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OBJECTIVE

■ Purpose of this nurse-led evidence based practice (EBP) project was to identify barriers that prevent nurses getting first-case patients ready on-time for the Operating Room (OR)

BACKGROUND

- OR delays have significant implications on workflow and resource efficiency
- Delays in OR start times can lead to patient dissatisfaction, impact team morale, and reduce the OR's profitability
- Time is the OR's most valuable resource
- Significant delay translates into demonstrable revenue loss for the institution

SAMPLE

- Elective surgical patients greater than 16 years of age
- American Society of Anesthesiologists (ASA) classification scores ranges 1 – 5 [Table 1]

	PROJECT 1 n=230	PROJECT 2 n=231
ASA 1		10
ASA 2	99	96
ASA 3	112	117
ASA 4	17	8
ASA 5	1	0

[Table 1]

SETTING

- Hospital-based surgery center with 30 operating rooms within a 830 bed academic quaternary medical center in upstate NY

METHOD

- Preoperative nurses were interviewed to track admission process inefficiencies and interruptions
- Delays were defined as not having the patient ready 20 minutes prior to the OR start time
- Project 1 [P1] data: July 18 – August 17, 2018
- Project 2 [P2] data: November 01 – December 05, 2018



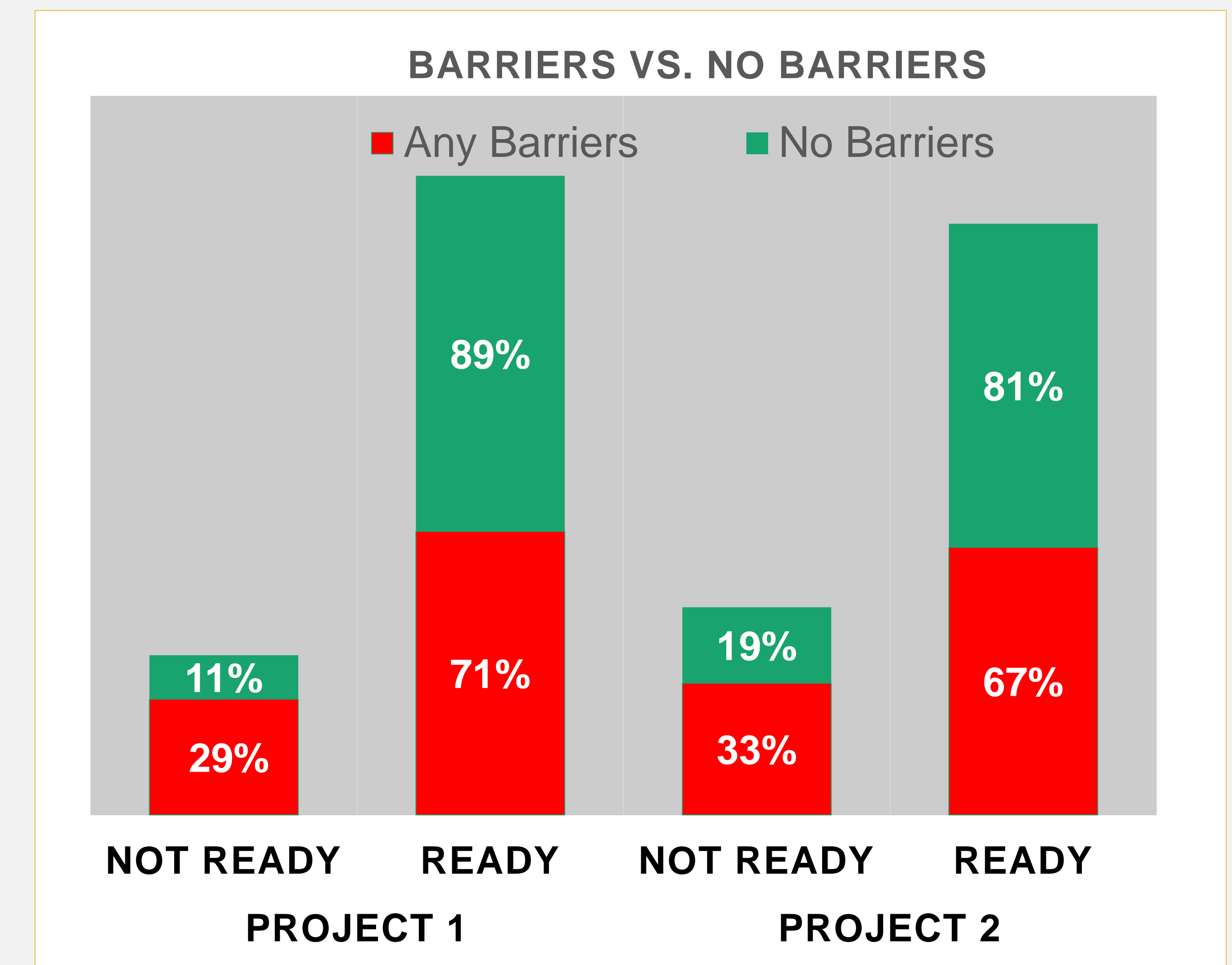
RESULTS

Top 6 of 22 Barriers

	PROJECT 1	PROJECT 2
Day of Surgery (DOS) Labs	17 %	10 %
Communicate with Health Care Provider (HCP)	17 %	18 %
Difficult Intravenous Access	10 %	9 %
Additional Medications Ordered	7 %	6 %
Patient with Physical Limitations	7 %	7 %
Surgical Consent Questions	6 %	7 %

OUTCOMES

- P1: n=230; 47% (n=108) of all patients required additional nursing interventions (barriers); 19% (n=43) were partially delayed
- P2: n=231; 53% (n=123) of all patients required additional nursing interventions (barriers); 26% (n=58) were partially delayed



- P1: Patients with no barriers were 3.35 times more likely to be nurse ready than patients who had barriers (OR: 3.35; CI_{OR}: 1.64, 6.85; $\chi^2(1, N=227) = 11.80, p < .01$)
- P2: Patients with no barriers were 2.07 times more likely to be nurse ready than patients who had barriers (OR: 2.07; CI_{OR}: 1.11, 3.86; $\chi^2(1, N=221) = 5.35, p = .02$)

CONCLUSION

- Patients with no barriers were more likely to be nursing ready than were patients with barriers
- Additional nursing interventions contributed to approximately one-third of first case OR delays
- Phase II will include a change in workflow, development of a patient-based website, and staggering admission times to decrease first case OR delays