

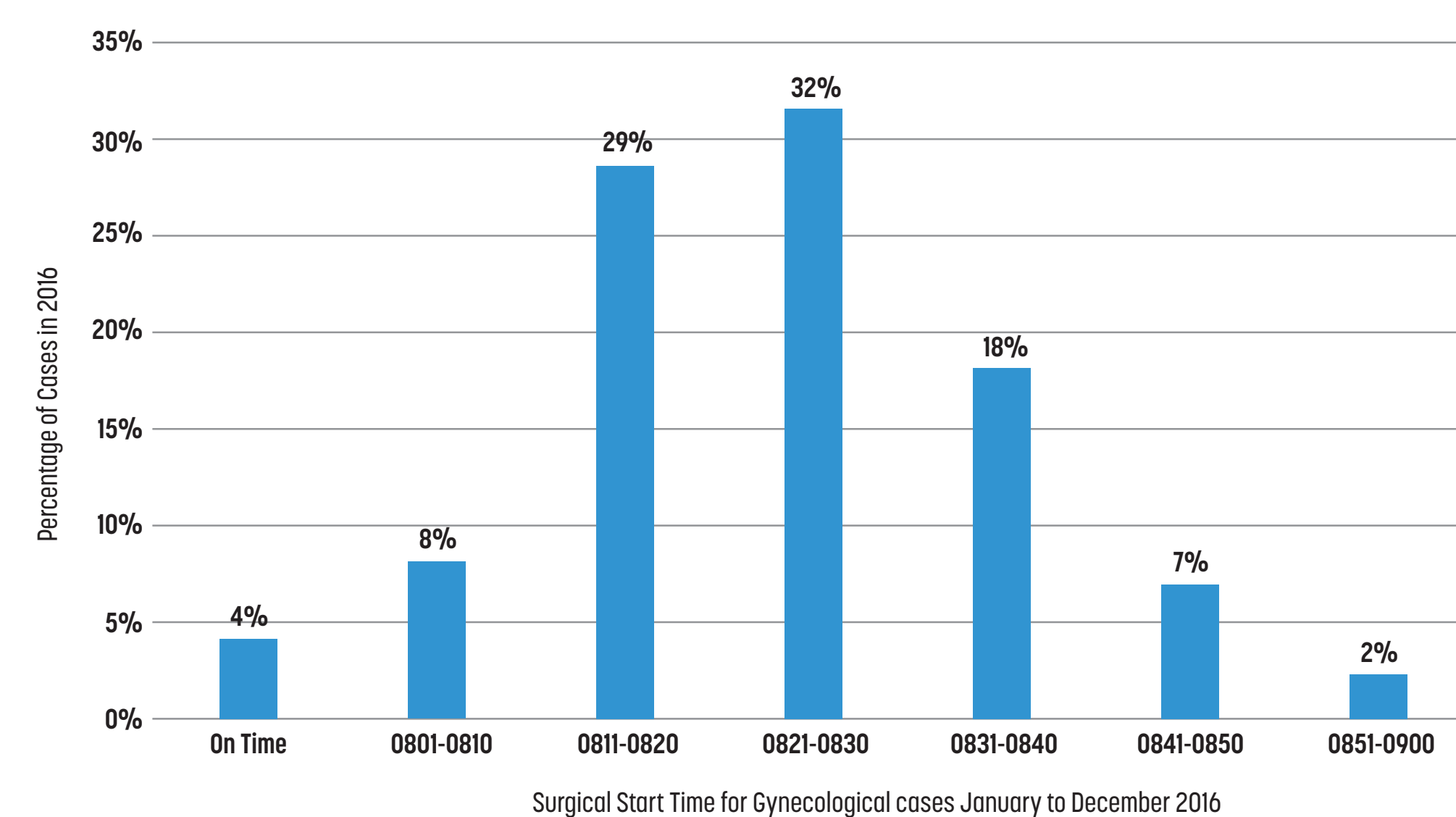
Unit Name: UHNBC Operating Room
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Date: November 2018

