Surgical Backlog Reduction via Scheduling Improvements and use of an Outpatient Procedure Suite

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Project Description

To achieve surgical backlog reduction via scheduling improvements and expansion of the Outpatient Procedure Suite. I believed I could do this by gathering key stakeholders to identify and implement process improvements as a collaborative team.

Problem Statement:

Patients are waiting months from the time a surgical case is created to the time they are scheduled. There are no defined workflows and inefficiencies exist. Scheduling issues coupled with limited hospital operating room (OR) capacity has compounded the backlog.

Discovery:

Interviewed surgery schedulers, physicians, clinic managers, periop team, hospital leaders, analysts and patients to understand pain points and uncover underlying process inefficiencies.

- I was surprised that scheduling was such a big problem, and was more complex than I initially believed it to be.

- Many cases that were eligible for same day surgery were being performed in the hospital operating room; further impacting OR backlog. I saw an urgency in further expanding the outpatient procedure suites to create more capacity.

- Hosted a performance improvement discovery day with key stakeholders and identified 4 common pain points (patient communication, capacity, provider education, schedule release).
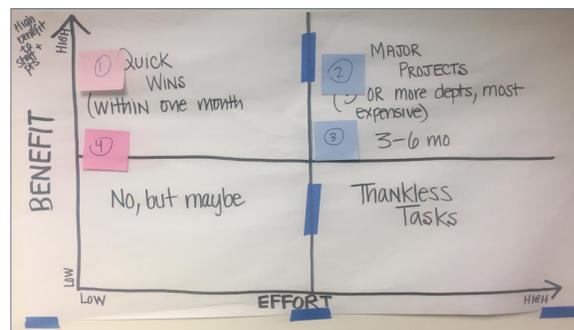

Goal:

Reduce operating room backlog for elective cases by implementing surgery scheduling efficiencies, enhancing monitoring capabilities and expanding an outpatient procedure suite to improve surgical access.

Outcome-oriented Objective:

- Eliminate backlog of unscheduled cases > 12 weeks
- Successfully open and shift volume from the hospital operating room to the outpatient procedure suites
- Reduce overall case backlog by 10%

Results

### Eliminated unscheduled cases waiting > 12 weeks
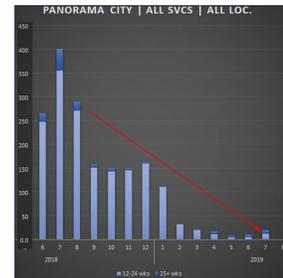
- Implemented workflows to improve the scheduling process.
- Patients are still waiting for surgery to be performed, but now have peace of mind knowing when it will be.

10% overall case backlog achieved by implementing scheduling efficiencies and increasing OR capacity

Increased OR capacity with an Outpatient Procedure Suite
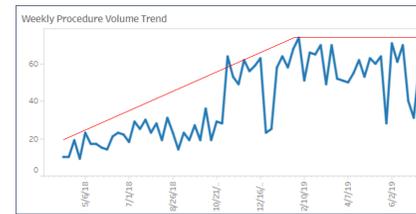
Expanded capacity by opening a 2nd room
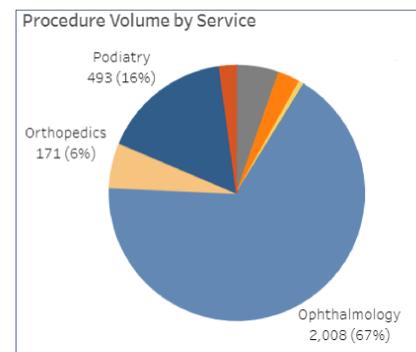
The Outpatient Procedure Suites support seven surgical departments. Highest volumes are Ophthalmology, Podiatry and Orthopedics.

Lessons Learned

- Application of performance improvement techniques resulted in elimination of the scheduling backlog and reduction of service complaints. Ongoing management of the process is key to sustainability.

- Outpatient procedure suites are a safe, cost effective venue to offload select surgical cases from hospital operating rooms to create capacity and support an excellent patient care experience.

- A licensed ambulatory surgery center offers even greater flexibility over an outpatient procedure suite due to anesthesia limitations.

- Internalization of cataracts from externally contracted facilities resulted in savings of ~$1,100/ case in outside medical expenses.

- Buy-in and change management are key to influencing behavior. Understanding the voice of the customer is powerful.

- Frequent communication and transparency between physicians, staff and administration is necessary.

Next Steps:

- Pursue capital project plan to repurpose the outpatient procedure suites to a licensed ambulatory surgery center to further expand capacity.

- Continue working with stakeholders to monitor scheduling improvements and OR block utilization.

- Share results with peers for continuous learning and scaling.

Mission Model Canvas

Key Partners 🔗	Key Activities ✅	Value Propositions 🎁	Buy-in & Support ❤️	Beneficiaries ⬤
• Area Medical Director • Asst Area Medical Director • Chief Administrative Officer • Chief Nurse Executive • Periop Director • Anesthesia • Surgery Schedulers • Patient Advisory Council • Improvement Advisors • Data Consultants • Unit Based Teams- Labor Management Partnership • Surgical Department Administrators • Electronic Medical Record Administrator	• Collaborate across departments • Engage staff through unit based teams • Develop SMART goals and PDSAs • Frequent communication	For patients, timely care and reduced wait for surgery For surgeons and anesthesiologists, increased satisfaction of improved patient service and access, and use of surgical block time For schedulers and periop staff, reduced chaos and inefficiency For administration, achieve service, access, and quality targets, while reducing expenses	• Developed thrice weekly team huddles between OR staff, schedulers, Periop physician lead, and surgical department administrators. • Created oversight structure for support and trouble shooting	• Patients receiving surgery • Surgeons • Anesthesiologists • Surgery Schedulers • Periop staff • Member Services • Hospital and Medical Group Administration due to improved metrics around service, access, finance and quality.
	Key Resources 🧑‍💼 • Improvement Advisors • Executive Sponsorship • Informatics/ Availability of data • Time		**Deployment** 🚚 • Refine monitoring tools to accurately identify backlog by service, physician and procedure • Open an outpatient procedure suite to decant eligible cases from hospital OR	
Mission Budget/Cost 💰 • Invest in surgery scheduler resources (~additional 1.5 FTE or $130,000) • Invest in capital and surgical supplies to support outpatient procedure suite (~$1.5M/ yr) to reduce backlog and outside medical utilization. E.g. ROI is 200% for each internalized cataract.		**Mission Achievement/Impact Factors** 🏔️ Eliminate unscheduled surgical cases > 12 weeks to increase patient satisfaction and access to care. Open/ expand the outpatient procedure suites and identify appropriate case selection to decant volume from hospital OR to further create capacity. Reduce overall elective case backlog by 10%, resulting in timely care. All cases are scheduled within 12 weeks.		