

1st Case Starts West Campus Team

I. Background

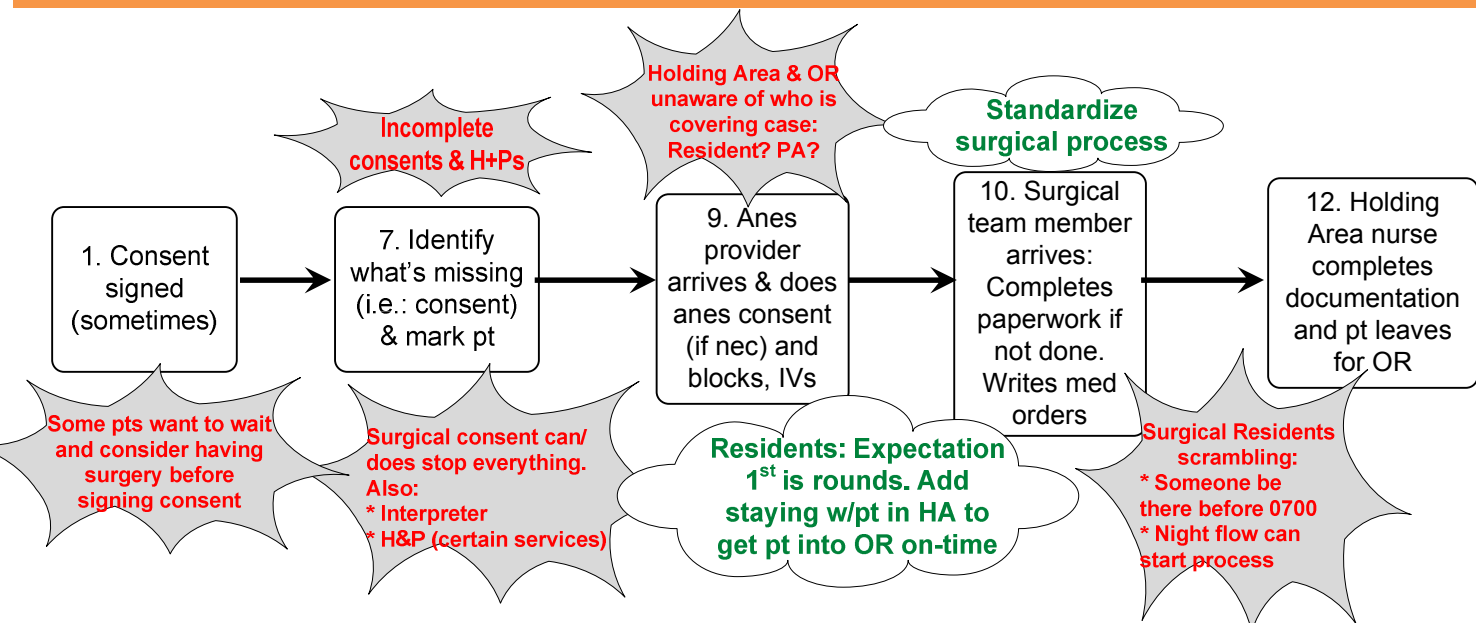
The Holding Area is an important element of patient throughput. All three (3) perioperative disciplines (nursing, surgery and anesthesia) have responsibilities for patient preparation and throughput. There are opportunities to improve the coordination of this activity to minimize delays and improve patient safety. Starting the first case late decreases the overall OR process efficiency which impacts add-ons and staffing. Once we have a stable and structured process in place, potential regulatory changes will be much easier to implement. Communication, collaboration, teamwork and accountability are critical in achieving our goals. This team will improve 1st case starts in the West OR.

