RN READY TIMES

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BACKGROUND INFORMATION:
Our level one trauma center preforms over 100 surgeries per day. With over 45 first case starts, being ready at the designated start time could be challenging. Delays were multifactorial: registration, consents, assessment completion, and placement of regional anesthesia.

OBJECTIVES OF PROJECT:
Patients who are first start cases will be ready thirty minutes before scheduled start time to include the Perianesthesia Care Unit (PACU) RN to Operating room (OR) RN handoff. Potential delays will be tracked to monitor for process improvement potential.

PROCESS OF IMPLEMENTATION:
To establish when the required tasks where completed by the preoperative RN, an 'RN Ready Button' was added to the electronic documentation system. An MDI (Monitor for Daily Improvement) board was initiated to track daily success and challenges. The resource nurse collected the RN ready times and variables daily. There are four preoperative holding areas called modules. Daily percentages of success for each module were posted and discussed at the monthly performance improvement meeting. Reasons for delay were tracked for frequency and shared with appropriate team members (Anesthesia providers, surgical staff, OR staff). The nurses were educated on the button process and the MDI board to ensure they understood the process and the underlying reasons for it.

STATEMENT OF SUCCESSFUL PRACTICE:
The percentage of on time starts has increased with the new program. Nurses voiced satisfaction when delays and variables were better defined and backed up with data. Staff understood the reason for daily measurement and saw positive changes in processes as a result of the data.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:
On time starts are imperative for a perioperative setting to increase satisfaction for patients, families and staff. MDI is important for improving processes at many hospitals. Involving staff nurses in the process increases staff satisfaction.