

SONAR: Perioperative Readiness Tool

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Background

- The perioperative space is one of the most dynamic and critical areas in the hospital and, as such, patient safety is paramount and at risk!
- SONAR aims to ensure patients are optimized for their respective procedure by all of our perioperative colleagues; clear communication of patient readiness improves the rate of first case on-time states and ensures patient safety.

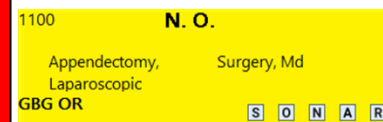
Methods

- October 2020:** Review regulatory standards for NYDOH and Joint Commission and standardize practices.
- Jan. 2021-Apr. 2021:** Review OR delays to identify gaps and operational opportunities
- Jan. 2021 to July 2021:** Create unique code in EMR to represent best/consensus practice
- July 2021:** Conducted in-service of SONAR at various units to discuss topics and best practice
- Sep. 2021:** Conduct soft roll out of SONAR
- March. 2022:** Enterprise Roll out of SONAR

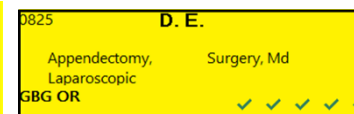
Findings / Interventions

Dept.	Display	Task:	Validation:
Surgery	S	<ul style="list-style-type: none"> Consent fully signed by surgeon and patient H&P within 24 hours or with 30 days with an updated H&P Site marking H&P 	<ul style="list-style-type: none"> Automated validation when tasks are met via electronic health record
OR	O	<ul style="list-style-type: none"> Room is clean All trays verified Patient items and implant are in the room Anesthesia acknowledges Scrub Tech states ready 	<ul style="list-style-type: none"> Manual acknowledgment from intraoperative nurse when criteria is met
Preop Nursing	N	<ul style="list-style-type: none"> Preop orders are complete Patient assessed surgical checklist complete (inpatient) 	<ul style="list-style-type: none"> Outpatients: manual event log entry Inpatients: automated validation
Anesthesia	A	<ul style="list-style-type: none"> Anesthesia verified history Interview patient Completed anesthesia assessment 	<ul style="list-style-type: none"> Manual event log entry
Preop Comp.	R	<ul style="list-style-type: none"> Site marked and verified by nurse Labs are resultful Inpatient surgical checklist completed 	<ul style="list-style-type: none"> Outpatients: manual event log entry Inpatients: automated validation

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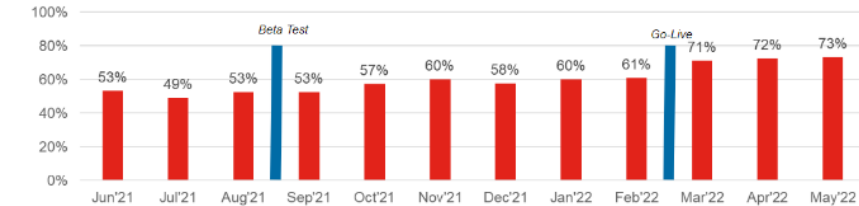


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Results



- To date, our teams are accomplishing first case on time starts of 79% to 85% depending on campus without any systematic change in scheduling of patient cases

Discussion

- Patient safety oftentimes may seem at odds with efficiency, however, we were able to dispel that mental model by reimagining how to leverage our EMR to enhance communication and effectively support our teams
- Began prioritizing that lead time in patient readiness: 10 minutes before our operating start times to triage day of issues, as well as, operationalize patient flow
- Our tools give real-time feedback, allowing our nursing leadership to be better equipped to support our teams with personal support and/or to be more effective at identifying and escalating concerns to address ongoing opportunities

References

- Lee DJ, Ding J, Guzzo TJ. Improving Operating Room Efficiency. Curr Urol Rep. 2019 Apr 15;20(6):28. doi: 10.1007/s11934-019-0895-3. PMID: 30989344.
- Wright JG, Roche A, Khoury AE. Improving on-time surgical starts in an operating room. Can J Surg. 2010 Jun;53(3):167-70. PMID: 20507788; PMCID: PMC2878988.