

OR Optimization 2014

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DIAL: Growth • Blue Chip: Surgical Optimization



Overview

In October, 2012 we were asked by the Senior Leadership Team at our hospital to improve the efficiency of the Operating Room (OR). The OR was under the Pillar known as Growth and the Blue Chip was OR Optimization. We created six committees to cover the following:

- First Case Starts (FCS)
- Turnover Time (TOT)
- Pre-op Assessment
- Scheduling
- Sterile Processing
- Communication

Teams consisted:

- OR Nurses
- OR Techs
- Anesthesia Techs
- Perioperative Aides
- Surgeons
- Anesthesia
- ARNP's
- Schedulers
- SPD techs
- Managers in the OR, Same Day Surgery, and Sterile Processing
- Registration
- Physician Practice

These committees were decided based on OR Metrics.

- FCS 72%
- TOT 22 minutes

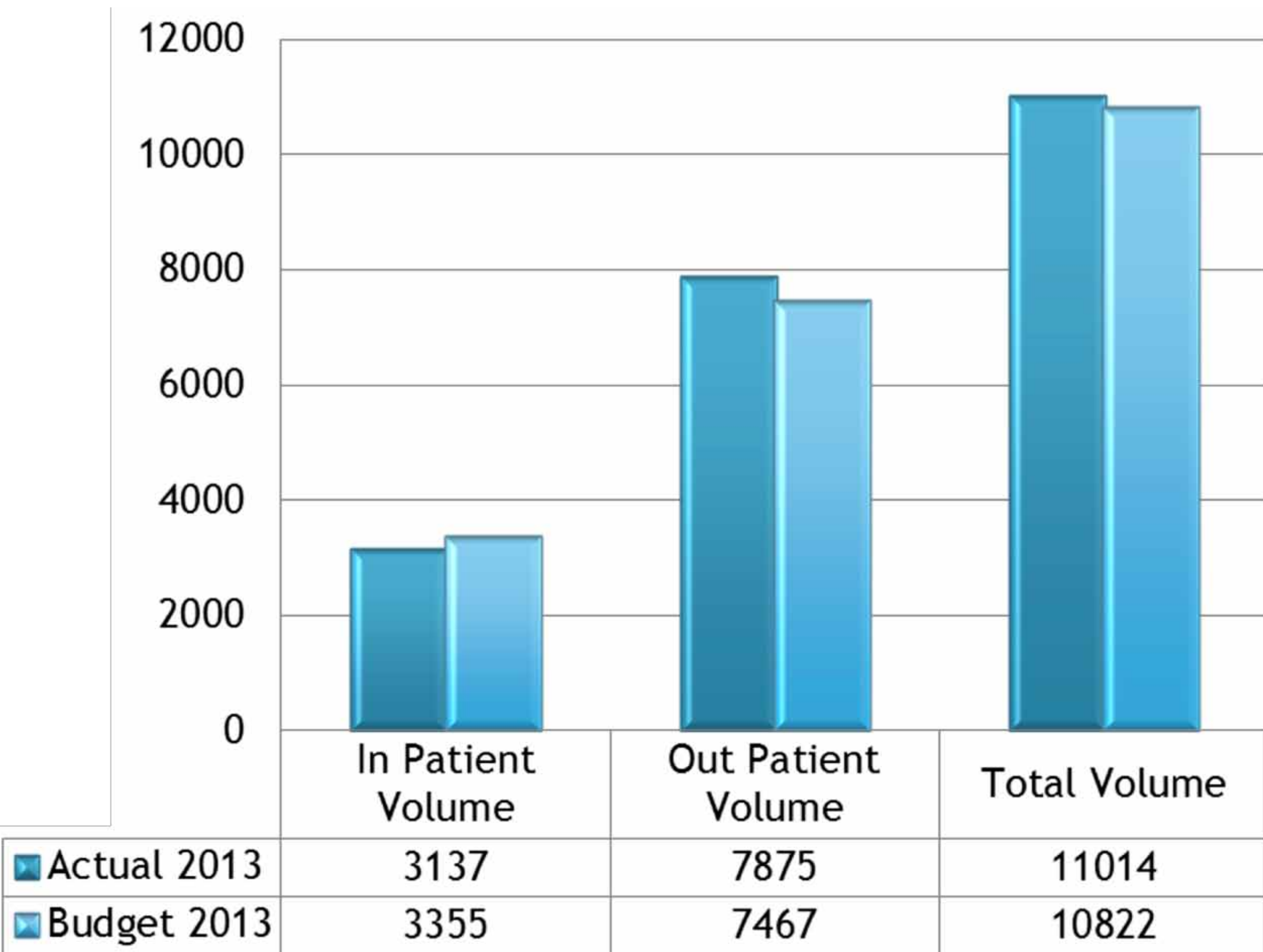
To improve these time and increase the efficiency of the OR we needed help from the pre-op committee which worked on consents for surgery, blood consents, labs, etc. Communication between the teams which included hand-off between Same Day Surgery and the OR and the OR with PACU. Scheduling was a factor in how the cases were scheduled, how far out the cases were scheduled, and keeping the scheduler informed when surgeons had conferences and/or vacation. The goal was to release their block within two weeks. Sterile Processing was crucial so that the OR had all the supplies and instrumentation not only for the FCS but for all cases to follow.

