

Scheduling and Utilization

Department of Surgery—Performance Improvement Committee

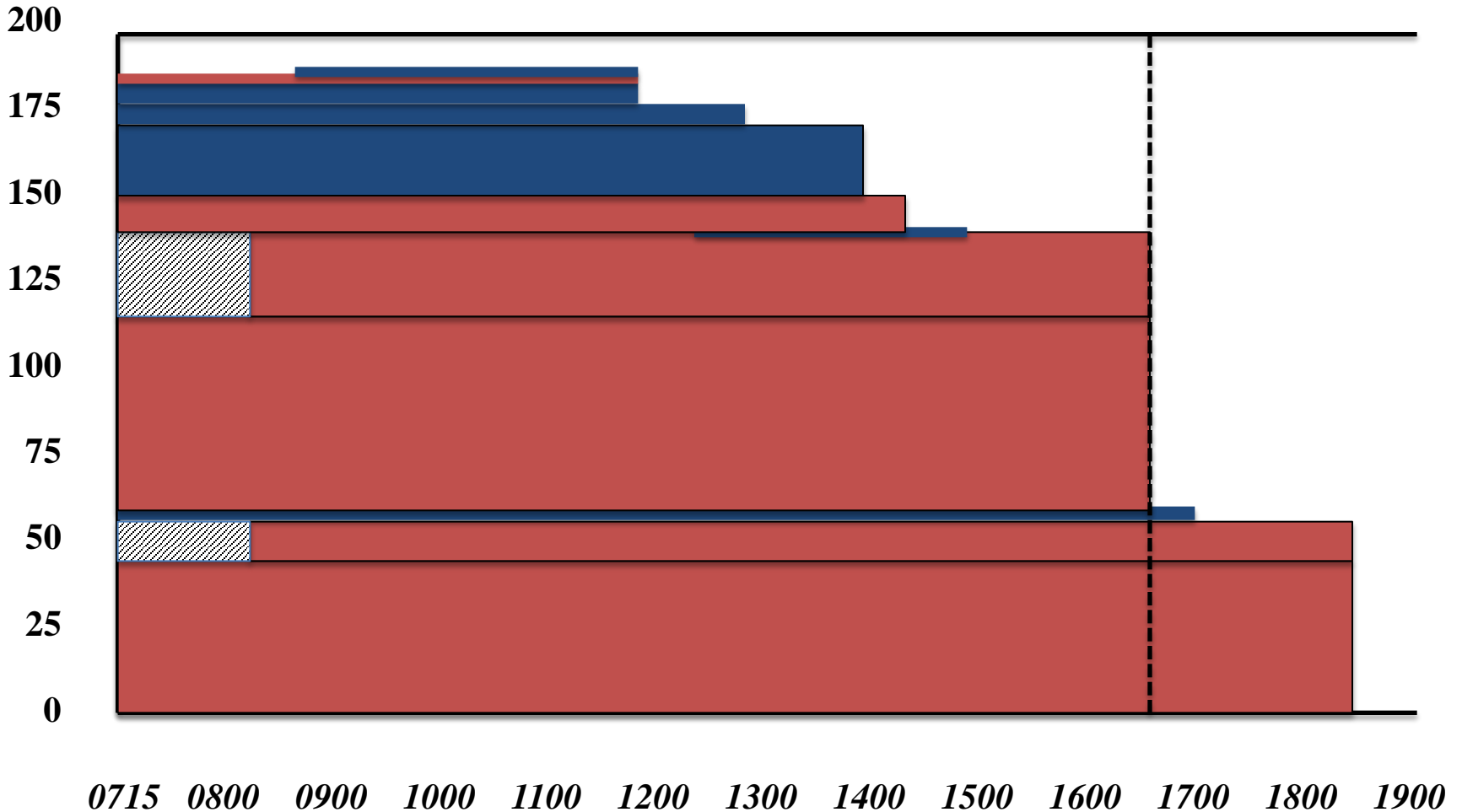
September 5, 2012

Room Days per Week by Block Time – September 2012

Almost all of the Main ORs are allocated to block; what little open time that exists is primarily in the 310 ORs in the afternoon, and is typically unstaffed in the absence of demand.

$39 \text{ rooms} \times 5 \text{ days} = 195 \text{ room days / week}$

■ *Main OR's*
■ *310 OR's*

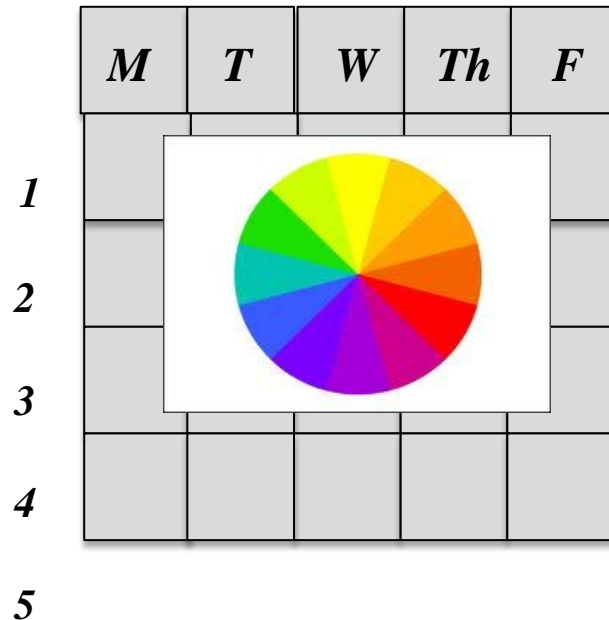


Room Allocation—Two Systems

Open OR scheduling best serves sporadic or unpredictable demand, while block scheduling works best in high-volume group practices with predictable demand.

