



Origination: 6/16/2016
 Last Approved: 9/5/2017
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 Next Review: 9/4/2020
 Owner: Adalia Provance: Contract Manager
 Policy Area: OR/GI Lab
 References:

Block Scheduling, 4.9152

PURPOSE:

To outline a consistent, effective, and systematic process for block scheduling. the policy will support equal scheduling opportunity for all qualifying physicians and outline processes to maximize schedule access. the block schedule is constructed with the goal of optimizing the efficiency of the operating rooms on a daily basis. The primary elective scheduling hours and the bulk of the volume should occur Monday through Friday between 0730 and 1600 (prime time).

POLICY:

1. Block Structure:
 1. Blocks may be allocated either to an individual or to a group of physicians
 2. Block utilization = Total time used in block (wheels in to wheels out) + turnover time / Total block time allocated - Time voluntarily released (Vac & CME).
 3. Standard block times will be: 0730-1500, 0730-1200, and 1230-1600.

2. Blocks will be released based on utilization and the Release Time Matrix as follows:

Release Date	Utilization % required To Maintain
5 working days	>80%
3 working days	80%
24 hr release	90%

3. **Block time utilization of less than 50% may be reduced to the next standard block time. requests for increases in block time will be considered only if block utilization is greater than 80%.**
4. New surgeons will be given block time if the schedule allows. For allocated block time, a 5 working day release date will be provided for the surgeon's initial 6 months. At the end of the 6 months, the surgeon's block time will be adjusted to the Utilization Matrix.
5. It is the expectation of the OR Committee that blocks be released as soon as possible following scheduling of vacation time or a medical conference. The notification must be received **two weeks** prior to the scheduled event. It is the responsibility of the Surgeon to notify the scheduling office that they will be releasing time. Failure to provide appropriate notice will result in unused time counting against utilization. Actual utilization **can be** used in utilization review and block adjustment in order to account for

abuse of voluntary release.

6. The block schedule will be maintained by the Director of Surgical Services. Recommended changes will be brought to the OR Committee for review and approval. Any changes can be made at the discretion of OR Committee based upon surgeon needs, needs of the Operating Room and the availability of services.
7. Review of Block Utilization will occur at scheduled meetings of the OR Committee:
 - Surgeon Utilization Reporting – Surgical Services by OR Nurse Manager
 - Quarterly Review and block adjustments – OR Committee

Attachments:

No Attachments

Approval Signatures

Approver	Date
Tracey Carrigan: Director, Surgical Services	9/5/2017
Heather Hess: Nurse Manager, Nursing	9/5/2017

Applicability

Hendrick Medical Center

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