

The Importance of Keeping Teams Engaged during COVID 19 - 1st Case Starts

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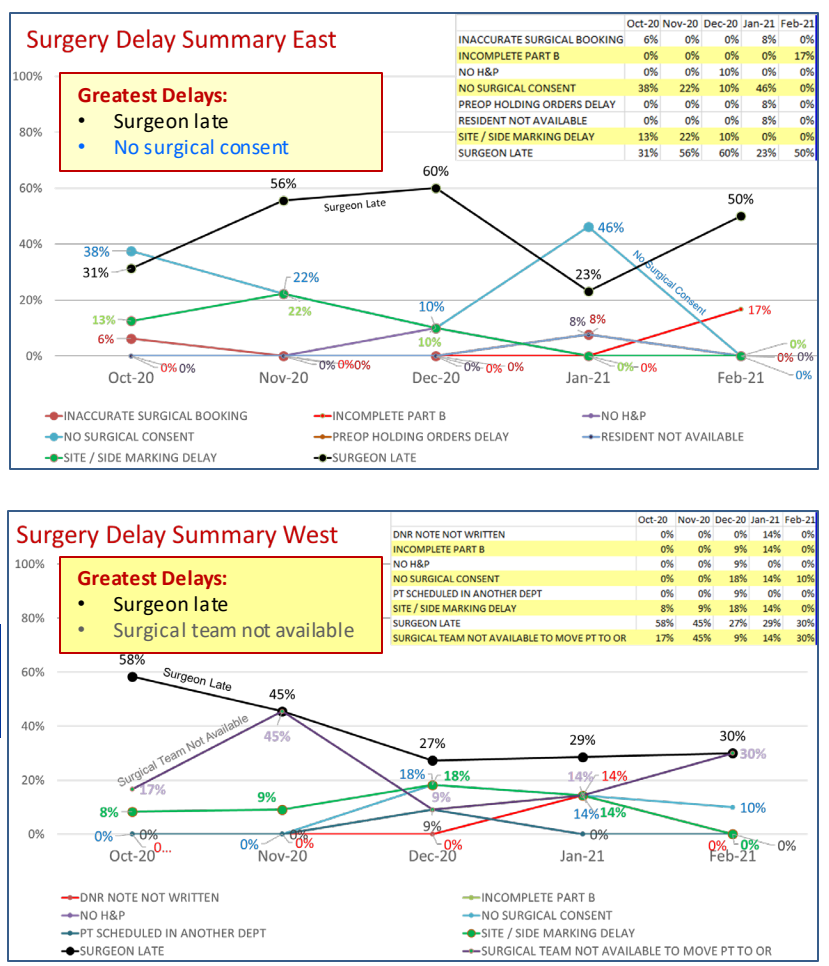
Background

One of our key performance metrics, on-time starts, declined in recent years. We set an ambitious goal for 90% on-time starts with a 50% reduction in holding area delays. Using many of the key elements of the AORN Guideline on Team Communication, we engaged a multidisciplinary team during a time of great stress to improve organizational effectiveness. Continuing, rather than abandoning the project helped teams come together, focusing on a common goal in organizational improvement. It helped assure team members we would return to normal as the pandemic subsided allowing them to keep their attention on the important work they do for patients – beyond the many challenges associated with COVID-19. We focused efforts on services with more complex procedures and the most delays.