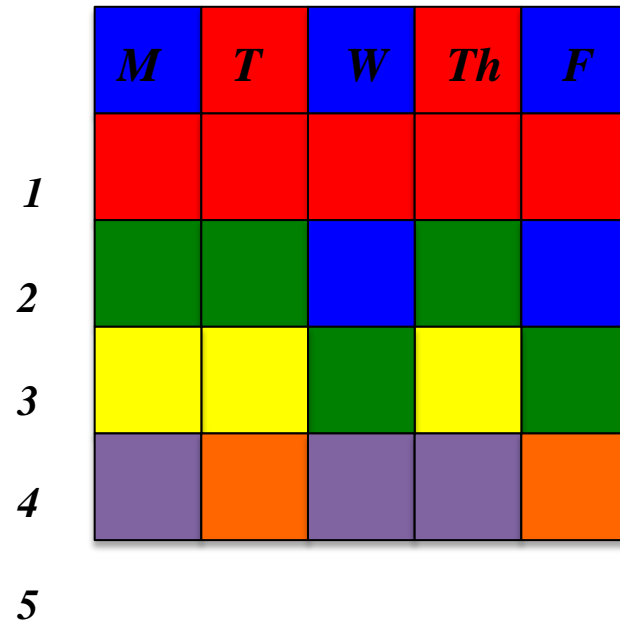
Open

Any Time—Any Room—Any Surgeon



Block by Service

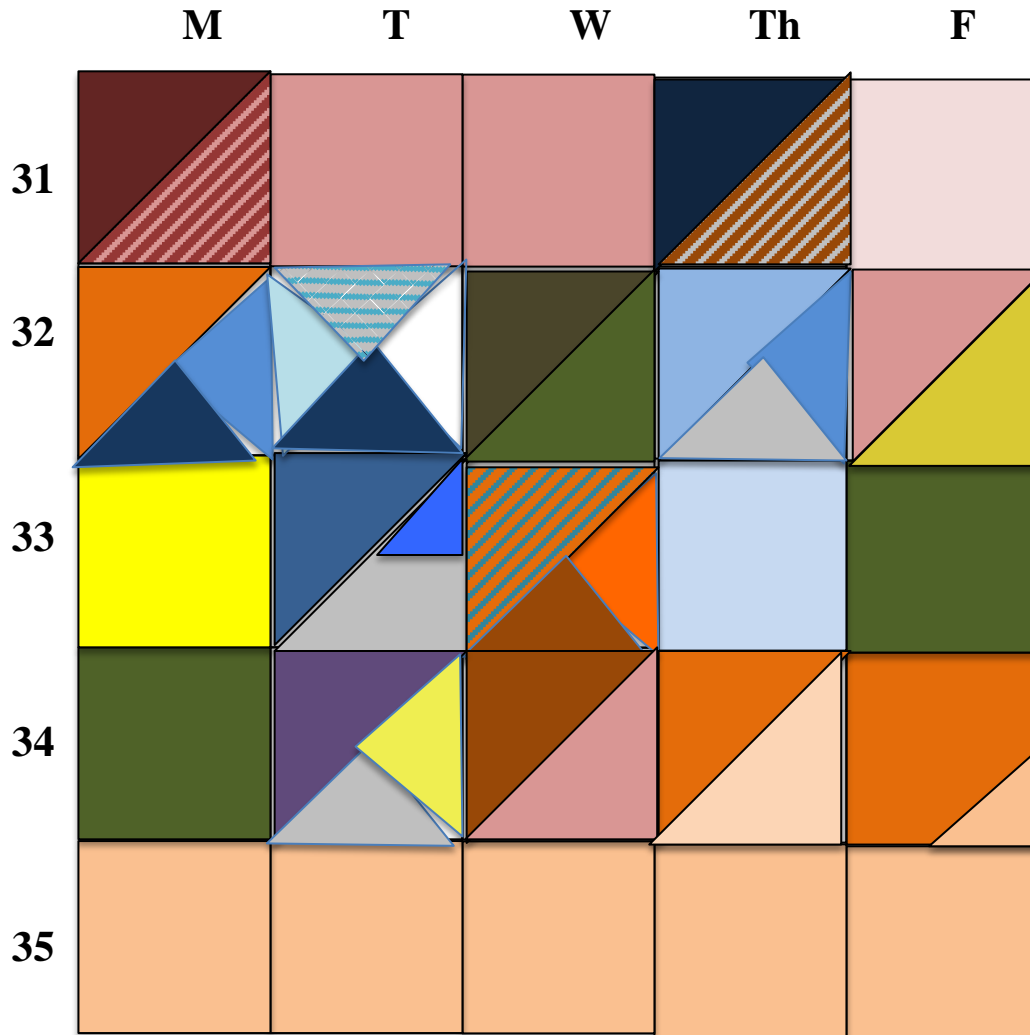
Day / Room / Service Specific



Cedars-Sinai Block Allocation

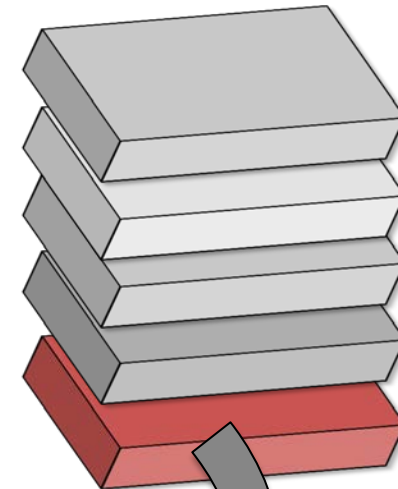
3 OR—September 2012

At Cedars-Sinai (for example on 3OR) blocks are fragmented by service, by surgeon or group within the service, by morning/afternoon, and by the week of the month, resulting in a patchwork of often inefficient small holdings



Split by...

