Policy Statement:
To describe the procedure of scheduling surgical cases and to support efficient, effective coordination of resources to provide surgery.

Definitions: (Definitions of acronyms or specialized terminology)

AIC: Anesthesiologist in Charge

Add-On Cases: Cases that are added after the schedule closed and posted, typically urgent(U), emergent(E), and expedited(X) cases. Elective Add-On cases for the sake of filling an incomplete block and/or physician convenience are discouraged: they do not permit time to properly authorize the procedure, provide financial counseling to the patient, locate necessary supplies, or optimize patients for surgery.

The final schedule for the next day is closed and posted at 1100 Monday through Friday to permit review by anesthesia and staffing; add-ons which appear after 1100 must fit urgent, emergent, or expedited criteria unless approved as directed by this policy.

Block Time: The routine, reserved time set apart for specific surgeons or group of surgeons to pre-schedule cases. This time is exempt from first-come, first-served scheduling until the time of “block release.” (Refer to Bend Surgical Block Calendar Request Process and Block Utilization Reporting Guidelines)

Elective Cases: Patients for whom surgical procedure can be planned and scheduled in advance following determined need for surgery.

Emergency (E) Cases: Conditions or injuries causing immediate threaten to “life, limb, or organ, and which require surgical intervention within one (1) hour.

Expedited (X) Cases: Patients requiring prompt treatment (48-72 hours) of an otherwise elective case where the condition is not an immediate threat to life, limb or organ, but for whom early intervention is highly correlated with optimal patient outcomes.

First-come first serve (FCFS) Time: The time set apart for:
- surgeons who do not have block time remaining after they fill their block and need additional time
- surgeons who do not have block time
- surgeons whose assigned block has been released

Group Blocks: Formal or informal groups who agree to manage and fill block time by negotiating and allocating block time among themselves first, then scheduling with the OR Schedulers.

OR Governance: An ad hoc subcommittee comprised of 2-3 physician leaders of surgical section and/or surgical specialties. Their purpose is to provide physician peer review and intervention with
physician actions that have been addressed by perioperative services leadership but remain unresolved.

**Out of Block Time (OOB):** Surgeries performed at a time and/or day other than the surgeon’s or group’s pre-assigned block time. These include cases performed on weekends, ST. CHARLES - BEND-approved holidays, as well as the time prior to block start time and time after pre-assigned block time.

**Schedule Closure:** The OR schedule closes at 1100 on the day prior to surgery. Cases added on after closure must fit the U,E,X criteria and are subject to review by the OR Desk and/or AIC.

**Scheduled Cases:** A case that is scheduled through the surgery schedulers according to the instructions (below). Cases will be scheduled into the surgeon’s available block time whenever possible. Routine elective cases will not be scheduled beyond the end of block time.

**Urgent (U) cases:** Patients needing surgical intervention within 6 hours.

**Instructions:**

A. All normally scheduled elective cases will be scheduled at least 72 hours¹ prior to the scheduled start time. These cases are to be scheduled through the SCHS surgery schedulers at ext # 7788 (541-706-7788). All cases will be scheduled with a specific starting case time (wheels in-wheels out). Average turnover times are automatically added between cases. Confirmation of cases and case order is to be confirmed by the physician’s office by 11 am the day prior to the scheduled surgery.

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

1. **Elective Cases:** Surgeons’ offices will schedule non-emergent cases by contacting the SCMC scheduling office during the following hours: Monday through Friday, 0830-1630. No elective surgeries will be scheduled into a block on the surgery schedule with a start time after the end of the assigned block. Exceptions must be cleared by the OR Manager, the OR Desk Charge, or the AIC.
   - Elective surgeries will not be scheduled on SCHS approved holidays.
   - Weekend elective cases must meet specific criteria and approved by the OR Desk Charge RN.

2. **Emergency Cases (Bumping):** The first available and appropriate suite will be utilized for emergency cases. The Charge Nurse will coordinate this activity in concert with the anesthesiologist and surgeons involved. It is the responsibility of the surgeon with the emergency case to negotiate with the surgeon being “bumped.” In general, the surgeons will bump their specialty first, but first available room is the priority. The final decision for bumping cases rests with the Anesthesiologist in charge and the OR Desk Charge RN.

¹Some case types require 5 working days’ lead time to acquire needed equipment from out of the area. Those are typically known by the surgeons involved, and will be re-conveyed at the time of scheduling.
3. **First-case Urgent slot:** The equivalent of one morning slot from 7:30-10:00 will be preserved for urgent/expedited/call cases; preference will be given to cases coming in during the previous 24 hours to the surgeon on call. Additional space, as it become available, will be preserved for urgent or expedited surgery requests.