SURGICAL START TIME FOR GYNECOLOGICAL CASES AT UHNBC

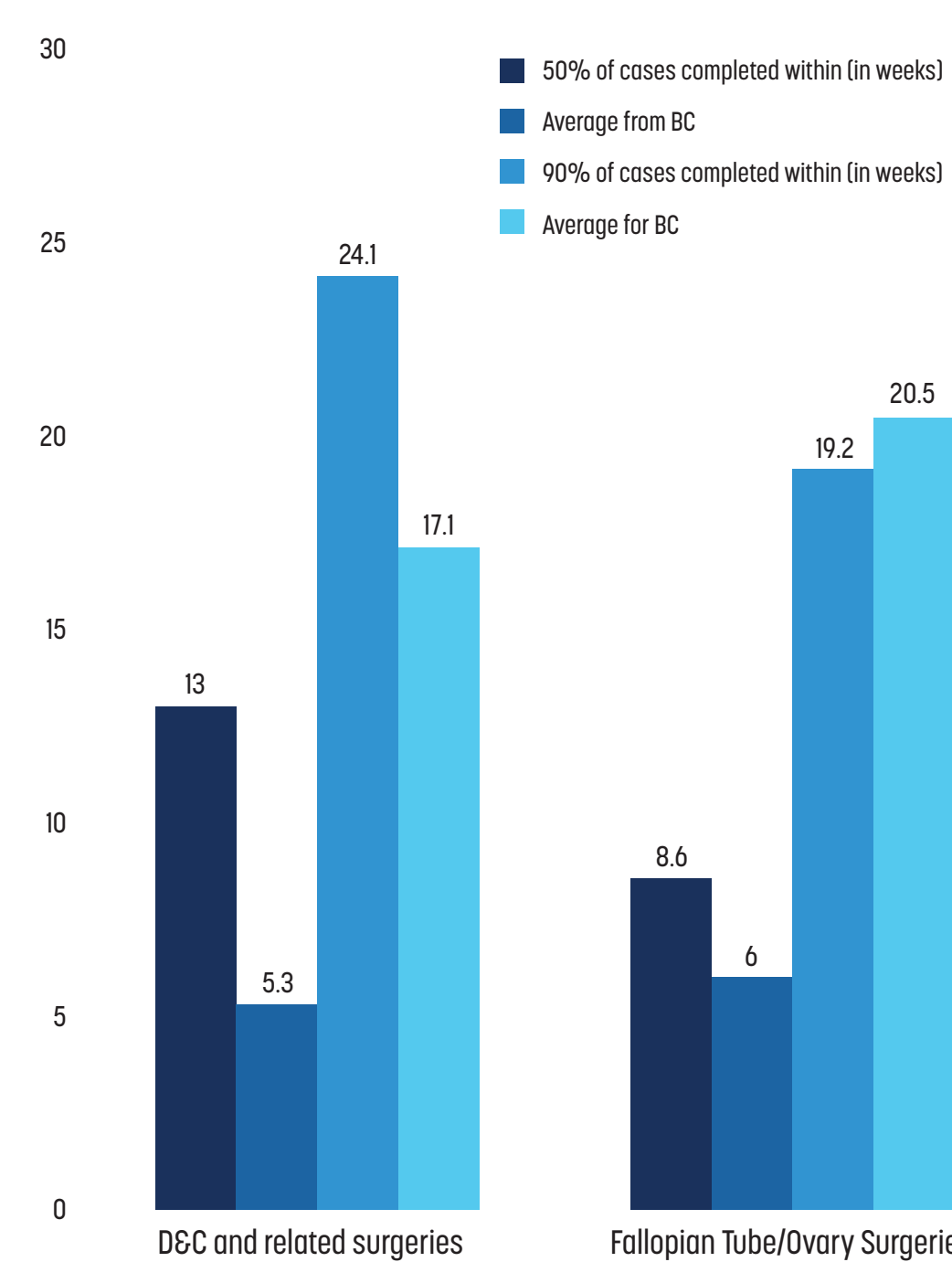
AIM STATEMENT

- Gynecology surgical slates do not start on time at 0800. This results in less surgeries being done per day and cases being cancelled when the room runs late. In the end, surgical waitlists get longer.
- By November 30, 2018, at least 50% of the Gynecology surgical slates at UHNBC will meet the goal of starting surgery at 0800. This will result in efficient use of OR time and allow more surgeries to be completed.

BACKGROUND



On average surgical start time was 0823 only 4% of cases started on time at 0800.



UHNBC wait time (in weeks) for 50% and 90% of the cases to have each of the surgeries is greater than the BC average for these surgery types.

CURRENT STATE

Data collected from Surginet (computerized software used in the OR at UHNBC)

- Patients in the operating room on average at 0747
- Takes 17 minutes on average to anesthetize the patient
- Takes 16 minutes to prep and position the patient on average
- Average surgical start time is 0823

Workplace Survey conducted at UHNB in November 2017 showed:

- 17% of respondents felt their knowledge and opinions were not valued by colleagues in the past week
- 45% of participants felt disrespected by a colleague at least once in the past week

SOLUTION

To address workplace culture issues, a workshop was held called Building a High Functioning Team:

- The day allowed participants to talk openly with each other and discuss issue they faced everyday at work
- The team came together to envision what they thought a high functioning team in the OR would act like and created a team charter of expectations for their workplace



PDSA Cycles:

Change cycle #1: Have the surgeon in the OR at 0745 to:

