Visible manager keeps cases on time

Being visible is one manager’s best tactic for getting first cases started on time. In the morning, she makes it a point to be in the preoperative holding area and at the OR front desk.

“If there’s any delay with patients, I can help manage that. Also, when the doctors come in, they have to walk right past me. They get used to seeing me,” says Carol DiCarlo, RN, MS, CNOR, clinical manager of the OR at Bradley Memorial Hospital in Stonington, Conn. Bradley Memorial runs 2 to 3 ORs and performs 2,600 cases a year.

“If the doctors are 15 or 20 minutes late, it sets the tone for the rest of the day,” she notes.

Goal 100%

The goal is 100% on-time starts for first cases of the day. A case is considered on time if the patient is in the room within 5 minutes of the scheduled start time. Over 8 months from May 2004 to January 2005, on-time starts for first cases improved from 78% to 91%.

Other strategies have also helped improve the process.

Data on on-time starts are reported monthly to the surgical section. Data is collected using a paper form (illustration). The ORs do not have an automated information system. Data for individual surgeons is not reported by name, but DiCarlo speaks to surgeons who have had late cases.

Penalties for tardiness are backed by the chief of surgery. Surgeons who are late three times in 6 months risk losing their first-case start time for 3 to 6 months. Also, a late surgeon can have his case bumped if another patient is ready.

Expectations for anesthesia

No one has yet lost first-case start time. But a surgeon who was 45 minutes late

QI indicators for on-time starts

Function: Care of the patient
Source: Operating Unit

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<th>Indicator</th>
<th>Dimension of performance</th>
<th>Benchmark</th>
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Tolerance is up to 5 min from scheduled start time.

Source: Bradley Memorial Hospital, Stonington, Conn
had his case bumped. He complained to the administration, but DiCarlo says the chief of surgery backed her decision.

Recently, when the hospital contracted with a new anesthesia group, administrators told the chief of anesthesia during the negotiations that starting on time would be an expectation.

“The doctors like starting on time,” DiCarlo says. “If they know you’re serious, and the patient will be in the room, they will be there. It is a mindset to prove that things will get going, and I help to expedite that.” She has coached surgeons to call if they know they are going to be late, which they are accustomed to doing.