



Overview

Memorial Hospital is an independent not-for-profit community hospital located in Marysville, Ohio. The main hospital has three operating rooms (OR), along with two endoscopy rooms, one obstetrical operating room, and a free standing surgery center. Performing over 6,000 procedures annually, Memorial Hospital is dedicated to providing high-quality care to the local community.

Like many hospitals, however, Memorial faced challenges with operational inefficiencies that impacted scheduling and surgeon engagement.

Challenges

Memorial Hospital faced challenges with siloed scheduling and block management practices, which ultimately impacted case volume and overall OR efficiency. The lack of a single source of truth for open OR time, block time releases, and/or block time transfers contributed to inefficient communication practices between the provider offices and the surgery schedulers. These communication practices consisted of back-and-forth phone calls to identify open block time along with block release requests filtering through email. Both practices led to missed opportunities to fill and utilize prime time hours in the OR.

Another challenge Memorial Hospital faced was aligning standardized processes with real time data and analytics to promote OR efficiency and end user engagement. For example, providers received credit for block utilization when released 14+ days out which inherently disincentivized block time releases between 7-14 days out. This contributed to a highly blocked schedule with limited open OR time. Furthermore, the lack of real time data transparency impacted provider engagement. Quarterly reporting of data, which was extracted manually from the EMR, led to a lack of provider buy-in to the established processes.

Solution

To address these challenges, Memorial Hospital partnered with LeanTaaS to implement the AI-powered [iQueue for Operating Rooms](#). This platform standardized visibility into open time requests, releases, and transfers, leading to a significant decrease in phone calls and emails between clinic and OR schedulers.

iQueue's **Analyze** module standardized metric definitions and automated real-time data pushes to physicians and leadership, which increased physician engagement and accountability for block time releases. Additional OR time was created by leveraging release reminder's, along with the **Collect and Allocate** module systematically evaluating block utilization and aligning the supply of OR time with demand based on surgeons' actual needs. Leadership utilized data from iQueue to drive new block policy amendments that provided a standardized process for block review and changes, while aligning a block utilization crediting rule with 7-day auto releases. They also further incentivized surgeons to release between 17 and 7 days.

Results

26% ▲

increase in case volume in FY Q2 2023 (post iQueue launch) compared to the same time period pre-iQueue, for Top 10 iQueue physician users

12% ▲

increase in block utilization and **9%** increase in staffed room in FY Q2 2023 overall compared to the same time period pre-iQueue

42

days release proactivity

28

days request proactivity

71,000

proactive manual released minutes

70

requests in open time, securing an additional **9,000** minutes for block dates in FY Q2 2023

