Perioperative Efficiency Tool Kit

2013

Patient Cycle
- Patient Arrival
- Assessment
- Consent/Documentation

OR Cycle
- Setup
- Equipment Transport
- Cleaning
- Patient into OR
- Patient out of OR (to recovery)

Courtesy of Boston Israel Deaconess Medical Center, Boston, MA. Adapted with permission.
Overview

Patient safety, patient satisfaction, and patient flow are all important elements of operational efficiency in the perioperative setting. Opportunities exist to improve patient safety, the coordination of care, minimize delays and waste, increase operating room use, and enhance the perioperative experience for the patient and family, as well as for the perioperative team members.
Goal:

The goal of this learning activity is to educate perioperative RNs about effective patient- and team-focused strategies to improve operational efficiency in the perioperative setting, with an emphasis on safely preparing patients for surgery; patient, family, and perioperative team member satisfaction; and, starting surgical procedures on time.
Objectives

After completion of this continuing nursing education activity, the participant will be able to:

1. List three ways to improve preoperative patient preparation.
2. Identify the essential components for successfully improving perioperative operational efficiency.
3. Discuss a methodology for optimal first case, on-time starts.
4. Review common causes of delays both in surgery start times and room turnover.
Perioperative Governance

Establish a Perioperative Governance Committee to:

• Serve as a forum to provide strategic planning to improve efficiency of patient flow

• Design and implement a program and standardized processes to help ensure the following:
  – Delivery of safe and effective patient care
  – Operative case time effectiveness:
    • First case on-time start
    • Turnover time
  – Patient, surgeon, anesthesia professional, and staff member satisfaction
  – Establish and post expectations for each member of the perioperative team
Perioperative Governance

• Establish and enforce surgery operational performance.

• Define surgery scheduled times:
  – First case on-time start
  – Turnover time
  – Surgeon time
  – Total case time

• Work backward to determine the arrival time of:
  – Surgeons
  – Anesthesia professionals
  – Nursing personnel
  – Support personnel

• Set goals and post results.
Definitions of Surgery Schedule Times

- First case on-time start
- Turnover time
- Surgeon time
- Total case time
Definition: First Case On-Time Start

- **First case of the day start time**
  - The first scheduled case of the day in each room.
- Patient-in-room time is defined as the time at which the patient physically enters the room (“Patient into OR” on the Perioperative Efficiency Model).
- The scheduled case start time is the time at which the patient is scheduled to be in the room.
- Any case that enters the room after the scheduled time is counted as a delay. Any difference greater than ZERO minutes counts as a delay.
Definition: Turnover Time

Definition: Time from previous patient leaving the room to succeeding patient arriving in the room
- “Patient into OR” to “Patient out of OR (to recovery)” on the Perioperative Efficiency Model

- Monitoring turnover time may contribute to satisfaction of the healthcare provider performing the procedure

- Turnover time must strike a balance between efficiency and patient safety, and thus must be incorporated into the analysis.

- Achieving minimal turnover times may have a higher cost (ie, allocating additional ancillary personnel), but may be appropriate.
  - Improving turnover time facilitates maximizing the clinician's time and impacts the hospital's bottom line.
Definitions: Surgeon Time and Sequential Scheduled Case

- **Surgeon Time**: Time from when the surgeon of record starts the procedure until he or she leaves the procedure.
  - This may be before the procedure ends if a resident, physician assistant, and/or RN first assistant close.
- **Sequential Scheduled Case**: A case that follows on the same day for the same physician, to take place within one hour of one another.
Definition: Total Case Time

- Time from room setup start to room cleanup finish.
  - Definition includes all of the time for which a given procedure requires an OR or other invasive procedure room.
  - It allows for the different room setup and cleanup times that occur because of the varying supply and equipment needs for a particular procedure.
  - For purposes of scheduling and efficiency analysis, this definition is ideal because it includes all of the time an OR must be reserved for a procedure.
Scheduling of Surgery

Physician’s Office Personnel

• A standardized scheduling process:
  – Promotes accuracy of procedures scheduled.
  – Confirms special order items, implants, vendor notification.

