

Decreasing First Case Delays to the Operating Room with Standardization of Perioperative Nurse Handoff; An Evidenced Based, Quality Improvement Project

Primary Investigator: Rachael Kearney BSN RN

Co-Investigator: Michelle Lusby MSN RN CPAN

University of Maryland School of Nursing, Baltimore, MD

Introduction: First case on-time start (FCOTS) percentage is frequently used to evaluate operating room (OR) efficiency. This performance measure is used most commonly for budgeting, staffing, scheduling, and patient satisfaction. The downstream sequelae of a first case delay can adversely affect all parties and substantially increase hospital expenses.

Identification of the Problem: At a large community hospital, in the ambulatory surgical area, the FCOTS report showed delays involving perioperative handoff tasks. Incomplete nurse communication during pre-surgery handoff, was identified as a root cause. FCOTS to the OR for the month of April 2024 was 58%, with 34% of delays involving perioperative nursing. Impacts of this problem are expansive, involving patient safety and satisfaction, surgeon and anesthesiologist schedule and compensation, increased hospital costs, and more.

QI Question/Purpose of the Study: To decrease FCOTS delays and improve documentation compliance by implementing a standardized, Situation-Background-Assessment-Recommendation (SBAR) based, electronic nurse handoff, which is an evidence-based, research-supported practice improvement.

Methods: A multidisciplinary team was formed with key stakeholders to identify root causes to this problem. An evidence search was performed and pre-implementation data collected, to establish baseline. No cost interventions were prioritized and an implementation strategy developed. Handoff was modified based on unit needs and built into the electronic health record. After testing, forty-eight pre-operative RN's were trained in small groups using return demonstration. FCOTS was tracked weekly, noting reason for delay, and handoff completion tracked monthly.

Outcomes/Results: Approximately 900 first case OR times will be observed from September 2024 to November 2024. A significant decrease in first case delays overall and delays involving perioperative handoff, should be seen. An significant increase in handoff documentation should be observed.

Discussion: After implementation, a decrease in adverse events and information omission, and increase in patient safety and satisfaction, should be observed. Since FCOTS is a method to evaluate OR efficiency, hospital revenue and provider reimbursement should be positively impacted. Complete documentation compliance should increase scoring with hospital governing bodies.

Conclusion: Preliminary findings suggest that the standardization of perioperative handoff will decrease delays in first cases to the OR and increase documentation compliance.

Implications for perianesthesia nurses and future research: More research should be done on validating a perioperative handoff tool, to assist others in implementation.