In October, 2012 we were asked by the Senior Leadership Team of our hospital to improve the efficiency of the Operating Room (OR). The OR was under the Pillar known as Growth and the Blue Chip was OR Optimization. We created committees to cover the following:

- First Case Starts (FCS)
- Turnover Time (TOT)
- Pre-op Assessment
- Scheduling
- Sterile Processing
- Communication

Teams consisted:
- OR Nurses
- OR Techs
- Anesthesiologist
- Surgeons
- Anesthesia
- ORNPs
- Managers in the OR, Same Day Surgery, and Sterile Processing
- Registration
- Physician Practice

These committees were decided based on CR Metrics:
- FCS, 72%
- TOT 22 minutes

To improve these time and increase the efficiency of the OR we needed help from the key committees which worked on consents for surgery, blood consents, labs, etc. Communication between the teams which included hand-off between Same Day Surgery and the OR and the OR with PACU. Scheduling was a factor in how the cases were scheduled, how far out the cases were scheduled, and keeping the scheduler informed when surgeons had conferences or vacation. The goal was to release their block within two weeks. Sterile Processing was crucial so that the OR had all the supplies and instrumentation not only for the FCS but for all cases to follow.

Meetings were scheduled monthly from 7:00 am – 8:00 am. Each committee would meet, share thoughts and ideas using the LEAN methodology. After the meetings, the heads of each committee would get together to share their team ideas and how we could implement them and measure the efficiency.

In 2012, we improved the following:

- TOT 22 minutes
- FCS 72%
- Physician Practice

In 2013, we continued these efforts and also focused on:

- Increase higher margin in-patient surgeries by 6%
- Ensure OR backfill strategy is prepared to launch for ASC opening at FIU campus.

2014 Surgical Volume

- Increase inpatient volume by 1% compared to 2012, and under budget by 4%
- Outpatient increase 5% compared to 2012 and above budget by 5%
- Total volume increase from 2012 of 4%, above budget by 2%

2014 Surgical Services Improvements

- Recruit 4 additional surgeons (Plastics, Neurosurgery & Orthopedics), offer time to other desirable surgical practices in the community.
- Decrease overall TAT to 18 minutes.
- Increase 1st case starts to 85%.
- Increase block utilization to 75%.
- 70% of the surgeons’ office are notifying the schedulers when they are out of town.
- Surgeons’ offices are providing cases seven days in advance.
- A decrease in incomplete consents by 98%.
- TOT improved to 19 minutes. 20 minutes was the goal.
- FCS increased to 80%.

Outcomes

- FCS increased to 80%
- TOT improved to 19 minutes.
- A decrease in incomplete consents by 98%
- Surgeons’ offices are providing cases seven days in advance.
- 70% of the surgeons’ office are notifying the schedulers when they are out of town.