

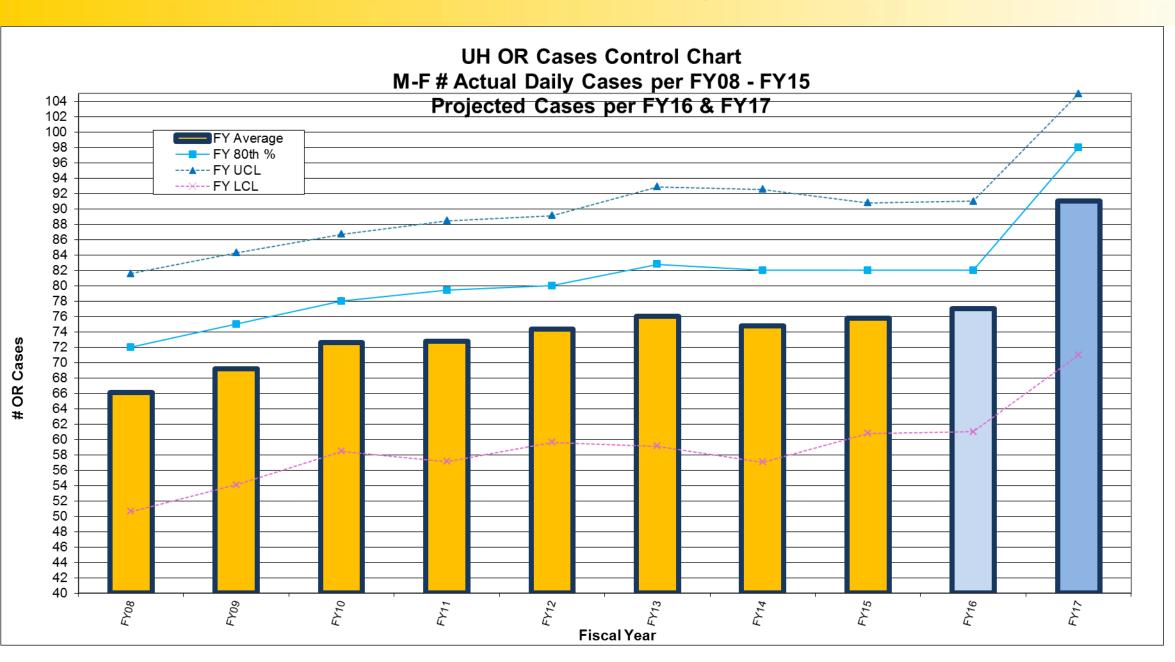
2015 Healthcare Engineering and Patient Safety Symposium

Optimizing UMHS Block Scheduled OR's & Inpatient Beds with 4 New Adult UH OR's

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Problem Statement

Why Adding Rooms



UH ORs are highly constrained

- Average 75 cases per day with 10% variability
- Average 10 hour room usage = 87%

To address the OR congestion, 4 new ORs set to open in July 2016

Surgical services receiving additional OR time were identified based on each service's OR utilization

Effects of Block Schedule

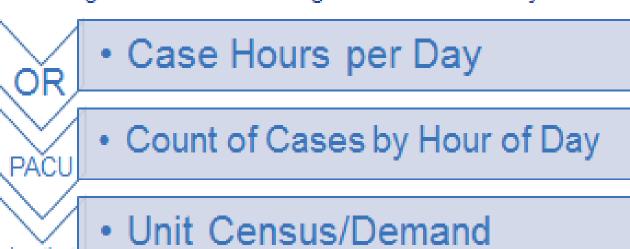
Increased OR Inpatient Cases with 4 new OR's

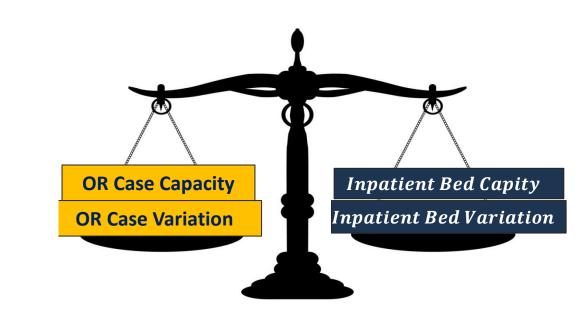
OR Activation Project Block Optimization

