

Pre-Operative Throughput Efficiency

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- Perioperative bundle to ensure first case on time starts (FCOTS)
- Perioperative initiatives to increase throughput of Pre Op

- FCOTS previously averaging 89% over four month time frame
- Average in room time for four months prior to study was 0.86 minutes after scheduled case start
- Reason for delays are often related to missing documentation or patient marking, requiring surgeon or anesthesia to return to pre-operative unit to remediate discrepancy
- Inpatient add on cases were being cancelled in preoperative department due to patient not being cleared medically.
- OR delays waiting for medical clearances for inpatient on patients.
- Poor communication with the OR.

REVIEW OF LITERATURE

- Coffey, et al. showed improvements to FCOTS by requiring staff to be present for pre-op huddle ten minutes prior to the start of the case to early identify discrepancies in documentation
- Pashankar, et al saw success in a bundle of improvements that included gift vouchers for best FCOTS.

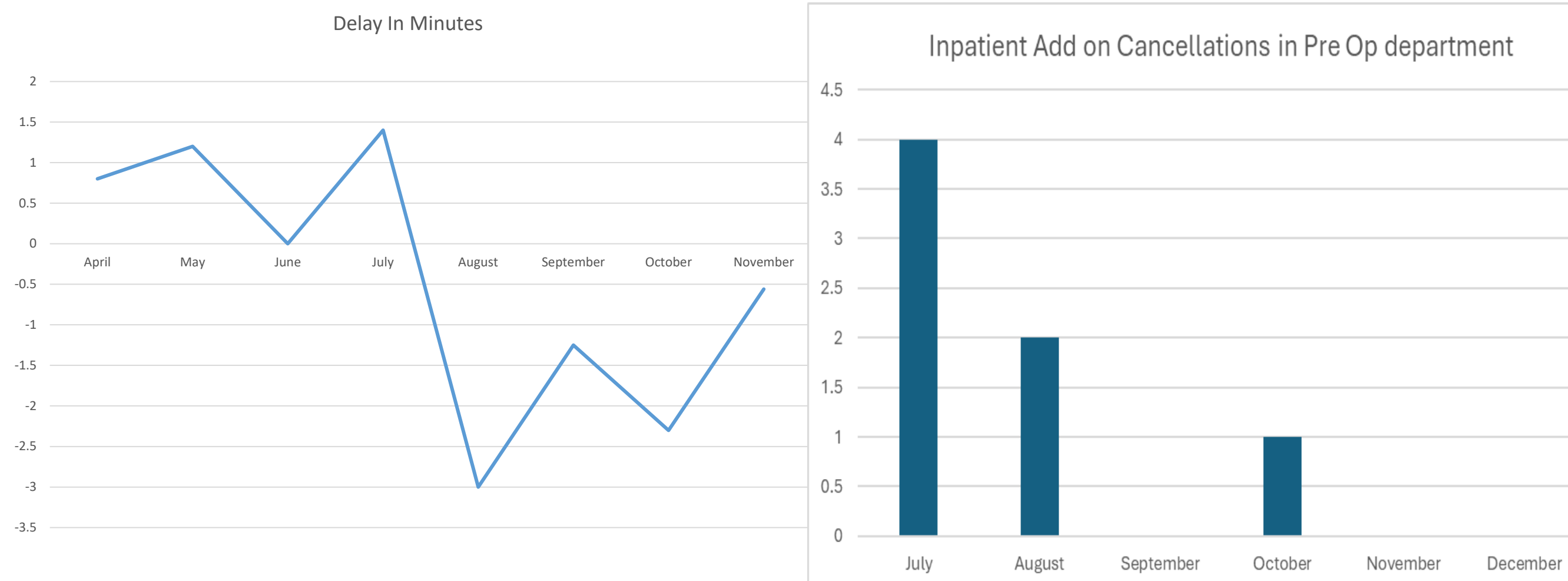
In May 2024, the Pre-Op Throughput Efficiency project initiatives were implemented. These included:

- Designated a pre-op charge nurse with no patient assignment.
- The pre-op charge nurse reviews add-on patient charts by 7:30 AM, contacts physicians for patient clearance, notifies surgeons if patients required any labs or tests, informs the floor RN of new orders, and meets with the Anesthesia MD running the surgical board each morning at 8:00 AM to review any concerns.
- A quick review revealed that various charge nurses were not consistently following these initiatives or communicating effectively with providers.
- In June, a permanent pre-op charge nurse was appointed.

In July 2024, the OR initiated the FCOTs project. The initiatives included:

- A scheduled pre-operative huddle requiring the circulating RN, the CRNA, and the pre-operative RN to be present at the patient's bedside ten minutes before scheduled start time.

- FCOTS rose from 89% on average, to 91%
- Average in room time improved from 0.86 minutes after scheduled case start, to -2.28 prior to first case on time start
- A \$110,251 savings from July 2024 – November 24.
- Add on cancellations in Pre –Op department dropped from 4 a month in July to 0 Nov-Dec.



- Teamwork with multidisciplinary teams, including pre-operative unit and anesthesia department
- Efficient use of time to be prepared for pre-operative huddle
- Efficient use of OR time
- Increased patient satisfaction
- The two projects have proven to advance PreOp nurses as a team member with multidisciplinary teams, including PreOp, OR, and Anesthesia and accented the efficient use for preparation for the pre-operative huddle.

- Implement same process for turn-over between cases, requiring team to be at patient's pre-operative bedside ten minutes prior to time due back in the room.
- Improve handoff from inpatient units to Pre Op department.

REFERENCES

- Pashankar, D. S., Zhao, A. M., Bathrick, R., Taylor, C., Boules, H., Cowles, R. A., & Grossman, M. (2020). A Quality Improvement Project to Improve First Case On-time Starts in the Pediatric Operating Room. *Pediatric quality & safety*, 5(4), e305. <https://doi.org/10.1097/pq9.0000000000000305>
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- Riddle Perioperative Services
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