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First Case Start Times for Vascular Surgery

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Project: First Case Start Times for Vascular Surgery

Last Updated: 8/21/2018



Executive Sponsor: Timothy Kafer, Brian Nolan, MD
Facilitator: Jill Knutson, RN, Amy Fournier, RN



Team Members: Leadership – Lori Luebbert Vascular Surgery Manager

Front-Lines – J. Gregoire, M. Daigle, M.E. Souliere, J. Colpitts, E. Anderson, P. Briggs, L. Ramsey, R. Pratt-Pooler, M. Maclean, E. Estes, S. Cheney, D. Buck, B. Rioux, L. Marles

Problem/Impact Statement:

85% of first cases at Maine Medical Center for Vascular Surgery start late. According to one study done by Aurora Health Care; of 5,500 first case surgeries, 88% of them started late. The impact of this is far reaching. It is not in alignment with MMC value of Patient Centered Care because the patient becomes dissatisfied waiting to be brought in to surgery, they are fasting for longer than anticipated, and being away from their family while they wait causing anxiety. The financial impact is \$1995 for each 1/2 hr. of O.R. time. Furthermore, this may result in elective cases being canceled, late cases create a back log of cases to be done, the hospital loses potential revenue, and staff stay later causing overtime accrual.

Scope:

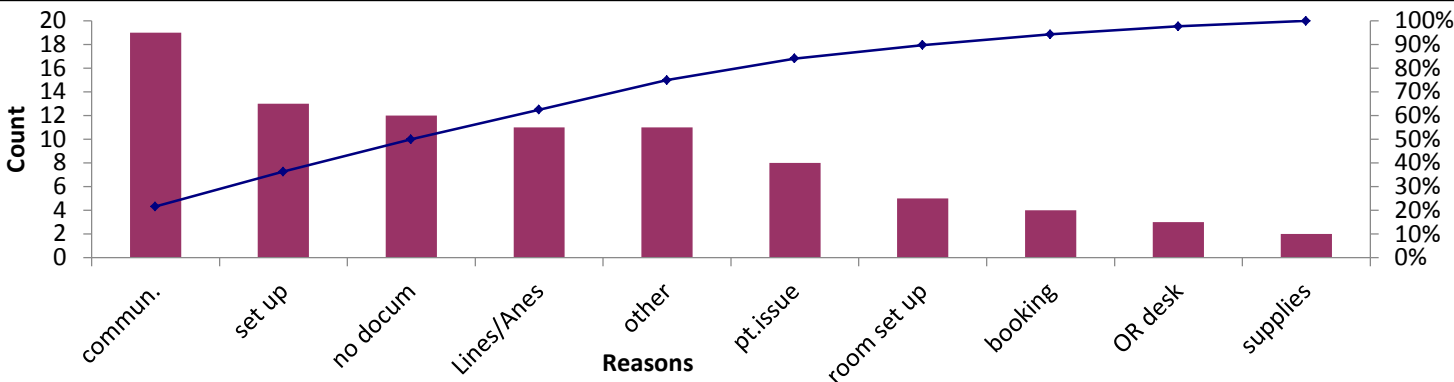
All first case Vascular surgeries will be on time Mon.-Fri.

Start Point: When patient enters the room. End Point: 10 min. after scheduled time of surgery.

