

**Improving FCOTS Using a Multidisciplinary, Multifactorial Approach:  
A Quality Initiative Project**

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**Introduction:** First Case On Time Starts (FCOTS) is a crucial quality metric which determines perioperative efficiency. Delays in FCOTS leads to higher operating room (OR) costs, decreased utilization, decreased patient and physician satisfaction, and procedure cancellations.

**Identification of the problem:** The G3 preoperative area prepares patients for the main OR at New York Presbyterian/Weill Cornell Medical Center, admitting a variety of pediatric and adult cases. FCOTS are consistently challenging, as there are many preoperative requirements patients need to meet such as imaging, labs, and epidural/block placements. Physician timeliness and necessary documentation have also historically been challenging, often complicated by IT issues. The unavailability of personnel to readily transport patients have also delayed FCOTS.

**QI question/Purpose of the study:** Can a multidisciplinary, multifactorial approach lead to improving FCOTS?

**Methods:** Main delay reasons were first identified in EPIC. The most common delay reason was physician timeliness. Physician-specific data was pulled and presented at departmental meetings. Most delayed physicians were counseled and removed from first case scheduling if no improvement occurred. Physician feedback for delay reasons often mentioned the lack of proper technology for consents. Previously, there were approximately 18 first cases and only 5 tablets available. Leadership partnered with IT to obtain new tablets and converted the desktops in patient's rooms for consent purposes only. Previously, the OR patient assistant would be assigned 2 patients to transport for first cases. Through this intervention, OR leadership presence increased and this team was utilized to assist with transport of patients. Universal identification of patient readiness was implemented using the acronym SONAR (Surgeon, OR, Nursing, Anesthesia, Ready) in EPIC. This universal identification process allowed team members to easily identify when patients were ready for the OR.

**Outcomes/Results:** Pre-intervention FCOTS averaged 58% and post-intervention FCOTS averaged 74.3%.

**Discussion:** FCOTS is a key indicator of an efficient OR. This multidisciplinary, multifactorial approach has been successful because of crucial delay identification by nurses and multidisciplinary teamwork.

**Conclusion:** This multidisciplinary, multifactorial approach to FCOTS improvement identified delinquencies and created targeted solutions.

**Implications for perianesthesia nurses and future research:** Perianesthesia nurses are the key identifiers of delay reasons and crucial for improving and tracking FCOTS. Further work includes identifying more specific, case-related delays.