Production Pressure in the Operating Room

The current healthcare landscape demands more services despite fewer resources. Production pressure, defined as “overt or covert pressures and incentives on personnel to place production, not safety, as their primary priority,” is problematic in the surgical arena. Healthy, short-term pressure focuses one's energy and increases performance. But when a work environment is filled with ongoing production pressure in addition to organizational complexity, human error is inevitable.

Production Pressure

Production pressure can be either internal or external. Internal pressures are self-imposed expectations that may include working agreeably with surgeons, managing anesthesia processes to avoid case delays, perfectionism, and competency concerns. External pressures come from peripheral sources such as surgeons and administrators and include reducing turnover times, yielding to the requests of surgeons, and proceeding with patients who are not medically optimized given the level of urgency for the procedure. Other contributors to production pressure include organizational disorder, unrealistic workloads, and inadequate staffing.

Although few studies have been conducted to determine the impact of production pressure on patient safety, production pressure is known to be a challenge for even the most experienced anesthesia professional. These pressures induce hastiness and tempt providers to alter standard of care. Examples in which production pressure has been cited as the root cause include elective surgery without adequate preoperative evaluation, beginning nonemergent cases without acceptable monitoring, and proceeding with an anesthetic on a patient not optimized for surgery.

Adaptability

How do healthcare professionals adapt to production pressure? What influences that adaptability? Frequently, members of the healthcare team circumvent policies due to economic constraints, suboptimal system design, and an organizational culture that values production over patient safety. Production pressure fosters an environment where practitioners complete tasks for speed, not quality. These behaviors are often learned in training and evolve over one's career, resulting in long-standing practice.

Creating a Safety-First Culture

Culture change is difficult to achieve. However, CRNAs can lead innovative surgical systems towards a culture that prioritizes patient safety. Non-clinical attributes like situational awareness, collaborative practice, mentorship, and adaptability position CRNAs to create and execute a strategic plan to drive these changes.

Despite technology advancements and increased anesthesia safety, perioperative adverse events occur in 30 percent of the surgical population and can be prevented in 50 percent of those cases. The Joint Commission identifies failures in human factors, leadership, and communication as the leading cause of sentinel events.

Although other industries have balanced efficiency and safety, healthcare continues to lag behind. Transformational culture change in healthcare, requires developing teams that work interdependently to enhance patient safety.

Practitioners must increase transparency and cultivate a culture of mutual respect that allows teams to communicate without fear of reprimand and flattens actual and perceived hierarchies. Unlike status-, power- or rank-driven decisions, allowing all team members to be assertive and contribute their expertise promotes synergy among the team.

Establishing this level of front-line empowerment may be difficult. Success relies on the system's ability to move past the artifice of control and provide the training and resources necessary to empower each team member to find their voice and stop the line when a patient safety concern arises.

Driving Change

Many models such as Kotler’s 8-step change model offer a framework to lead, develop, implement, and sustain successful change. Fostering a sense of urgency amongst the team is a critical step in team member engagement. Leaders must engage resistant team members early and recognize that all members will engage at different times, and some not at all. Leaders must create and clearly communicate their vision for the needed change. Success may occur in small steps, but identifying small victories and recognizing team members who exhibit a sense of urgency will reduce complacency and drive the team forward.

Assembling a successful guiding team is another key component in change initiative.
Well-respected members of the interdisciplinary team (surgeons, anesthesiologists, and nurse anesthetist leaders) should serve as role models to drive open communication and collaboration. Within a horizontal hierarchy, team leaders will lead by example while promoting member involvement through a decentralized decision-making process.

Lastly, involving all team members in the early decision making process and requesting regular feedback creates a sense of ownership and helps achieve team buy-in. Systematic team building in communication, teamwork, and situational awareness equips each team member with the non-technical skills to increase levels of patient safety. To ensure that these patient safety initiatives become core to your culture, leadership must have a consistent presence, display enthusiasm, and recognize positive changes.

Practice Implications
CRNAs will inevitably encounter production pressure. When faced with these situations, practitioners must deliver care without jeopardizing patient safety. When a CRNA is uncomfortable with a request from a surgeon, anesthesiologist, or facility administrator, the CRNA must adhere to the Standards of Nurse Anesthesia Practice. These standards are evidence-based statements that describe the minimum requirements and responsibilities for anesthesia practice. “This is how we’ve always done it,” is often heard in healthcare but, commonly performed practices do not infer standard of care.

Aside from the Standards of Nurse Anesthesia Practice, CRNAs must adhere to a code of ethics. The Code of Ethics for Certified Registered Nurse Anesthetists guides decision making to ensure professional integrity. Whether working independently, in collaboration with the surgeon, or under anesthesiologist supervision, CRNAs are responsible for their own actions. Despite the common misconception that CRNAs are absolved of medical liability when being supervised by an anesthesiologist, the Code of Ethics states, “As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken.”

Medical malpractice cases are always measured against standard of care. The prudent nurse anesthetist adheres to these standards to mitigate liability risks.

Conclusion
Production pressure is alive and well in the surgical suite. The trend of producing more with less resources can strain the healthcare team and jeopardize patient safety. Practitioners must counterbalance the adverse effects of production pressure and provide optimal patient care. Safe and cost-efficient patient care while maximizing productivity can be achieved by establishing a healthy level of production pressure. Developing interdisciplinary teams that excel at communication and teamwork will yield sustained results.

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References