



Clinical Safety & Effectiveness Cohort # 18

Surgery Delays



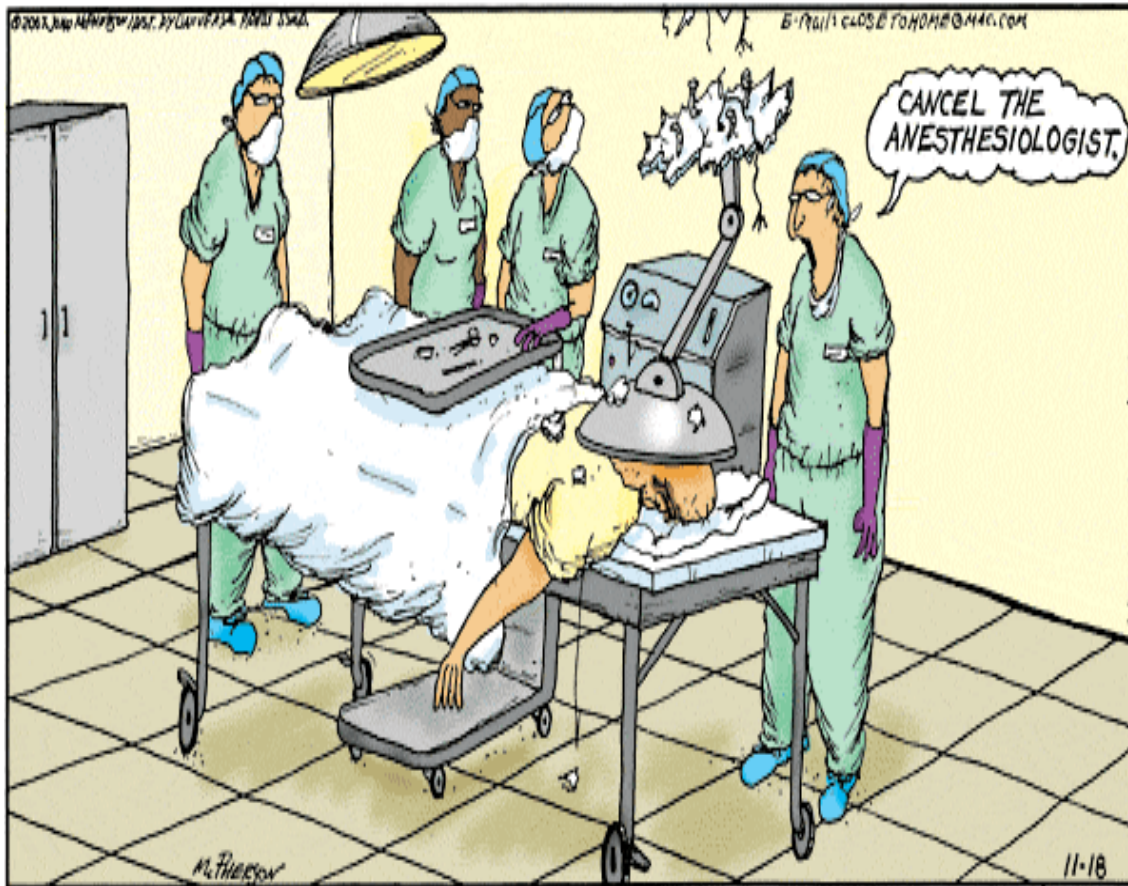
The Team

- Division
 - Dr. Howard Wang, Medical Director
 - Jana Lee Normandin, Practice Manager
 - Dr. Maureen Sheehan, Data Assist, Director of UHS Perioperative Services
 - Karen Aufdemorte, Facilitator
- Sponsor Department:
 - Dr. Ronald Stewart, Chairman Department of Surgery