• Patient instructions
  – Patient brochure (ie, guide to surgery/procedure)
  – Preoperative tests or clinic visit
  – Preoperative showering guidelines
Scheduling of Surgery

OR scheduling personnel:
• Develop standardized scheduling process.
• Help to ensure accuracy of procedures scheduled.
• Choose appropriate preference lists.
• Confirm special order items, implants, vendor notification, and equipment.
Scheduling Recommendations

Establish an OR scheduling process improvement collaborative team comprising of:

• Surgeons
• Anesthesia professionals
• Perianesthesia manager and preop and postop representatives
• OR manager and OR representative
• Scheduling personnel
• Surgeon’s offices schedulers x2
Scheduling Recommendations

Objectives of the OR Scheduling PI Team

• Develop a standardized scheduling process.
  – Design a standardized form for use via different methods (e.g., hardcopy, e-mail, fax, or Web-based program)

• Develop a scheduling guidelines document.
  – Definitions of scheduling terms
  – Block scheduling and release plan, plus review criteria
  – Elective, urgent, and emergent plan
  – Bumping protocol
  – Daily schedule administration guidelines
The Preoperative Visit

Preoperative Patient Information
• Determine the appropriate option to obtain information from the patient
  – Telephone interview
  – In-person interview
  – Internet portal
Preoperative Phone Interview

To be conducted by an RN:

- Objectives of a phone interview are to:
  - Verify the correct spelling of the patient’s name and his/her date of birth
  - Ask the patient to state and/or describe his/her procedure and surgeon’s name
  - Obtain detailed patient medical/surgical history including allergies
  - Acquire a list of all medications taken, including dose and times
  - Discuss physician’s orders pertaining to preoperative laboratory tests, studies, or specialist consultation
  - Reinforce that the patient must have an adult to drive him or her home
  - Obtain the BEST phone number at which to contact the patient
  - Answer any questions the patient may have about the scheduled procedure
  - Unless contraindicated, instruct the patient to perform two preoperative baths or showers with CHG, thoroughly rinse, dry with clean towel, and then don clean clothing
Preoperative Phone Interview

Patient information for the day of the surgery.

The perioperative RN should instruct patients:

• To contact the surgeon’s office if they develop cold or flu-like symptoms
• About NPO restrictions and medications as ordered
• To bring a valid ID, insurance card, Medicare or Medicaid care
• Not to wear jewelry, makeup, powder, or deodorant
• To leave all valuables at home
• Arrive at ______ (insert time)
• Park at ________ (insert)
• Check in at __________ (insert)
• Eat or drink nothing after __________ (insert time) and take __________ (insert medications as ordered by the physician) at _________ (insert time)
• That an anesthesia professional will contact them to discuss their care and answer their questions
• That the patient’s pain will be addressed by the physicians and nurses
Patient/Family Education

- NPO status
- Pain control
- Pre-screening for postoperative home care needs
- Postoperative medications/prescriptions
- Postoperative transportation
Preoperative Showering

• Repeated applications of 4% CHG increase the residual antimicrobial activity
• Unless contraindicated, instruct patients to
  – perform two preoperative baths or showers with CHG:
    • Thoroughly rinse.
    • Dry with clean towel.
    • Don clean clothing.
**Pre- and Postprocedure Process**

**Preadmission**
- Patient demographics
- Social and medical history
- Medication reconciliation
- Lab/EKG/Radiology (if required)
- Physical Assessment

Staffed at 1:1
Typically 45 minutes of nursing time

**Day-of-Surgery Preoperative**
- Verification of information
- Review and signatures for consents
- Verification and review of history and physical exam (H&P), informed consent notes
- Completion of preoperative orders
- Vital signs
- Start IV
- Final chart check
- Report to OR

Staffed at 1:3, with patient on the unit 2 hours preoperatively
Typically 40 minutes of nursing time

**Day-of-Surgery Postoperative**
- Receive patient
- Vital signs
- Pain assessment
- Postoperative instructions
- Arrange transportation
- Ambulate patient
- Assist with dressing/discharge

