

<b>Title:</b> Surgical & Procedural Block Management Policy - Redmond	<b>Document #:</b> 9579
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## SUMMARY OF POLICY:

It is the policy of St. Charles Redmond to abide by standardized methods for the management of the surgical and procedural block schedules to support the best use of resources and safe access to care. The North Campus Perioperative Steering Committee will seek input from appropriate surgical and procedural governance leaders, committees and applicable medical staff sections for the material content and implementation of this policy. The North Campus Perioperative Steering Committee is the governing body for this policy.

## SCOPE:

This is a policy that applies to **St. Charles Redmond Perioperative departments**.

## RATIONALE:

This policy exists because manage access for providers and patients to the St. Charles Redmond operating rooms and related resources, in the most efficient manner possible.

## DEFINITION(S):

Please see the [Caregiver Handbook](#) for standard system terms

**Block Time:** Room time allocated to specific providers or group of providers to schedule elective cases based on appropriate resource availability as determined by the OR (Procedural) Scheduling Office.

**Unassigned Elective Time:** Room time available to schedule elective cases based on appropriate resource availability as determined by the OR (Procedural) Scheduling Office. Cases are prioritized in the order received and not to exceed available Unassigned Elective Time.

**Block Utilization Management:** Standardized Process by which the North Campus Perioperative Steering Committee retrospectively reviews scheduled block utilization and adjusts to the policy.

## POLICY:

1. Manually Released Block Time: Assigned block time that is voluntarily given up 30 calendar days prior to the (block) date due to notification of an upcoming short-term absence or inability to fill block time.
  - a. Manual release at 30 or more days does not count against utilization
  - b. Cannot reclaim block after release
  - c. 5 releases per discreet block (or range of blocks) allowed per rolling 6 months.
  - d. Times excluded from 5 release count:
    - i. The week of Spring Break
    - ii. Friday following Thanksgiving
    - iii. December 24<sup>th</sup>, 26<sup>th</sup>, and 31<sup>st</sup>.
  - e. Release of partial block time is not removed from utilization calculation.
2. Automatic Release Block Time: At 7 calendar days prior to date of procedure, all unused block assignments will be released for use by other providers, or the room closed based on resource availability.
  - a. Auto release for robotics blocks will be at 14 calendar days
  - b. Additional blocks may be excluded from this auto release through application to the North Campus Perioperative Steering Committee
3. Request New Block Time or Request Change in Block Time: Requests for changes, new and/or additional block may be made using the "St. Charles Surgical and Procedural Block Request form submitted to [blockrequests@stcharleshealthcare.org](mailto:blockrequests@stcharleshealthcare.org)
4. Block Utilization Measurement: Scheduled Block utilization will be calculated immediately following automatic release and includes only cases added prior to the automatic release. Total Block utilization will be calculated apart from the automatic block release and will include minutes for cases added before and after the automatic release occurs.
  - a. Utilization will be a percentage calculated as:
    - i. Numerator: Wheels in of the first case to wheels out of the last case.
    - ii. Denominator: All minutes assigned to block with the exception of;
      1. Manually released time prior to 30 days
      2. Blocks closed on holidays
      3. Blocks closed due to resource unavailability
5. 2021 Recovery Focused Management and Reporting Block Utilization: Scheduled Block utilization is reviewed monthly by the North Campus Perioperative Steering Committee.
  - a. Distribution of the monthly Utilization data:
    - i. Applicable medical staff sections
    - ii. Block providers / Groups
    - iii. Office managers and schedulers

- b. Block utilization will be assessed on a rolling 6 week basis, and the following will be based on Total Block Utilization or Scheduled Utilization; **whichever is most favorable for the provider** (this is a 2021 specific approach)
  - c. Blocks with utilization over 90% will be considered for additional block time.
  - d. No action will be taken with block utilization over 75% utilization
  - e. Block utilization less than 75% notice will be given that improvement is needed to retain block assignment
    - i. The individual or group will have one 6 week period following notification from the Block Oversight Committee to voluntarily reduce their block allocation or improve utilization.
    - ii. If the individual or group's utilization remains below 75% during the 6 weeks following notification, block allocation will be reduced to an appropriate level for demonstrated volume.
    - iii. The provider, office manager and scheduler will be notified of reclaimed block and effective date through email communication addressed to the office scheduler, practice manager, and surgeon(s)
6. Room Consolidation/Case Stacking: At time of Block release, cases from partially filled blocks may be stacked to align with available resources and maximize utilization of OR resources.

## References:

- [Block Request Forms](#)