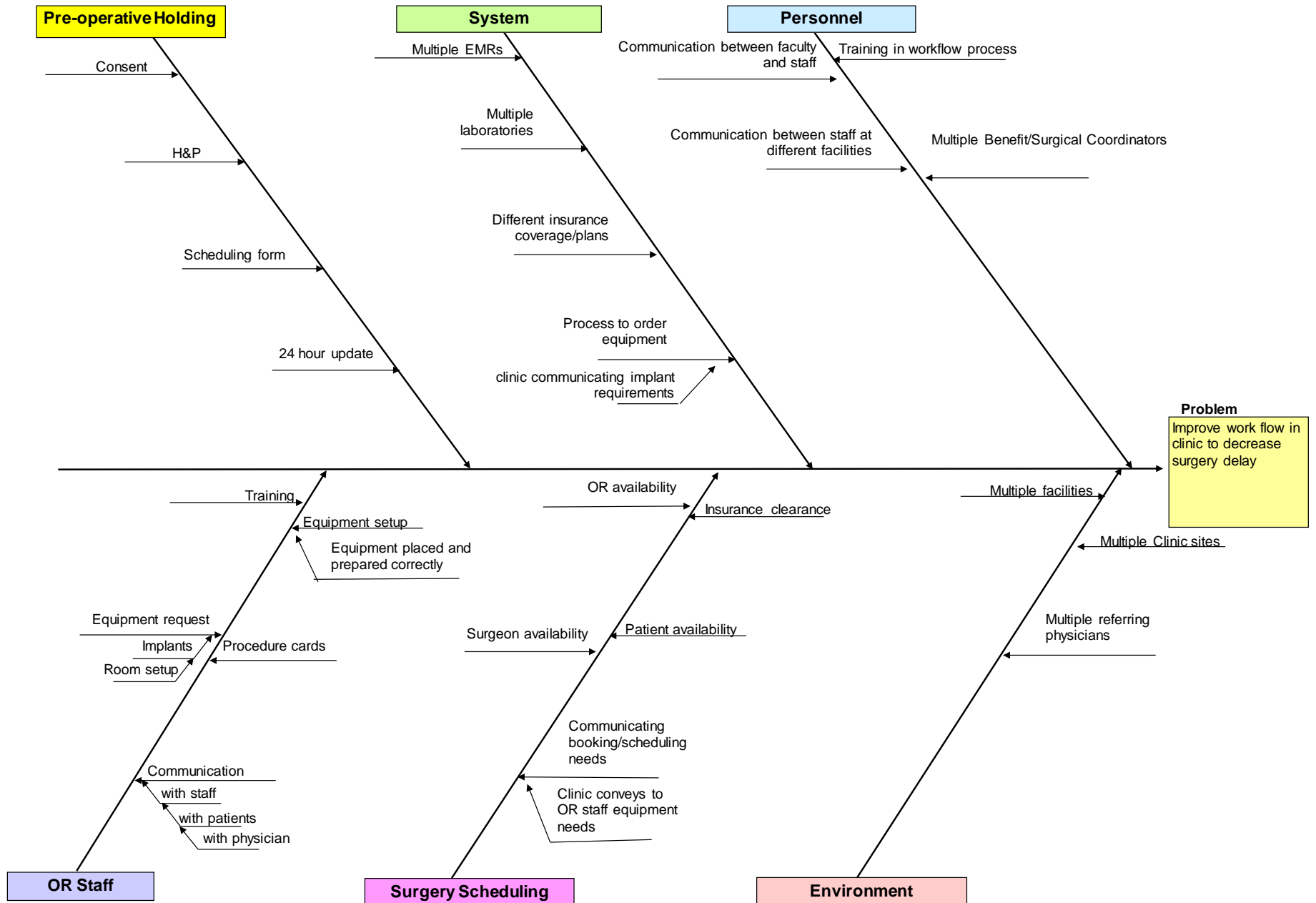
Project Milestones

- | | |
|--|---------------------------------|
| • Team Created | January 2016 |
| • AIM statement created | February 2016 |
| • Background Data, Brainstorm Sessions,
and Fishbone Analyses | February/March Workflow
2016 |
| • Interventions Implemented | February 2016 |
| • Data Analysis | March/April 2016 |
| • CS&E Presentation | June 3, 2016 |

