

Kickstart the Day with No OR Delays

Dianne Caduhada, MSN MBA RN, Laura Han, BSN RN CAPA,
Melissa Moser, RN CNOR, Diana Giron, MSN RN CNOR



DESCRIPTION OF TEAM

- Level I trauma facility with 21 operating rooms, providing 24/7 surgical services, servicing Queens, New York.
- Providing surgical services: Trauma, orthopedics, neurosurgery, cardiovascular, general surgery, and robotic surgery.
- Multidisciplinary team includes perioperative registered nurses, surgical technologists, anesthesia providers, surgeons, central processing personnel and support staff collaborating across the perioperative service line.

PREPARATION & PLANNING

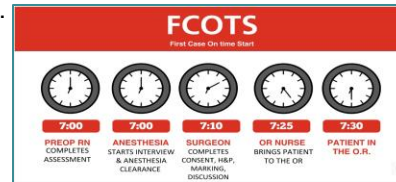
- Identified First Case On-Time Starts (FCOTS) as a key driver of OR efficiency, patient satisfaction, and throughput.
- Daily FCOTS were below the $\geq 90\%$ on-time goal and caused downstream case delays.
- Collaboration between surgical perioperative team
- Mapped the existing first-case workflow from pre-op through OR start and identified areas of delay.

ASSESSMENT

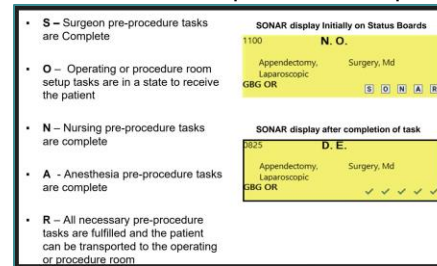
- Categorized delay reasons to analyze gaps.
- Inconsistent first-case preparation and lack of standardization hinder compliance.
- Identified fragmented workflows due to lack of ownership FCOTS Preparation.
- Identified lack of communication between all surgical disciplines.

IMPLEMENTATION

- Implemented a clock poster to remind all disciplines to complete tasks on time.



- Implemented a night-before room-setup checklist to ensure first-case ORs are fully prepared.
- Implemented perioperative readiness communication tool (S.O.N.A.R) to streamline real time updates on patient readiness. Visible on surgery schedule dashboard for all disciplines to see when the tasks are completed. Tasks from the Surgeon, Operating Room, Nursing, Anesthesia and Readiness for ALL must be completed before patient transports to OR.



- Implemented handoff between overnight and morning shift nurses to include missing elements that may delay start of day: missing trays, equipment, and other anticipated delays.
- Began a daily email summary of first-case delays to chiefs to promote transparency and shared accountability.
- Added bathroom rounds 30–45 minutes before first-case start time to prevent last-minute patient-related delays.

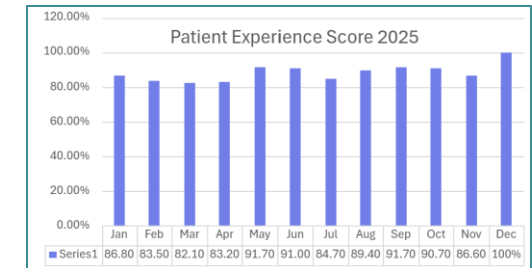
REFERENCES

For more information, please contact:
Dianne Caduhada, RN dic9076@nyp.org

OUTCOME



- **FCOT improved** from 40% to high 80%, Reaching goal of 90% and maintaining.
- **Process impact:** Room utilization improved from 82% to 85%, Overall Patient experience Qualtrics score increased from 86.8% to 100%.



- **Staff engagement:** Improved communication across surgical disciplines.

IMPLICATIONS FOR PERIOPERATIVE NURSING

- Nurses are **essential** in preparing first-case patients by completing assessments, coordinating handoffs, and ensuring readiness of equipment and team communication before surgery begins. Their punctuality and collaboration support reliable First-Case On-Time Starts, reducing patient anxiety and fostering a safe, professional, patient-centered perioperative experience.