Effective capacity management creates environments where surgeons can thrive.

According to Sullivan consultant Anne Roy, Capacity Management and Access to the Schedule work hand in hand. “Scheduling is the heart of surgery,” says Roy, “and we almost always find a scheduling issue when we assess an OR.” While schedulers need to run data reports and perform other clerical tasks, the decisions they make are absolutely crucial to the function of an OR. If a surgeon cannot get on the schedule, if OR’s are sitting empty, and/or if surgical blocks are too short, fewer patients are being treated, revenue is lost, and doctors are frustrated.

There are Five Key Elements to Capacity Management:

1. **The Size of the OR**

   The number of operating rooms in a hospital must match the current volume of cases. If OR’s are sitting empty, the hospital is losing potential revenue. Likewise, if there are too few rooms for the number of surgeries scheduled, this potentially creates a feeling of being rushed or a situation where surgeries cannot be scheduled. There must also be a plan for projected growth. If a hospital is planning to specialize in particular areas of surgery or to branch out to other specialty areas, OR space must be available and be properly equipped for this growth.

2. **The Hours of Operation**

   Hours of operation need to be in concert with surgeon availability. If OR staff is available, anesthesia is available, OR room available, but the surgeon cannot arrive till after scheduled hours, the OR is not operating at maximum efficiency.

   Also, when surgeries run overtime, cases may have to be pushed until another day, creating a less-than satisfying experience for patients and surgeons, not to mention the negative impact on revenue. It is critical that the hours of operation match the capacity demands. All resources then need to be designed to facilitate an effective efficient surgical program.
3. **Block Allocation**

How are hospitals deciding which surgeons get which blocks? Few surgeons want afternoon blocks because they rarely start on time, so how are blocks determined? Some hospital use four hour blocks, while the most efficient hospitals use eight hour blocks. Hospitals also need to determine the block distribution among specialty areas. Do general surgeons get preferred blocks or do orthopedic surgeons get them? Blocks must also be managed. What happens if a block is not used? At what point can the scheduler reallocate that block to another surgeon? Often if a block is not used, it is too late for another surgeon to use it. All these questions need to be answered when developing a effective capacity management design.

4. **Governance Structure**

The Governance Structure in the form of a Perioperative Executive Committee is crucial for a productive OR. Typically the PEC is comprised of the Chief of Surgery, Chief of Anesthesia, Perioperative Director and a C-suite member such as a CNO or COO. There needs to be a clear chain of command making decisions that make good sense for everyone involved in the perioperative process. The OR executive committee sets policy and procedures for a smooth-running OR. This team in collaboration with the hospital strategic planning department, determines what new service lines the hospital should develop and determine how to sustain momentum. PEC makes decisions, based on data, Performance Targets, Material and Equipment resources, and Anesthesia and Nursing staffing coverage plans.

5. **Performance Targets**

SULLIVAN is extremely data driven. With performance targets measured by data, SULLIVAN can determine which doctors run on time, which doctors are generating revenue, how blocks should be allocated, and how specialties should be prioritized. Doctors are trying to build their practices and want preferred blocks. Performance Targets resulting in Fact Driven Data allow OR executives to make decisions based on factual information. This is the best way to get doctors on board with decisions. If doctors can see the data in black and white, the decisions that are made will make sense to them and make it easier for hospitals to get doctors on board with their decisions.

The tie that binds together these five keys to Capacity Management is Scheduling and volume demands. SULLIVAN consultants use data gathered from individual hospitals to customize a plan for Scheduling, as well as help hospitals navigate these five areas. When information is gathered and analyzed, SULLIVAN can assist hospitals in building strong OR teams based on an efficient model. This creates environments where both patients and doctors can thrive.

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