Major Medical Center

OR Start Time—First Case in the Morning

Major Medical Center (MMC) is a busy metropolitan general hospital with a diverse medical staff and range of surgical services including large programs in trauma, cardiac, orthopedics, general surgery, ENT, plastic and neurosurgery. On a weekday basis, it runs 20 operating rooms that generally stay busy from the scheduled first case in the morning until the last scheduled case at 3:00 pm. Two rooms are dedicated to Cardiac and two rooms are dedicated and reserved for Trauma. After 3:00 pm, cases are done on an urgent or emergent basis throughout the evening and night. Outpatients are channeled through a separate reception and holding area but utilize the same OR facility and post-operative recovery unit before being wheeled back to the Outpatient Surgery Unit.

Rebecca Weiss, RN is the Director of Surgical Services and has recently been besieged with complaints from the surgeons, her staff and anesthesia about inefficiency in the OR. Three years ago, they had adopted a block scheduling scheme which worked ok and they had made some progress in reducing turnover time between cases, but there were still lots of other delays during the day that interrupted the flow of cases, many of which were outside the control of operating room staff. However, she also knew that when they “started late” that they rarely caught up and that resulted in lots of unhappiness and overtime costs.

She had recently gone through the new MMC quality and performance improvement training and decided that she would try and fix this problem, once and for all. Taking a quick glance at her log book and scheduling records, she estimated that only about 25% of the first cases of the morning in all rooms only started on time. With the support of the leader of the anesthesia group as well as the Chairs of General Surgery and Orthopedics, she formed a team to work on the “first case in the morning start time problem”. She then recruited two surgeons, two anesthesiologists, a unit clerk, two circulating nurses, two techs and one of her assistant directors to serve on her quality improvement project team. She also recruited a facilitator/quality support expert from the Quality department to help with the meetings and project.

At the first meeting and after about thirty minutes of general complaining and descriptions of the their view of the problems and causes, the Quality Department facilitator suggested that they brainstorm and list all of the reasons that first case did not start on time at 7 am. After generating a long list, they consolidated and grouped reasons and came up with the following set of ten reasons in rank order of the most common causes of the problem:

1. Labs not available
2. Delays in admissions/intake process for outpatients
3. Delays due to patient clinical condition
4. Paperwork not complete
5. Patient late from inpatient floors due to transportation or floor issues
6. Patient not properly prepped and ready
7. Room not ready
8. Anesthesia late arrival/not ready
9. Surgeon late/not present
10. OR staff late

After additional discussion and suggestions on how to address the various causes, the team decided to meet again in two weeks to work on solutions.

Just as the meeting was adjourning, one of the surgeons stated that she had never in the history of her practice at MMC had actually “cut” at the scheduled start time of 7:00 am on her first case in the morning. Her approach was to check in each morning and see how it was going and if there were going to be obvious delays, run up to the floor and check on other patients. As a result of her comment, a somewhat heated hallway discussion erupted about “What is the definition of start time?” with the surgeons advocating that “start time” meant “cut time” and Rebecca explaining that “start time” meant the time when they wheeled the patient into the room and that OR policy was that they did not do that unless the surgeon was present and in the OR. The conversation ended amicably.

Rebecca somewhat depressed about the prospects of actually making much progress, returned to her office and tried to sort out what she had learned as well as decide what to do next.