

Optimization for Snibbe's Service

1. Preoperative ACB for 7am knee replacements to start at 6:45 to achieve on time start:

Current Observations

- Patient's are ready for case @6:30 barring no issues with admission preparedness
- Surgeon and PA are frequently late for 1st case start
- Anesthesiologist and Block nurse are ready and unable to start on time
- Preop nurses availability to admit future patients is delayed
- Overall , decreased efficiency for 1st case start

Solutions for expediting 1st case start

- On time surgical team arrival. The PA can mark the patient for the proposed 6:45 start time. The anesthesiologist and block nurse can perform the block and the patient will be prepared for the OR to start case. Once achieved , the block nurse can be released to admit patients
- If surgical team is late, 1st case ACB will be performed in the OR
- If both hips and knees are being done that day. Schedule a hip as the first case. This will allow a better flow of cases for preoperative blocks to be done
- Anesthesiologist should do preop evaluation and call patient the night before and be prepared for block at 6:45

2. Subsequent cases and OR flow:

Current Observations

- Scheduled surgical time for hip and total knees 2 hours
- Cases are booked to be in room 1.5 hours after the previous case
- Total approximate surgical time for hips and total knees 1 hour(15 minutes PA closure time included)
- Positioning for hips requires surgeon/PA
- Positioning for knees via OR team then, proceed with prep.

Solutions for expediting subsequent cases

- Patient's need to be marked as soon ASAP
- Blocks need to be performed within 15 minutes of scheduled time to prevent delays
- Upon completion of case, proceed to PACU. The OR nurse will go fro PACU to prep the next patient and set up room. The anesthesiologist should proceed directly to Preop from PACU to evaluate patient and perform ACB block and proceed to OR.
- For knees after Spinal or GA position the patient for case so prep can occur and be prepared for Snibbe to start case
- If a hip is the next case, the patient should be evaluated upon leaving PACU and be prepared for on time start. The goal will be Anesthesia Ready when Snibbe has completed the previous case so that positioning can occur.