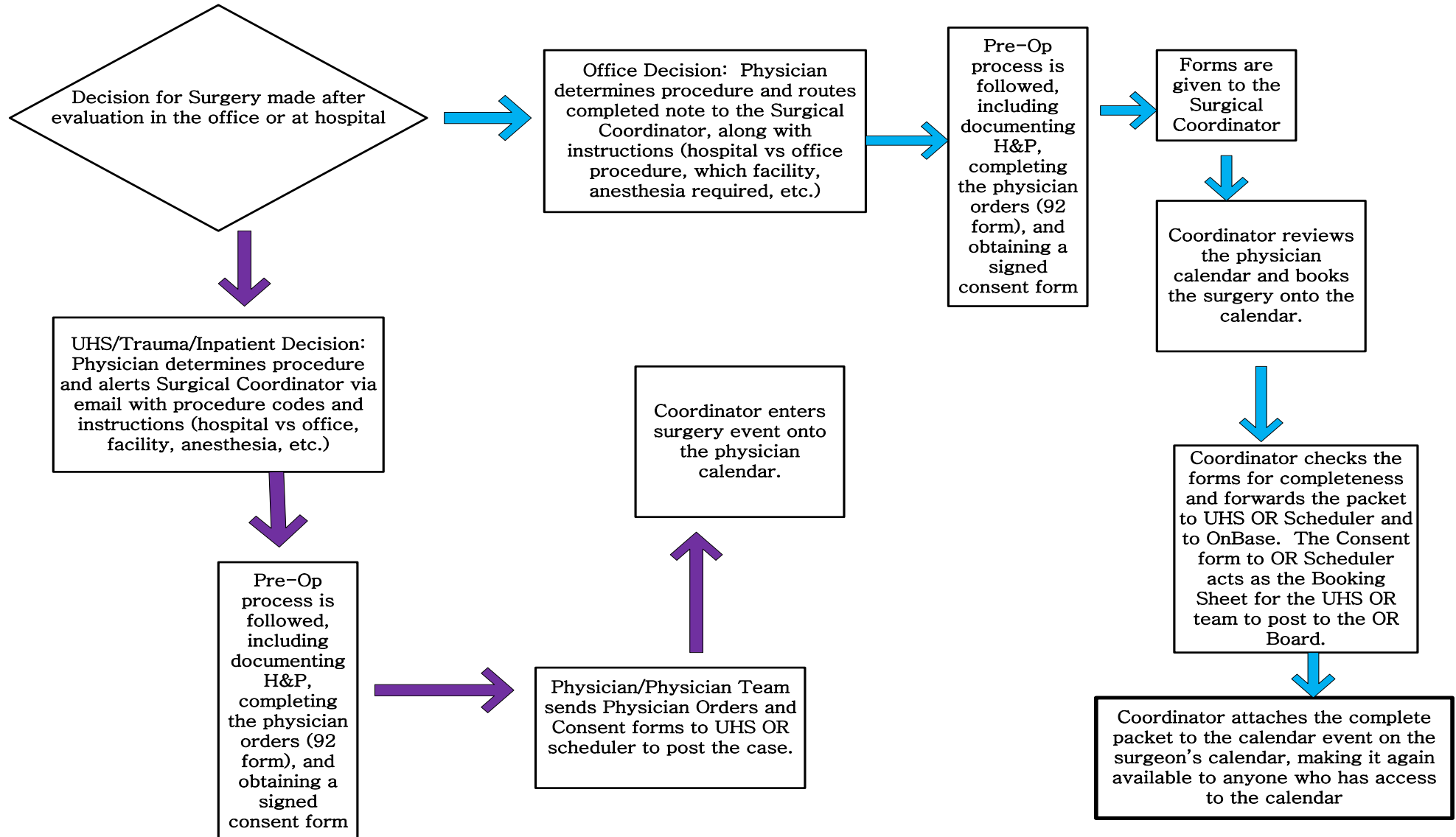
Background



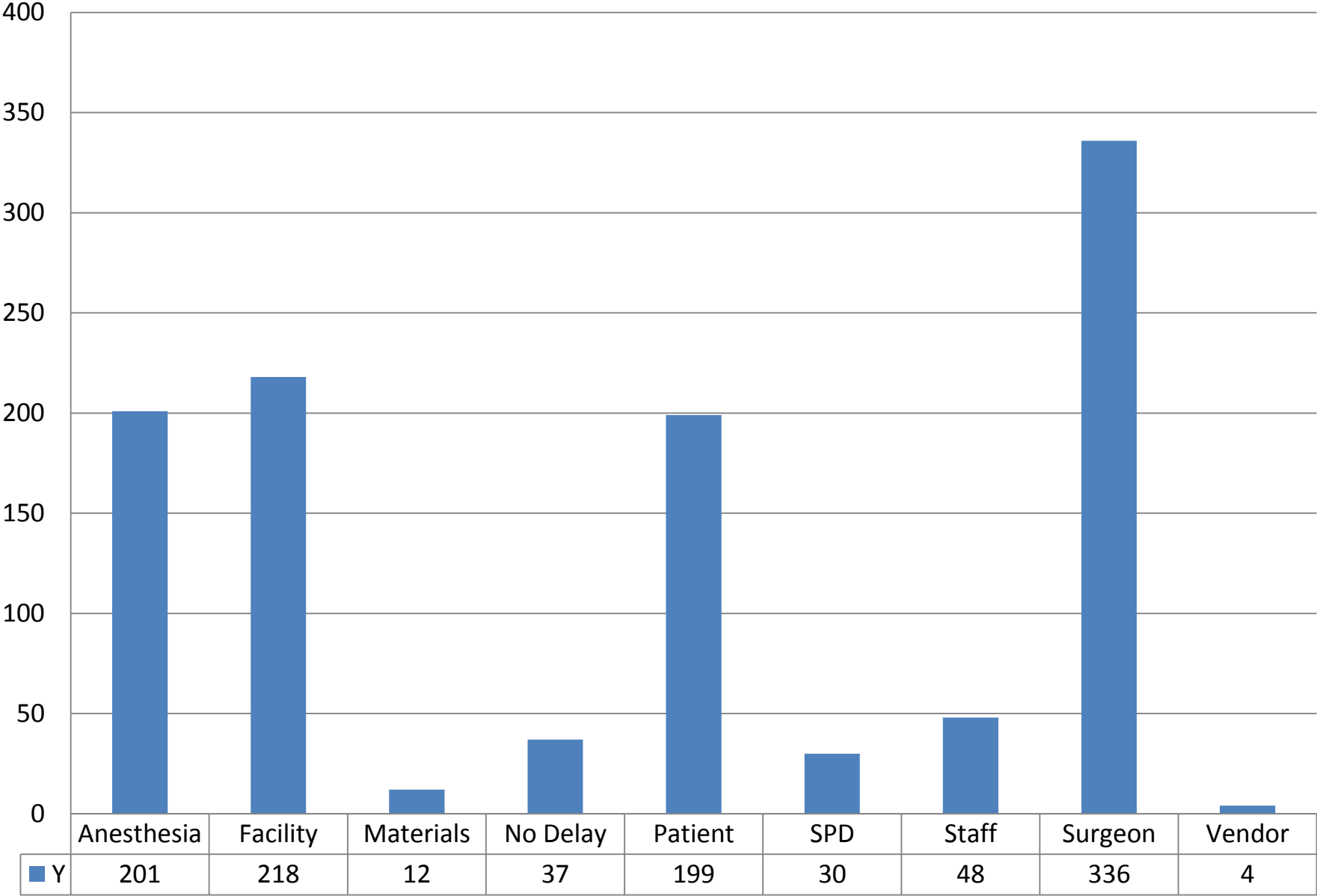
- Delays to surgery start times
- One delay can impact the entire OR schedule, affecting patient wait time, OR turnaround, staff overtime, and the waste of faculty time, to include the surgeon and anesthesiologists.



