

HISTORY



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- Orthopedic surgery has accounted for 70-80% after hours surgery
- Other surgical specialties frustrated with volume of ortho cases pending
- Urgency differences between specialties frequently resulted in delays to surgery for orthopaedic patients
- Impacts on patient care/frustration and bed utilization
- Facility gets credit only for "booked" cases not trauma adds
- General Surgery implemented RAG time with great success

MAY 2021

- Trial STAT time
 - Two trauma cases in scheduled time each day after $\frac{1}{2}$ day of elective surgery
 - Cases booked over previous seven days
 - Agreed upon cases types appropriate for delay to surgery
 - Transparency as surgeon booking case shares details with group
 - Surgeon "on call" performs $\frac{1}{2}$ day elective followed by STAT cases

BENEFITS

- Patients given dedicated time for surgery minimizing possible "bumps", prolonged
 NPO status, unnecessary bed occupancy
- Surgery carried out in daytime hours have fewer complications and better outcomes
- Decompresses after hours backlog
- Improved access for other surgical subspecialties
- Facility gets credit for "trauma" cases which has potential impact for funding
- BONUS: allows time for COVID swab results

DRAWBACKS

- Reduction in OR time for "elective" surgery
 - Not really a problem at VJH
- Occasional slate over runs and under runs
 - Unhappy OR manager vs unhappy surgeon
- STAT patients potentially not "optimized"
 - Unrecognized comorbidities/issues result in surgical delay

TODAY

- Continues to evolve
- Other subspecialties STRONGLY in favor of the program
- Most ortho surgeons in favor and all participating fully
- Program name changed to DOT time
 - Daytime Orthopaedic Trauma time

NEXT STEPS

- Refine case types appropriate
- Evaluate slate over and under runs to optimize utilization
- Sample patient experience measures: DOT vs after hours surgery
- Flex DOT time up and down to accommodate seasonal variations in trauma

QUESTIONS/COMMENTS?