

START HERE

Turn one problem into a practical next step.

Choose the work in front of you.

If you are new to the role, first ask what you can decide and who can help. If a familiar OR problem keeps returning, choose that one issue and check what is happening before adding another fix.

Find the right pages.

In the 104-page Launch System PDF edition 4.7: first-case starts begin on overall PDF page 7; the action page is 10. Turnover begins on page 11; the worksheet is 14. The Appointment Field Guide begins on page 49; Agree the appointment is page 51.

What you will prepare

Prepare a short proposal: the problem, what you know, what needs checking, one action, the approval needed and a review date. You are preparing a decision, not authorizing a change outside your role.

What this companion adds

An example of how to measure first-case starts, questions to investigate delays, a short planning page and steps for getting started this week. Do not skip required safety checks to meet a time target. Follow local policy for urgent concerns.

Use the example carefully.

The times, rules and findings on the next pages are fictional. They illustrate how to think through an operational problem, not a universal standard or a result achieved by WCL customers.

MEASUREMENT CLARITY

First cases are not the same as all morning cases.

Define the local measure first.

For this example only: include the first scheduled elective case in each room, scheduled before 9 a.m. on weekdays. Compare actual patient-in-room time with scheduled patient-in-room time. No grace period is used. Other facilities may define the window or tolerance differently.

Keep a delayed case in the group.

A first case scheduled at 7:30 that enters the room at 9:05 is still a delayed morning first case. Select cases by their scheduled time, not by whether their actual arrival happened before the cutoff.

Separate intentionally later starts.

A first case scheduled at 10:00 that enters at 10:00 is on time but outside this example's morning group. A 10:30 first case entering at 10:42 is delayed against its own scheduled time and belongs in a separate review.

Separate other cases.

A second case is not a first case even if scheduled before 9 a.m. An add-on is a case added after the established schedule, not simply an afternoon case. Review add-ons and urgent or emergent cases using the relevant scheduling and urgency rules. Track cancellations separately.

Agree the rules before reporting.

Specify the schedule reference point, eligible cases, start event, tolerance and exceptions. Do not move scheduled times after the event to make performance look better. Patient-in-room and incision time are different measures.

FICTIONAL WORKED EXAMPLE

Find what actually held up the start.

A small fictional sample

Four eligible first cases are scheduled at 7:30, 7:30, 8:30 and 8:45. Actual room times are 7:30, 7:42, 8:29 and 9:05. Two of four are on time: 50%. Delay minutes are $0 + 12 + 0 + 20 = 32$. Early arrival does not offset another case's delay. Four cases are not enough to establish a trend.

Reconstruct the sequence.

Using approved records, check patient arrival and preparation; required documentation and site marking; anesthesia and surgeon readiness; room, instruments and equipment; team availability; and communication and transfer. Ask the teams involved what happened. A single delay code is not proof of the full cause.

Distinguish a readiness issue from a handoff issue.

In this fictional example, preparation was complete, but the receiving team was not notified and transfer had not been arranged. Starting preparation earlier would not directly address that handoff gap. Other cases may have different or multiple causes.

Choose one small test with the responsible teams.

Agree who confirms readiness, who receives that message and who arranges the next step under local policy. Test the agreed handoff on a limited, appropriate group. Required safety checks remain unchanged.

Review the result and the burden.

Compare similar eligible cases, delay minutes and completeness of the handoff. Ask whether the change created extra calls, interruptions or delays elsewhere. Do not claim success from one good morning or assume every remaining delay is preventable.

PRACTICAL IMPLEMENTATION

Prepare a small improvement proposal.

This is preparation, not an operational order.

Confirm authority, policy and necessary review before implementation. Use de-identified planning notes; keep operational records in approved systems. Save a copy and test fields before longer work.

Problem, starting facts and what remains unknown**Local definition and evidence source****One proposed change and the teams involved****Approval, responsible role, time and support needed****Review date, measures and reasons to change or stop**

FOLLOW-THROUGH AND SOURCES

Start the work. Then check what changed.

Days 1-2: confirm the starting point

Agree the role or problem. Review the relevant records and definitions with the responsible people. Ask what explanation is missing before selecting a solution.

Days 3-4: agree the proposal

Explain the verified concern, alternatives and likely effects. Agree who can approve the change, who will do the work and what staffing and support they need. Before the meeting ends, make sure everyone knows what was decided.

Days 5-7: begin only when authorized

Implement the limited action if the necessary approval and support are in place. Otherwise, identify the unresolved decision and the next follow-up. Use more time when the decision or preparation needs it.

At the agreed review

Record what changed, what did not, the quality of the evidence and the effect on other teams. Decide whether to continue, adjust or stop. Use a longer observation period when needed.

Research behind the first-case example

Definitions vary. AORN Expo 2026, Erika Klika and colleagues, poster 797256, describes a before-9-a.m. first-case project; results were pending. Foglia, Ruiz and Burkhalter (2017), An Evolutionary Change in First Case on Time Starts, uses a different morning window and a five-minute grace period. Neither establishes the fictional rule here as universal.

Source access and help

Sources checked October 16, 2026: aornexpo2026.eventscribe.net (poster 797256); clinsurggroup.us/articles/GJPM-1-104.php. The interactive first-case example includes direct research links when published. File help and feedback: westclinicalleadership.com/contact.