

Solving Common Yet Complex OR Scheduling Challenges

What could you do with an additional
\$500k per OR per year?



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 OR Manager

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 iQueue
FOR OPERATING ROOMS

In the wake of COVID-19, OR managers have faced unprecedented challenges with optimizing the OR schedule. Many facilities are still clearing elective surgery backlogs, so it's more important than ever to streamline the scheduling process and fill open time. For those still relying on manual methods such as phone calls and faxes, there are many opportunities to optimize scheduling and improve visibility into the historically opaque OR schedule.

CHALLENGE #1

Block time left unfilled

There are many reasons block time might be left unfilled. An onerous process for manually releasing or changing surgical case time may result in missed opportunities if staff finds the method inefficient and unproductive. Overall, a lack of foresight, transparency, and communication leaves time unused every day.

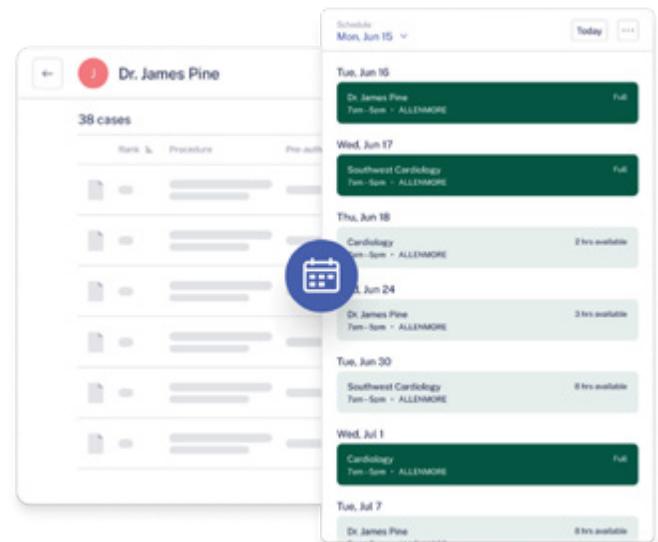
However, facilities are tapping into new technologies to make the OR scheduling process easier. Innovations are being made that eliminate the need for multiple calls and faxes between surgeons, their clinics, and the OR scheduling office. While LeanTaaS' iQueue for ORs has been in use since 2017, a new Schedule module was recently added to streamline the scheduling process.

“Schedule’ eliminates the need to chase down booking or scheduling forms for cases that are waiting to be scheduled and provides a single, electronic channel for all case requests — both in and out of block,” says Ashley Walsh, LeanTaaS VP for Client Services — Operating Rooms.

“This type of process saves time and frustration for both the surgeon clinics’ staff and the operating room schedulers, and increases operating room utilization during staffed hours.”

Technology such as “Schedule” includes a block visualizer that gives surgeons and their staffs visibility into their block schedules. They see which blocks are unfilled, and they are prompted to act. If block time is unavailable, clinics can add

their cases to an open time request and find time that fits their unique needs.



A highly visual approach is easy to understand and will lead to fewer unused blocks of time.

Outcome: By better utilizing block scheduling, ORs can gather more “collectable minutes,” meaningful blocks of surgical time that can open up the OR schedule significantly. ORs can realize, on average, 15,900 recaptured minutes per OR per year — the equivalent of 33 8-hour blocks per OR per year that would have gone unreleased and possibly even unused.

CHALLENGE #2

Missed connections between clinics and OR facilities

It's every OR manager's headache: A missing surgical preauthorization, a last minute cancellation, or a patient who arrives for surgery but isn't on the schedule.

Seamlessly coordinating care with clinics can make or break the OR schedule. Missed connections between your OR team and the surgeon's office become avoidable errors when best practices are put in place.

