

# *Labor Management Project Case Study*

## **Forest Hills Hospital North Shore-Long Island Jewish Health System**

### *Shared Governance in OR Reaps Results*



**1199SEIU/LEAGUE  
LABOR MANAGEMENT PROJECT**

## BACKGROUND:

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### Building Ownership: Hospital-wide collaborative care model

In 2006, Forest Hills Hospital labor and management leaders – with the assistance of a HCRA training grant jointly sponsored by TEF, 1199 and Forest Hills Hospital – transformed work and decision-making processes in 23 units by launching Collaborative Care Councils (CCC).

The Councils are structured to create an environment of shared problem-solving around process and work environment improvements. The Councils are collectively led by the manager and employees from a diversity of job titles who are elected by their peers. To foster active participation by employees, each CCC member reports to and solicits information from specific employees assigned to her or him.

The Forest Hills Collaborative Care Councils have an oversight committee comprised of council co-chairs, managers, union organizers and vice presidents, LMP consultant, and hospital officers. Councils are staffed by Denise Allegretti, 1199/SEIU Vice President for NSLIJ, Brian Joseph and Osheybee Price, Union staff, and Gerri Randazzo, Executive Director of Forest Hills Hospital.

## THE GOAL:

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The goal of the OR Collaborative Care Council is to make a difference in the lives of the patients and staff members by designing and successfully implementing projects that result in better patient care and improved patient and staff satisfaction.

## PROCESS:

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Council members—RNs, Surgical Technicians, Turn-Over Techs and Environmental staff – working with their assigned staff members and managers collected data related to opportunities for improvements in the operating room. They also recorded and discussed the challenges associated with achieving the desired outcomes.

The CCC members invited other OR staff members to the meetings to give suggestions.

Initially the council members had doubts about their ability to improve the OR processes or change conflicted situations. Trust issues were huge barriers between staff members themselves and between labor and management. The feeling that the physicians didn't always recognize the value and contributions of the multidisciplinary team was widespread.

Brainstorming sessions and inclusion of all OR staff soon led to the idea of a campaign on safely using sharps in the OR. Approaching from a positive viewpoint, they listed the doctors who met the criteria of “perfect sharp technique.” Then, using their cell phones, council members took photos of these doctors. They placed the photos on a large decorated board with the words “Thank you for protecting the staff and patients by utilizing perfect sharp techniques.” During this process, OR staff discovered that there were many more doctors than they had previously thought who were excellent in their sharp safety techniques. This new consciousness added to their growing confidence in being able to improve the OR.

The next project was to address the cultural issues between staff members and between labor and management staff. The OR staff and managers dedicated a total of 12 hours in planning and participating in “Crucial Conversations<sup>1</sup>”, where groups of labor and management, management only, and staff only spoke about the burning issues. Using this information, they produced a plan focused on improving the knowledge of the team members

in the area of Cultural Diversity and agreed that, in a public area, all would speak the language that most people understand. This was the beginning of a new era of cultural understanding among the staff.

Lynnea Barnett, an OR RN, 1199 delegate and council member who has worked for 27 years at Forest Hills, said about the projects:



Our OR is one of the most culturally diverse units in NYC. These projects help to bring more understanding of each other's culture and a collaboration that unites us as family on and off of the unit.



**Lynnea Barnett, RN**

After their first successes, the council and OR staff were ready to work on more CCC projects, and they added the following improvements to the ORs:

- **Med Kits:** To solve the challenge of constantly missing equipment and supplies, they created “Med Kits” for each OR room, which was filled with the most commonly used medications for surgeries in each OR. The nurses created systems to take turns in safeguarding the kits and replacing any medication that was used.
- **Equipment Toolboxes:** After problem-solving with the Engineering Department, council members created “toolboxes” filled with commonly missing equipment and supplies such as bed parts and extension cords.
- A **Software Tracking System** was put in place to record the status of all supplies and instruments—whether they are currently in use, being sterilized or are put away.
- A new **“Turnover Technician”** position was created to float between ORs during heavily scheduled periods to clean and help prepare the ORs.

## **OUTCOMES:**

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### **Reduction in Turnaround Time:**

From July 2007 to January 2008, a large joint effort between the General Surgery, Orthopedic Surgery, and Gynecological Surgery teams in the OR reduced the time it takes to turn around the OR between patients. The four OR teams utilized the Fast Track Process, which is a structured approach to problem-solving and process improvement that accelerates the development of exceptional solutions by empowering teams comprised of employees from all job titles.

The teams were able to improve the average turnaround time by 7%, resulting in a turnaround time of only 28 minutes between operations. This amounts to an average of a 2-minute reduction in each operation. Given that Forest Hills Hospital operating rooms perform 35 to 40 operations per day, this reduces surgeon hours by 70 to 80 minutes. In addition, the reduction in time allows for at least one more short procedure to be added to the roster.

Evelyn Capriotti, Assistant Director of the OR, sums up the team experience: “Teamwork – what does it mean? Teamwork is the ability of the OR staff: RN’s, Surgical Technicians, Turnover Technicians, the Head Nurse, to provide quality care for our patients. In this manner, each individual is valued while becoming part of the greater good. Our end result: each individual has a voice and an obligation to promote patient safety and satisfaction.”

## LESSONS LEARNED:

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- Labor and Management work well together when their shared interests are clear and strong
- Goals, roles and procedures must be constantly revisited and made clear so staff members and labor and management have common understanding of each other's roles and needs
- Shared governance recognizes the abilities of staff as leaders and gives them the responsibility to own the improvements and outcomes in their department
- A strong and specific communication model helps all staff to learn and contribute ideas
- Physicians need to be part of the team



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**Evelyn Capriotti, OR Asst. Director, RN, CNOR**

## CONCLUSION:

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From June 2008 to January 2009, OR members participated in four monthly surveys on Team Effectiveness and Labor Management Relations. Several survey questions illustrate the growing labor management relation and team effectiveness in the OR. **Comparisons between pre- and post- surveys showed a significant difference at or above .05.** Areas showing significant increases include:

- Managers' belief that "union members listen to them more." (+.09%)
- There is a clearly understood vision for unit/committee. (+.09 %)
- "We work together on issues that are important to both labor and management." (+.07%)
- "There is very little conflict among union members." (+.07%)

At the end of 2008, OR staff had the honor of being nominated for the President's Award given each year by Michael Dowling, President & CEO, NSLIJ Health System, to teams who achieve outstanding results.

The Collaborative Care Council members are now leading a project on improving Infection Prevention.



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