

Optimizing Surgical Operations to Unlock Capacity and Improve Patient Access

Transforming Surgical Operations Across:

100+
Health Systems

550+
Hospitals

5,700+
Operating Rooms





Optimizing Surgical Operations to Unlock Capacity and Improve Patient Access — from Referral to Recovery

Perioperative services are under unprecedented strain. Workforce shortages, variable reimbursement, rising surgical demand, and limited capital all place pressure on the operating room — one of the hospital's most constrained resources. Yet many ORs still rely on manual scheduling, inconsistent block management, and siloed coordination, driving unused time, avoidable cancellations, staff burnout, and financial leakage.

iQueue for Operating Rooms offers a modern, end-to-end orchestration model. Using predictive and prescriptive analytics, iQueue unifies surgical planning, staffing, and day-of execution in a single connected system. By forecasting demand with accuracy, reallocating unused time earlier, automating staff assignments, and strengthening case readiness, iQueue helps ensure every room is staffed, every case is prepared, and every team is aligned — without additional rooms, staff, or capital investment.

With one source of truth spanning clinics, ORs, and PACU workflows, perioperative leaders can make faster, more confident decisions and proactively remove friction across the entire surgical journey.

The following case studies highlight measurable results achieved with iQueue, including increased surgical volume, improved prime-time utilization, reduced premium pay, higher robot usage, and millions in recovered revenue. Collectively, these examples demonstrate how orchestrated operations can eliminate OR bottlenecks and expand patient access to timely surgical care.

Proven Results

1-2

Additional cases per OR each month

25%

Decrease in overtime utilization

4%

Increase in prime time utilization

16%

Increase in robot utilization

5%

Increase in case volume

Jump to a Story

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Lee Health Streamlines Scheduling and Reduces Workforce Expense by 30%



How OHSU Alleviated Staffing Challenges in the OR



Cone Health Streamlines Surgical Coordination and Boosts Efficiency



MultiCare Unifies 13 Hospitals, Completes 3,200 More Cases in One Year



Inova Maximizes OR Time: 46% Fill Rate Drives ROI



Rush Increases OR Utilization by 3% in One Year



UCHealth Reaches 80% OR Utilization Through Proactive Block Time Management



The University of Kansas Health System Increased Volume by 8% Despite a 7% Decrease in Available Capacity



Children's Nebraska Increased Overall Surgical Case Volume by 12%



Gundersen Health System Increased Prime Time Utilization by 8% and Prime Time Robot Utilization by 14%



CUSTOMER SUCCESS STORY

Lee Health Streamlines Scheduling and Reduces Workforce Expense by 30%

Top 3 Key Results:

30% ↓

decrease in workforce expense

9% ↑

increase in case volume first year post-launch

7% ↑

increase in both staffed room and block utilization first year post-launch



Summary

A large Florida-based health system comprising roughly 50% employed providers and 50% community providers, Lee Health relied heavily on faxes to schedule surgical cases. To promote more efficient scheduling, eliminate extra work for staff, and continue delivering perioperative care to its extensive patient community, Lee Health needed a solution to standardize and streamline communications and processes.

Problem

Lee Health's high number of surgical sites and ORs ran on a fax-based scheduling process, and its even mix of employed and community providers had individual approaches to scheduling. Due to manual communications and lack of standardization, Lee Health's OR scheduling inefficiencies were particularly felt by clinic and OR schedulers. When they received faxes from clinic schedulers, OR schedulers had to manually transcribe the information into the EHR, and communication among clinic and OR schedulers to coordinate case scheduling could take extended amounts of time. This led to excessive hours and overly burdensome work for all OR scheduling staff across the system, including 10 full time equivalents (FTEs), nine schedulers, and one supervisor.

To address these issues, Lee Health needed a solution to drive a standardized, singular process for all clinics, employed or community, as well as streamline communications.

Solution

Lee Health adopted LeanTaaS' AI-powered iQueue for Operating Rooms solution. Specifically, Lee Health implemented the iQueue Scheduling tool to eliminate faxes and support swift and clear communication among clinic and OR schedulers; iQueue Reports to give stakeholders access to system-wide, standardized data and metrics; and iQueue Block Management to support fair, accurate, and efficient block time assignments and usage.

iQueue Scheduling transformed Lee Health's manual scheduling workflow into an electronic one. The tool significantly reduced the time OR schedulers needed to transcribe information into the EHR, and introduced a commenting system that provided a clear line of communication, reducing the need for phone calls and faxing. The scheduling process became so efficient that when Lee Health lost three FTEs, the remaining staff were able to manage the workload without the positions needing to be backfilled. The workforce costs of schedulers were reduced by 30%.

