Improvements in Patient Readiness for On-Time First Case Starts in a Teaching Hospital Outpatient Surgery Department

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Background: On-time first case starts are critical to the efficient flow of patients through the operating room, and increase surgeon, anesthesiologist, patient, and staff satisfaction.

Objective: To increase the on-time preparation of first case starts by OPS RNs, which can increase the percentage of on-time first case OR starts.

Process: Modifications in patient admission and preparation were identified to streamline the processes. Changes included: increased number of patients completed a pre-admission unit (PAU) visit; when patients completed their preadmission paperwork during their PAU visit, their registration phase on the morning of surgery was bypassed; a Smart Fax system was implemented to ensure delivery of faxed documents to Surgical Services; all OPS staff was granted access to the electronic medical record from the clinics; an RN Document Manager role was created to focus exclusively on collection of required paperwork prior to the day of surgery; RNs came to work at 0500 instead of 0530; 2 additional RNs were added; if mandatory paperwork was missing the morning of surgery, the attending physician was contacted instead of a resident; first case starts bypass holding and go directly from OPS to the OR.

Results: In 2010, the percentage of first start surgical patients ready for surgery through OPS was 75%. In 2009 the percentage of first start surgical patients ready for surgery through OPS was 45%. Additional modifications are planned in the future.

Implications: Of the multitude of variables that affect on-time first case starts, many can be positively impacted by modification of processes specific to OPS.