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Case Study 13: SUPER OCTOBER

# Meeting the challenge of 1,000 procedures in one month



JHAH's five-year Clinical Services Plan  
Transformation Project #3Ci(B)

Project Champion  
Dr. Fahd Gurashi



مرکز جونز هوبكنز  
أرامكو الطبي  
Johns Hopkins  
Aramco Healthcare



## Case Study 13: SUPER OCTOBER

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### Project Details



#### The Objective

- To perform more than one thousand OR procedures in a single month.

#### The Priorities

- Ensure required hospital and workforce capacity.
- Engage with patients to maximize take-up of available surgical slots.
- Overcome any practical constraints including equipment, instrumentation and supplies availability.

#### The Timeline

- **Project kick-off:** June 2024
- **Project closure:** November 2024

#### The Project Team

##### Sponsor:

- Dr. JJ de Gorter, Chief of Staff

##### Champion:

- Dr. Fahd Gurashi

##### Team members:

- |                          |                    |
|--------------------------|--------------------|
| • Dr. Abdulaziz Abidi    | • Elham Beraikeet  |
| • Dr. Hasan Al Ajmi      | • Fadel Daoud      |
| • Dr. Tammam Abulhamayel | • Salah Habeeb     |
| • Ahmed AlHarbi          | • Dr. Ali Homoud   |
| • May Hussain            | • Jebamani Jeyseli |
| • Haytham M. Al-Huzami   | • Surendran Nair   |
| • Mohammed Almatooq      | • Aamir Nanawati   |
| • Azhaar AlMuzein        | • Mohammad Shaban  |
| • Fatimah Al Nasr        | • Hassan Subai     |
| • Mohammed Alqudaihi     | • Narmeen Talalwah |
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#### For more information

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### About the Clinical Services Plan



Johns Hopkins Aramco Healthcare (JHAH) serves more than 140,000 Aramco employees, their relatives and retirees with a comprehensive range of inpatient and outpatient services. JHAH has carried forward the legacy set by Saudi Aramco of healthcare for all, putting caring for its community at the heart of everything it does.

In 2023, JHAH launched its five-year Clinical Services Plan (CSP). The CSP was developed in response to changing patient expectations and the realization that JHAH must evolve if it is to survive and thrive. The Plan's vision is that JHAH will become the Kingdom's first choice for outstanding integrated healthcare.

The CSP contains 16 strategic objectives to deliver against five goals (service excellence, access, people, sustainability and reliability), and is supported by four delivery principles (accountability, pace, pragmatism and outcomes).

The 'Super October' project was included as Objective #3Ci(B) in the CSP.

### Project Background



The month of October has important symbolism in the healthcare sector. For the past four decades, it has been Breast Cancer Awareness Month. It is also Health Literacy Month, Medical Ultrasound Awareness Month, World Blindness Month – and the month in which a number of significant medical conditions are recognized (including World Mental Health Day, 11 October; Child Health Day, 7 October; World Arthritis Day, 12 October; World Obesity Awareness Week, 15-19 October; and World Anesthesia Day, 16 October).

In fact, the first surgical procedure to use anesthesia was performed in October: in Boston, US, on 16 October 1846, to remove a tumor from a patient's neck. <sup>1</sup>

It was therefore highly significant that October was selected at JHAH for an organization-wide initiative to

complete a record number of procedures in the Operating Room (OR) department. Given the ambition and scale of this challenge, it is perhaps unsurprising that it quickly acquired the catchy and memorable nickname Super October.

Prior to 2024, the greatest number of surgical procedures completed at JHAH has been 897. So it was clear that exceeding 1,000 would require a major mobilization of resources and re-engineering of processes. However, ramping up capacity was also a business-critical task. The Clinical Services Plan had set five stretch goals, in response to patient expectations, environmental challenges and changing medical technologies. One of the most important of these goals was 'Access: To make accessing our services easy and convenient'. If the OR remained at its historic level of capacity (7,200 procedures in 2021), the access goal would be in jeopardy. Analysis suggested that the department needed to scale up to at least 10,000 procedures annually. In early 2024, it had managed to raise capacity by about 20 percent from the 2021 baseline, but there was still further to go.

Many ideas had been suggested for how a scale-up of this magnitude could be achieved. Some of these were sourced by benchmarking against global practices, others had emerged from Johns Hopkins' Knowledge Transfer Program. However, nothing would provide greater insight than putting these ideas into practical effect, and gauging their impact. In effect, Super October became the opportunity for a wide-ranging test-and-learn pilot. Every suggestion that seemed to have merit would be included within its scope. During the month, data would be rigorously assembled and assessed, enabling evidence-based decisions on which of the changes should be carried forward into ongoing operations.

