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Use of Big Data to Improve Management of Operating Rooms by e-Streamlining

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Operating Room



A CLEAR OPPORTUNITY FOR QUALITY IMPROVEMENT



Because of the growing complexity and demands of operations, every healthcare organization needs access to good data for improving efficiency and controlling cost.

Operating Room





The surgical OR is clearly a highrisk and high-consequence environment

The surgical OR is characterized by a high degree of complexity with respect to both human– technology interfaces and human–human interfaces.

Difficulty and Issue in OR



- 1. Increasing of surgical volume in the past years
- 2. Increasing of workload of surgical team members
- 3. Increasing of surgical technique complexity
- 4. Introducing and implement of new equipment

Different Video-Assisted System and scope connection, New anesthesiology devices...etc.

5. Lacking a daily and computer-aid surgical workflow dashboard

OR system relied on a manual data-preparation process from multiple disparate systems – which was inefficient from a timing perspective and carried the risk of potential mistakes







High quality, short load time, low cost

Operating Room Workflow Framework





Management Method of Operating Workflow



Problem	Customer necessary	Lean method
Not well scheduling	Confirm operation schedule the day before	Computerized Dashboard
Incomplete pre-anesthetic evaluation	Completed the day before operation	Computerized Dashboard
Incomplete pre-OP preparation	Completed the day before operation	Balance
Instruments not be readied	Confirm operation equipments are fully prepared	Pull
Waiting transfer	Avoid transferring delay	Flow
Waiting Anesthesiologist	The time of waiting for Anesthesiologist shortened	Flow
Waiting Surgeon	The time of waiting for surgeons shortened	Flow
Conversion time prolonged	Well prepared	Balance Flow

The Goal of Improvement



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Time Monitoring Indicator



Nominal definition
Monitor the time of waiting and reduce time wasting

Waiting for Anesthesiologist –

the interval from patient entered OP room till anesthesiologist entered **Waiting for surgeon** –

the interval from fully anesthesia till surgeon entered

Unoccupied time –

the interval from patient send out of OP room till next patient entered

Conversion time –

the interval from operation finished till next patient's surgeon preparation

First operation punctuality rate –

first operation in the morning begins on-time



Improved Rooms Utilization



% Time of OR used Prime-Time Utilization (8 am to 6 pm) 100.00% Utilization(%) 98.00% * 2015/07 2018/06 Turnover * 96.00% 94.00% ORA 2.1 85.7 88.1 92.00% ORC 78.3 81.8 1.3 90.00% 88.00% **ORB** 58.8 70.7 2.8 86.00% 2.2 Total 79.1 83.8 % of 84.00% Rooms Utilization : + 4.7% 82.00% 80.00% Saving **874min**/day Pre-intervention Intervention Post-intervention Increasing available 3,846.5 hours/year * *p* < 0.05

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The Cases of Medical Adverse Events





- 1. Manage pre-anesthesia evaluation schedule
- 2. Developed pre-operation preparation checklist display
- 3. First and second operation patient must finished pre-anesthesia evaluation the day before surgery
- 4.Rental-equipments process improvement
- 5. High-cost equipment managements
- 6. Overcrowding of Recovery Room \rightarrow POR departure standardization

Improvement of Surgical Team's Patient Safety Culture

The resign rate of nurse: before 21%, after 5.4%.



Conclusion



The smart utilization of big data	can Improve management efficiency of operating room
The use of computer-aids and web-base monitoring system	can increase OR efficiency
The OR Dashboard and data visualization	help OR team collaboration and improve the performance
Process mapping, leadership support, staff engagement, and state-of- art information technology support	keys to enhancing OR efficiency

Future-the virtuous circle of health care process redesign using Lean



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Create Patient-Centric Smart Lean Healthcare













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