Goals

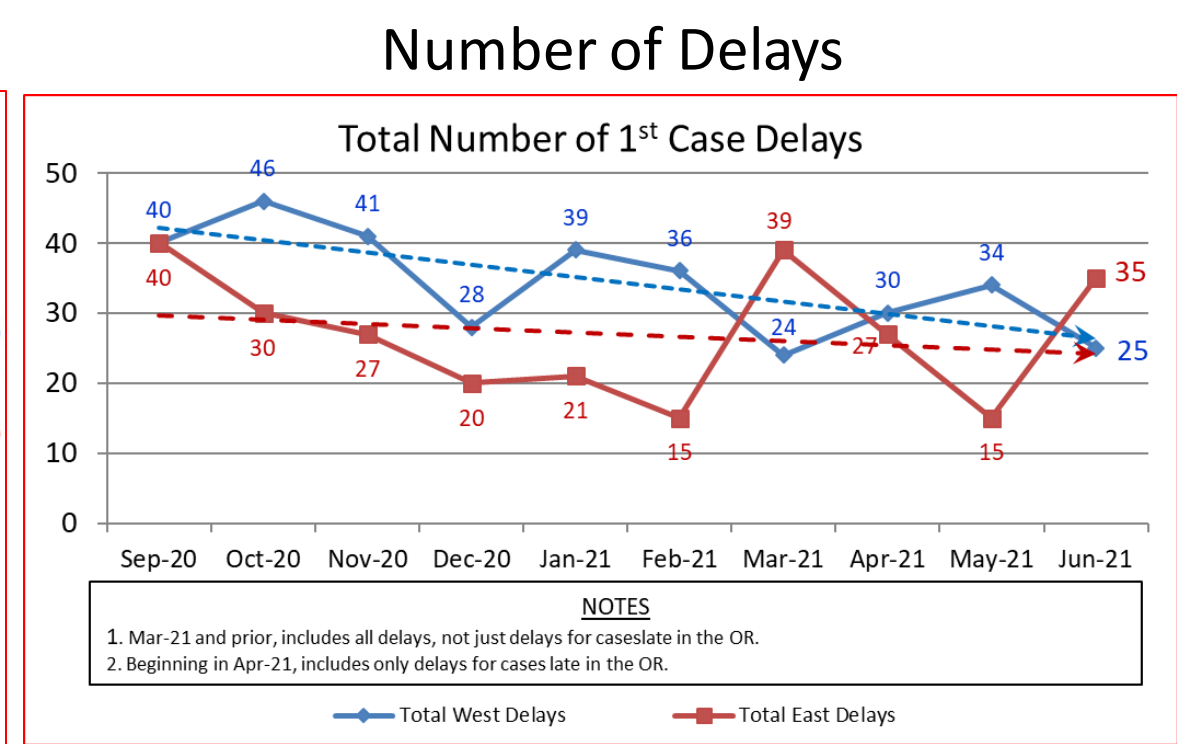
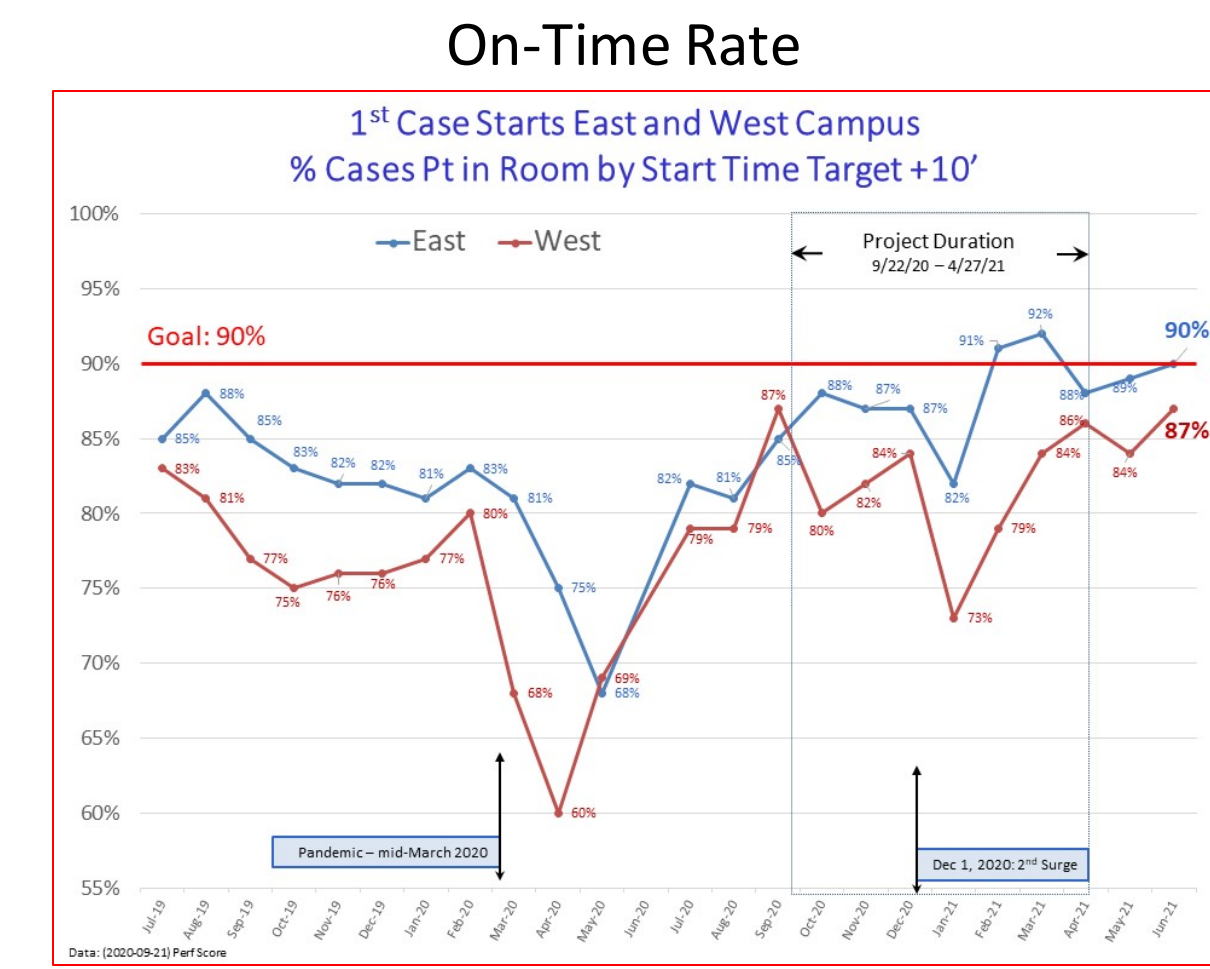
- Achieve 90% 1st case start times as follows
 - 0740 on Monday, Thursday & Friday (Cardiac – 0725)
 - 0810 on Tues. (Cardiac – 0755)
 - 0940 on Wed. (Cardiac – 0925)
- Reduce Holding Area delays by 50% from 40 to 20

