



First Case Start Time Initiative

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Objectives

- Background
- Outline project scope
- Identify data collection methods
- Results
- Recommendations





Background

- HHS – three acute care sites
 - Site A – 12 operating room suites
 - Site B – 7 operating room suites
 - Site C – 8 operating room suites





Background



- 'Out of scheduled time project' lead to examining 'First Case Start Time'
- First case of the day is typically where greatest control can be applied
- First case delay has been identified as a potential major contributor to surgical cancellations, overtime, and dissatisfaction for patients, staff and physicians



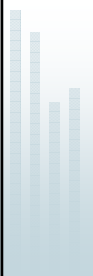
Scope



- All elective first cases at three Acute Care Sites within HHS
- Examined time of arrival in SDS to Patient in Room (PIR) and arrival from ward to PIR



Scope



- Working group consisted of multi-site representatives:
 - SDS (3 RN's)
 - OR/OR holding (3 RN's)
 - Anesthesia (3)
 - Surgeons (3)
 - Educator (1)
 - Managers (5)
 - Director (1)
 - QI specialist (1)
 - Data specialist (1)



Definition for FCST

- As per the HHS policy, 'Patient in the OR suite at 0750, Monday, Tuesday, Thursday, Friday and 0900 Wednesday.'



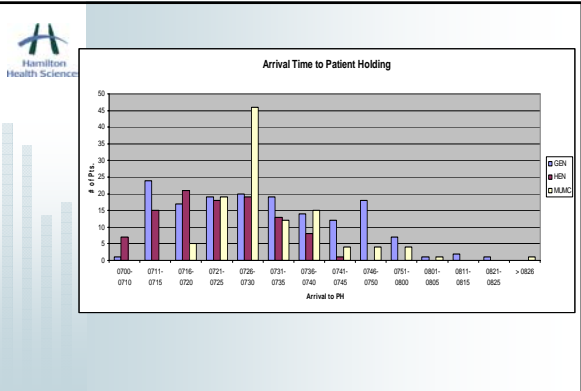
Data Collection

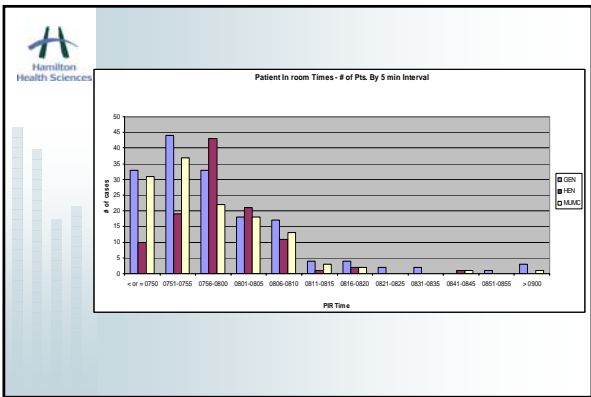
- Audit tool developed by members of working group
- Two data collection periods
- March/April (pre changes)
- July/August (post changes)



Results –First Data Collection Period

	Patient in Holding by 0730	Patient in OR by 0750 (PIR)
Site A	52.25%	20.5%
Site B	78.43%	9.26%
Site C	63.06%	24.22%





	Surgeon Late / Marking Patient	Anesthesia Late	Consent Issues (expired)
Site A	10.7%	8.2%	9.2%
Site B	35%	15%	5%
Site C	23.3%	10.5%	17.1%



Changes made as a result of data:

- **Surgeon and Anesthesiologist Late:**
 - FCST committee forwarded suggestions to Director and Chiefs.
- **Consent Issues:**
 - Out of scope for committee - is being examined corporately in terms of revised consent policy.



Changes made as a result of data:

- Committee decided to focus on ensuring patient arrival to Holding by 0730 in an effort to ensure patient ready for OR
- Communication strategy developed



Second Data Collection Period

- Same audit process for a period of four weeks



Results – Post Changes

	Patient in Holding by 0730	Patient in OR by 0750 (PIR)
Site A	76.55%	24.83%
Site B	79.22%	7%
Site C	69.16%	26.32%



Future Directions & Lessons Learned

- Plan to collect data in future by an OR experienced independent observer
 - Will review FCST data on Ontario benchmarking program (ORBC) for each site and compare with data collected to identify progress
 - Data collection tool was time consuming to complete – with data 'gaps' that decreased our sample size
- Modification to data collection tool required for any future data collection