



# Optimizing PeriOperative Workflow: Addressing Delays In Plastic Reconstruction Service Marking To Improve Efficiency

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## Background

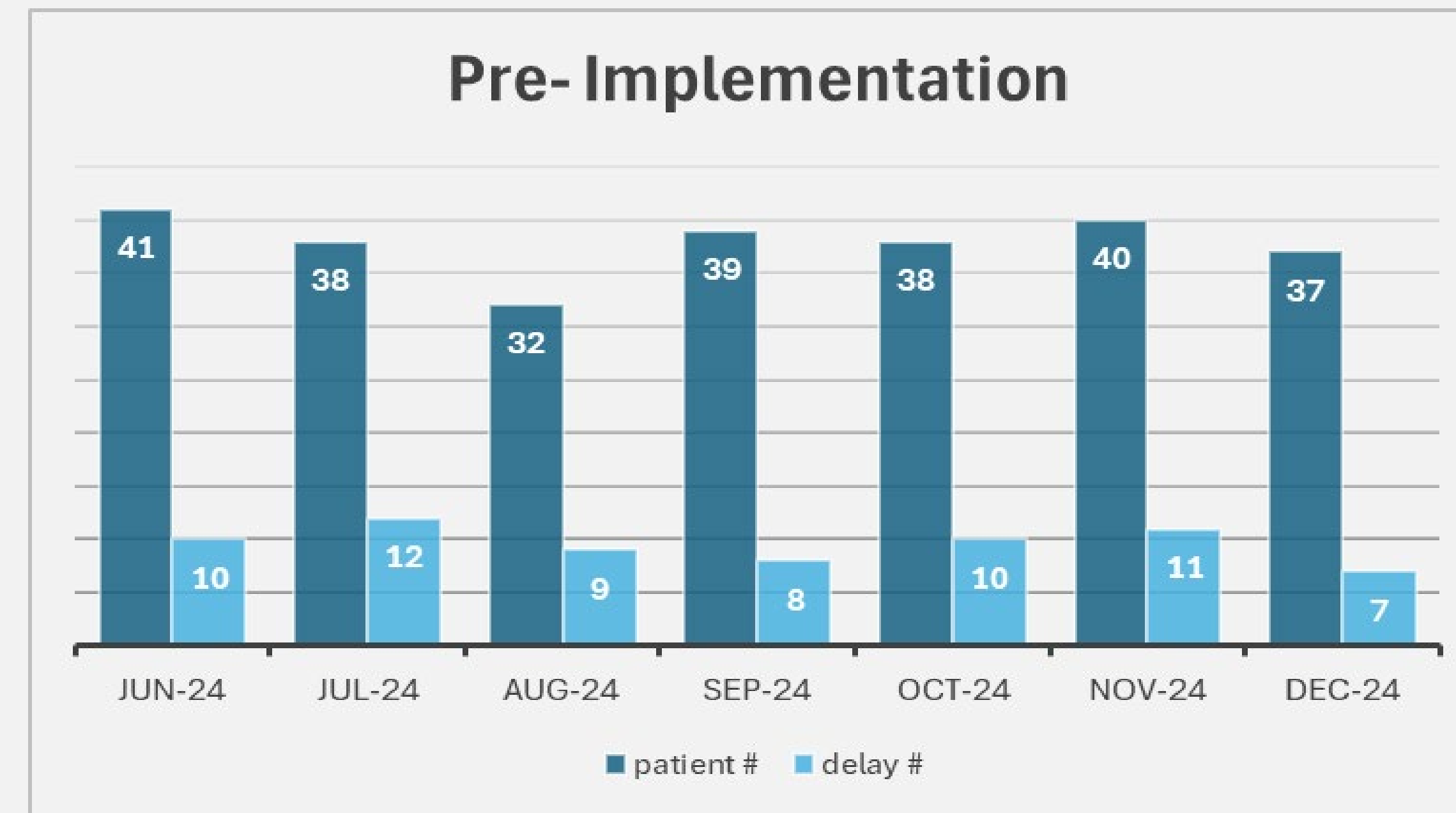
In an organization that performs a high volume of plastic reconstructive surgeries, both elective and clinically indicated, preoperative staff were uncertain if the plastic surgeon needed to mark the surgical site and for symmetry. This initiative aligns with the Joint Commission National Patient Safety Goal for surgical site verification. Currently, the Epic Surgery Board contains a "Special Needs" section which allows providers to free-text any necessary surgical considerations. However, this feature is underutilized by most team members. "Case delays decrease the overall efficiency of the OR, increase OR costs, lead to patient and staff dissatisfaction, and contribute to patient safety." (Robson, et. al., 2025)

