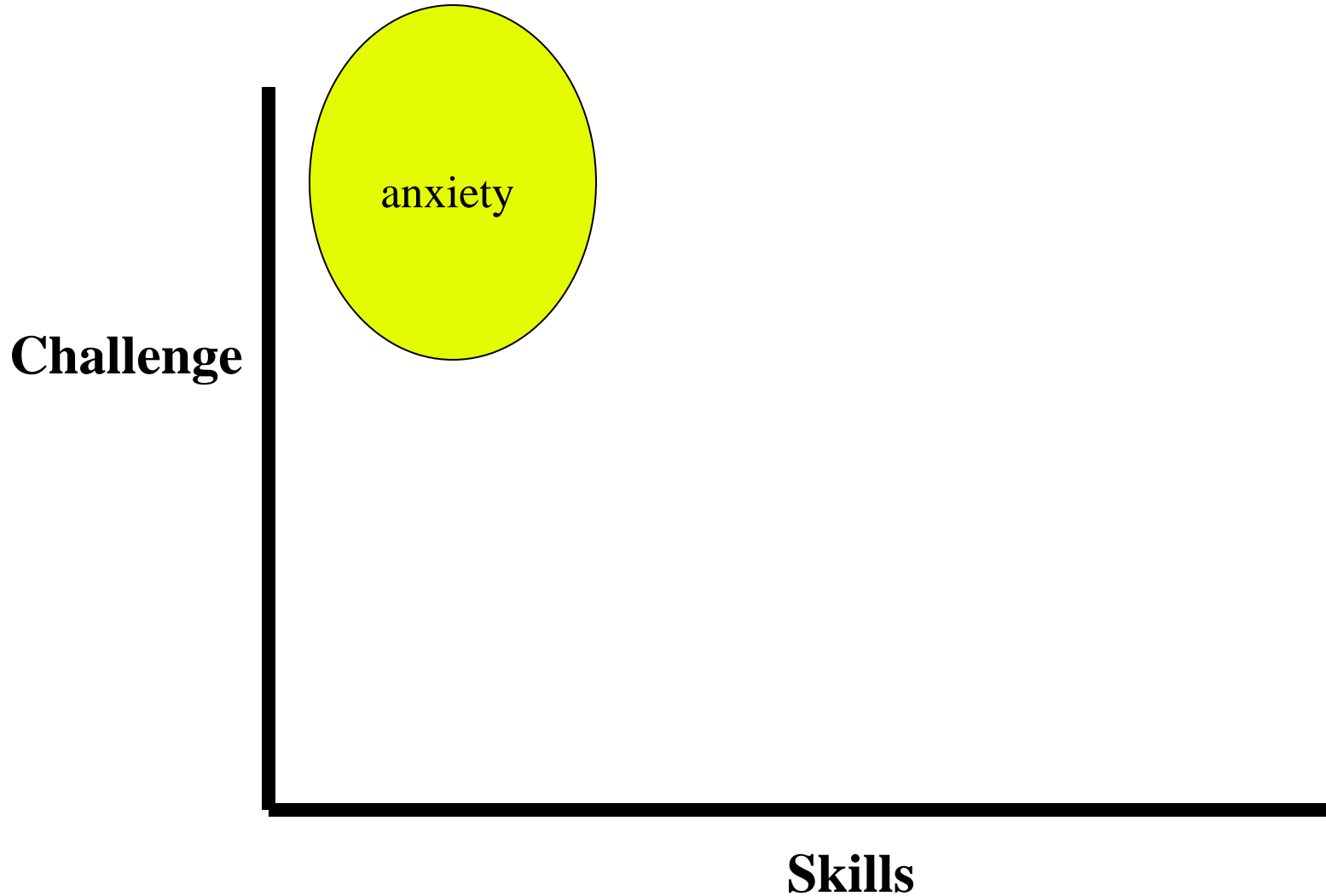
Mihalyi Csikszentmihalyi the concept of “flow”

