

### **Surgery Patient Flow Observation & Interview Form**

In order to quickly get an understanding of surgery in a particular hospital the following questions and observations are suggested. Most of these questions can be answered by speaking to surgery nursing leadership.

1. How many operating rooms are there? \_\_\_\_ and are all used typically daily?
2. How many surgeries are typically scheduled for the start of the day? \_\_\_\_ and what is the standard start time (if any)? Is this time surgery start (cut time) or wheel in time?
3. Typically, how many \_\_\_\_ rooms are empty at the start of the day. (Q1 – Q2)
4. How many of the scheduled surgeries typically start on time? \_\_\_\_ (% or fraction)
5. Are surgery start-times and duration as scheduled based on surgery type and physician, or are they estimated?
6. What do your Scheduling Guidelines depict/enforce?
7. What processes occur before a patient is placed in the OR (i.e. Holding, Pre-op, etc.)?
8. How many Emergency Cases/Add Ons were there today (or typically)? \_\_\_\_/\_\_\_\_
9. Who is responsible for updating the white board?
10. Who is responsible for assuring prompt room turnover?
11. How does Pre Op know when to get a patient ready for surgery?
12. What time are patients told to arrive vs. the scheduled time for their surgery?
13. Gather example copies of daily schedules, scheduling guidelines, block plans, report card (if any), physical layout of surgery area.

### **Current Patient Flow Data**

1. What data is the hospital collecting regarding patient movement in surgery?
2. Who is collecting the data, how can copies be gathered, is it available in digital form, etc?
3. Where are they storing the data (Hospital Information System, Paper, Excel etc.)?
4. How can queries, summaries or copies of the data be gathered?
5. What performance measures do they have, over what time period and how are they calculated?

☐ Turnover Times    ☐ 1<sup>st</sup> Case Start Times    ☐ Schedule Accuracy    ☐ Utilization

**Common Problems in these areas:**

Is the whiteboard easily accessible to everyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the existing IT system being utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there double booking of patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a report card to track each patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the clocks in the OR show the same time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the average TOT longer than 30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Utilization for all rooms less than 85%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are 1 <sup>st</sup> Case Starts late* more than 20 % of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all other Case Starts late* more than 20 % of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

. \* "late" defined as \_\_\_\_ minutes after schedule time

**Data sources**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Person gathering this information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## Instructions

- 1) Enter the number of Operating Rooms that are available to conduct surgeries.
  - a. Ideally, all OR's should be available to conduct surgery.
- 2) Enter the numbers of surgeries that have been scheduled to begin at the beginning of the surgery day (i.e. 7:30 am).
  - a. Ideally, a good schedule would have cases in each and every single room available at the start of the surgery day.
- 3) Subtract the number of rooms who have cases at the start of the surgery day from the total number of rooms available in order to depict the number of rooms that are empty.
  - a. Ideally, as mentioned before, this number should be as close to zero as possible.
  - b. National benchmarks depict that a good utilization figure is around 85%.
- 4) Enter the number of surgeries that started within 15 minutes of their scheduled start time.
  - a. National benchmarks depict that about 80% of all scheduled cases be on time.
- 5) Describe how surgeries are scheduled (i.e. how do schedulers derive the surgery duration).
  - a. Ideally, surgeries should be scheduled on some sort of average system.
  - b. Ex: A rolling average for a particular surgeon that takes the average for their last 12 cases of a certain surgery performed, and it throws out the high and low durations.
- 6) Describe the Scheduling Guidelines present; Specifically:
  - a. The Process for Scheduling all type of cases:
    - i. Elective Cases
    - ii. Add On Cases
    - iii. Block Schedule Cases
    - iv. Emergency Cases.
  - b. If a block schedule is present.
    - i. If so, describe it.

