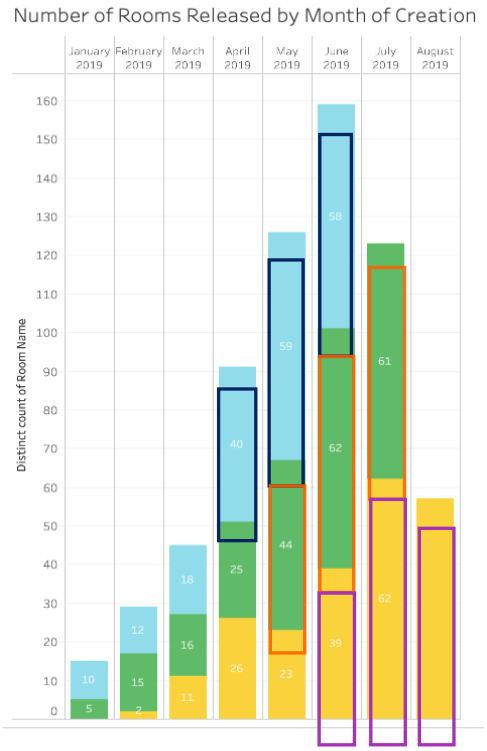
iSurgery created a significant amount of OR capacity inflow and optimization by providing schedulers the flexibility to schedule/unscheduled blocks up to 7 months prior. Our data shows that all associated blocks from these transactions range from June- August.
*OR = Operating Room



Most releases were made **two** months prior to the associated block month, reflecting surgeons' certainty of their schedules as target approaches.

- Release and transfer approvals spiked in July.
- Request approvals increased as we approach Aug.

There were a total of **1177** approved releases, **1134** approved requests and **256** approved transfers over the span of the three months.

What do all these figures mean?

As a result, in July, for example, **3481** hours were released from **90** ORs across different locations. Then, ~2500 of these hours were matched with new schedules, which translates into a **73%** hours optimization and a **99%** freed-up room utilization. Below is a summary of total hours and rooms optimized.

Month	Opt hours	% of total released hrs	opt_rooms	% of total released rooms
06	2034.0	0.69	80.0	0.92
07	2532.0	0.73	89.0	0.99
08	2472.0	0.81	83.0	0.98

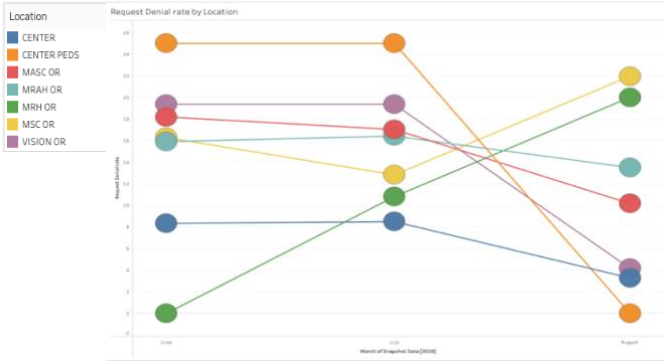
Summary on number of transactions

Action	June	July	August
RELEASE	378	439	383
APPROVE_REQUEST	356	385	393
APPROVE_TRANSFER	70	100	86

Opportunities:

On average, **Center PEDS** has the highest request denial rate at 22%. Center has the least denial at 6%.

Chart on the right shows that request denial rate was straightly increasing for MRH, which raises our concern.



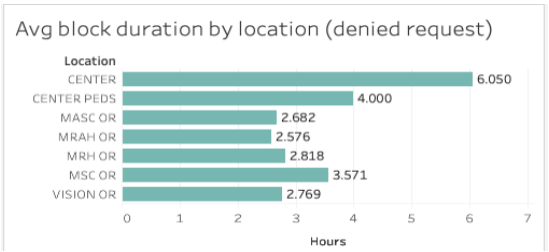


Chart on the left shows that the average duration of blocks across locations which faced the most request denial is **2-3** hrs.

Knowing that blocks with short durations and blocks in certain locations (Center PEDS, MSC, and MRH) faced more denials, we can use survey or other means to gather data on these problematic traits and areas, identify the root cause, and then breach the gap in adoption.