

Increasing Case Volume and OR Utilization To Grow Revenue and Reduce Costs



For University Hospitals, it's the story of people, process, and technology. Our governance structure created the strategies, our tactical teams executed, and Hospital IQ provided us with the tools to do it. **Hospital IQ was the game-changer** that gave us the ability to capture time that would've gone unused, and allowed our surgeons to see what was available at all ORs across the system.

Dan Towarnicke
Vice President, Perioperative Services 



5%

increase in OR utilization



20

day average lead time for released blocks



25+

cases performed each week in released time

Customer Overview

- » 2,240 beds and 128 ORs across their network
- » 150,000 surgeries annually
- » 4,700 providers and 25,000 non-physician employees
- » Private, not-for-profit academic health system

THEIR GOAL

Achieve systemness across the health system to improve care quality and reduce inefficiencies by:

Transitioning to a market-based operating model that focused on:

- » Providing optimal clinical service distribution; right services at the right access points
- » Ensuring a hyperfocus on providing high-value care
- » Transitioning from a hospital-based governance model to a regional model

Establishing a governance structure to set the strategy and drive change management to:

- » Increase OR utilization by increasing volume or consolidation
- » Increase transparency into the availability of the operating rooms
- » Consolidate service lines and balance utilization across the system

OUR SOLUTION

Partnering with Hospital IQ and leveraging their technology transformed University Hospitals' surgical operations by:

Providing AI-driven recommendations and OR schedule visibility to:

- » Prompt blockholders to release time predicted to go unused
- » Uncover hidden OR time and capture it for new procedures
- » Automatically prioritize all requests for OR time to optimize utilization

Leveraging trusted data to drive governance strategies across the system which enabled them to:

- » Establish surgical Centers of Excellence managed by service line leaders
- » Decant low acuity cases from the main hospital to ASCs and community hospitals
- » Create capacity for higher acuity cases at the main hospital, increasing the CMI from 3.38 to 3.53