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Albany Memorial operates on its surgery scheduling

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by [Barbara Pinckney](#)

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[Albany Memorial Hospital](#) is taking on what has been described as the "most difficult, most beneficial" task a health care institution could tackle.

On the surface, it appears simple. The hospital, part of Troy-based Northeast Health, will smooth out its operating room schedule. Instead of elective surgeries being bunched in the middle of the week, as they are in most hospitals, they will be spread out across five days.

The goal is to even out the peaks and valleys that cause backups in the emergency room, put stress on the staff and increase the potential for medical errors.

Hospitals that have spaced out their surgery schedules have found they can perform about 10 percent more operations each week. They also pay nurses less in overtime. In other words, they are more profitable.

Yet altering the way surgeons and the hospital as a whole have always done things is a daunting task.

"Changing the elective surgery schedule is the most difficult, and the most beneficial, project anyone can imagine," said Eugene Litvak, professor of Health Care and Operations Management at the [Boston University](#) Health Policy Institute. "They should be commended just for trying it."

Albany Memorial may be the first area hospital to adopt an "operations management" plan, but it is not likely to be the last.

The [Joint Commission on Accreditation of Healthcare Organizations](#) has begun requiring institutions to develop strategies to ease patient congestion.

In mid-June, the [Institute of Medicine](#), an arm of the [National Academy of Science](#), issued a report calling for hospitals to be rewarded if they had an operations management plan and penalized if they didn't.

"It is voluntary now," Litvak said. "But in a few years, I don't think hospitals will have a choice."

Ups and downs

Litvak developed his operations management strategy after comparing the way hospitals operated to the way other industries handled their work flow.

He noticed that the biggest problems hospitals faced seemed to stem from variability. Some days they had relatively few patients, while other days they had more than they could handle.

This was not as much of a problem 20 years ago when all hospitals staffed for the peaks. Now, it's cost-prohibitive and hospitals, instead, staff for the average.

"The problem is, there is no average day," Litvak said. "It's all ups and downs. So, the question is, why the ups and downs? You ask hospital executives and they say, 'God made it that way.' "

Litvak knew better.

There were actually two kinds of variability: natural, or how many people came into the emergency room in need of surgery; and artificial, or how many elective surgeries were scheduled.

Since natural variability could not be controlled, the answer was to control artificial variability.

Once that could be accomplished, there would be fewer diverted emergency room patients, fewer bumped operating room patients, fewer burned-out nurses, fewer medical errors and a healthier bottom line.

Northeast Health CEO James Reed learned of Litvak's theories, and the success other hospitals had with them, through the Cambridge, Mass.-based [Institute for Healthcare Improvement](#), where Litvak is on the faculty. He had his entire executive team take Litvak's six-month course.

"When we were done, we weren't six executives, we were six disciples," said Robert Smith, assistant vice president of patient care and administration for Northeast Health. "The whole area of variability and operations management has given us tools we'd never encountered before in our educational or professional development."

Taking the first step

The challenge now for Reed, Smith and other Northeast Health executives is to convince the surgeons, anesthesiologists and others whose routines would be disrupted, of the merits of operations management.

Surgeons have always enjoyed the privilege of scheduling appointments in mid-week blocks to give them time for office hours, conferences or long weekends.

"It is a very, very difficult road to change people's minds and attitudes," Litvak said.

Northeast Health, which also owns [Samaritan Hospital](#) in Troy, invited Litvak to address its managers at an operations management retreat June 28.

"That was the first official step," Smith said. "We did sit down with our chief of surgery and our chief of anesthesiology. It's one of those things: Everyone is really interested but wants to see how it all goes."

Albany Memorial will start out by rescheduling appointments in the operating room, but Smith

said that if all goes well, the hospital will apply the same tools to improve work flow in other areas of the hospital.

"This is a long-term project," he said. "And it's complicated. We're changing the way we have always done things. But it should have such a positive impact that it's worth the effort."

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