

<b>Title:</b> Surgery Schedule Management, Bend	<b>Document #:</b> 3899 <b>Version:</b> 7
<b>Facility:</b> St. Charles Bend	<b>Page 1 of 4</b>
<b>Owner:</b> Todd Galewski (Business Manager/Perioperative and Cardiovascular Services)	<b>Effective Date:</b> 09/26/2018

## Policy Statement:

It is the policy of Bend Perioperative Services to abide by standardized methods for the management of elective, add on case, urgent and emergency scheduling to support effective resource allocation and safe access to care. The scheduling department will seek input from appropriate Perioperative Governance leaders, Block Oversight Committee and Surgery Section for the material content, and implementation of this policy. The Block Oversight Committee is the governing body for this policy.

## Definitions: *(Definitions of acronyms or specialized terminology)*

**Add-On Cases:** Case requests received the day of surgery or after 1100 the business day prior to surgery scheduled through the OR Charge RN according to the instructions in this policy.

**Block Time:** OR time allocated to specific surgeons or group of surgeons to schedule elective surgical cases based on appropriate resource availability as determined by the OR Scheduling Office.

**Bump:** The process of interrupting the planned case schedule for emergency or urgent case access.

**Elective Cases:** Scheduled Intervention planned or booked in advance.

**Emergency Cases:** Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Access to the OR needed within 60 minutes.

**EMR:** Electronic Medical Record (Epic).

**Open Elective Time:** OR time available to schedule elective surgical cases based on appropriate resource availability as determined by the OR Scheduling Office. Cases are prioritized in the order received and not to exceed available Open Time.

**Schedule Closure:** The OR schedule closes at 1100 the business day prior to surgery.

**Scheduled Cases:** Cases that are scheduled through the Surgery Schedulers according to the instructions in this policy.

**Trauma Case:** Reference document #2903, access required within 15 minutes.

**Urgent Cases:** Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, or those conditions that may threaten the survival of limb or organ.

Access to the OR needed within 6 hours. ED patients & bedded inpatients will be considered urgent due to length of hospital stay considerations

## Instructions:

Types of cases, shown below, will be scheduled in the following manner:



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**1. Elective Case Scheduling:**

- a. Elective Case Requests must be submitted electronically to the Scheduling Office prior to the Schedule Closure and include facility prior authorization and requested resources.
  - i. Approved Prior Authorization Number for Hospital Facility Charges required to schedule a case within 14 days of surgery. Case must be scheduled to occur within Prior Authorization valid date range. Pending Prior Authorization is not permissible to schedule an elective case within 14 days of surgery.
  - ii. Procedures that do not require a Prior Authorization Number are specifically labeled so by physician office, so case can be scheduled.
  - iii. Any case requiring a Supply Chain Fast Track item will not be placed on the schedule until item has been approved.
- b. Physicians must have current privileges to submit a Case Request.
- c. All cases will be scheduled with the EMR surgeon specific average procedure time unless surgeon requests additional time.
  - i. If EMR surgeon specific time not available, case duration will be determined by the EMR average procedure time.
  - ii. New procedures without EMR duration historical average will defer to the coordinator determined duration.
  - iii. Turnover times are automatically added between cases by the EMR.
- d. Surgeon or mid-level provider must submit case request in Epic if surgery requested within 7 days of surgery date.
- e. Changes to elective case sequence (confirmation) are to be received by Schedule Closure time.
  - Case sequence shall consider same day discharge (first), patient type, patient age, laterality grouping, history of MH (first case), and isolation precautions (last case).
- f. Elective cases will not be scheduled with an out of room time beyond the end of Open Elective Time or assigned block.
  - i. If a surgeon is requesting cases beyond the block time, those cases will be moved to the surgeon's next available block time.
  - ii. If the patient condition requires access to the OR prior to the next block, the scheduling department will offer next available day/time.
- g. Central Sterile Instructions:
  - i. Some case types require additional lead time to acquire needed supplies and equipment. Such cases are subject to delay pending physician consultation in the event that supplies and equipment are not obtained.
  - ii. If special instrumentation or supplies are necessary, it is the Physician, or Physician's office, responsibility to contact the vendor representative to arrange for Supply Chain approved items.
  - iii. Trays and Implants delivery will conform to Vendor Policy 2090: "Trays and implants must be received at least 24 hours in advance of a scheduled surgery.
  - iv. Trays will be brought in through Supply Chain where they will be inventoried by Central Processing staff with an enclosed count sheet with a photograph for documentation purposes. The exception will be for emergency cases only. Vendor representatives are expected to collaborate with St. Charles caregivers to assure mutual agreement if vendor plans to charge for lost items."

