

# First Case On-Time Starts: The Power of Metrics and Motivation

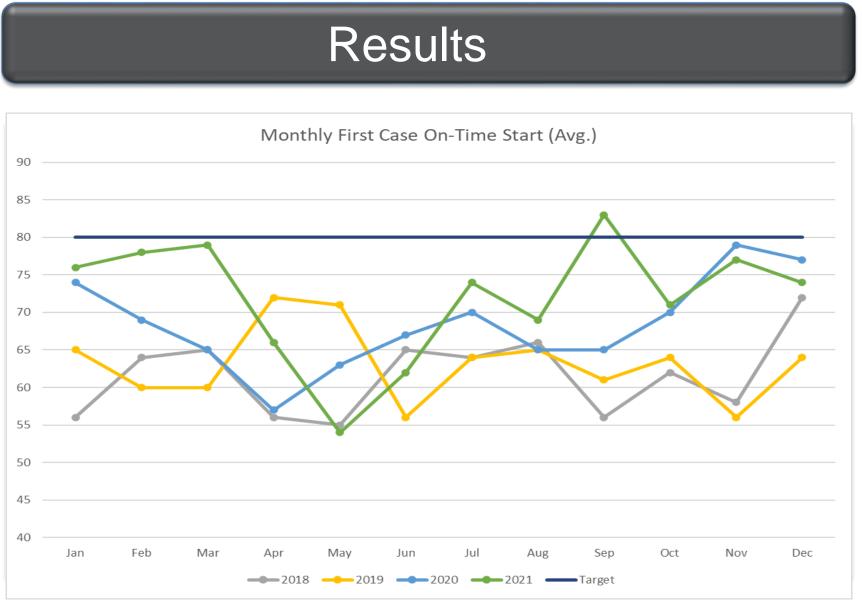
### Background

- In the beginning of 2019, Orlando Health Arnold Palmer Hospital for Children (APH) Surgical Services department was tasked with the initiative to increase the First Case on Time Start (FCOT) metric to meet the First Case On-Time Start target of 80%.
- APH Administration began the initiative to increase OR efficiency and accountability.
- Looking back at the previous year's data, the top three first case delay reasons were: Surgeon Late, OR delays, and Pre-op Delays.
- OR Operations Committee was established to create and implement action items to correct these top delay reasons.
- The OR Operations Committee consisted of: APH OR and Pre-op Nurse Operations Managers (NOM), Department of Surgery Chair, Chief of Children's Anesthesia, APH Chief Quality Officer, and APH Chief Operating Officer.

### Goal

- Our primary goal was to achieve and maintain the First Case On-Time Start monthly average target of 80%.
- A secondary goals was to increase nursing and surgeon satisfaction of • accountability.
- Another secondary goals was to increase patient satisfaction for going on time.

- Daily 3 pm huddles with OR/Preop charge nurses and OR/Preop NOMs met to go over that days first case delays to ensure delay reasons matched in real time and to go over the next day schedule.
- To address late surgeons, the OR charge nurses started texting the next day first case surgeons to remind them of their start time.
- The biggest OR delay was our NICU and ICU transfers. It was implemented to have the night nurse call the respective charge nurse to ensure patient arrival time and that consents were signed.
- A green dot/red dot block was initiated to provide a visual on the schedule board representing in room on time and late with delay reason.
- To show transparency, FCOT results, late surgeons, and delay reasons were posted monthly and reported in meetings that were attended by surgeons and staff by the NOMs.



Tracie Craddock MSN, RN, CNOR, NE-BC; Marlo Justesen BSN, RN, MSHA, CPAN, CNML

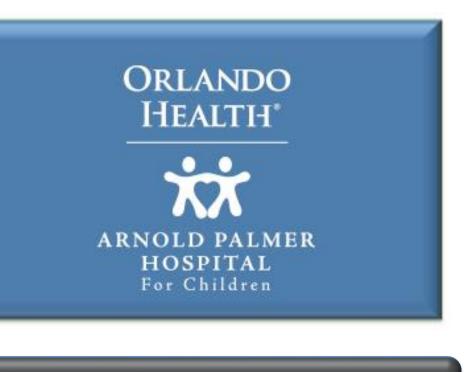
## Intervention/Implementation

• Daily morning huddles were initiated with a multidisciplinary team: OR Leader, OR Charge Nurse, Preop Charge Nurse, Charge Surgeon of the Day, Anesthesiologist, and Blood Bank to bring forth any potential issues that could cause a delay for the day.

- did drop during the beginning of COVID-19 due to staffing redeployments.
- surgeons and other departments, this proved to be otherwise.
- into the 70<sup>th</sup> percentiles and even achieved above target.

# Acknowledgments

- Rich, Department of Surgery Chair; Dr. Michael Marzouk, Chief of action items.
- Thank you to the APH Preop and Operating Room staff for their commitment to reach the first case on-time start target goals.
- metrics to help achieve the monthly first case on time start goals.



## Results

• First Case on Time Starts improved from the 50% to the 70% but

• Again, improvements were made multiple months in a row until the implementation of EPIC, our new EMR, in April 2021. We had refocused our attention on the new EMR and strayed from FCOTs. • The hope had been EPIC would fix communication barriers with • We reimplemented our initial action plans and were able to return

Special thanks to the APH OR Operations Committee Members: Dr. Mark Children's Anesthesia; Dr. Donald Plumley, APH Chief Quality Officer; and Justin Williams, APH Chief Operating Officer for assistance of the

• Thank you to the APH Surgeons for collaboration on meeting compliance