Meetings were scheduled monthly from 7:00 am – 8:00 am. Each committee would meet, share thoughts and ideas using the LEAN methodology. After the meetings, the leads of each committee would get together to share their team ideas and how we could implement them and measure the efficiency.

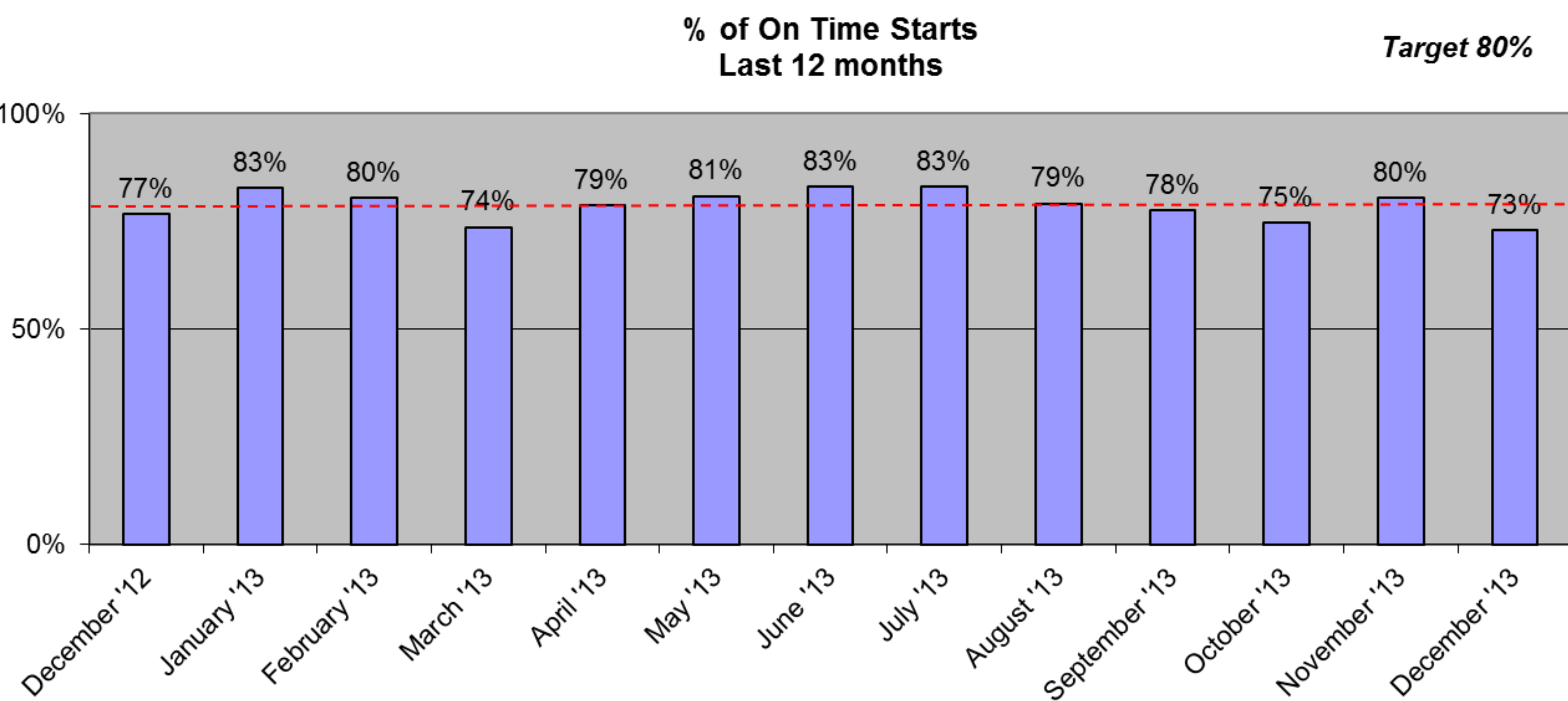
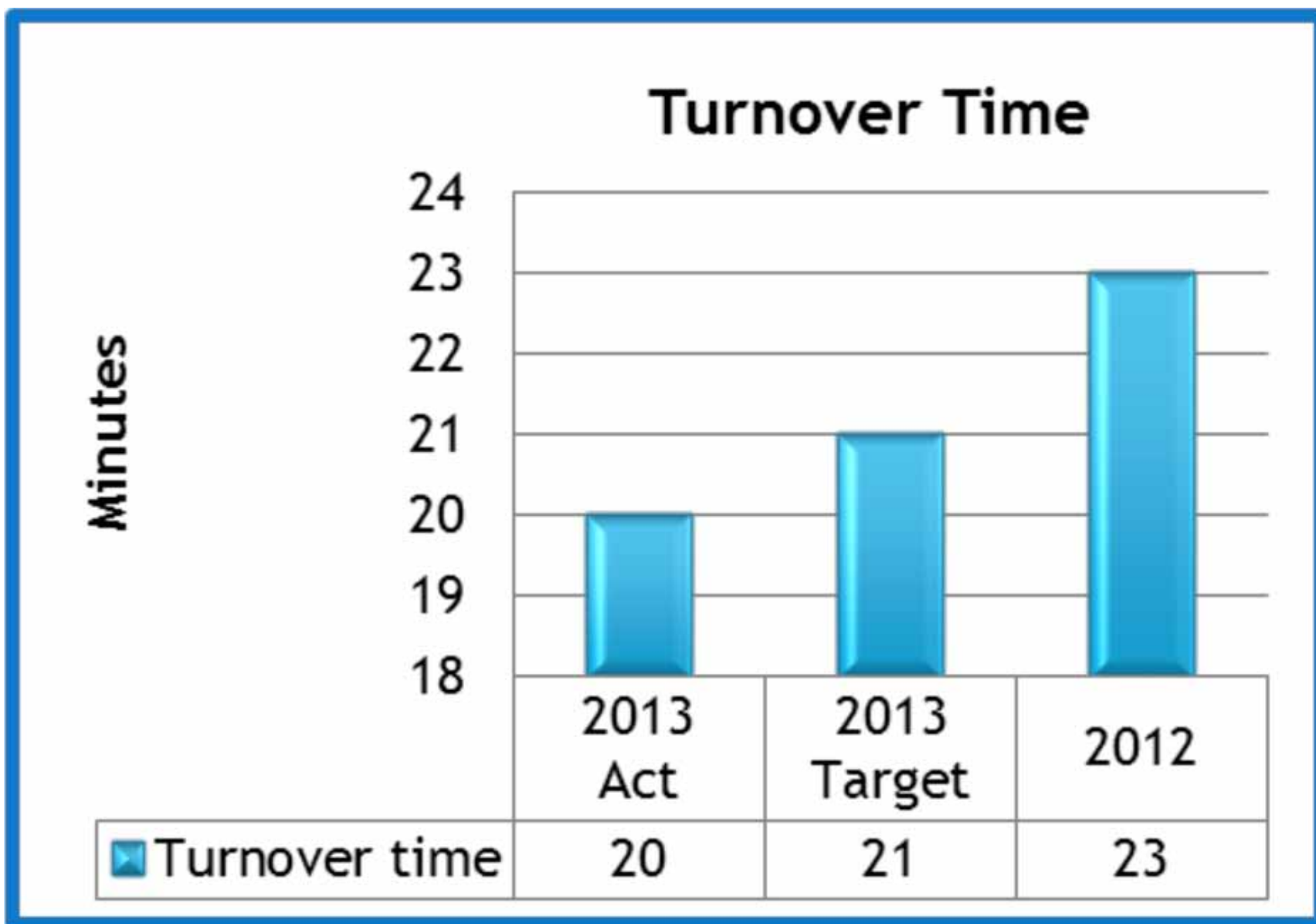
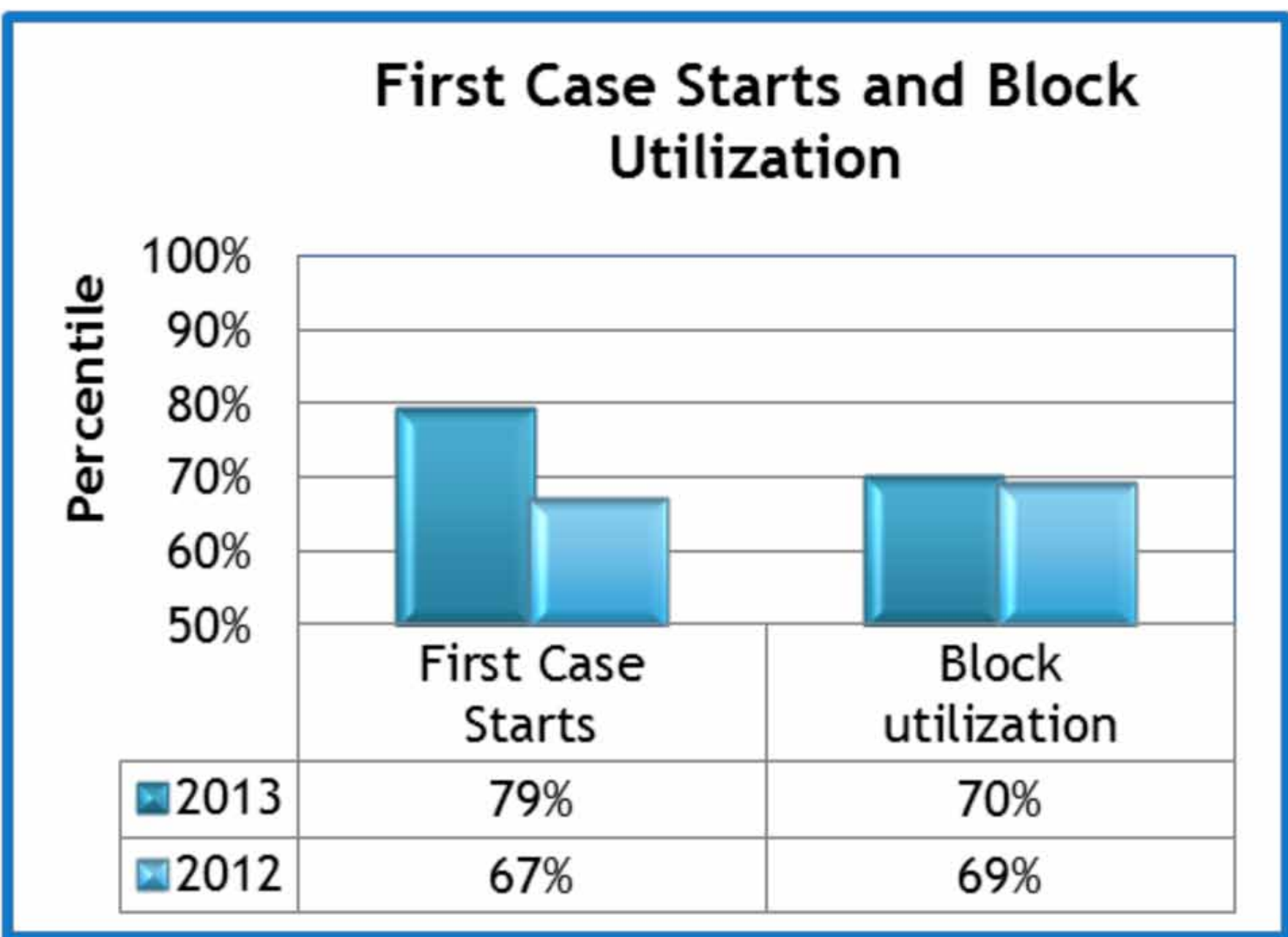
*Surgical Volume