With the Block Management tool supporting a more

nanced understanding of available block time and increasing visibility and access to open time, Lee Health also saw a 9% increase in case volume and 7% increase in both staffed room and block utilization in their first year using iQueue. Local facility leadership has also leaned on the analytics in iQueue Reports to drive decision making in the ORs around blocks, to foster further improvements in the future.

Results

30% ↓
decrease in workforce expense

9% ↑
increase in case volume first year post-launch

7% ↑
increase in both staffed room and block utilization first year post-launch





“The OR schedulers were needing to take time off due to lack of work. The case numbers did not decrease, but our efficiencies became so streamlined with the system that the cases were being booked in a more timely way.”

— Lis Digneo,
Director of Outpatient Surgical Services, Lee Health

LeanTaaS ×



CUSTOMER SUCCESS STORY

How OHSU Alleviated Staffing Challenges in the OR

Key Results:

5 Hours

per week **saved** by charge nurses and nurse managers

20 Hours

per week **saved** by service line coordinators

Confidence

in knowledge of staff experience



Summary

Located in Portland, OR, Oregon Health & Science University's (OHSU) Center for Health and Healing (CHH) has 15 ORs and employs 91 perioperative RNs and surgical technicians. CHH shares staff with two other facilities and prioritizes staff cross-training and development.

Problem

CHH's service line coordinators (SLCs) had the knowledge, skill, and expertise to create optimal OR staff assignments, advance cross-training opportunities, and ensure patient safety. But without centralized digital tools, which surfaced complete and up-to-date staff experience, this work involved significant cognitive burden.

Building the next day's staff assignments was a multi-step, manual, and duplicative process. SLCs did not have full access to each staff member's experience with various procedures and surgeons, instead relying on personal and institutional knowledge. When they assigned floating or orientee staff, they had to wait to personally confirm experience with staff members or their coordinators. Updates on staff experience that impacted assignments had to be made on both paper rosters and the EHR. At times, these could not be made until the day of surgery and required changing other assignments. Nurse managers and charge nurses also did time-consuming manual work.

SLCs, nurse managers, and charge nurses spent up to an hour each day on OR assignments, taking time away from supporting staff and overseeing patient care. Not only did these processes lead to assignment delays, they did not support efforts to fully utilize OR staff or to provide them with development and growth opportunities.

Solution

As OHSU had already partnered with LeanTaaS to deploy iQueue for Operating Rooms, CHH was able to efficiently pilot the new iQueue Staff Planner module to streamline OR staffing operations.

Using iQueue Staff Planner's Daily Roster tool, SLCs streamlined the multi-step assignment process, eliminating duplicate data entry and automating communications. They also leveraged the module's "single source of truth" for the staff roster, OR assignments, and staff experience information. With full insight into staff experience, including orientees and staff floating from other facilities, SLCs, nurse managers, and charge nurses were able to create staff assignments more efficiently. Nurse managers also used the streamlined workflows and knowledge to rapidly increase staff robotic competency and strengthen the available resource pool to staff robotic cases.

After using iQueue Staff Planner for six months, SLCs, nurse managers, and charge nurses saved significant time in creating optimal staff assignments, and were able to share up-to-date, informative resources on staff's backgrounds and reveal the fastest paths to support staff development and patient safety. Using iQueue helped foster a deep sense of collaboration in their shared purpose of developing staff.

Results

5 Hours

per week **saved** by charge nurses and nurse managers

20 Hours

per week **saved** by service line coordinators

Confidence

in knowledge of staff experience





“I think one of the aha moments for me is really the fact that the staff is embracing the data-driven staffing tools. From my perspective, that’s a big win for us.”

— Dio Sumagaysay, RN, MS,
Vice President, Perioperative & Multi-Specialty, Procedural
Services, Oregon Health & Science University

 LeanTaaS

How OHSU is Leveraging AI and
Change Management to Alleviate
Staffing Challenges in the OR

 iQueue
FOR OPERATING ROOMS



BONUS CONTENT

On Demand Webinar

Duration: ~ 30 Minutes

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CUSTOMER SUCCESS STORY

Cone Health Streamlines Surgical Coordination and Boosts Efficiency

Top 3 Key Results:

65 min

saved daily on average
by nurses

220+

labor hours saved system-
wide each day

98% ↓

reduction in vendor calls



Summary

Cone Health, one of North Carolina's largest not-for-profit health systems, implemented LeanTaaS' Real-Time View to optimize utilization of their operating rooms and improve surgical care coordination. The solution helped the health system enhance communication, increase efficiency, and streamline operations across their 73 operating and procedural rooms, which manage approximately 50,000 cases annually.

