Planned and Delivered: Challenges Scheduling Elective C-Sections into OR Time Slots

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AIM Statement: By April 2025, increase the recognition & rebooking of cancelled OR slots in the Obstetrical Care Unit (OBCU) by 30%.

PROBLEM DEFINITION

Rapidly rising birth rates are driving increased demand for elective Caesarean sections. However, limited OR availability and the inefficient coordination between departments has made meeting this growing demand difficult.

ROOT CAUSE ANALYSIS

Stakeholder Analysis: Dr. Jordan Schmidt (OB Chief) noted growing patient volume, tight scheduling windows, staff burnout, and limited resources, especially anesthesia and nursing. Dr. Indu Singh (Anesthesia) emphasized poor communication, last-minute cancellations, and the need for more consistent scheduling to improve patient experience and staff efficiency. Claire Martin (Admin Leader) saw system-level challenges; lack of centralized booking, staffing conflicts, and the financial impact of delays and infections.
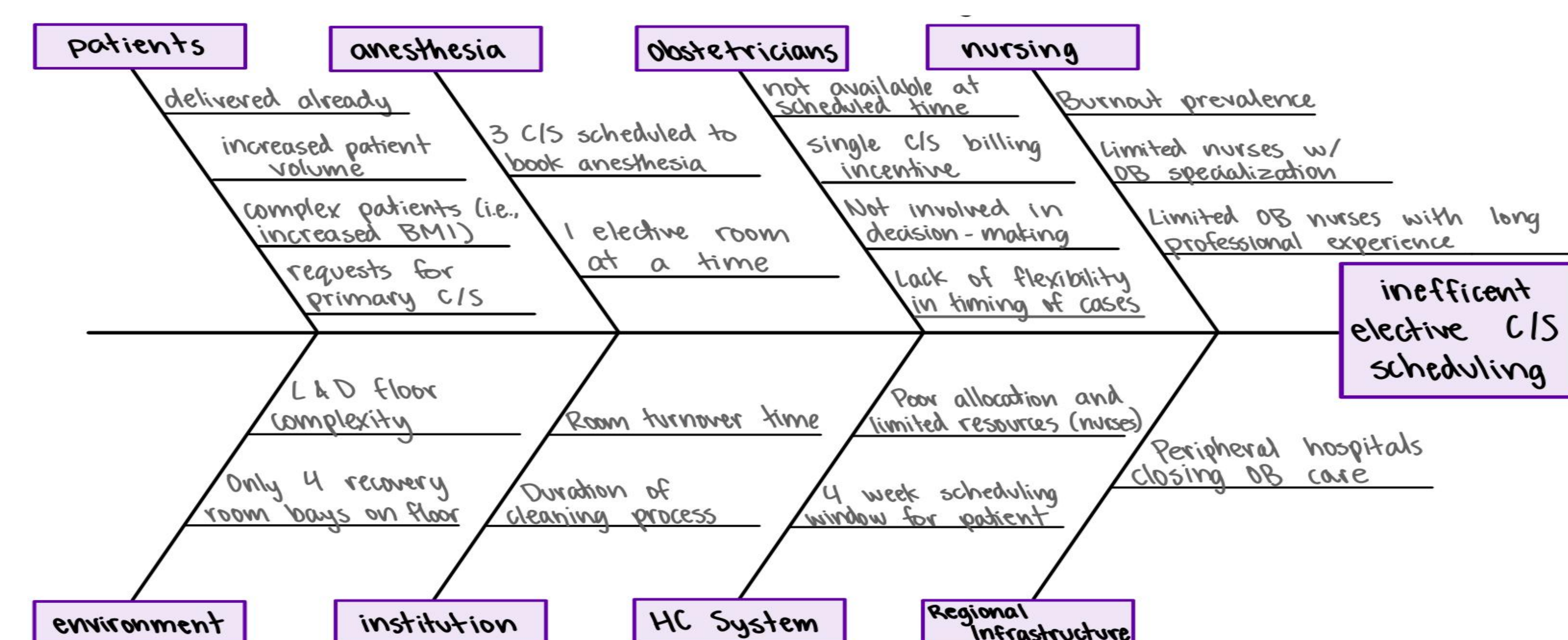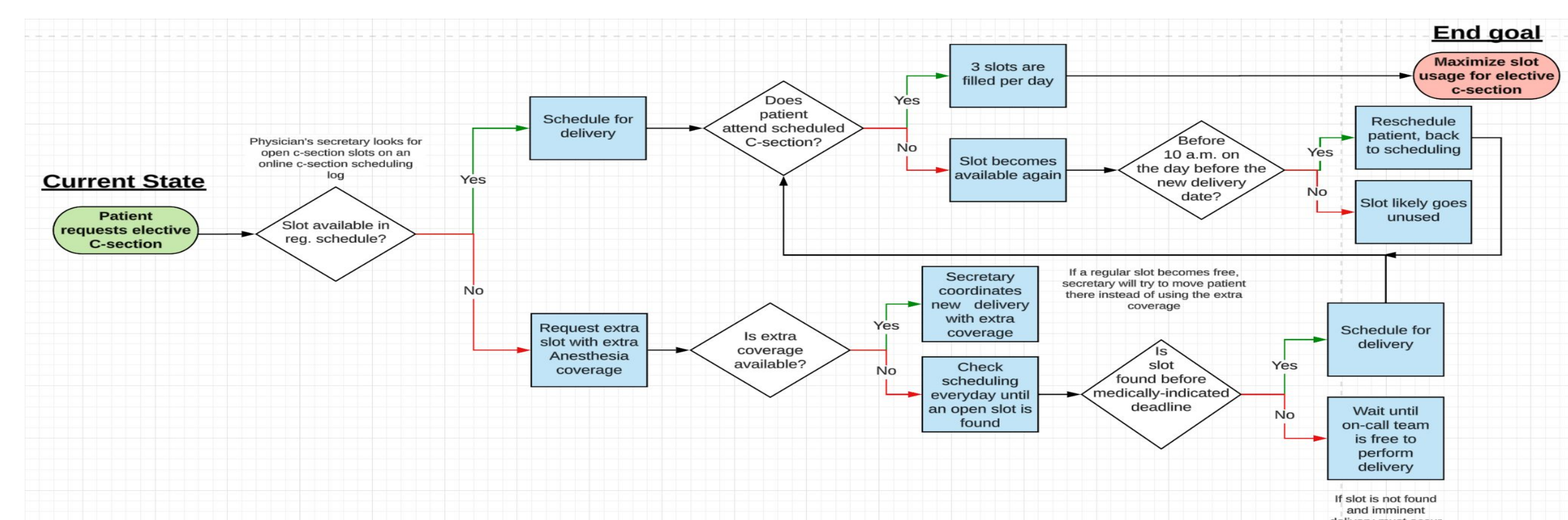