Delays & Interventions



- Surgeon delays
 - Surveyed high performing surgeons to **identify best practices** to start cases on-time and shared responses with all surgeons
 - Providing **surgeon delays** data to department chairs
- Roll-back
 - Room ready checkbook education
 - Education
 - Ultrasound guided placement of arterial line
 - Backup help available
 - Implemented Regional Anesthesia huddling with Nursing at 0630 to determine which patients will need to block and to leave patients on monitor at that time
- Missing paperwork in Holding Area
 - Consent patient on day of PAT visit by midlevel Vascular Anesthesia provider
 - Consent prior to day of surgery in Vascular Anesthesia Clinic and in Plastic Service

Results



Standardized Process

Educated surgeons, anesthesiologist and nurses to Standard Holding Area Workflow

Surgery: Surgical Attending completes consent and other paperwork (i.e. H+P) in outpatient setting. Surgeons' offices send the following at least 48 hrs prior via PAT fax: Surgical consent, H+P. One business day prior to surgery (after 1p) Surgeons' offices confirm time and location with pt.

OR Nursing: Clinical Advisors post nursing assignments for next day. Depending on evening case load, staff set up rooms for next day.

HA UC/Lead Nurse: Check 1st case starts for missing paperwork. HA Nursing: Flag charts as "priority pts" (plastics, blocks, eyes & cystview) to be brought in first in am.

Pt arrives in lobby or currently in inpt.

HA Nursing: 6am communicates priority pts to Ambassador. Ambassador/HA RN Brings pt to PACU/HA or transport brings pt from floor. Pt changes clothes, removes jewelry. HA Nursing: Perform VS & PIMS assessment. Complete PAT assessment if not done already. Review paperwork, place signs. Review MD orders, admin meds, perform tests if needed. Display red card on chart until all documentation complete and Part A & B signed-off.

6:30 – 6:45a
Anesthesia: Anes speaks w./HA Resource RN re priority, block pts - who to see first.

6:45 – 7:20a
6:45 for priority pts (plastics, blocks, eye, complex). 7:05 for all other pts.

