

## Outpatient Connection

### Joint Commission Alert: Prevent blood thinner deaths and overdoses

A number of recent high profile errors related to commonly used blood thinners highlight a safety issue that too frequently results in harm or even death to patients, according to a Joint Commission alert that offers solutions to this medication safety issue.

The Joint Commission's new *Sentinel Event Alert* urges greater attention to the dangers associated with anticoagulants, life-saving medications that also present serious risks when administered incorrectly or in error. Patients being treated with these medications must be closely monitored and screened for drug and food interactions, given that commonly used anticoagulants such as heparin and warfarin have narrow therapeutic ranges and a high potential for complications. Adding to the problem is a lack of standardized naming, labeling and packaging of anticoagulants that create confusion and lead to devastating errors.

Anticoagulant medication errors are such a serious patient safety issue that The Joint Commission addresses these types of errors in the 2008 National Patient Safety Goals, with full implementation of the requirements expected by January 1, 2009 for hospitals, outpatient clinics, home care and long term care organizations across the United States. In addition, The Joint Commission's medication management standards require organizations to pay particular attention to high-risk drugs such as anticoagulants in order to improve safety.

To reduce the risk of errors related to commonly used anticoagulants, The *Alert* recommends that healthcare organizations take a series of 15 specific steps, including the following:

- Assess the risks of using anticoagulants.
- Use best practices or evidence-based guidelines regarding anticoagulants.
- Establish standard dose limits on anticoagulants and require that a doctor confirm any exceptions.
- Clearly label syringes and other containers used for anticoagulants.
- Clarify all anticoagulant dosing for pediatric patients, who are higher risk because these drugs are formulated and packaged for adults.

Other strategies for reducing the errors related to anticoagulants include staff communication and collaboration; patient education and participation; designating pharmacists to manage anticoagulant services; and use of computerized physician order entry (CPOE) and bar coding technology, if available.

The *Sentinel Event Alert* can be found on the Joint Commission's website - [www.jointcommission.org](http://www.jointcommission.org)

## OPERATING ROOM

# Suite rewards for select groups of OR management staff earning hefty pay hikes

by Jeannie Akridge

Operating room management professionals should be heartened by much of the results of the 2008 salary survey conducted by *Healthcare Purchasing News*. For the most part salaries for OR professionals are up – at an average of \$70,000 across all titles compared to \$68,758 in 2007. However, three titles in particular (OR Directors/Managers, OR Materials Managers and OR Nurses) saw salaries bound upward by an impressive 12 percent – a well earned increase no doubt considering the multitude of challenges faced by today's indispensable OR management staff.

Maryanne Mbali, director of surgical services at Allina Hospitals and Clinics in Minneapolis, MN, commented, "The challenges that we face are many. We are in the positive position of being in a growing market, but need more rooms. We have found that space is a challenge as we continue to get more equipment/technology in rooms. The downturn in the economy has impacted us in that we need capital for the new technology, but also need to increase the size of rooms and storage space. We are also impacted by hold times in the PACU due to lack of beds in the hospital." These are just a few of the issues being faced by Mbali and others like her in facilities around the country.

And a sentiment that's sure to hit home with readers of *HPN*, "We are also a department that carries high supply expenses and are asked to continually find ways to be more efficient and economical

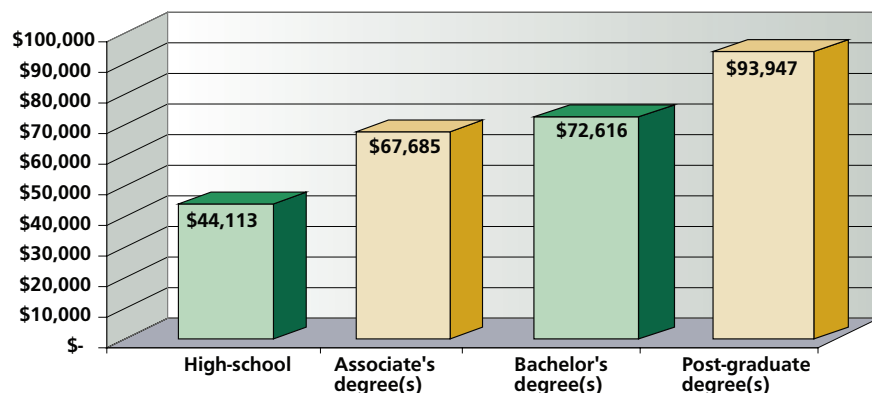
while meeting physician and patient needs," said Mbali.