Problem

Managing Cone Health's 73 operating and procedural rooms was a complex task. With around 4,000 cases each month, their OR leaders faced challenges with disjointed communication, delayed awareness of case changes, and lack of visibility into the schedule. These issues led to inefficiencies in surgical coordination, potential case delays, and difficulties in managing staff and resources effectively.

Traditional processes involving phone calls and texts were time-consuming and prone to errors. Every addition or change to the surgical schedule required at least five contacts, and if a call wasn't answered, staff had to circle back to confirm that the right people and equipment would be prepared for the case. Booking a day's caseload and keeping teams updated could take hours, with the possibility that the smallest oversight could result in a delay, or even a cancellation of a case.

Solution

LeanTaaS' iQueue for Operating Rooms provided Cone Health with a mobile-based surgical care collaboration solution. The platform offered real-time schedule access, allowing staff and vendors to instantly view PHI-free case schedules on mobile devices, eliminating multiple calls/texts and enabling quick, informed decisions. Automated notifications ensured all stakeholders were promptly informed of vendor readiness, case progress, or changes, reducing delays and allowing proactive issue management. The system streamlined communication by distributing quick schedule updates simultaneously to all parties, eliminating time-consuming individual contacts and reducing communication errors. Additionally, the improved visibility gave all team members full real-time access to the schedule, enabling better resource allocation, efficient staff scheduling, and improved cross-department coordination. These features collectively addressed Cone Health's challenges of disjointed communication, delayed awareness of changes, and lack of schedule visibility, enabling more efficient surgical operations.

Results

65 min
saved daily on average
by nurses

220+
labor hours saved system-
wide each day

98% ↓
reduction in vendor calls


74%
of users access the app
every day





“iQueue is an indispensable tool, allowing me to monitor surgeries across our busy practice. Its smart design simplifies our workflows and makes surgeons’ lives easier.”

— Matthew K. Tsuei, MD, FACS,
President, Central Carolina Surgery; Former Chair,
Surgical Services Executive Committee, Cone Health

 LeanTaaS

Streamlining Surgical
Coordination in Real-Time:
How Cone Health Maximized
Daily Patient Care

 iQueue
FOR OPERATING ROOMS



BONUS CONTENT

On Demand Webinar

Duration: ~ 45 Minutes

[View Content](#)

CUSTOMER SUCCESS STORY

MultiCare Unifies 13 Hospitals, Completes 3,200 More Cases in One Year

Top 3 Key Results:

14% ↑

improvement in prime time utilization

42% ↑

boost in case volume

3.2K+

more completed surgical cases in one year



Summary

MultiCare Health System is a not-for-profit healthcare organization operating 13 hospitals across Washington state with over 100 operating rooms and 2,400 licensed beds performing nearly 100,000 surgical procedures annually. MultiCare focuses on four strategic priorities: people, process, performance, and partnership.

Problem

MultiCare’s journey with LeanTaaS began when they faced challenges with manual, time-consuming surgical block management that relied on retrospective data. As the system grew through acquisitions, operational fragmentation created siloed operations with disparate processes and competing metrics.

This led to imbalanced operating room (OR) utilization – some facilities were overutilized while others had empty rooms. Scheduling was inconsistent, and the system lacked cross-facility visibility. Cultural barriers included unsuccessful top-down mandates, limited physician engagement, and incentives that rewarded individual facility results over system goals. The COVID-19 pandemic added unprecedented challenges to their improvement efforts.

Solution

MultiCare implemented iQueue for Operating Rooms, integrating with their Epic® EHR to provide real-time utilization data. The initial implementation delivered impressive results: 35% decrease in unused blocks, 15.2% increase in case volume, and 12.4% improvement in prime-time utilization.

During the pandemic, iQueue helped MultiCare manage canceled elective surgeries. In 2021, they expanded system-wide, creating a data-driven “systemness” approach with standardized metrics and a replicable playbook.

Benefits included improved OR access, increased surgeon engagement through simplified data sharing, efficient block management, and on-demand metrics for leadership. By establishing physician-led governance and forums for collaboration, MultiCare maintained local flexibility while enabling cross-facility coordination.

Their approach transformed fragmented operations into a connected network while preserving each facility’s strengths. Continued optimization has yielded even more impressive results over the four years since the 2021 expansion: 25% increase in staffed room utilization, 14% improvement in prime time utilization, and 42% boost in case volume. In one single year, MultiCare saw 3,200 more surgical cases completed.