Figure 1: Cause and Effect Diagram

Figure 2: Process Flow Diagram of Elective C/S

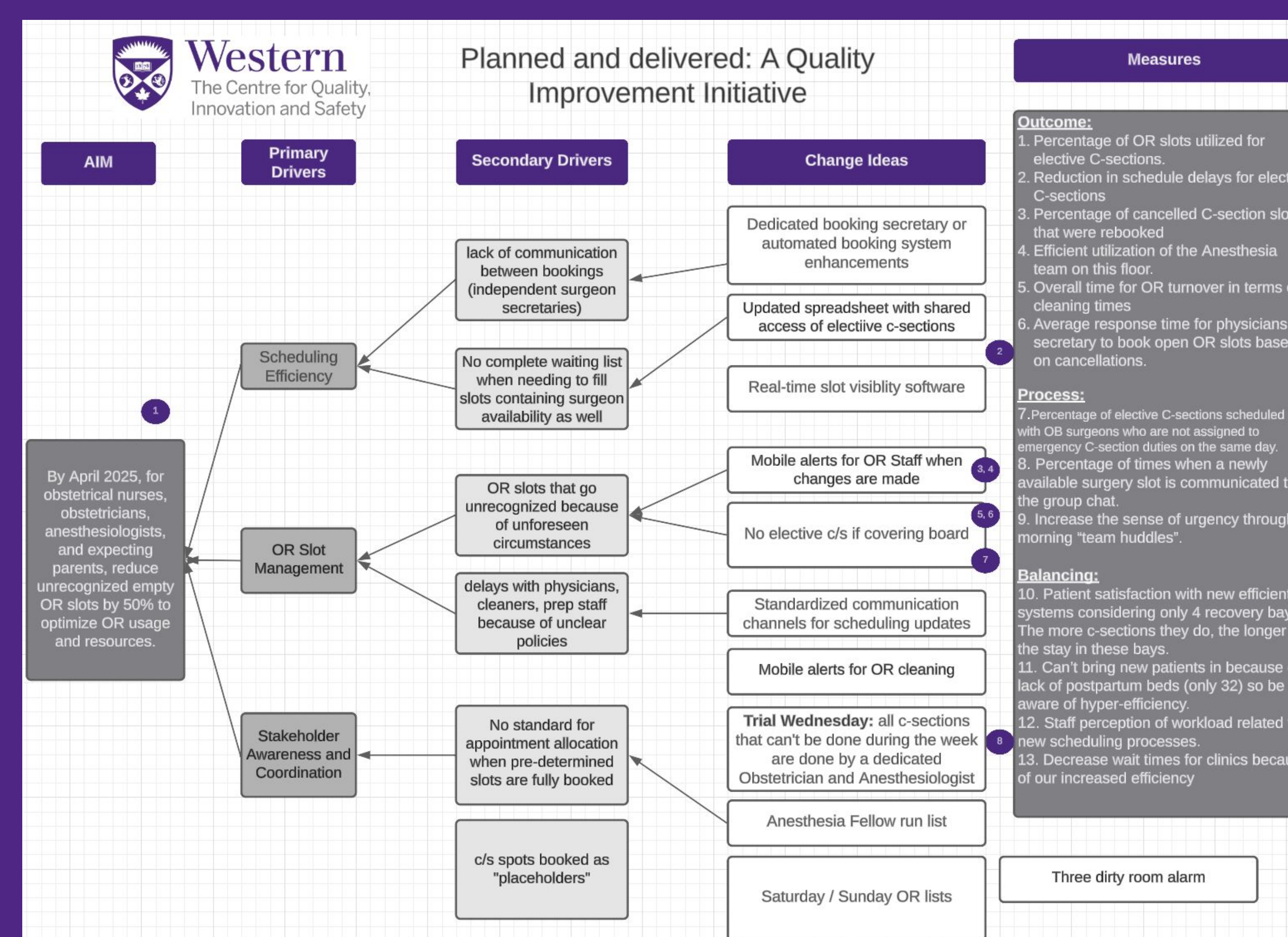## Rising