Team agreement, competition boost record for on-time starts

With health care reform looming and the financial picture for hospitals uncertain, perioperative leaders know senior executives will look to the OR as a major source of revenue. That’s likely to increase pressure to improve OR performance. Starting cases on time in the morning is one way surgeons judge an OR’s customer service and responsiveness.

For a Harrisburg, Pennsylvania-based health system, a team agreement and some friendly competition have helped improve on-time starts. PinnacleHealth launched the program in January 2010 after a year-long effort to collect data, streamline preoperative care, and forge a team agreement for on-time starts among the surgeons, anesthesia providers, and perioperative staff.

“We did not implement this until we felt we were a hundred percent ready in each area,” says Susan Comp, RN, BSN, MS, CNOR, director of surgical services for Harrisburg-based PinnacleHealth, which has 2 campuses.

“Prior to this project, we did not see any urgency in getting patients prepared for surgery. Now I see that everyone is helping each other.”

When the project began, only 13% of cases at the 19-OR Harrisburg Campus and 7% at the 9-OR Community Campus started on time.

Surgeons were unhappy. In a survey, they said overwhelmingly that it was very important to them to start on time.

By April 2010, 100% of ORs had started on time for 4 out of 5 days at Harrisburg and 3 out of 5 days at Community. In June, Comp said the ORs were still meeting 100% on most days.

On-time reports

“Our goal was for 90% of first-case patients to be wheeled into the OR on time. We never expected to achieve 100% as many times as we have,” she says. The goal remains at 90% because some delays are inevitable.

“There are still reasons for late starts, such as patient issues. But the staff, anesthesia providers, or surgeon being late is no longer the number one reason we are not on time.”

The help of a Six Sigma Black Belt, Cindy Wilson, RN, which PinnacleHealth provided, was instrumental, Comp says.

“The Six Sigma process is one of the best I’ve been involved in. You define, measure, analyze, improve, and control the entire project.

“We now have the data when we are questioned by a physician who says, I wasn’t late those days.”
TEAM AGREEMENT

“Wheels In Time”

GOAL:
- 90% of first case OR patients will be wheeled into the OR by 7:25 (7:55 on Wednesdays)

REQUIREMENTS:
- Having patients wheeled in by 7:25 (7:55) is a team effort between the Surgical Services Staff, Surgeons, and Anesthesiologists.
- To achieve this goal, all team members need to do their part as described below:
  
  **Surgeons:**
  - Communicate their arrival to team members
  - Provide complete charts on their patients
  - Done in Pre-Op area by 7:15 (7:45)
  - If hand carrying essential information (orders, test results, etc.) arrive by 7:00 (7:30)
  
  **Anesthesiologists:**
  - Communicate their arrival to team members
  - Done in Pre-Op area by 7:15 (7:45)
  
  **CRNA**
  - Done in Pre-Op area by 7:20 (7:50)
  
  **Surgical Services Staff:**
  - Pre-Op Nurse done by 7:10 (7:40).
  - Circulator Nurse done in Pre-Op area by 7:20 (7:50)

REWARDS / CONSEQUENCES:
- Guided by the OR Committee.
- Based on input from team members and data from Pathfinder that is transparent to all team members.
- Team based and designed to remind the individual about the agreements for excellence that were made.

- **Surgeons:**
  The OR Committee will monitor the number of first case “Wheels In” Delays attributed to a late arriving surgeon. Any surgeon who accumulates three (3) lates in a calendar quarter will incur a penalty related to scheduling opportunities.

- **Anesthesiologists:**
  The PHS policies along with Riverside’s Compliance Committee policies will govern the Anesthesiologists’ actions related to first case starts “Wheels In Time.”

- **Surgical Services Staff:**
  The PHS policies will govern the Surgical Services staff’s arrival times and actions related to first case starts “Wheels In Time.”

This Agreement finalized by the PinnacleHealth System OR Committee on 12-23-09.
Under the team agreement, physicians sign in when they arrive so the time is captured.

Wilson created an on-time report that is sent to the surgeons each week. After she moves on to other projects, an OR staff member will keep up the data collection and reporting.

These are major features of the program.

**Team agreement on start time**

A cornerstone of the project is a team agreement that spells out requirements as well as rewards and consequences for surgeons, anesthesia providers, and staff.

A key step was reaching consensus on the definition of an on-time start. Polling the staff and physicians, the project team found a consensus that 7:30 am should be the start time, with patients wheeled into the OR by 7:25 am. Other time elements were also set (sidebar).