Goal: To decrease DOS delays by streamlining
and defining pre-operative clinic/office
protocols for universal use.

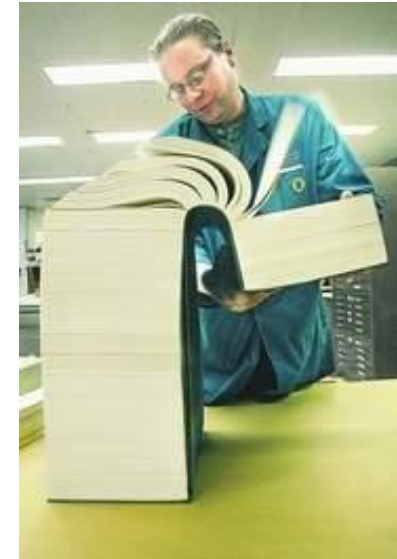


Outpatient Delays Mar 2015-April 2016

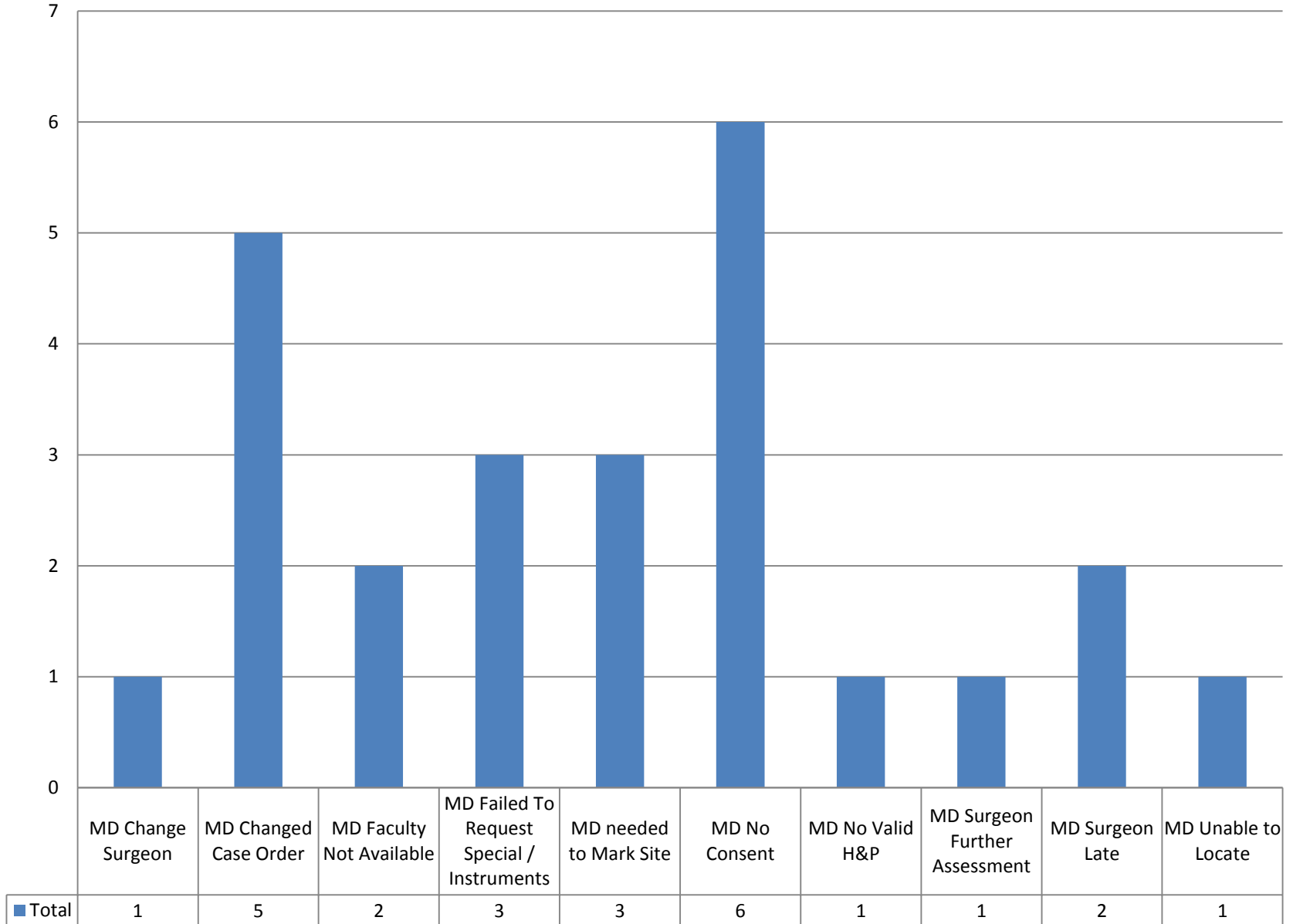


Data logs from the University Health System Operating Room reports were used to look at total delays. Since we were concentrating on improving office workflow, we focused on physician/office related delays in the data analysis and only in our Division of Plastic & Reconstructive Surgery.

