

## **PERIOPERATIVE PIT CREW: READY, SET, START ON TIME!**

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**Background Information:** Challenges to achieving on-time surgical starts remain significant amidst a medical culture of ever-increasing efficiency. Barriers to on-time case starts have varied from lack of communication and teamwork to misallocation of staffing and resources. Providers focus narrowly on their specific silos of patient care, and the overall goal of efficiency becomes an abstract concept instead of a tangible reality. Increasing surgical volumes coupled with a financially strained health care system has heightened the issue of on-time starts. The remedy for ensuring on-time starts has remained elusive, largely owing to a lack of understanding of surgical workflow.

Baseline on-time starts averaged 58%, even as low as 40% for some service lines.

**Objectives of Project:** A significant number of operating room time is taken up by non-operative activities. An opportunity exists to standardize communication pathways, proactively complete paperwork, and identify interventions and steps in the perioperative process for on-time starts.

**Process of Implementation:** An interdisciplinary "Perioperative Pit Crew" was formed and participated in multiple rapid improvement events to examine workflow. A priority for the project was to validate and incorporate the voice of the patient. Current state value stream mapping with swim lanes of each discipline identified areas for improvement and duplicate workflow. Additional techniques included: tracking pre-op process event times, changing communication boards, structuring a "go-live" timeline for individual surgical services, identifying of potential barriers to different services and roles, and partnering with physician champions to assist with communication and education to surgeons. Through this complex approach, patients felt less overwhelmed by the chaotic barrage of healthcare members on an already stressful and anxiety-provoking day.

**Statement of Successful Practice:** Post-implementation, pilot Urology surgeon achieved an average of 90% on time case starts. Urology service maintained 76% on-time starts and an improvement of at least 10% on-time starts with every service since process implementation. Additionally, the in room to cut time improved by six minutes when cases start on time. Operating room equipment needs prioritized purchases and additional support for IV placement was accomplished.

**Implications for Advancing the Practice of Perianesthesia Nursing:** The implications for perianesthesia nursing are increased satisfaction, predictability for surgeons, significant cost savings and changing the culture of functioning in silos to a collaborative team effort.