- Floor
- Group
- Individual Surgeon
- Week of Month
- Half-day / Partial Day

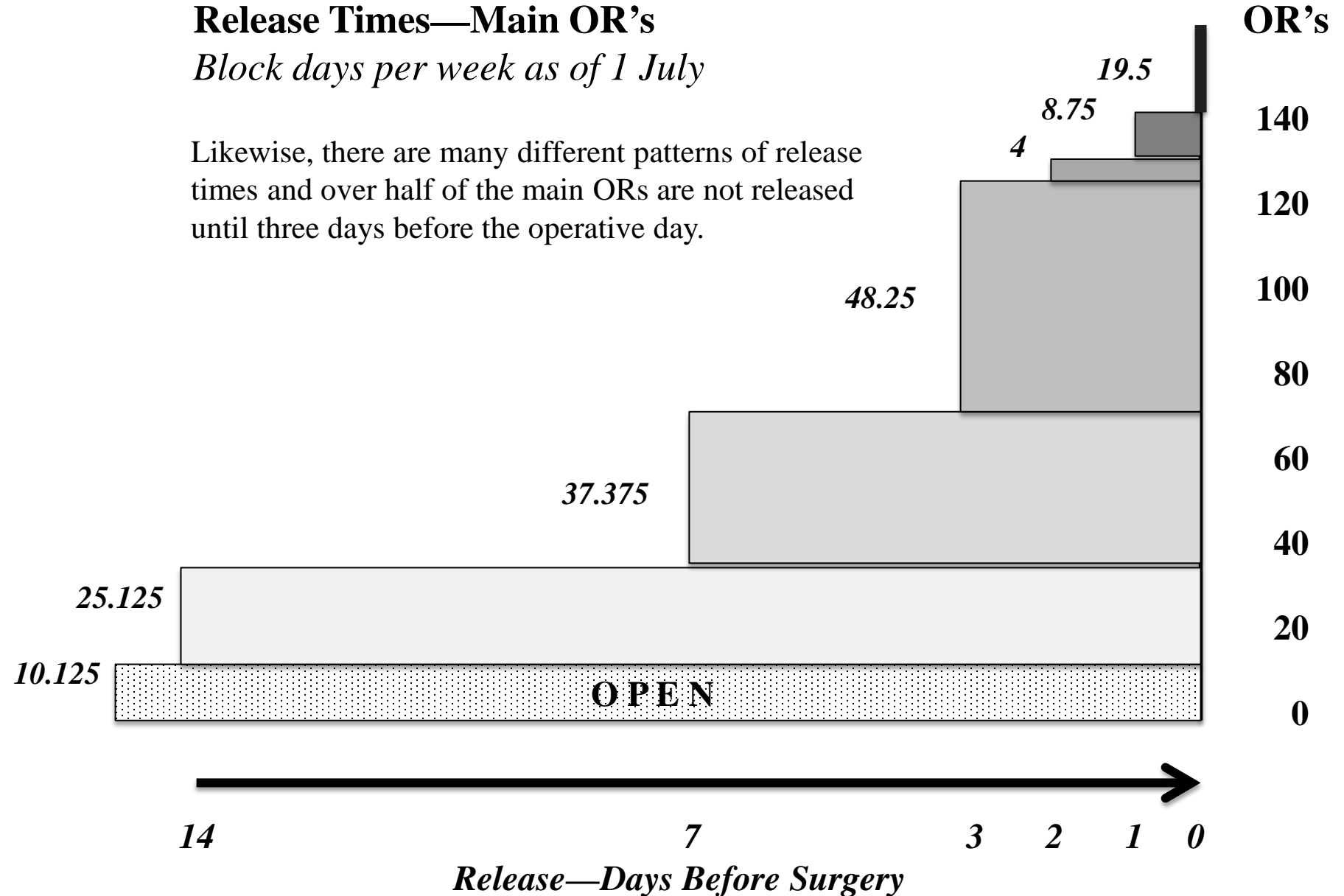


8 OR
7 OR
6 OR
5 OR
3 OR

Release Times—Main OR's

Block days per week as of 1 July

Likewise, there are many different patterns of release times and over half of the main ORs are not released until three days before the operative day.

