Is It Time to Review The RUSH For Start Times in Operating Rooms from Patients' Perspectives? Our Limited Data Results Over One Month Period Based On Yes-No-Don't Know (YNDK) Scale

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Introduction

Quality assurance (QA) has become an essential ingredient of healthcare delivery. QA methods can review patient safety processes for patients across various healthcare locations [1-10]. QA also involves catering to the patient satisfaction scores. One of the initiative for peri-operative efficiency and time management is on-time first-case start times (and rarely all case start times too). This initiative was initiated in 1990s [11-12] and has become engrained in the peri-operative management of operating room suites complex across the country [13-16]. However, it would be valuable to review whether this focus on case start times correlates with patients' satisfaction scores in regards to operating room timeliness. To this goal, a self-developed three-pronged score called Yes-No-Don't Know (YNDK) scale on a questionnaire was used in assessing the patients presenting to operating rooms in the main operating room complex in an University Hospital in the United States. This was based on assumption that YNDK scale can assess patients' satisfaction reports with regards to their surgeries occurring on scheduled time.

Objectives

The primary goal of this QA study was to ascertain whether patients' satisfaction scores with operating room timeliness on YNDK scale correlate with actual tardiness of operating room case start times.

Materials and Methods

After the Institutional Review Board deemed the QA study as Non-Human Participation Research, all post-anesthesia patients, who were having surgeries in the Main Operating Room Complex and were being discharged home same-day, were asked three QA questions during postoperative follow-up for rating on three-pronged Yes-No-Don't Know (YNDK) scale.

The three QA questions were (with patients' responses being Yes/No/Don't Know):

(a) Do you feel that your surgery was started ON-TIME?
(b) Do you feel that your surgery's start was DELAYED?
(c) Do you feel that you were RUSHED to the operating room?

Simultaneously, the following basic data for these patients was recovered from the CIS-Appbar section that included:

(a) Daily Case Delay Report
(b) SN Room and Time Audit Report:

- Scheduled Start Time
- Actual Start Time
- Early Time
- On-Time
- Delay Time
- Patient Entry in Preoperative Area Time
- Patient Entry in Operating Room Time

Results

Over a study period of one month in 2015, we had an actual Case Delay Report for 894 patients. Out of these 894 patients, logistically only 204 patients were able to complete the YNDK questionnaire. Among these 204 patients, six patients were excluded who responded Don't Know even for one out of the three questions (potentially questionnaire was not interesting to these six patients); and six patients were excluded who responded contradictory answers for ON-TIME surgery vs. DELAYED surgery questions (potentially double-checking questionnaire was incomprehensible to these six patients). Out of the remaining 192 patients' data, 96 (50%) patients did NOT have actual Case Delay. However, in the remaining 96 patients who were actually delayed, as many as 75% of them did NOT report (per YNDK scale) that their surgeries did NOT start ON-TIME. As compared to the actually delayed patients who reported that their surgeries were DELAYED, the
patients who did NOT recognize their CASE-DELAY were the patients whose average CASE-DELAY time was 42 minutes (median 29 minutes) and whose average preoperative holding area stay period was 1 hour 59 minutes. Comparatively, the actually delayed patients who recognized that their surgeries were DELAYED had stayed longer in preoperative holding area (average 3 hours 11 minutes) and had longer CASE-DELAY times (average 2 hours 31 minutes and median 1 hour 37 minutes). Alternatively, three patients reported that they felt they were actually RUSHED into the operating rooms.

Conclusion

Even though there is a push to avoiding CASE-DELAYS leading to sometimes patients being RUSHED into the operating rooms, three-fourths of our patients did NOT recognize their CASE-DELAY despite staying in the preoperative holding area on an average of about two hours with a median case delay time of about thirty minutes. The story (of patient satisfaction report) was different only when the patients stayed on an average of more than three hours in the preoperative holding area with a median case delay time of more than ninety minutes.

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References


Consort Diagram

Case Delay Reports Available During The Study Month
n=894
Patients who completed YNDK Questionnaire
n=204
Excluded Patients who responded Don't Know or Contradictory Responses
n=12
FINAL LIST: Total Questionnaires Eventually Analyzed
Patients who felt they were actually RUSHED into the operating rooms

n=3 (1.6%)

Patients with ACTUAL CASE DELAY

n=96 (50%)

<table>
<thead>
<tr>
<th>Results in Patients with ACTUAL CASE DELAY (n=96)</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
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<tr>
<td>Patients FELT surgery started ON-TIME</td>
<td>75%</td>
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<tr>
<td>Patients FELT surgery's start was DELAYED</td>
<td>25%</td>
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<tr>
<td>Average CASE-DELAY time</td>
<td>42 minutes</td>
<td>151 minutes</td>
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<tr>
<td>Median CASE-DELAY time</td>
<td>29 minutes</td>
<td>97 minutes</td>
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<tr>
<td>Average Preoperative Holding Area Stay Period</td>
<td>119 minutes</td>
<td>191 minutes</td>
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