

Nursing Impact on a Multi-Disciplinary Approach to First Case On-Time Starts at Stony Brook Medicine

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Background Information: With over 315 surgeons at SBUH, just under 13,000 surgeries were conducted in the main ORs in 2020, considering the covid-19 pandemic. Before the coronavirus era, SBUH performed around 14,500 surgery cases annually in those 22 main ORs. Of those, 5,000 surgeries were first cases. Historically, SBUH performed at a 38% FCOTS which led to delayed next cases in each block.

Objectives of Project: The purpose of this project is to identify barriers to FCOTS by way of direct observation, and detailed review of all first cases in the main ORs and demonstrate the solutions and interventions adopted to permit an increase in the percent of FCOTS. The team utilized a quality improvement method (PDSA cycle) to implement change and resolutions developed.

Process of Implementation: The team reviewed the time the surgeon marked the patient and signed the site/side verification note, the time the anesthesiologist completed the pre induction note, the time the patient was ready for the OR, and the time the patient entered the OR. The team identified reasons for delay for each of these elements. The reasons for delays became the opportunities for improvement and the interventions.

Statement of Successful Practice: At Stony Brook University Hospital, FCOTS before March 2021 were in the order of 38%. With the work of the OR committee, we were able to show an increase in the percentage of FCOTS from January 2020 – current. Pre-intervention, the baseline for FCOTS was 38%, with a 5-minute grace period of 54%. Post-intervention, for a 12-month period, the 5-minute grace period was 84%, with a 76% FCOTS with continued sustained improvement.

Implications for Advancing the Practice of Peri anesthesia Nursing: The OR leadership team developed a process for improved communication and education of the on-time goals. As part of the initiative, the OR leadership developed and communicated the expectations for ‘room readiness’. Communication with the team members enhanced preparedness and enabled discussion of barriers. The Presurgical Admission (PSA) leadership developed process and reeducated the staff regarding patient readiness. Criteria was developed and utilized to transition the patient to the OR.