In the survey, the surgeons said they thought the only way to achieve on-time starts was to have a penalty system. The consequences are outlined in the team agreement. Once consensus was reached, the formal team agreement was endorsed by the OR committee, which consists primarily of surgeons and serves as the OR’s governing body. The senior administration also endorsed the project, so leaders knew they had support if a surgeon complained.

Large copies of the team agreement are posted throughout the department.

**Improving the preop process**

One factor in late starts was a preop process that needed a tuneup.

Gathering data, the project team found the time it took to prepare outpatients and same-day admissions “was all over the board,” Comp says. Consulting with the staff, they learned there was no systematic way of assigning a nurse to a patient, and many RNs thought certain activities weren’t their job.

“We came to the conclusion that it’s everybody’s job to take care of a patient,” Comp says.

Steps were taken to streamline the process and define responsibilities for RNs and clinical assistants (sidebar, p 10).

“One thing we struggle with is time management,” Comp says. Some staff knew while others needed more guidance.

Now completed patient charts are placed in a file. Nurses take the first chart from the file and begin caring for the patient. Previously, nurses went through the file to select the patient they wanted to take care of.

Leaders are setting up productivity measures for the number of admissions a day an RN is expected to complete.

**Rewards and consequences**

A voluntary reward system has been a surprise hit with surgeons and staff, injecting a bit of fun. Rewards are spelled out on cards personnel carry in their badge holders. Being on time earns a star sticker. Anyone who earns 15 stars is eligible for a small prize, such as a pen. The maximum number of stars is 50, which earns a jacket embroidered with the winner’s name.

“I’ve never seen surgeons so excited,” Comp says. “They push each other to earn the stars.”
There are also consequences, spelled out in the team agreement. Surgeons who are late 3 times in a quarter are at risk to lose one morning block for a month.

A surgeon is documented as late when the patient is unable to be taken to the OR at 7:20 am because the surgeon arrived after 7:15 am and was not finished with the patient in time for the patient to arrive in the OR by 7:25 am.

Data for surgeons with 3 late arrivals is sent to the OR committee for review. Surgeons may submit an appeal form, which is reviewed by the committee before reaching a decision about the penalty. If a surgeon to be penalized is part of a group that has a block, the group will lose access to the block time for a month.

Consequences for anesthesiologists and staff are governed by hospital policies.

Though some physicians objected to the penalties, Comp says administrators backed the decision, and a few surgeons lost block time.

“It only takes one physician to lose a block to make everyone think, ‘Wow, they’re serious,’” she says, adding that nearly all surgeons are on time.

“The surgeons who are on time every day are happy, and they have been supporting this,” she says.

“Our managers have also been excellent. They have taken a lot of heat and stood their ground. This has been more successful than we ever thought it would be.”

**Lessons learned**

Comp offered this advice for other OR teams addressing on-time starts:

- Take the time, 6 months or even a year, to evaluate your process to understand the barriers to starting on time.
  
  “We wanted to move forward quicker, but we knew that if we didn’t fix our process before we started, we would not be successful,” Comp says.

- Make sure the project has senior leadership support.

- Involve the physicians from the beginning. Seek agreement on the on-time start initiative from the OR’s governing body, including representatives of each surgical specialty.

- Communicate often. “Everyone was tired of seeing letters in the mail and posters in the lounges. Still, there were a few who said they didn’t know about it,” she says.

The program was pilot-tested in January 2010 and fully rolled out in February. In June, the team planned to start the next project—on-time starts for 12:30 pm cases.

---

**Improving the preop process**

These are steps taken by Pinnacle Health.

**Barriers**

- Time wasted at the desk and at the time of handoff.
- OR staff complaints about delays in completing paperwork.
- Inconsistent process by the staff.
First steps to improvement

• Timed 5 staff members for 10 same-day admits and short procedure patients.
• Watched the process and gathered data for 6 weeks.

Plan

• Set time frames for preop preparation:
  — 55 minutes for same-day admit patients
  — 35 minutes for short-procedure patients.

Prioritized daily tasks

• Bring patients into unit using visual cues from the patient tracking system.
• Standardize the chart process. Place charts that are ready in a designated rack.
• If a bay is empty, any available staff member (RN or clinical assistant) cleans it and brings in a stretcher and a patient.
• Begin the admission process.

Before patient assessment

• Review chart only for information needed, not the whole chart.
• Gather supplies.

At the bedside

• Begin perioperative charting.
• Look up lab test results.

Followup

• Provide patient education.
• Finalize preoperative checklist and prepare patient for surgery.