

Future-proofing the IBR Planning Process at the RdGG

From Fragmented Coordination to Connected Teamwork

1. The Current Challenge

The current IBR planning process suffers from unclear responsibilities and poor coordination, leading to inefficiencies and last-minute changes.

Although patient satisfaction is high, the internal IBR planning process is frustrating and fragmented.

Key Issues:

- Lack of insight into reliable data which can be used for forecasting.
- Fragmented planning tools and heavy reliance on manual coordination.
- Limited visibility of surgeons' agendas for the Admission Department.
- Unclear ownership of rescheduling leading to delays and confusion.
- Misalignment and weak coordination between Surgery and the Surgical Coordinator.
- Low patient flexibility resulting in last-minute cancellations or limited planning options.
- Late communication of surgeon absences causing disruptions in the schedule.



2. The Vision

"By 2030, the RdGG's IBR planning process will be a fully integrated, data-informed, and human-centered system in which staff, information and digital tools work seamlessly together.

Planning IBR surgeries will be transparent, predictable and collaborative, enabling professionals to work efficiently, reducing administrative frustration, and ensuring timely, coordinated, and continuous care for every patient."

4. Strategic Roadmap (2026 - 2030)

Horizon 1

Laying the foundation

- Collect data and map planning bottlenecks (Intervention 1)
- Explore feasibility of digital tools and AI forecasting (1,2)
- Grant the Admission Department visibility of schedules (3)
- Define clear ownership and responsibilities (4,5)
- Align departments on shared goals and communication routines (5)
- Validate patient willingness for opt-in flexibility (6)
- Introduce reminders and clarify availability expectations (7)

Horizon 2

Bringin the System to Life

- Build and integrate planning tools into workflows (1,2)
- Replace manual overviews with shared digital tools (2)
- Train staff and test new systems or routines (2,5)
- Evaluate early impact on efficiency and communication (3,4,5)
- Adjust policies and refine collaboration practices (4,5)
- Pilot opt-in system in consultations (6)

Horizon 3

Growing a Connected Future

- Use predictive modelling for long-term scheduling (1)
- Fully embed planning tools and new routines (1,2)
- Expand improvements to other surgical specialisms (1,2)
- Continuously monitor performance and adjust workflows (2,4,5,7)
- Evaluate patient and staff satisfaction (3,4,6)
- Maintain clear communication structures across departments (5)

3. Strategic Interventions



Technological Interventions

1. Integrating data and AI for improved surgical planning
2. Implementation of an online planning tool (e.g., Medspace)



Organisational Interventions

3. Giving the Admission Department access to surgeons' schedules
4. Assigning final rescheduling responsibility to the Admission dept.
5. Strengthening coordination between the Surgery Department and the Surgical Coordinators



Cultural Interventions

6. Implementing a patient opt-in system for flexible surgical (re)scheduling
7. Integrating vacation planning reminders and enforcing availability deadlines

