

Title: Surgical & Procedural Schedule Block Management- Policy	Document #: 3653
Category: Corporate Document	Version: 8
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JobTitle: Director Perioperative Services	Most Recent Review: 11/22/2022
Document Owner: Gardinier, Krista	SPPC Approval: To Be Assigned

SUMMARY OF POLICY:

It is the policy of St. Charles Bend 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 Block Oversight 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 Block Oversight Committee is the governing body for this policy.

SCOPE:

This is a policy that applies to St. Charles Bend Perioperative and Procedural departments.

RATIONALE:

This policy exists to guide management of access for providers and patients to the St. Charles Bend Perioperative and Procedural departments 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 Procedural Scheduling Office.

Unassigned Elective Time: Room time available to schedule elective cases based on appropriate resource availability as determined by the 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 Block Oversight 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 14 or more 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 14 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 24th, 26th, and 31st
 - 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 (OR or MDU) procedure, all unused block assignments will be released for use by other providers, or the room closed based on resource availability.
- a. Auto release does not apply to add-on rooms intended for designated trauma blocks, and heart
 - b. Additional blocks may be excluded from this auto release through application to the Block Oversight 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
- a. To qualify for block time:
 - i. An individual surgeon must demonstrate sufficient volume by utilizing a minimum of 600 minutes of time per month, for at least two months.
 - ii. A group must demonstrate utilization greater than 85% to qualify for additional block.
 - b. Decision will be based on resource availability and communicated within 7 calendar days following the block committee meeting.
4. Block Utilization Measurement: Block utilization will be calculated based on scheduled and actual utilization, excluding cases added after 5pm two business days prior (add-on cases).
- a. *Scheduled Block Utilization*: Calculated case duration as scheduled up until 5pm, two business days prior to procedure.
 - b. *Actual Block Utilization*: Calculated actual case duration of scheduled cases.
 - c. 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 14 days

2. Blocks closed on holidays
 3. Blocks closed due to resource unavailability
5. Management and Reporting of Block Utilization: Scheduled and Actual block utilization will be reviewed monthly by the Block Oversight 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 based on the previous month's utilization, and the following will be based on scheduled or actual utilization ; **whichever is most favorable to the provider.**
 - i. Blocks with over 90% utilization will be considered for additional block time.
 - ii. No action will be taken with block utilization over 75%
 - iii. For block utilization less than 75%, a notice will be sent that improvement is needed to retain block assignment.
 1. Individual or group will have the next full month following notification from the Block Oversight Committee to voluntarily reduce their block or improve utilization.
 2. If the individual or group's utilization remains below 75%, block allocation will be reduced to an appropriate level for demonstrated volume.
 3. 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).

REFERENCES:

[Block Request Forms](#)

[Surgery and Procedural Schedule Management Bend - Policy](#)