IMPROVING PATIENT THROUGHPUT IN AN AMBULATORY SURGERY CENTER:
EVERYONE MAKES A DIFFERENCE
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In an Ambulatory Surgery Center (ASC) two performance benchmarks are on time starts and
room turnover. This multispecialty ASC formed a Patient Throughput Committee in 2009 with
the goal of improving on time starts, reducing turnover time, and reducing surgeon wait times.

Multi-disciplinary members include representatives from medical staff, anesthesia team,
leadership, business office, Pre Surgery Clinic, PACU, and OR staff members. The committee
meets monthly to review statistics, update action plan initiatives, and identify specific strategies
for improvement.

Actions identified were the revision of documentation forms to eliminate unnecessary
duplication, rounding on patients and staff, ensuring appropriate patient arrival times, efficient
organization of equipment and supplies, and revising assignments to utilize staff collaboration.
LEAN principles and training were utilized in this process.

The average on time start in 2008 was 55%. This improved to 61% in 2009 and 70% year to date
2010. The room turnover time in 2008 was 11:41 minutes. This improved to 9:48 minutes in
2009 and to 8:49 minutes year to date 2010. The surgeon wait time in 2008 was 31:41 minutes.
This improved to 29:03 minutes in 2009 and 27:54 minutes year to date 2010. The committee
identified initiatives to target key areas for improvement by specialty.

Improvement continues as the process is fine tuned. These improvements have impacted ASC
efficiency and patient and surgeon satisfaction. It’s a challenge everyday and the team continues
to rise to the occasion.