*Epic is a registered trademark of Epic Systems Corporation

Results

14% ↑
improvement in prime time utilization

42% ↑
boost in case volume

3.2K+
more completed surgical cases in one year

25% ↑
increase in staff room utilization

Standardized operations across entire health system





“Systemness is really about working together, getting the teams the resources they need, and then turning them loose so that they can take care of their patients locally.”

— Chris Hunt, MBA, MSHA, BSN, RN, CSSM, NEA-BC,
Associate Vice President, Perioperative Services, MultiCare Health System

 LeanTaaS

From Fragmentation to Systemness: MultiCare's Playbook for Unifying 13 Hospitals and Completing 3,200 More Cases in One Year

 iQueue
FOR OPERATING ROOMS



BONUS CONTENT

On Demand Webinar

Duration: ~ 40 Minutes

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CUSTOMER SUCCESS STORY

Inova Maximizes OR Time: 46% Fill Rate Drives ROI

Top 3 Key Results:

46%

released OR/Endo Time
backfilled (51% for OR only)

3% ↑

increase of prime time
utilization

20% ↑

increase of minutes
released by OR



Summary

Inova is an integrated health system serving Northern Virginia with five acute care facilities, operating approximately 95 licensed operating rooms (ORs) and 25 procedural rooms. Named Health System of the Year by Press Ganey in 2025 with one of the region's only Trauma 1 centers, Inova performed 108,000 surgical and endoscopy procedures in 2024, with projections of 112,000 procedures in 2025. Their centralized scheduling team manages OR scheduling across all five hospitals, coordinating access for both employed and independent physician practices.

Problem

While Inova reserved 80% of OR time for surgeon blocks, analysis revealed an opportunity to better utilize available OR capacity through process improvements. The block release process, which often occurred only on the day of surgery, limited surgeons' ability to schedule cases efficiently. Scheduling bottlenecks arose from manual workflows, multiple communication channels (emails, calls, manual holds), and limited visibility into available time. The scheduling team also faced time-consuming reporting across multiple Excel spreadsheets, which slowed decision-making and made it difficult to evaluate utilization patterns effectively. These challenges created frustration among staff and surgeons, who sometimes perceived a lack of OR access despite visible openings.

By identifying these inefficiencies, Inova recognized a clear opportunity to reimagine OR scheduling and block release processes — setting the stage for a solution that would streamline workflows, improve transparency, and enhance both surgeon and staff satisfaction.

Solution

To address these identified opportunities, Inova implemented a system-wide adoption of iQueue for Operating Rooms with full leadership support, restructuring block governance based on real scheduling data. They transitioned from location-specific to service-line specific block releases (7–21 days) and shifted from “block committees” focused on percentages to “utilization committees” emphasizing unused time. The implementation included tailored workflows for different office types, standardized data presentations across hospitals, and real-time dashboards for scheduling visibility. On-site implementation support built relationships with physician offices, while regular huddles ensured continuous improvement. The solution automated release and request processes, dramatically reducing phone calls and emails while strengthening camaraderie between scheduling and OR teams.

Results

46%
released OR/Endo Time
backfilled (51% for OR only)

3% ↑
increase of prime time
utilization


20% ↑
increase of minutes
released by OR





“LeanTaaS came with pretty much full wraparound services for implementation and beyond. We text all the time, we talk all the time, we ask questions all the time, we push for new features all the time. It’s been a really rewarding partnership just in the relationships that we’ve formed with the group that has supported us since the beginning.”

— Jane Yang, MHA,
Director of Operations, Perioperative Services Surgery
Service Line Administration, Inova

 LeanTaaS

Maximizing Released OR Time:
How Inova Achieved a 46%
Release Fill Rate to Drive ROI
Efficiency

 iQueue
FOR OPERATING ROOMS



BONUS CONTENT

On Demand Webinar

Duration: ~ 30 Minutes

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CUSTOMER SUCCESS STORY

Rush Increases OR Utilization by 3% in One Year

Top 3 Key Results:

3% ↑

increase in overall room utilization

30% ↑

growth in OR minutes for top time requesters

16% ↓

decrease in abandoned block time



Summary

Located in downtown Chicago, Rush University Medical Center is a nationally ranked hospital with 11 ORs that performs about 30,000 surgeries a year. Rush University Medical Center 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.

