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Five Keys to Starting the “First Patient of the Day” On Time

For three hospitals within the same health system, 88% of first case start times were delayed an average of 24 minutes causing \$444,000 in lost revenue for the health system.

An operating room is one of the most profitable areas of a hospital. It is also one of the most expensive to manage, especially if its tempo is off and team members are

not following the same beat. You can reduce cost and increase revenue by maintaining a strict operating room rhythm and reducing inefficiencies.

A primary operating room performance indicator used to measure processes is the first patient of the day case start time. First case start times make or break the cadence

of an operating room. A delay of only a few minutes significantly impacts the start times of subsequent procedures, resulting in significant dissatisfaction for surgeons, staff members, administrators, and patients, while negatively impacting cost. Correcting operating room first case start times should be a high priority when seeking to improve operating room efficiencies.

As an example of the impact first case start time delays have on hospitals, a retrospective analysis of start times was conducted in 2013. The analysis reviewed start times at three hospitals within the same health system.

Of the 5,607 cases that were examined, 88% were delayed, with an average of 24 minutes per delay. These operating room delays were

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responsible for approximately \$444,000 in lost revenue for the health system. While several factors contributed to delays, including the hospital facility, surgical subspecialty, patient age, and arrival time, the top two contributors to delays were surgeons (21%) and anesthesiologists (6.17%).¹

In another study conducted in 2011, at the Hospital for Sick Children, researchers determined 24% of delays were due to anesthesiologist unavailability and 21% of delays were due to surgeon unavailability.²

The following provides five examples of how you can target first case start time issues and get your team back in rhythm.

SCORE YOUR OPERATING ROOM

Before attempting to address operating room inefficiencies, gather data to define the issues and their extent. You should have access to all of the necessary operating room performance indicators you need in your OR database. Data points can include a variety of statistics, such as:

- First case start time delays
- Operating room turnover times
- Case cancellations
- Admission delays

Additionally, have all relevant staff members complete surveys that provide their perspective on operating room performance, as well as to offer suggestions on how to improve processes. The combination of these data sources will provide you with a baseline

against which you can gauge your future improvement efforts.

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As an example of the valuable information that can be received from surveys and how they can help enhance processes,

a study to improve first case start times was conducted at Harrisburg Hospital, which was experiencing an on-time first case rate of 13%, and Community General Hospital, which was experiencing an on-time first case rate of 7%. These hospitals operate on a 7:30 a.m. first case of the day schedule; however, this time meant different things to different people, which contributed to delays. Issues included pre-operative RNs having only 50% of patients ready for surgery at the scheduled time, and 50% of the surgeons were arriving, on average, at 7:28 a.m. to see patients before the surgery.

One of the first steps taken to improve on-time first case start rates was to conduct a survey to determine what the 7:30 a.m. start time represented. 118 staff members across various roles at both hospitals were asked multiple start time-related questions.

The study found that responses significantly varied across personnel. The OR committee realized they needed to create a standard factor on which to base start time processes so everyone had the same established expectations. A set "wheel in time" was created, start time processes were

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implemented around this factor, and teams were held accountable for meeting “wheel in time” requirements. Processes were then tracked for a two-year period. Harrisburg Hospital increased their first cases being wheeled in on time from 13% in March 2009 to 80% in March 2011. Community General Hospital increased their first cases being wheeled in on time from 7% to 83% over the same period.³

STICK TO YOUR SCHEDULE

Administrators should maintain and post operating room schedules to clearly outline:

- The times procedures are expected to start
- How many procedures are scheduled for the day
- How much time each procedure requires

Along with the schedule, post first case start time statistics that are continuously updated. Operating room users will be able to see which surgeons are achieving on-time first case start times and surgeons who are having issues.

Create policies that clearly define requirements for ensuring on-time first case start times and enforce them. These policies should tie back to the data uncovered in your OR scoring assessment and be frequently communicated to staff members,

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especially those who continue to experience issues with first case start time delays.

