



Pittsburgh Regional Healthcare Initiative

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On-time OR cases skyrocket

Debra Ruckert is the Director of Quality Improvement at Allegheny General Hospital. A student of the Perfecting Patient Care System, Deb has been instrumental in assisting in improvements throughout the hospital. This article appeared in *AGH Medical Staff News & Views*.

The number of cases that arrived to the OR on time each day climbed from 54.5% to 98.5% within weeks, and has been sustained for months.

Staff members in the Ambulatory Care Center (ACC) can't stop talking about the Perfecting Patient Care system and how quickly it has helped to improve patient flow. Kim Sperring, Vice President and Jean Schmidt, Director of Peri-operative Services supported the application of this process in the ACC with support from Diane Frndak, Team Leader, and others from the Pittsburgh Regional Healthcare Initiative (PRHI).

The overall intent is to improve the satisfaction of all

customers of the ACC: patients, staff, and physicians. Patients need efficient care; staff needs a steady flow of work; and physicians need their patients to arrive in the OR on time. It all boils down to meeting patient needs and making employees successful in their work.

A number of employees throughout the working pathway completed training in the Perfecting Patient Care System through PRHI. This preparation seemed to hasten progress once work began.

Waiting for the "Pull"

According to Dawn Chiramonte, RN, Nurse Manager, ACC, patient wait times have decreased by 1 to 1.5 hours by applying a simple "pull" methodology. Pull means that the ACC (upstream process) should not have a patient ready for surgery until the Operating Room (OR) (downstream process) needs the patient. So, rather than processing all first cases at 5 am, which causes long waits for patients, bottlenecks in the system, and chaos for staff, patients are

processed according to the time of their surgery and a set of specific priorities.

The priorities are necessary because patients have different needs, and the ACC must be able to predict when they can complete the pre-op preparation process so as not to delay surgery. Priorities include the need for: acute pain service, testing on the day of surgery, history and physical, and special equipment. Staffing schedules were changed to

First cases on time to the O.R.	
November 2003 (beginning of PPC work)	54.5%
June 2004	98.5%
Average on-time since November 2003	88.6%

Registration within 10 minutes of ACC check-in	
Before Feb 2004, start of PPC work	>10%
Feb-May 2004, average	91.4%

facilitate patient flow, and synchronize with the OR, in turn patients are ready when the orderlies from pre-op arrive.

"Find the Family"

Did you [*the physician*] ever go to the family waiting room to discuss a patient with their family only to discover they aren't there?

To improve this "connection," the ACC initiated a Patient Contact Sheet that is placed on the front of the patient's chart. It includes the patient name, surgery date, family/significant other name, cell phone number, pager number, and waiting area. This decreases any hassle by giving a very specific set of instruction so that you can communicate with families. If needed, the ACC will provide a pager for families.

When problems are seen from the patient's point of view, solutions can more readily be found and implemented.



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