Problem

With its need to recruit new surgeons to grow, Rush University Medical Center had a completely blocked schedule with short auto-release times. This prevented them from optimizing OR capacity and helping surgeons find open operating time to perform their cases. Service lines felt the need to hoard what time they did have and were reluctant to release it, so new surgeons were challenged with finding and reserving time for themselves. Especially after the backlog of delayed cases accumulated from the initial COVID-19 surge in 2020, Rush University Medical Center needed to unlock as much OR capacity as possible while improving block utilization fairly.

Solution

Rush University Medical Center went live with iQueue for Operating Rooms during the pandemic. The implementation immediately made block utilization data visible to surgeons, department leaders and schedulers alike. This single source of truth supported productive, fact-centered discussions about how much time individual surgeons truly needed for their cases, and how to release OR transfer time not being actively used across surgeons and service lines.

iQueue also gave surgeons an OpenTable-like platform to proactively reserve and release time. Newer surgeons felt empowered to claim the time they needed, while more senior surgeons felt free to release excess time they did not need.

Overall, iQueue enabled more cases to be performed in the time and space available, which showed in Rush University Medical Center's OR utilization results.

Results

Within One Year

3% ↑

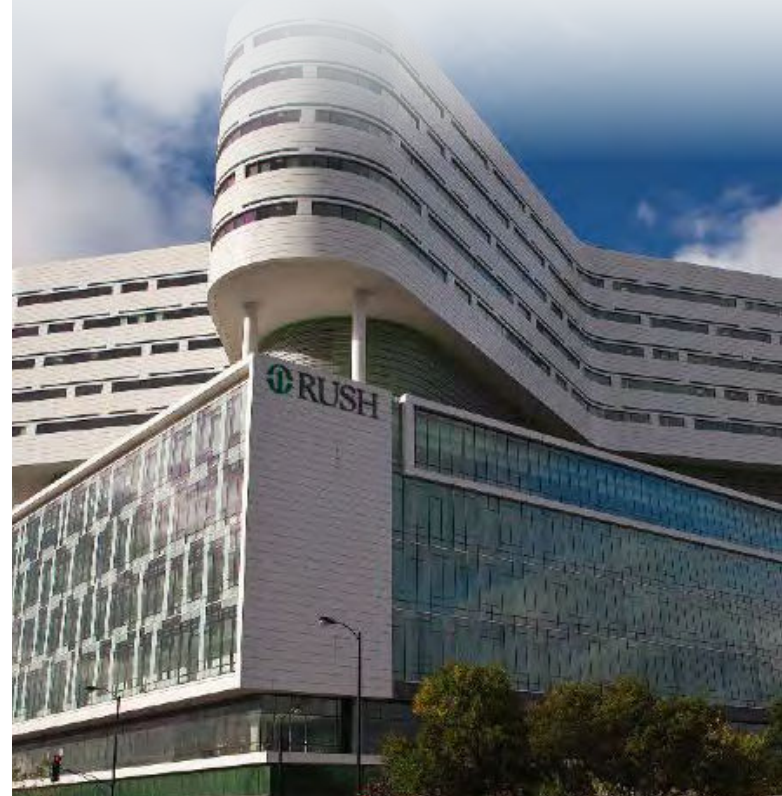
increase in overall room utilization

30% ↑

growth in OR minutes for top time requesters

16% ↓

decrease in abandoned block time





“One of the most powerful things about iQueue was the data. Surgeons really relate to data.”

— Janet Stifter, PhD, RN, CPHQ, NE-BC
Former VP Hospital Operations, Perioperative and
Interventional Services and Professional Nursing Practice,
Rush University Medical Center

LeanTaaS

Strategic Perioperative Growth:
RUSH University System for
Health's Surgeon-Centric Approach
to Case Volume Increase &
Line Success

iQueue
FOR OPERATING ROOMS



BONUS CONTENT

On Demand Webinar

Duration: ~ 20 Minutes

[View Content](#)

CUSTOMER SUCCESS STORY

UCHealth Reaches 80% OR Utilization Through Proactive Block Time Management

Top 3 Key Results:

19 Days

average proactive releases

49%

release fill rate

80%

OR utilization



Summary

Based in Colorado, UCHealth consists of 12 hospitals across Colorado, with four ambulatory surgery centers. It has 6,000 affiliated or employed providers and 28,000 employees. Across its 140 operating rooms, it performs 85,000+ procedures per year, and 28,000+ surgical procedures in the southern Colorado region.

UCHealth had previously adopted LeanTaaS' iQueue for Operating Rooms solution to improve OR utilization, but needed further support to predict and communicate upcoming open block time among its surgeons and staff.