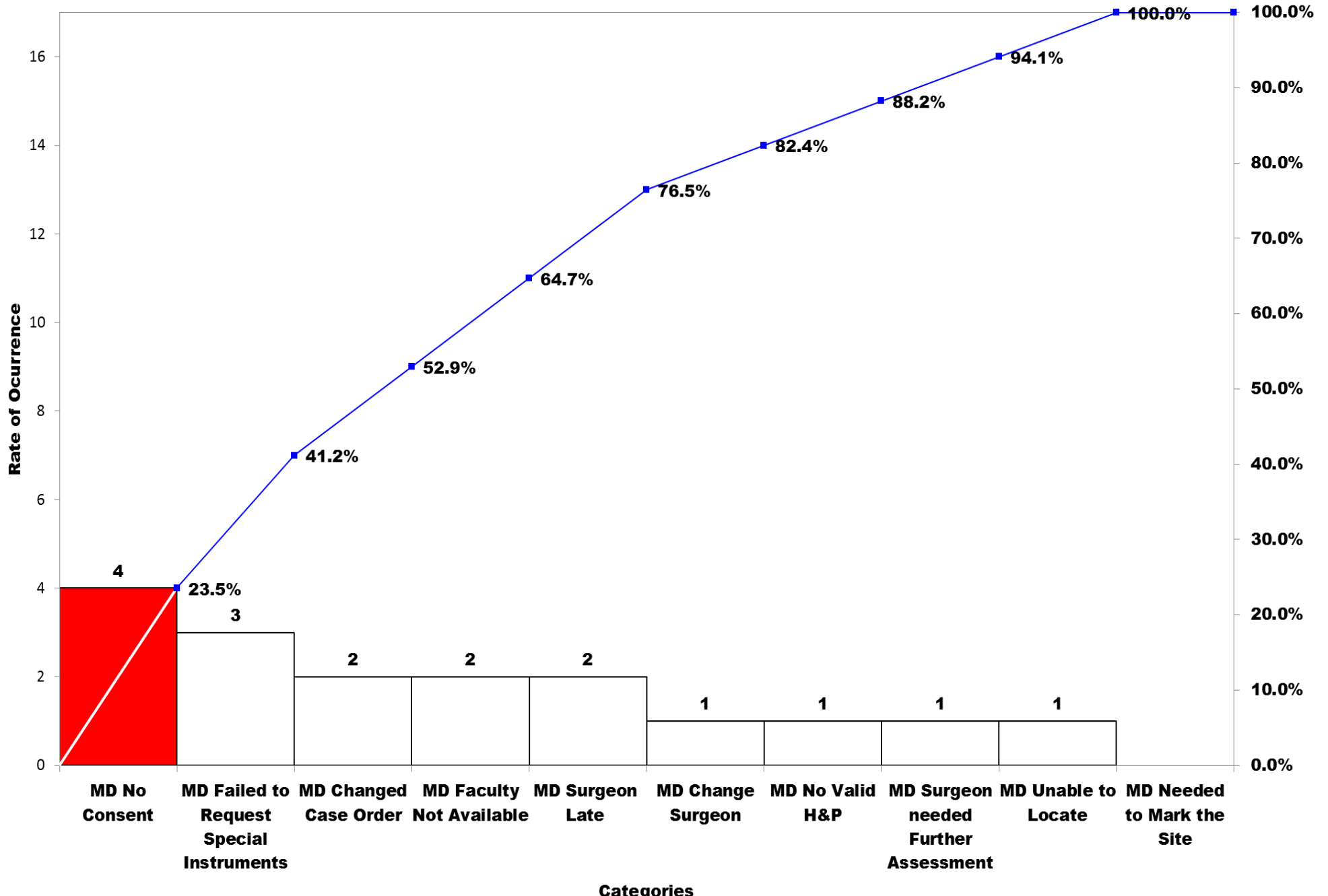
- **Change of surgeon**
- **The surgeon changed the case order**
- **The surgeon was not available at the time of the start**
- **Failure to request specialized instruments**
- **Failure to mark the site**
- **Missing Consent form**
- **Missing H&P**
- **Further assessment was needed and not done (cardiac clearance, etc.)**
- **The surgeon arrived late**
- **Unable to locate the surgeon**
- **Incorrect procedure was posted**