- Inpatient decline by 1% compared to 2012 and under budget by 6%
- Outpatient increase 6% compared to 2012 and above budget by 5%
- Total volume increase from 2012 of 4%; above budget by 2%



*Surgical Services Improvements



Turnover Time													
Service	January	February	March	April	May	June	July	August	September	October	November	December	Goal
Cardiac	34	47	50	38	34	53	37	44	37	50	43	41	40
ENT	17	16	13	15	16	15	14	14	13	16	16	16	15
General	28	25	27	27	27	30	24	25	27	26	29	27	24
Neurosurgery	56	44	41	54	54	42	60	57	48	52	54	59	40
Ophthalmology	7	7	8	9	6	8	11	7	8	7	7	11	17
Orthopedics	29	29	29	26	30	33	30	31	29	31	31	32	30
Plastic	26	24	25	24	26	27	28	26	27	25	27	28	23
Urology	25	22	20	21	25	22	23	22	23	25	22	26	20
All Services	21	19	19	20	20	21	20	19	19	20	21	22	21

2014 Surgical Targets

- Grow Surgical volume & develop OR backfill strategy Optimize surgical operations and build volume in collaboration with Physician Practice office and Service lines in the recruitment of new surgeons; increasing referrals and higher margin inpatient procedures.
- Ensure OR backfill strategy is prepared to launch for ASC opening at FIU campus.
- Increase higher margin in-patient surgeries by 6%: cardiac 13% (total 360 open heart cases), neurosurgery 7% (total 372 cases), spines 2% (total 222 cases)
- Recruit 4 additional surgeons (Plastics, Neurosurgery & Orthopedics); offer time to other desirable surgical practices in the community
- Improve surgical productivity
 - Increase block utilization to 75%
 - Increase 1st case starts to 85%
 - Decrease overall TAT to 18"



Outcomes

- FCS increased to 80%
- TOT improved to 19 minutes 20 minutes was the goal
- A decrease in incomplete consents by 98%
- Surgeons offices are providing cases seven days in advance
- 70% of the surgeons office are notifying the schedulers when they are out of town

