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FOR OPERATING ROOMS

Flip rooms are nothing to flip out about

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Introduction

Awarding surgeons a flip room is a common practice and often a driving force in recruiting and retaining in-demand surgeons and service lines. From a surgeon's perspective, flip rooms greatly improve their efficiency and time management. From the hospital's perspective, conversely, flip rooms generally lower overall utilization and consume twice the resources – space, OR time, staff, and equipment – as a single room. Therefore, the decision to award them is subjected to high levels of scrutiny.

In analyzing flip rooms, hospital leaders must answer the basic question: is it worthwhile to assign two rooms to a single surgeon, practice or service line?

Defining flip rooms vs. stagger rooms

First, it is essential to define our classification of a flip room. For purposes of this discussion, we define **flip rooms as comprising two rooms, two teams, and one surgeon, where only the surgeon moves room to room.** Flip rooms are also awarded as part of a surgeon's block time allocation.

These are distinct from stagger rooms, which have one team assigned to one surgeon and two rooms, with the entire team moving from room to room. Stagger rooms are often assigned close to the day of surgery on an ad hoc basis.

Determining best fits for flip room use

There continues to be debate about the benefits and risks of the flip room model as it relates to differing points of view regarding overlapping, concurrent, dual or simultaneous procedure policies and definitions.

Beyond the strategic implications of assigning a flip room block, some helpful foundational guidelines for determining which surgeons or services lines are good candidates for a flip room are:

- **Short case lengths:** This will minimize the idle time between when the room is set up and when the next patient is wheeled in. An ideal candidate is when set-up / prep time and operating time are close to equal. The mathematical calculation is a ratio of set-up time to case length; the higher (or closer to 1) this is, the better. For example, if a case takes 60 minutes to perform and 15 minutes to set-up, the ratio would be 0.25, but if it took 30 minutes to set up a case of the same length, the ratio would be 0.5, and the surgeon who does the latter case is a better candidate for flip rooms.

- **Low variability in case length:** If case duration is relatively consistent and predictable, then it is easier to optimize the schedule.

- **Ability to use flip rooms efficiently:** Having another surgeon or credentialed individual (e.g., fellow, PA, resident, NP, RNFA) who can close while the surgeon starts the next case improves efficiency, if the practice is permitted at your facility.

- **Like cases:** Another popular criterion is requiring flip rooms to be used for like cases (e.g., all cases in the rooms must be total hip replacements). While this may have some operational, staffing, and safety benefits, like cases are typically not a huge driver of overall OR efficiency.

Creating fair and objective flip room utilization goals

While a flip room cannot feasibly achieve the same level of utilization as a standalone room, a well-run program can achieve reliable utilization that justifies the expense.

Flip room utilization is calculated the same as a standalone room but excludes turnover time. Turnover time is credited to non-flip room blockholders as an acknowledgement of time that cannot be used for active surgery. With flip rooms, the wait for room turnover is eliminated; therefore, turnover time is excluded from utilization calculations and goals are adjusted accordingly.

When analyzing utilization, it's also important to assess flip rooms distinctly separate from stagger rooms. Staggers are not included because they are typically awarded last minute; the surgeon did not plan to have to fill two rooms and should not be penalized. With flip rooms, the surgeon is aware they are assigned two blocks, therefore, they should have plenty of time to fill those blocks.

Here are some guidelines to consider when defining your flip room utilization goals:

- **Know your benchmark.** Use the benchmark for standard block utilization. In this example, we use 80% and assume the first room meets this mark.
- **Understand the worst case.** Now suppose the second flip room is never used — we'll call this the worst-case scenario. Then the average utilization of both rooms would be 40%.
- **Define your goal.** For example, a goal for the flip room to create at least a 50% improvement to the worst-case scenario produces a combined room goal of 60% utilization. Anything below this mark is too close to the second room never being used at all.
- **Releasing block time.** Note that because the overall goals for flip rooms are adjusted, the expectation is the surgeon will be scrupulous about releasing time — either both rooms in the event of a day away from the OR, or one of their two rooms because of lower-than-expected volume.

Creating fair and objective flip room utilization goals

Using an operations management platform like iQueue for Operating Rooms provides the data needed to inform your flip room policy as it relates to OR utilization goals. Taking the time to understand how flip rooms are truly impacting your organization is the best way to ensure efficiency across the board. Using this data, administrators can routinely evaluate block utilization by blockholder and compare it against the criteria of the hospital's flip room policy. For example:

- Number of cases and minutes performed in the flipped ORs
- Block utilization % by day of week, block time, and OR
- OR scheduling lead time
- Average scheduled case duration
- Actual case duration
- % of blocks that meet your case number goals

With this data, the percentage of criteria met by each blockholder can easily be visualized and evaluated to objectively determine which flip room blocks should be investigated further for potential changes.

Closing

Awarding a flip room block is a strategic choice and one that should continuously be scrutinized. With the right data to keep abreast of OR flip room utilization, perioperative leaders have the tools to monitor utilization and make data-driven adjustments that optimize efficiency, maximize revenue, and create surgeon satisfaction by using all available options. Learn more about a solution that surfaces data needed to make decisions.

Visit iQueue for Operating Rooms.

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