

Setting the Stage for Success: OR Setup and On Time First Cases

*Jihan Asante, MPA, RN, NEA-BC, Emmanuel Boateng, MSN, RN, FNP,
Marie San Pedro-Pierce, MSN, RN, CNOR, CSSM, CNL*



New York Presbyterian Allen Och Spine Hospital is a 196-bed metropolitan hospital in northern Manhattan. It contains 6 Operating Rooms, specializing in spine surgery and is staffed with over 65 employees. An average of 560 spine surgeries are performed per year. These spine surgeries range from simple one level decompressions to tumor removals and complex multilevel deformities with instrumentation and fusions.

Clinical Issue

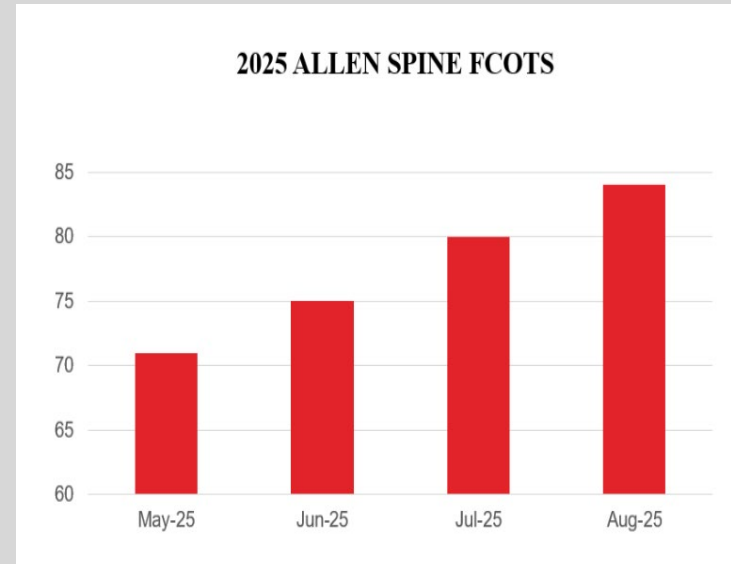
Delays in first case on time starts (FCOTS) negatively impact surgical workflow, patient safety, and resource utilization. Late starts can lead to cascading delays throughout the day, increased staff overtime, and patient dissatisfaction.

Contributing factors causing delays include

- Incomplete or missing surgical instruments and trays
- Incomplete pre-op preparation
- Lack of communication between scheduling, CSPD, and OR teams
- Inadequate verification of special equipment or implants prior to surgery
- Inefficient room setup

Nursing Implications

- Increased surgical wait times
- Higher risk of surgical site infections due to rushed preparation
- Reduced OR efficiency and increased operational costs
- Increased stress for RNs and ORTs causing a decrease in employee satisfaction and burnout
- Potential compromise in patient safety and experience



References

<https://doi.org/10.1016/j.pcorm.2024.100458>
<https://doi:10.51894/001c.36719>

Implementation

- Daily huddle with leadership, CSPD, supply chain and scheduler to review the next four days of scheduled cases and check supplies, trays, and equipment availability.
- An in-service was provided to the PPCAs to understand case bookings and review equipment for OR setup.
- A standard arrival time for Surgeons and Anesthesia to greet the patient and complete preop assessments and paperwork.
- An OR setup checklist was developed and posted on the OR door the day prior to surgery.
- Charge RN rounds to verify the OR setup and confirms all necessary items are available. Any discrepancies are addressed immediately.

Outcome

The implementation of the OR setup checklist in the second quarter resulted in a significant improvement in FCOTS. This initiative fostered collaboration among the different teams, improved communication and reinforced mutual accountability. FCOTS improved from 71% in May to 84% in August. Our goal was to achieve a 10% increase in FCOTS by December 2025, and we successfully met this target ahead of schedule.