

Case Study

A Southern United States Hospital

Situation

A hospital located in the Southern United States believed the surgical services department could handle more patient throughput than their performance indicated. The caregivers along the continuum of care felt they were constantly performing workarounds (dealing with problems and making them work without solving them), and patients were regularly arriving at the hospital without all the proper pre-work completed. This created frustrations for both the caregivers and the patients and resulted in a 10% cancellation rates for surgery.

Assessment

An assessment was conducted from staff interviews, document and metric reviews, data analysis, and process observations. The assessment found that the scheduling process was inconsistent between providers, requiring the schedulers to constantly follow up to ensure all requirements were met. This manual process inadvertently led to gaps in patient preparation prior to day of surgery.

The Pre-Admission Testing (PAT) department's data indicated a favorable rate of testing and optimization of patient for surgery; however, the surgical services team data indicated the actual completion rate was only 30%. Also, communication between the PAT and the Surgical Services Team was non-existent.

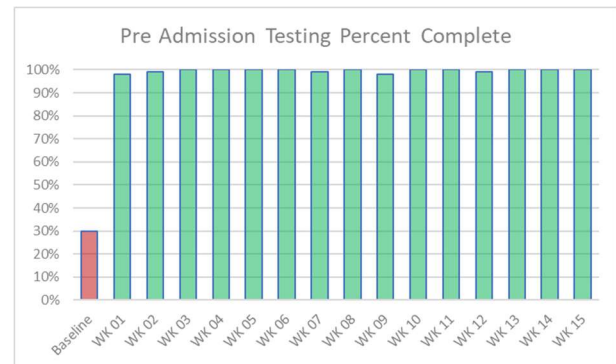
The surgical schedule relied on by all, was not published prior to the day of surgery, constantly updated, and not all stakeholders

were working off the same, updated schedule.

The high number of cancellations contributed to the overburdening of the scheduling team. For each case that was canceled, the schedulers had to perform all the work and communication necessary to remove a patient, then remarket the room and time to another surgeon, and begin the scheduling process again.

Initiatives

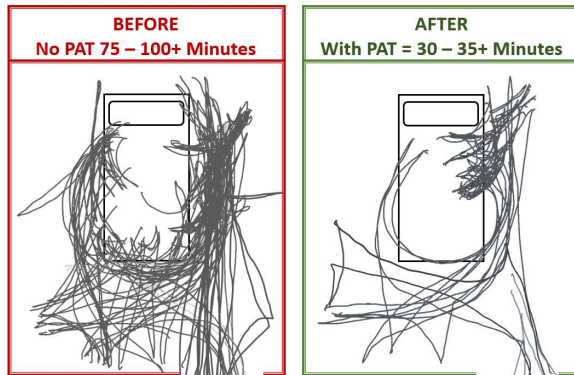
Pre-Admission Testing Department (PAT) pulled on the same data source to identify the patients needing their resources. Completion rate improved from 30% to 99%.



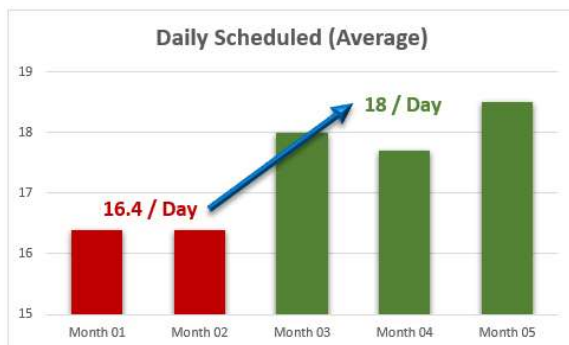
A multi-disciplinary scheduling huddle was put in place that met at noon on each day. Participants included anesthesia, PAT, day of surgery pre-op, the schedulers, operating room team members, and registration (the team responsible for checking in the patient, verifying instruments, and collecting co-payments). During this huddle, the team reviewed each patient on the schedule for the next three days, discussing readiness.

Pre-Admission Testing Optimization and Operating Room Scheduling

Each team member had a set criterion to verify readiness, and quickly identified gaps. The huddles lasted less than 10 minutes. Resolving patient issues prior to day of surgery reduced the work by the day of surgery pre-operative time considerably, improved capacity by 10% and positively impacted morale in the department.

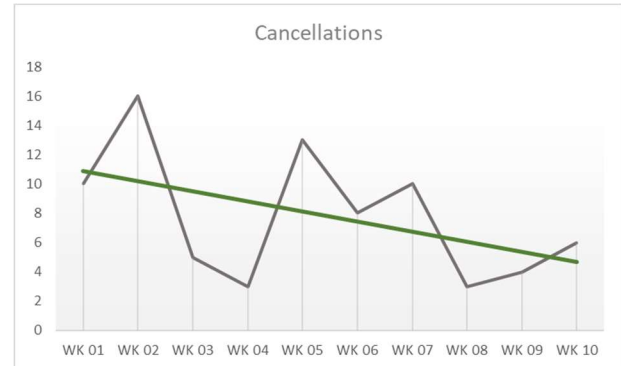


The scheduling department began tracking their production per day by factoring in cases scheduled, cases added on, and cases canceled. They set a goal to schedule a net of 18 cases per day (factoring cancellations). A dedicated scheduler was identified and given a dedicated space to perform work without distractions, the net cases scheduled improved to 18 / day, which leveled to the average number of surgeries per day.



Tracking the net number of surgeries scheduled at leadership meetings and cancellations helped focus conversations with surgeons to address root causes. The

surgical teams partnered together to reduce cancellations, thus reducing the burden on surgical scheduling.



Results

Optimizing patients for surgery, improving communication, reducing cancellations, and dedicating space for scheduling with clear objectives, improved day of surgery pre-operative capacity by 10% and increased surgical volume by 13%. Surgical revenue increased by \$2.5 million / year with a contribution margin of \$1.1 million / year, all while improving morale.

- Pre-op capacity improvement**
10%
- Pre-Admission Testing completion**
From 30 to 99%
- Cancellation rate reduction**
64%
- Surgical volume increase**
13%
- Surgical contribution margin**
\$1.1 million