*Complete immersion in
an activity which is
complex, purposeful and rewarding*

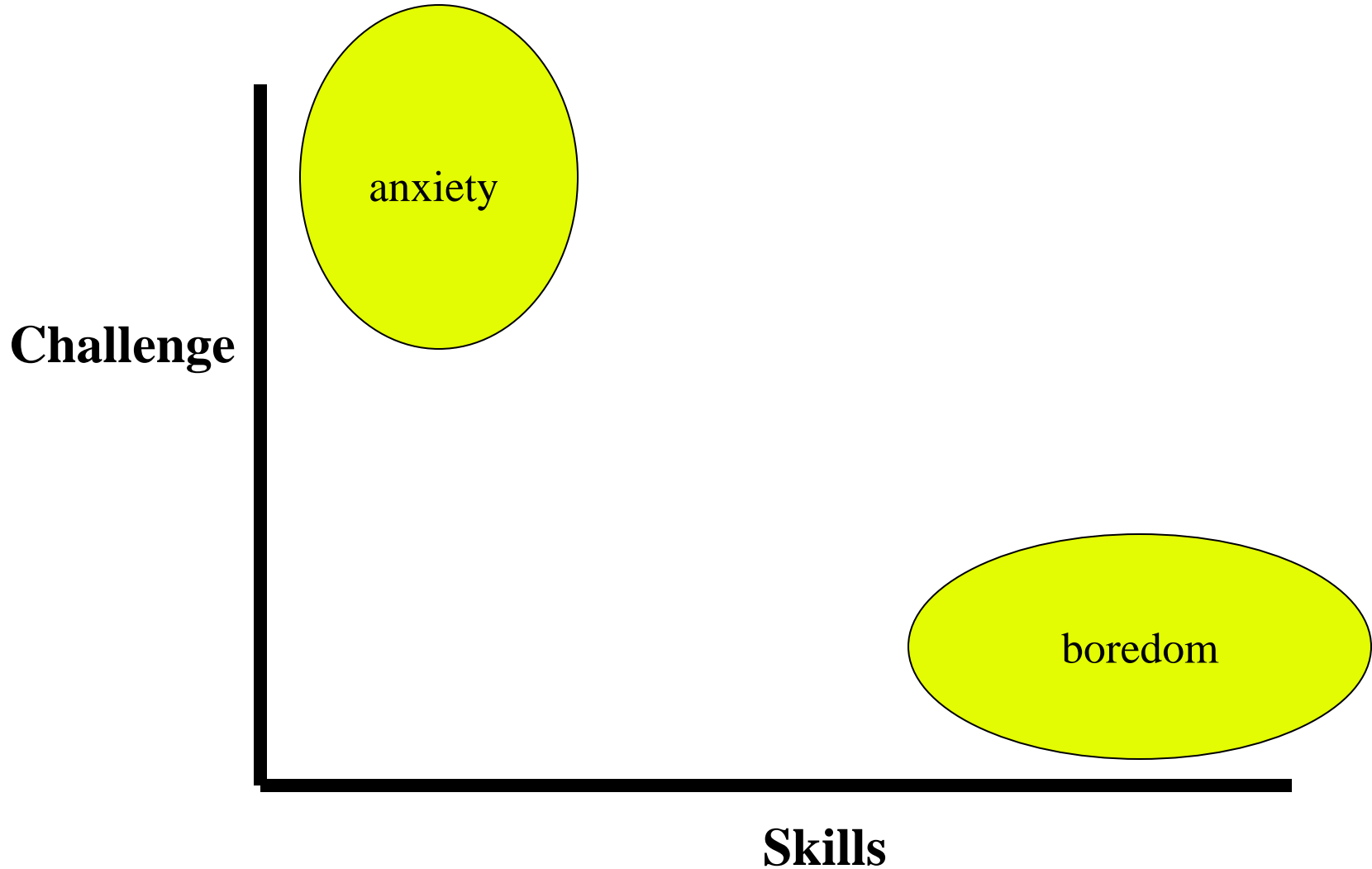
The dynamics of “flow”



