

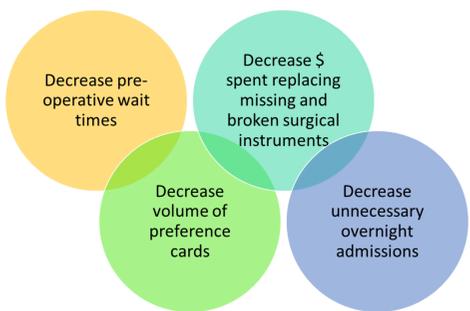
Continuous Improvement in Action - Perioperative Services

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BACKGROUND

Perioperative Services is a complex, multifaceted system which promotes continuous improvement efforts to provide the safest and most efficient care with the best outcomes. Work to improve process excellence and financial performance supports strategic goals to improve capacity management, the patient and family experience, and financial stewardship.

FOCUS AREAS



ACTIONS

Several teams began meeting weekly in July of 2017. Teams were formed by involving key stakeholders which included pre/post operative nurses, operating room nurses, anesthesiologists, central processing staff, operations managers, registration staff, outpatient surgical services staff, a clinical data analyst, and improvement advisors.

Pre-Operative Wait Times

- Implemented a patient triage process and express patient pilot
- Redesigned the pre-operative process to enhance patient flow, and foster improved communication between the PACU and OR

\$ Spent on Replacing Missing and Broken Instruments

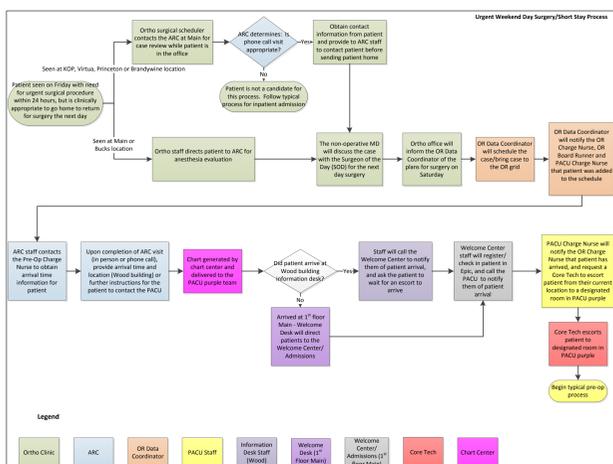
- Eliminated waste from the current process of locating missing instruments
- Created education video to demonstrate standardized method to organize dirty trays for return to central processing to decrease damage or misplacement of instruments
- Implemented an approval process for ordering new or replacement instruments
- Identified lower cost alternatives to highly utilized instruments

Preference Card Numbers

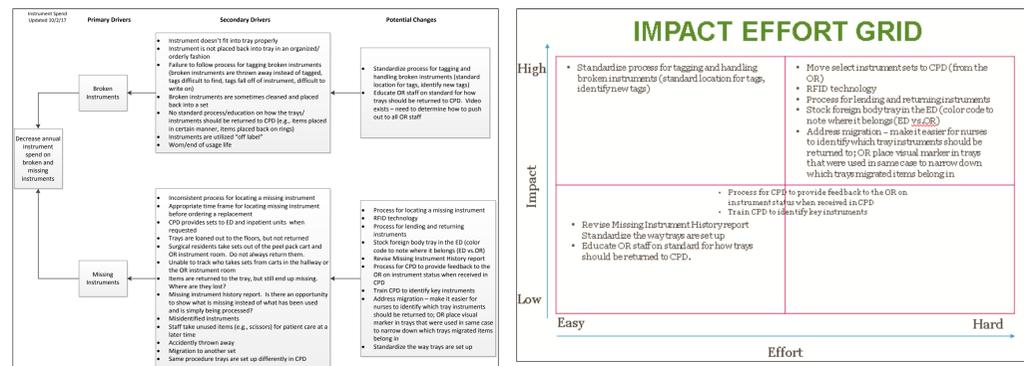
- Deactivated cards for providers who are no longer with the organization
- Deactivated cards which had not been used in >3 years
- Service by service review of cards for deactivation

Unnecessary Overnight Admissions

- Identified patient population which is often admitted on Friday for surgery on Saturday (Orthopedic fracture patients)
- Determined that some past patients may have been candidates to go home on Friday and return for surgery on Saturday
- Multidisciplinary team created a process for patients to be seen in clinic on Friday morning, evaluated, and sent home (if clinically appropriate) to return on Saturday for surgery



Multidisciplinary team approach to develop a new process to avoid an overnight admission



Utilized a Driver diagram and Impact Effort grid to identify and prioritize key areas for improvement to decrease the \$ spent on replacing broken and missing surgical instruments

RESULTS

58% of patients triaged immediately after check in for surgery

Pre-operative wait times decreased by **5 minutes**

Decreased spend on broken and missing instruments compared to the previous year by **28%**

Decreased Preference Card numbers by **44%**

10 patients spared overnight admission



CONCLUSIONS

Perioperative services promotes a culture of improvement. As more teams focus efforts on improving operations and outcomes, "easy wins" are more difficult to uncover. By focusing on a structured approach to improvement, and continuing to conduct PDSA cycles, teams stay engaged and experience incremental gains toward their targets.