elective C-section demand and capacity mismatches have exposed scheduling inefficiencies.
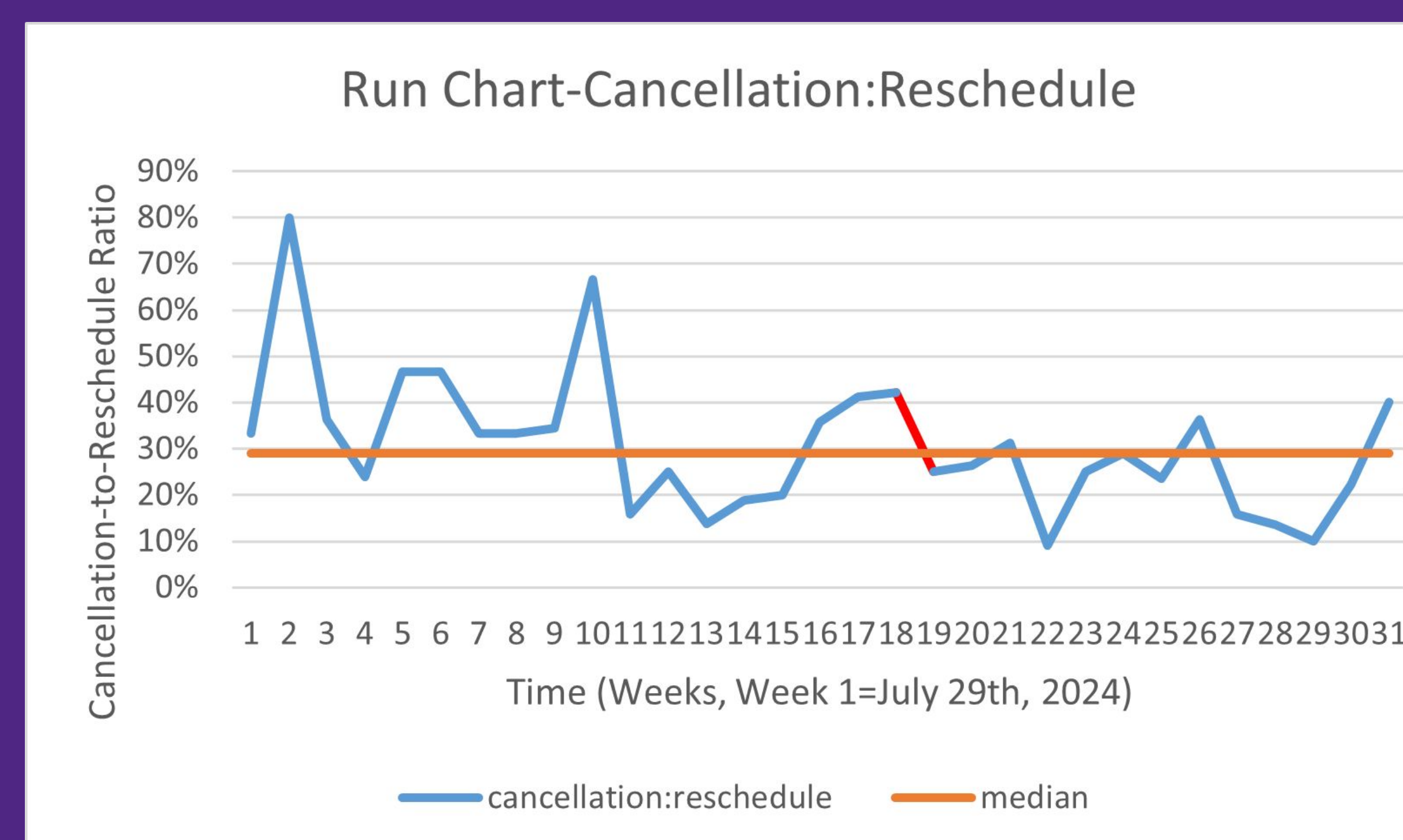

