The Implications of AI in Optimizing Operating Theatre Efficiency

Wiam El Jellouli [a*], Yousra Ouhammou [a], Mohammed El Gaabouiri [a], Mohamed Alioui [b], Houda Nadir [a], Mustapha Bensghir [b] and Khalil Abou Elalaa [b++]

[a] *Department of Surgery and Scientific Research, Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco.*
[b] *Department of Anesthesiology and Intensive Care, Faculty of Medicine and Pharmacy, Mohammed V Military Hospital, Mohammed V University, Rabat, Morocco.*

Authors' contributions

This work was carried out in collaboration among all authors. Authors WEJ and KAE performed the conception, patient enrolment, data collection, and interpretation. All authors contributed to literature review, final draft writing, and critical revision. All the authors have participated sufficiently in this work, take public responsibility for the content and have made substantial contributions to this research. All authors read and approved the final manuscript.

Article Information

Review Article

ABSTRACT

Operating theatre efficiency remains a crucial concern within health care systems, directly influencing the timeliness and effectiveness of surgical care. However, persistent challenges like surgical delays, suboptimal scheduling, and inefficient resource allocation persist. Artificial Intelligence (AI) has emerged as a promising avenue to address these challenges and optimize operating the atre efficiency. This article provides an in-depth exploration of the implications of AI in improving surgical punctuality, scheduling precision, and resource allocation.

_____

++*Head of the Operating Room Theatre;*
Corresponding author: E-mail: wiam2404@gmail.com;

Key components of AI-driven strategies encompass machine learning models, intelligent management systems, and optimization algorithms. Notably, recent research demonstrates that machine learning models exhib it remarkable accuracy in predicting surgical case durations, leading to improved surgical punctuality. Simultaneously, intelligent management systems play a pivotal role in facilitating streamlined surgical scheduling, patient flow management, and optimizing resource distribution. Furthermore, the application of optimization algorithms, including genetic algorithms, is instrumental in resolving intricate scheduling dilemmas and curtailing waiting times**.**

The integration of AI into efforts to enhance operating theatre efficiency heralds numerous benefits, including elevated patient care standards, reduced costs, and heightened operational efficiency. However, challenges pertaining to data quality, interpretability, and organizational adaptability need rigorous addressing. Ethical and legal considerations, encompassing patient privacy, data security, and algorithm icbias, also prominently emerge with AI's use in healthcare. To harness AI's full potential, future advancements should focus on real-time data analytics, predictive modeling, and autonomous decision-making. This article's finding sunder score AI's transformative impact on optimizing operating theatre efficiency, while emphasizing the need for well-defined ethical guidelines and comprehensive regulations to ensure responsible implementation.

1. INTRODUCTION

Operating theatre efficiency is crucial for healthcare systems, impacting patient outcomes, resource utilization, and costs. Challenges such as surgical delays, suboptimal scheduling, and inefficient resource allocation persist [1,2]. Artificial Intelligence (AI) integration, utilizing machine learning, intelligent management systems, and optimization algorithms, offers a promising solution [1,3]. Machine learning models accurately predict surgical case duration, enhancing punctuality [4]. Intelligent management systems optimize surgical scheduling and patient flow management through AI algorithms [5]. Optimization algorithms, like genetic algorithms, solve complex scheduling problems in operating theatres [6].

The integration of AI provides multiple benefits. It improves patient care by minimizing delays and reducing waiting times, resulting in better outcomes and satisfaction [7]. Additionally, AI-driven optimization reduces costs through efficient resource allocation [1]. However, challenges related to data quality, interpretability, and ethical considerations must be addressed [8].

Future advancements include real-time data analytics, predictive modeling, and autonomous decision-making. Integrating diverse data sources enhances accuracy [9], while autonomous systems enable personalized surgical planning and adaptability [10].

In conclusion, AI integration in operating theatre efficiency enhances surgical punctuality, scheduling, and resource allocation [1,5,6]. Addressing challenges ensures responsible implementation and revolutionizes patient care, reducing costs, and improving operational effectiveness [1,8].

