

## Can operating rooms reasonably be targeted for turnover time reduction based simply on having > 8 hours of cases?

Turnover time reduction should be targeted to ORs for which the reductions will result in increases in the efficiency of use of OR time. [Click here](#) for a review article. [Click here](#) for a lecture explaining why those are the ORs for which turnover time reduction may facilitate an increase in numbers of cases performed. However, because of psychological biases, some facilities do not calculate staffing months in advance (i.e., choose the hours into which cases are scheduled) based on the efficiency of use of OR time. [Click here](#) for a review article. [Click here](#) for the consequences. The facilities may still want to implement some evidence-based decision-making on the day of surgery. Unfortunately, no meaningful economic benefit can be achieved from reducing OR task durations without choosing the hours into which cases are scheduled by applying the corresponding newsvendor optimization. See the preceding articles and lecture. Nothing from a cost perspective in OR management is more important than this step. Implementation can be a trivially simple 15 min process of changing OR scheduling systems' grids.

Suppose that on a day of the week all ORs at a facility average between 5 hours 40 minutes and 8 hours 35 minutes. [Click here](#) for a paper describing the first value and [click here](#) for a paper describing the other. Then, all OR allocations would be for 8.0 hours based on the newsvendor problem. Targeting those ORs with > 8 hours of cases would be appropriate. The simple approach is reasonable.

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