

Quality improvement intervention cuts lost OR time

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(HealthDay)—Significant reductions can be made in operating room (OR) time lost due to cancellation on the day of surgery (DoSC), according to a study published online April 13 in *Pediatrics*.

Jayant "Nick" Pratap, M.B., B.Chir., from the Cincinnati Children's Hospital Medical Center, and colleagues conducted serial tests of change, addressing the various key drivers of a quality improvement process designed to reduce lost OR time due to DoSC. The key drivers included effective two-way communication with families, fasting rule compliance, and decision-making due to patient illness. Interventions included simplified, colorful, personalized preoperative instruction sheets and text-message reminders to caregivers' cellphones. In case of patient illness concerns, there was a defined institutional decision-making pathway to permit rescheduling before the day of surgery. The interventions were implemented across all patients and sites after initial

smaller-scale testing.

The researchers found that in testing with a subset of surgical services at the hospital's base campus, there was a decrease in mean OR time lost due to DoSC, from a baseline of 5.7 to 3.6 hours/day. When the intervention was implemented across all services at both surgical sites, the mean OR time lost due to DoSC decreased from 6.6 to 5.5 hours/day.

"By applying [quality improvement](#) methods, significant reductions were made in time lost due to DoSC," the authors write. "The impact can be significant by improving institutional resource utilization."

More information: [Abstract](#)

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