

At a Glance

Organization

Ross Memorial Hospital
Lindsay, Ontario, Canada

- Beds: 178
- Employees: 850
- Medical staff: 139 physicians
- ED visits per year: 44,000

Solution Spotlight

- OR Benchmarks® Collaborative

Critical Issues

- Low on-time, subsequent-case starts in the OR
- Rising overtime
- Inefficient allocation of OR resources

Results

- Developed accurate case-duration estimates
- Boosted staff productivity
- Produced savings equal to 3% of the total OR budget by adding cases
- Increased OR case loads by 8% in 2007 and 9% in 2008

Ross Memorial Hospital Uses Data Analysis to Find OR Savings and Efficiencies

Ross Memorial Hospital wanted to bring greater efficiency and cost savings to its surgical suites. With no effective means for discovering the causes of late start times, the hospital implemented McKesson's OR Benchmarks® Collaborative (ORBC) service. This decision not only revealed OR (operating room) inefficiencies but also led to significant improvements in estimated case-duration accuracy and substantial savings in time and hospital resources.

Challenges

Founded in 1902, Ross Memorial Hospital is a 178-bed community hospital dedicated to serving the healthcare needs of people in the city of Kawartha Lake in central Ontario, Canada. Following a major expansion project in 2005, including the addition of a new mental health facility, Ross Memorial experienced rapid growth. The new continuing-care wing provides rehabilitation and palliative care, as well as expanded emergency department and outpatient services, including a community dialysis unit and a computed tomography (CT) scanner suite.

The expansion heightened the need to solve a major challenge — OR management and throughput. Ross Memorial long recognized the difficulty of accurate scheduling of surgical cases.

Many procedures exceeded scheduled times, resulting in a low percentage of on-time starts for subsequent cases. Without an effective system for estimating case duration, scheduling bottlenecks occurred, resulting in overtime payments for staff or even surgery cancellations and rescheduling of patients. Without an accurate overview of the factors that contributed to these problems, managers were unable to identify remedial steps.

Answers

Ross Memorial has a long history of successfully using ORBITS®, a resource management solution from McKesson. In July 2007, the organization joined the ORBC service to use monthly trended data on key performance indicators. These indicators include start-time accuracy for first case of the day and subsequent cases, estimated case-duration accuracy, prime-time utilization, and day-of-surgery add-on cases.

"In the beginning our primary concern wasn't benchmarking against other institutions, the focus was on presenting us with opportunities for improving our own OR performance," says Gary Sims, surgical director, Women's and Children's Programs. "One of the first things that jumped off the ORBC dashboards was that our subsequent case starts were really low."

Case Study

"Thanks to the insights provided by ORBC, we're doing a greater volume and doing it with the right assignment of staff to the right type of procedures."

Gary Sims

Surgical Director

Women's and Children's Programs

Ross Memorial Hospital

With this data in hand, the hospital drilled down into the specific causes of these scheduling bottlenecks using data analysis charts for both services and surgeons. ORBC matched subsequent case-start bookings and time allotments with individual surgeons and services. The first step was developing common case durations for the top 10 procedures.

While Ross's legacy system had determined averages for each procedure, managers found cases were being inaccurately booked under a shorter procedure name. For example, 80% of cases booked as arthroscopy procedures were actually arthroscopy debridements (removal of foreign material and dead tissue to prevent infection and promote healing), which typically require an additional 20 minutes of surgery per procedure.

By creating a case-duration average for related procedures, surgeries were less likely to extend beyond the allotted times. During the initial rollout of ORBC, the hospital had only developed case averages for two surgeons. However, over the course of 10 months, booking accuracy improved by more than 20%.

Results

By developing accurate case-duration averages, Ross Memorial improved OR flow with more accurate subsequent-case starts and decreased overtime.

"Now patients come in at the right time and leave at the right time," says Pat Ainsworth, OR data administrator. "The flow in the day-surgery area improved. The flow in the post-anesthesia recovery room improved. We no longer have rooms being held up, which creates greater patient satisfaction."

In addition, after performing detailed analysis of procedures, times and individual operating rooms, the hospital can now allocate personnel and resources where they are most needed. For example, by adding an evening shift, the hospital has realized substantial savings by reducing overtime and associated costs.

Projected savings from the review of add-on cases is expected to equal 3% of the total OR budget. These efficiencies resulted in the OR department increasing its case load by 8% in 2007 and by an additional 9% in 2008.

"Thanks to the insights provided by ORBC we're doing a greater volume and doing it with the right assignment of staff to the right type of procedures," concludes Sims.

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