(A) Policy Statement

Provide a standardized process for assignment and monitoring of blocked scheduling in the Operating Room (OR).

(B) Purpose of Policy

The purpose of this policy is to provide for the most appropriate and efficient use of OR resources which will serve the greatest number of patients and physicians. The goal is to improve physician, patient, and staff satisfaction while providing services in the most cost effective manner.

(C) Overview

Good management of surgical block time is the cornerstone of a high quality, efficiently run OR suite.

(D) Procedure

1. A Surgical Block Committee will be appointed by the OR Committee. Members of the Block Committee will include:
   - The Medical Director of the Operative Services (Chairman)
   - Administrator of Surgical Services
   - Operations Supervisor RN - Surgical Scheduling
   - Operations Supervisor RN - Main OR
   - Operations Supervisor RN — George Isaac Center
   - Three surgeon representatives selected to represent different specialties

2. A modified block scheduling system will be used. Blocked time will be designated by physician or service specialty. The target ratio for blocked to unblocked time will be 80% blocked to 20% unblocked.

3. The Block Committee shall review and make recommendations for the administration of block scheduling Policies and Procedures. The Committee is charged with the following responsibilities:
   a. Meeting on a quarterly basis.
   b. Monitoring block utilization and making recommendations.
   c. Developing and maintaining block release criteria.
   d. Developing a process for review and action on new block requests.
   e. Presenting all recommendations for approval at the OR Committee.
   f. Communicating all actions with involved surgeons and Department Chairmen.
   g. Develop a mechanism to resolve disputes regarding block time allocation.

(E) Block Utilization

1. Block utilization will be measured quarterly (or earlier if circumstances warrant).
2. Block utilization is defined as the amount of time used, not scheduled. Utilization will include all time used in an assigned block and will factor in turnover time.

3. The minimum acceptable utilization rate is 60% in any given quarter. Block owners will be notified of their utilization on a quarterly basis.

4. Recommendations for block adjustments will be made by the Block Committee should utilization fall below 60% and is not increased within one (1) quarter.

5. Surgeons, or services, will fill their own block before being allowed to schedule in other rooms on the same day.

6. Holidays and weekends are excluded from block utilization.

7. Unused block time will be considered in the block utilization calculation unless the block time is released for open scheduling at least 2 weeks (14 calendar days) in advance of the block time.

Approved by:

[Signature]
Christina Powlesland, BSN, RN
Nurse Manager Operating Room

[Signature]
Moneec Smith MSN, RN
Chief Nursing Officer/CNO


Review/Revision Date:
3/98
5/01
7/02
7/05
4/07
7/29/2008
8/2012
4.1.2016

Next Review Date: 4/2019

Policies Superseded by This Policy: 4-09