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Letter to the Editor

Opportunity cost of 12 minutes of tardiness of late first case of the day starts



We appreciate Doctors Dexter and Epstein's comments regarding our manuscript, "Enumerating the causes and burden of first case operating room delays." The assessment of opportunity cost is difficult, and we agree that assessment of opportunity cost can be inaccurate. To clarify for Doctors Dexter and Epstein, in our study all services had either eight or ten-hour blocks and it is not unusual for our surgeons to exceed their total allotted block time.

In our study, we chose to estimate the maximum potential opportunity cost for first case delays and recognize that this may not accurately reflect the true cost. Similarly, our calculation of nursing overtime cost was also an estimation of maximal cost. We acknowledge that our results may not be generalizable to all operating rooms.

However, we feel that it is important to not lose sight of the forest from the trees. What we try to emphasize in our study is that 55% of our first cases were delayed with a median delay of 12 minutes. We've identified this as a significant opportunity

for improvement in our institution. If we improve our on time starts and our turnover time there is the potential to add additional patients to the OR schedule, to improve patient, family, provider and staff satisfaction and reduce unproductive staff downtime.

Although the comment by Doctors Dexter and Epstein that, "If staff are scheduled to work 8 hours, there is no opportunity cost when the last case ends before the eight-hour block is over." may be true, there are still significant opportunities to improve efficiency and optimize the utilization of the operating room staff. Thank you for your interest in our research.

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