

It Takes a Village: A Journey to Improve FCOTS in Adult OR

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Problem Statement

First Case On-Time Start (FCOTS) is one of quality metrics of an Adult OR in an Academic Hospital in Bay Area, in which target goal is 60%. In 2024, the average FCOTS rate is between 30-40%. This affects OR efficiency which results into case cancellation, poor patient satisfaction and decrease physician satisfaction. OR minute average costs is between \$24-\$38. (Calc: Ave: 15min X5 OR X \$24= \$1800/Day)



Project Aim

The project goal is to improve FCOTS rate for at least **3-5% by January 2026** after implementation in Adult Operating Room. The target goal is 60% but the average is at 30-40% YTD.

PICOT Question

In adult surgical patients in an acute care setting (**P**), how does a redesigned pre-op workflow, (**I**) as (**C**) compared to the current pre-op workflow, affect the First Case On Time Start (**O**) over four months (**T**)?

Theoretical Framework

Perioperative Patient Focused Model :
Patient Centered Focus and Outcome Focus

Four Domains:

- Safety
- Physiological Responses
- Behavioral Responses
- Health System

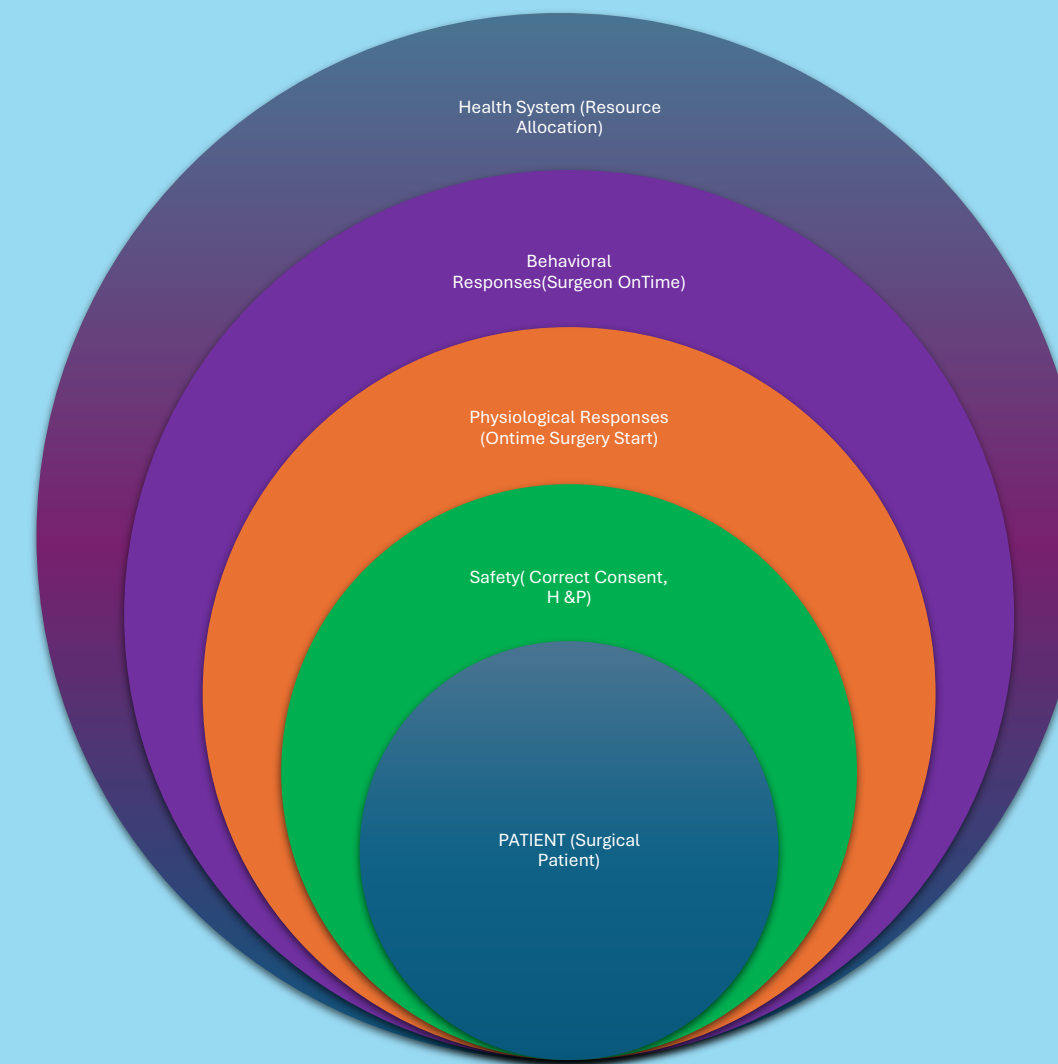


Diagram 1: The Perioperative Patient Focused Model

EBP Model

Model for Evidence-Based Practice Change

Six Steps :

- Assessing the need for change in practice,
- Locating the best evidence
- Critically analyzing the evidence
- Planning the practice change
- Implementing and evaluating change in practice
- Integrating and maintaining change in practice

Outcome Measures & Data Collection

- Adult OR in an Academic Hospital with 12 Operating Room and daily average of 30-35 case volume.
- Improve in Patient satisfaction survey (Perioperative)
- Improve in Staff satisfaction survey
- Project goal is 3-5% FCOTS improvement by January 2026
- Data will be collected via Tableau Reporting System (UCSF)

Intervention

- Review of Patient's Chart 1-2 days before surgery by NP/PA/RN and notifies the surgeon via text for Incomplete documentation.
- Use of Color code to identify the patient's surgical status via EHR
- Set Up of OR First Case a night before by OR nursing team
- Perioperative Huddle @7:15 by Surgical Team (Surgeon, Anesthesia, OR Staff)
- Recognition of OR team who achieves First case On-Time daily via email notification from OR leadership

Summary of Evidence

- 1) **Cohen & et. al., (2024)- A Systematic Review**
- Application of redesign bundle such as pre and post team briefing and providing timely feedback to surgical team who achieves FCOTS
- 2) **Mason & et. al., (2014)- A Systematic Review**
- Use of Lean Methodology in improving OR efficiency
- 3) **Alter & et. al., (2025)**
- Perioperative Huddle @ 7:15 AM with Surgeon, Anesthesia, & RN
- 4) **Secondini & et. al., (2025)**
- Use of color code to identify the patient's surgical status via EHR
- 5) **Pashankar & et. al.,(2020)**
- Review of Pt's Chart 1-2 days before day of surgery and text notification of surgeon for incomplete doc.

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