7:00 – 7:20a
OR Nursing: Clinical Advisors finalize staff assignments. OR staff open rooms. ST scrubbed in by 7:15. RN sees pt in HA & performs preop assessment.

7:20-7:25a
OR Nursing: Room ready box checked.

7:20 – 7:30a
HA Nursing: Sign off part A & flip card green. Page sent to team indicating that pt is ready for OR. Surgery & Anesthesia: Wheel pt into OR.

HA Nursing: Administer ordered meds if not done.

Surgeon Timeliness

Surgeon Recommendations

- Arrive to pre-op 20 to 30 minutes prior to case.
- Check to make sure H&P completed, site marked, consent signed and matches booking, and complete Part B.
- Confirm with pre-op nurse that all components of pre-op check are completed and make sure nurse has no concerns that would delay going to the OR.

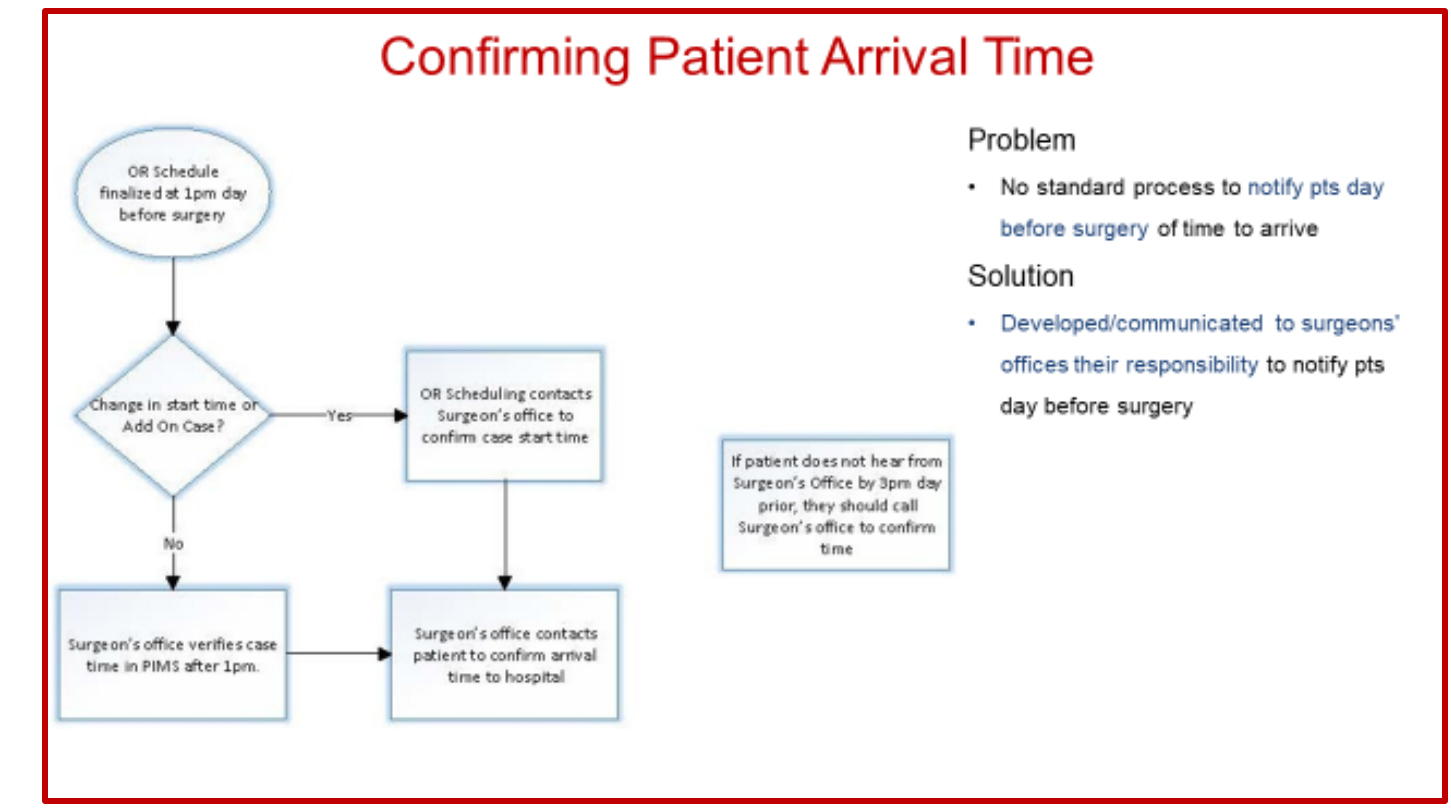
"I reiterated to the residents the importance of being in the holding area at 725am to be available to bring patient to OR."