Goal: Identify an OR block arrangement that best levels inpatient census across the week without sacrificing "smooth-ness" in the OR or PACU

Traditional Smoothing Metrics

Decreasing variation in following metrics across days of the week





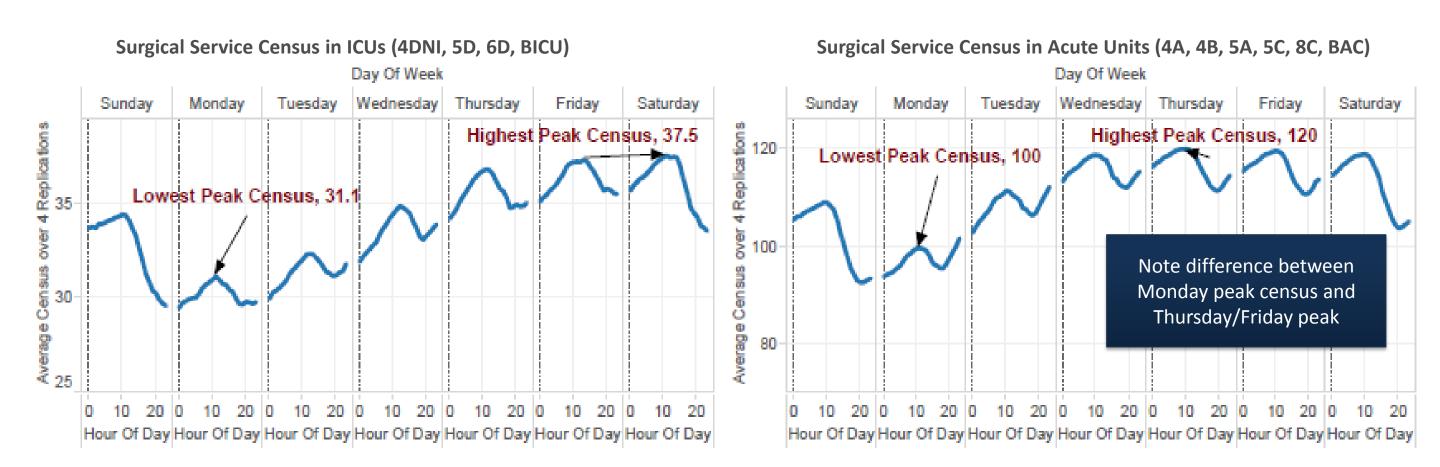
UH # M-F OR Cases FY15 (Not Including Holidays)

Key Issues

Increased surgical patient volume requires planning to address

- 1. High Variability in Bed & OR Needs
- Day-to-day (inpatient occupancy ranges from 75% to 95% based on DOW and month variation)
- Among units & services (surgical patients are placed on specialized units, these units will experience occupancy increases to a greater degree than the hospital as a whole)
- 2. High Capacity in Bed (85%) & OR (87%) Needs

Solution Approach



Variation in surgical census is high. Because "planning for the peak" is required, census variation across days of week should be minimized.

How are Beds & ORs Organized?