Problem

UCHealth faced several challenges resulting from a lack of timely and transparent reporting of block time use.

- Surgeon schedulers routinely were not proactively releasing block time in a timely manner, and there wasn't enough to backfill open time, especially given a short auto-release period
- There was no room in the schedule to accommodate non-block holders or surgeons without enough block time to work through the patient backlogs that had resulted from postponing procedures during the pandemic
- Managers were unaware of when surgeons planned to not use their time and they were unable to prepare for room closures in advance to accommodate staffing
- Surgeons who were unable to manage their backlogs at the expected rate were further frustrated with last-minute unfilled ORs

UCHealth needed an effective solution that would let schedulers and surgeons know when there was likely to be block time that needed to be filled or released. This would assist to increase OR utilization and revenue overall, a goal critical to recovering from the aftereffects of the COVID pandemic.

Solution

To help run ORs efficiently in the face of staffing challenges and improve utilization overall, surgical leaders at UCHealth worked alongside their LeanTaaS partners to develop a tool called "Predicted Availability Report", within iQueue for Operating Rooms. This entailed a daily report, emailed early in the morning, showing daily statistical predictions for upcoming OR blocks that are most likely to be used 25% or less. For more convenient use by specific schedulers, the report is further broken down by date, location, block holder, and statistical confidence level (90%, 95%, and 99%) for the block

owner to use less than 25% of their block. Using this information, scheduling supervisors, schedulers, and block holders could communicate effectively to either fill or release the unused blocks.

Results

19 Days

average proactive releases

49%

release fill rate

80%

OR utilization





CUSTOMER SUCCESS STORY

The University of Kansas Health System Increased Volume by 8% Despite a 7% Decrease in Available Capacity

Top 3 Key Results:

20% ↑

increase in block utilization

8% ↑

increase in surgical volume

27 Day

average release/transfer proactivity



Summary

Based in Kansas City, The University of Kansas Health System (TUKHS) is an academic medical center with over 100 locations throughout Kansas. TUKHS has a focus on continual innovation and improvement, finding new ways to help its 1,000 physicians and 10,000 employees deliver care to its large community of patients.

TUKHS' Kansas City location has 52 operating rooms and performs over 35,000 cases per year across all service lines.

Problem

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.

Solution

TUKHS implemented 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 enabled 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, helped 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 also helped address another priority for TUKHS leadership, enabling 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.

Results

20% ↑

increase in block utilization

8% ↑

increase in surgical volume

27 Day

average release/transfer proactivity

100%

of surgeons receiving personalized performance updates





“Within one year of implementing iQueue, we were able to increase overall block utilization by 20% and primetime utilization by 4.8%... that indicates that we’re using our space a lot more efficiently.”

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



CUSTOMER SUCCESS STORY

Children's Nebraska Increased Overall Surgical Case Volume by 12%

Top 3 Key Results:

12% ↑

overall increase in surgical volume

25% ↑

improvement in OR time release proactivity

45% ↑

improvement in OR time request proactivity



Summary

Children’s Nebraska is an Omaha-based pediatric healthcare system serving patients across Nebraska, Iowa, South Dakota, Kansas, and Missouri. The system’s 225-bed main medical center includes 13 operating rooms and, in addition, a four-OR surgery center. Despite limited staffing and periodic OR closures, the organization performed more than 18,000 surgeries at the main hospital and 3,400 cases at the surgery center in the past year. To improve access to care and better align capacity with demand, Children’s Nebraska partnered with LeanTaaS to optimize perioperative operations using iQueue for Operating Rooms.

Problem

As surgical demand continued to grow, Children’s Nebraska faced several capacity-related challenges common to large pediatric health systems. Surgeons consistently underutilized their allocated OR block time but were reluctant to release unused time due to concerns they would be unable to rebook time needed for future cases. This dynamic led to late releases, limited open time, and a reinforcing scarcity mindset. Compounding the issue, historical block allocation data was not trusted by surgeons or staff, making productive discussions about utilization and access difficult.

Additional challenges included constrained staffing resources across multiple facilities drawing from the same labor pool and seasonal fluctuations in elective and urgent pediatric cases. These shifts created rapid changes in demand for rooms, staff, and specialized resources, making it difficult to ensure the right capacity was available at the right time.