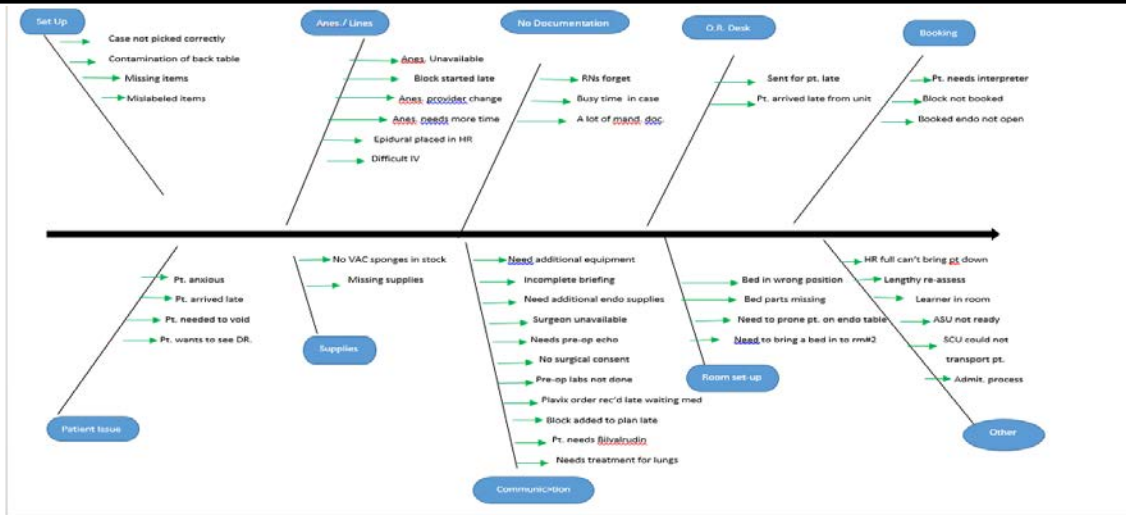
Goal/Objective:

1. Decrease the number of first case Vascular surgeries that are late from a baseline of 85% to 60% by year end 2018. Stretch goal of 25% by mid year 2019.
2. Decrease the number of lost O.R. time from 5.8 hrs. per month to 2 hrs. per month by year end 2018.
3. Decrease wait time for elective cases from 30 to 20 days by 2018 year end.
4. Improve job satisfaction for staff while decreasing overtime costs.

Baseline Metrics/Current State:



Root Cause Analysis:



Countermeasures

	Key Milestones	
	Status: To be Completed/In Progress/ to be Completed	Targeted Completion Date
Agreement on Leadership	completed	2/2018
Solutions Roll-Out	completed	6/2018
Execution of Communication Plan	completed	4/2018
Training Completed	completed	5/2018
Transition to Process Owners	completed	5/2018
Project Sign-Off	In progress	12/2018
Initiate Phase II (if needed)		

	Solutions Roll Out Plan	Date	Owner
Education	Speak to surgeons at monthly Quality meeting about Operational Excellence and KPIs.	4/2018	Amy
Education	Speak to members of the Vascular O.R. staff about Operational Excellence and KPIs.	4/2018	Amy
Training	Train the O.R. staff how to use KPI documents.	5/2018	Amy
KPI on De-Briefing at the end of the O.R. case	Vascular staff began presenting the KPI.	6/2018	O.R. Vascular Staff
Communication Plan	Manager and other trained Vascular members to inform and train their co-workers on KPI.	6/2018	Vascular Staff
Project Sign-off	ongoing	12/2018	Amy

Quick Wins	Easy to Implement	Reversible	Fast to Implement	Within Team's Control	Cheap to Implement
Weekly case review conference on Mondays	X	X	X	X	X
Monthly meeting with Anesthesia.	X	X	X	X	X
RNs document why case is late in EPIC.	X	X	X	X	X
Weekly & Monthly reporting of data.	X	X	X	X	X

Do

Outcomes

1. 29 hrs. of lost O.R. time to late starts from Dec. 2017- May 2018=\$116,000.00 lost in just room charges. **Hard Savings**
2. If we use above time to book 10 EVAR cases (3 hrs. ea.) the revenue would be approx. \$210,000. **Soft Savings**

Study

Next Steps

1. Implementation of a KPI with the Vascular staff and surgeons to improve communication utilizing a debriefing sheet.
2. As a result of not having overtime costs and staff dissatisfaction data we would like to do a retrospective analysis. The analysis will gauge if overtime costs and job satisfaction improve with on time first case starts. Our plan is to use a survey monkey or similar data collection.

Act

Plan