26335 - THE EFFECT OF INCREASED BLOCK TIMES OF OPERATING ROOM ON CANCELLATION OF SURGERY.: CAN IT PREVENT THE DAY-OF-SURGERY CANCELLATION?

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Background; Case cancellations may lead to dissatisfied patients and can be quite costly. There were a lot of studies concerning the utilization of operating room a limited and fixed resource (e.g block time) conditions to prevent day-of-surgery cancellation due to the deficient operative capacity. However, there was no study to evaluate the impact of install of more operating rooms, hence increasing the block times, on preventing the day-of-surgery cancellation. Therefore, in this study, we surveyed and compared the causes and overall cancellation rate of cancelled elective surgery before and after install more operating rooms (OR), hence increasing block times.

Methods; We surveyed all the patients underwent elective operation for 100 days before and after install more ORs. The causes were divided into six groups- departmental, abnormal laboratory result, patient denial, inadequate preparation, over booking and change to local anesthesia.

Results; The main reasons of cancellation were departmental (144), over booking (157) and abnormal laboratory data (127) before the increase block times. After increase block times, the main reasons of cancellation were changed; departmental cause (365), abnormal laboratory data (174), over booking (54). The increasing block times can prevent cancellation due to over-booking ($P<0.05$). However, the numbers of cancellation due to departmental causes ($P<0.05$) exceed the numbers of cancellation due to over-booking. Thus the overall cancelled cases (512 vs. 688, $P<0.05$) were increased after increasing block times. But cancellation ratio (cancelled case/ scheduled case) was not different between the groups (20.5% vs. 23.8%, $P>0.05$) because the scheduled cases were increased (2494 vs. 2886, $P>0.05$).

Conclusion; Increasing block times is not a proper option to permit more operation. Increasing block times cause another problems, i.e administrative problem. Changing management strategy, such as decrease hospital length of stay, admitting preoperative evaluation clinic and changing the OR scheduling strategy to maximize the use of operating block time, may be helpful to permit more operation.