



Southeastern Health drives surgical department efficiency with operating room benchmarking solution

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[Southeastern Health](#), a non-profit hospital serving southeastern North Carolina, sought to improve the efficiency and profitability of its surgical department.

After analyzing data collected by its information technology benchmarking software, hospital leadership achieved significant improvements in the block scheduling of its surgical rooms.

By ensuring that surgeons were actually using their reserved OR blocks, the facility increased the number of procedures performed per month from 524 to 598. In addition, on-time, first-case starts rose from a low of 44.8 percent to a high of 79.1 percent.

By boosting prime-time utilization between the hours of 7 a.m. and 3 p.m., the department was able to reduce the number of surgical cases running into evening hours.

Challenges

The hospital struggled with its surgical department's OR utilization rates, which in some cases ran as low as 20 percent. Prime time blocks were routinely assigned to established surgeons, who often didn't need them—reducing the number of procedures that could be performed in the hospital's 10 surgical theaters.

The practice also forced newer physicians to schedule surgeries outside of these prime times—resulting in costly overtime when surgical teams worked beyond regular hours.

Inefficient block scheduling also made it more difficult to recruit new surgeons. New physicians wanted to be able to efficiently schedule their own patient procedures within the OR department—and when they couldn't, they went elsewhere.

Answers

Southeastern Health was already using a surgical management solution when it purchased its new OR benchmarking solution. Although the department had long-established guidelines concerning utilization rates, non-compliance held no consequences.

And while OR utilization data was routinely collected, the information wasn't shared with physicians. Few knew how low their block utilizations really were, or even how well their first-case start times adhered to the schedule.

The first step was to begin sharing the data with physicians. After introducing this new process, the department's leadership worked first with those physicians with the lowest usage rates—typically 20 to 30 percent of their blocks.

They were sent monthly letters detailing their individual statistics, along with the departmental guidelines—and the consequences for non-compliance. If physicians' rates fell below the requirement for two successive quarters, they lost their reserved blocks. Throughout the course of the first year, utilization rates rose to an average of 70 percent.

“The OR benchmarking solution gave us a variety of reports based on utilization,” says Kay Allen, director, surgical services, Southeastern Health. “If someone who lost block time wanted to earn it back,

the system gave us data on how many cases he or she was doing outside the prescribed block, which helped to justify adding additional time.”

While the current requirements are set at 80 percent, surgeons who lose their blocks must demonstrate that they now utilize their scheduled surgery periods at a rate of 90 percent before they are eligible to win back their blocks.

The OR benchmarking solution provided Allen and her surgery department chair with a visual dashboard of month-by-month utilization data. The system allowed them to drill down and produce reports using parameters such as surgeon, type of procedure, blocks, percent of release time credited and the total number of procedures actually performed.

Results

By analyzing data captured by the OR benchmarking solution, Southeastern Health was able to evaluate its surgical department and achieve substantial gains in operational efficiency. This tool allowed the department to eliminate chronic under-booking and improve overall capacity utilization.

With better utilization of surgical blocks, Southeastern Health has been able to increase the number of procedures coming through the surgical theater.

In October 2011, surgeons performed 524 procedures.

By March 2012 that figure had increased significantly to 598. In addition, on-time, first-case starts rose from a low of 44.8 percent in 2010 to 79.1 percent in 2012.

“Better utilization of OR block scheduling has helped us bring in 11 new surgeons over the last 17 months,” says Allen. “If we had not started this optimization work three years ago, we would have no schedule time to give them.”

While this data is now shared only with individual, at-risk physicians, the hospital plans to eventually publish utilization rates for all surgeons.

“Posting that information for all to read will certainly appeal to our physicians’ competitive side,” Allen adds with a smile.

Organization

- Southeastern Health Lumberton, N.C.
- Full-service surgical department
- 452 beds
- HealthGrades Outstanding Patient Experience Award™ recipient

Critical Issues

- Creating more efficient utilization of surgical blocks
- Increasing the number of procedures performed
- Reducing overtime pay during non “prime-time” hours
- Opening up blocks for newly recruited surgeons

Results

- Increased on-time first case starts from 44.8 to 79.1 percent
- Increased procedures from 524 to 598 per month
- Added 11 new surgeons to staff