2. AI APPLICATIONS IN OPERATING THEATRE EFFICIENCY

1. **Predictive Modeling for Surgical Case Duration:** Machine learning models accurately estimate the time needed for surgical interventions by utilizing historical surgical data, patient characteristics, and procedure-specific information. This enables better resource planning and allocation [11], reducing waiting times and improving overall efficiency [1,7].
2. **Intelligent Management Systems for Surgical Scheduling and Patient Flow:** Intelligent management systems utilize AI algorithms and genetic algorithms to optimize surgical scheduling and patient flow management, considering factors like patient data, surgeon availability, and equipment utilization. These systems enhance operating theatre efficiency by minimizing waiting times and maximizing resource utilization [5].
3. **Optimization Algorithms for Resource Allocation and Scheduling:** Optimization algorithms play a crucial role in developing efficient systems for various industries. They consider factors such as resource

availability, task dependencies, and time constraints to generate optimal schedules. Techniques like genetic algorithms, linear programming, and simulation-based methods are commonly used in this field. By employing these optimization algorithms [3], organizations can improve resource utilization, streamline operations, and achieve higher efficiency and performance levels [6].

4. **Real-time Data Analytics and Decision Support:** Real-time data analytics and decision support systems are emerging as powerful tools in operating theatre efficiency. These systems leverage AI techniques to analyze real-time data from various sources, such as electronic health records, medical imaging, and wearable devices. By continuously monitoring key parameters during surgeries [12], these systems can provide surgeons with valuable insights and support in making informed decisions, leading to improved patient outcomes [13] and streamlined procedures [10].

5. **Autonomous Decision-making Systems for Dynamic Resource Allocation:** The development of autonomous decision-making systems in operating theatres using AI and machine learning has the potential to optimize resource allocation [10]. These systems can autonomously allocate resources based on dynamic factors like emergency surgeries and surgeon availability, resulting in real-time optimization that reduces idle time and improves operating theatre efficiency [8].

3. INTELLIGENT MANAGEMENT SYSTEMS FOR SURGICAL OPTIMIZATION

1. **Intelligent Operating Rooms:** Utilize advanced technologies to enhance surgical procedures. These rooms incorporate sensors, machine learning [2], and data annotation to identify surgery phases and detect deviations. Surgical navigation technology and computer-assisted surgery track instruments and visualize hidden anatomy [1]. Integration of these systems presents challenges but offers benefits like improved predictability, efficient lighting management, sophisticated imaging, voice command, gesture recognition, advanced monitoring, seamless computer integration, and effective waste management [10].

2. **AI-powered Decision Support Systems Assist Surgeons and Teams during Surgeries:** By integrating real-time data, these systems provide insights, alert to critical events , guide optimal techniques, and enhance decision-making, improving patient safety and surgical outcomes [5].

3. **Intelligent Management Systems Employ Predictive Analytics to Identify Potential Complications:** By analyzing historical and real-time patient data, AI algorithms predict complication likelihood [14], enabling proactive measures to prevent complications, enhancing patient safety, and reducing post-operative issues [6].

4. **AI-based Intelligent Management Systems Monitor and Assess Surgical Quality and Performance:** They optimize processes, identify best practices, and enhance efficiency [3]. These systems streamline scheduling, improve resource allocation [15], and provide decision support, resulting in improved patient outcomes and operational efficiency [16]. Challenges regarding data privacy and system integration must be addressed for successful implementation [17]. Intelligent management systems driven by AI have the potential to revolutionize surgical optimization and enhance patient care [10].

4. OPTIMIZATION ALGORITHMS FOR OPERATING THEATRE EFFICIENCY

- Optimization algorithms improve operating theatre efficiency by minimizing idle time, reducing patient waiting times, and maximizing resource utilization through careful scheduling [1].

- Efficient staff assignment and allocation algorithms consider factors such as expertise, availability [5] and workload to optimize staff utilization and enhance patient care in the operating theatre [6].

- Optimization algorithms manage equipment and resources by allocating them efficiently, considering factors such as availability, maintenance schedules, and procedure requirements [10].