## Project Delivery

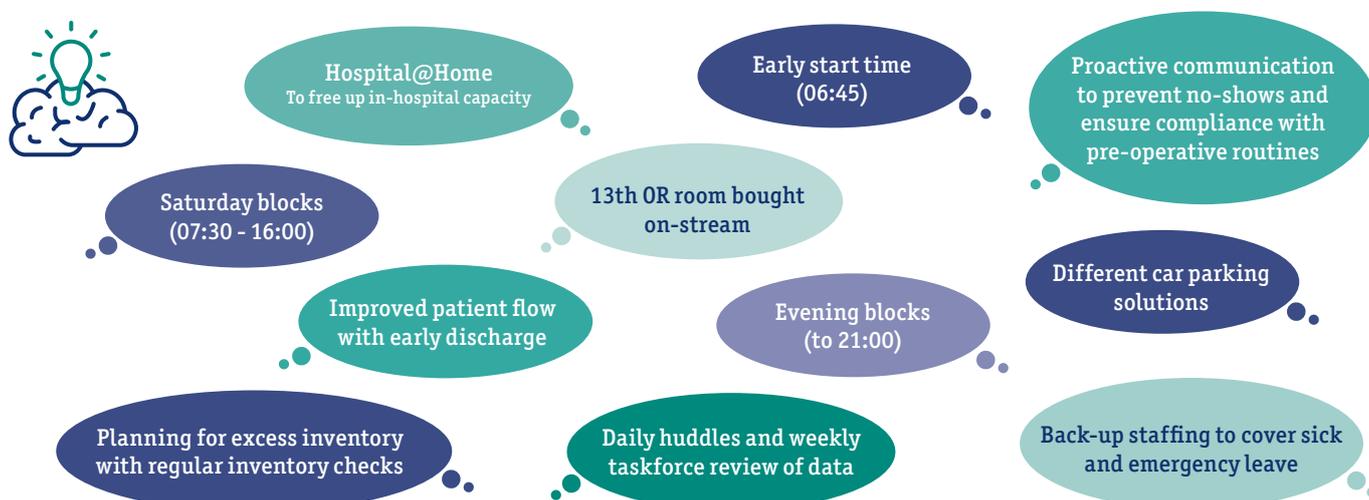


"In healthcare, change is even harder than in most industries." That wasn't a statement about change management at JHAH; it was an observation in a seminal *Harvard Business Review* article, 'How to Get Health Care Employees Onboard with Change' by Jeffrey Brickman, president and CEO of Central Maine Healthcare 2. In this piece, Brickman reflects at length on the importance of "unlocking the power of purpose through teams", and especially ensuring that staff throughout the organization – whether clinical, administrative, or operational staff – are "included on the journey and excited about our accomplishments".

Dr. Gurashi was acutely conscious of this pressure, and that a month-long, multi-dimensional pilot would struggle to achieve its objectives without the active contributions of many clinical and non-clinical experts. For this reason, he convened a large taskforce – with representatives from all affected departments, which met fortnightly throughout the mobilization period.

In addition to all the senior staff from the OR department, this taskforce was comprised of representatives from nursing, laboratories, pharmacy, the Hospital at Home program, finance, supply chain, human resources, quality and risk, information technology and communication. One of the most important participants in the taskforce was Mohammed Almatooq, from the CSP Program Management Office (PMO), who kept track of all the agreed commitments and reported to each taskforce meeting with an objective assessment of progress towards each deliverable (especially where interdependencies existed) using a red/amber/green rating system.

Figure One: Ideas to be tested during Super October program





An extract of some of the identified tasks within the project plan which Mr Almatooq maintained is shown in Figure Two:

