

Block FAQ

Key points:

- Add <https://corewellhealth.org/health-professionals/surgical-services> as browser favorite. Important forms regarding blocks are stored here.
- Surgical blocks are designed to accommodate planned cases.
- Outpatient volume should be requested at the ambulatory surgical sites. Hospital block time should be requested for inpatients, surgery admit, or for the complex & very ill outpatient population.
- Block time is built with an automatic release, which routinely occurs 2 weeks prior at 7am (with few exceptions) in Grand Rapids and 1 week out in the regionals.
- The practice is responsible for making sure the reserved elective block time is used efficiently. Appropriate use for block utilization is greater than 75% with releases less than 25%. Block reporting is sent out monthly and block utilization reviews occur every 3 months. There is an appeal process in place (see #8 below) for any block identified for removal/reallocation.
- Cases scheduled after blocks auto drop count towards block utilization; however, add on cases do not count as they are generally unplanned cases (see #3 below).
- If you feel a block will not be used, make sure you offer the available time to other surgeons in your practice before releasing it. Once released, it cannot be reassigned to your block. Block releases need to be e-mailed (faxes not accepted) by noon day prior to automatic block release (or requested through Epic Block Messages in future state), with a documented reason, to ensure it doesn't affect utilization. Blocks may be released in increments as low as 2 hours.
- New surgeons need to show consistent usage of open time, or already assigned group block, before guaranteed block time at Grand Rapids locations. Desired usage outlined below (see below #4) for regular and robot block requests. It is the practice's responsibility to let surgical services know which group block they should be a member of to receive block utilization credit.
- Holidays, Spring Break week, week of 4th of July (new in 2024) and week between Christmas and New Year, are automatically released by scheduling and not included in utilization reporting. This is for Grand Rapids and Regional sites (exceptions may occur at certain regionals).

Surgical Block Time – Frequently Asked Questions

1. What is the definition of surgical block?

- A surgical block is a reserved window of time for a provider or practice designed to accommodate planned cases. Blocks help provide surgeons and the surgery department with optimal resource planning.
- To efficiently utilize our hospital resources and optimize throughput, it is preferred that outpatient procedures be scheduled first within a period of block time, followed by the surgery admits.
- Block time is built in full or half day increments. Blocks start and end at the following times:

		Corewell West (Including ASC)	Corewell West Community Hospitals	Corewell Lakeland
Full Day	AM	7:30*	7:30*	7:30
	PM	17:00	15:30 or 17:00	15:30 or 17:00
Half Day AM	AM	7:30*	7:30*	7:30
	PM	12:30	12:30	12:30
Half Day PM	AM	12:30	12:30	12:30
	PM	17:00	15:30 or 17:00	15:30 or 17:00

*1st Wednesday and 3rd Wednesday 8:30 start times in OR.

- d. All block time is built with an automatic release, which routinely occurs 2 weeks prior at 7am in Grand Rapids and 1 week out in the regionals. There are a few practice/service-based exceptions to the standard release. Blocks will release to open or **first come/first served (FCFS) time**, which is then used to accommodate pending cases.

2. Who manages surgical block time?

- a. Block time is assigned to a group/practice. The time is managed by the practice. The practice is responsible for making sure the reserved elective block time is used efficiently and in accordance with block guidelines and expectations.
- b. Surgical Services has established a Surgical Block Committee who reviews requests and utilization. This committee is comprised of OR directors, OR site managers, representatives from the enterprise scheduling team, executives, and physician leaders in support of all surgical locations. Additionally, representatives of the data team are included to provide the necessary reports and analysis. This collective group functions as the decision makers for surgical block management at Corewell Health.

3. What are the expectations when having block time?

- a. Block time is granted with the expectation that the time will be used efficiently. Appropriate use for block utilization is greater than 75% with releases less than 25%.
- b. The utilization of block time is routinely reviewed. Each block holder will receive a monthly report. These reports will be emailed to practice managers with the expectation that the report will be shared with all members of the practice who have a part in managing the practice block time. If you have questions regarding the data within this report or site-specific utilization, please reach out to SurgEndoBlockAdmin@corewellhealth.org to review.
- c. Block utilization can only credit to the primary surgeon/primary panel of the case. If there is one more than one surgeon/multiple panels on the same case, utilization will credit to the block of the primary surgeon, if it exists.
- d. Endoscopies do not count towards OR utilization. These are separate systems/metrics within Epic.
- e. Block utilization will be reviewed every quarter. Practices who do not meet the expected thresholds should expect to be contacted to discuss the low utilization and/or high release rate and be prepared to make potential changes to block.
- f. Cases scheduled after blocks drop count towards block utilization; however, if a case is an add-on case or, scheduled same day, those do not count towards overall block utilization as those are generally unplanned cases. It is important to note that when a block drops, that time becomes available for others to use. So, while the original owner of that block can still receive credit when it is used, they are no longer guaranteed that the time will be available to schedule into.
- g. Group/practice blocks can be utilized by any surgeons in the practice. Surgeons must be a member of the group block to receive utilization credit. It is the practice's responsibility to make surgical services (SurgEndoBlockAdmin@spectrumhealth.org) aware of new providers using group block time.

