Start the Day Without a Delay

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MAGNET RECOGNIZED — AMERICAN NURSES CREDENTIALING CENTER

Background
First case on-time starts (FCOTS) is a vital metric measured within operating rooms (ORs). FCOTS data is the comparison between the scheduled time of the first case and the time the patient enters the OR suite. There is great importance in having the first cases enter the OR suite on time. "Delays in the OR can lead to increased hospital costs as well as patient and provider dissatisfaction. Starting the first case on time in the OR can potentially prevent subsequent delay" (Pashankar, MD et al 2020). First cases at NewYork Presbyterian- Allen Och Spine Hospital are noted at 730am Monday-Wednesday and Friday, 830am on Thursdays, and any 1st case booked into an OR suite at or before 9am.

Planning and Preparation
NewYork Presbyterian- Allen Och Spine Hospital (NYP-Allen) is a six suite OR. This community hospital facilitates numerous surgeries for patients locally and with global origins. It is of great importance that like the safety of our patients, efficiency is prioritized. In January of 2022, it was noted that NYP-Allen had 43% of it's first cases enter the OR suite on-time. With a goal of 85% or greater, a team of data analysts were assembled to assess the OR workflow and provide possible interventions.

Description of Team and Assessment
In January of 2022, three NewYork-Presbyterian Hospital (NYPH) data analysts visited NYP-Allen to observe the current workflow within the Peri-operative department, while engaging in an interdisciplinary conversation with all members. The interdisciplinary team included Peri and intra-operative registered nurses (RNs) and surgical technicians, inventory specialists, the anesthesia team, peri-operative patient care attendants (PPCA's), physician assistants, residents, and surgeons. The observations included the analyst team visiting Monday-Friday, 6am-10am for three weeks. At the conclusion of their observation period, the analysts provided the following causes of delays:
- Extended room set-up (inadequate staffing)
- Incomplete surgeon process (H&P not updated, non-compliant consent, patient not marked)
- Anesthesia (staffing challenges)
- Extended pre-op assessment (ASU RN, anesthesia, surgical team)
- Lateness
- Vendor availability
- Change of bed request/equipment after room is already set up
- Incorrect case booking times (2nd room booked too early)
- Incorrect preference cards
- CSPD (contaminated and/or missing trays)
- Materials management (backordered supplies, incomplete stocking of items)
- Medication/lab order sets not consistent

Implementation
Several interventions were implemented towards the end of February 2022 to improve the FCOTS low percentage of timeliness. Our plan was to improve by 5% each month, with the goal of 85% or more of our first cases entering the OR on time. The following interventions were applied to achieve the set goal:

- Sonar (**S**-surgeon, **O**-operating room nursing, **N**-preop nursing, **A**-anesthesia, **R**- overall readiness) - a tool within the electronic medical record (EMR) was introduced for the surgical team to indicate their readiness for the case. Each member of the surgical team was expected to be ready by 0725am. Team members were assigned a task to check off indicating that their portion of the readiness process was completed. The tasks are triggered by event times that are entered. The readiness tool could be visualized by all on display monitors in the OR and peri-operative areas, as well as when individuals log into the EMR. Once all SONAR values have been checked marked, it is an indication that the patient is ready to be escorted to the OR.
- Preoperative nurse must receive written orders for all pre-medications to be administered as well as lab orders by 0715.
- By 715am, patients receiving regional blocks were to be marked by the Attending surgeon and the anesthesiologist should be ready to perform the block.
- To promote engagement and accountability, all team members were educated on the importance of FCOTS and the recommended interventions.
- Reinforcement of the importance of identifying and documenting the delay was discussed.
- The dissemination of the FCOTS data inclusive of minutes late, delay codes, and team members assigned was sent weekly to all team members. This process identified delay patterns, promoted accountability, and facilitated workflow discussions.

Implications for Perioperative Nurses
- Morning huddle communicates daily case volume, changes or special needs for the cases scheduled. It also identifies morning delays that may impact start times, surgical care and the patient experience.
- Quality metric data shared weekly by nursing, permits the Chief of services an opportunity to provide surgeons with the information, as well as aid in accountability.
- Preoperative calls to patients allow the chance for nursing to identify potential delays such as outstanding labs and medical issues that may impact the following day's schedule. It also promotes collaboration with physicians to ensure consent and vital patient information is completed prior to the patient's scheduled date and time.
- Providing supplemental RN's within the OR, affords the team an opportunity to work together during room set-up while decreasing the time to do so. Having additional personnel also creates an environment where team members can proactively address critical equipment and instrumentation issues, as opposed to the workarounds created due to inadequate staffing.

Implications for Perioperative Nurses- continued
- Encouraging team members to review next-day assignments advocates for empowerment and ownership. Team members are vested in ensuring what is required for the following day is readily available.
- Active participation by nursing in the development of preference cards, enables the accuracy of required surgical items. It also minimizes the use of unnecessary supplies and trays that lead to surgical delays and inaccurate billing.
- Approving team members request to come in early to start cases, reduces nursing stress and ensures the availability of essential OR equipment.

First Case On-Time Starts January 2022 – July 2022

% OF 1ST. CASES IN ON-TIME
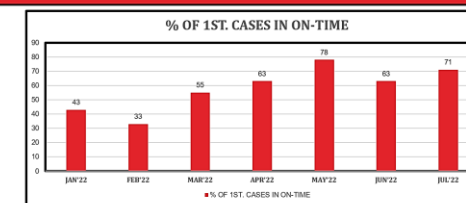
	JAN'22	FEB'22	MAR'22	APR'22	MAY'22	JUN'22	JUL'22
Cases on-time	43	33	64	73	82	66	62
# of 1st. Cases	99	101	116	116	105	104	87
% on-time	43%	33%	55%	63%	78%	63%	71%

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Outcomes
Outcomes for the quality measures implemented in February 2022 revealed that the goal of 5% for the 5 data points provided was reached and far exceeded the goal for March, April, May June, and July 2022. Our journey towards the goal of 85% continues, as we hardwire standardization, consistent best practices, and accountability.

- From the period of February 2022 to March 2022 FCOTS improved 22 %
- From the period of March 2022 to April 2022 FCOTS improved 8 %
- From the period of April 2022 to May 2022 FCOTS improved 15 %
- From the period of May 2022 to June 2022 FCOTS improved 8%
- From the period of June 2022 to July 2022 FCOTS improved 8%

References:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7339335/pdf/pqs-5-e305.pdf