tigerconnect

How to Accelerate
OR Turnover Times
to Gain More Revenue

The operating room (OR) is the financial nexus of the modern hospital, accounting for up to 40% of a hospital's costs and 60-70% of revenue.[1]

Inefficient OR transitions lead to delayed surgeries and increased staff overtime costs. **Simplify your OR transitions** by decreasing delays in patient perioperative movement, first case start times, and room turnover time using TigerConnect to collaborate with real-time messaging.

A TYPICAL HOSPITAL WORKFLOW   VS.   THE TIGERCONNECT WORKFLOW

Note: All updates documented in the EHR also go to OR Tracking software, which requires clinician to physically view the tracker or receive a phone call.

Note: Workflow assumes TigerConnect is integrated with the EHR. TigerConnect messages/alerts are automatically triggered when clinical staff document orders/status updates.

Patient checks in for surgery

PRE-OP

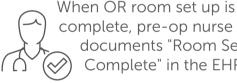Registration calls unit coordinator and pre-op nurse.

Patient is transferred to pre-op holding.

Pre-op nurse documents in EHR "Pre-Procedure Complete" then calls the circulating nurse.

When OR room set up is complete, pre-op nurse documents "Room Setup Complete" in the EHR.

INTRA-OP

Patient is brought to OR suite by the circulating nurse and anesthesia. Circulating nurse documents "In Room Time" in EHR once patient arrives and surgeon is notified via phone call.

Anesthesiologist documents in the EHR to let the surgeon know they are ready to begin.

Circulating nurse enters a time for case closing in EHR. Providers need to be contacted via phone call or pager for logistical communication and room cleaning.

POST-OP

Circulating nurse documents in EHR and notifies anesthesia tech and OR assistant via phone call. Room is cleaned for turnover. Circulating nurse provides clinical patient handoff to PACU nurse via phone call.

PRE-OP

EHR triggers "Registration Complete" message to the unit coordinator and pre-op nurse in TigerConnect.

Patient is transferred to pre-op holding.

"Pre-Op Time In" message is automatically sent to anesthesia, circulating nurse, and surgeon role(s).

When all pre-procedure tasks are done, "Pre-Procedure Complete" message is sent to circulating nurse.

"Room Setup Complete" message is automatically sent to anesthesia and surgeon role(s).

INTRA-OP

TigerConnect automatically sends "In Room Time", "Anesthesia Ready", and "Case Closing" messages to surgeon.
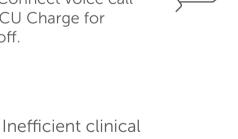
POST-OP

"Out of Room" message to Anesthesia Tech and OR assistant role(s) is automatically sent in TigerConnect.

Anesthesia Techs, EVS, and OR assistant clean and do room turnover. circulating nurse does a TigerConnect voice call to PACU Charge for handoff.

Inefficient clinical collaboration slows OR transition time leading to **overtime costs and less cases performed.**

A TYPICAL HOSPITAL WORKFLOW   VS.   THE TIGERCONNECT WORKFLOW

2.1 Hours   # 1.8 Hours

Faster OR transitions lead to increased OR capacity. Using TigerConnect, hospitals can improve first case start times to under 5 minutes and reduce room turnover time after surgery is complete, thus increasing surgical caseload. If OR capacity is improved by just 0.5% per 20,000 cases, additional revenue can be estimated at $116,000.

Get a Demo

Outcomes based on customer data. Schedule a demo to get a unique ROI calculation for your organization.

1.   https://daneshyari.com/article/preview/8813796.pdf

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