Figure 3: Driver Diagram

Figure 4: Run Chart with PDSA #2 (red) implemented

IMPLEMENTATION

PDSA #1, Jan 14 - 28, 2025 (failed): Tested automatic OR alerts but faced limited IT support, reinforcing the need for department-led solutions.

PDSA #2, Jan 28 - Feb 11, 2025: Introduced a Teams chat for real-time scheduling updates. Initially adoption was high, but usage declined as some members did not engage consistently, suggesting challenges with tool adoption.

MEASUREMENT & RESULTS

Run Chart and Outcome Measures: The team implemented the group chat on Nov 25th, 2024. The primary outcome measure is decrease in cancellation to reschedule ratio. Prior to implementation, there were high fluctuations in the cancellation to reschedule ratio. There is a significant reduction in volatility of change post implementation. Although there is still fluctuation, a decrease in the number of cancelled appointments is observed. As of far, no clear trend that indicates permanent change is identified.

Process and Balancing Measures: There is an improvement in the communication of newly opened OR slots in the group chat. We observed lack of utilization of group chat among secretaries through a feedback survey.

SUSTAINABILITY

The process owner is Erin Chantler, one of our hospital leads. We plan to scale up the implementation to include more departments such as anesthesia. We aim to monitor progress by identifying trends utilizing the run chart