**Cut to the Chase: Pre-op Surgical Clipping**  
Primary Investigators: Michele Gatt BSN RN, Sara Shubert RN  
Heart and Vascular Institute at Cleveland Clinic, Cleveland, Ohio  
Co-Investigators: Susan Mastrandrea BSN RN PCCN, Cindy Plato BSN RN CAPA

**Introduction:** Cardiothoracic and Thoracic preoperative patients in the Heart and Vascular Institute were having their hair removed prior to OR in the preoperative setting. The vascular preoperative patients were having their hair clipped in the OR.

**Identification of the problem:** The problem that was identified was the increase financial cost of OR time spent clipping vascular patients while in the OR setting.

**QI question/Purpose of the study:** The objective of this project was to decrease the cost and improve efficiency of OR time by clipping vascular patients in the preoperative setting instead of utilizing OR time to clip patients.

**Method:** We decided to measure the cost savings monthly since all the outpatient vascular surgery patients requiring clipping are now being clipped in the preoperative setting in the Heart and Vascular Institute. We collected data from December 2017 to March 2018. One hour of surgical OR time equals $1700.00 in the Heart and Vascular OR’s. We calculated the total number of minutes shaved per month and converted it to hours to calculate the dollars saved monthly.

**Outcomes/Results:** Prior to implementing the vascular preoperative shaves there was $0 cost savings. January 2018 the cost savings was $11,050.00. February 2018 the cost savings was $5797.00. March 2018 the cost savings was $10,341.00.

**Discussion:** This was the first study to objectively measure cost savings of clipping vascular patients in the preoperative setting versus the vascular OR settings.

**Conclusion:** From January 2018 through March 2018 we have a cost savings of $27,188.00. All vascular surgery patients in the Heart and Vascular Institute are now being clipped in the preoperative setting.

**Implication for perianesthesia nurses and future research:** This project could be implemented in other preoperative areas. Future research would be recommended to investigate additional cost savings for other surgical settings.