RUSH

Problem

Located in downtown Chicago, Rush University Medical Center is a nationally ranked hospital that performs over 44,000 surgeries a year. Rush is ranked as one of the top US hospitals, and has 11 top ranked clinic programs, including three of the best in the state of Illinois.

With its 38 physical operating rooms and its need to recruit new surgeons, Rush had a completely blocked schedule with short auto-release times. This caused a number of challenges to truly optimizing OR capacity and helping surgeons find sufficient open operating time to perform their cases.

“When I started this role [in 2020], I immediately had calls from surgeons wanting more time in the OR”, says Janet Stifter, VP Hospital Operations, Perioperative and Interventional Services and Professional Nursing Practice at Rush. “We were constantly trying to recruit new surgeons…when everything is blocked on the OR schedule it was a hard sell.”

Due to this scarcity, departments tended to hoard what time they did have and were reluctant to release it. Some low-utilization specialties were especially prone to holding on to time. In this environment, new surgeons were challenged with finding and reserving the operating time they needed.

Especially after the backlog of postponed or delayed cases accumulated after the initial COVID-19 surge in 2020, Rush needed a technology solution that would help unlock as much OR capacity as possible while improving utilization and developing surgeons’ trust that they could obtain the time they needed.

Solution

Rush went live with iQueue for Operating Rooms during the pandemic. The implementation, which entailed minimal change management, immediately made data about block utilization visible to surgeons, department leaders and schedulers alike. This single source of truth led to productive, fact-centered discussions about how much time individual surgeons truly needed, as well as how to release or transfer time that was not being actively used across surgeons and service lines. Overall, this enabled more cases to be performed in the time and space available. “One of the most powerful things about iQueue was the data…surgeons really relate to data,” says Stifter. Surgeon trust in the scheduling system was noticeably strengthened by this data access.

The iQueue Exchange module was particularly crucial to addressing the problems Rush faced. The user-friendly, OpenTable-like platform let surgeons actively reserve and release time as well as track their own performance metrics. Newer surgeons felt empowered to claim the time they needed, while more senior surgeons felt freer to release excess time they were allocated but did not need. As Stifter describes, “the whole concept of surgeons using technology to drive their own scheduling is a lucrative portion of using iQueue.”

Results

After about a year of use in iQueue, Rush saw a 3% increase in overall room utilization, showing surgeons and staff were able to perform more cases within preferred hours and avoid early mornings and late nights. The OR minutes for Rush’s top requesters of time also grew by 30%. Abandoned block time, meanwhile, decreased by 16%.

What supported these results was a dramatic increase in time to release, which previously ranged on average from under 24 hours to five days. Now “we’ve had as much as a three-week lead in releasing time, and far fewer emergency and urgent cases,” Stifter says.

Overall, with the support of iQueue for OR, Stifter has “as a new leader, been able to enhance surgeons’ experience and identify ways to get them more time in the OR.” The results show success.

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