	Mon	Tue	Wed	Thu	Fri						
Core A											
1	Oto	Oto	Oto	Oto	Oto						
2	Oto	Oto	Oto	Oto	Oto	Core C					
3	Oto	Oto	Oto	Oto	Oto	18	FCFS	Destination /	GSA	GSA	FCFS
4	Oral	#OTO/NEURO	Neuro	ORAL	Neuro	19	GSA	FCFS GSA	Uro	Uro	Uro
5	Ortho Spine	Ortho	Ortho	Ortho	Ortho	20	GSA	GSA	GSA	*GSA /	Destination /
6	Neuro	Neuro	Neuro	Neuro	Neuro	21	Gyn	Gyn	Destination / FCFS	Plastics Gyn	FCFS Gyn
7	Neuro	Neuro	Neuro	Neuro	Neuro	22	Uro	Uro	Uro	Uro	Uro
8	Neuro	Neuro	Neuro	Neuro	Neuro	23 Closed					
Core B						24	OPEN	OPEN	OPEN	OPEN	OPEN
9	GSA	Oral	Oto	Destination / FCFS	#OTO/NEURO	25 Storage					
10	Ortho	Ortho	Ortho	Ortho	Ortho	26	Uro	Uro	Uro	Uro	Uro
11	Destination / FCFS	Oral	Plastics	Plastics	GSA	27	GSA	ACS	**GSA /	ACS	GSA
12	Plastics	Plastics	Plastics	Plastics	Plastics	28	GSA	GSA	ACS GSA	Uro	FCFS
13	GSA	GSA	STX	GSA	GSA	29 Davinci	Uro	Uro	***FCFS /	Uro	Uro
14	Ortho	Ortho	Ortho	Ortho	Ortho	30	Oral	Dent	GYN Oral	Dent	**** Oral
15	Ortho	Ortho	Ortho	Ortho	Ortho	2nd Floor					Plastics
16	Ortho	Ortho	Ortho	Ortho	Ortho						
17	GSA	STX	STX	STX	GSA						

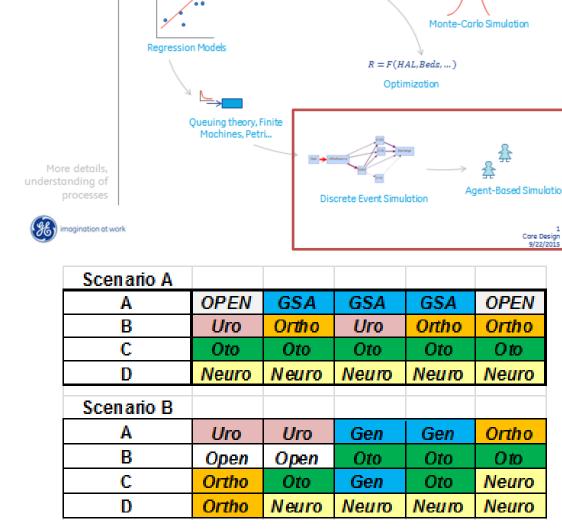
Approach

GE Hospital of the Future simulator: used to test the impact of changes in block allocations on inpatient occupancy

OR case volume analysis: used to identify the impact of changes in block allocations on OR and PACU case variability

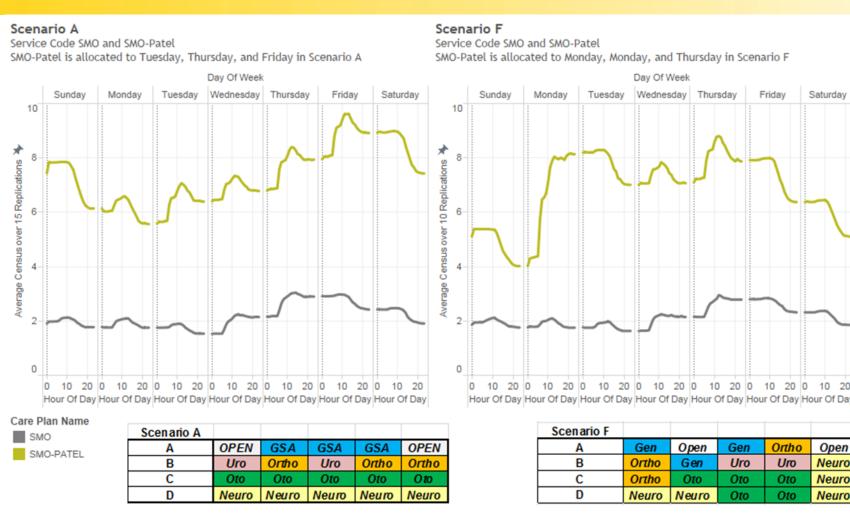
Step 1: 28 block allocation scenarios were tested in HOF simulator to find the scenarios that minimized impact on peak inpatient census. **Step 2:** Of the top performers, the scenario that minimized the increase in case volume and case hour variation across days of the week was identified. This ensures that the OR and PACU will remain "balanced", which is important for staffing and equipment and supplies

considerations.