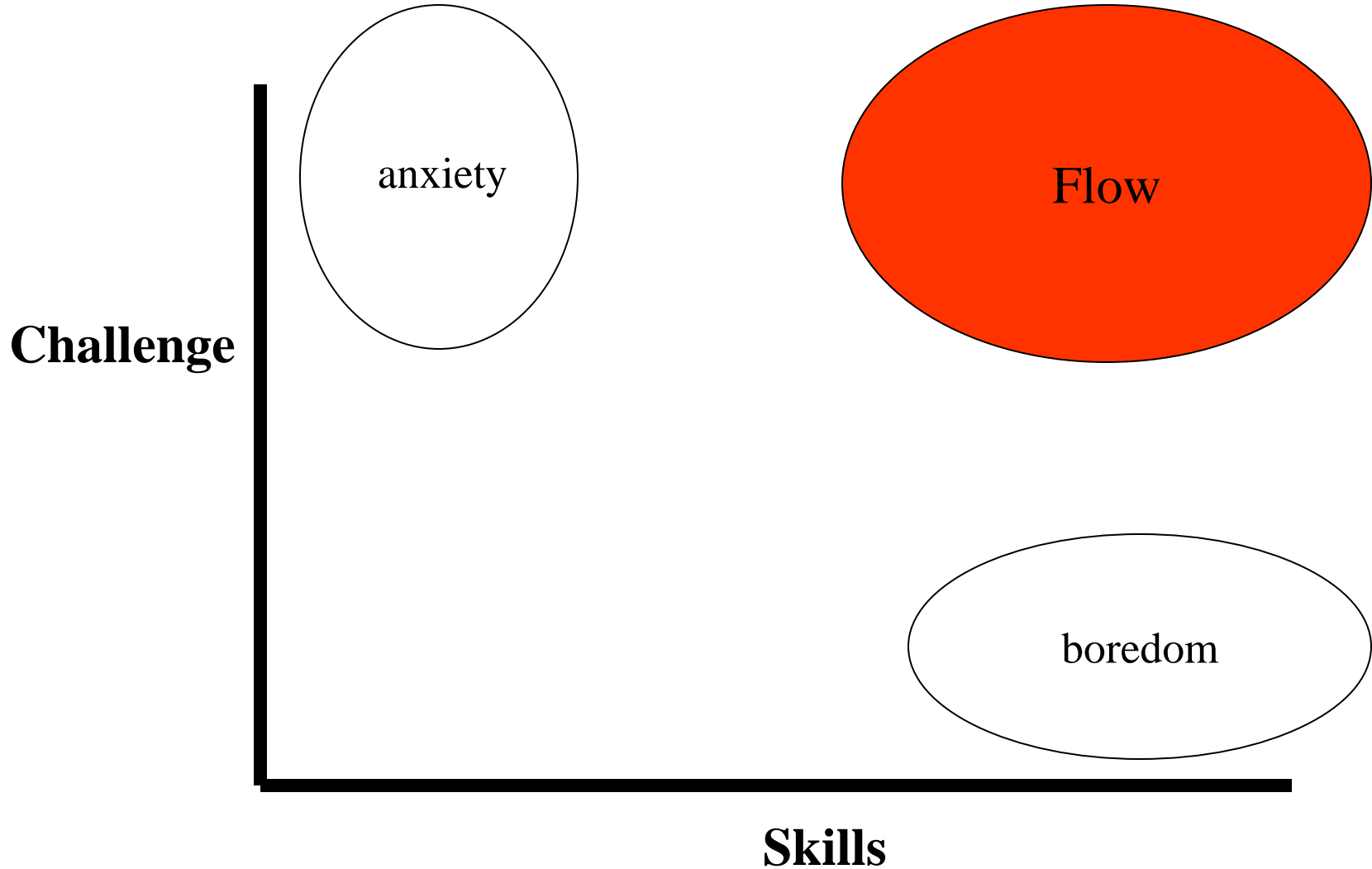
The dynamics of “flow”