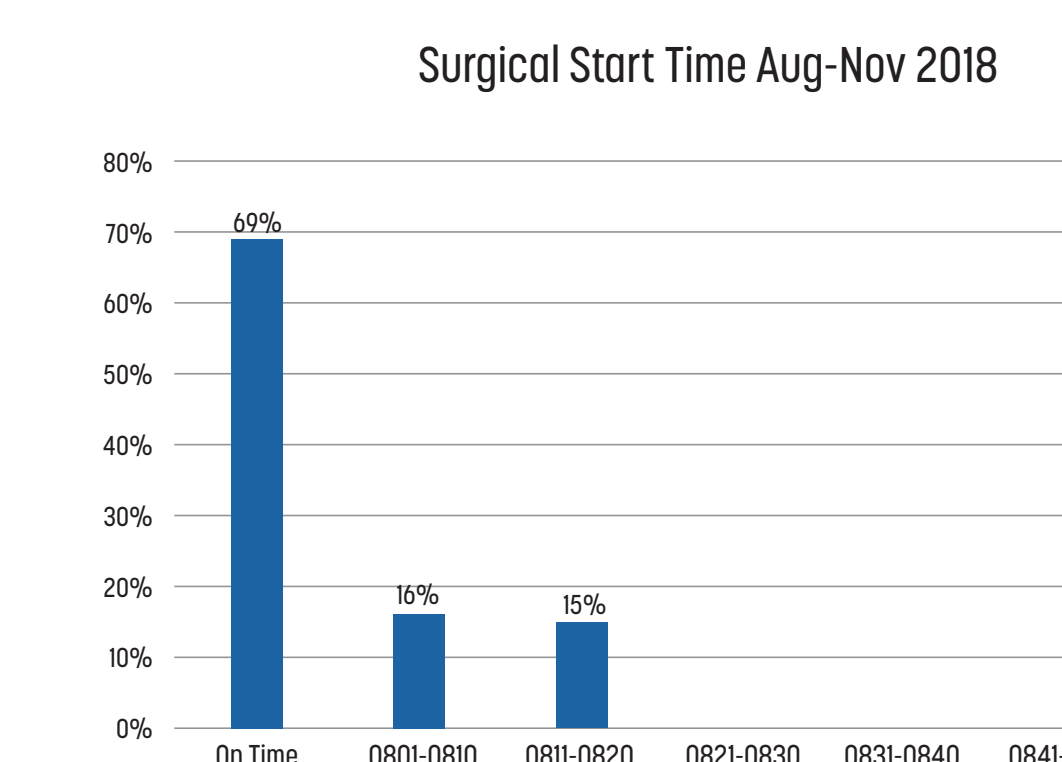
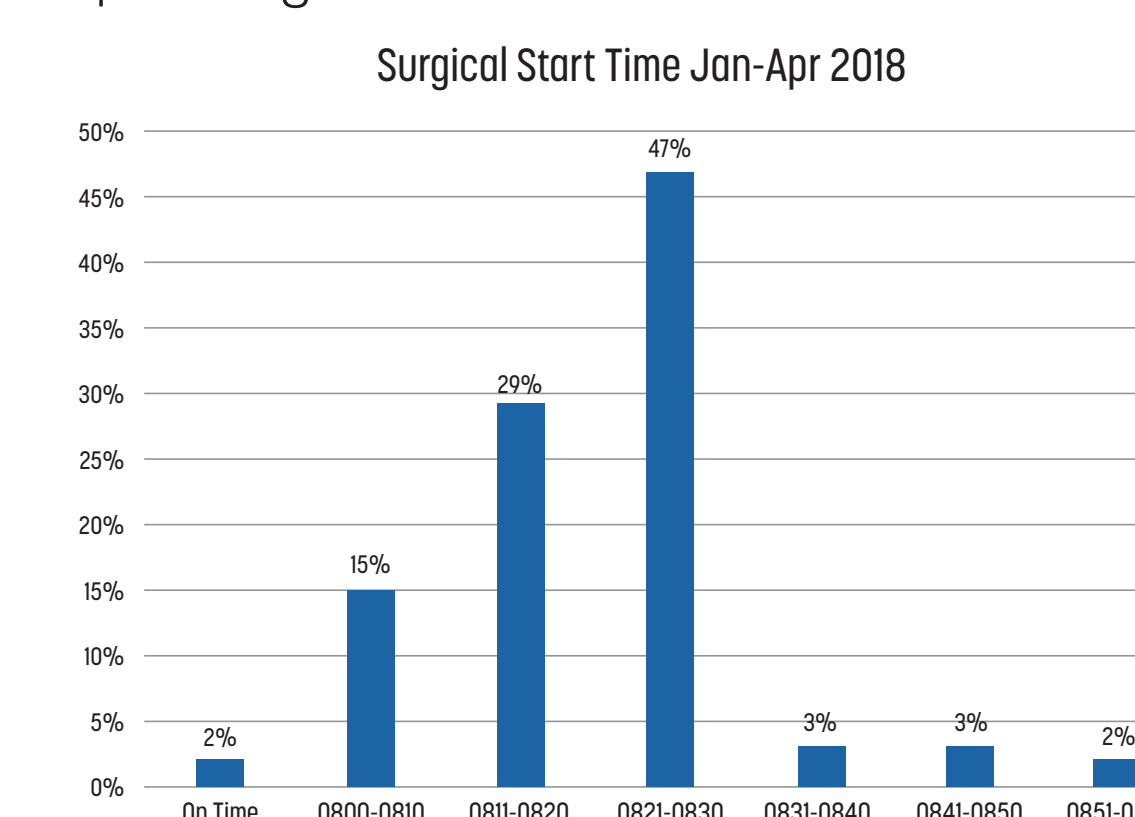
- Provide leadership to the room
- Improve communication between team members
- Assess whether the room was ready for the first operation in terms of equipment needs

Change cycle #2: Continue to have the surgeon in the room & have the IVs inserted before the patient enters the operating room.