- Surgical case sequencing algorithms determine the optimal order of surgeries based on criteria like complexity, preferences, and patient characteristics, reducing setup time and improving overall flow [18].
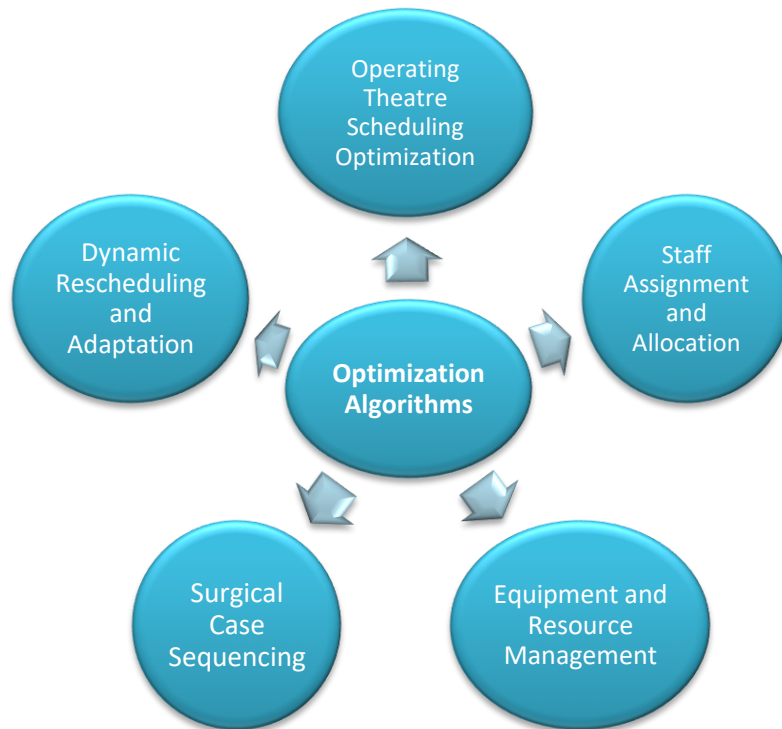
Fig. 1. Optimization algorithms for operating theatre efficiency

- Dynamic rescheduling and adaptation algorithms quickly adjust schedules in response to disruptions, considering real-time data, resource availability, and priority criteria to maintain efficient resource allocation and minimize the impact on operating theatre efficiency [6].

5. BENEFITS OF AI IN OPERATING THEATRE EFFICIENCY

1. **Surgical WORKFLOW OPTIMIZATION:** leading to improved operating theatre efficiency, Machine learning algorithms can analyze large amounts of data [19], including preoperative patient information, surgical guidelines, and real-time intraoperative data, to identify patterns and make predictions [1]. By leveraging these insights, AI systems can assist in optimizing surgical workflow by recommending the most efficient sequence of tasks, personalized anesthesia plans [20,21], alerting surgeons to potential risks or complications [8], and streamlining communication among surgical team members.

2. **Real-Time Decision Support:** AI-based decision support systems have the potential to enhance real-time decision-making during surgical procedures, thereby improving operating theatre efficiency. These systems can analyze and interpret data from various sources, such as intraoperative imaging, vital signs monitoring, and electronic health records, to provide surgeons with valuable insights and recommendations [12]. By integrating AI algorithms into the operating theatre environment, surgeons can make informed decisions more efficiently, leading to better patient outcomes and optimized resource utilization.