Project Team

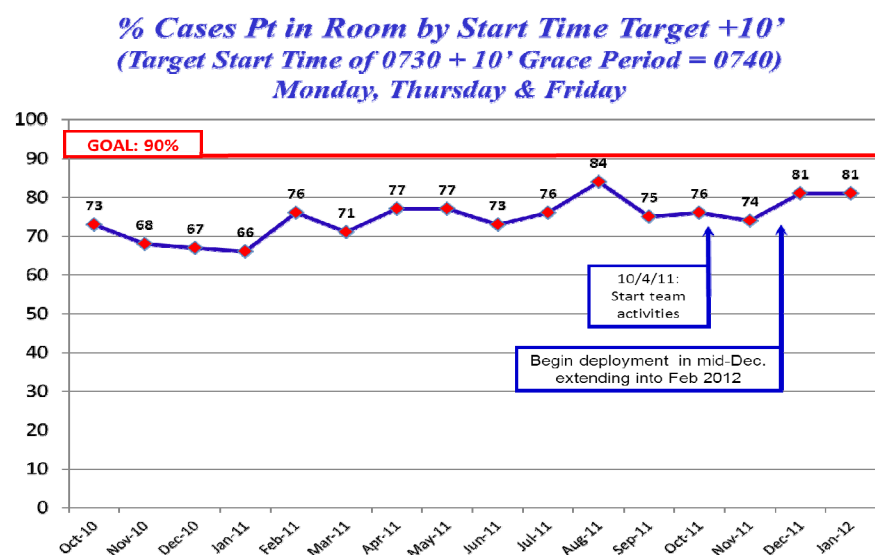
Paul Appleton, MD	Laura Esnaola (MIT)	Scott Johnson, MD	Kailash Swarna (MIT)
Ann Bonner	Peter Germond	Pete Panzica, MD (Co- Leader)	Jason Wakakuwa, MD
Mary Francis Cedorchuk (Co- Leader)	Mary Grzybinski	Sue Pobywajlo	
Jane Cody	Allen Hamdan, MD (Co- Leader)	Ross Simon (Facilitator)	
Marylou Conant	Mark Heuther	David Stryker (MIT)	

