A surgical facility is a public hospital where profit is not a motive and the physicians are all salaried professionals. Can OR efficiency methods be applied?

This is sometimes precisely the situation where the tactical (strategic) analyses based on financial criteria apply. For example, consider the hypothetical hospital where all ORs finish for the day between 7 hr and 9 hr after the start of the workday. This seems to occur often when salaried physicians do not make more money for working longer for elective cases. In that circumstance, reducing turnover times will generally create more under-utilized OR time, not increase OR efficiency because there are no over-utilized hours to reduce. Click here to download a paper reviewing these concepts.

Staffing analyses are of the greatest value when some ORs have under-utilized OR time and some have over-utilized OR time each workday. In this scenario, there may be little opportunity for improvement in OR efficiency by adjusting staffing, because there are few under-utilized or over-utilized hours. Click here for the corresponding lecture. Often it seems that, at such hospitals, the limiting factor in caring for more patients is the annual budget.

Tactical (strategic) decision-making based on the large differences in variable costs per OR hour among surgical specialties may be of greater value than consideration of OR efficiency. My impression is that, at such facilities, often when people on-site speak about "efficiency," what they truly mean is providing care for more patients with available resources. That is not OR efficiency as studied scientifically, but a tactical (strategic) decision-making problem. Click here for the related lecture. The incremental reimbursement for each patient may equal zero, or can be represented from a societal perspective as a value per patient treated. The principal issue is to use resources wisely focused on the individuals, departments, and specialties providing the greatest return.

Return to Frequently Asked Questions