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**Team Members:** All charge nurses in perioperative services, Anesthesia, Managers, PAC, SPD, and scheduling

## Background

**Linkage to Strategic Plan:** First case on time starts primarily impact relationships, reliability and efficiency. On time starts positively impact relationships through patient experience by keeping the patients' scheduled starts, ensuring the surgeons reliability and efficiency through a reduction in delays, and it helps impact the relationships of our interdisciplinary teams. When all team members are held accountable and work together, the team grows stronger and bonds. Additionally, NM Lake Forest is able to more consistently hold to the times that we promise to each other and to our patients.

**Problem Statement:** Our first case on time starts in December were 37% with little tracking of delay reasons and minimal follow up around interventions negatively impacting our patients and interdisciplinary team relationships, as well as, the entire remaining day's cases.

**Goal/Benefit:** Achieve 70% first case on time starts for 6 months

**Scope:** Lake Forest Perioperative Services

### System Capabilities / Deliverables:

Measurement of on time starts, increased rate of on time starts through collaborative huddles and process improvements, and actionable follow through each day and each month to maintain positive outcomes

**Resources Required:** Representation from all charge nurses in surgical services, Anesthesia, Managers, PAC, SPD, and Scheduling as well as tracking of each case's start time within the identified timeframe

### Figure #1: T-Minus Table

NM LFH T-Minus Table 5-30-17

T-Minus 120	T-Minus 90	T-Minus 35	T-Minus 30	T-Minus 15	T-Minus 10	T-Minus 5	Scheduled Case Start	T-Plus 5
0530-0545	0600-0655	0700-0710 0655 PNB*	0700-0715	0715 PNB*	0720	0725	0730	0731
Surgical patient arrives at registration.	Surgical patient arrives in pre-op. Chart processing is completed (H&P, consent, nursing pre-op phone assessment, lab/test results, insurance pre-authorization). All orders are reviewed (anesthesia/surgeon/POD/analgesia orders).	All pre-op nursing activities are completed (business series of OR cases does not allow PNB* patients to be moved to PACU by 0655. If patient not moved to PACU, anesthesia/surgeon may see patient on Day Surgery.	All anesthesia activities are completed (business series of OR cases does not allow anesthesia to perform pre-op assessment and initial the site in a location that will be visible when draped.	Surgeon, surgical resident/fellow, POD/analgesia, or resident/fellow identify the patient, verify the procedure and surgical site, and initial the site in a location that will be visible when draped.	OR nurse completes assessment of patient before 0720.	All POD/analgesia activities are verified and signed by OR nurse prior to patient transport.	Patient in room.	First case of the day is considered late. Subsequent cases are at risk of being late.

\* PNB = Peripheral Nerve Block patients

During our measure phase, we identified the December on time start rate (37%), and had to create an understanding of what that percentage would mean, create a goal around that percentage, and create a plan to allow the team to continue to measure the initial value. To do this, we spent time measuring each piece of the process prior to the on time start. The chart devised is below for any of the first cases of the day, prior to 8:45 am.

## Methods

After recognizing the on time start percentage in December, we realized we needed to address all the issues over time, and started one by one. Through bringing the team together and understanding and holding each other accountable while not placing direct blame, we were able to prioritize the following primary concerns that we found over the past 8 months

**Figure #2: January 2017-August 2017 Delay Reasons Issues List → Prioritization Tool**



**Figure #3: Daily Huddle On Time Start Sheet**

**Interventions:**  
Beginning with Day Surgery and Intra-operative departments, the first group chosen in the Analyze phase to have an largest impact, the team reviewed and further discussed:

- Created basic daily huddle sheet to review on time starts with an interdisciplinary team of representatives for perioperative services
- Patient Arrivals
- Admission Times
- Created Goal of 70% on time starts over 6-month period
- Made commitment for patients to be in holding by certain time for block cases/ no block cases
- Initially discontinued daily staff huddles in lieu of the interdisciplinary daily huddles to keep focus and assist with implementation until steady, then reintroduced staff huddles
- Maintained logs of delay reasons
- Committed staff to having room ready
- Anesthesia committed to being ready and arrived by 0700

At daily huddle, monitored delay reasons. As we focused on them, we initiated different things to help combat stop gaps. Changes to prevent the stop gaps include:

- Obtaining appropriate registrar support at the appropriate hours
- Noting isolation cases and language barriers
- Preparing day before for in-patient 0730 cases
- Conversing with MDs and staff consistently causing delays
- Implementing plan to get consents and H&P's on chart by 1pm day prior to surgery

**DAILY HUDDLE**

DATE: \_\_\_\_\_

ON TIME STARTS: \_\_\_\_\_

DELAY REASONS: \_\_\_\_\_

ADD ON'S: \_\_\_\_\_

CONCERNS FOR TODAY/PM: \_\_\_\_\_

POTENTIAL FOR 0730 ADD ON DISCUSSED: \_\_\_\_\_

TOMORROW'S SCHEDULE CONCERNS: \_\_\_\_\_

CHARGE/INPT: \_\_\_\_\_

PAC: \_\_\_\_\_

DS: \_\_\_\_\_

SCHEDULERS: \_\_\_\_\_

ANESTHESIA: \_\_\_\_\_

EQUIPMENT/SPD: \_\_\_\_\_

C-ARM/X-RAY: \_\_\_\_\_

FUTURE/WEEKEND CONCERNS: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

## Results

Through collaborative team huddles, careful and meaningful tracking with actionable items, and proactive preparation for first case starts as well as all case review, the on time start percentage increased from 37% up to 77% maintaining an average of 72% for 8 months

**Figure #4: On Time Start Percentage Start and Post-Implementation Changed and Sustained Percentages**



**Figure #5: Control Plan**

Control Plan Steps					
1) Review outcome metric performance at daily and monthly huddles and over e-mail with team to determine if performance is in control					
2) If performance is outside control range bring together interdisciplinary team and control plan owners and determine which interventions will be used					
3) Control plan owners complete their actions					
Control Measurement					
Metric	Goal	Lower Limit	Control Criteria	Frequency	Monitoring Owners
% of on time starts	70% and above	Below 70%	Any month of performance below Lower Limit	Daily and Monthly	Process Owners, All charge nurses in surgical services, Anesthesia, Managers, PAC, SPD, Scheduling
Delay reasons and Barriers	Continued decline	Maintain current delay reasons	Any new delay reason or significant change in delay numbers	Daily and Monthly	Process Owners, All charge nurses in surgical services, Anesthesia, Managers, PAC, SPD, Scheduling
Control Plan Actions					
Action	Description	Metric Impact(s)	Action Owner(s)		
1. Address delay reasons	Through continued monitoring of delay reasons, analyze and address the delay reason through necessary interventions and through collaboration with interdisciplinary team	Control Measurements	Process Owners, All charge nurses in surgical services, Anesthesia, Managers, PAC, SPD, Scheduling, CNE, Performance Operations		

## Conclusions

Through Huddles, collaboration, and more interdisciplinary connection, on-time starts can be improved, and all delay reasons can be positively impacted.

After appropriate maintenance, current structure could be rolled out across the system to help impact all NM on time starts

## Reference

- (1) Daily Huddle sheets and Monthly Recapture Sheets