## Objective

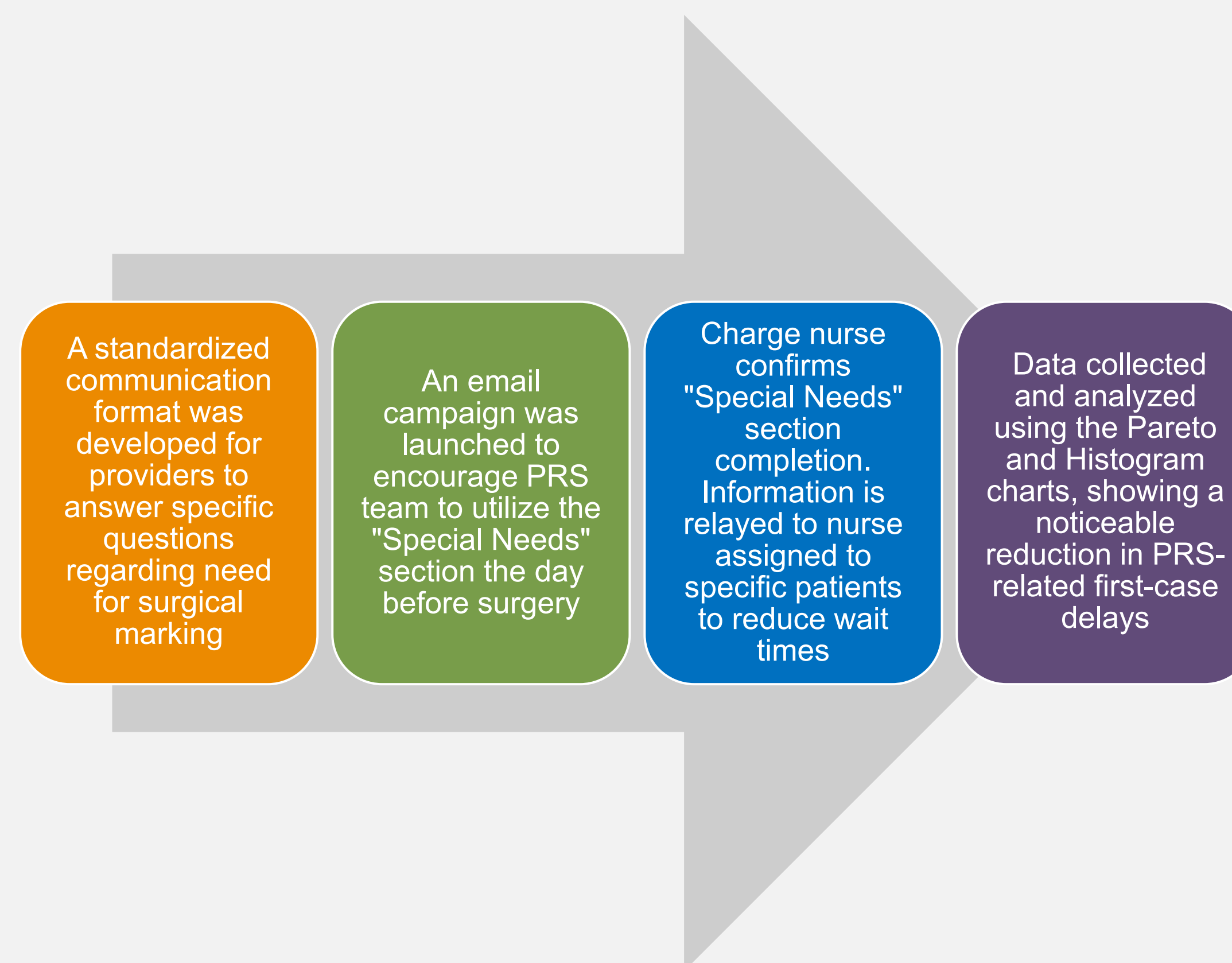
This project aims to improve OR efficiency by reducing delays related to Plastic Reconstruction Service (PRS) site markings for the first-start cases. By standardizing communication between the PRS team and preoperative staff through consistent use of the "Special Needs" section, the project seeks to reduce PRS-related OR delays by 50%.

## Project Timeline

Data collection for first-case start delays was started around June 2024 to Dec 2024. Information was shared to the PRS team and initiation of this initiative started shortly thereafter. Data was collected regarding usage of the "Special Needs" section to reflect the relationship of this initiative for first-case start delays. Presently continuing with tracking delays to monitor compliance.