What's unique about *HPN's* annual OR management salary surveys is the focus on purchasing. In 2005, we added "OR Materials Manager" as a choice of titles, and every year since it has been an increasingly popular response. Exactly one-third of *HPN's* 2008 OR Management Salary Survey respondents hold the title of OR Materials Manager, and for the first time they surpass OR Directors/Managers as the largest group of respondents – if only by one percentage point.

While they make up the largest group, OR Materials Managers are also among the lowest paid of the OR Management titles included in *HPN's* survey – and this helps to skew the overall average salary downward. The good news for OR Materials Managers is not only did their average salary top \$50,000 for the first time this year (\$50,278 to be exact) they also experienced a significant 12 percent increase from the 2007 average of \$44,874. It should be noted also that this is right in line with findings from our 2008 annual Materials Management Salary Survey (July 2008 *HPN*) that showed OR Materials Managers pulling in an average salary of \$50,081.

For a more traditional take on OR management salaries, excluding materials managers, the average salary for all other OR management titles is \$82,595, a sizeable 4.5 percent boost from the 2007 average of \$78,926.

### Salary by Education



# OPERATING ROOM

This year OR Directors/Managers overtook Surgical Services Directors/Managers as the top earners with an average salary of \$89,764, an increase of nearly \$10,000 and more than 12 percent from last year's average. Surgical Services Directors/Managers earned an average salary of \$83,289 in 2008, down slightly from the 2007 average of \$85,475.

Not only are there fewer OR Supervisors on HPN's survey roster, they are also earning less, with average salaries declining by a rate of more than 3.5 percent each year since 2006. Comprising just 6 percent of respondents this year, OR Supervisors earned an average salary of \$71,000, down from \$74,132 in 2007 and \$76,800 in 2006. The ten percent holding the title of OR Business/Finance Manager earned \$70,147, compared to \$71,683 in 2007. A small group of OR Nurses (2 percent) reported average salaries of \$80,833 – about a 12 percent increase over the 2007 average of \$71,993.

Also encouraging, more respondents reported six-figure salaries this year – nearly 11 percent earned \$100,000 or more, up from 8 percent last year.

While there were a few more respondents reporting a salary increase in 2008 (85 percent compared to 81 percent), there were also a few more whose salaries decreased from the year prior (3.4 percent in 2008 vs. 2 percent in 2007). Fewer respondents said they expected a bonus this year (22 percent in 2008 vs. 26 percent in 2007), and fewer said they felt "very secure" in their current position (51 percent vs. 54 percent in 2007).

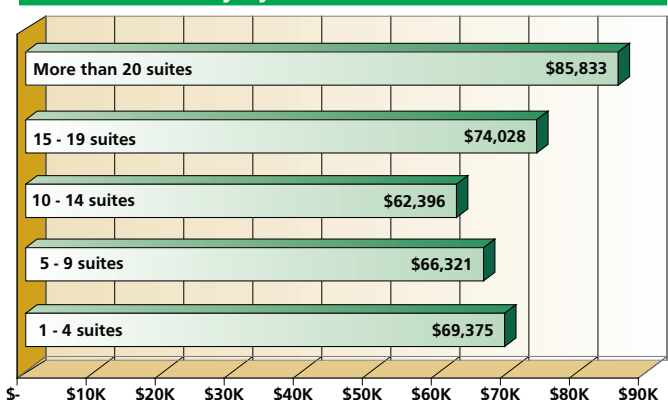
## Purchasing prowess

OR management professionals continue to be heavily involved in purchasing decisions – even those who are not materials managers. An even greater percentage of respondents recommend and/or specify products purchased for the OR – 86 percent vs. 75 percent in 2007. Another 79 percent said they evaluate products, 71 percent determine the need for such products; 63 percent are members of a purchasing group or committee; 45 percent approve/authorize purchases. Less than 1 percent of respondents said they had no involvement in purchasing decisions.