The following provides examples of policies that can be implemented if physicians are identified as contributing to delayed case times:

- Limitation of three first case starts per month
- Requirement to be in the hospital by 6:55 a.m.
- An induction time on or prior to 7:00 a.m. for all first case starts
- Excessive surgeon late inductions within a six-month period will result in their loss of first case scheduling privileges, and they will receive an official warning communication after three late inductions
- Loss of first case privileges for one month after six late inductions within a six-month period
- Loss of first case privileges for three months after nine late inductions within a six-month period

Establish ways to reward operating room staff members who consistently achieve on-time starts.

Additionally, you should establish ways to reward operating room staff members who consistently achieve on-time starts. As an example, the University of Maryland

School of Medicine found the implementation of a financial incentive program at their freestanding trauma hospital, R. Adams Cowley Shock Trauma Center, to be extremely effective for improving on-time starts. The financial incentive program was based on a points system. If defined on-time case starts and operating room turnover times were

met, each member of the surgical team was awarded a point.

At the end of each month, points were totaled for each employee, with a financial bonus provided based on these totals. The points program was implemented in February 2013 and was tracked for 11 months. During this period, achieving first case starts increased from 31% to 64% and operating room turnover times of 60 minutes or less increased in frequency from 24% to 52%.⁴

COMPLETE NON-OPERATING ROOM TASKS EARLY

A simple process to help reduce first case start time delays is by completing processes that occur outside of the operating room prior to the day of the operation. These tasks include:

- Anesthesiologist visit
- Chart preparation and review
- Imaging
- Lab tests
- Medication orders
- Nurse review
- Patient education
- Surgeon visit

You should also ensure that each patient's records and other necessary documentation are available and complete before the surgery start time.

CREATE A PRE-SURGERY COMMUNICATIONS STRATEGY

Implementing processes for all staff members to communicate prior to the start of the

“Champions will frequently discuss the need for improvement with other staff members, which will accelerate acceptance and buy-in”

procedure can help decrease first case start time delays and operating room turnaround times. Discussions should include

an overview of the procedure, expectations, concerns, the patient's record, and each staff member's responsibilities. By holding these meetings prior to the procedure, conversations on these topics will be minimal in the operating room, the operation will be streamlined, and roles and accountability will be clearly defined. Meetings should include surgeons, anesthesiologists, clinicians, and other staff members from various areas as needed (ex. operating room, inpatient floor, patient transport, etc.). In the Hospital for Sick Children study, the team required meetings to occur outside of the operating room each morning at 7:35 a.m. with an 8:00 a.m. start time. By improving communications and establishing a pre-surgery collaborative approach, the hospital was able to increase on-time starts from 6% to 60% over a nine-month period.²

ESTABLISH A GUIDANCE TEAM

Recruit staff members who support the need for improving operating room efficiencies to create your guidance team. These champions will frequently discuss the need for improvement with other staff members, which will accelerate acceptance and buy-in, and reduce push-back as opposing staff members witness their peers promoting policy changes. Your guidance team should

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include staff members directly associated with the operating room, including surgeons, anesthesiologists, nurses, and administrators.

SpecialtyCare has more than a thousand clinicians working directly with OR teams and physicians every day in operating rooms across the nation, so we have firsthand knowledge of the issues first case start time delays can cause. Additionally, we are aware of how delays

can affect surgeon satisfaction. As such, our clinicians work with surgeons to ensure operating room teams maintain their tempo and stay on beat by providing them with the information they need to establish their rhythm in the operating room. By integrating our clinical services in your operating room, we can help your surgeons maintain their groove while increasing operating room efficiencies and lowering costs.

SpecialtyCare is your partner for improved outcomes, patient safety, and financial results. We work with thousands of physicians every day, assisting in the delivery of exceptional care. Our expert clinicians are highly trained, certified, and work as integrated members of your team, dedicated to helping make your operating room as efficient as possible. When you want the certainty of clinical excellence, choose SpecialtyCare.

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¹Bauer, C., Bernhard, K., Greer, D., & Kamelle, S. (2015). "Operating Room First Start Efficiency throughout a Large Urban Hospital System." *J Patient-Centered Res Rev*, 2(4), 202-203. <http://dx.doi.org/10.17294/2330-0698.1219>

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