- c. Any cut off points, deadlines, or scheduling rules.
    - i. Ex: A certain time or day that all info must be turned in before a case can be placed on the schedule.
    - ii. Ex: A time, the day before, when the schedule is deemed FINAL!!!
    - iii. Ex: If a block is not filled by a certain time or day can it be taken away.
- 7) Please describe any type of patient movement that occurs before the patient is in the OR.
- a. Please look into this movement carefully to see if it causes any delays or bottlenecks that might hold up things in the OR.
  - b. I.e. analyze your Holding, Registration, or Pre-Op processes.
- 8) Enter the amount of Emergency Cases or Add Ons that occurred throughout the day.
- a. Although, the amount of Emergency cases that occur varies by day, some sort of data analysis can be conducted that takes a look at historic data which might give some sort of picture on the average amount of Emergency cases a day or the times they tend to occur.
    - i. This analysis can help the staff be better prepared for when an Emergency case is rolled in.
  - b. Additionally, if a high amount of Add On cases are being seen, then your scheduling system and guidelines (especially Add On guidelines) should be revised in order to attempt to reduce the amount of add ons.
- 9) Depict the name and position of the individual in charge of running the Whiteboard in the OR.
- a. This person should be the Charge Nurse or Traffic Cop who runs or manages the OR, as this person is more equipped to depict what is going on throughout the day.
- 10) Please describe the type of data that is being collected in the OR.
- a. At least the data that should be collected are all of the In & Out times (Patient, Anesthesiology, Surgeon, etc.), as well as any delay codes or description of delays.
  - b. With the In and Out Times, simple measures such as TOT, Utilization, and On Time Starts can be calculated and derived.
- 11) Please describe the individuals in charge of recording or inputting the data into the system.

- a. Ideally, this job should be given to the Nursing staff, as they are directly involve or physically see the In and Out times and delays.
- b. It should be stressed that all data should be recorded or inputted in Real Time to ensure maximum accuracy.

12) Describe the type of information system that is available in the OR.

- a. Some form of Computer system is ideal that fully tracks all of the data fields required, and that can then generate some sort of Report Card or Performance Reports.
- b. But as mentioned before, whether the system is computer or paper, collecting data in Real Time is crucial.

13) Please check off the performance measures that are currently being tracked in the OR.

- a. Ideally, all four are crucial and needed in order to truly describe how well an OR is performing.

14) Please check off if the whiteboard is easily accessible by everyone in the OR.

- a. It is crucial that the Whiteboard be in an area that is easily accessible and can be seen by all Nurses, Transporters, Anesthesiologists, Surgeons, and all other staff members.

15) Please check off if a current IT system is being utilized in the OR.

- a. As mentioned before, a good IT system is needed in order to truly calculate accurate performance measures that aid in making performance more visible.

16) Please check off if the scheduling department double books patients.

- a. Double booking of patients is only ever really seen in a facility where there is a high level of patient cancellations.
- b. Double booking though, is very dangerous, as it can lead to having an OR where they have more patients than they can handle.
- c. So if utilizing a Double Booking Scheme, please do so with extreme caution and ensure that you cancellations figures are not only high but accurate.
  - i. A better route might to investigate into why there are so many cancellations and attempt to minimize this amount of occurrences than to Double Book.

17) Please check off if any Report Card is present and in use in the OR.

- a. As mentioned earlier, a Report Card is crucial in making performance measures more visible.
- b. Each OR should have a Report Card that keeps track of the performance measures desired and in the format desired.

18) Please check if the clocks in the OR are all displaying the same exact time.

- a. Consistent clocks are important in the data collection process, as it aids in data accuracy.

19) Please check off if the TOT in the OR is longer than 30 minutes.

- a. National benchmarks depict that TOT should be 30 minutes or lower, anything over this should really be focused on, as long TOT's impact utilization and On Time Starts.

20) Please check off if the Utilization percentage in the OR is lower than 85%.

- a. National benchmarks depict that Room Utilization should be 85 % or higher, anything under this should really be focused on, as low utilization leads to a lack in profitability.

21) Please check off if the 1<sup>st</sup> Case Start Times are late over 20 % of the time.

- a. National benchmarks depict that 1<sup>st</sup> Case Start Times should be on time 80% of the time or higher, anything over this should really be focused on, as a large amount of late cases heavily impacts utilization.

22) Please check off if all non 1<sup>st</sup> Case Start Times are late over 20 % of the time.

- a. National benchmarks depict that non 1<sup>st</sup> Case Start Times should be on time 80% of the time or higher, anything over this should really be focused on, as a large amount of late cases heavily impacts utilization.