The dynamics of “flow”



The dynamics of “flow”



The characteristics of “flow”

- **intrinsic motivation**
- **inner clarity**
- **serenity**
- **timelessness**
- **sense of ecstasy**

Surgery as “flow”



Surgeons and their craft

- **“Operating is nearly always uplifting – drawing me into it – with the concentration it requires and feeling of accomplishment it gives ”**
- **“It is just satisfying to make things work again, to put things in their right place so it looks like it should”**
- **“Everything matters....how the needle is held, where the stitches are placed. Some days I can’t wait to get started”**





Attitudes of high level performers

Marshal Goldsmith in *“What got you here, won’t get you there”*,
Hyperion, 2007

**Extensive interviews of 200 high performers
from 120 diverse companies**

**“If you stay with this company,
why will you stay ? ”**

If you stay with this company, why will you stay ?

- **I enjoy this work**
- **I like the people**
- **Organization is giving me a
chance to do what I like to do**

Influence of Optimism on Mortality

Giltay et al, Arch Gen Psychiatry 2004;61:1126-1135

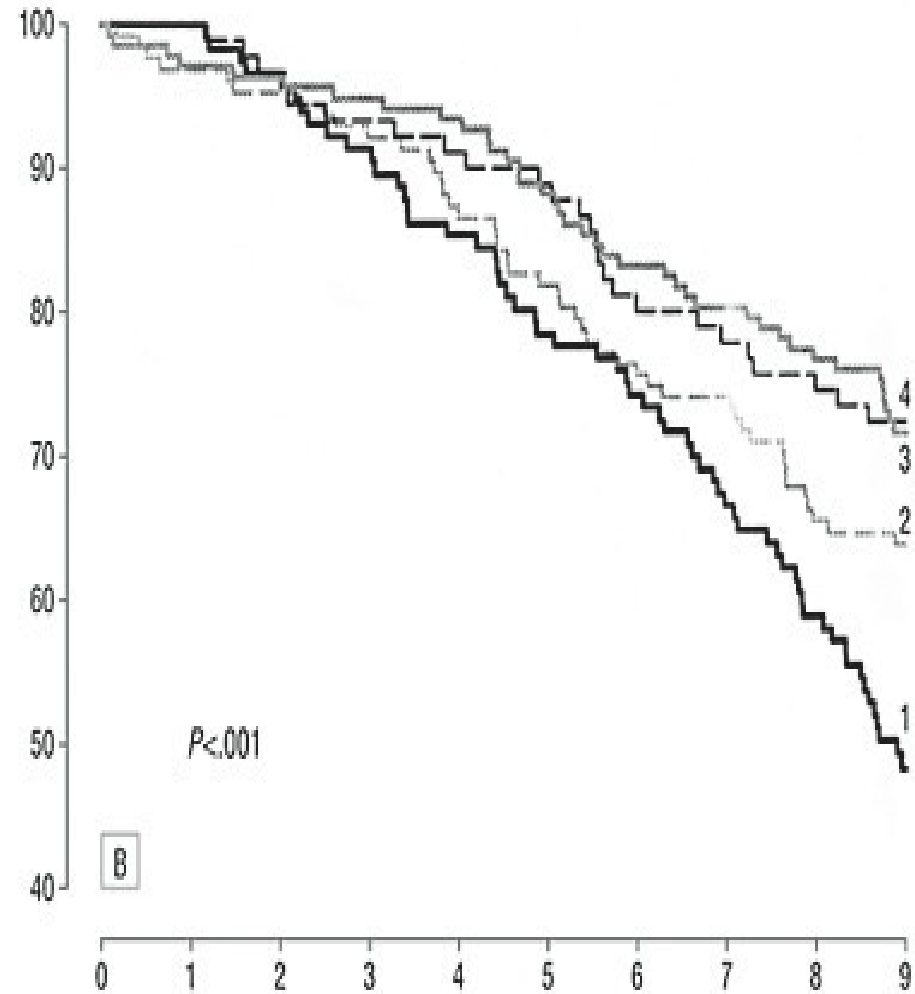
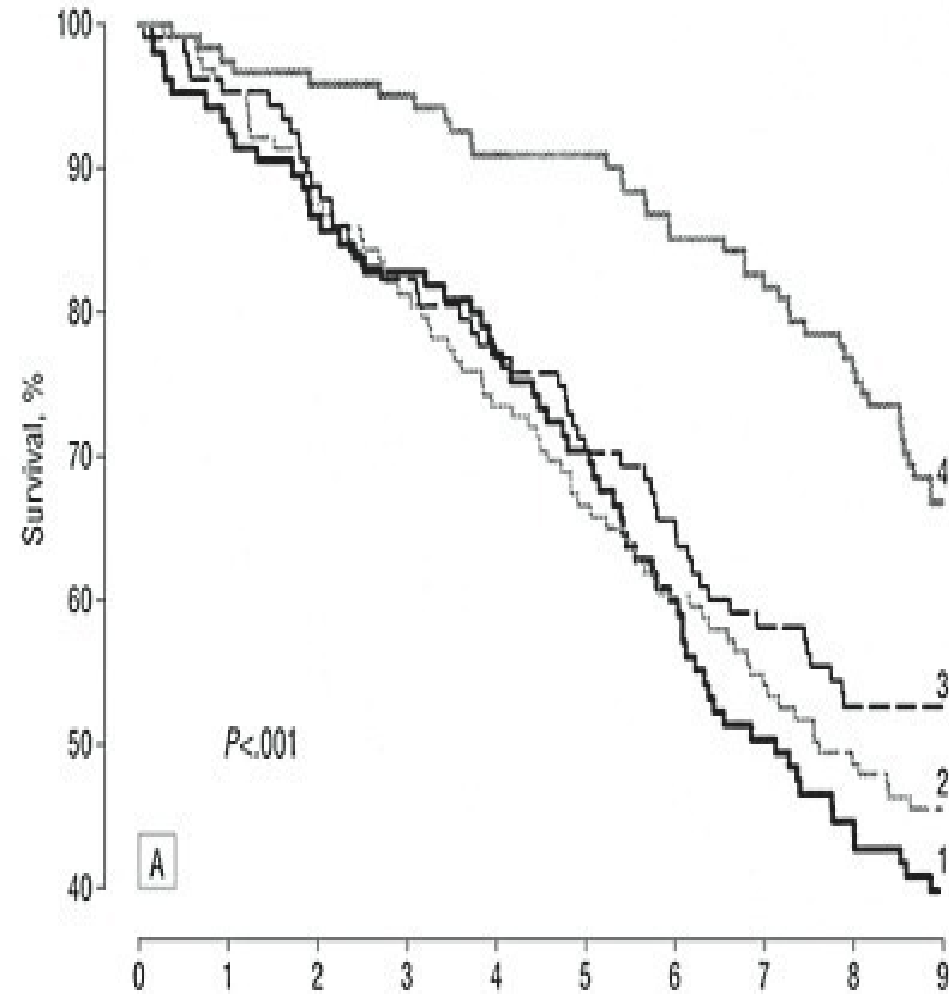
- **941 Dutch subjects aged 65 to 85 years with 9 year follow-up**
- **separated in quartiles based on disposition (1 “least optimistic” to 4 “most optimistic”)**
- **computed hazard rates for cardiovascular and total mortality**
- **adjusted for age, sex, chronic disease, body mass index and cholesterol**

Influence of Optimism on Mortality

Giltay *et al*, *Arch Gen Psychiatry* 2004;61:1126-1135

Men

Women



Ancient proverb

“happiness or misery depends on our disposition not our circumstances”

-attributed to Martha Washington
circa 1785

Less ancient proverb

*“ it may not be the best party in town, but
we’re here and we might as well dance ”*

-attributed to Leon Russell
circa 1975