Great variability with patient LOS, 1 hr up to 6 hours or longer.
Staffed at 1:3 average 60 minutes of nursing time

**Departments Used**
- Surgery
- Cardiac catheterization lab
- Radiology
- Pathology

**Typical Roadblocks to Efficiency**
- No orders
- Elderly, slow patient
- Translation required
- Patient incompetent/no consent
- Missing test results
- Transportation delays/issues
- No clearance from cardiologist
- Missing H&P or informed consent
- MD writes order to observe for several hours
- Postoperative nausea and vomiting
- Patient cannot urinate

Each one of these items can add 15 to 30 minutes of nursing time to each patient

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### Comprehensive Surgical Checklist

#### Preprocedure Check-in

- **Patient/representative actively confirms with Registered Nurse (RN):**
  - Identity: Yes
  - Procedure and procedure site: Yes
  - Consent(s): Yes
  - Site marked: Yes, N/A
  - By person performing the procedure: Yes

- **RN confirms presence of:**
  - History and physical: Yes
  - Preanesthesia assessment: Yes
  - Diagnostic and radiologic test results: Yes, N/A
  - Blood products: Yes, N/A
  - Any special equipment, devices, implants: Yes, N/A
  - Beta blocker medication given: Yes, N/A
  - Venous thromboembolism prophylaxis ordered: Yes, N/A
  - Normothermia measures: Yes, N/A

#### Sign-in

- **Before Induction of Anesthesia:**
  - RN and anesthesia care provider confirm:
    - Confirmation of: identity, procedure, procedure site and consent(s): Yes
    - Site marked: Yes, N/A
    - By person performing the procedure: Yes
    - Patient allergies: Yes, N/A
    - Difficult airway or aspiration risk: No
    - Yes (preparation confirmed)
    - Risk of blood loss (> 500 ml): Yes, N/A
    - # of units available
    - Anesthesia safety check completed: Yes

- **Briefing:**
  - All members of the team have discussed care plan and addressed concerns: Yes

#### Time-out

- **Before Skin Incision:**
  - Initiated by designated team member:
    - All other activities to be suspended (unless a life-threatening emergency)
    - Introduction of team members: Yes

- **All:**
  - Confirmation of the following: identity, procedure, incision site, consent(s): Yes
  - Site is marked and visible: Yes, N/A
  - Relevant images properly labeled and displayed: Yes, N/A

- **Any equipment concerns?**

#### Sign-out

- **Before the Patient Leaves the Operating Room:**
  - RN confirms:

- **Name of operative procedure:**
  - Completion of sponge, sharp, and instrument counts: Yes, N/A
  - Specimens identified and labeled: Yes, N/A
  - Any equipment problems to be addressed: Yes, N/A

- **To all team members:**
  - What are the key concerns for recovery and management of this patient?

#### April 2010

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The Joint Commission does not stipulate which team member initiates any section of the checklist except for site marking. The Joint Commission also does not stipulate where these activities occur. See the Universal Protocol for details on the Joint Commission requirements.
Preoperative Checklist

- Patient identity verified
- ID band on
- NPO confirmed
- Patient allergies
- Correct procedure and site confirmed
- History and physical on chart - updated
- Consent signed
- Antibiotics hanging
- Beta blockers taken within 24 hrs
- Type/screen and type/crossmatch for blood products
- Medication reconciliation is updated and in the chart
- Hair removal □ N/A
- Diagnostic tests verified
Example of Roadblocks to Efficiency

- No orders
- Patient Care Delays (extended time required for nursing care)
- Translation required
- Missing test results
- Transportation delays/issues
- No clearance from cardiologist
- History and physical examination missing and/or not updated
- Informed consent missing, consent not valid, patient unable to consent
- Physician writes order to observe for several hours
- Patient experiences nausea and vomiting
- Patient cannot urinate

Note: each “roadblock” item can add up to 15 to 30 minutes of nursing time per patient.
Process

• Surgery schedule times definitions
• Pre- and post-procedure process
• First case starts
  – Delays in first case starts
• Room turnover
  – Delays in room turnover
First Case Start Process

