A toolkit for managing block scheduling

HCA Inc, the national health care company, has developed a block scheduling toolkit for its 165 hospitals. The toolkit includes decision points, algorithms for managing blocks, and sample policies.

Here are HCA Inc’s 10 decision points for block scheduling.

1. Is this the right time for block scheduling?

   About 75% to 80% of HCA Inc’s hospitals use block scheduling, estimates Stephanie Davis, RN, MS, CNOR, assistant vice president, surgical services for the HCA Clinical Services Group, Nashville, Tennessee, who developed the toolkit.

   If an OR isn’t using block scheduling, she suggests asking: “What are the reasons for not offering this service? Are those reasons still valid in today’s environment?”

   Not every OR decides to use block allocations. “If you don’t have a lot of volume and are trying to get every case you can, you might not want to rock the boat with the medical staff,” she notes.

   In some parts of the country, “surgeons are really anti-block,” says Jerry Ippolito, Jerry Ippolito, MBA, MHSA, director of perioperative services and pain management business development, Southeast Anesthesiology Consultants, Charlotte, NC.

   That can happen if they have had a bad experience. To some, block scheduling means “preferential treatment.” Surgeons may be more receptive to another term, such as “reserved time,” he suggests.

   An OR schedule with all open time has its own problems, he adds. Open time favors surgeons who perform mostly elective cases, such as ENT and ophthalmology, and can schedule far in advance.

   Even in an OR with all open time, surgeons tend to establish patterns that are, in effect, like block time.

   Leaders may have success getting the surgeons to accept block scheduling if they show them data demonstrating that their cases already fall into regular patterns, he suggests.

   How much time should be blocked? Typically, 55% to 80%, though how much open time to offer depends on the situation, Ippolito says. A high-volume trauma center can’t allocate as much time as an OR with a more predictable caseload. How much time to leave open is also a strategic issue. A more mature setting may have 80% to 85% of its time blocked, while a facility trying to attract new surgeons will want more open time available.
2. **Does your block scheduling policy include key elements?**

Davis suggests key elements of the policy should include:

- A block utilization rate is calculated monthly and reported to each surgeon quarterly. The toolkit recommends a block utilization rate of 70%. But there is no hard-and-fast rule, Davis says. “It’s up to our facilities to set the level they think is appropriate.” Davis says monitoring of blocks requires discernment: “Your OR governance team has to look at each situation and be able to back up its decisions with facts.” (From a scientific point of view, adjusting blocks according to utilization isn’t the best choice, notes a leading researcher, Franklin Dexter, MD, PhD. See related article, p 11.)

- Automatic block release times are stated and enforced consistently for all surgeons. In a general OR with a lot of specialties, a 72-hour release is appropriate, Davis says. “Some will argue 48 hours is better; others will argue 1 week. You have to decide with your group what fits.” One option is release times by specialty (sidebar).

- The policy states that if a surgeon notifies the OR in advance to release block time, unused time will not count against the surgeon in the block utilization report. Advanced notice allows other procedures to be booked into the unused time.

3. **Is there a physician champion?**

Blocks are best managed by an executive committee made up of the OR director, the administrator responsible for surgery, the chief of surgery, and the chief of anesthesia.

“Everyone on the committee has a vested interest in making block scheduling work,” Davis notes.

The physician champion helps to monitor and enforce the block schedule and communicate with the surgeons.

“Communication goes over better if the surgeon receives it from a peer,” she notes.

The physician champion, with the OR director, should be willing to sign letters to the surgeons informing them of their block utilization.

4. **Is there a grace period?**

The block scheduling policy allows surgeons a 3-month grace period to improve their block utilization once informed of their utilization rates, the toolkit advises.

“Our plan is to inform surgeons of their block utilization once a quarter but to tell them we will wait one more quarter before doing anything to their block to allow for variances,” Davis says.

5. **How is the utilization rate communicated?**

“It’s important to communicate with every surgeon. If they have a block, you communicate with them once a quarter, regardless of their utilization,” Davis says.

The toolkit recommends a tiered approach to communication. For example:
A letter of congratulation is sent to surgeons with a block utilization rate of 70% or greater.

Surgeons with utilization of 70% to 50% are informed they have not met the threshold and asked to decrease the time blocked or to consider changing their day or time to improve usage.

Surgeons whose utilization falls below 50% are informed they are well below the threshold, and if they do not bring their utilization to 70% or above by the end of the next quarter, they will lose the privilege of having a block.

6. Are at least 1 or 2 ORs reserved for first-come, first-served booking?

“Having open rooms allows new surgeons to book occasional cases in your OR and allows for recruitment of new business,” Davis notes.

7. Do you have 1 OR for add-ons, emergencies, and flip-flopping of cases?

“In small ORs, this might not be possible, but in medium to large ORs, it is effective,” Davis says.

Open rooms provide flexibility to move cases and add cases. There may be exceptions for facilities such as eye centers where routines are well established. The rule is not rigid; the point is to have flexibility. Providing an add-on room for urgent and emergent cases enabled St John’s Regional Health Center, a regional trauma center in Springfield, Missouri, to increase its surgical volume by 5%, increase surgeon revenue by 4.6%, reduce the need for ORs after 3 pm, and reduce overtime. The project was part of an effort to smooth patient flow throughout the hospital. (See November 2003 and January 2005 OR Manager.)

8. Is the schedule accurate?

Are your OR analyst and schedulers making sure the schedule is accurate so utilization reports will reflect accurately each surgeon’s block use? Accurate data is critical when reporting block utilization to surgeons.

9. Are you willing to enforce the block scheduling policy fairly?

Effective block scheduling requires maintenance and enforcement of rules, Davis says. The HCA Inc toolkit provides a sample policy for block scheduling.

10. Will the administration support the block scheduling policy?

Effective block scheduling always comes back to good governance. The administration must support the surgical executive committee that reviews the block allocations and not overturn their decisions.

References
Hospital moves to smooth surgery schedule. OR Manager. 2003; 19(11):11.
Smoothing OR schedule can ease capacity crunches, researchers say. OR Manager. 2003; 19(11):1, 9-10.
### Suggested block release times

<table>
<thead>
<tr>
<th>Service</th>
<th>Release Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn service (inpatient)</td>
<td>1 day</td>
</tr>
<tr>
<td>Cardiac</td>
<td>1 day</td>
</tr>
<tr>
<td>General surgery</td>
<td>7 days</td>
</tr>
<tr>
<td>Gynecology</td>
<td>7 days</td>
</tr>
<tr>
<td>Head and neck</td>
<td>7 days</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>4 days</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>7 days</td>
</tr>
<tr>
<td>Orthopedics (joint)</td>
<td>14 days</td>
</tr>
<tr>
<td>Orthopedics (spine)</td>
<td>3 days</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7 days</td>
</tr>
<tr>
<td>Plastic (cosmetic)</td>
<td>14 days</td>
</tr>
<tr>
<td>Radiology</td>
<td>3 days</td>
</tr>
<tr>
<td>Vascular</td>
<td>2 days</td>
</tr>
<tr>
<td>Thoracic</td>
<td>3 days</td>
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</tbody>
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