"Having consent done in advance makes my life so much easier."

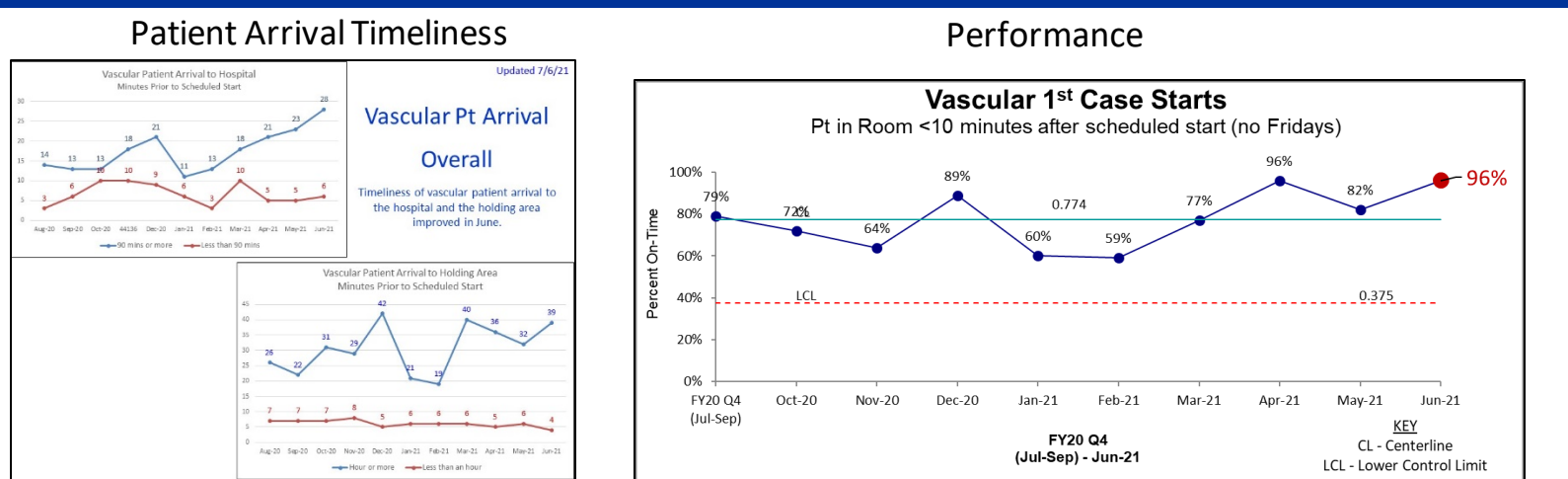
"I huddle with the anesthesia team for the day and go over needed antibiotics and airway needs (LMA vs ETT)."

