First Case On-Time Starts: A Multidisciplinary Approach to Reliability and Efficiency

Tirso Ballesteros, MSN, RN, CNOR and Bonnie Weinberg, MSN, RN, CNOR

The Valley Hospital, Paramus, New Jersey

INTRODUCTION

Operating room time costs approximately **$36–$50 per minute**, making first case delays both financially and operationally significant. Delays also affect the patient experience, increasing anxiety and dissatisfaction.

At The Valley Hospital in Paramus, New Jersey, we implemented a multidisciplinary strategy to improve **First Case On-Time Starts (FCOTS)** and enhance perioperative reliability.

Achieving the 80% benchmark for on-time starts is challenging due to multiple variables, including:

- Patient readiness
- Room readiness
- Physician arrival/ engagement
- Booking process
- Start time of RN's and surgical technologists
- The pre-surgical screening process

In collaboration with our Quality and Performance Improvement team, we launched targeted process improvements with a goal of achieving **80% First Case On-Time Starts**.

HISTORY

Our First Case On-Time Start (FCOTS) performance was 14% in 2017. Patient in-room time was 7:40 AM, while OR staff began at 7:00 AM—leaving insufficient time for preparation.

In 2018, staff start times were adjusted to 6:30 AM to allow adequate time for:

- Room set-up
- Case cart verification
- Issue resolution prior to patient arrival

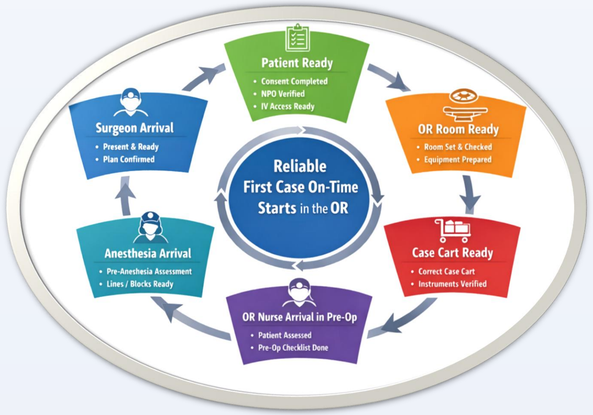
We recognized that team readiness directly impacts surgeon arrival and overall start-time reliability.

QUALITY PERFORMANCE IMPROVEMENT INITIATIVE

Our initiative began with standardizing the surgical booking process. Incomplete charts and missing case details were contributing to morning delays.

We implemented a comprehensive booking tool to identify required supplies, equipment, and implants at the time of scheduling, improving case readiness and reducing day-of-surgery disruptions. We also strengthened the pre-surgical screening process to ensure patients were fully prepared.

These coordinated efforts improved First Case On-Time Starts from **14% in 2017 to 43% in 2023 and 2024**. In January 2025, performance was **38%**, highlighting ongoing opportunities for improvement.



Next step focused on physician engagement. We committed to being room ready by 7:20am and incorporated this metric into our data tracking to ensure accountability and transparency.

In February 2025, we partnered with our Quality and Performance Improvement (QPI) Department to develop a formal Plan Do Check Act (PDCA) framework. An interdisciplinary team was established.

Achieving our goal required full organizational alignment and shared accountability across all stakeholders.

PLAN

QPS recommended incorporating **First Case On-Time Starts** as a performance metric within Peer Review Committees and physician OPPE. This measure has significant implications for patient throughput, patient experience, and operational cost, reinforcing accountability and sustainability of improvement efforts.

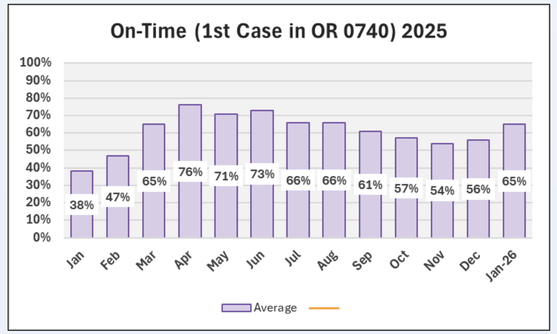
DO

Intervention
First Case Data added to OPPE and Peer Review Committees
Create OR first case on time start dashboard
Compliance Data review to verify data source and definitions. Defined Goals: 1. 7:30am arrival for 7:40am start time 2. 95% compliance is acceptable rate. Anyone below 95% will be contacted by Dr. Waxenbaum and Dr. Yallowitz 3. Any surgeon late three times will have first case privileges removed.

The GO-LIVE date was set for 3/31/2025.

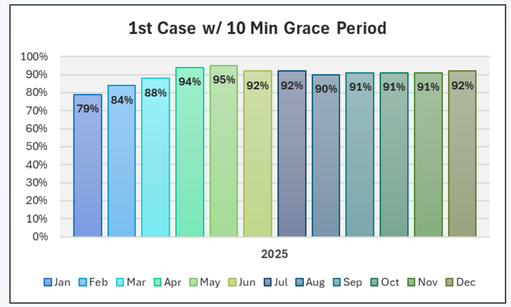
CHECK

Our data shows an initial increase to 70% on-time starts in April, teetering over 60% most of the remainder of 2025, and closing the year at 55%.



ACT

While many hospitals allow a grace period within 5-10 minutes of the scheduled start time, our organization is implementing stricter standards to drive accountability and behavior change. Below is a graph showing on-time starts with a grace period of 10 minutes. This was utilized to examine our data.



Based on what we learned from our data, our next steps are to work on a second cycle.

Although our goal remains 80%, the data reflects meaningful cultural and operational progress. We have helped our team by:

- Consistently offering extra hands to help with set-up if the RN cannot make it to SDS to interview their patient by 0720
- Helping with the case cart process and needs list for the day by performing a 6:15am huddle to discuss what is missing/ on the needs list
- Asking the team to accurately document delay reasons so we can work on the issues if needed

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CONTACT INFORMATION

Tirso Ballesteros, MSN, RN, CNOR

tballes@valleyhealth.com

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