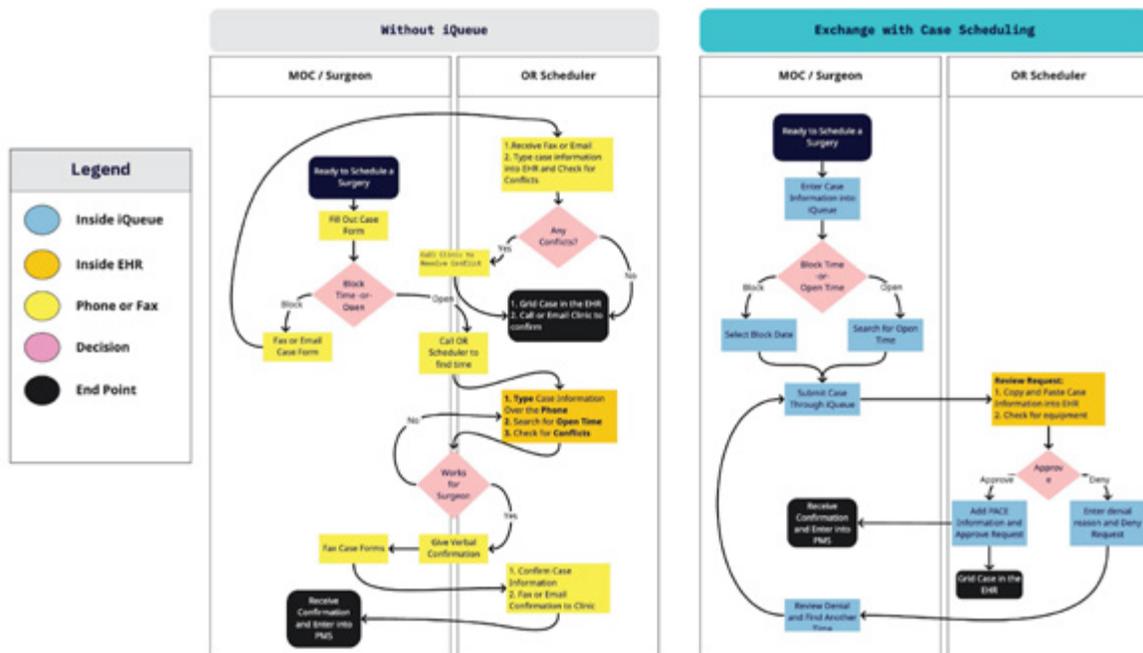
OR schedulers need to review all relevant case details to either approve or deny a time request for surgery. However, relying on faxes and phone calls to get case details to OR scheduling opens the door to errors or other communication failures. Having case information automatically transmitted along with the request for time or block reservation reduces the potential for mistakes to happen. It also enables OR

schedulers to focus on what they are trained to do: Ensure that the appropriate case is scheduled at the appropriate time, factoring in staff, equipment, and all other scheduling concerns.

One of the most important pieces of information transmitted from clinic to OR is the status of preauthorizations.

Automating the communication to the OR that authorization has been obtained is a game-changer.

Another headache remedy? Automating the rescheduling of canceled cases. When cases are canceled, imagine placing them on a waitlist to be rescheduled with a few clicks. This would prevent cases from falling through the cracks when rescheduling is necessary.



Using technology to streamline coordination between clinics and the OR scheduler greatly simplifies the process and removes the likelihood of errors.

These automations are available as part of the new "Schedule" module in iQueue for OR.

Outcome: Increasing OR utilization by even a few percentage points can improve financial performance by \$500k per OR per year. Using technology that better coordinates with practices, versus relying on manual processes, is a worthwhile investment.

CHALLENGE #3

Historical practices of scheduling based on physician seniority or status

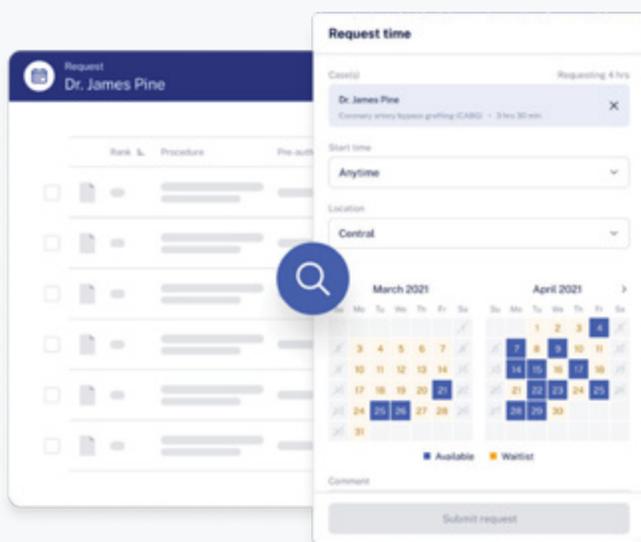
Surgeons' block times are often based on personal preferences, seniority, or status. Releasing or reallocating block time can be contentious and somewhat political. It's hard to overcome, but by leveraging technology (not EHRs, not static reports, but easily accessible technology), ORs can optimize prime time utilization and increase patient access.

