

# 1<sup>st</sup> Case Starts East Campus Team

## I. Background

An on-time start for the first case of the day in each operating room with a standardized process improves patient safety, minimizes delays throughout the remainder of the day and improves OR utilization. Interdisciplinary communication, collaboration, teamwork and accountability are critical in achieving these goals. Building on learning from the Optimize First Case Starts Team (West Campus), this team will improve the percentage of first case on-time starts.

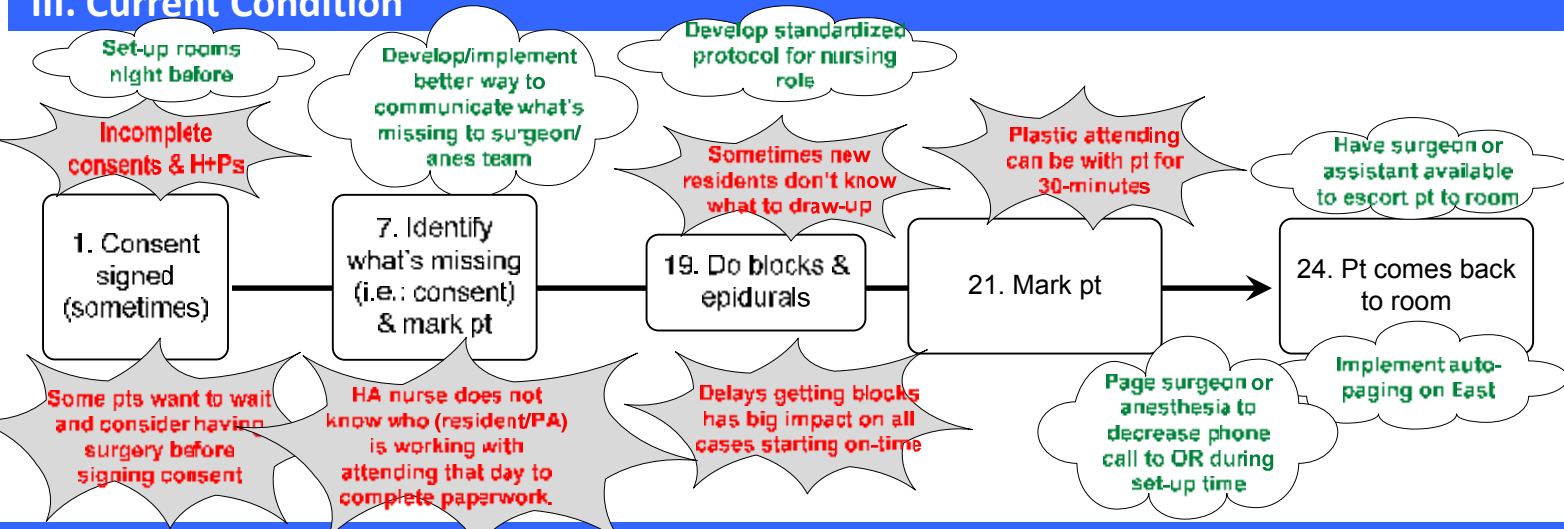
### Project Team

Jane Cody (Systems Analyst)	Phil Hess, MD (Co- Leader)	Patty Paisner (Circulator RN)	Kristen Telischak, MD
Naven Duggal, MD (Ortho)	Hey-Chun Hur, MD (OB/GYN)	Katie Sullivan (NP, Anesthesia)	
Mary Ellis (CA-PACU East)	Katie Kilroy (CA FD Holding)	Ross Simon (Facilitator)	
Lauren Fisher, DO (Anesthesia)	Vitaliy Poylin, MD (Co- Leader)	Barbara Sweeney (CA, Co- Leader)	
<b>Advisor:</b> Pete Panzica, MD		<b>Sponsor:</b> Elena Canacari	

## II. Goals

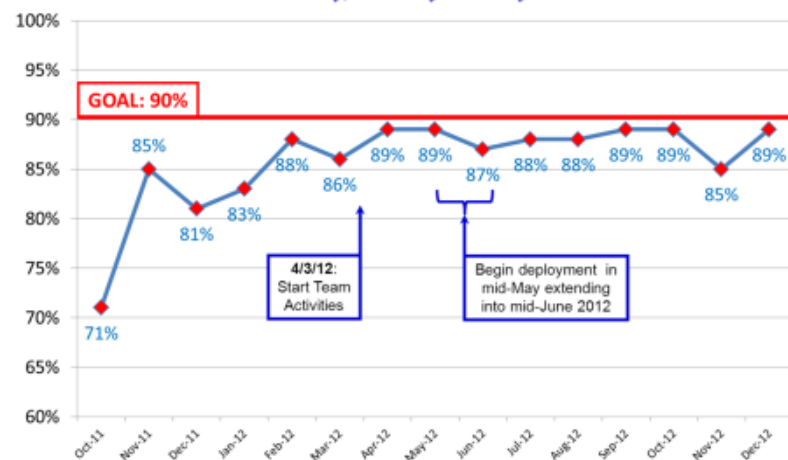
- Achieve 90% 1<sup>st</sup> case start times as follows.
  - 0740 on Monday, Thursday & Friday
  - 0810 on Tues
  - 0940 on Wed