- Patient decides to have surgery (surgeon’s office)
- Surgery scheduled
- Preoperative assessment
- Registration
- Patient arrives in preoperative area
- Patient assessed and prepared by RN, anesthesia professional, and surgeon
- Surgical checklist is completed
- OR is available; patient leaves the preoperative area
- Team assembled in OR for pre-induction sign-in
**Surgery:**
- Surgeon and Patient: Surgery discussed and scheduled
- Surgeon/surgical attending completes consent and other paperwork (eg, history and physical exam)

**Preoperative Nursing:**
- Assigns 1st case patient name on whiteboard by 1700 the night before
- Checks 1st case patients to see who needs consent and/or history and physical exam.
- Posts name of resident or assistant on whiteboard in OR (for all cases) and in preoperative area for 1st cases

**Patient**
- Arrives at lobby front desk, or
- Is currently an inpatient

**Ambassador**
- Brings patient to preoperative area, or
- Transporter brings him/her from the nursing unit

**Preoperative Nursing:**
- Greets patient
- Measures patient’s vital signs
- Completes preadmission assessment if required
- Reviews paperwork
- Flags chart until documentation is completed
- Completes hair removal prep if required

**Patient**
- Changes into gown and hair cap

**Surgery:**
- Greets patient
- Completes history and physical, if required
- Signs consent, if required
- Completes same-day update
- Writes orders
- Starts site marking at 0645 and completes by 0745
Preoperative Nursing:

• Administers ordered meds

Anesthesia:

• Greets patient
• Signs anesthesia consent if required
• Inserts peripheral lines
• Start epidurals, a-lines and blocks by 0705; complete by 0720

Preoperative Area Nursing:

• Completes all checks to validate equipment/implant availability
• Sees patient in preoperative area for assessment and to validate relevant patient information

Surgery:

• Attending/physician assistant/nurse practitioner/resident are present in preoperative area

Surgery/Anesthesia/Nursing:

• Transports the patient into the room
First Case Start and Turnover Time Delay Factors

**MANPOWER**

- Late Providers –
  - Surgeon and/or resident
  - Anesthesia professional and/or resident, CRNA
  - Resident, PA, NP assignment not timely
  - Resident not orientated to protocol/process

- Late Providers – Nursing
  - Preoperative RN is not available
  - OR RN to complete interview
  - Outside contracted labor not available

- Late Providers – Ancillary Personnel
  - Interpreter late or not booked
  - Biomedical personnel not available
  - Transport delays
First Case Start and Turnover Time Delay Factors

**DOCUMENTATION**

- Signed consent not available
- Consent/procedure discrepancy
- History and Physical (H&P)
  - H&P confirmed within 30 days not available
  - H&P 24-hour update not complete
- Preoperative orders not available
- Missing chart documents
- Nursing preoperative assessment not available
- Consent obtained in preoperative area
- Patient to OR without all paperwork complete
First Case Start and Turnover Time Delay Factors

COMMUNICATION

- Increased number of phone calls to OR during setup time
- Lack of patient/family education
- No resident, PA, or NP assignment on OR schedule
- Patient did not arrive early enough
- Patient did not follow preoperative instructions because he or she didn’t understand them
- Patient requests to speak with attending surgeon
- Patient scheduled in another department for pre-procedure radiology (eg, needle localization), endoscopy
- Patient requests to speak with attending surgeon
- Unable to locate surgeon
First Case Start and Turnover Time Delay Factors

METHODS

- Invasive lines and blocks
- Consent for blocks may lead to multiple patient questions (ie, inadequate preoperative information)
- Inaccurate booking
- Lack of standardization
  - Surgeon and/or resident
  - Anesthesia professional
  - Resident, PA, or NP assignment not timely
  - Resident not oriented to protocol/process
First Case Start and Turnover Time Delay Factors

METHODS

- Late Providers – Nursing
  - Preoperative RN not available
  - OR RN not available to complete interview
  - Outside contracted labor not available
- Late Providers – Ancillary Personnel
  - Interpreter late or not booked
  - Biomedical personnel not available
  - Transport delays
First Case Start and Turnover Time Delay Factors