Using a single source for all scheduling tasks – whether it's a surgeon scheduling cases into their block or submitting a request for open time – eliminates the need to monitor email, fax, and phone calls for incoming case details.

Room and time optimization can also be accommodated using algorithms. These can take into account service line and robot constraints, as well as surgeon preference, to provide the OR scheduler with a suggested room and time that maximizes the remaining requestable time for others.

“The voluntary process most health systems use for releasing blocks of time surgeons no longer need and for requesting new blocks of time tends to be manual, labor intensive, and error prone. A single block of OR time can generate \$50,000 to \$100,000 or more in revenue per day,” says Sanjeev Agrawal, senior executive at LeanTaaS.

Outcome: While it can be difficult to disrupt long standing norms around scheduling, doing so ultimately benefits the surgeon. Facilities that optimize OR scheduling can accommodate new surgeon growth and grow market share. In fact, surgeons without block time tend to benefit most from the additional OR minutes. Overall, this improves physician satisfaction, patient access, and financial outcomes.



With the right scheduling technology in place, it's easy for clinics to add their cases to an open time request and find time that fits their unique needs.



Conclusion

The complex process of OR scheduling should not be so manual or opaque. Nor should the process rely on tribal knowledge, fax communication, or a series of sticky-notes posted in the scheduling office.

LeanTaaS is pleased to introduce a new innovation within its iQueue for Operating Rooms suite “Schedule”. With Schedule, the entire scheduling process can now be completed without the need for multiple calls and faxes between surgeons, their clinics, and the OR scheduling office. With iQueue for Operating Rooms, Surgeons and their clinics can streamline their scheduling process and even search for open time outside of their block that might match a particular case’s needs and Surgeons who don’t have block time can easily find open time slots as well.

Schedule eliminates the need to chase down booking or scheduling forms for cases that are waiting to be scheduled and provides a single, electronic channel for all case requests (both in and out of block). The user-friendly technology increases visibility and transparency into the historically opaque operating room schedule, saves time and frustration for both the surgeon clinics and the operating room schedulers, and increases operating room utilization.

BENEFITS TO SURGEONS AND THEIR CLINICS

Easily transmit case details

Eliminate faxes and phone calls to get case details to OR scheduling. Case information will automatically transmit along with the request for time or block reservation, reducing the potential for transcription errors.

Manage pre-authorizations

Clinic offices can keep track of which cases are still waiting on authorizations and which have already been obtained. Adding the auth # and changing the status will communicate to the OR that auth has been obtained.

Reschedule cancelled cases

When cases are canceled they will be captured in the waitlist and can be rescheduled when they are ready with a few clicks. This prevents cases from falling through the cracks when scheduling issues occur.

BENEFITS TO THE OR

Single source for all scheduling tasks

Whether a surgeon is scheduling cases into their block or submitting a request for open time, all traffic is routed through iQueue. This eliminates the need to monitor email, fax, and phone channels for incoming case details.

No more missing case details

Hospitals can customize their forms and make any fields required so that they will not have to chase down missing information.

Optimize room and time placement

iQueue’s proprietary “Find Best Match” algorithm takes into account service line and robot constraints and surgeon preference to provide the OR scheduler with a suggested room and time that maximizes the remaining requestable time for other requests.

Reduces transcription errors

If the hospital chooses, case information provided by the clinics can be copied directly into the EHRs, reducing potential errors that might have previously occurred from the manual entry of data from booking sheets sent via traditional methods.