At Allina, said Mbali, "we work with corporate supply chain staff. I have helped with the [development] of a new product introduction process to manage new things coming into the OR. We help with the organization of new initiatives. The biggest budgetary challenge is there is simply not enough capital to meet the requests of the physicians."

Top product areas specified by OR management include Drapes and Surgical Instruments (both specified by 91 percent of respondents), Surgical Gowns (90 percent), OR Supplies/Equipment (88 percent), Gloves (86 percent), Surgical Tables (85 percent), Custom Procedure Trays (80 percent), Disposable Kits & Trays (80 percent),

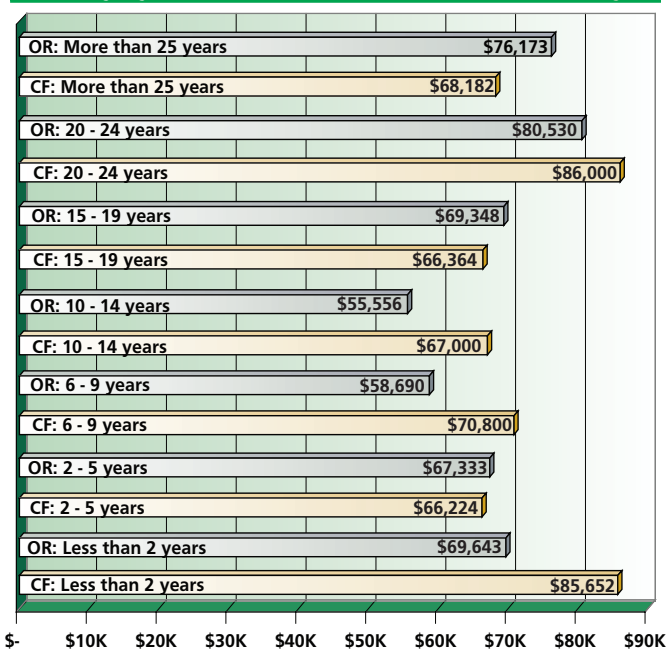
## Salary by Number of OR Suites



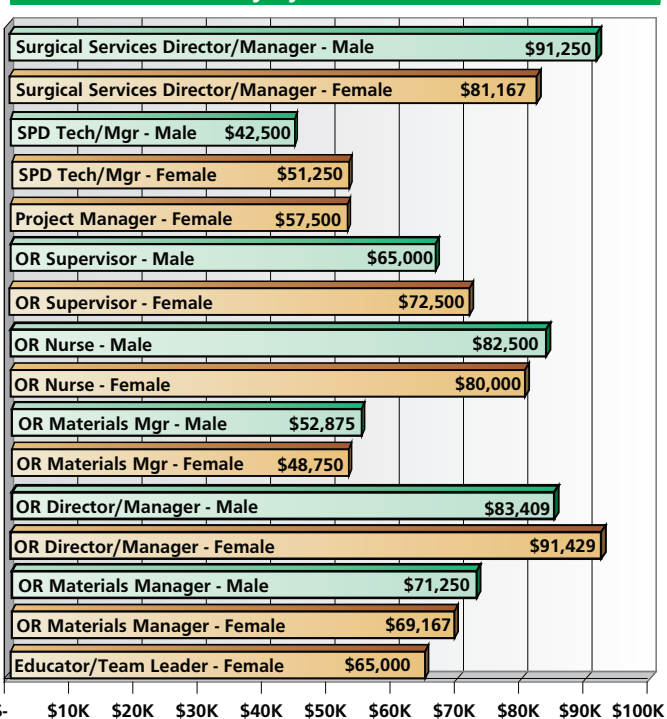
### Profile of the Average 2008 HPN OR Management Salary Survey Respondent

- Gender/Age:** Female/50 years old
- Experience:** 18 years in the OR, 10.5 years at current facility
- Median salary:** \$70,000 - \$75,000
- Hospital:** 262 beds, 11 OR suites, 12 OR employees

## Salary by Years in OR and Years at Current Facility



## Salary by Title & Gender



# OPERATING ROOM

Dressings (78 percent), Orthopedics (77 percent), Protective Wear (76 percent), Safety Eyewear (75 percent), Bandages/Dressings (72 percent), Lighting Systems (70 percent), Sterility Assurance Products (69 percent), Disinfectants & Sterilants (67 percent) and Smoke Evacuators (65 percent).