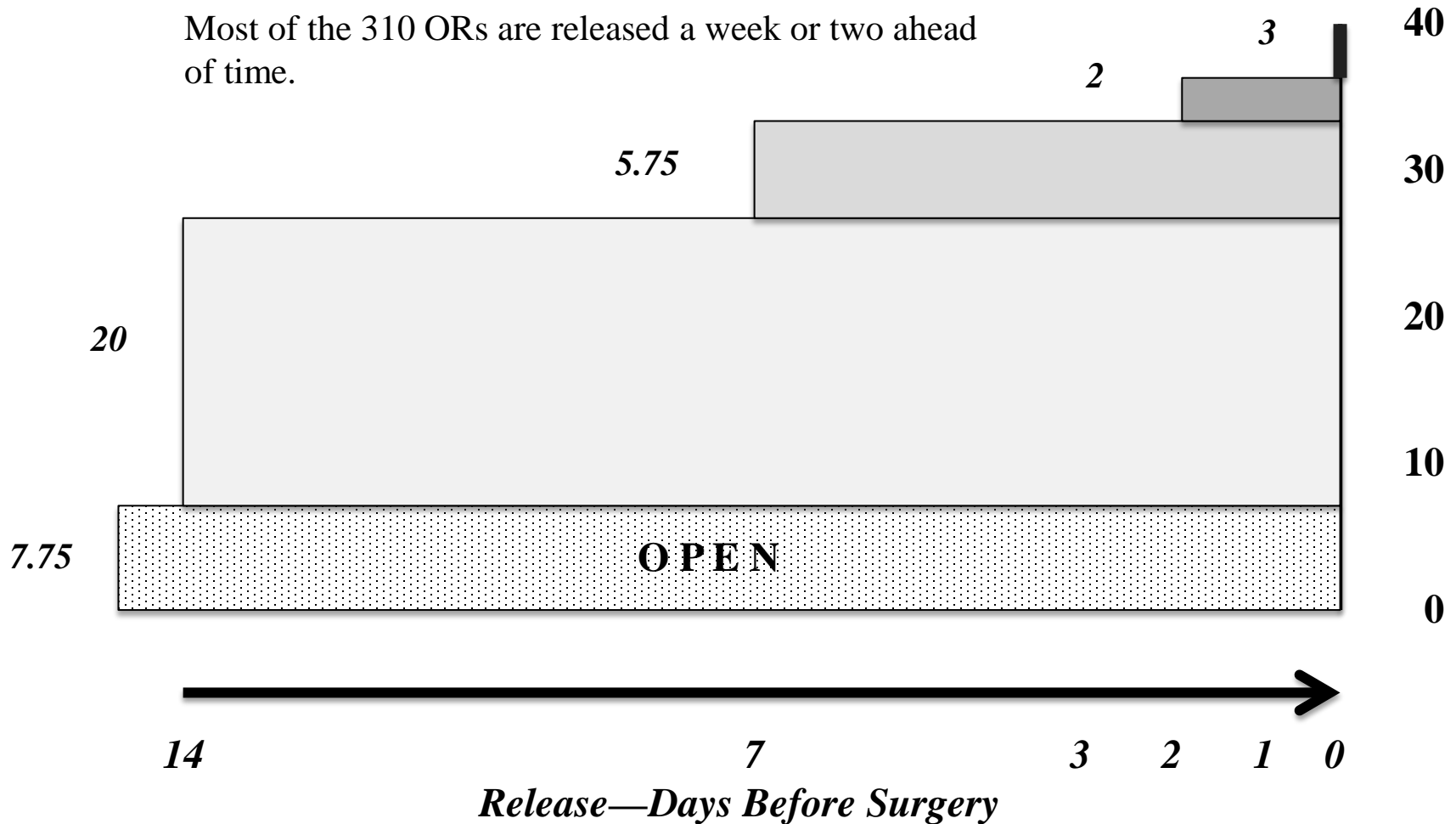


Release Times—310 OR's

Block days per week as of 1 July

OR's

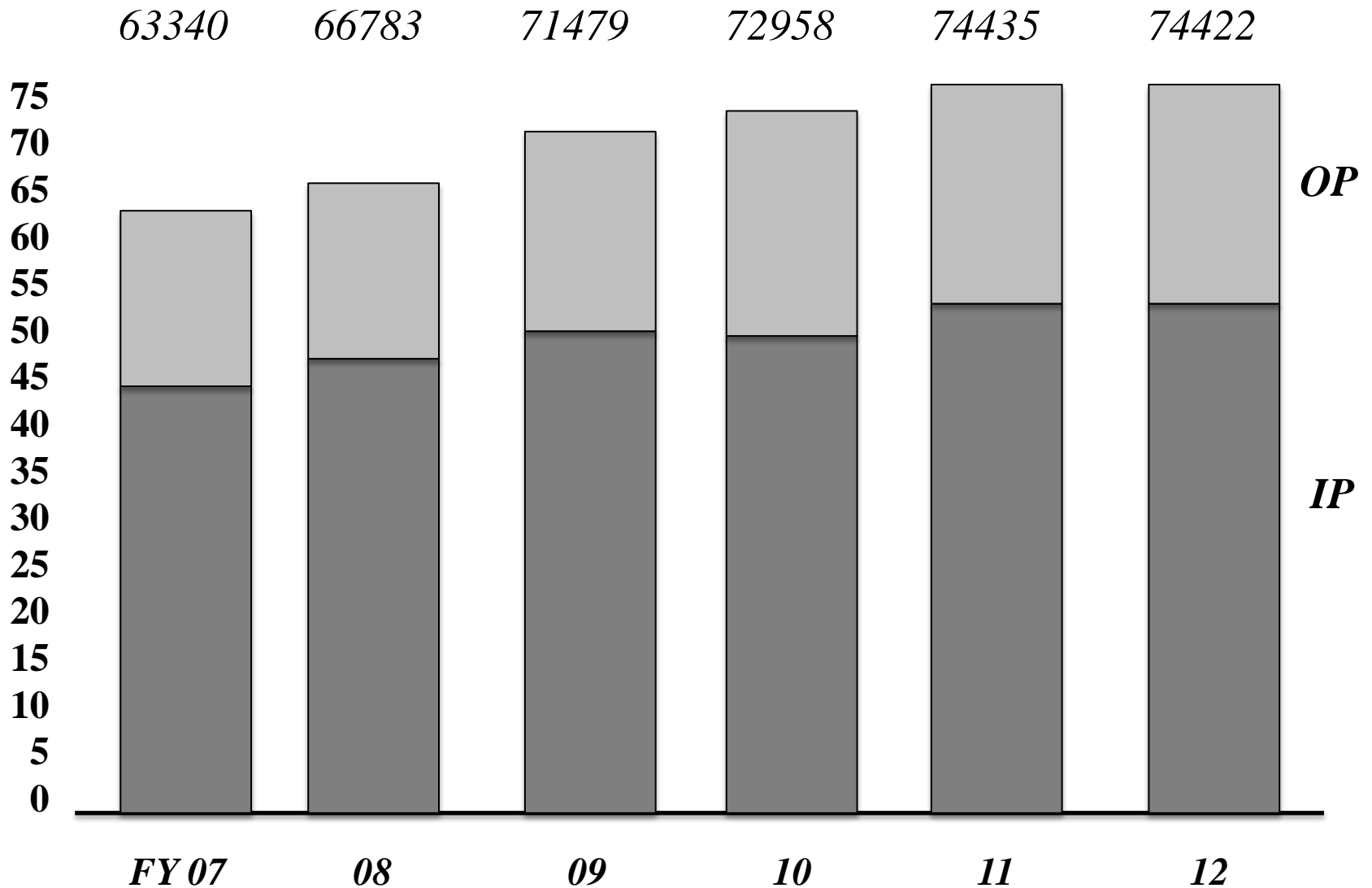
Most of the 310 ORs are released a week or two ahead of time.



Hours FY 07 – 12

000

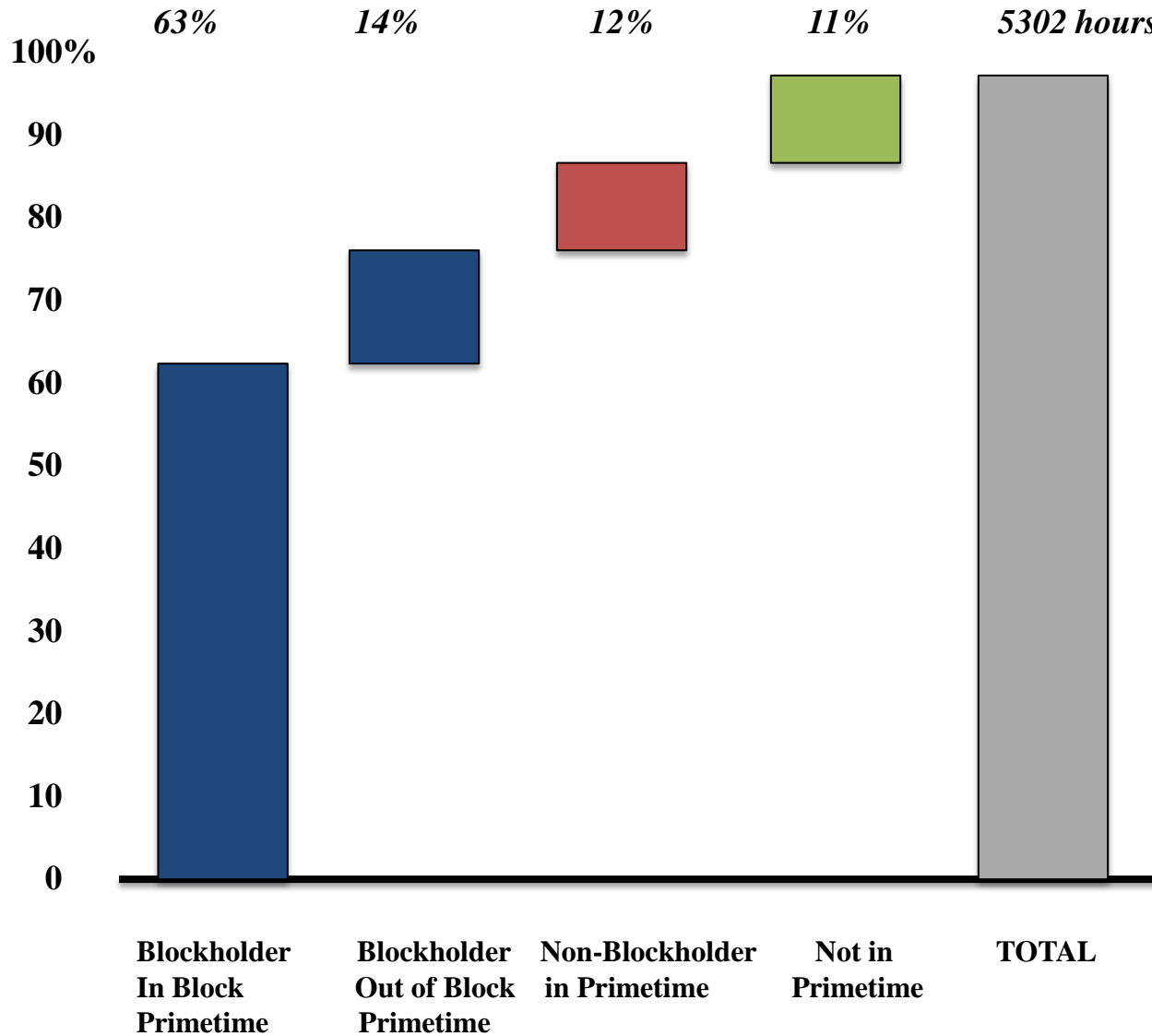
Surgical hours have increased by nearly 17% over the past five years.



