

The Pathway to Excellence: A Case Study on how one Hospital worked together to Improve the First Case on Time Starts and the Turn Over Time in the OR

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Background: The OR Team and the Orthopedic Surgeons were tasked to improve the FCOTS and the TOT. Historically the FCOTS was at 57% and the TOT was at 41 minutes. The causes for delays varied from supplies not ready, instrument prep, surgeon delays, staff issues, environmental services, patient issues, anesthesia delays, room preparation.

The team began the work by assessing the causes for every delay. It was found that there were many different things happening every day and not one cause was to blame for the low scores. Next the team watched the workflows closely and found a lot of variation around the amount of time it took to complete the exact same task when different people or variables participated. This helped the team conclude that there was not a clear standard for how the unique workflows should be completed.

First:

The team developed new processes for how certain things needed to occur. This time they developed very specific steps to every process and included the details such as who should complete the task, how long the task should take, and when the task should occur.

Next:

The team met with the leadership teams that oversaw staff in the departments that worked in the OR such as EVS, Sterile Processing and Anesthesia and explained the findings and the recommended changes to the workflows. Together the leadership teams provided staff education.

The education included

- Why the change was happening
- What the change was
- Who is accountable for each step
- How the change will be measured

This was a very important step because it allowed the staff to ask questions and offer any insight the leadership team may have not considered.

The team then set a GO-LIVE DATE

The process was trialed and every day they would all reflect on what worked well and what did not work well. The goal was to continue to improve as a team and share feedback on the work on a regular basis, something that they had not done before.

Results:

Within a few months the FCOTS had improved to 76% and the TOT reduced to 30 Min. Over a period of several more months the improvements continued. Today the FCOTS is at 87% and the TOT is at 28 Minutes. The results have sustained which means that the OR Team and the Surgeons have successfully hardwired the new processes to improve.

The team has shared what made the biggest difference is the clear communication, the continuous feedback on how they are doing and the clear well understood goals that helped each member understand their role in the process.

Below is the actual email that the Surgeon Lead sent to the team just before the Go Live Date:

Colleagues:

Today at the Co Management Team meeting the following was finalized. In order to meet the goals, set it will commence, TOMORROW 01 FEB 2018. This information was discussed in the Orthopedic Section meetings and should not represent significantly new information.

First Case on Time start

1. PSI will occur at 0715 including surgeon, anesthesia, and OR nurse
2. Patient will have last bathroom at 0645
3. Surgeons and anesthesia need to arrive in time to complete all paperwork and consents prior to 0715
4. Plan is to move to room immediately following PSI (unless the room is not ready)
5. Compliance will be tracked
6. The OR has requested that the surgeons NOT call the room to have the staff there prior to 0715 as this will delay the process.

Turn Over Time

1. At the debrief during closing the surgeon, anesthesia, and OR nurse will set a goal time for the next PSI.
2. If the surgeon has departed prior to this and his PA is present, it is the PA/surgeon's responsibility to communicate on the time that was agreed for the next PSI to ensure no disruption of flow.
3. The OR nurse will contact environmental prior to extubating to ensure they are outside the room to start turn over at wheels out of the patient
3. The OR team, environmental, and anesthesia have worked hard to streamline the turn over process
4. Breaks in this process will be tracked.

NOTE: PSI is the Patient Safety Interview and is conducted prior to the patient arriving to the OR. During the PSI the OR Nurse, Anesthesia, the Surgeon and the patient conduct a safety interview and focus on;

1. Right procedure,
2. Family or caregiver name and contact
3. Pertinent medical history that would increase risk
4. Allergies.

Next the Surgeon or other team member explains how the patient will be moved to the OR, that when they arrive staff will be working in the room to prepare for the procedure, equipment will be used to monitor blood pressure, HR etc. Medications that will be given and what to expect before, during and after the procedure. The PSI always starts 15 minutes prior to every case.



















PSI is not required but is a best practice that can be considered as you work towards your goals

Copy of the actual dashboard at the beginning of YR 1

			Baseline	Level 1	Level 2
POPULATION CRITERIA: All first orthopedic cases between the hours of 7:00 AM and 9:00 AM in each room. The numerator is the count of first cases with a delay in minutes less than or equal to zero. The denominator is the total number orthopedic cases.	Emergency case in the room prior	February 2018 - July 2018	59%	75%	85%
POPULATION CRITERIA: All Orthopedic cases where surgeon is following themselves in the same operating suite. The numerator is the total number of minutes from wheels out to wheels in. The denominator is the total number of patients.	Parallel room cases	February 2018 - July 2018	41	35	30

This hospital had a baseline FCOTS of 59% and a TOT of 41 minutes as a baseline. Today they are at 87% FCOTS and 28 Minutes TOT

Actual Dashboard Following Implementation in Y1

59%	75%	85%										Level 2
			70%	68%	84%	73%	86%	76%	76%	76%	76%	
41	35	30										Level 2
			34	34	38	40	39.73	36.5	30.46	30		

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