ENVIRONMENT

- Room unavailable in preoperative area
- Room not cleaned
- Room not ready – (setup)
- Ancillary personnel (ie, environmental services not available)
First Case Start and Turnover Time Delay Factors

MATERIALS

• Instruments not available/not sterile
• Supplies for case not available; preference list inaccurate
• Case incorrectly booked
• Instruments improperly assembled
• Shared equipment not available
• Instruments broken and/or dirty
• Instruments missing from sets/trays
• Vendor support not available
First Case Start and Turnover Time Delay Factors

**PATIENT**
- Patient arrives at wrong location or arrives late
- Patient arrives unprepared due to a lack of understanding or a lack of preoperative patient education
- Patient Demographics and Transportation
  - Age
  - May take longer to prepare, may have unexpected delays
    - Elderly
    - Pediatric
    - Patients from Skilled Nursing Facilities
    - Patients who are incarcerated (system delays)
- Legal guardianship in question
- Communication Issues
  - Language - interpreter late or not booked
  - Cognitive impaired
  - Hearing impaired
  - Visually impaired
First Case Start and Turnover Time Delay Factors

**EQUIPMENT**

- Equipment not available
  - Used in another procedure, delayed
  - Not working – Biomed to check
- Computers being used by multiple providers
  - Physicians
  - Nurses
  - Anesthesia professionals
Instruments Turnover Time

Turnover Time Considerations for Instrumentation

• Surgical schedules should take into account the instrument inventory and avoid the need to hurry the instrument reprocessing steps.

• The amount of time it takes to properly clean, decontaminate, inspect, assemble, package, and sterilize instruments according to the manufacturers’ instructions for use should be considered when scheduling cases.
### Turnover Team Roles and Responsibilities

<table>
<thead>
<tr>
<th>Surgeon</th>
<th>Preoperative Staff</th>
<th>Anesthesia Professional</th>
<th>Circulating RN</th>
<th>Scrub Technician</th>
<th>Core Technician</th>
<th>Anesthesia Technician</th>
<th>Pharmacist</th>
<th>OR Aid</th>
<th>Front-Desk Staff Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictate history and physical examination (ie, H&amp;P).</td>
<td>Complete consents.</td>
<td>Complete anesthesia checklist.</td>
<td>Check case cart and preference list for completeness.</td>
<td>Check case cart and preference list for completeness.</td>
<td>Check case cart and preference list for completeness.</td>
<td>Check case cart and preference list for completeness.</td>
<td>Ensure anesthesia cart is clean and well stocked.</td>
<td>Restock medications, or direct the pharmacy technician.</td>
<td>Assignments should be made for all personnel and communicated.</td>
</tr>
<tr>
<td>Consult as needed.</td>
<td>Perform preoperative assessment.</td>
<td>Obtain informed consent.</td>
<td>Organize and set up required equipment and positioning aids.</td>
<td>Count.</td>
<td>Communicate any missing items to RN circulator and when they will be available.</td>
<td>Assist with any special procedures the anesthesia professional is performing.</td>
<td>Assist with medication preparation as indicated.</td>
<td>Inform the room of any delays of the surgeon, anesthesia professional, or patient; follow up as necessary to ensure patient is on the way.</td>
<td></td>
</tr>
<tr>
<td>Document informed consent.</td>
<td>Issue additional orders, if needed.</td>
<td>Issue informed consent.</td>
<td>Send for Patient</td>
<td>Count</td>
<td>Communicate any missing items to RN circulator and when they will be available.</td>
<td>Communicate any missing items to RN circulator and when they will be available.</td>
<td>Consult and communicate with MD and RN.</td>
<td>Inform the room of any delays of the surgeon, anesthesia professional, or patient; follow up as necessary to ensure patient is on the way.</td>
<td></td>
</tr>
<tr>
<td>Document blood and informed consent, if needed.</td>
<td>Site marking, if required.</td>
<td>Site marking.</td>
<td>Help scrub tech open supplies and instruments</td>
<td>Count</td>
<td>Meet patient; interview patient</td>
<td>Cover for other technicians if they are busy in another room.</td>
<td>Transport patient to room as requested.</td>
<td>Inform the room of any add-on cases and cancellations.</td>
<td></td>
</tr>
<tr>
<td>Site marking, if required.</td>
<td>Call for team briefing.</td>
<td>Verify and document preoperative antibiotic.</td>
<td>Call for team briefing.</td>
<td>Call for time out.</td>
<td>Call for time out.</td>
<td>Restock depleted carts throughout the day to have them available for exchange.</td>
<td>Clean and restock sub-sterile area.</td>
<td>Ensure patient’s old charts are available.</td>
<td></td>
</tr>
</tbody>
</table>