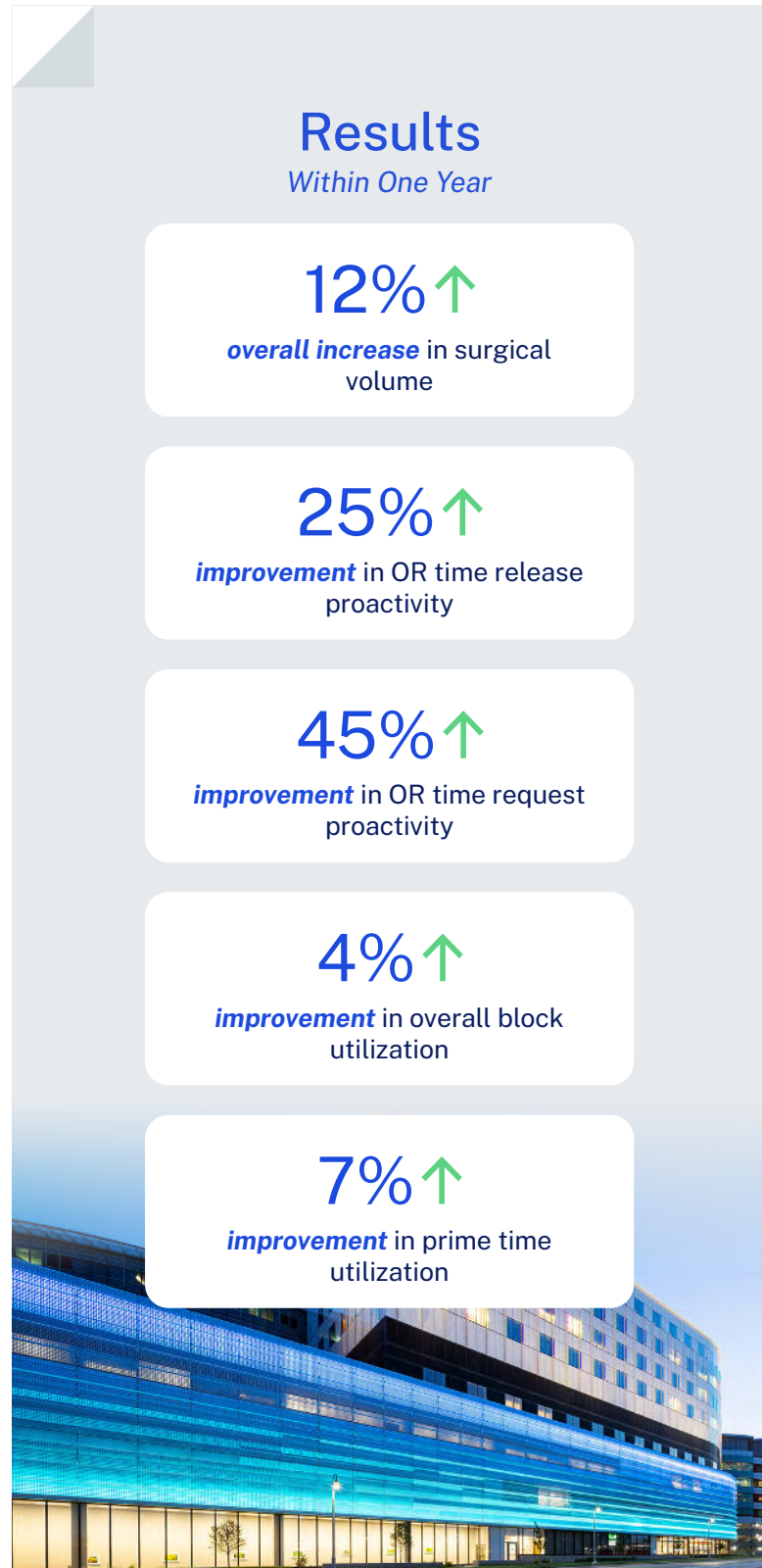
Solution

Children’s Nebraska implemented iQueue for Operating Rooms through a phased rollout, initially launching with a core group of users to validate data accuracy and build clinician trust. Following this validation period, the Exchange module was deployed system-wide, supported by close collaboration between LeanTaaS, surgeon champions, and operational leaders.

iQueue provided a trusted, system-wide source of truth for OR utilization through its Analyze module, enabling transparent, data-driven discussions around block allocation. The Collect & Allocate module helped identify reclaimable OR time that had previously gone unused, while the Exchange module created an intuitive, OpenTable-like experience for releasing and claiming open time across devices.

Configurable room access reduced scheduling churn by

ensuring cases were directed to appropriate locations, and predictive visibility into future utilization helped teams anticipate staffing and resource needs. Together, these capabilities improved access to OR time, reduced scarcity behaviors, and enabled Children’s Nebraska to increase surgical volume without adding physical capacity.





