

First Case Start Times (FCOTS) Improvement Initiative



PTU RR

Background and Significance

Ideally, all first cases should be in the OR no later than 0730 (0830 for Wednesdays). However, the hospital has not met this goal. There are a variety of contributing factors including patients arriving late, pre-op elements not completed on time by the PTU RN, consents not completed, patients having additional questions for MD, OR delays, etc.

A dashboard was created to track the percentage of PTU RN complete by 0645 (0745 on Wednesday). The weekly low was 32.1% when this tracking was first initiated (1/17/21). FY21 Avg. was 45%.

Purpose of Initiative

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 preop tasks so patients can be in room by 0730

Synthesis of Evidence

First Case Start Times(FCOTS) 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. (Pashanker, Zhao, et al 2020) Ronald Reagan FCOTS have been at 27% prior to the initiative.

Practice Change or Improvement

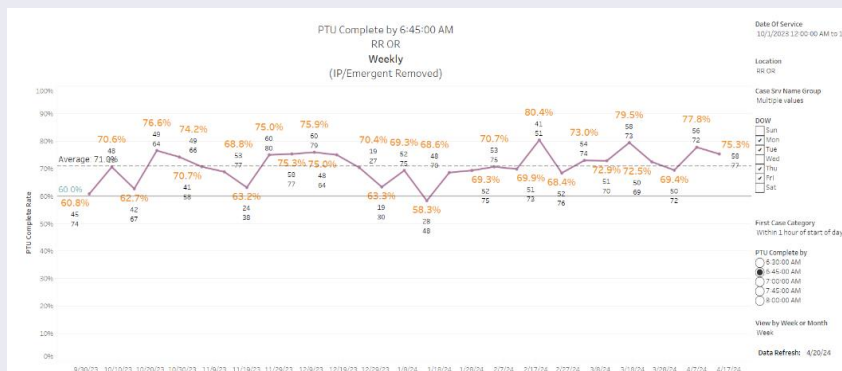
Effective and timely use of hospital resources is vital to meet the growing demand of procedures being performed in the perioperative area. Meeting these demands requires effectively implementing interventions that improve the number of on-time first cases. Increased percentage of on-time starts for first cases can reduce subsequent delays and improve patient experience. UPC and Leadership collaborated and implemented ideas how PTU could positively impact FCOTS in the OR..

Plan and Implementation of Improvements

- 1) 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. Update patient instructions provided at front desk for easier understanding.
- 2) 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.
- 3) Additional staff RNs start at 0500 instead of 0530 to assist with preparing the unit, and starting intakes or IVs sooner.
- 4) 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.
- 5) There are two physician work groups created for Neurosurgery and thoracic surgery who meet once a month to discuss opportunities on their end.

Evaluation of Outcomes

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



Conclusions and Next Steps

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

1. Chime or announcement at 0630 to remind Rn staff to complete RN complete.
2. Scripts for nurse empowerment
3. Consents completed in MD office
4. Nights shift prep (charge workstations, stocking bays, staging bays, etc.)
5. Measuring adherence to and giving feedback about important steps in the preoperative process, on-time starts improved. (Ellis, Santoro, et al 2019)
6. Collaborating with Md offices to have CHG sent to patients home to use prior to coming hospital

References

Ellis DB, Santoro J, Spracklin D, Kurzweil V, Sylvia S, Fagenholz P, Agarwala A. Improving and Maintaining On-Time Start Times for Nonelective Cases in a Major Academic Medical Center. Jt Comm J Qual Patient Saf. 2020 Feb;46(2):81-86. doi: 10.1016/j.jcjq.2019.09.007. Epub 2019 Nov 4. PMID: 31699600.

Pashankar DS, Zhao AM, Bathrick R, Taylor C, Boules H, Cowles RA, Grossman M. A Quality Improvement Project to Improve First Case On-time Starts in the Pediatric Operating Room. Pediatr Qual Saf. 2020 Jun 24;5(4):e305. doi: 10.1097/pq9.0000000000000305. PMID: 32766485; PMCID: PMC7339335.