

## **Objectives of Project**

Identify the root causes of first cases delays, including strategies to correct delays and achieve the benchmark of 85% FCOTS. This will improve OR efficiency and the satisfaction of patients/families and the perioperative team.



#### **Background Information**

The Operating room (OR) is a costly environment and it should be managed efficiently. Starting the first cases on time is crucial for maintaining an operating room's schedule. However, for a myriad of reasons, first cases can be delayed, causing subsequent cases to be delayed, affecting OR efficiency and satisfaction of patients/families and the perioperative team. Across the Main OR, only 54% of cases on average started on time in 2018; and the national benchmark is 85%. In response, the Main OR First Case On-Time Starts (FCOTS) team was formed under the Perioperative Joint Operating Council (JOC) to focus a shared effort on correcting the delays. The number one reason why the first cases started late was surgeons' late arrival and other surgeon related issues; followed by patient related issues. Other common causes of delays were related to the following departments: anesthesia, OR, preop, sterile processing, breast health, registration, laboratory, and facility (Figure 1). Delay reasons that were less than 5 were not included in the data.

# First Case On-Time Starts Barriers and Strategies to Success and Sustainability

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#### **Process of Implementation**

There is a substantial opportunity to enhance OR efficiency by improving FCOTS. The Perioperative JOC has engaged a multidisciplinary FCOTS team to apply the Lean process improvement methodology to increase OR efficiency: (1) A3 document and project charter were created. The current state and the future state were identified. The FCOTS team was focused on the metric and the FCOTS process was embedded in the practice of the periop team; (2) Action register with "just-do-it" items was generated (Figure 2) that contains the list of strategies that address the FCOTS delays; (3) Continuous measurement, analysis, and evaluation were demonstrated. (Figure 3). FCOTS delays report is sent to key FCOTS partners (Surgeon, Anesthesia, OR nurse manager, and Preop/PACU nurse manager to review report and address delays specific to their department. The FCOTS team analyzed the data and reported results to the Perioperative JOC monthly to summarize gains and barriers to success and sustainability. (4) Communication/reporting and dissemination were initiated. FCOTS partners took ownership in disseminating FCOTS data and other FCOTS related information. (5) A Celebration of success was put in place to reward the efforts of the periop team and to encourage them to sustain the gain.



Figure 1

# Statement of Successful Practice

Data has shown that in 2018, FCOTS ranges from 43% - 67%, with an average of 54% across service lines. In 2019, FCOTS ranges from 46%-84%, with an average of 73%. In 2020, due to the COVID 19 pandemic, FCOTS average has fallen to 64%, with ranges from 52%-82%, which are still significantly higher than in 2018, the year when the initiative began. These results (Figure 3) demonstrate that the application of Lean process improvement methodology, the presence of more credible data, enhanced communication processes, and most of all, the commitment of highly collaborative multidisciplinary teams can significantly improve FCOTS. This leads to a more efficient OR, higher satisfaction of patients/families and perioperative team, better accountability, and improved provider and team morale.



Figure 3

	Main OR First Case On Time Start Action Register									
	A . 1			Tourse Date		Complete				
40	Subgroup FCOTS team	Action Main OR will call FCOTS surgeons	Who? Main OR staff	Target Date 10/14/2019	Completed? Notes This will start 10/14/19	Follow up				
41	And the second second	providers (preop) when the patient arrives	FCOTS Team	2/6/2020	Awaiting update from Lisa K. Implemented 2/6/20	1				
42	FCOTS team	Prioritize registration of patients with Vancomycin; Vancomycin will be added in special needs	Registration and Ortho Nurse Navigator	10/11/2019						
43	FCOTS team	Explore automated patient reminders the day or 2 days before surgery.	Dr. Burruss, Joy Lazo, Lisa Martin, Emma Ellison (EPIC Project Leader)	11/1/2020	In production by 1/7/21. Reminders will be sent starting 1/8/21. Emma will show us where to get the private report to show the patients who have received the reminders on 1/7/21.					
44	FCOTS team	Add expected arrival time to surgeon phone call reminders	Nikita	12/16/2019						
45	FCOTS team	Tags for breast cases are being changed to same day	FCOTS Team	12/16/2019	Approved and in process of ordering					
46	FCOTS team	created to see what is working and if anything needs to	FCOTS Team	1/31/2019	Revisited the time line, preop phone calls, and address issues with instruments. The process is ongoing.					
47	FCOTS team	Exclude bumps and Uma's second room from data for FY20	Rex O'Connor (Katie Brown)	2/3/2020	Rex and Katie reviewed appropriate exclusions. Confirming with Allison that they are in fact being excluded on a regular basis.					
48	FCOTS team	reasons in FY20 & July & August '21	Rex O'Connor (Katie Brown)	10/20/2020	Katie to revisit and repull for leadership review					
49	FCOTS team	Explore acceptable minimum H/P requirement to comply with CMS/JC regulations with help from Lisa Grubb.	Joy Lazo	10/21/2020	Follow-up with Digna to see if recommendations are the same					
50	FCOTS team	Build an accountability system for physicians when they are late	Nia Leak, Joy Lazo	3/31/2021	Physician reasons for late FCOTS in Main OR are decreasing. By next month, we have enough trends to start making action. Identify accountable leadership for each group.					
51	FCOTS team	Notification system to doctors if the first case is running late (from a nursing accountability standpoint)	Rex O'Connor, Joy Lazo	11/1/2020	Main OR CN and TCAS Preop CC notify the surgeon 60-30 mins in advance.					
55	FCOTS team	Remind surgeons of 8am start time via OR Newsletter and MEC	James Harris, Joy Lazo	2/19/2021	Include in OR Newsletter (Joy to draft language and send to Dr. Harris & Christina); Dr. Harris to send announcement to MEC					

Figure 2



	6:00	0.50	0.73	/.00	7:15	1.50	1.50	1.55
	ARRIVAL/REGISTRATION							
PATIENT	ALL CASES ( <u>2 HRS</u> BEF0 OF CASE)	ARRIVE ORE START						
PRE-OP	PREP/		PIV/LABS/T&S					LEAVE
ANESTHESIA					ANESTHESIA ARRIVES <u>45</u> <u>MINUTES</u> BEFOR CASE STARTS FOR H&P/ CONSENTS	(E)		PREOP BY 7:55
SURGEON						SURGEON ARRIVES <u>30</u> <u>MINUTES</u> BEFORE CASE STARTS FOR H&P/ MARKING/ CONSENTS	5	WITH DESIGNATED PERSONNEL
OR RN							R NURSE ARRIVES <u>15</u> <u>MINUTES</u> BEFORE CASE STARTS FOR INTERVIEW/ CONSENTS/ H&P NTERVAL REVIEW	

Figure 4

### **Implications for Advancing the Practice of** Perianesthesia Nursing

The goal to improve FCOTS to positively impact OR efficiency and patient/family satisfaction is a shared responsibility of the Department of Anesthesia, Surgery, and Perioperative Services. The success of the initiative has made the Perianesthesia team become more invested, motivated, and committed to improve FCOTS and sustain improvements utilizing process improvement tools.

#### Acknowledgement

**Periop Nursing**: Chelai Green & OR Team, Main PACU Team, Bridget Montgomery, Lorraine Yaffe & CPO Team; Anesthesia: Dr. Clarita Dawson; Surgical Provider: Dr. James Harris, Dr. Uma Srikumaran, Dr. Grishma Joy; Administration: Dr. Shafeeq Ahmed, Christina Yuan; LEAN Support: Jon Cohen; Graphic Designer: Janielle Tamayo; & Data Visualizer: Katie Brown, Allison

#### References

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