

## CASE STUDY



### Introduction

Based in Kansas City, the University of Kansas Health System (TUKHS) is an academic medical center with multiple locations throughout Kansas. The health system's Kansas City operations has 52 operating rooms and performs over 35,000 cases per year across all service lines.

### Challenges

Surgeons at TUKHS' main campus in Kansas City consistently struggled with gaining sufficient access to operating room time to perform their cases. Scheduling challenges were compounded by a high number of last minute add on cases and inefficient use of space and resources. Additionally, there were limited formal block management policies in place to best utilize OR time or to find unused/underutilized time. Without access to credible, defensible data to support block reallocation decisions, OR leadership struggled to reclaim and repurpose unused block time. Furthermore, leadership and department chairs did not have access to the data and thus little visibility into the root causes of access and utilization problems.

## Goals in implementing LeanTaaS' iQueue for Operating Rooms

TUKHS selected iQueue for Operating Rooms to gain access to a powerful and usable window into their block utilization and other key performance indicators and to provide decision makers with easy access to the metrics that matter. iQueue would enable them to identify open time in the OR sooner, show which block owners have excess allocation, and proactively zero-in on opportunities for further operational improvement. Access to the data, from a "single source of truth" that all stakeholders could trust and rely on, would help the surgical department build structure around block management practices and policies. Using these insights from iQueue, TUKHS could increase OR utilization, leverage new block reallocation opportunities to recruit surgeons, and improve efficiency in OR workflows.

iQueue data would also help address another priority for TUKHS leadership — enabling OR leadership to develop stronger relationships with surgeons and department chairs. These stakeholders could engage with department metrics and together, fostering better communications and transparency as they worked toward clear common goals. Giving surgeons access to their own data would also motivate them to improve their own metrics, improving satisfaction as they saw immediate results from their choices around usage.

“Within one year of implementing iQueue, we were able to increase overall block utilization by 20% percent and primetime utilization by 4.8% and that’s with the 7% reduction in available rooms... that indicates that we’re using our space a lot more efficiently.”

— **Megan Eubanks**, Senior Director of Business Operations of Perioperative and Procedural Services at The University of Kansas Health System

## Results

After one year of using iQueue for Operating Rooms, TUKHS saw the following results:

20% ↑

increase in block utilization

4.8% ↑

increase in primetime utilization

8% ↑

increase in surgical volume despite a 7% decrease in available capacity

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Increased fluidity of time and greater access to the OR

98% ↑

proactive manual releases and transfers of time before the auto-release deadlines

27

day average release/transfer proactivity

100%

of surgeons are receiving personalized performance updates via email and/or text message and more than half of them are accessing the data on a regular basis

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TUKHS has leveraged LeanTaaS’ perioperative domain expertise to create appropriate block policies incorporating “Collectable Time” as the given metric to right size blocks. TUKHS plans to put the iQueue for Operating Rooms Collect tool into the hands of department chairs, so they can independently manage block allocation and be able to continue improving utilization with their own departments.