Volume by Block and Primetime

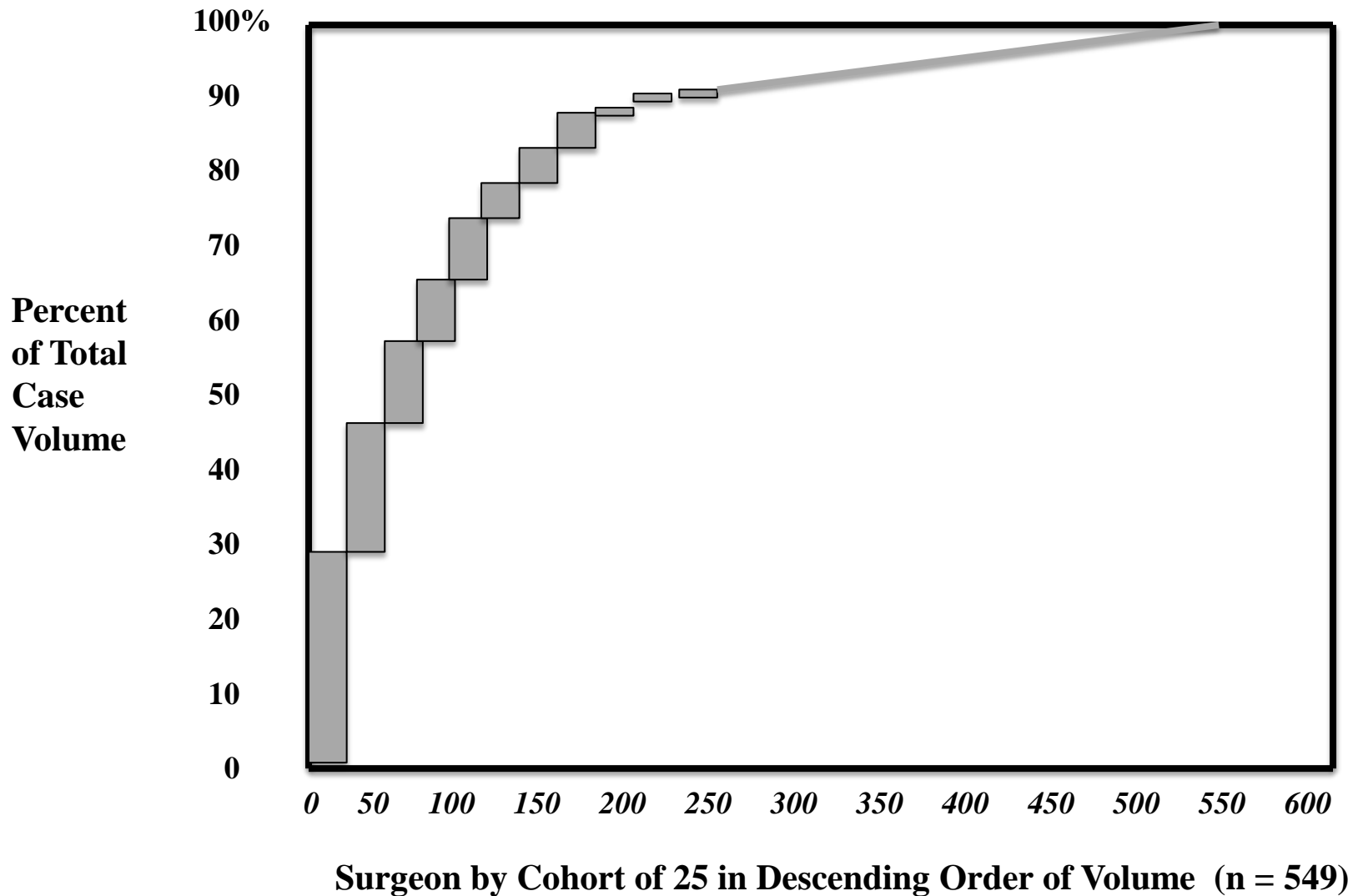
Main OR—recent month

Over three-fourths of surgery is done within prime time by block holders.



