“On Time Starts: Getting the Wheels in the Right Direction”

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BACKGROUND

Purpose: Improve on-time starts in the operating room by finding and fixing the causes of delays. An on-time start means the patient’s wheels enter the room at the scheduled start. Timely starts help the day run smoothly, lower costs, and support better experiences for patients and staff. Our facility has not recently reviewed on-time starts. This project will examine delay reasons in depth and agree on practical fixes.

Goal: Reduce delayed starts by 10%.

Timeline: Collect baseline data January - March 2025, provide education for all staff and physicians, then collect follow-up data June - August 2025 to compare results.

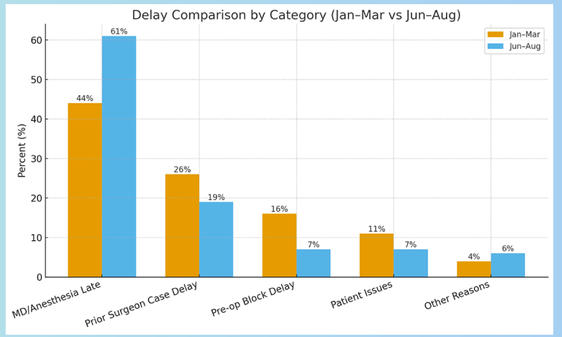
METHODS

We reviewed data from the defined time frame to understand delay frequency, severity, and sources. Key drivers were late surgeon/anesthesia arrival; prior-case delays; pre-op block timing; and patient-related factors such as late arrival, anxiety, complex conditions, breathing treatments, and bathroom needs. Additional issues included equipment conflicts, late implant delivery, pre-op shaving, admissions bottlenecks, and incomplete charts. These results set the agenda for problem solving, with late MD/anesthesia arrival and prior-case delays as top priorities.

DATA COLLECTION

All collected data was shared with facility staff across all departments in staff meetings as well as the medical staff through the Medical Executive Committee and informational signage posted within each department. Result comparisons from the first three months and the second half 3 months’ study gave a clear picture of what the major sources of the delays were. MD/anesthesia late arrival final data presented demonstrated that there was an increase in MD/ anesthesia late starts as compared to the first three months of data collected. Repeat offenders of tardiness were identified informing of their attendance concerns and directing them to demonstrate improvement by arriving on-time. Notices were delivered via email to the individual’s named from the ASSC administrator. Sharing their time discrepancy with them and reminding them to be on time for their scheduled surgery day. Assuring them they can reach out to her with any questions.

As a positive, early start times have increased from 5 times to 17 times in the second half of the data collected after education to staff and MD’s was provided. This is very favorable data and will continue to be optimistic that this will continue in a positive direction indicating an improved effort to be on time for their first case.



Prior surgeon case delay times have gone down 31% after all of the data was compiled from the initial data to the final 3 months of collection. Reaching out and working with the scheduling department and MD’s offices for more accurate timing for case procedures has helped to utilize more time for case turnover times and on-time starting for the following MD’s cases that are scheduled. Another positive result from a delay issue that was uncovered.

CONCLUSION

Although our goal of a 10% decrease of overall on-time starts was not attained, we did achieve a 5.1% decrease of our 10% goal set. After additional information was conveyed to staff and physicians about the final results and not achieving our goal, another round of data collection will be collected and assessed to achieve a greater result. The data collection will take place between September 2025 until November 2025.

OUR TEAM