## III. Current Condition

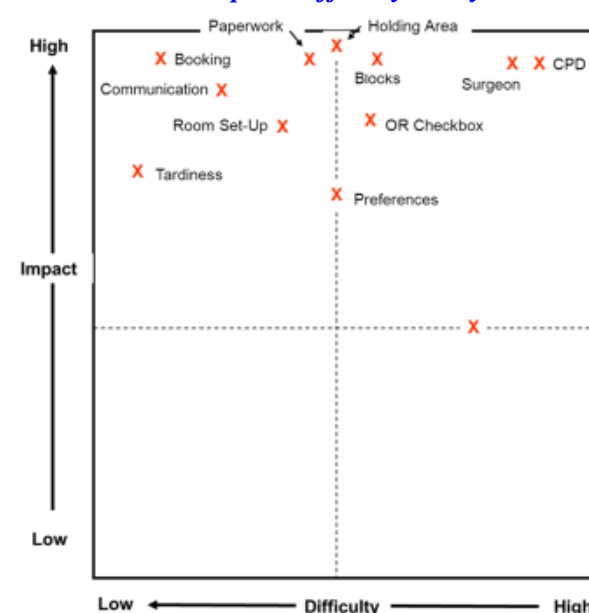


## IV. Analysis

**1<sup>st</sup> Case Starts East Campus Team**  
 % Cases Pt in Room by Start Time Target +10'  
 (Target Start Time of 0730 + 10' Grace Period = 0740)  
 Monday, Thursday & Friday



**Impact/Difficulty Analysis**



## IV. Analysis (cont.)

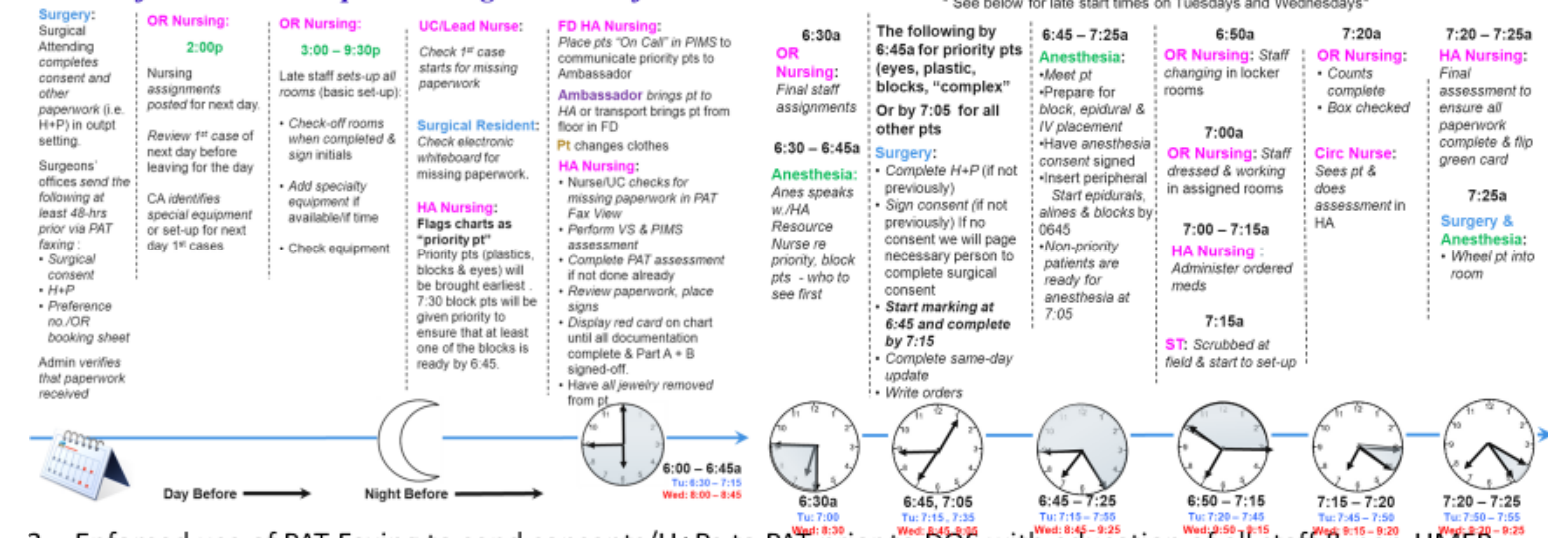
- Analyzed on-time starts by division and surgeon
- Analyzed OR and HA delays by service, by HMFP, non-HMFP and Atrius
- Analyzed late Pt arrivals by Surgeon
- Reviewed a Pareto Analysis of OR delays by service for Colorectal, Ortho, ENT and Plastic.
- Reviewed HA delays by category/day of the week for Jan-Mar 2012.
- Analyzed blocks by type and day of the week
- Analyzed line & epidurals [blocks] by type & day of the week: Dominated by 2 types - femoral block for total knee and shoulder. Mon & Wed are busiest days.
- Used factor of percent on-time starts delayed x average delay time to prioritize which services to focus on for improvement
- Audited performance of services having consents and H+Ps in Holding Area on the day before and DOS

## V. Countermeasures

### 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

### Preferred East Campus Holding Area Workflow



- Enforced use of PAT Faxing to send consents/H+Ps to PAT prior to DOS with education of all staff & non-HMFP
- Developed process to identify and bring-up earliest priority pts and what needs to be available at 0645 [so new residents know what to draw-up.]
- Standardized workflow such that surgical team checks charts night before to identify problems
- Developed an implemented virtual whiteboard 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

## VI. Accomplishments

- Collaborated interdepartmentally and with an interdisciplinary approach to develop practical solutions to a complex problem.
- Implemented the "Preferred Holding Area Workflow" defining and modifying roles & responsibilities for surgery, anesthesia and nursing from the pt's visit with the surgeon through DOS
- Increased percent of cases where pt is in room within 10' of start time from an average of 85.7% for the previous quarter to 89% for two consecutive months since starting the project in April 2012.

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