

Should we monitor first case of the day start times?

The objective of improving on time starts may be to reduce the hours of over-utilized operating room time. [Click here \[PDF\]](#) for an article describing a screening tool for the economic cost associated with late first case of the day starts. [Click here \[PDF\]](#) (and go to Table 7) for process of monitoring the expected impact of reducing the lateness of first case of the day starts on the efficiency of use of OR time. This should be done by combination of service and day of the week. There is consistently a > 500% difference among combinations of service and day of the week in the value of each 1-minute reduction in the average lateness of first cases of the day. This is why policies designed to achieve overall improvements in on time first case starts are generally counter-productive. Surely do not monitor the percentage of late on time starts, use mean lateness ([click here \[PDF\]](#)). [Click here \[PDF\]](#) and [click here \[PDF\]](#) for articles describing that if these findings seem counter-intuitive, that is because of cognitive bias. [Click here](#) for a lecture on reducing tardiness of first case starts to reduce the hours of over-utilized OR time. For services with mean daily workloads modestly less than 8 hours, days with few first-cases of the day starting late have less over-utilized time, but this is not a causal relationship and increasing on-time starts will not increase productivity; [click here](#) for explanation and analyses.

The objective of improving on time starts may be to reduce the tardiness of starts of subsequent cases. [Click here \[PDF\]](#) for an article on the psychological biases. [Click here \[PDF\]](#) for observational studies. [Click here \[PDF\]](#) for intervention. [Click here](#) for a lecture on reducing the tardiness of starts of to-follow cases.

Return to [Frequently Asked Questions](#)