



Daytime Orthopaedic Trauma Block Time

A Position Statement from the Canadian Orthopaedic Association

Approved by the COA Board of Directors on June 11, 2025

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The concept of dedicated daytime orthopaedic trauma time was initiated in Canada in the early nineties. Since that time, this model has evolved and been implemented in many centres across the country. The significant advantages of this approach to trauma case management would support its inclusion as an integral part of any orthopaedic service providing 24/7 trauma coverage.

The presence of such a program would not preclude the appropriate timely management of more urgent cases.

The following advantages of this approach have been identified:

- Cost Effectiveness
 - i. Reduced nursing overtime hours
 - ii. Improved case efficiency with full complement of daytime support staff
- May allow for transfer to subspecialty surgeon for appropriate cases
- May allow for patients to be managed at home until scheduled time is available, thereby reducing hospital bed requirements
- Reduction of risks associated with a fatigued surgical team
- Reduction in evening and night time anaesthetic services
- May allow for specialized nurses to be available for more complex cases
- Enhanced timeline for fracture care resulting in fewer complications and shorter length of stay
- Reduction of unnecessary patient fasting
- More predictable OR timelines for patients, leading to reduction in patient anxiety
- Improved patient outcomes with fewer errors compared to night time surgery
- Overall decrease of morbidity and mortality secondary to a reduction in nighttime surgery

The following concepts are integral to the successful establishment of an orthopaedic daytime trauma block program:

- The planning process for such a program should engage all the members of the orthopaedic division, anaesthesia, nursing, other surgical services, and institutional administration
- A calculation of the initial time required for the program can be based on the following formula:
Average number of evening and nighttime orthopaedic care hours per week multiplied by 90 % and distributed over the week
- The on-call orthopaedic surgeon must be readily available to do cases during these blocks
- Consideration could be given to doing short-notice elective orthopaedic cases in the dedicated trauma room in the absence of trauma cases, to ensure efficient use of this time
- The trauma block should be of equal priority to the elective blocks
- Ongoing evaluation of efficacy and efficiency will help to secure successful implementation

In summary, the COA strongly recommends the establishment of dedicated daytime orthopaedic trauma blocks in centres providing comprehensive trauma care.