Volume Concentration by Case

10% of the surgeons provide 46% of volume; half provide just 6%

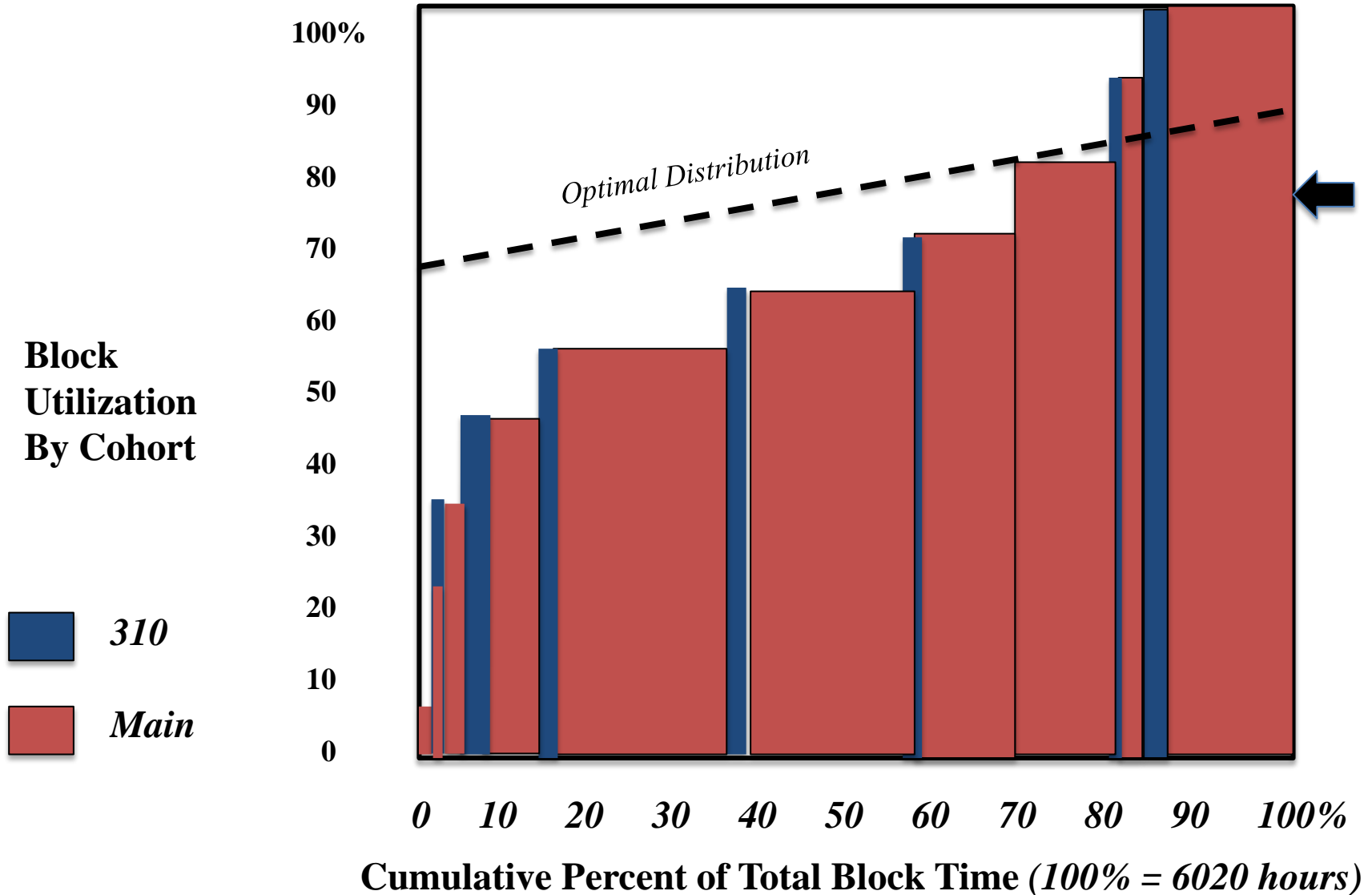


Distribution of Utilization by Blockholder

Utilization is highly uneven: many surgeons appear to need more time, while others seem to have more time than they need.

FY 13 July

Overall Utilization = 78%

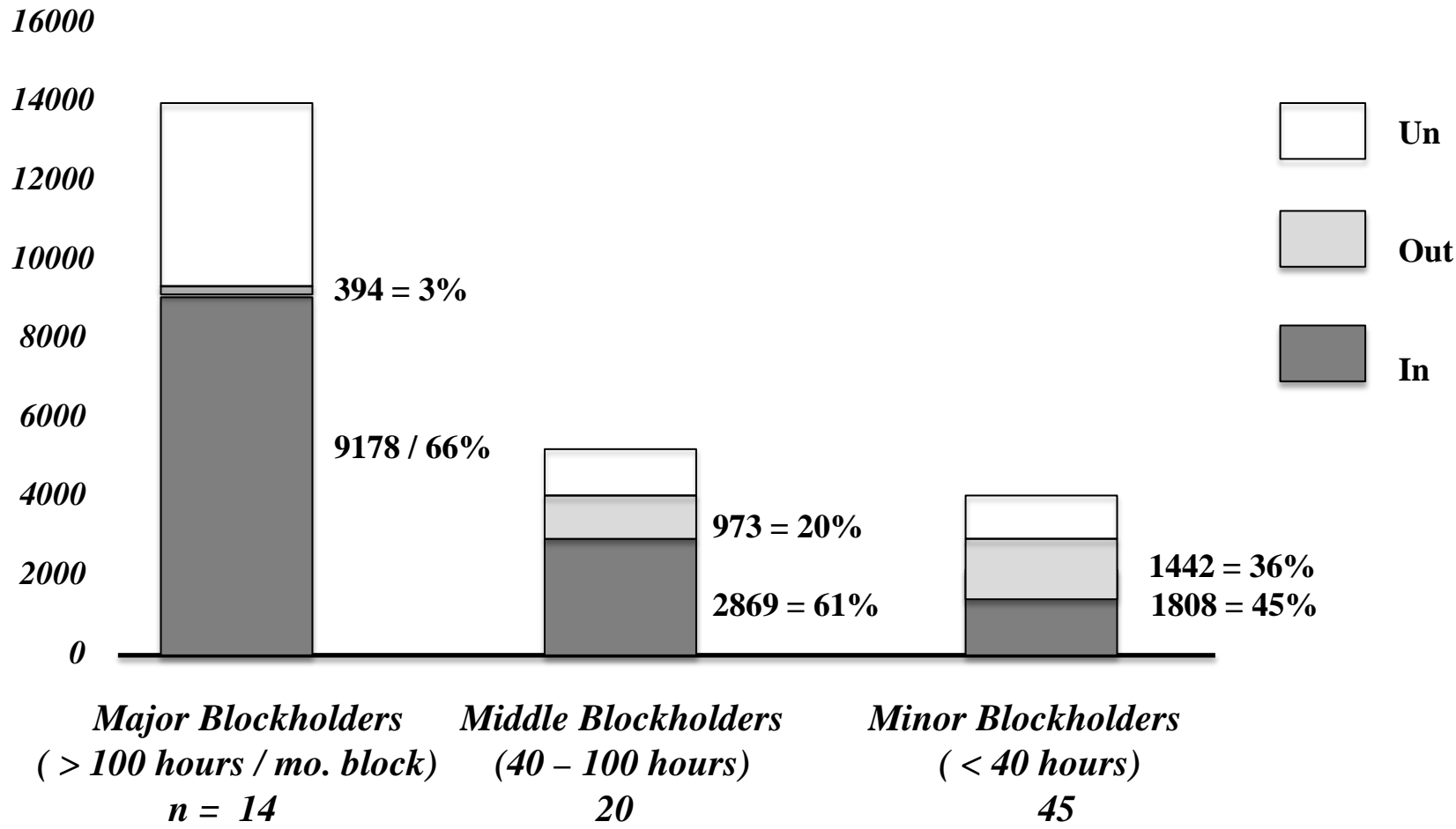


In Block / Out-of-Block Utilization

March - June 2012 Main OR's

Those surgeons who have small amounts of block appear to do as much surgery outside their block as in it...

