Children's Hospital Colorado Macrae G^{1*}, Gholizadeh S², Pickett-Nairne K³, Ninh L⁴, Ly Q⁵, Puranik CP⁶



University of Colorado Anschutz Medical Campus

^{1*}Presenting Author and Resident, Children's Hospital Colorado; ²Doctoral Candidate School of Dental Medicine; ³Research Outcomes in Children's Surgery, ⁴Assistant Professor, Children's Hospital Colorado; ⁵Associate Professor, School of Medicine; ⁶Residency Program Director, Children's Hospital Colorado

Background The operating room (OR) plays an essential role in a hospital system, and inefficient scheduling and OR delays affect both financial performance and the quality of patient care. 200 Numerous factors contribute to delays, therefore understanding and reducing these factors is critical for improved outcomes. Minute The purpose of this retrospective study was to 100 assess prolonged procedure durations, start .⊑ time delays, and the associated post-operative recovery events for comprehensive dental care under general anesthesia (DGA) completed at a pediatric dentistry residency program. -100-Methods This study was approved by the University of Colorado's Institutional Review Board. □ A retrospective data analysis and observational cohort study was conducted analyzing 1,242 dental OR cases performed by pediatric dental residents at Children's Hospital Colorado between January 2018 and December 2020. □ Data from the hospital's electronic health records were extracted for statistical analysis. □ Inclusion criteria: Children ages 1 to 18 years old presenting for DGA between January 2018 through December 2020. □ Data were stratified based on the resident categorization as: R1F=First-year resident in Fall R1S=First-year resident in Spring R2F=Second-year resident in Fall R2S=Second-year resident in Spring



Figure 1: Boxplot of distribution of times of case start delay, procedure start delay, and case completion delays between residents (**P*<0.05).



Figure 2: Pearson correlation values above 0.5 is a strong correlation (***).

Results and Discussion
Compared to R1F, R1S residents had an estimated
17.58 minutes less of a start delay (P<0.0001;
95%CI: -23.79, -11.37), R2F 29.54 minutes less
(P<0.0001; 95%CI: -37.08, -21.99), R2S 26.52
minutes less (P<0.0001; 95%CI: -34.1, -18.94).
There were no significant differences among R2
residents (P>0.05).
Number of services providing combo care in the OR
were predictive of OR delays (P<0.001).
Although R2 residents had higher number of
radiographs (P<0.001) and undiagnostic exposures
(P<0.001) that did not result in a significant OR
delay.
U OR delays did not negatively impact the post-
operative recovery time, complications, or
auministration of medications. \Box OP dolove were bigbly correlated with the
anesthesiologist and dental attending (P<0.05)
Conclusions
Despite OR delays there was no significant
increase in adverse patient outcome.
OR delays can disrupt efficiency and increase
healthcare costs while decreasing quality of care.
Identifying OR delays can help support more
efficient case scheduling and improved patient care.
References and Acknowledgements
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Reterences available upon request

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