

Title: Surgical Block Management	Document #: 3653 Version: 3
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Policy Statement:

It is the policy of Bend Perioperative Services to abide by standardized methods for the management of the block schedule to support the best use of resources and safe access to care. The Block Oversight Committee will seek input from appropriate Perioperative Governance leaders, committees and Surgery Section for the material content, and implementation of this policy. The Block Oversight Committee is the governing body for this policy.

Definitions: *(Definitions of acronyms or specialized terminology)*

Block Time: OR time allocated to specific surgeons or group of surgeons to schedule elective surgical cases based on appropriate resource availability as determined by the OR Scheduling Office.

Leave of Absence: Surgeon's notice of an upcoming period of absence from that surgeon's assigned surgery block for any period up to 12 months. During the leave of absence the block may be used as open time by other surgeons. When surgeon returns from the leave of absence the block is reinstated to the surgeon. After 12 months if the surgeon has not returned the block will be reassigned. A leave of absence may occur either within a group block or for an individual surgeon.

Open Elective Time: OR time available to schedule elective surgical cases based on appropriate resource availability as determined by the OR Scheduling Office. Cases are prioritized in the order received and not to exceed available Open Time.

Manually Released Block Time: Assigned block time that is voluntarily given up 30 calendar days prior to the surgical date due to notification of an upcoming short-term absence or inability to fill block time.

- Manual release at 30 or more days does not count against utilization
- Cannot reclaim block after release
- 5 releases per discreet block allowed per rolling 6 months
- Release of partial block time is not removed from utilization calculation

Automatic Release Block Time: At 3 business days prior to date of surgery, all unused block assignments will be released for use by other surgeons or the room closed based on resource availability.

- Auto release not applied to add-on rooms intended for surgeons covering the ED and heart.

Rescinded Blocks: Assigned blocks that have been permanently reclaimed by the hospital according to utilization management rules.

Block Utilization Management: Standardized Process by which the Block Oversight Committee retrospectively reviews block utilization and adjusts to the policy.

Instructions:

REQUEST NEW BLOCK TIME OR REQUEST CHANGE IN BLOCK TIME:

- To qualify for block time, a surgeon must demonstrate sufficient volume to utilize a block day. This is achieved through the use of a minimum of 600 minutes of OR time per month for at least 2 months.
- Surgeon will complete the “St. Charles –Surgical Block Request” form and return to the Supervisor of Surgery Scheduling.
- The request is presented at the next Block Oversight Committee meeting held the third Thursday of each month. Request forms must be received one week prior to the Block Oversight Committee Meeting or are subject to deferral to the next month’s meeting.
 - o Denial: The reason for denial will be communicated to the surgeon within 7 calendar days.
 - o Approval: Approved block time and day will be communicated to the surgeon within 7 calendar days.
- Allocation of blocks will be limited to 1 block a day within St. Charles Healthcare System.

BLOCK UTILIZATION MEASUREMENT

- Block utilization will be calculated immediately following automatic release
- Block utilization will be a percentage calculated as:
 - o Numerator: Wheels in of the first case to wheels out of the last case.
 - o Denominator: All minutes assigned to block with the exception of
 - Manually released time prior to 30 days
 - Blocks closed on holidays
 - Blocks closed due to resource unavailability

MANAGEMENT AND REPORTING BLOCK UTILIZATION

- Block utilization is reviewed monthly by the Block Oversight Committee.
- Distribution of the monthly Utilization report:
 - o Surgery Section
 - o Block surgeons / Groups
 - o Office managers and schedulers
- Block utilization will be assessed on a rolling 4 month basis.
 - o Blocks with utilization over 90% will be considered for additional block time.
 - o No action will be taken with block utilization over 75% utilization
 - o Block utilization less than 75% notice will be given that improvement is needed to retain block assignment
 - The individual or group will have 60 calendar days to voluntarily reduce their block allocation or improve utilization.
 - If the individual or group’s 4 month rolling utilization remains below 75% during the 60 calendar days following notification, block allocation will be reduced to an appropriate level for demonstrated volume.
 - The surgeon, office manager and scheduler will be notified of reclaimed block and effective date through certified letter.

ROOM CONSOLIDATION / CASE STACKING

- At time of Block release, cases from partially filled blocks may be stacked to align with available resources.

References: (Documents or Regulatory Requirements to which this document refers, is linked to within Document Library, or from which the document was created.)

- [Surgical Block Scheduling Request](#)
- [Surgery Schedule Management, Bend](#)