

Title: 2021 Recovery Surgery and Procedural Schedule Management, Bend	Document #: 3899 Version: 10
Facility: St. Charles Bend	Page 1 of 4
Owner: Barbra Schultz (Manager Procedural Scheduling)	Effective Date: 4/1/2021

Policy Statement:

It is the policy of St. Charles Bend 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 (Procedural) Scheduling Department will seek input from appropriate surgical and procedural governance Committees and applicable medical staff sections 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 procedure or after 5:00pm two business days prior to procedure scheduled through the department Charge RN according to the instructions in this policy.

Block Time: Room time allocated to specific providers or group of providers to schedule elective cases based on appropriate resource availability as determined by the (Procedural) 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 or procedure area needed within 60 minutes, except trauma cases (defined below).

EMR: Electronic Medical Record (Epic).

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

Orthopedic Trauma Cases/ Non-urgent Ortho Trauma cases: Also referred to as “cold traumas” which do not require access within 15 minutes but timely access based on patient clinical needs. Non-urgent Ortho Trauma cases can be scheduled in advance through the scheduling team whereas Orthopedic Trauma Cases are scheduled through the charge RN.

Schedule Closure: The schedule closes at 5:00pm two business days prior to surgery or procedure.

Scheduled Cases: Cases that are scheduled 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 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:

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 or procedure. 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 or procedure.
 - ii. Procedures that do not require a Prior Authorization Number are specifically labeled so by physician office, so case can be scheduled.
 - iii. If resource needs change requiring updated authorization case will be removed from schedule until prior authorization is supplied.
 - iv. Any case requiring a Supply Chain Fast Track item will not be placed on the schedule until item has been approved.
- b. All surgical and procedural cases will be prescreened by the ordering provider for appropriate anesthesia resources. In the circumstance a patient assessment changes there is a potential the case will be rescheduled based upon anesthesiology availability.
- c. Physicians must have current privileges to submit a Case Request.
- d. The name or description of the surgery or procedure must be spelled out on the scheduling request. No abbreviations are to be used.
- e. All cases will be scheduled with the EMR provider specific average procedure time unless provider requests additional time.
 - i. If EMR provider 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 provider.
 - iii. Turnover times are automatically added between cases by the EMR (defined by procedure card).
- f. Physician or mid-level provider must submit case request in Epic for Add-ons or current inpatients.
- g. 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, anesthesia type, laterality grouping, history of MH (first case), and isolation precautions (last case).

- h. Elective cases will not be scheduled with an out of room time beyond the end of Unassigned Elective Time or assigned block.
 - i. If a provider is requesting cases beyond the block time, those cases will be moved to the providers next available block time.
 - ii. If the patient condition requires access to a room prior to the next block, the scheduling department will offer next available day/time.
- i. 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.

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. 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 Charge Nurse may consult with the Anesthesiologist-In-Charge (AIC) and providers regarding the necessity to bump the next available room. It is the responsibility of the provider with the emergency/urgent case to communicate with the provider being "bumped." In general, the provider 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, (or Medical Director for the unit). When AIC is not available for decision making, the issue will be escalated through the appropriate Manager on call and/or Duty Administrator.

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 management team based on volume trends and available resources. The Block Committee will be responsible for determining (supporting) the block plan for trauma and other urgent/emergency access rooms.
3. **Add-on Cases:** Add-on case requests are intended to facilitate urgent needs that are not supported by designated trauma or cardiac blocks. Requests are directed to the Charge RN and are accepted based on patient acuity and resource availability. The provider will communicate any approved supply and equipment needs, including communication with vendor.
 - a. Elective Add-On cases requested after 5:00pm two business days prior to surgery or procedure 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 or procedure.
 - b. Add-on cases will not be accepted greater than 24 hours in advance. Case requests for greater than 24 hours in the future must follow the [Elective & Advanced case scheduling process](#)
 - c. Add-on cases requested must be called in to the Charge RN and a case request should be submitted electronically by the provider or APP (the Charge RN may assist in urgent/emergent situations).

- d. 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 provider in consultation with the AIC and the order in which they were scheduled.
 - Resource conflicts may ONLY be overridden in the setting of an Emergent case request (needing access to the OR / procedure within 60 minutes)
 - e. If conflict arises based on add-on order related to acuity the individual providers involved will need to resolve the dispute (e.g. provider to provider's conversation). If provider 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/Cardiovascular On-Call manager or Administrator on Duty.
4. **Time sensitive cases** (do not meet add-on criteria, but cannot wait until next assigned block)
 - a. Requests follow the process outlined in [section 1](#). WITH a phone call to the SCHS Scheduling Office
 - b. Cases may be scheduled into unassigned block time, released time, or escalated to the AIC and department leadership for other options
 5. **Management of the Daily Schedule in Progress: 2/3 RULE**
 - a. Throughout the day Leadership will monitor the daily schedule for rooms running late.
 - b. 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.
 6. **(Elective) Reschedules, cancellations or changes:** These activities will be completed through the Scheduling Office Staff or the Charge RN.
 7. **Oversight:** Final authority over the schedule rests with the appropriate operational and Medical Director, who must consider the following factors when reviewing the overall schedule:
 - a. Number of cases and hours of surgery or procedure scheduled
 - b. Number of anesthesia staff available
 - c. Availability of personnel
 - d. Equipment and instrument constraints
 - e. Number of rooms available
 - f. Disposition of patient after surgery or procedure

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