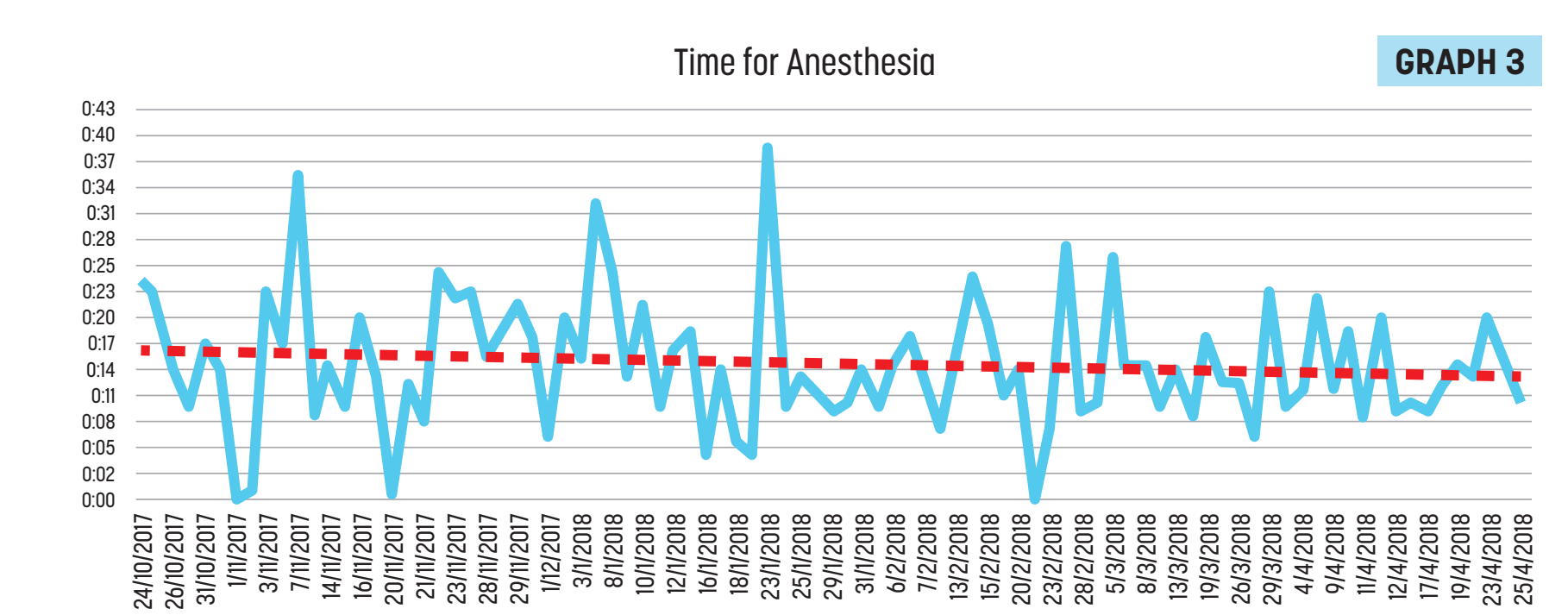
Change cycle #3: Continue with the surgeon in the room & have the patient in the room at 0730.

