

Surgery Block Request Form

Individual Block (Surgeon Name) _____

Group Block (Name and Included Surgeons) _____

To be considered for block time, Surgeon(s) need to demonstrate a minimum activity level of 240 minutes/week (960 minutes/month)

Current monthly activity at Henry Mayo? _____ minutes/month

Current monthly case volume at Henry Mayo? _____ patients/month

Do you have a backlog of cases? Yes No

Type of cases Outpatient Inpatient Both

Type of procedures? _____

Special equipment / requirements? _____

Implants and Vendor: _____

Supplies and Manufacturers: _____

Requested Start Date (need time to schedule patients in): _____

Block Rules That Will Need to Be Followed:

- Block times need to be released 15 or more days prior to the date of block for planned vacations, practicing elsewhere, etc.
- The target block utilization is 80% measured on a 3-month rolling average, turnover time adjusted = $(\text{Actual Case Duration} + \text{TOT}) / \text{Available Block Minutes}$.
- For 2-room blocks, the target block utilization is 65% measured on a 3-month rolling average, non-turnover time adjusted = $\text{Actual Case Duration} / \text{Available Block Minutes}$.

If you have questions, please call the Perioperative Director, Dennis O'Leary, 661-200-1481

Send the completed form to: BlockRequest@HenryMayo.com

Your request will be reviewed by the Block Subcommittee. You will be notified in writing when a decision for block allocation has been made.

First Choice

Department <i>Choose 1</i>	Day of Week <i>Choose 1</i>	Frequency	Start Time Standard is 0730 <i>Choose 1</i>	End Time <i>*We prefer full day blocks</i> <i>Choose 1</i>
<input type="checkbox"/> Main OR <input type="checkbox"/> OPSC <input type="checkbox"/> GI Lab <input type="checkbox"/> Cath Lab	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Every Week <input type="checkbox"/> 1 st Week <input type="checkbox"/> 2 nd Week <input type="checkbox"/> 3 rd Week <input type="checkbox"/> 4 th Week <input type="checkbox"/> 5 th Week	<input type="checkbox"/> 0730 <input type="checkbox"/> 1200 (Main OR / OPSC) <input type="checkbox"/> 1330 (GI / Cath Lab) <input type="checkbox"/> Other: _____	1300* (Main OR / OPSC) 1230* (GI Lab Only) 1500 (Main OR / OPSC) 1630 (Cath Lab Only) 1700 (Main OR Only)
Notes				

Second Choice

Department <i>Choose 1</i>	Day of Week <i>Choose 1</i>	Frequency	Start Time Standard is 0730 <i>Choose 1</i>	End Time <i>*We prefer full day blocks</i> <i>Choose 1</i>
<input type="checkbox"/> Main OR <input type="checkbox"/> OPSC <input type="checkbox"/> GI Lab <input type="checkbox"/> Cath Lab	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Every Week <input type="checkbox"/> 1 st Week <input type="checkbox"/> 2 nd Week <input type="checkbox"/> 3 rd Week <input type="checkbox"/> 4 th Week <input type="checkbox"/> 5 th Week	<input type="checkbox"/> 0730 <input type="checkbox"/> 1200 (Main OR / OPSC) <input type="checkbox"/> 1330 (GI / Cath Lab) <input type="checkbox"/> Other: _____	1300* (Main OR / OPSC) 1230* (GI Lab Only) 1500 (Main OR / OPSC) 1630 (Cath Lab Only) 1700 (Main OR Only)
Notes				

Send the completed form to: BlockRequest@HenryMayo.com

Printed Name

Phone

Signature

Date