Block Hours	13962 = 62%	4733 = 21%	3997 = 18%	100% = 22692
Utilization	69%	81%	81%	73%



Minor Blockholder Utilization Pattern

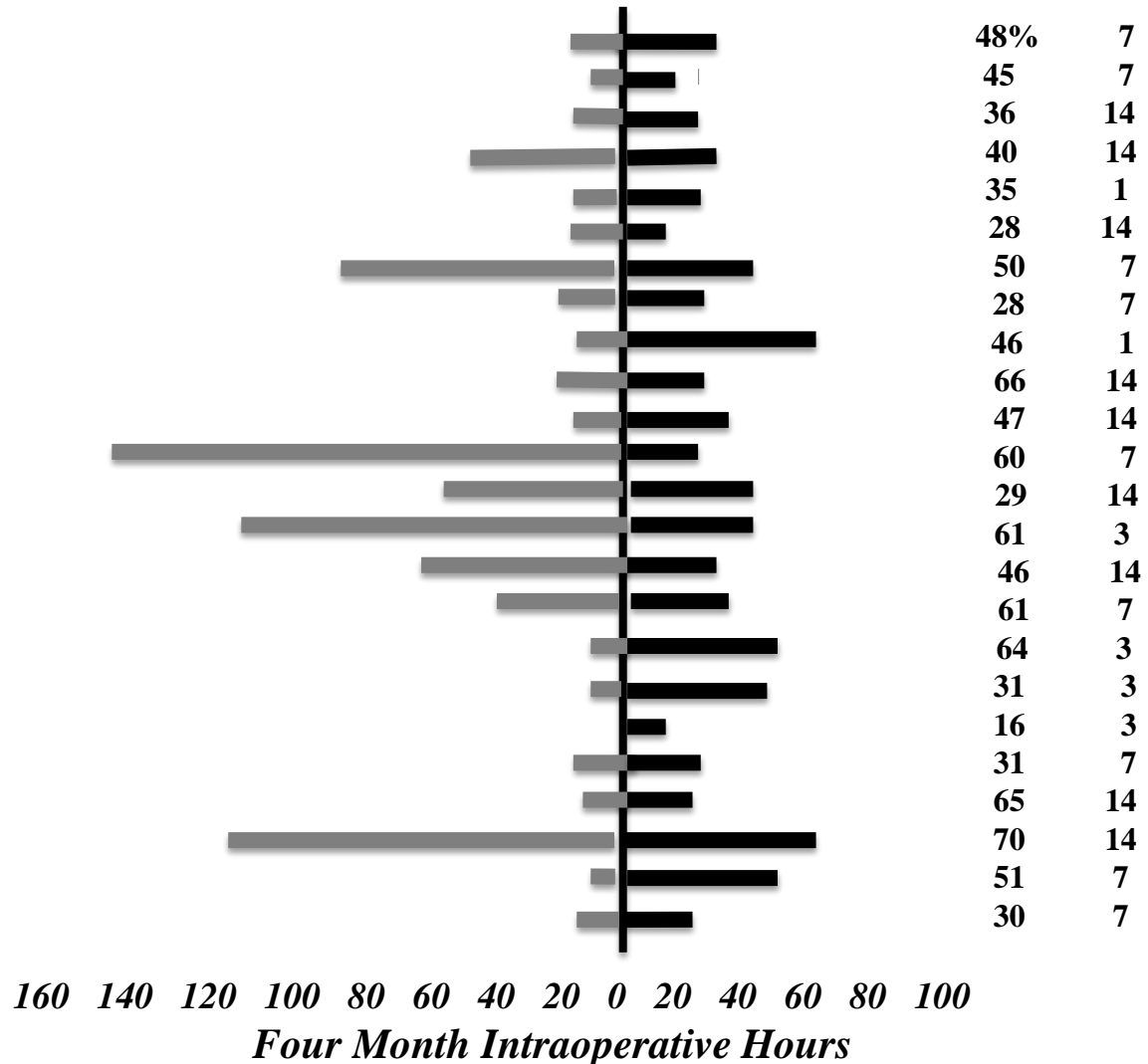
March - June 2012 Main OR's

... raising the question of whether they would be better served by having more open time in lieu of block.

Blockholder



Hours
Out-of-Block In-Block In-Block Utilization Release Days

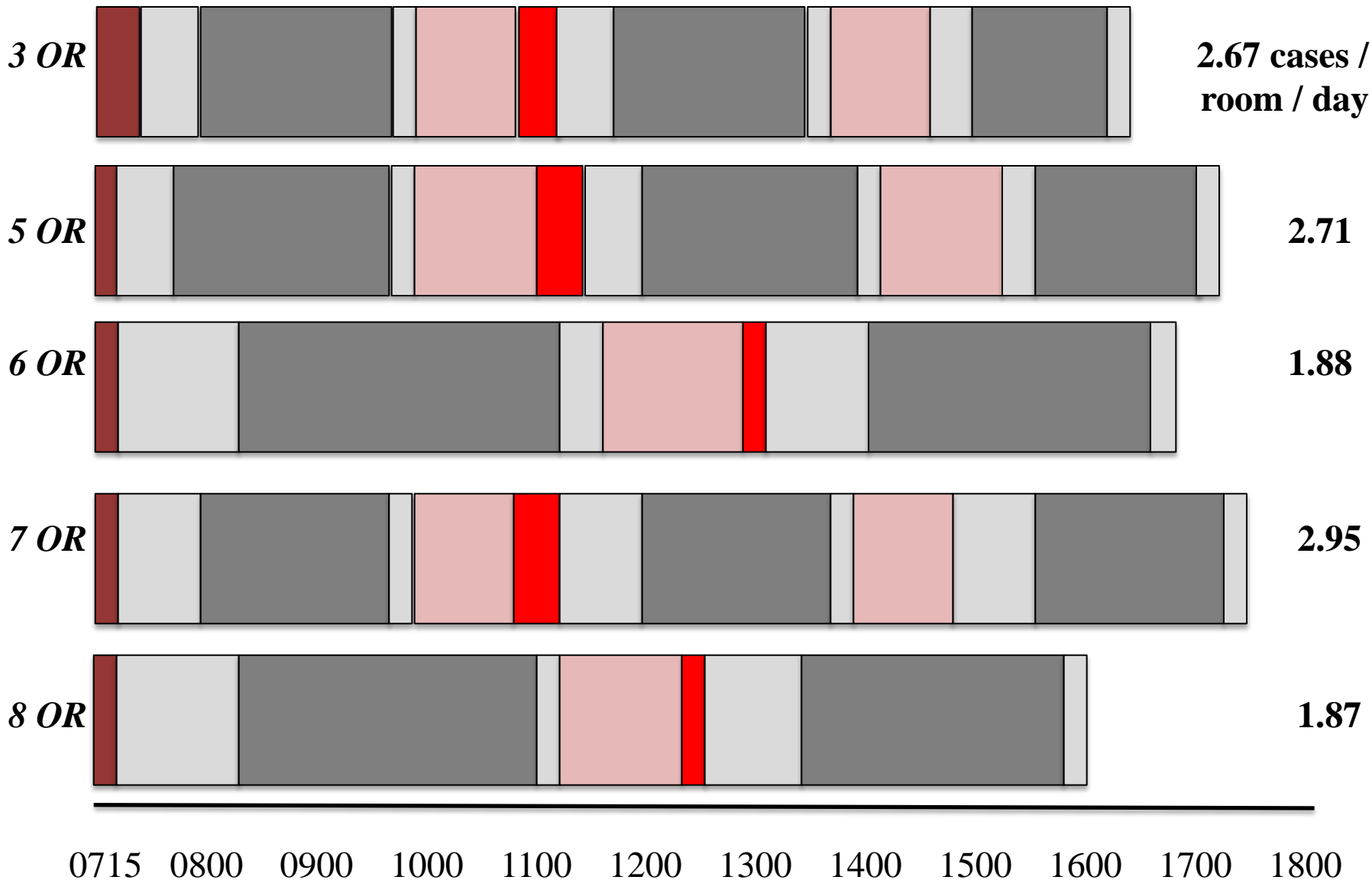


Mean Daily Pattern

July 2012

Most ORs run well into the afternoon.