2. **Emergency and Urgent Case Scheduling:** The first available and appropriate suite will be utilized. If there is not an appropriate suite available, the OR Charge Nurse will consult with the Anesthesiologist-In-Charge (AIC) and surgeons regarding the necessity to bump the next available room. It is the responsibility of the surgeon with the emergency/urgent case to communicate with the surgeon being “bumped.” In general, the surgeons will bump their partner or specialty first, but first available room is the priority. The final decision on case sequence is owned by the AIC. When AIC is not available for decision making, the issue will be escalated through the Perioperative Manager on call and/or Duty Administrator.
  - a. The following times are limited to urgent and emergency case access:
    - i. 1730-0700 (M-TH)
    - ii. 1730 Friday – 0700 Monday
    - iii. Holidays as described in the SCHS Holiday Policy Document 743.
    - iv. The number of rooms and types of teams available for urgent and emergency case scheduling will be determined by the OR Management team based on volume trends and available resources. The Block Committee will be responsible for determining the block plan for trauma and other urgent/emergency access rooms.
3. **Add-on Cases:** Requests are directed to the OR Charge RN and are accepted based on patient acuity and resource availability. The surgeon will communicate any approved supply and equipment needs, including communication with vendor.
  - a. Elective Add-On cases requested after 11:00 AM the business day prior to surgery are not permitted as they do not permit time to properly authorize the procedure, provide financial counseling to the patient, locate necessary supplies, or prepare patients for surgery.
  - b. Add-on cases requested must be called in to the OR Charge RN and a case request should be submitted electronically
  - c. Cases will be assigned to start as resources (e.g. room, staff, instruments, etc.) become available. Cases will be given an estimated start time by the Charge Nurse or AIC who is running the schedule. There is no guarantee as to the start time of any procedure designated as an add-on. Cases will be given priority based on acuity as determined by the surgeon in consultation with the AIC and the order in which they were scheduled.
  - d. If conflict arises based on add-on order related to acuity the individual surgeons involved will need to resolve the dispute (e.g. surgeon to surgeon conversation). If surgeon dispute not resolved in timely manner, dispute elevated to AIC during Monday-Friday business hours (0700-1730). Non-business hour (or Holiday) disputes will be escalated through Perioperative On-Call manager or Duty-Administrator.
4. **Management of the Daily Schedule in Progress: 2/3 RULE**
  - a. Throughout the day OR Leadership will monitor the daily schedule for rooms running late.
  - b. OR Rooms running late, may start an elective scheduled case if 2/3 of the case can be completed prior to the end of block and the time exceeding end of block is less than 45 minutes.
  - c. Elective cases that cannot be 2/3 completed prior to the end of block time, are at risk for being placed into the Add-On Queue.
5. **Reschedules, cancellations or changes:** These activities will be completed through the Scheduling Office Staff or the OR Charge RN.
6. **Oversight:** Final authority over the schedule rests with the Perioperative Director and Perioperative Medical Director (*add hyperlink to org chart for escalation*), who must consider the following factors when reviewing the overall schedule:
  - a. Number of cases and hours of surgery scheduled
  - b. Number of anesthesia staff available

- c. Availability of nursing personnel
- d. Equipment and instrument constraints
- e. Number of operating rooms available
- f. Disposition of patient after surgery

**References:** *(Documents or Regulatory Requirements to which this document refers, is linked to within Document Library, or from which the document was created.)*