

We are implementing “block” OR allocation – any pointers?

“Allocated time” by service predicts whether there is convenient (under-utilized) OR time available for a surgeon who wants to do a case on a date. Service is about the ORs (e.g., equipment), anesthesia providers, and nurses. “Block time” predicts whether a surgeon will be available and will have elective cases to be performed on a date. Allocated time and block time are not the same other than for facilities with brief workdays.

Nothing is more important financially when implementing or adjusting blocks than calculating the correct allocations. A good summary of a decade of science is to allocate OR time based on OR efficiency, not based on OR utilization. ***Allocating OR time based on OR utilization is both logically and computationally flawed, and consequently will often give the wrong answer to the problem.*** If you allocate too much OR time, then much will be under-utilized, thereby reducing OR efficiency. If you allocate too little, then there will be substantial and even more expensive over-utilized time to finish the cases. [Click here](#) for a lecture or [click here](#) for a review article. Also, [click here](#) to read about the psychological (behavioral) issues in implementing solutions of this so-called newsvendor problem.

If you are focusing on surgeon blocks, [click here](#) for the appropriate lecture if the objective is to make a budgetary forecast a year in advance (e.g., recruiting a new surgeon). [Click here](#) for the lecture if the objective is to plan the master surgical schedule. [Click here](#) for an appropriate review article. The following is the original [scientific article](#). [Click here](#) for the subsequent article showing generalizability to hundreds of hospitals. See the “Surgeon Blocks” page in our [example report](#) that uses this [statistical method](#).

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