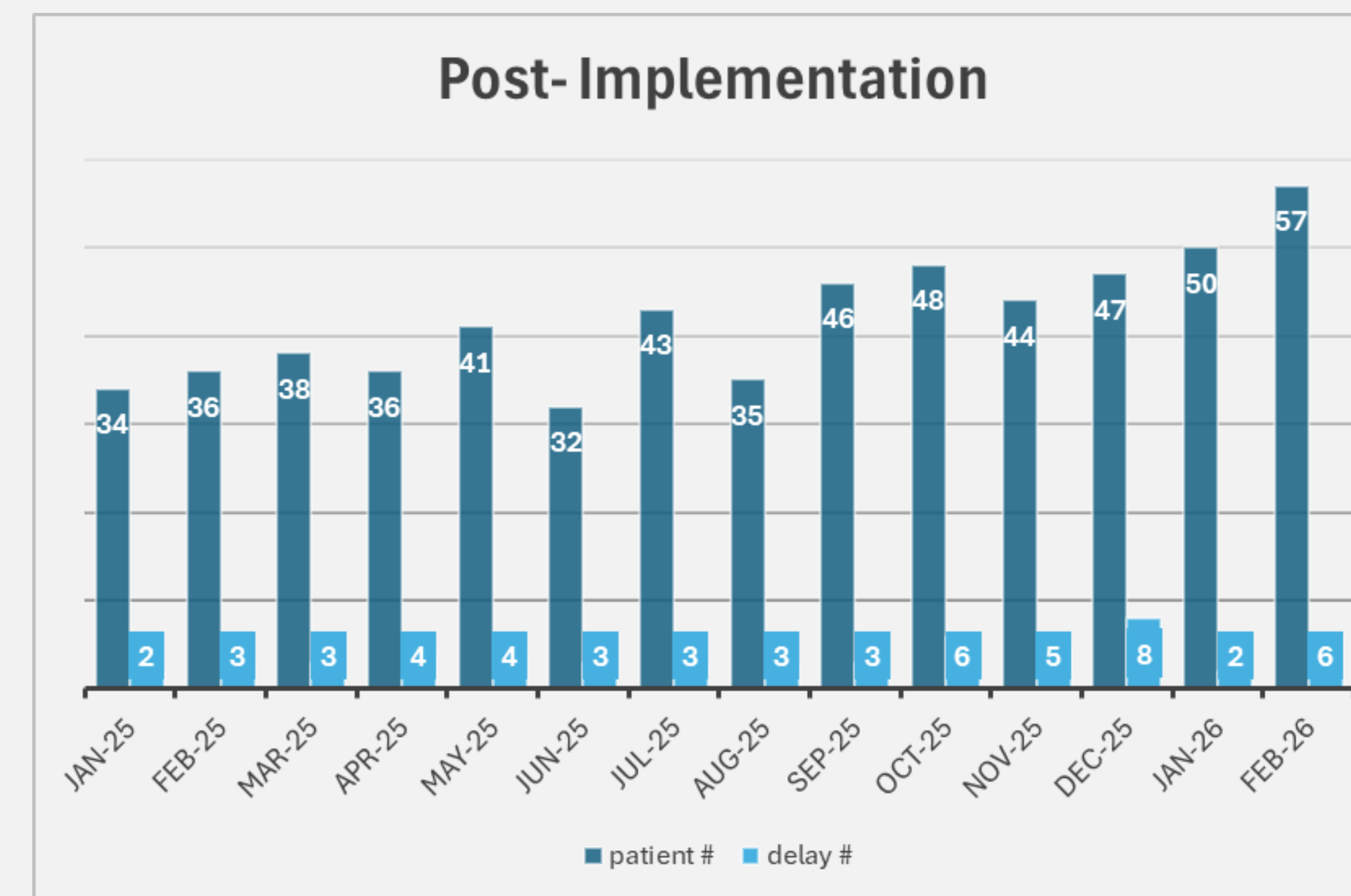
## Process of Implementation



## Communication Tool

In compliance with Clinical and Safety Effectiveness project to improve Periop workflow and prevent OR start time delays; we kindly request that the following information be available under the "SPECIAL NEEDS" column for patient's Preop Nurse:

- Will the patient need marking in the preop/ holding?
- Who will be marking the pt in the preop/holding area?
- Who will be the PRS point of contact for day of surgery?



## Statement of Successful Practice

Data comparing the months before and after implementation revealed significant improvements:

- First-case PRS marking delays decreased from 25.28% to 8.76%
- The compliance of using "Special Needs" shows an improvement of 16.52% in work efficiency

## Implications for Advancing PeriAnesthesia Nursing Practice

This project demonstrates how improved interdisciplinary communication can directly impact surgical efficiency and patient safety. By standardizing preoperative communication protocols, this initiative not only reduced delays but also promote a higher standard of care and enhances satisfaction among key stakeholders.

## References

Robson Chase MD., Marina, et al., 2025, Utilizing Quality Improvement Methodology to Decrease Surgical Delays. Online. [https://www.jointcommissionjournal.com/article/S1553-7250\(25\)00133-3/fulltext.com](https://www.jointcommissionjournal.com/article/S1553-7250(25)00133-3/fulltext.com)

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