

5-Step Checklist to Optimize Time-Sensitive Surgery

With surgery delays resulting in patient harm, creating operational disruptions, and leading to furloughed staff and revenue loss, you need to resume time-sensitive surgeries swiftly and safely. But how do you identify and make the most of your safe operative windows? Use this checklist to optimize your redeployment strategy today.

Can you...



1

Forecast your Covid demand with confidence?

Misconception:

We need to create and maintain our own model to accurately forecast Covid demand over time.

Opportunity:

Avoid recreating the wheel by leveraging a publicly available model to forecast demand. Qventus' [free Covid-19 model](#), which is [2-3x more accurate than other models](#), incorporates the latest research and local data to forecast admits for your hospital, allowing you to assess the impact of social distancing, potential resurgence, and other scenarios. When time is of the essence, take advantage of readily available tools to make data-driven decisions now.



2

Find safe windows to operate?

Misconception:

We have to wait for the end of social distancing, or until after Covid demand peaks.

Opportunity:

With the early successes of social distancing pushing out surge peaks for weeks or months, many hospitals can safely begin electives today before the window of opportunity closes. Evaluate your OR capacity, hospital-wide PPE consumption, and inpatient bed capacity to assess your ability to support elective volumes. Make sure to buffer for unexpected demand increases, and consider adding weekend OR hours to capitalize on this window of opportunity.



3

Evaluate different scenarios to assess your optimal backfill strategy?

Misconception:

We have to start with outpatient electives to conserve inpatient capacity.

Opportunity:

Backfill strategy needs to go beyond capacity considerations and include medical urgency, patient financial conditions (e.g., loss of coverage), and hospital operational and cash flow considerations. High acuity electives will likely require inpatient admission, so prioritize these when you still have capacity now before Covid demand potentially re-escalates.



4

Create virtual capacity by optimizing patient flow?

Misconception:

Adding bed capacity is the only way to increase our inpatient capacity to accommodate electives.

Opportunity:

Efficient patient flow can actually create a significant amount of “virtual” capacity – from 5-15% or more – to increases in demand. [Progressive health systems](#) are using AI and machine learning platforms to hardwire reductions in length of stay and post-op transfer times, unlocking Med-Surg, ICU, and PACU capacity – without adding staff.



5

Ramp down ahead of predicted resurgence?

Misconception:

Once we overcome this surge, we can power through our elective backlog for the rest of the year.

Opportunity:

With the threat of Covid resurgence, a robust restart plan accounts for not just how to ramp up elective volume, but also how to predict Covid re-escalation weeks in advance and proactively ramp down electives. Based on evolving conditions in your area, you can dynamically flex your elective schedules to match forecasted Covid demand, turning on and off the spigot as needed.

Use the Qventus Elective Surgery Planner to assess each item in this checklist so that you can optimize your return to electives today.

View an online demo:

qventus.com/elective-surgery-demo

Request access:

qventus.com/covid-planner-beta