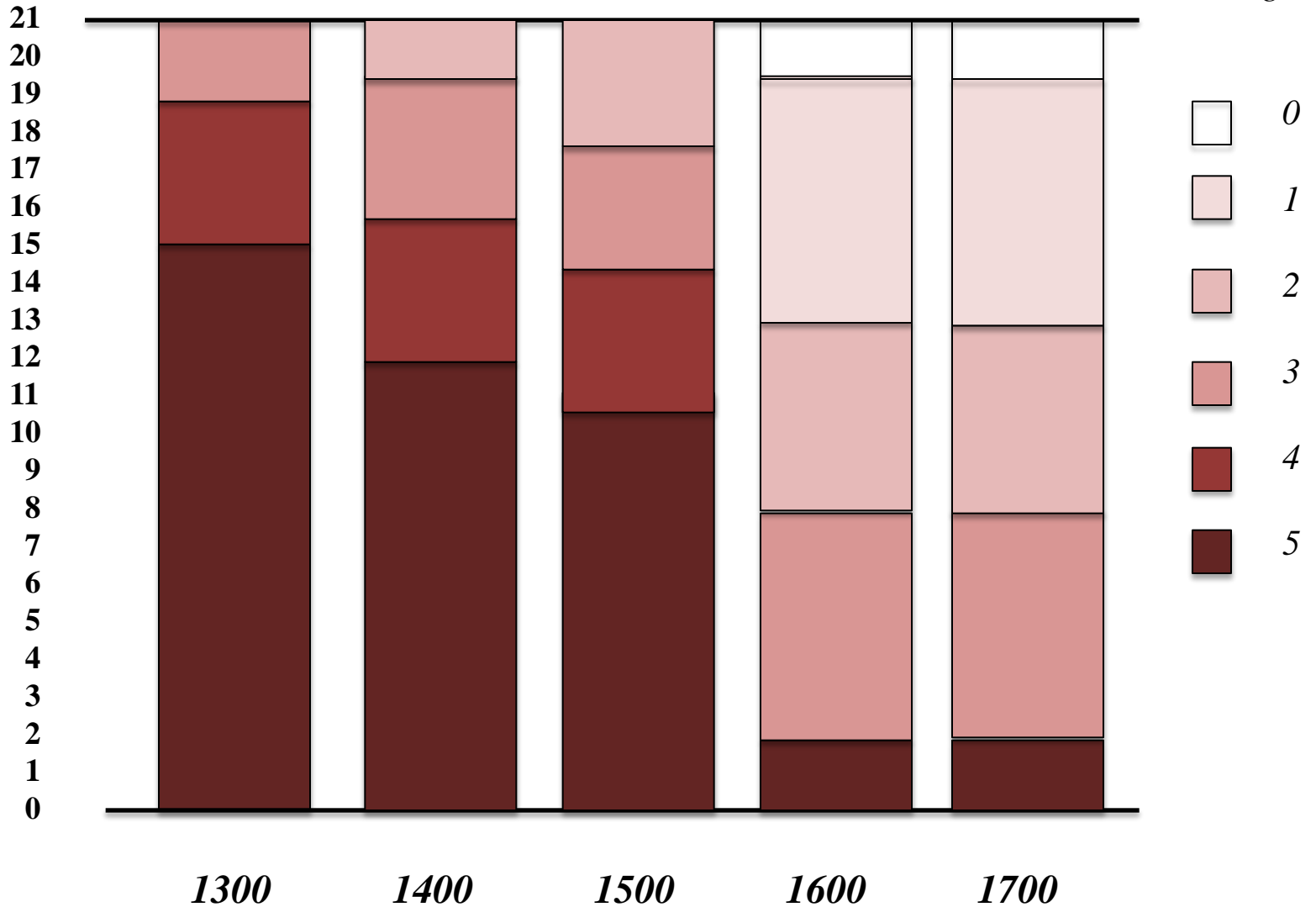
- Late Start
- Schedule Gap
- Turnaround
- Incision / Close
- In-room / Incision or Close / Exit



Number of OR's with Cases by Time of Day

3 OR—July 2012—21 Days

In many instances there are several rooms running well past the end of the operative day.



What We're Doing to Improve Utilization, OR Availability and Throughput

- Reviewing block utilization at 6 month intervals; fairly and impartially reallocating blocks
- Informing surgeons monthly if their utilization is low
- Encouraging surgeons to amalgamate into groups for block allocation purposes
- Creating larger bank of open time using reallocation process
- Pushing release times further out when feasible
- Encouraging release of block a month prior to vacations or meetings
- Reviewing standards for retaining simultaneous rooms
- Moving toward either half day or full day blocks with 0715 starts

Improvement Initiatives (continued)

- Adjusting scheduled case duration to reflect actual experience
- Embarking on PAC initiative to reduce same day cancellations
- Reducing ‘scheduled gaps’ through active management
- Devolving real-time schedule management to OR unit leadership
- Testing receptivity of surgeons to altering the ratio of block time to open time
- Continuing efforts to reduce turnover time and to achieve on-time starts as part of reducing case cycle time
- Preparing for introduction of OpTime scheduling and case management system

Scheduling Process and Communications

- Central Scheduling can be reached at CentralSchedulers@cshs.org or called at (310)423-3786 M-F 0730 -1700
- Lineups for next day should be confirmed nlt 1600 the previous day
- For cases or changes for next day after 1700, call triage nurse at (310)423-5520 and enter beeper # 0689
- Cases may be scheduled in three ways:
 1. ORSCHED, which links to Web/VS. This requires 2 or more cases per month and logging on every 30 days to maintain access
 2. Email—using the electronic Microsoft Word template
 3. Phone, for next day cases only

Scheduling Process and Communications (cont.)

- Central Scheduling invites all surgeon office schedulers to quarterly meetings. The next is Wednesday, October 24th in HMCC 1 & 2 at 1200
- Scheduling information and guidelines have also been published in *Sutures* and have been sent directly to surgeons' offices
- Guidelines include contact information as well as explanations of how to schedule case length, needed patient demographic information, when to schedule in 310 vs Main, the use of ORSCHED and Web/VS, cancellation and rescheduling, special equipment requests, CPT codes, etc.