

About the University of New Mexico Hospitals

- Top 100 performing hospital
- Top 10 US academic facility
- Highest level of quality of care designations from the American Heart Association and the American Stroke Association
- Certified by the Joint Commission as an Advanced Primary Stroke Center
- Only Level 1 Trauma Center in New Mexico
- Provides a critical public safety net for uninsured patients.

"I can draw a direct line between the CRM skills we learned in training and the elimination of surgical errors (RFO). There is no doubt in my mind that those tools were the catalyst."

Dr. David E. Pitcher, MD, FACS
Chief Medical Officer, UNM Hospitals, Assistant Dean for Clinical Affairs, Professor of Surgery

"The most remarkable result of the LifeWings program was that new staff and travelers in the OR now actively comment that the 'culture and communications are better than any other place they have ever worked'. They would not have said that prior to that implementation."

Dr. John Russell, Chairman of the Department of Surgery



How One Hospital Stopped Paying \$200K for \$1 Sponges and Saved \$1.2M

The University of New Mexico (UNM) set out to improve teamwork and communication in their OR by implementing Crew Resource Management. The benefits are remarkable.

The Client's Challenge

Exceptional quality medical care has always been the norm at the UNM Hospital. But the demands of being the only Level 1 Trauma Center in New Mexico were the catalyst for a sweeping improvement program to gain efficiencies, reduce errors, and improve staff and patient satisfaction. Dr. David Pitcher, Chief Medical Officer at UNM, emphasized that leaders made the decision to implement Crew Resource Management (CRM) as a gateway to the whole improvement plan because "before we made policy and process changes, we knew we needed to enhance staff communication, or else those new policies would not be successful."

Hospital leaders started with the OR Department. Due to a high volume of trauma cases, UNM's operating rooms were used to capacity. The high utilization resulted in inefficiencies, errors, and poor communication. Because of the financial demands associated with the hospital's public safety mandate, simply adding more resources was not an option.

Hospital leadership knew it needed to make culture changes that were measurable, quick-to-implement, and most importantly, sustainable.

How One Hospital Saved \$1.2M with CRM



A Total Safety Transformation

The result of the UNM effort was much more than simple training or process improvement. They were able to transform the entire service culture of their system for significant, sustainable improvements—exactly what LifeWings CRM process is designed to provide. The LifeWings team has helped providers nationwide improve service delivery, patient survey scores, communication openness, and staff satisfaction. Providers that employ the methods in LifeWings programs also reduce operating costs, procedure interruptions, and errors that can lead to malpractice and loss of reimbursement.

A Step-by-Step Plan for Permanent Change

The first phase of LifeWings' five-phase plan was to train physician champions, partners, and hospital leadership on the roles, responsibilities, and actions needed to create permanent organizational behavior change. Next, LifeWings customized the program for UNM using direct observational studies of the current level of teamwork, communication, and process standardization. This also accomplished the critical task of having a baseline to help measure the program's success. The second phase of the transformation involved teamwork skills workshops where participants learned to engage staff as resources to recognize red flags and prevent errors—to speak up if they were concerned.

During the third phase, LifeWings worked with front-line physicians and staff to create standardized processes like checklists, communications scripting, handoffs, huddles, and debriefing protocols. The purpose of these safety tools was to hardwire teamwork behaviors into the daily standard of care. The fourth phase of the transformation included comprehensive data collection and analysis. This enabled UNM to measure, document, and publicize program results.

Results

Since the CRM program was implemented, hospital leadership **can draw a direct line to significant improvements that have immediate and long-term effects on the hospital.** Before the implementation of CRM, the OR had an error rate of 1-2 retained foreign objects (RFOs) per quarter. In addition to the substantial malpractice costs associated with each case, typically \$200k for each, there were other significant damages to the hospital and patients. RFO cases required excessive staff time and energy and the disappointment experienced by the OR staff was demoralizing. For patients, there can often be further complications such as infections or conditions that require additional procedures that put them at risk. The cumulative effect of multiple cases for many years caused an incalculable degradation to the OR department. Eliminating these errors was just one of the many objectives of the improvement plan at UNM — but it was one of significant priority.

The program plan started with the goal of improving communication. The results of the program are remarkable:

- Trained 350 staff, faculty, residents
- Elimination of RFOs
- Faster patient response times
- Better morale
- Fewer infections
- A more efficient, fully utilized OR
- Malpractice savings
- Staff cost savings
- Reduction in overtime and agency costs
- Higher OR volumes without additional resources.

The Bottom Line of Their Investment in CRM

The results of the hospital's focus on this issue are remarkable; since the OR team has learned and implemented the communication, safety, and debrief tools taught in the LifeWings program, and added the use of radiofrequency-based scanning devices to help track sponges, **the hospital has had zero cases of objects retained.**