Surgeon Survey

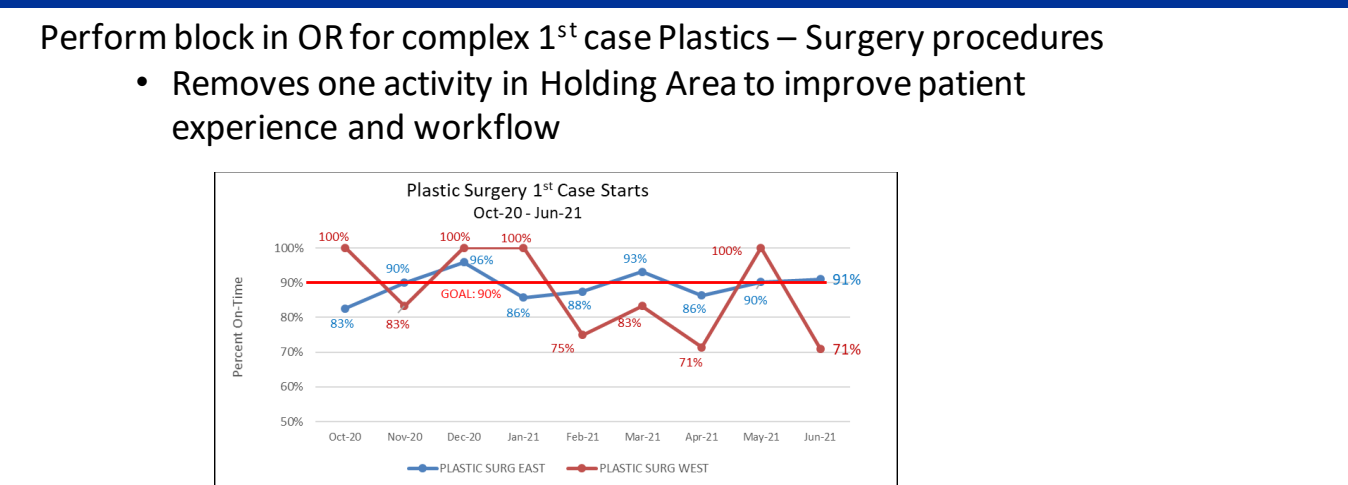
Patient Timeliness



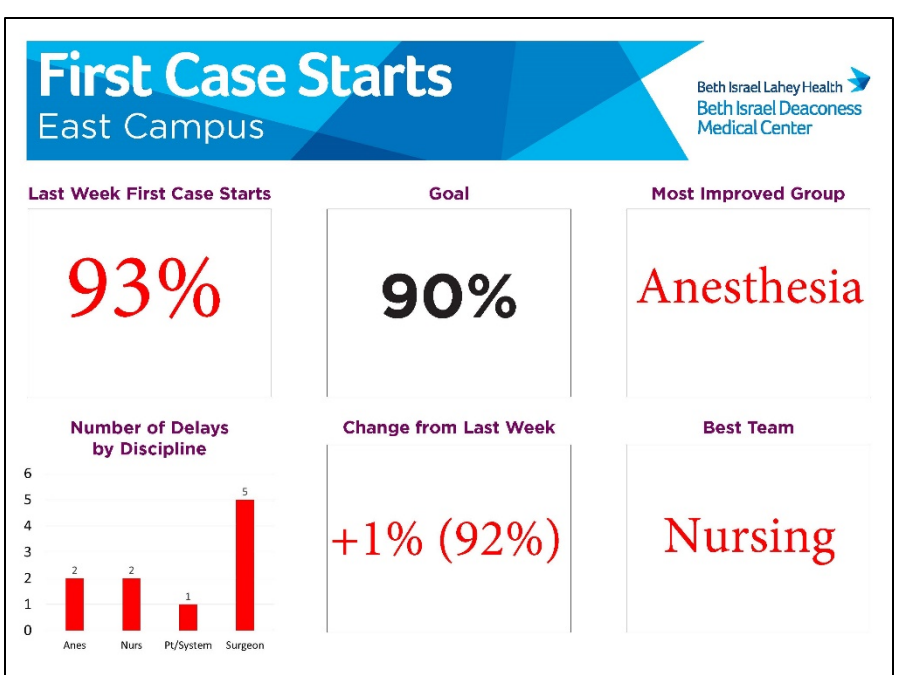
Vascular Service



Plastics Service



Sustainment



- Hold-the-gains bulletin boards in operating rooms to communicate status and maintain awareness
- Monthly review by team of key metrics including on time starts East and West Campus operating rooms, Acute Care Service, Plastics Service, delays by Anes, Nursing, Patient/System, Surgeon

Lessons Learned

- Combining our pre-op COVID testing criteria with standard processes to prevent roll back delays and waits due to late consents and regional anesthesia was key to success.
- Raising awareness of the importance of why this single measure is the greatest predictor of organizational efficiency and excellent patient care helped all team members realize their part in the shared results.

Next Steps

Post key metrics in OR and coach staff as necessary. Meet monthly to review metrics and take action as necessary to sustain the gains.