

# No Pressure, right? A Guide to Your First 90 Days as a Perioperative Director

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Congratulations on your promotion to Perioperative Director, it didn't happen by chance. Whether you actively pursued the role or your boss gave you the nudge, your leadership potential is clear.

But let's be honest: stepping into your first official executive role is daunting. You are now running the highest revenue-generating department in the health system. No pressure, right? Beyond leading clinical and non-clinical managers, you suddenly have direct oversight of billing, payroll, supply chain, human resources, safety, and operational efficiency. Now what?

During your first 90 days, you might be granted a grace period to build relationships and assess the department so you can build a meaningful, collaborative strategic plan. However, day-one reality often hits differently. Leaders above and around you will hand you immediate fire-fighting tasks. It is tempting to dive right in to prove you're a rockstar, but this is exactly when you need to pause.

Negotiate early, ideally before you officially accept the role, for a strict 90-day window to complete a comprehensive SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats). Push back on major change-management projects like block reallocations, scheduling overhauls, or immediate efficiency optimization. Your primary job during this honeymoon phase is to build relationships with key stakeholders across the organization. Setting these boundaries early protects your time and sets your team up for long-term success.

So, you have your 90 days. What exactly should you do with them? Even with the best preparation, there will be days when you question your choice to take this job. To keep your footing when the pressure mounts, focus your first three months on these tactical priorities:

1. Write a letter to your future self. For your eyes only, document exactly why you wanted this role and what you hope your legacy will be. Think big. Put it away for safekeeping; you will want to read it on the days you wonder why you took the job.
2. Take control of your calendar immediately. Meeting requests will flood your inbox before you even set foot in your office. Actively block out weekly time to round with both clinical and non-clinical frontline staff. Equally important, block out "thinking time" for yourself, at least four hours a week to strategize and process. Work with your administrative assistant to establish strict boundaries on when and how meetings are accepted. And yes, schedule time for lunch.
3. Map out your stakeholder matrix. Identify the key players you need to connect with or strengthen ties with. This includes physicians (your dyad partners, service line leaders, and both block and non-block surgeons), peer directors (your future lifelines), the Chief Financial Officer or their delegate (your new best friend), supply chain, pharmacy, human resources, risk management, infection control, and IT.
4. Shadow your teams on the units. Think of yourself as the COO of perioperative services. You need a deep, operational understanding of the entire perioperative continuum, from

patient scheduling and pre-op to the OR, PACU, and discharge or inpatient transfer. Spend significant time observing and talking to people at every level. Ask a lot of questions. Don't worry about being annoying; scrappy curiosity wins the race.

5. Keep your finger on the pulse of the industry. A strong strategic plan requires staying connected to new technologies, industry trends, and evidence-based practices. Build a professional LinkedIn presence, read association publications, and network at local and national conferences. While this external connection is vital and engaging, balance it carefully. Your team needs a leader who is visible and anchored in the daily care happening on the floor, not someone who is always away.
6. Build your SWOT analysis incrementally. Do not wait until day 89 to write your assessment. Block out time at the end of every week to log your raw findings, observations, and insights. It does not have to be polished or pretty initially; just commit to the discipline of documenting your weekly learnings.

While these six steps will anchor your first 90 days, long-term executive success requires one more critical component: mentorship. Some healthcare organizations are progressive and provide structured, formal coaching for new leaders, while others leave you to figure it out on your own. You can get by without a mentor, but it is far from ideal. From day one, seek out trusted peers or experienced leaders who can act as a sounding board, help you navigate corporate politics, and remind you why you chose to lead in the first place. Lastly, don't forget about the letter you wrote to yourself, in a year or two take time to read it and reflect because likely it will be time to revisit your strategic plans.