

## Clinical Problem/ Significance:

Surgical services represent the largest source of hospital revenue. Inefficiencies in operating room (OR) processes – particularly delays in first-case on-time starts – negatively impact patient and provider satisfaction and can reduce reimbursement rates.

## Background:

A gap analysis of preoperative workflows identified two key factors contributing to delays in first-case starts, which subsequently caused a cascading effect on later surgical cases. Previously, anesthesia providers were solely responsible for intravenous (IV) line insertion, while RNs were tasked with drawing blood samples. Limited knowledge and skills among RNs resulted in a lack of confidence in performing IV insertions, further exacerbating delays.

## Purpose:

This project aimed to empower all preoperative nurses to independently perform IV insertions for surgical patients, thereby improving first-case on-time starts in the OR.

## Clinical Question:

For preoperative holding nurses (P), does implementing an evidence-based training program (I), as compared to current unit culture nursing practices (C), increase nursing knowledge, skills and perioperative nursing competence (O)?

## Description of Evidence-Based Protocol:

The initiative utilized Kotter's "Eight Steps of Change" model:

- 1) Increase urgency
- 2) Building a guiding team
- 3) Get the right vision
- 4) Communicate for Buy-in
- 5) Empower action
- 6) Create Short-term Wins
- 7) Don't Let Up
- 8) Make it Stick

## Implementation of Evidence-Based Protocol:

### Background

- An urgent need was identified to transform unit culture, empower nurses involved in patient care, and improve on-time surgical case starts.

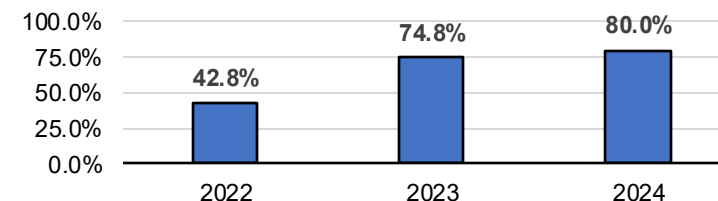
### Team Formation

- A multidisciplinary team was established, consisting of: An experienced RN serving as the unit champion, the Perioperative Director, and an Education Specialist.

### Intervention

- During a perioperative in-service session, the Perioperative Director collaborated with the Education Specialist to train preoperative nurses. The training included: Didactic instruction, Hands-on practice, and Return Demonstration using a mannequin arm using a competency checklist.
- To monitor progress, the Director implemented a daily tracking tool on a dry-erase board, listing: Surgeons, and anesthesiologist, arrival and start times, In-room times, and reasons for delays.

First Case On Time Start



## Conclusions/Discussion:

- Previously, preoperative nurses relied on anesthesiologists for IV insertion
  - This caused delays and reduced nurse proficiency and confidence.
- Applying **Kotter's Eight Steps of Change**, nurses were empowered through targeted education and skill-building.
- Post-training, progress was tracked via the daily board and electronic records, demonstrating significant improvement in on-time starts.

## Perioperative Nursing Implications:

Empowering nurses to independently provide IV insertion enhances patient care standards and positively impacts organizational revenue through increased surgical volumes.

## References:

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## "Kotter's Eight Steps of Change"



FIRST CASE	ARRIVE	START TIME	TIME IN	REASONS
11/12/2025				
OR1 Dr. Sun Dr. Mar	6:20 7:00	7:30	7:37	anesthesia notified late
OR2				
OR3 Dr. Khan Dr. Hogue	7:20 7:00	9:00	7:59	
OR4 Dr. Salame Dr. Rozlov	7:15 7:00	9:00	7:58	
OR5				
OR6 Dr. Beach Dr. Davids	7:35 7:35	9:00	9:10	anesthesia notified late
OR7 Dr. Ferzli Dr. Gamba	6:50 7:00	7:30	7:39	
OR8				
OR9 Dr. Khan Dr. Eppim	7:25 7:00	7:30	7:31	Surgeon start
OR10				