Michelle Jackson presents:

Block Scheduling – 5 Years Later
Michelle Jackson serves as Manager of Surgery Scheduling for St. Luke’s Health System anchored in Boise Idaho. She oversees centralized surgery scheduling for more than 40 OR suites as well as multiple procedural areas with an annual volume totaling over 50,000 cases. In addition to overseeing the daily operations of the centralized surgery scheduling department, she serves as a resource to the decentralized departments and locations. Most recently, Michelle led the build and transition to Epic OpTime scheduling for the health system. In addition, she manages block time and reporting, and leads physician Block Committees at two St Luke’s facilities.

WEBINAR AGENDA: Five years ago, St Luke’s Health System embarked on a mission to more efficiently utilize OR time and more effectively manage block time. This course will outline the essential elements of a managed block system in addition to offering insight from lessons learned.

During the 60-minute presentation, participants will learn:
1. The elements of a well-written block policy.
2. To recognize activities essential to well managed block.
3. To understand the benefits of utilizing block time in an efficiently run OR.
4. The lessons learned from hands on experience and education.

Our presenter looks forward to addressing your questions. Attendees will be on a listen only mode throughout today’s presentation, but you are able to submit a question during the webinar using the “Questions” or “Chat” feature on your webinar dashboard.

You are welcome to submit your questions prior to today’s webinar. Please email webinar@mdpublishing.com with the subject line “Attendee Question for OR Today’s Webinar.”
Block Scheduling – 5 years later

Presented by:
Michelle Jackson, BSBM
Manager, Surgery Scheduling
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Objectives
1. Convey the elements of a well-written block policy.
2. Enable recognition of activities essential to a well managed block system.
3. Communicate the benefits of using block time to contribute to an efficient OR.
4. Share lessons learned from hands on experience and education.

Critical elements of a block policy
- Clear guidelines for allocation of block
  - Blocked time vs. open time
  - First come, first served; volumes, “citizenship”; serviceline
- Clear expectations and rules
  - What is the utilization requirement
  - What happens if requirements aren’t met
- Clear utilization calculations
  - Will turnover time be credited
  - Will time used outside of block be credited

Critical elements of a block policy, cont.
- Clear process for review of utilization
  - How often will utilization be reviewed and communicated
  - Who is responsible for ensuring accuracy of data
  - Who is responsible for reviewing the data
- Clear enforcement plan
  - What is the process for communicating with the surgeon
  - Who is the ultimate enforcing body
  - Is there an appeals process

About St. Luke’s
- Not-for-profit, community owned, Accountable Care Organization
- Founded in 1902
- Approx. 50/50 split employed vs independent physicians
- Anchored by 3 larger hospitals
- 1 primary local competing hospital
- Serving southwest Idaho and southeast Oregon

History of block time at St. Luke’s
- Nov 2010 Multidisciplinary block committee formed and holds first meeting
- Nov 2011 New Policy finalized and prepare to implement
- Jan 2012 Education for surgeon’s and office staff begins
- Oct 2013 Formalized committee reporting structure, allowing more support for enforcing policy
- Jan 2017 Revamped block and scheduling policy

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## Activities essential to a well managed block system

- Support from executive leadership
- Clear expectations communicated when block is granted
- Accurate and concise data collection and reporting
- Consistent communication
- Consistent application of policy rules
- Strategic and creative thinking – outside the box
- Legal consideration – applying the rules fairly

## Benefits of utilizing block time

- More efficient use of OR time
- Consistent volumes
- Incentive for increased volumes from surgeons striving to meet utilization goals
- Better resource allocation

## Lessons learned – Block Committee

### Advantages
- Surveys are easier to use and are part of the solution
- Allows surgeons to have a voice and be part of the solution
- Adds to a well-rounded perspective when considering policy changes and ways to address common issues

### Cautions
- Brings medical staff into operations
- Surveys do not always bring a global thought process, but individual priorities instead

## Lessons learned - Policy

- Leave yourself room to “function”, but specific enough to be enforceable and equally applied
- Balancing policy guidelines with “real life” – is there room for leniency or is it “by the book”?
- Not every situation fits into the “box”, so summon authoritative figures who can assist in decisions not addressed by the policy
- Your policy should be reviewed frequently to ensure the way it is written is working. It may need to be modified after being applied

## Lessons learned – Granting block time

- Clarify expectations at the time block is granted
- Block is a privilege, not a right
- Block details such as day, start and end time, release requirements, and utilization requirements
- Consider a signed contract when a new block is granted
- Ensure surgeons receive a copy of the policy to clarify expectations
- Once block is given, it can be difficult to take away – invest the time and research up front to save yourself the trouble on the back end

## Lessons learned – Open vs Block

- Even if block is being consistently utilized, too much block time in your ORs can limit availability for non-block doctors and cases, which can lead to other problems.
- Block time is a great recruiting tool, but can be a frustration for new surgeons who do not have block and need to schedule cases in open time
- Urgent/emergency specialties like general and ortho can face frustration trying to schedule cases same-day or within 24-48 hours when too much time is allocated to elective block scheduling
- Not every service line benefits from block scheduling
- Typically addresses the needs of elective practices, but not urgent/emergency specialties
One on one conversations work best with surgeons who “don’t get it”.

What most surgeons care about is ensuring they can schedule their cases when they need to. Finding ways to balance their needs with OR availability is a win-win.

“Trials” can be a very successful way to get surgeons to buy in to modifications to their block time.

Include office staff in education.

Communicate, communicate, communicate!

Use best practice and other facilities as a starting point, but explore which elements will and won’t work in your facility.

Develop a system-wide approach if your doctors are privileged at more than one facility.

Allows consistent expectations for surgeons regardless of their location.

Prevents the “ask mom if dad says no” scenario.

Everything can and will be tied back to block utilization when doctors are being held accountable to it.

Thank you for your time today! If you have any questions, please don’t hesitate to contact me as indicated below:

- Michelle Jackson
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  - Health System website: www.stlukesonline.org

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