

# Racing the Clock: Driving First Case On-Time Starts Through Engagement and Accountability



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## INTRODUCTION

### Background:

First case on-time starts (FCOTS) are a critical determinant of surgical services efficiency, with delays negatively impacting operating room throughput, resource utilization, and overall patient satisfaction. The financial implications are substantial, as operating room delays are estimated to cost between \$62 and \$100 per minute. Ensuring timely surgical starts therefore represents both a clinical and operational priority. Key stakeholders in this initiative included nursing leadership, bedside nursing staff, surgeons, and anesthesia providers, whose coordinated engagement is essential to the success of FCOTS improvement efforts.

### Purpose:

This quality improvement initiative was undertaken to enhance first case on-time start (FCOTS) performance across Surgical Services at Virtua Mt. Holly Hospital, Virtua Mt. Holly Ambulatory Surgery, and Virtua Willingboro Hospital.

### Framework:

- QI(PDSA)

### Objectives of Poster:

1. To show the direct correlation of adding an incentive-based positive recognition program has on team dynamics leading to a higher FCOTS rate
2. To enhance FCOTS performance across Surgical Services for the North region

## METHODS

### Setting and Participants:

This quality improvement initiative was implemented across Surgical Services at two community hospitals and one outpatient surgical center, with a focus on the preoperative phase of care leading into the operative phase for scheduled first cases of the day. The multidisciplinary teams involved included surgeons, anesthesia providers, perioperative nurses, and surgical staff.

### Intervention/Process:

The project followed the Plan-Do-Study-Act (PDSA) quality improvement framework to increase the proportion of patients entering the OR/Procedure Room on time for their scheduled first case. Tracking FCOTS performance was performed daily with documented reasons for delays; recurring issues addressed in interdisciplinary huddles with nursing, anesthesia, and surgical teams.

### Data Collection and Analysis:

First case on-time starts (FCOTS) were systematically observed and documented on a daily basis, with data compiled into an aggregated spreadsheet for analysis. Reported delay reasons were subsequently reviewed and categorized to identify recurring patterns and system-level contributors. This categorization facilitated the recognition of specific areas for improvement and informed the prioritization of targeted interventions, achieved through engagement with the relevant stakeholder groups most directly associated with the identified barriers.

## RESULTS

### Key Findings:

All sites demonstrated improved first case on-time starts between March and April, with overall gains ranging from 3% to 20%. The most substantial improvements were observed in Willingboro OR (+20%) and Mt. Holly Endoscopy (+11%), highlighting strong engagement and impact of the initiative.

	March	April
Mt Holly OR	68%	75%
MHAS	67%	70%
Mt Holly Endo	75%	86%
Willingboro OR	61%	81%

### Actionable Data:

Analysis of delay reasons revealed site-specific opportunities, with the most frequent delays attributed to nursing- and surgeon-related factors, particularly at Mt. Holly OR. These categories were further examined to identify trends, which were subsequently addressed by the Leadership Team in collaboration with staff to support ongoing progress toward the FCOTS goal of 75%.

Delay Reason	Mt Holly OR	Mt Holly Endo	MHAS	Willingboro OR
Surgeon	8	0	5	0
Proceduralist (GI/ECT/Pain)	0	2	0	2
Nursing	10	0	0	0
Anesthesia	6	0	0	0
Other	8	2	4	2
Patient	6	1	4	2

## CONCLUSIONS

### Interpretation:

The implementation of a competitive, data-driven strategy was associated with improvements in FCOTS timeliness as well as increased staff engagement. Continuation of this initiative as a recurring monthly challenge has contributed to sustaining a culture of accountability, reinforcing best practices, and promoting operational efficiency across surgical services.

### Relevance:

Identifying site-specific delay reasons highlights actionable opportunities for targeted interventions. By addressing the most frequent contributors—nursing- and surgeon-related delays—leadership can improve first case on-time starts, strengthen accountability, and enhance operational efficiency. Importantly, reducing delays also contributes to increased patient satisfaction by supporting timely care and improving the overall surgical experience.

## REFERENCES

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