4. What do I do if my practice needs block time?

- a. All block time requests must be communicated by completing the “Change/Add/Delete Block Request form.” The request will be brought to the next Surgical Block Committee meeting for review. The block request form can be found by following this link: <https://corewellhealth.org/health-professionals/surgical-services>
- b. Specific to Grand Rapids surgical locations, please make sure to request block time at appropriate sites based upon the types of procedures to be performed. Outpatient volume should be requested at the ambulatory surgical sites. Hospital block time should be requested for inpatients, surgery admit, or for the complex & very ill outpatient population.
- c. For new surgeons being added to a practice or new practice to the Corewell Health system:
 - i. New surgical providers will utilize FCFS/open time (or work within practice’s current block if applicable) until evidence of consistent volume is demonstrated for block at Grand Rapids locations. New provider data will be reviewed after the first quarter to determine block time needs. 3500 minutes (in room time + turnover) per quarter is required to acquire dedicated block time.
 - ii. For block time at CHW regional sites, block time can be granted right away but the starting amount will vary by site and demand.
 - iii. When reviewing new block requests, the Surgical Block Committee reviews practice utilization and release %. If there is capacity within the existing block time, the recommendation will be to use that time prior to assigning the practice additional new block.
- d. The Surgical Block Committee meets every week to review incoming block requests, which are reviewed in partnership with clinical leadership and members of the enterprise scheduling team. Additionally, the committee will review recent case volumes and utilization data to determine if reserved block time is appropriate. If granted, most block requests are implemented with the requested start date, within 4 weeks of the submission date. Block requests which are unable to be granted will instead have cases supported using first come, first served time.
- e. The Surgical Block Committee will make every effort to meet your specific request if the time is available, it is best if you are flexible with block availability.
- f. Robot block is site specific in how it is assigned.
 - i. Blodgett and Butterworth assign robot blocks to each practice and also have dedicated FCFS/open robot time. To receive practice specific robot block at these sites, the practice/surgeon needs to demonstrate 3500 minutes (in room time + turnover) per quarter to acquire dedicated time. Otherwise, there is dedicated robot open time that can be requested as needed.
 - ii. Grand Rapids ASCs and applicable regional hospitals with robots do not have dedicated robot blocks at this time but can request the robot as a resource for the day.

5. Our practice has block time . . . now what?

- a. Your block time is managed by your practice. You can internally assign block time to specific surgeons in your practice and manage that schedule. Keep in mind that the time must be used efficiently. Block time should always be utilized before requesting “open/FCFS”.

- b. If you have any questions regarding blocks and how they work, block utilization, or block release questions, please feel free to contact the Surgical Block Committee at the following e-mail address: SurgEndoBlockAdmin@corewellhealth.org.

6. Can we release our reserved block time when we know we won't use it?

- a. Practices can voluntarily release their block time when surgeons are on vacation, at a conference, on medical leave, due to low volumes, etc. doing so releases the reserved block time to "Open/FCFS" and it becomes available to all surgeons equally.
- b. If you feel a block will not be used owing to one of these reasons, make sure you offer the available time to other surgeons in your practice to use before releasing it. Once it is released, it cannot be reassigned to your block.
- c. Manually released blocks (blocks released ahead of their set automatic drop in Epic) will count towards the release percentage vs affecting utilization numbers.
 - i. Example: If you have 100 minutes of surgery and don't plan to use 50 minutes and let it auto drop, your utilization would be $50/100 = 50\%$. If you have it manually released by scheduling, ahead of the auto drop, then your utilization would be $50/50 = 100\%$ as it removes the released time from your denominator and counts towards your release percentage.
- d. To release block time the "Block Release Form" should be sent by noon day prior of the automatic release to ensure the voluntary release can be entered into the system.
 - i. Blocks can be released as a full block or in increments as low as 2 hours. A minimum of 2 hours of block must remain for a partial block to be accepted. Requests resulting in less than 2 hours of remaining time will not be accepted.
 - ii. If block is not released ahead of this, this time will count against block utilization. Forms can be emailed to Surgery Scheduling (faxes are not accepted).
 - iii. The block release form can be found by following this link: <https://corewellhealth.org/health-professionals/surgical-services> The reason must be documented.
- e. If you receive block utilization messages through Epic, you can request a release through there (future state).
- f. If you have any questions about when your block releases you may contact the enterprise scheduling team and they will help you: (616) 643-9283.

7. What about holidays?

- a. Holidays and specified "unblocked" times (e.g., Spring Break week, 4th of July week, and the week between Christmas and New Year's) are managed and released by the enterprise scheduling team. They are deleted from the block time assignments and the surgeon does not need to release this block time. These times are also excluded from reporting.

8. What if we don't want our block time reallocated after block utilization review?

- a. By eliminating low-utilized blocks, Corewell Health is creating increased first-come first-served time to provide open access for all surgeons at any surgical location. This is a proactive approach to accommodate new surgeons when they join and other surgeons when their volumes warrant more time. We will do our best to accommodate all scheduling needs. It's important to note that you do not need block time to get cases on the schedule.

- b. If you have valid reasons for not meeting thresholds, accompanied by an active plan to increase utilization/reduce release percentage, you can submit an appeal to maintain block. The appeal process is as follows:
 - i. Go to <https://corewellhealth.org/health-professionals/surgical-services>.
 - ii. Under the scheduling section, download the 'block appeal escalation form'.
 - iii. Fill out and send to the email listed on the form.

9. How is first come, first served (FCFS) time allocated?

- a. 4 hours of ready to schedule cases should be submitted and then scheduling will begin placing in available FCFS time. This applies to only patients in the depot as ready to schedule. No holds are placed for potential cases.
- b. While scheduling will make every effort to vertically stack cases for a specific provider, once scheduling into FCFS begins, others will then be open to follow.
- c. If there are gaps in schedule once block has dropped, cases scheduled into FCFS time will be adjusted to align procedures vertically.

10. Who do we contact with block-related questions or concerns?

- a. Surgical Block Committee: SurgEndoBlockAdmin@corewellhealth.org