**Figure Two: Project plan of tasks to be delivered prior to 'go live' in October**

Workstream	Activities
<b>Operating Room (OR) Capacity</b>	<ul style="list-style-type: none"> <li>• Open 13 OR blocks</li> <li>• Start OR at 06:45 for ENT and Ophthalmology</li> <li>• Introduce evening OR blocks (16:00-21:00)</li> <li>• Implement weekend OR schedules to boost elective surgery efficiency</li> </ul>
<b>Hospital Capacity</b>	<ul style="list-style-type: none"> <li>• Improve patient flow with early discharge initiatives</li> <li>• Optimize bed management</li> <li>• Schedule extended recovery to 23:00 in case inpatients beds are not immediately available.</li> <li>• Expand the Hospital at Home program for surgical post-op care</li> </ul>
<b>Workforce Management</b>	<ul style="list-style-type: none"> <li>• Maintain adequate staffing for extended hours</li> <li>• Develop a staffing backup plan for sick and emergency leaves</li> <li>• Schedule staff efficiently to cover extra shifts</li> <li>• Create solutions for consultants who are in OR and also on-call</li> </ul>
<b>Patient Demand</b>	<ul style="list-style-type: none"> <li>• Analyze and monitored patient demand trends</li> <li>• Optimize surgical scheduling</li> <li>• Streamline patient communication to ensure timely care</li> <li>• Call every patient three days before, as well as the day before</li> <li>• Confirm travel and parking arrangements to ensure patients do not arrive late</li> </ul>
<b>Supplies and Logistics</b>	<ul style="list-style-type: none"> <li>• Secure necessary medical and surgical supplies; one-off 30 percent increase in inventory levels</li> <li>• Conduct regular inventory checks</li> <li>• Coordinate with suppliers to ensure uninterrupted operations</li> <li>• Obtain additional stretcher beds for recovery area</li> </ul>
<b>Communication and Collaboration</b>	<ul style="list-style-type: none"> <li>• Create a brand for Super October supplemented with an internal awareness raising campaign</li> <li>• Conduct weekly taskforce meetings for updates</li> </ul>
<b>Incentives</b>	<ul style="list-style-type: none"> <li>• Develop programs to recognize and reward staff</li> <li>• Motivate teams through performance incentives</li> <li>• Encourage continuous improvement</li> </ul>
<b>Risk Management</b>	<ul style="list-style-type: none"> <li>• Developed comprehensive project and patient risk log with ongoing reassessment</li> </ul>
<b>Cost Management</b>	<ul style="list-style-type: none"> <li>• Secure allocated budget and manage within the envelope</li> </ul>

The communications workstream was something of a novelty within JHAH – traditionally the culture has been to provide outstanding medical services, while being somewhat reticent about letting anybody know. On this occasion, Dr. Gurashi was determined to generate a sense of excitement, with staff – and patients – keen to be involved because something special would be happening. Colleagues from the Marketing and Communications team were invited to each team meeting, and encouraged to let their creative juices flow. The result was:

- A unique Super October logo
- Customized Super October pins, T-shirts, surgical caps and mugs
- Super October banners in high-traffic areas, as well as on computer and phone screens
- Regular online updates and announcements, through all-staff emails and on the staff intranet hub.

Examples of the branding and merchandise are shown in Figure Three.

**Figure Three: Super October branding**



## The month of October



October arrived with frightening speed. Now, all the strategies and plans would face the pressures and unpredictability of practical reality. It was time to see how they would hold up.

The month began with a ribbon-cutting ceremony, led by chief executive Dr. Michael Walsh and the entire executive team. Then, it was time to get to work.

Dr. Gurashi was particularly conscious of the need to flex and adapt in light of experience. Inevitably, not everything would unfold exactly as foreseen, and the key to sustained success would be a rapid response capability.

For this reason, for the entirety of October, he instigated thrice-daily huddles at which issues could be flagged

and resolved in the moment. The huddles had clear, and distinct, objectives:

- Operational daily huddles. These were held at 14:30 with the operations and medical teams; the purpose was to address any challenges and provide feedback on daily workflow.
- Bed management daily huddles. These were held at 07:00 and 15:00; the purpose was to manage bed capacity and ensure the assignment of the surgical same-day admissions.

The key daily challenge, given the unprecedented nature of the ramp-up, was managing bed capacity. Top of Dr. Fahd's 'to do' list, every single morning, was to understand bed availability and optimize it in order to ensure a seamless flow for each patient, underpinned by timely care.

To address a negative Net Bed Status, which reached -12 for adults during the early stages of the initiative (see Figure Four), the team implemented urgent capacity optimization measures, including:

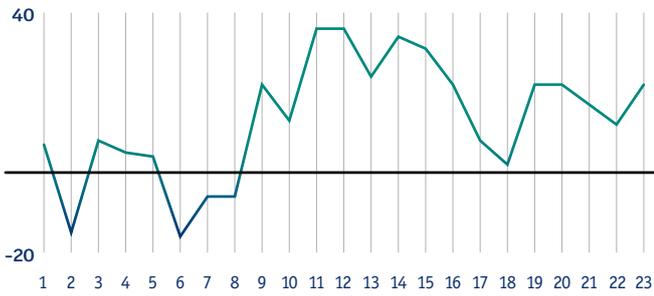
- Reallocating Same Day Admissions (SDA) to Day Surgery (DS) when feasible
- Streamlining discharge processes for medical and surgical patients
- Conducting ICU reverse triage to move stable patients to lower acuity beds
- Utilizing 3H beds for female patients and homecare services for eligible cases.