*This duty list is not all-inclusive. Other duties will be assigned to all roles to meet the needs of the department. Actions should be assigned per facility procedures, which may vary and differ from roles described in this document. Adapted and used with permission from Alpha Consulting, Inc, Manhattan Beach, CA.
### Room Turnover Sample*

#### End of Case/Between Cases:

<table>
<thead>
<tr>
<th>Surgeon</th>
<th>Preoperative</th>
<th>Anesthesia professional</th>
<th>Circulating RN</th>
<th>Scrub Technician</th>
<th>Core Technician</th>
<th>Anesthesia Technician</th>
<th>Pharmacist</th>
<th>OR Assistant</th>
<th>Front-Desk Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify the team how to be reached.</td>
<td>Have next patient ready for surgery.</td>
<td>Take patient to PACU and give report.</td>
<td>Accompany the patient and anesthesia professional to PACU and then hand off communication.</td>
<td>Put dirty instruments in trays, according to policy.</td>
<td>Check the next case cart is complete.</td>
<td>Remove dirty equipment and send to central services for reprocessing.</td>
<td>Restock meds.</td>
<td>Wipe down furniture and mop floor.</td>
<td>Communicate turnover to all members of the turnover team.</td>
</tr>
<tr>
<td>Respond to pages.</td>
<td>Transport patients to surgery as requested.</td>
<td>Greet next patient.</td>
<td>Return to room and direct OR assistant or others what equipment to remove.</td>
<td>Assist with removing and putting away equipment that is no longer needed.</td>
<td>Assist with removing and putting away equipment that is no longer needed.</td>
<td>Consultation.</td>
<td>Remove trash and linen bags and replace.</td>
<td>Post assignments of team members for lunch and breaks.</td>
<td></td>
</tr>
<tr>
<td>Dictate operative note.</td>
<td></td>
<td>Notify the team how to be reached.</td>
<td>Assist with putting linen and trash in hampers.</td>
<td>Assist with putting linen and trash in hampers.</td>
<td>Assist with removing and putting away equipment that is no longer needed.</td>
<td>Medication preparation.</td>
<td>Replace suction liners and non-sterile tubing.</td>
<td>Keep assigned team members in the OR room informed of any changes to the schedule.</td>
<td></td>
</tr>
<tr>
<td>Communicate with family.</td>
<td>See patient in PACU.</td>
<td>Complete anesthesia machine checklist.</td>
<td>Assist with room clean up.</td>
<td>Assist with room clean up.</td>
<td>Place needed equipment inside room when clean up is completed.</td>
<td>Patient record review.</td>
<td>Assist with removing and putting away equipment that is no longer needed.</td>
<td>Work with Charge RN to arrange patient transport and notify nursing unit.</td>
<td></td>
</tr>
<tr>
<td>Greet next patient.</td>
<td></td>
<td></td>
<td>Start checking case cart for next case.</td>
<td>Take instrument cart to dirty room.</td>
<td>Place needed equipment inside room when clean up is completed.</td>
<td></td>
<td></td>
<td>Send for patients.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Patient Status</th>
<th>RN Circulator</th>
<th>ST/RN Scrub</th>
<th>First Assistant</th>
<th>OR Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound closure begins</td>
<td>Perform first count and notify PACU that closure has started. Give an approximate time of arrival at PACU.</td>
<td>After the count, begin instrument gathering. Prepare back table to break down case.</td>
<td>Assist surgeon.</td>
<td>Stage (outside room) equipment/supplies for cleanup.</td>
</tr>
<tr>
<td>Dressing applied by surgeon or assistant or RN</td>
<td>Secure dressing with tape. Page: Turnover Room #______ Assist with stretcher; ready for patient transfer.</td>
<td>Break down back table. If necessary, assists with removing of drapes.</td>
<td>Remove drapes and place in proper receptacle.</td>
