

# Value Stream Analysis Perioperative Teamwork: Guided by A3 Thinking

## Year 1

- **30 Initiatives identified**
- **Steering Team** formed
- Standardized Pre-surgical Testing Center (PSTC) registration process between the suites: Main OR (AMU) and Day Surgery Center (DSC PreOp)
- Developed process to handle AMU patient belongings to reduce lost items
- Standardized nerve block supply Carts between AMU-DSC
- Team work aimed at standardizing case delay reasons/analytics

### Data collection & analysis (new):

- Scheduling Telephone metrics (delays/abandon/wait)

## Year 2

- **13 Initiatives completed** including:
  - Kaizen: worked with Physician Champion and Specialty Practices to create **standardized language** for surgical procedures to facilitate scheduling and appropriate case setup
  - Kaizen: **Standardized the requirements to schedule** a procedure and created electronic ordering and transmission process for surgical orders
  - Kaizen: **Standardized doctors' preference cards** and admin process
  - Created **standardized preoperative surgical checklist** that flowed from PSTC to day of surgery
  - Developed **standardized case delay reasons** to trend actionable delays to case start
  - **Decreased instrument loss** in CSS (Central Sterile) by focusing high use/high loss instrumentation
  - Created automated **patient tracking system** for patients' families

### Data collection & analysis (new):

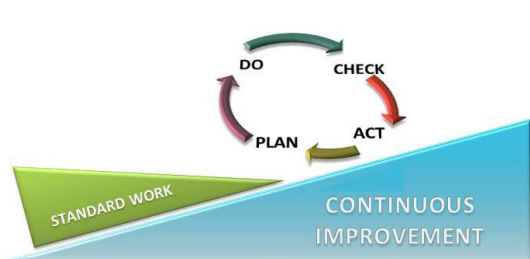
- Analysis of case delays and turnover data, monthly
- Analysis of surgical chart checklist items (missing/wrong/incomplete), daily, then weekly thereafter for at least 6+ months
- Instrumentation tracking/losses, monthly

## Year 3

- Continued rollout of standard language process to remaining Specialty Practices
- Continued rollout of electronic ordering and transmission processes; training extensive
- Begin data collection for **case setup & teardown** aimed at increased scheduling accuracy
- **Case Order team** formed; local area leadership from scheduling, OR, CSS and as needed, Specialty Practice Management
- Kaizen: Case Turnover and **Perioperative Surgical Technician role**
- Kaizen: Clipping/Hair Removal A3
- Kaizen: Process plan and rollout of AMU/PACU staff cross-training

### Data collection & analysis (new):

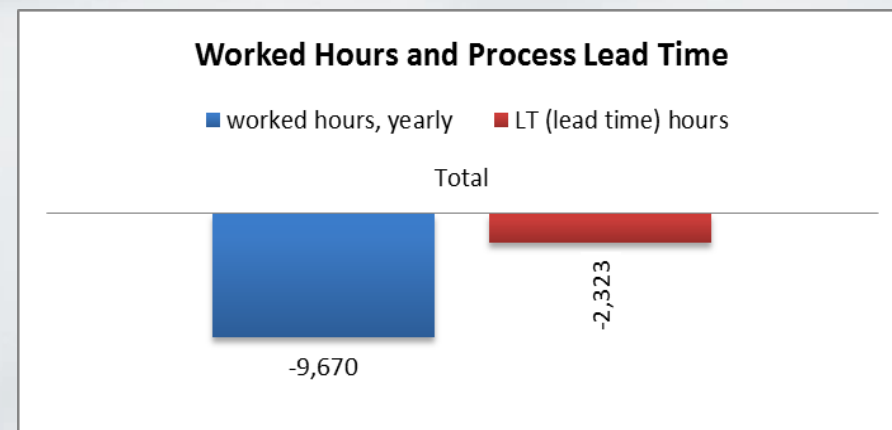
- Procedure-Surgeon **case variation**
- **Surgeons' block alignment** to OR schedule & "end of day" timing
- **Modeling** capability (retrospective) developed to inform procedure suite location based on surgeon, timing, and finance



# “FOOT STOMPING” VICTORIES



- Consistent procedure language used throughout Perioperative Services
- Increased electronic communication resulting in less rework and errors
- 28% increase in OR room turnover per day
- Virtual elimination of scheduling errors carried to day of surgery
- Dramatic decreased in phone calls between OR scheduling and Practices
- Pre-op checklist allowed for audit and sustainment of chart completeness
- Day of surgery “paperwork hunting” minimal
- Reduced total number of preference cards by 67%



## Outstanding Challenges/Barriers:

- Recent (Dec '18) launch of Integrated Electronic Health Record [Cerner]
  - New workflows – continue learning curve
  - Supplies/Materials are now integrated to preference cards
  - As of Jan '18, data streams from EHR not yet accomplished
- H&P standardization not yet achieved
- Value Stream Analysis refresh, TBD