MD Delays Plastic Surgery March 2015-Feb 2016



Pareto Chart

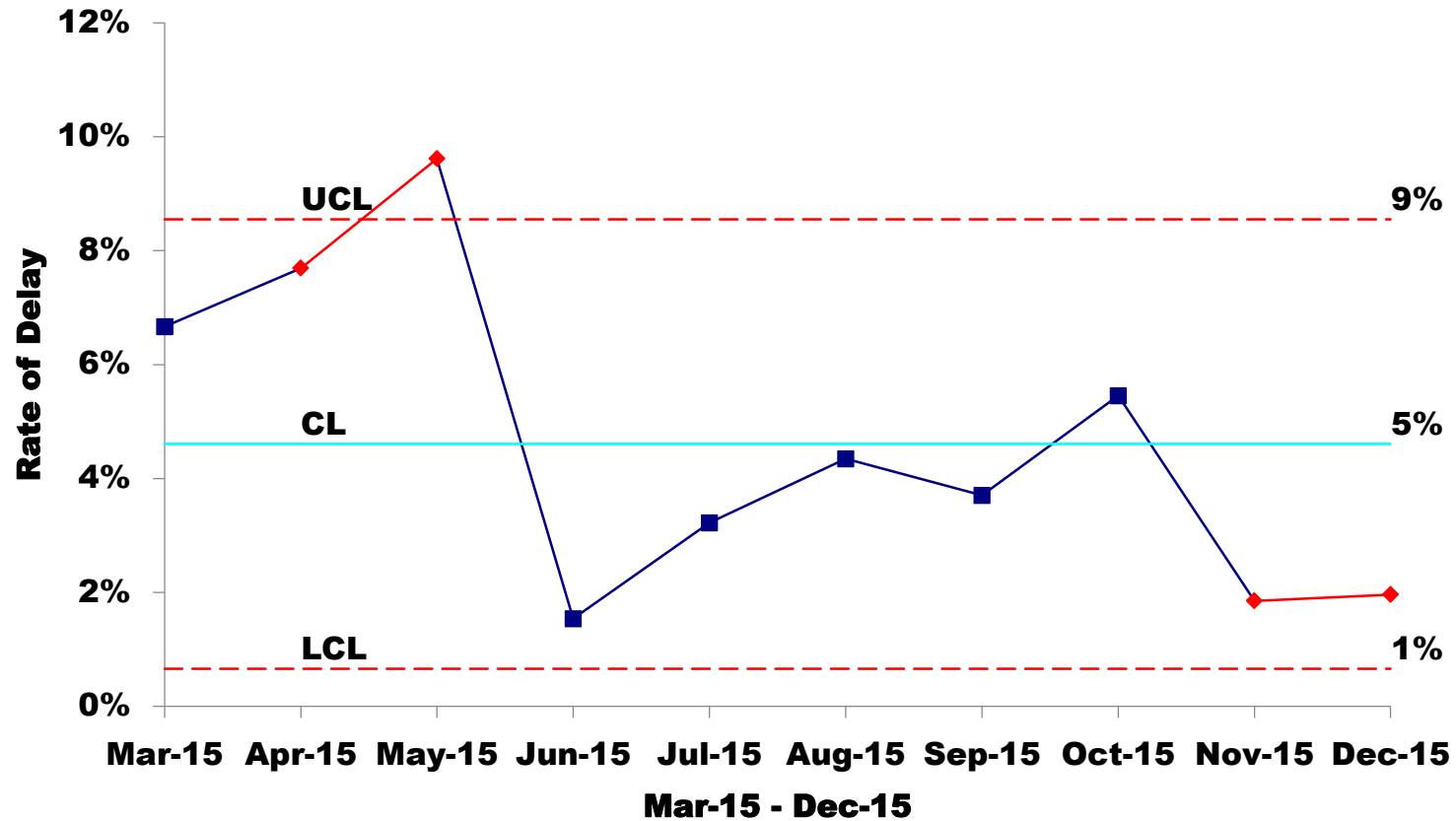


Pre-Intervention data showed a 5% delay when considering all the causes.

Dates of Pre-intervention Data collection was March 2015 to December 2015.