<td>Bring stretcher into the room as the dressing is secured.</td>
</tr>
<tr>
<td>Transfer patient to stretcher team</td>
<td>Anesthesia professional directs transfer to stretcher ASAP following dressing application. Assist with patient transfer to stretcher.</td>
<td>Continue to break down case.</td>
<td>Assist with patient transfer to stretcher.</td>
<td>Assist with patient transfer to stretcher. If anesthesia professional continues to care for the patient, make ready room cleanup supplies and remove equipment not needed for next case.</td>
</tr>
<tr>
<td>Patient readied for transfer team</td>
<td>Assist anesthesia professional with transfer to PACU. Follow procedure for handling of specimen.</td>
<td>Transport case cart to decontamination area.</td>
<td>Assist with room cleanup.</td>
<td>Start room cleanup. Move out equipment Rearranged room per next case</td>
</tr>
<tr>
<td>Patient</td>
<td>RN Circulator</td>
<td>ST/RN Scrub</td>
<td>First Assistant</td>
<td>OR Assistant</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preoperative area</td>
<td>Meet next patient. Complete assessment and final check of chart. Ready patient for transfer to OR.</td>
<td>Setup back table and prepare instruments and draping items.</td>
<td>Assist with opening of supplies. Obtain any additional instruments or supplies.</td>
<td>Obtain any additional equipment, positioning aids, etc.</td>
</tr>
<tr>
<td>Room setup</td>
<td>Return to room for counts and final prep of room. Send for patient. Notify anesthesia professional. See patient.</td>
<td>Continue with setup and count with the RN.</td>
<td>Continue with setup. Open and prepare prep supplies.</td>
<td>Per circulator request, transfer patient from preoperative area to the OR.</td>
</tr>
<tr>
<td>Patient in room</td>
<td>Greet patient and assist patient onto OR bed. Begin intraoperative documentation. Notify surgeon of patient in room.</td>
<td>Continue with setup.</td>
<td>Continue with setup.</td>
<td>Assist w/patient transfer to OR bed and removes stretcher from room</td>
</tr>
<tr>
<td>Patient induction</td>
<td>Assist anesthesia professional with application of EKG leads and induction. Stay at patient’s side until the patient is asleep.</td>
<td>Continue with setup.</td>
<td>Continue with setup.</td>
<td>Assist surgical team as needed.</td>
</tr>
<tr>
<td>Patient positioning</td>
<td>Position patient per procedure and/or assists surgeon with positioning. Apply ESU grounding device.</td>
<td>Continue with setup.</td>
<td>Assist with positioning.</td>
<td>Assist with positioning.</td>
</tr>
<tr>
<td>Patient prep</td>
<td>Prep patient.</td>
<td>Continue with setup.</td>
<td>Assist with prep if necessary; scrub hands, and don gown and gloves.</td>
<td>Assist with prep if necessary.</td>
</tr>
<tr>
<td>Patient draping</td>
<td>Assist with sterile setup: -Position back table. -Attach ESU and suction. -Position other equipment.</td>
<td></td>
<td>Assist with draping.</td>
<td>Continually monitor rooms and be available to assist with running for items.</td>
</tr>
<tr>
<td>Incision</td>
<td>Continue with EMR documentation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Development

Where do I begin?

- Start with one surgeon or one specialty and work through all the barriers.
  - Transfer the knowledge and skills gained to other surgeons and/or specialties.
- Barriers may differ among each surgeon or specialty, so one solution may not work for all.
Meeting/Activity Tracking

- Title
- Issue
- Next activity
- Priority
- Person assigned
- Target completion date
- Status/communication
Summary

• Teamwork and Communication
• Many opportunities exist to improve:
  – Preoperative patient preparation.
  – Perioperative processes and workflow.
  – Quality and safety processes.
The end