In the event, there were just four days in October when a severe bed crunch could not be avoided, the lowest in any month of 2024. This resulted through a remorseless focus on potential bottlenecks not just in OR, but in the wider hospital system, with colleagues from nursing, internal medicine, surgery, cardiology and emergency medicine all involved in the huddles. As a result, bed crunches were avoided while also achieving a number of other metrics, such as:

- Assigned beds for all same-day admission procedures
- A reduction in the extended stays in the Post Anesthesia Care Unit (PACU)
- All emergency patients were admitted without delays.
- Patient flow being maintained across clinics, districts, and referral networks.



**Figure Four: Excess bed capacity (adult) during Super October**



Data as at 05:30 daily  
Graph shows weekdays (Sunday to Thursday) only

## Outcomes and Benefits



As October drew to a close, it was time to analyze the data and determine whether the anticipated benefits had been realized.

### Outcome: Volume

The most high-profile question was whether the 1,000 target had been met, or even surpassed. The result came as no surprise to any of the staff in OR, since the minute-by-minute running total had been prominently displayed on a large monitor next to the reception desk. Nevertheless, Dr. Fahd decided the confirmed result merited something more theatrical. Accordingly, he invited all members of the team to an early morning celebration, at which the exact number was unveiled, and praise was lavished on everyone who had contributed. There was a sustained burst of applause in the room as the screen-counter scrolled past 1,000, then past 1,100, and even 1,200 – before landing on the final confirmed outcome of: 1,252 operating room procedures within the single calendar month (see Figure Five).

**Figure Five: The road to 1,252**



The exact moment that the 1,000 target was reached will not soon be forgotten: it was 10:07 on Saturday 26 October, when Noor Mohammed Alfaddagh, a 26-year old clinical dietitian, was admitted for complex odontectomy for an impacted molar.

Ms Alfaddagh commented, “I was honored to be the 1,000th patient during this special month. The Operating Room staff were very supportive in how they cared for me throughout the experience. A lot of time was spent explaining the procedure to me, so I knew exactly what to expect. Then, when the day arrived, they did everything possible to help me relax and approach it with a positive frame of mind. I will always remember the huge colorful ‘Super October’ signs as I was being taken into the theater.”

### Outcome: Mix

Of course, the success of Super October required more criteria to be satisfied than a single raw four-digit number. During the course of November, the team prepared a data-rich review of all the project metrics. This included analysis of the categorization and profile of OR cases (to address any assertions that the target was achieved by prioritizing ‘simple’ cases).

The data confirmed that the activity within the OR during October was within the long-term benchmark:

#### Analysis by urgency

- 91.2 percent elective (of which 7 percent were Cat 1, to be performed within 14 days; 12 percent were Cat 2, to be performed within 45 days; and 81 percent were Cat 3, to be performed within 90 days)
- 8.8 percent emergency.

#### Analysis by day surgery / inpatient

- 63 percent day surgery
- 24 percent same-day admission
- 13 percent inpatient.

#### Analysis by specialty

The top 10 specialties during the month were:

- 17.6 percent ophthalmology
- 15 percent general
- 13.6 percent ENT
- 12.5 percent urology
- 11.1 percent orthopedics
- 8.3 percent plastics
- 5.5 percent gynecology
- 3.3 percent pediatrics
- 3.1 percent vascular
- 3.1 percent dental.

**Robotics**

- 44 of the surgical cases during October were robotics surgeries, higher than the previous peak of 39 in July 2024.

It was worth noting that, while achieving the impressive headline volume target of 1,252, the OR team also undertook possibly the most complex single surgery in JHAH’s recent history – an 11-hour long procedure involving a subtotal glossectomy with a bilateral neck dissection, tracheostomy and radial forearm free flap. Multiple JHAH professionals were involved from four different departments - Head and Neck surgery, Plastic reconstructive surgery, Maxillofacial and Anesthesia. The patient remained in the hospital for a short period before being discharged in a stable condition.