The SPC Chart on next slide shows the trend.

Plastic Surgery Rate of Delay All Causes Pre Intervention



Implementing the Change:

In order to assist in decreasing the occurrence of delays, a clinical workflow was developed to ensure a standardization of process that ensures all paperwork, including consents, lab results, and all clearances are completed at the office. Any specialized equipment or supplies such as implants, implant tissue sheets, or nasoscopes are listed on the scheduling form. This completed packet is then made available to the office staff and surgical team, and also to the hospital administration/financial department and the OR scheduling team.

The clinic staff was instructed on following the above process.

Implementing the Change:

Implementation again was February 2016

Issues: Bringing everyone on board and having all “buy” into process

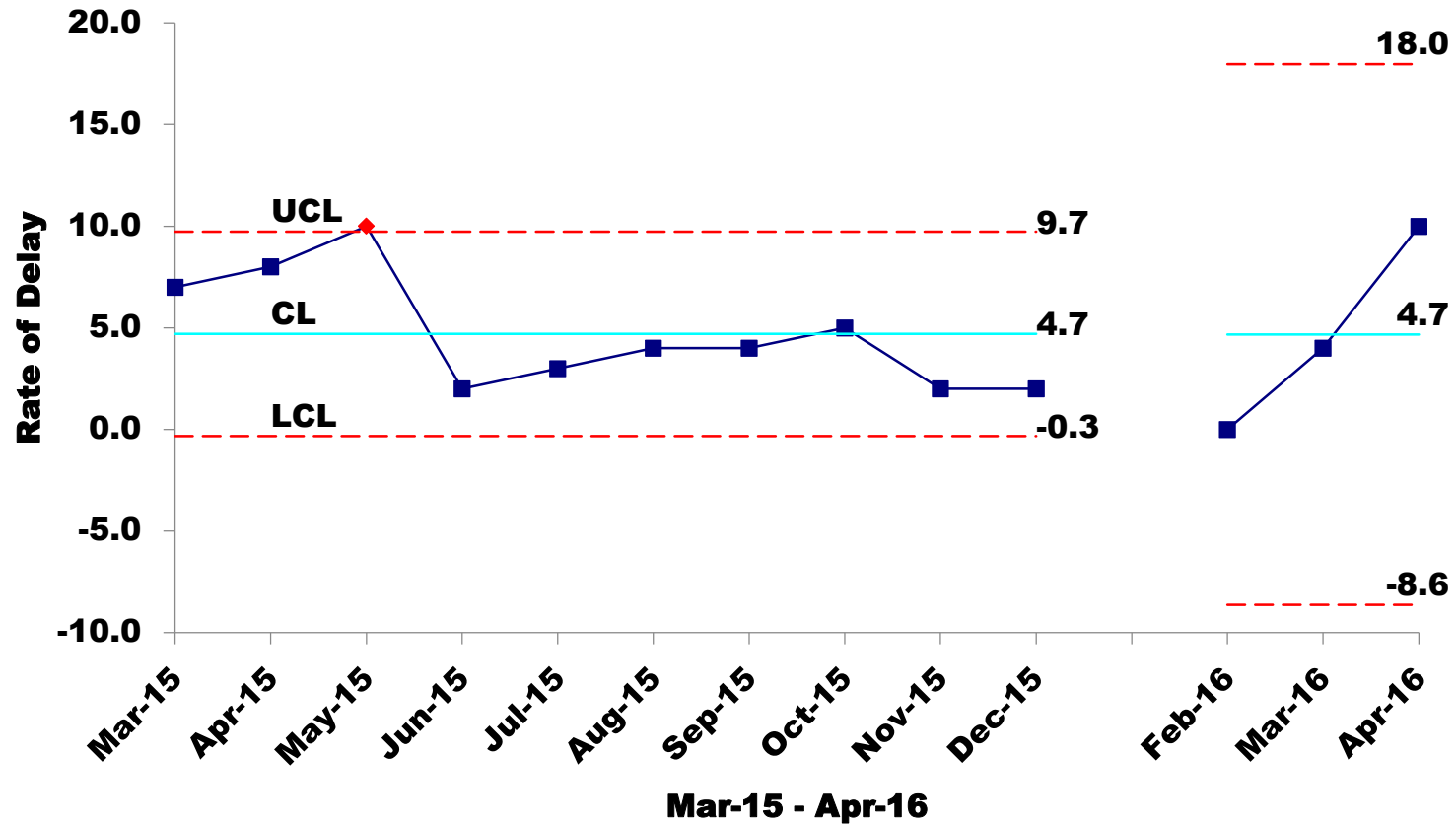
Our advantage was that we are a small Division

Lessons Learned: Process must be clearly defined and communicated to all staff members for proper implementation.

Plan Intervention

- Thus far we are early on in the intervention. Preliminary data shows an increase in surgery delays, but we only have 3 months worth of post intervention data at this time.
- The plan right now is to continue to monitor the data and stay in communication with the hospital.