RESULTS

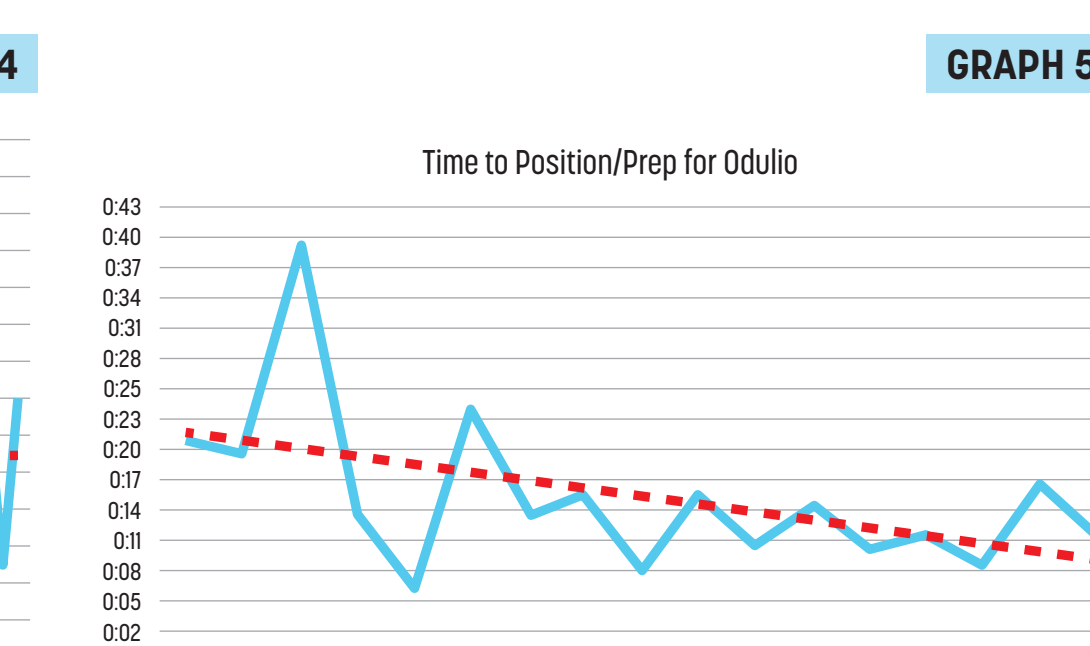
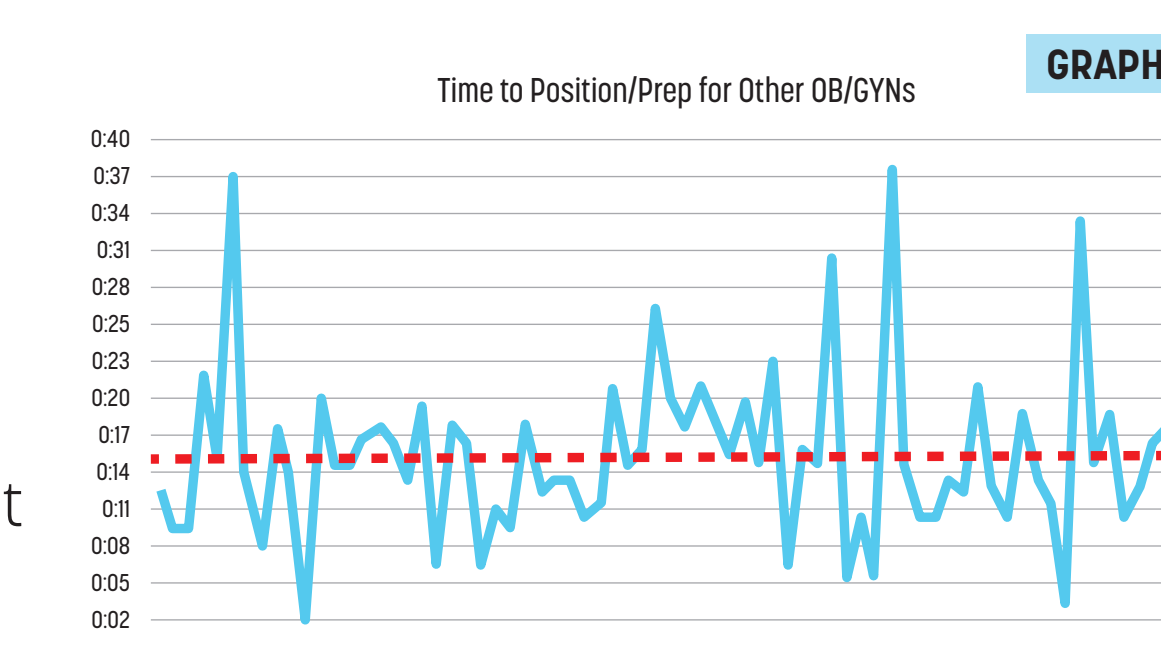
It became apparent through the course of the project that a surgical start time of 0800 is not realistic, if the patient is brought into the OR at 0745. To meet a 0800 surgical time the patient would have to be in the operating room at 0730. This became our final PDSA cycle.



