



Overview

Part of the larger Hartford HealthCare, the Bridgeport, Connecticut-based St. Vincent's Medical Center (SVMC) comprises a 473 bed community teaching hospital, along with an inpatient psychiatric facility, an affiliated large multispecialty provider group, and St. Vincent's Special Needs Services, all staffed by 3,500 clinicians and associates in total. In 2021, SVMC performed 3,000 inpatient surgeries and 5,000 ambulatory surgeries.

Problem

In performing a high volume of surgeries for the surrounding community, SVMC's operating rooms (ORs) faced numerous challenges in utilizing time and space efficiently, and using supply of ORs to meet demands. The OR schedule was 99% blocked, an issue exacerbated by surgeons not manually releasing their unused block time. Open time was frequently held for specific surgeons via sticky notes in the schedule, before ultimately going unused. These habits, driven by a fear of not getting time back when needed, exacerbated ongoing low OR utilization and prevented elective cases from being booked outside allotted block time.

Adding to this, surgeons and their schedulers had very limited visibility into the OR schedule to see what open and block time actually was available, leading to constant back-and-forth phone calls and faxes to send case information and attempt to book time. The manual processes contributed to a problem with OR transactions like time requests and releases not being properly tracked.

These issues contributed to the overall struggle OR leadership faced with insufficient and inaccurate data, which failed to support effective decisions on appropriate autorelease deadlines and block allocation. Leadership was forced to calculate data manually, and surgeons, staff, and leadership tended not to trust the data that was available. In these circumstances, surgeons and leadership were unable to identify truly repurposable OR time, prove the need for additional time, or effectively repurpose block time to create additional access to the OR. SVMC metrics thus showed block and OR utilization that was lower than ideal.

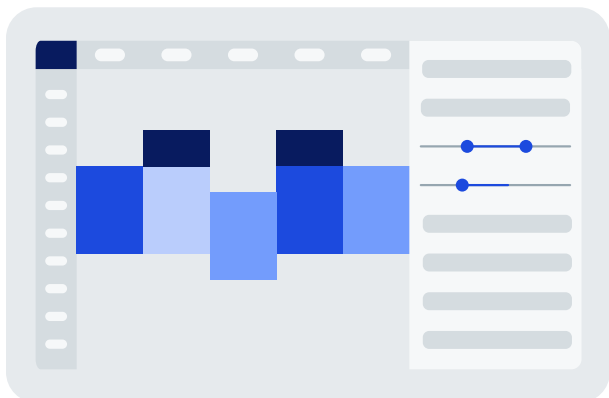


Solution

To address the underlying problems, SVMC adopted LeanTaaS' iQueue for Operating Rooms on August 30th, 2022. The solution offered full visibility into open and available block time within the OR, so that clinic schedulers could see and request both open and blocked time through a single platform, as well as send their case information through the application. iQueue supported leadership in creating standardized definitions for all operation metrics and provided a single source of truth for reliable data, which became trusted across the organization. Serving as a unified marketplace for time and efficient scheduling tool respectively, iQueue's Exchange and Case Scheduling modules streamlined the scheduling process, reduced opportunities for human error when transcribing case request information into the EHR.

At the leadership level, iQueue's Collect and Allocate module supported fruitful discussions and productive actions on block allocation by presenting accurate, actionable and surgeon-centric data. With these tools, surgical leaders could evaluate opportunities to repurpose eligible time, and truly understand metrics like how well surgeons were currently using their time, who needed additional time, and what time would work best based on historical booking patterns. They also leveraged release reminders through iQueue, to encourage surgeons to release block time they did not plan on using to create additional access to the OR for surgeons with demand. These actions created a fluid, open marketplace for open OR time and reduced unused time being held by surgeons. Leadership has also used data from iQueue's Analyze module to make decisions on extending the autorelease deadline where appropriate to create more open time sooner.

By making data more accurate, visible, and useful, iQueue for Operating Rooms empowered SVMC to improve utilization and better match demand for OR time with supply.



Results

In the first four months after launching iQueue for Operating Rooms (September-December 2022), compared to the same period of the previous year, St. Vincent's Medical Center achieved:

7%

Increase in prime time utilization

5%

Increase in staffed room utilization

6%

Increase in block utilization

124%

Increase in manually released minutes

