

How many days before surgery should start times be assigned to patients?

A facility may consider the automated calling of patients two or more days before surgery. Contacting the patients early may improve satisfaction and preparation. Automated contact may reduce labor costs and/or improve consistency of information. Generally, the automated calling system is sent a list of patients and contact phone numbers along with codes for appropriate scripts. Several hours later, a report is received listing those patients who could not be contacted, as well as those patients who were contacted successfully who have questions. The surgical facility then manually calls those patients. Overall, this process depends on the patients being contacted earlier than the afternoon of the working day before surgery.

Consider a small facility such as a 6 OR ambulatory surgery center. At such a facility, sequencing cases systematically can both reduce costs and patient waiting time. The sequencing of all surgeons' lists of cases simultaneously can reduce postanesthesia care unit staffing costs and delays in PACU admission by achieving a homogeneous flow of patients into the PACU ([click here](#) for the original article and [click here](#) for a review). For the associated case duration prediction, [click here](#). Also, the sequencing of each surgeon's list of patients can be the patient with the most predictable case duration first, second most predictable case duration second, and so forth ([click here](#) and [click here](#) for abstracts). Thus, although at an outpatient surgery center patients can be contacted two or more working days before surgery, doing so may be counter-productive based on facility costs.

Consider a hospital, generally with some ORs having long workdays. At such a facility, sequencing surgeons' lists of cases has little effect on the PACU and holding area ([click here](#) for the abstract and [click here](#) for the article). Furthermore, the sequencing of cases to reduce patient waiting on the day of surgery can be limited by there being many medical and equipment constraints and by there being many cases performed by surgeons doing just one case that day. Thus, calling these patients two or more days before surgery may seem reasonable. However, such facilities often have substitution of cases, changes in medical conditions, and new cases scheduled the morning of the workday day before surgery. [Click here](#) for quantification of such cases among patients who are inpatient preoperatively. The result is that contacting the patients who are outpatient preoperatively with a scheduled start time two or more working days before surgery may be counter-productive.

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