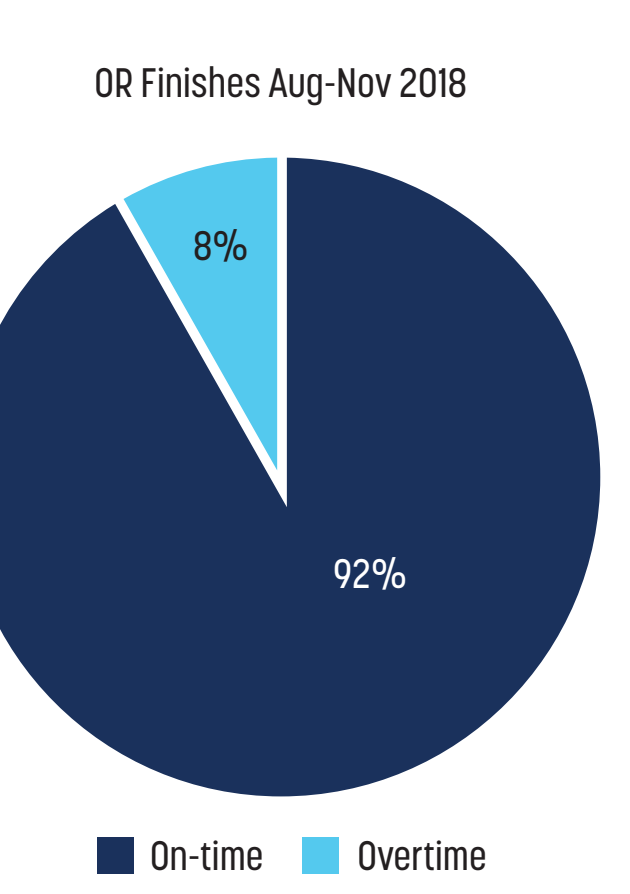
The Anesthetists for gynecological surgeries have generally been very punctual and the time between the patient entering the OR and the Anesthetist start has been on average 1 minute. The time to anesthetize the patient also remains quite consistent as can be seen in Graph 3. Thus it does not appear from the data to date that having an IV inserted prior to the patient entering the OR has made a significant impact on improving the anesthesia time.



The time savings appears to have come from the positioning and preparing the patient for surgery once they are asleep. The affect of this can really be seen when comparing the other Gynecologists' (Graph 4) to Dr. Odulio's (Graph 5) results. Dr. Odulio was consistently in the room at 0745 and didn't leave the room for other reasons between 0745 and the start of the surgery. The data suggests that this wasn't the case for the other Gynecologists. From this it can be concluded that there is significant improvement in efficiency in the positioning and preparation time if the surgeon is in the room and leading the team. The leadership encourages others to be on time and look for ways to be efficient as well.



As a result of starting on time, the OR finished on time and this related to cost savings in overtime expenses. Based on the results of the third PDSA cycle, it was extrapolated that \$95,000/year could be saved in overtime costs for the Gynecology Department alone with this method.



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NEXT STEPS / SUSTAINING THE GAINS

- Communicate the results of the project to all physicians and staff. Celebrate the learnings in regards to communication, teamwork and work culture.
- Redo the workplace culture survey to see if the project has improved the workplace culture.
- Review the earlier stages of the process map for gynecological patients. There were other areas for improvement identified in the day care surgery preparation and patient holding areas that could be addressed.