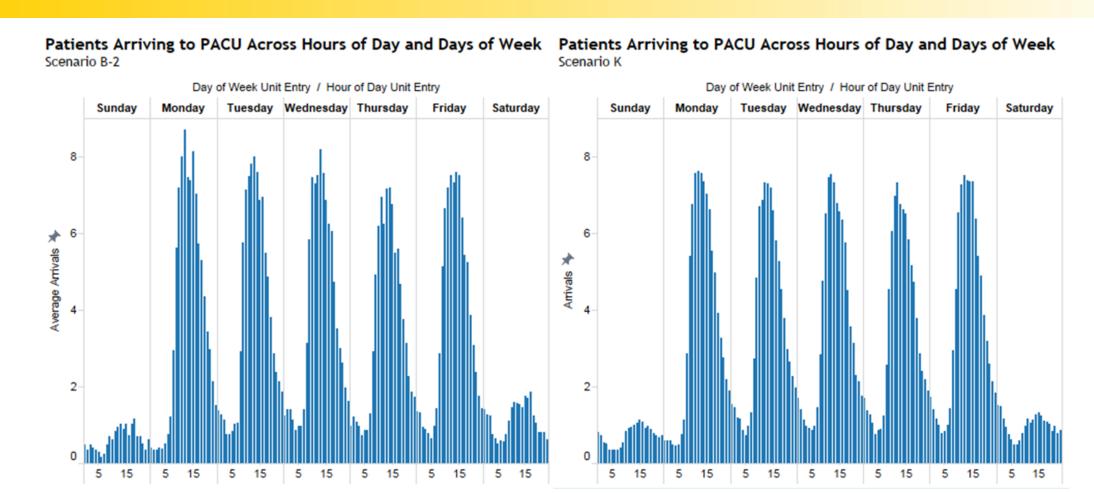
Impact/Results

Model Census Outputs



The distribution of volume across the week is edited according to block scenarios and specific to the surgeon-based patient type. Note in scenario A, Orthopedic census increases Tuesday, Thursday, Friday, and in scenario F, there is a dramatic increase on Monday and a small increase on Thursday

Model PACU Outputs

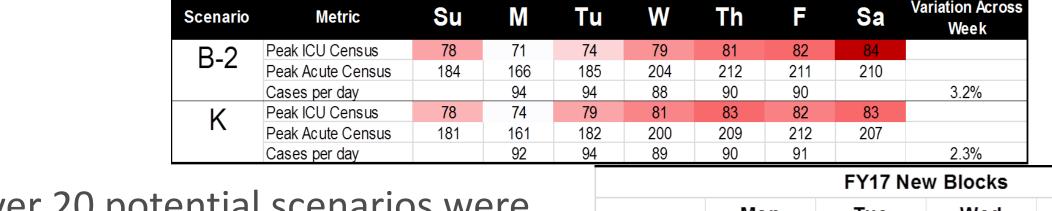


Comparing the impact of the increase in surgical volume on PACU DOW variation between 2 potential scenarios

Optimal Model vs Chosen



- ✓ minimizes impact on inpatient census
- ✓ minimal impact on OR case variation
- across days of week
- ✓ ensure surgeons receive the appropriate room type and size
- ✓ ensure new blocks are in the appropriate core ✓ minimal impact on clinic schedules ✓ minimal impact on current block schedule Stakeholders made difficult prioritization decisions



Over 20 potential scenarios were eliminated as infeasible. Chosen scenario shown at right

92	94	89	90	91		2.3%						
		FY17 New Blocks										
e.			Mon		Tue	Wed	Thu	Fri				
n		Α	Uro		Open	Uro	Open	Plastics				
П		В	Ortho		GSA	Ortho	Ortho	GSA				
		С	Neu	ro	Oto	Oto	Oto	Oto				
		D	Neu	ro	Neuro	Neuro	Oto	Neuro				

Conclusions and Future Work

- 1. Data led to objective discussions on prioritization of OR block scheduling and bed needs.
- 2. Go Live July 1, 2016
- 3. Future work includes monitoring data every 3 months to adjust and plan as needed.