

First Case Start Times (FCOTS) Improvement Initiative

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Abstract Background Information: First Case Start Times delays can lead to increased hospital costs, provider and patient dissatisfaction. FCOTS can potentially prevent subsequent delays and costs. Literature shows operating room cost 30-80\$ per minute. Ronald Reagan FCOTS have been at 27% prior to the initiative.

Objectives of Project: Contribute to First Case Start Times(FCOTS) initiative by having PTU RN complete on 60% of OR first cases by 0645. PTU RN Completions should allow adequate time for OR , Anesthesia and Surgeons to complete prep tasks so patients can be in room by 0730

Process of Implementation:

- AM CCP's Start Shift 15 minutes earlier to assist with bringing patients into assigned bays sooner. This allows patients time needed to complete CHG wipes and nasal decolonization if needed.
- Epidural patients are asked to come in early. Epidural patients are flagged via physical chart and on the assignment board. This alerts the RNs that there is a priority to complete this intake first, including the placement of IV and completion of vital signs.
- Additional staff RNs start at 0500 instead of 0530 to assist with preparing the unit, and starting intakes or IVs sooner.
- PTU RN complete is done by the goal of 0645 (0630 for Epidural cases) to allow sufficient time for the surgical, anesthesia, and OR RN at the bedside.
- There are two physician work groups created for Neurosurgery and thoracic surgery who meet once a month to discuss opportunities on their end

Statement of Successful Practice: PTU is exceeding its weekly goal of >60% with the implementations of our planned improvements. FCOTS have improved from 28% to 46% .

Implications for Advancing the Practice of Perianesthesia Nursing:

- With the implementation of PTU, Admission and OR interventions we saw a 18% improvement in FCOTS. Next steps to sustain and improve PTU RN Complete
- Chime or announcement at 0630 to remind Rn staff to complete RN complete.
- Scripts for nurse empowerment
- Consents completed in MD office
- Nights shift prep (charge workstations, stocking bays, staging bays, etc.)
- Measuring adherence to and giving feedback about important steps in the preoperative process, on-time starts improved
- Collaborating with Md offices to have CHG sent to patients home to use prior to coming hospital