During Super October, Johns Hopkins Medicine surgeons showcased their expertise in advanced robotic and minimally invasive techniques across various specialties. They achieved significant milestones in urogynecology, colorectal and bariatric surgeries, leveraging cutting-edge robotic systems to improve precision and patient recovery. Orthopedic advancements focused on innovative shoulder procedures, while breakthroughs in urology demonstrated a commitment to enhancing surgical care. These contributions highlighted dedication to surgical excellence and leadership in driving innovation across multiple disciplines.

**Outcome: Patients**

The overriding metric in any OR service relates to patient safety. It was therefore of great importance when Dr. Gurashi was able to confirm that, during October, there were zero reported incidents in the OR causing moderate or severe harm.

The patient analysis also covered patient care during the period, to ensure the target of ‘1,000+’ had not been achieved at the expense of providing patients with the best possible experience during a time which, inevitably, can be stressful and worrisome. By the time the patient satisfaction results had been collated, the overall score to emerge was a commendable 95.47, within 0.5 of the peak during the preceding nine months, and in line with the rating achieved during the comparable month during prior years (see Figure Six: Patient satisfaction).

**Figure Six: OR patient satisfaction**



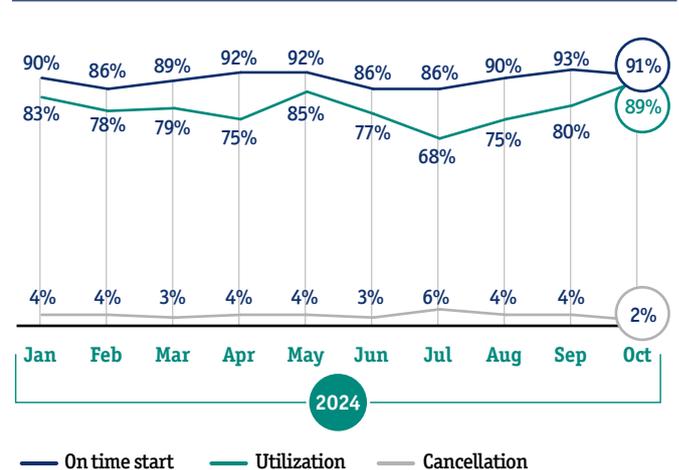
**Outcome: Financial and productivity metrics**

Finally, JHAH’s leadership was keen to ensure the increased capacity was being offered in a financially sustainable manner – and not simply by throwing resources at the issue.

Preliminary analysis showed a 21.6 percent fall in the cost per minute of OR utilization. There were many factors which drove this outcome; two of the most significant (as seen in Figure Seven) were:

- 89 percent utilization rate – the highest during 2024
- 2 percent cancellation rate – the lowest during 2024
- 21-minute OR turnaround time - in line with global best practice benchmarks.

**Figure Seven: OR productivity**



**Outcome: Staff**

Staff engagement remained high throughout the month, as demonstrated in the regular pulse staff engagement survey as well as anecdotal feedback. The concept of ‘Super October’ had a galvanizing impact, enthusing staff at all levels and across multiple functions with a greater appreciation of the value of their work. Staff throughout the service “went the extra mile” to deliver for patients.



## Outcome: Al Hasa

While the main JHAH hospital is based at Dhahran, the 'Super October' principles also extended to the sister hospital in Al Hasa, around 130 miles distant. At Al Hasa, service delivery improvements which were introduced during the month included:

- Strengthening the theater team with two new consultants, specializing in orthopedics and vascular surgery
- Introducing new sub-specialties, in particular otolaryngology
- Offering 24/7 orthopedics and general surgery coverage
- Optimization of scheduling.

The result was that 123 surgical cases were handled during October, an increase of 62 over the prior month (61 cases in September), and higher by a substantial margin than the previous 2024 high (87 cases in January).

## Outcome: Challenges

While the overarching conclusion was that Super October had delivered many net benefits, the project team was conscious that not everything that is achievable during an intense month-long burst can be replicated in perpetuity. There were some suggestions that burnout could become an increasing risk if early starts, extended hours, weekend opening and deferral of leave all became core to the service delivery model. In addition, it would not necessarily be straightforward to continue resolving extreme demand fluctuations (addressing unpredictable surges in demand without compromising care quality) and resource allocation (managing bed capacity, staffing shortages, and equipment readiness under increased surgical demand) in the manner that had been possible during the Super October pilot. New tools or management processes might be needed to carry these tasks forward.