Sponsors: Elena Canacari; M. Callery, MD; B. Simon, MD

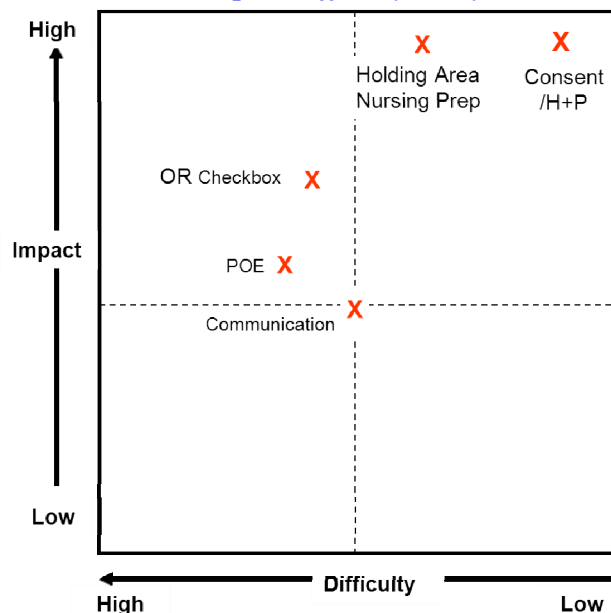
II. Current Condition



III. Analysis



Impact/Difficulty Analysis

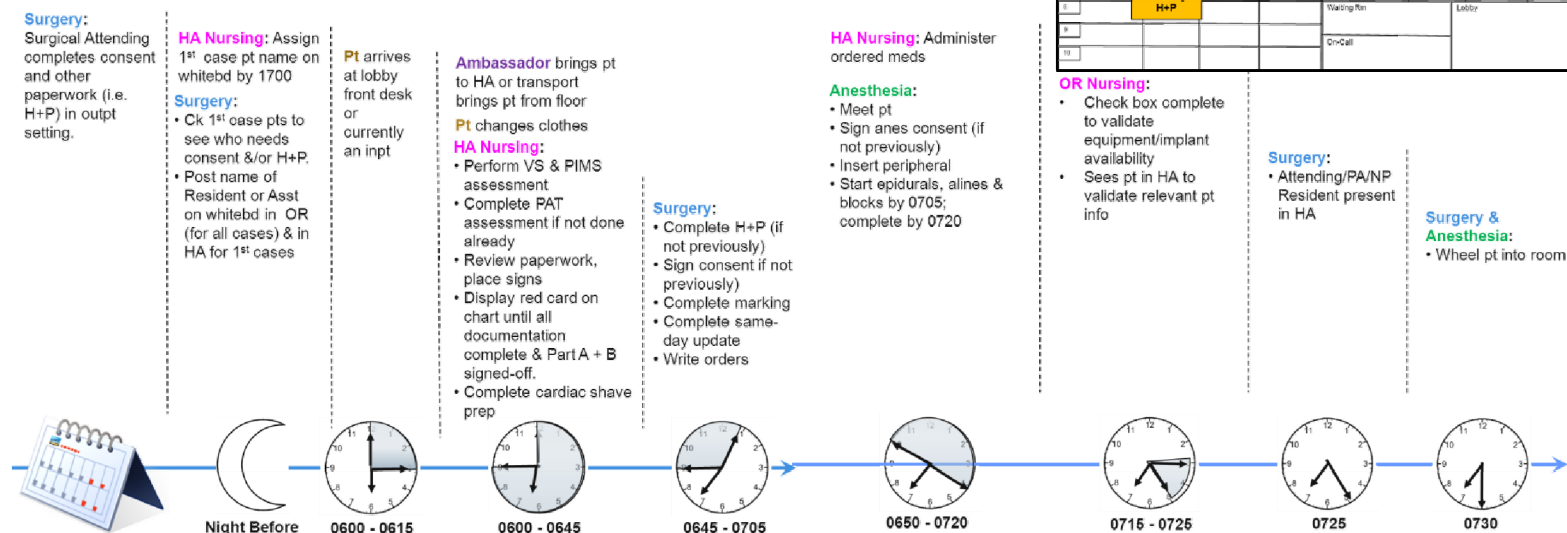


IV. Goals

- Achieve 90% 1st case start times as follows.
 - 0740 on Monday, Thursday & Friday
 - 0810 on Tues
- Create a smoothly operating system where the above goal is achieved without providers scrambling to implement work-arounds.

V. Countermeasures

Preferred Holding Area Workflow



West Holding Area Whiteboard

Date:	PI	MD	Resident/ Midlevel	Nurse	PI	MD	Resident/ Midlevel	Nurse
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VI. Accomplishments

- ### Analysis
- Calculated on-time starts by service
 - Identified barriers by service
 - Developed and applied a factor to determine ranking of performance of services towards on-time starts
 - Audited performance of services having consents and H+Ps in Holding Area on the day before and DOS
- ### Process Improvement
- Developed a "Preferred Holding Area Workflow" defining and modifying roles & responsibilities for surgery, anesthesia and nursing from the pt's visit with the surgeon through DOS
 - Expedited use of PAT Faxing to send consents/H+Ps to PAT prior to DOS with education of all staff & non-HMFP
 - Created rolodex of cell phones to facilitate contacting attendings
 - Standardized workflow such that surgical team checks charts night before to identify problems
 - Standardized workflow such that surgical resident/Midlevel arrives back in holding area at 0725 to roll patient back to OR and stays in OR for pre-induction sign in
 - Modified whiteboard in West Holding Area to enhance communication between services and highlight which cases are missing H+Ps and consents
- ### Holding the Gains
- To maintain the gains:
 - Auditing on an ongoing basis what's missing in Holding Area night before & DOS at 0705 hrs
 - Formed continuous improvement team that meets on ongoing basis to address problems
- ### Spreading the Learning
- We'll implement this process improvement on the East Campus; this will be launched in Q1 2012

For More Information Contact Mary Francis Cedorchuk, Nurse Manager of Cardiac, Vascular/Endovascular, Thoracic Surgery and Interventional Pulmonology, mcedorch@bidmc.harvard.edu; Allen Hamdan, MD, Vice Chairman, Department of Surgery, ahamdan@bidmc.harvard.edu; Pete Panzica, MD, Vice Chairman, Department of Anesthesiology, ppanzica@bidmc.harvard.edu