CUSTOMER SUCCESS STORY

Gundersen Health System Increased Prime Time Utilization by 8% and Prime Time Robot Utilization by 14%

Top 3 Key Results:

8% ↑

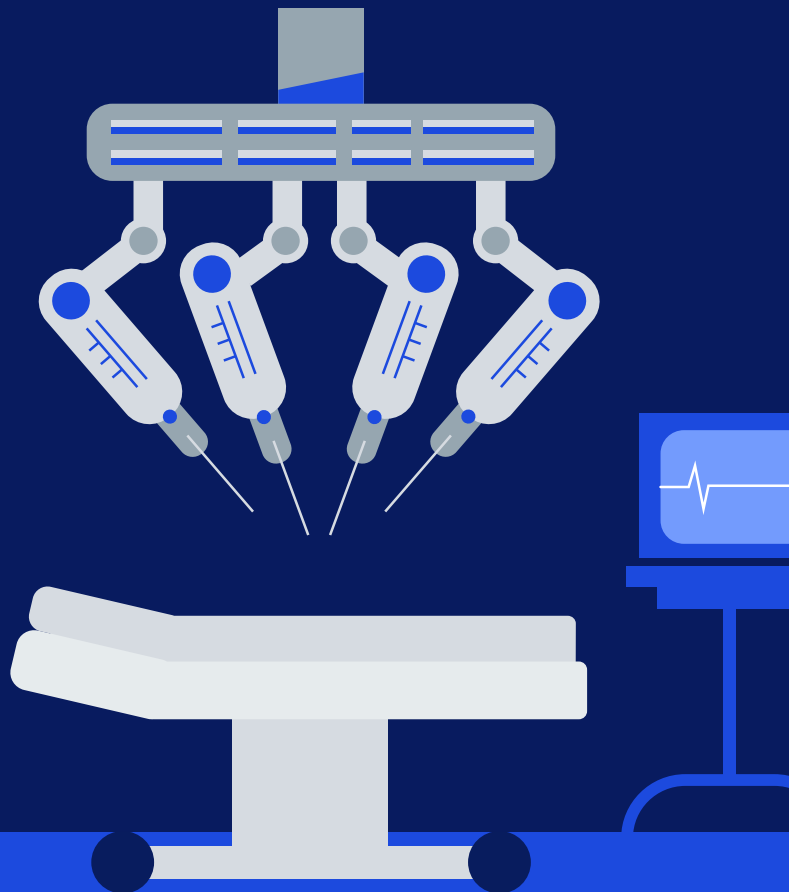
increase in prime time utilization

8% ↑

increase in block utilization

14% ↑

increase in prime time robot
utilization



Summary

Before a merger with Bellin Health system expanded its footprint in late 2022, the Gundersen Health system served patients across Wisconsin, Minnesota, and Iowa through its seven hospitals, 33 clinics, and 23 ORs. The system's flagship, 325-bed LaCrosse, Wisconsin-based Gundersen Health Hospital, delivers a holistic range of health care services to adult and pediatric patients.

Problem

Gundersen's perioperative department faced significant capacity and efficiency challenges that limited full use of available operating room time. Leaders, surgeons, and staff lacked real-time visibility into utilization data needed to make timely, informed decisions. Block schedules made it difficult to understand true utilization or identify time that could be released and repurposed, resulting in limited open time for elective cases. Surgeons were reluctant to manually release block, and autorelease deadlines were shorter than necessary. Scheduling open time required frequent phone calls and faxes between clinics and the OR, with no centralized audit trail. Similar access challenges affected shared resources such as surgical robots. Without actionable tools to right-size block allocations, it was difficult to improve OR performance using existing staff and infrastructure.

Solution

Gundersen implemented iQueue for Operating Rooms to provide a centralized, data-driven approach to OR management. The Analyze module established a single source of truth for up-to-date utilization data, enabling transparency across OR stakeholders. Surgeons received regular notifications, while leaders accessed high-level performance reports to support informed decisions, such as adjusting autorelease timelines. The Collect and Allocate modules revealed true block utilization, identified unused time that could be repurposed, and supported data-backed block right-sizing based on historical usage.

iQueue also encouraged timely block release through automated reminders and enabled an open marketplace for exchanging OR time. By streamlining scheduling workflows and creating accurate schedules built on right-sized block, Gundersen improved utilization across rooms and robotic resources while empowering staff to operate more efficiently with limited resources.

Results

8% ↑

increase in prime time utilization

8% ↑

increase in block utilization

14% ↑

increase in prime time robot utilization

76% ↑

increase in manually released minutes