## Looking Ahead



Super October had been a month-long pilot testing many variables, in order to assess which ones could become a part of continuing operations. It was never expected that every one of the new ideas would be maintained once the month concluded. In fact, it became quickly apparent that patient demand for Saturday operations was low, and insufficient to justify the operational complexity of opening the OR – alongside all the other allied services – for elective procedures on that day (fewer than six percent of all procedures were undertaken on Saturdays during the month).

Having absorbed all the data and anecdotal feedback, the project team used its 'Lessons learned' report to classify the Super October ideas into those which were definitely being carried forward, those for which there was strong business case but were subject to final feasibility, and those which would not be continued in the immediate future. A summary of these conclusions is presented in Figure Eight.

For Dr. Gurashi, one of the most significant lesson to be learned from the exercise was not about specific service components (such as early starts), but about creating a high performance culture that is receptive to change, and the need to adopt an imaginative and engaging leadership style – far removed from a 'command and control' model – to make change take root.

"There are so many dimensions which I could list," he commented. "These include proactive leadership for sustained high-volume success, celebrating success and achievement, team involvement and ownership, cross-organizational collaboration, empowering leadership across departments, executive management support and engagement, celebrating success and achievement, effective communication and transparency, branding and marketing, and adaptive leadership."

Asked to give some practical example of these themes, Dr. Gurashi returned to the first two points. He observed that "Proactive leadership was enabled by weekly forecasting of bed demand for Day of Surgery Admission (DOSA); this allowed teams to adjust case scheduling, preventing bottlenecks. For example, redistributing DOSA cases across the week optimized bed availability, ensuring smooth patient flow."

With regards to celebrating success, Dr. Gurashi was even more effusive: "Throughout the month, we looked for milestone achievements that could be trumpeted to boost morale and reinforce commitment. One such occasion was the first time we completed over 70 cases in a single day. Another was when surpassed the previous record. A third was getting to the totemic figure of 1,000. Quick wins, such as completing 72 cases in a day, were shared, and the 1,000-case milestone was marked with a celebration involving the chief executive and executive team. This recognition of collective effort fostered a culture of shared success. All these celebrations helped maintain confidence and team cohesion."

With a twinkle in his eye, he reflected: "Perhaps, next year, we shouldn't nominate one single month for being Super. Let's look forward to the entire year ... to 'Super 2025'."

**Figure Eight: Lessons learned assessment**

Super October initiative	Assessment		
	Continue	Subject to further feasibility	Not continue
Early start times	Y		
Daily bed management capacity huddle	Y		
Proactive supplies management	Y		
Weekly multidisciplinary meeting	Y		
Risk registry and assessment	Y		
Extending operating hours to 21:00		?	
Increasing OR rooms to 13		?	
Expand Hospital at Home for surgical patients		?	
Proactive Block Schedule management		?	
New transportation and valet parking options		?	
Additional porter and housekeeping to cover turnaround time		?	
Weekend OR schedules			X
Logo, branding and merchandise			X

**OR medical staff and other team members celebrate a successful ‘Super October’ outcome**



**Sources**

1. <https://www.worldwidecancerresearch.org/information-and-impact/discovery-research/7-incredible-medical-breakthroughs-that-changed-the-world/>
2. <https://hbr.org/2016/11/how-to-get-health-care-employees-onboard-with-change>



## About the Project Champion



### **Dr. Fahd Al Gurashi**

**Dr. Al Gurashi is an Anesthesia Consultant and Chair of the Department of Anesthesia and Critical Care at Johns Hopkins Aramco Healthcare.**

**He was educated at King Abdulaziz University, Jeddah (Bachelor of Medicine and Bachelor of Surgery), Royal College of Physician and Surgeon of Canada Anesthesia Residency Program, University of Manitoba and the College of Business Administration, The University of Tennessee (Physician Executive MBA Program).**

**Before joining JHAH, he was Medical Director of the Obstetric Anesthesia Fellowship Program, Manager of the Obstetric Anesthesia Division at the Department of Anesthesia at the University of Manitoba, Winnipeg, Canada.**

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**Case Study #05:  
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The doctor will see you now



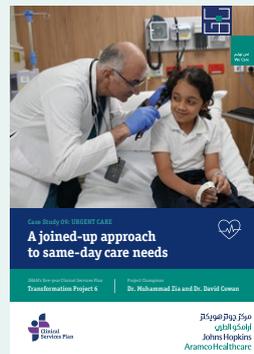
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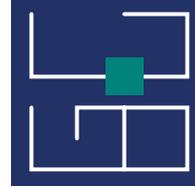


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