When asked what they would like to see more coverage of in *HPN*, the top answer was also a new choice on the response list – 60 percent of respondents said they would like to learn more about OR Charge Capture. Forty-five percent are interested in Surgical Instrument Tracking, 44 percent OR Equipment, 41 percent Surgical Instruments, 39 percent OR Suites, 39 percent Storage Solutions, 37 percent Inventory Control and 36 percent Supply Chain Management. Respondents also said they were interested in coverage of Minimally Invasive Surgery topics (29 percent), Surgical Apparel and Drapes (29 percent), Sharps Safety (27 percent), Infection Control (25 percent) and CS/SPD Equipment (25 percent).

## Who they are

The median age for these OR management professionals is once again back to 50 years old, up from 47 years in 2007.

While females continue to dominate the OR management profession, males accounted for 29 percent of our respondents in 2008, up 2 percentage points from 2007. Overall female OR management professionals earn more than males, \$72,413 vs. \$66,276.

A closer look at a break-out of OR management titles by gender shows that as might be expected, the largest percentage of males (41 percent) serve as OR Materials

Managers, compared to 29 percent of females who are OR Materials Managers. Male OR Materials Managers also earn more than their female counterparts, at \$52,875 vs. \$48,750.

The most commonly held title by female respondents is OR Director/Manager (36 percent); 22 percent of males are OR Directors/Managers. Female OR Directors/Managers earned the highest salaries among all titles across both genders, at an average of \$91,429 compared to \$83,409 for male OR Directors/Managers. Sixteen percent of males are OR Business/Finance Managers compared to 8 percent of women who hold the title. Thirteen percent of women are Surgical Services Directors/Managers, compared to 8 percent of males.

Our 2008 respondents have an average of 17.8 years of experience working in the OR, and 10.5 years working at their current facility. Similar to last year's findings 30 percent of respondents have worked in the OR environment for 25 years or longer, and they commanded an average salary of \$76,173. Those with 20-24 years of experience were the highest earners with an average salary of \$80,530, up from last year's average of \$76,900.

While they have plenty of experience working in the OR, our 2008 respondents are less loyal to the facility in which they work. Forty-three percent of respondents have worked at their current position for five years or less. Job hopping paid off big for a group of OR Directors and Managers, and Surgical Services Directors/Managers who reported average salaries of \$100,000+. In fact Surgical Services Directors/Managers who have worked less than 2 years at their current facility earned \$111,500 on average. Overall, those with less than two years at their current job averaged \$85,652, more than \$20,000 over the 2007 fig-

ure for OR management with the same experience. Again, it's 20 to 24 years of experience in a facility that is best rewarded. This group comprised just 3 percent of our respondents but the average salary of \$86,000 was up almost 18 percent from the 2007 average of \$73,169.

Similar to previous years' findings, the largest percentage of respondents (33 percent) hold an associate's degree as their highest level of education, and their salaries averaged \$67,685, up slightly from the 2007 average of \$66,488. However, we were most impressed by the increase in the number who have achieved their post-graduate degree – 23 percent as compared to 16 percent in 2007. The extra education was worth more than \$21,000, as the 26 percent of respondents who hold a bachelor's degree earned an average salary of \$72,616 compared to \$93,947 for those with a post-graduate degree. Those holding only a high-school degree stand to gain the most through higher education as this group earned just \$44,113.

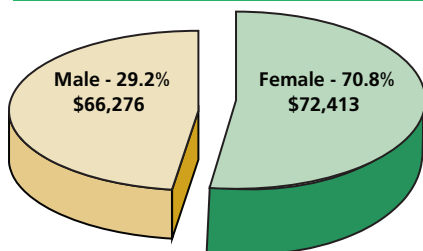
## Where they work

Most of our respondents (47 percent) work in a standalone hospital and they earned on average \$74,199. The next largest group (37 percent) work in a multi-facility hospital earning \$71,895. Thirteen percent of respondents work in a surgi-center or ambulatory surgery center and they earned the lowest salaries in 2008 at \$53,690.