Plastic Surgery Rate of Delay All Causes Pre and Post Intervention



Sustaining the Change:

A clinic workflow that supports all aspects of surgery scheduling will be followed by the providers and the staff. To help sustain the changes, the process should be streamlined, easy to follow, and simplify work, not complicate things. Regular review of the process compared to the delay outcome report will help us tailor future refinement of the process.



An electronic consent form has been developed by the University Health System and is presently being piloted by different areas. The goal is to have the consent electronically signed during the clinic visit and uploaded directly to the UHS and UTMedicine EMRs. This will be a more efficient use of technology and greatly decrease the likelihood of missing consent forms on the day of surgery.

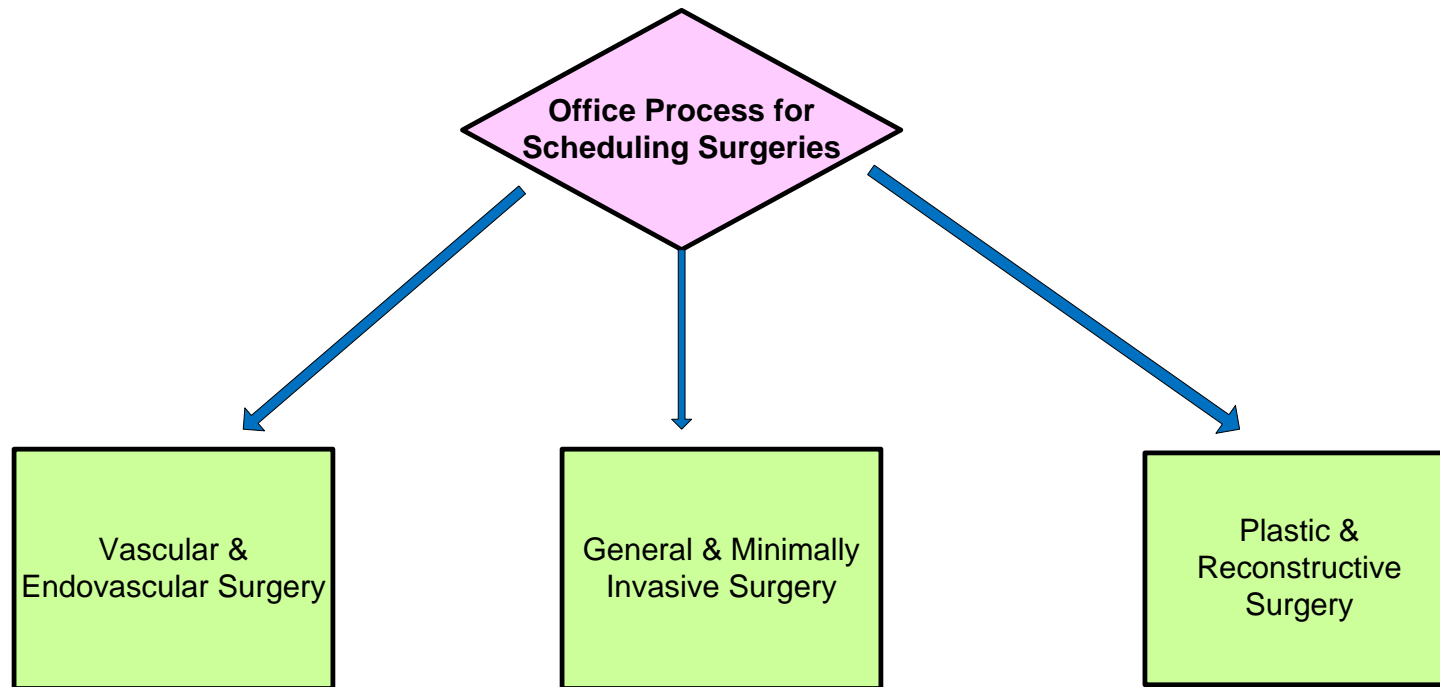


Return on Investment

Although this is an ongoing project and a final return on investment cannot be determined as yet, the improvement of the office surgery scheduling process will greatly impact the hospital OR schedule. Increasing efficiency in the office will decrease delays in the OR, thereby allowing additional time to schedule more surgeries. This increases revenue \$\$\$ for both the physician and the facility. It also enhances the quality of service we provide to our patients, which increases trust and reliability.

Conclusion/What's Next

The next step is to go beyond the horizon of the Plastic & Reconstructive Surgery Division, and implement a standard office workflow through the Department of Surgery. The goal is to evaluate a six-month period and evaluate its impact.



When the patient trusts his providers and everything about his surgery is managed in an efficient and caring manner, that patient is more likely to remain loyal to the provider network and recommend the network to others. Efficiency also allows the Provider to increase the number of surgeries that he/she can schedule, which positively impacts the revenue of both the medical practice and the hospital.

Thank you!