3. **Predictive Analytics and Risk Assessment:** AI techniques, particularly predictive analytics, enable the identification of potential risks and complications before they occur, contributing to improved operating theatre efficiency. Machine learning models [22] can analyze patient-specific data, such as medical history, diagnostic test results, and demographic factors, to predict the likelihood of adverse events during surgery [23] By providing surgeons with this information, AI systems allow for proactive risk assessment and planning [24], helping to prevent complications, reduce surgical time, and optimize resource allocation.
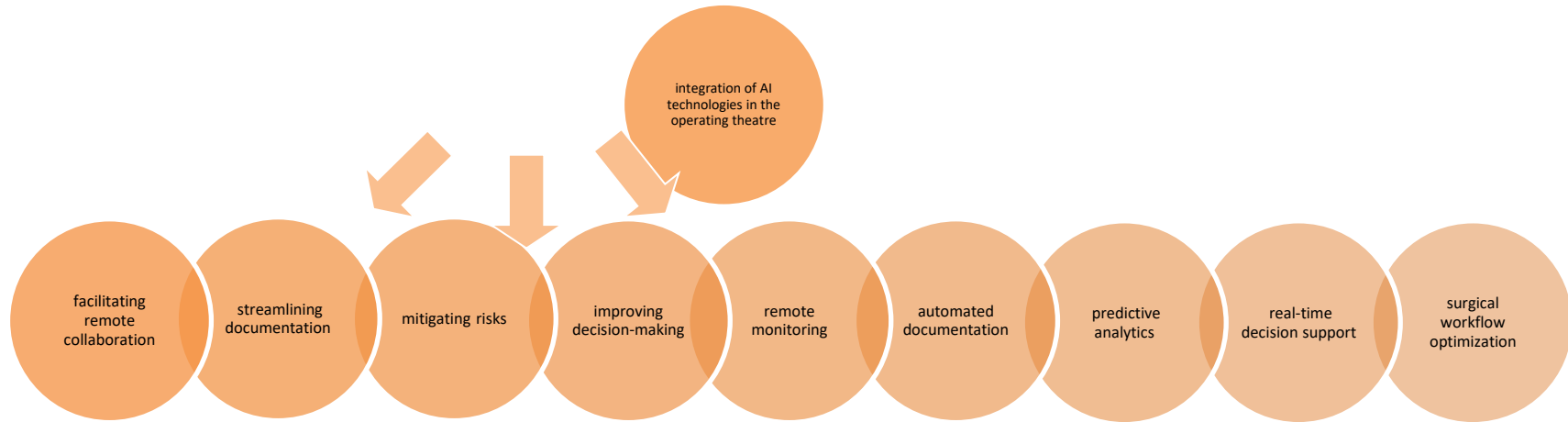
Fig. 2. Benefits of AI in operating theatreefficiency

4. **Automated Documentation and Reporting:** AI technologies can streamline the documentation and reporting processes in the operating theatre, saving time and improving efficiency. Natural language processing algorithms can automatically extract relevant information from surgical notes, electronic health records, and imaging reports, generating accurate and comprehensive documentation [7,25]. This automation reduces the burden on surgical staff, allowing them to focus more on patient care and optimizing workflow efficiency.

5. **Remote Monitoring and Telemedicine:** AI-driven remote monitoring and telemedicine solutions have the potential to enhance operating theatre efficiency, especially in the context of remote consultations, training, and supervision. Through the use of AI-powered imaging analysis, remote surgeons can provide real-time guidance and support during surgeries, reducing the need for in-person presence [10]. This capability improves access to expertise, facilitates knowledge sharing, and contributes to overall operating theatre efficiency.

6. CONCLUSION

Integrating Artificial Intelligence (AI) into operating theatre practices presents a groundbreaking opportunity to enhance surgical care efficiency. This article has explored the various applications of AI, the role of predictive modeling in resource allocation, and the capabilities of intelligent management systems in improving scheduling and patient flow. Through real-time data analytics and autonomous decision-making, AI-driven surgical optimizationis becoming a reality.

The benefits are significant, including streamlined workflows, real-time decision support, predictive risk assessment, automated documentation, and remote monitoring. However, these possibilities come with accompanying challenges—data quality, ethical conside rations, algorithm transparency, generalizability, and integration obstacles—that demand comprehensive attention.

By working together, clinicians, administrators, data scientists, and technologists can overcome these challenges, ushering in a new era of operating the atreefficiency. AI's transformative potentialofferss treamlined patient care, reduced costs, and improved resource utilization, shaping the future of healthcare.

The integration of AI into operating theatres not only enhances efficiency but also revolutionizes surgical care delivery. Addressing these challenges collectively will unlock AI'spotential for safer, more efficient, and patient-centered surgeries. The path forward isdynamic, requiringongoingresearch, collaboration, and innovation to fully leverage AI'scapabilities and enhance health care outcomes.

7. CHALLENGES AND LIMITATIONS

1. **Data Quality and Availability:** Acquiring high-quality data from diverse sources [26], including electronic health records, medical imaging, and surgical notes, can be challenging due to issues such as data privacy [27], standardization, and interoperability [26], Addressing these challenges and ensuring access to robust and representative datasets are essential for accurate AI model development and deployment [28].