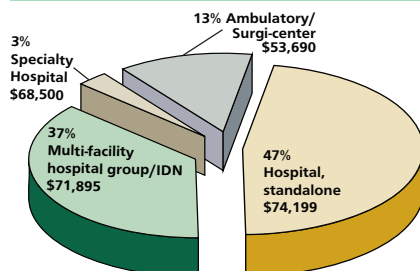
The majority (69 percent) of respondents work for a non-profit facility earning on average \$73,144. Twenty-nine percent work in a for-profit facility and they are compensated the least at \$64,063. The 2 percent who work in a government-owned facility, as usual earned the highest salaries at \$80,833.

Interestingly, the number of respondents who work in a rural facility has declined by a rate of about 10 percent over the past three years, from the 2006 total of 51 percent to 30 percent this year. Those working at suburban and urban facilities each comprised 35 percent of respondents in 2008. Urban facilities compensated OR

Salary by Gender



Salary by Kind of Facility



Salary by Region & Gender

Female	\$68,125
Male	\$72,237
<b>CENTRAL</b>	<b>\$69,657</b>
Female	\$74,333
Male	\$32,500
<b>MOUNTAIN</b>	<b>\$71,719</b>
Female	\$71,324
Male	\$65,694
<b>NORTHEAST</b>	<b>\$69,375</b>
Female	\$75,909
Male	\$81,875
<b>PACIFIC</b>	<b>\$77,500</b>
Female	\$76,500
Male	\$47,500
<b>SOUTHEAST</b>	<b>\$70,156</b>

Salary by Location/Type of Facility

Location of Facility	
Rural	\$69,000
Suburban	\$67,716
Urban	\$74,784
Type of Facility	
For profit	\$64,063
Government-owned	\$80,833
Nonprofit	\$73,114

management staff the most, with an average salary of \$74,784 compared to \$67,716 for those working in a suburban facility.

It's no surprise that although the fewest number of respondents live in the Pacific region (9 percent), this part of the country continues to be home to the highest earning OR management professionals, at an average of \$77,500 – up from the 2007 salary of \$74,138. Following close behind on the pay scale is the Mountain region, home to 10 percent of OR management professionals, who earned \$71,719 on average. The Central and Northeast regions are each home to 31 percent of respondents this year, with the Central region averaging \$69,657 and the Northeast reporting the lowest salaries by region at \$69,375.

There was an increase in the average number of OR suites per facility in 2008, up to 11 from 8.9. Sixty-one percent of respondents have more than 30 employees working in their department – with an average of 12.2 OR employees.

While the largest group of OR management professionals responding to *HPN's* survey have typically reported to the Chief Nursing Officer, this year more report to

the OR Director (28 percent) versus 23 percent who report to the CNO. In addition, 14 percent report to the VP/Director of Support Services, about a 10 percent jump from 2007 figures.

When asked which functions report to the OR Director at their facility, the top answer given by this year's survey respondents was Sterile Processing at 88 percent (up from 80 percent last year), followed by the PACU, at 84 percent. Seventy-two percent said Outpatient Surgery was under the direction of the OR; 67 percent of OR Directors are responsible for Decontamination and 63 percent are in charge of OR Supply Distribution. Sixty-two percent are responsible for Anesthesia Services; 58 percent for Endoscopy and 50 percent, Central Services.

Just over a quarter (26 percent) reported using an instrument tracking/utilization program. Seventy percent of facilities have implemented a formal infection tracking program, but only 32 percent of those are software-based. For the first time in 2008, *HPN* asked survey takers if they use an automated OR inventory management program – one-third said they did.

According to Mbali, new procedures and regulations may initially be met with resistance among already busy staff. "We have implemented an electronic medical record. Nurses have voiced concerns about the increase in complexity of cases/equipment, regulatory requirements and the demands of electronic charting taking them away from concentrating on the patient."

She noted that "the 2009 National Patient Safety Goals that have become prescriptive around the Time Out process and Site Marking has been taxing because it is very challenging to mark laterality for every site they are requiring. We are trying to adopt a system wide policy and it is time consuming. The rules around including irrigating fluids in the time out has raised many questions. There is a lot of push back from physicians and it takes a lot of energy to enforce rules that they don't agree with. For the most part they understand the need to ensure patient safety, but it isn't easy to get consensus from a large group of physicians." **HPN**