2. **Ethical and Legal Considerations:** The integration of AI in the operating theatre raises ethical and legal concerns that need to be carefully addressed. Ethical considerations include issues of data privacy, informed consent, and algorithmic bias [26]. Ensuring patient privacy and obtaining informed consent for data usage are crucial for maintaining trust in AI systems.

3. **Algorithm Interpretability and Transparency:** The lack of interpretability and transparency in AI algorithms is another challenge in the context of operating theatre efficiency. Many AI models, such as deep learning neural networks, are often regarded as black boxes, making it challenging to understand the rationale behind their decisions [3]. This lack of interpretability hinders the acceptance and adoption of AI systems in surgical settings, where trust and accountability are paramount.

4. **Limited Generalizability:** AI models trained on specific patient populations or healthcare settings may exhibit limited generalizability when applied to different scenarios. Variations in patient demographics, surgical procedures, and healthcare systems can affect the

performance of AI algorithms [3]. To ensure the widespread applicability of AI in operating theatre efficiency, it is important to validate and fine-tune AI models across diverse populations and settings, considering the inherent biases and contextual factors.

5. **Integration and Adoption Challenges:** Integrating AI technologies into existing healthcare infrastructure and workflows can pose implementation challenges. Resistance to change, lack of technical expertise, and limited resources for infrastructure upgrades are common barriers to the adoption of AI in operating theatres [29]. Overcoming these challenges requires collaborative efforts among healthcare professionals, administrators, and technology experts to ensure seamless integration, user-friendly interfaces, and comprehensive training programs.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Fairley M, Scheinker D, Brandeau ML. Improving the efficienc yof the operating room environment with an optimization and machinelearningmodel. Health Care Manag Sci. déc 2019;22(4):756-67.
2. Schoenfelder J, Kohl S, Glaser M, McRae S, Brunner JO, Koperna T. Simulation-basedevaluationofoperating roommanagementpolicies. BMC Health Serv Res. 24 mars 2021;21(1):271.
3. Lin YK, Yen CH. Genetic AlgorithmforSolvingtheNo-WaitThree-Stage Surgery Scheduling Problem. Healthc Basel Switz. 2 mars 2023;11(5):739.
4. Can machine learning optimize the efficiency of theo perating room in theeraof COVID-19? - PubMed [Internet]; [cité 17 juill 2023].
Available:https://pubmed.ncbi.nlm.nih.gov/33180692/
5. Li G, Huang S. Role of Intelligent Management Systems in SurgicalPunctuality and Quality of Care. Chen D, éditeur. Comput Intell Neurosci. 11 oct2022;2022:1-6.
6. Eshghali M, Kannan D, Salmanzadeh-Meydani N, Esmaieeli Sikaroudi AM. Machine learning based integrated scheduling and reschedulingforelective and emergencypatients in theoperatingtheatre. Ann Oper Res. 19 janv 2023;1-24.
7. Tuwatananurak JP, Zadeh S, Xu X, Vacanti JA, Fulton WR, Ehrenfeld JM, et al. Machine Learning Can Improve Estimation of Surgical Case Duration: A Pilot Study. J Med Syst. 17 jan 2019; 43(3):44.
8. Dexter F, Epstein RH. Absence of a Comprehensive Literature Search Protocol in a Systematic Review of Published Studies Describing Operating Room Optimization. J Med Syst. 13 mars 2023; 47(1):35.
9. Defining difficultlaryngos copy findings by using multiple parameters: A machine learning approach – Science Direct [Internet]; [cité 17 juill 2023].
Available:https://www.sciencedirect.com/science/article/pii/S1110184917300740
10. Bellini V, Guzzon M, Bigliardi B, Mordonini M, Filippelli S, Bignami E. ArtificialIntelligence: A New Tool in Operating Room Management. RoleofMachine Learning Models in Operating Room Optimization. J Med Syst. 10 déc 2019;44(1):20.
11. L L, F Z, Y Y, R G, M F, J X. Machine learning for identification of surgerieswith high risks of cancellation. HealthInformatics J [Internet]. mars 2020 [cité 17 juill 2023];26(1).
Available:https://pubmed.ncbi.nlm.nih.gov/30518275/
12. Sobrie O, Lazouni MEA, Mahmoudi S, Mousseau V, Pirlot M. A new decision support model for preanesthetic evaluation. Comput Methods Programs Biomed. sept 2016;133:183-93.
13. Mehmet N, Rahimi A, Aghaie L. Economic impact of surgery cancellation in a general hospital, Iran. Ethiop J Health Dev. 1 janv2016;30.
14. Klemt C, Cohen-Levy WB, Robinson MG, Burns JC, Alpaugh K, Yeo I, et al. Can

machine learning models predict failure of revision total hip arthroplasty? Arch Orthop Trauma Surg. juin 2023;143(6):2805-12.

15. Operating Room Performance Optimization Metrics: A Systematic Review - PubMed [Internet]; [cité 17 juill 2023]. Available:https://pubmed.ncbi.nlm.nih.gov/36738376/

16. Rajkomar A, Dean J, Kohane I. Machine Learning in Medicine. N Engl J Med. 4 avr2019;380(14):1347-58.

17. B Z, Rs W, Rd U, Ra G. A Machine Learning Approach to Predicting Case Duration for Robot-AssistedSurgery. J Med Syst [Internet]. 1 mai 2019 [cité 17 juill 2023];43(2). Available:https://pubmed.ncbi.nlm.nih.gov/30612192/

18. Basson MD. Better Quality Metrics Could Illuminate Quality-Efficiency Tradeoffs in Operating Room Management. J Investig Surg Off J Acad Surg Res. mars 2020;33(3):271-2.

19. Sidey-Gibbons JAM, Sidey-Gibbons CJ. Machine learning in medicine:apractical introduction. BMC Med Res Methodol. 19 mars 2019;19(1):64.

20. Wu HL, Chang WK, Hu KH, Langford RM, Tsou MY, Chang KY. A Quantile Regression Approach to Estimating the Distribution of Anesthetic Procedure Time during Induction. PloS One. 2015;10(8): e0134838.

21. Stepaniak PS, Heij C, Mannaerts GHH, de Quelerij M, de Vries G. Modeling procedure and surgical times for current proceduralterminology-anesthesia-surgeon combinations and evaluation in terms of case-duration prediction and operating room efficiency: Amulticenterstudy. Anesth Analg. oct 2009;109(4):1232-45.

22. Yeo I, Klemt C, Melnic CM, Pattavina MH, De Oliveira BMC, Kwon YM. Predicting surgical operative time in primary total kneearthropla styutilizing machine learningmodels. Arch Orthop Trauma Surg. juin 2023;143(6):3299-307.

23. Feng Z, Bhat RR, Yuan X, Freeman D, Baslanti T, Bihorac A, et al. Intelligent Perioperative System: Towards Real-time Big Data Analytics in Surgery Risk Assessment. DASC-PICom-Data Com-Cyber Sci Tech 2017 2017 IEEE 15th Int Conf Dependable Auton Secure Comput 2017 IEEE 15th Int Conf Pervasive Intell Comput 2017 IEEE 3rd Int. nov 2017;2017:1254-9.

24. Suzuki S, Yamashita T, Sakama T, Arita T, Yagi N, Otsuka T, et al. Comparison of riskmodels for mortality and cardiovasculareventsbetween machine learning and conventional logistic regressiona nalysis. PLoS ONE. 9 sept 2019;14(9):e0221911.

25. Lia H, Hammond Mobilio M, Rudzicz F, Moulton CA. Contextualizing the tone of the operating room in practice: Drawing on the literature to connect the dots. Front Psychol. 2023;14: 1167098.

26. Lee CH, Yoon HJ. Medical big data: promise and challenges. Kidney Res Clin Pract. 31 mars 2017;36(1):3-11.

27. Christodoulou E, Ma J, Collins GS, Steyerberg EW, Verbakel JY, Van Calster B. A systematic review shows no performance benefit of machine learning over logistic regression for clinical prediction models. J Clin Epidemiol. juin 2019;110:12-22.

28. Bignami E, Bellini V. Do We Need Specific Certification to Use Anesthesia Information Management Systems? Anesth Analg. févr 2019;128(2):e30-1.

29. Bellini V, Maestroni U, Bignami E. Surgical Block Scheduling Controlled by a Machine: Reality or Science Fiction? J Med Syst. 28 Janv 2019;43(3):54.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle5.com/review-history/105159