4. **Add-on Cases:** Elective Add-ons are to be scheduled by 10 am the day prior to surgery, and are accepted on a case by case basis. Non-urgent add-ons should be carefully selected by surgeon for medical appropriateness. In adding on cases, the surgeon should directly communicate any supply and equipment needs directly to the coordinator. Additional costs incurred to locate/site supplies or otherwise accommodate the surgery could result in refusal to accommodate the add-on.

   - All required paperwork (eg. H&P, orders, labs, consents) must be submitted as soon as possible, or at least 24 hours prior to the expected start of the procedure. Failure to provide required paperwork could result in cancellation and rescheduling of procedure.

   - Add-on cases will be assigned to start as resources (e.g. room, staff, instruments) become available. Add-ons will be given an estimated start time by the Charge Nurse or Supervisor who is running the schedule. Add-on cases will be given priority based on acuity and the order in which they were scheduled. 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). Due to the nature of surgery, there is no guarantee as to the start time of any procedure designated as an add-on.

5. **First come first served:** FCFS time is to be scheduled “to follow” on a first-come, first-served basis in sequential order. If the surgeon is unavailable until a certain time, s/he will be given the next available after anyone willing to go ahead of that time. FCFS time ends by 1730. No elective cases will be scheduled into FCFS time after 1730. First Come First Served time can be requested/assigned in half-day, full-day, or to-follow increments.

6. **Retrospective Review and OR Governance:** Cases scheduled as urgent/emergent, or expedited will not be questioned at the time of scheduling, and will be scheduled according to physician request unimpeded. However, retrospective review of cases in question, and periodic audit of all U/E/X add-ons will be undertaken by the medical directors of peri-operative services to assure U/E/X criteria are adhered to. Questionable cases will be reviewed per the governance process (below) and may be elevated to the OR governance committee.

**Important timelines:**
- **96 hours:** the bare minimum time for release and/or reclaim of an empty block. Released time initially becomes FCFS time for that specialty.
- **72 hours:** cutoff for completing your block schedule (adding on patients) or substituting a patient on your schedule (e.g. cancelling one and substituting another)
- **48 hours:** full reclamation of unused block into FCFS pool. Typically this time will only be filled with Urgent, Emergent, or Expedited appointments. Exceptions may be granted upon approval of the AIC and/or OR charge RN.

C. Each room scheduled will be assigned a start time (patient in room) based on historic case lengths and other factors specific to the proposed surgery.
D. The scheduling process will take into consideration availability of all resources (anesthesia, nursing staff, equipment, instrumentation, multiple like-cases competing for the same resources, etc.) in order to avoid conflicts.

E. Scheduling and/or cancellations and changes of a surgery are to be normally done only by the surgeon or his/her designated office staff. In the event that a surgeon, anesthesiologist or patient are unavailable and cannot be reached through all reasonable means a case can be cancelled or rescheduled at the discretion of the charge nurse or Supervisor.

F. OR Scheduling Front desk is to be notified by the surgeon (or surgeon’s designee) of all case changes as soon as possible to ensure that the case can be done in the desired time slots. Case order can be changed by:
   a. The surgeon
   b. The surgeon’s scheduler
   c. The Charge Nurse or Supervisor, if less than 24 hours prior to surgery
   d. Patient substitutions will require 72 hour notice.

G. Cases added to the schedule, changes in case sequencing, or schedule time changes requested by a surgeon later than noon the weekday prior to surgery, are subject to revision by the Charge Nurse or Supervisor to mitigate the disruption to other surgeons, schedules, and resources already booked.

H. Final authority for scheduling cases rests with the Operating Room Manager, who must consider the following factors when reviewing the overall schedule:
   - Number of cases and hours of surgery scheduled
   - Number of anesthesia staff available
   - Availability of nursing personnel
   - Equipment and instrument constraints
   - Number of operating rooms available

I. The administration of the operating room schedule is the responsibility of the Operating Room Manager who works in collaboration with Anesthesia and OR Scheduling to finalize the daily schedule. Schedule changes due to cancellations and emergencies should be coordinated with the Charge Nurse or Supervisor who is running the schedule, and communicated to the affected staff by the Charge Nurse or designee.

J. OR Governance will be involved in cases concerning use of the U,E,X designation, appropriate use of after-hours call teams, and other factors affecting appropriate use of OR resources. Initial review will be between the administrative Director of Perioperative Services and the Perioperative Services Medical Director(s). Concerns will be discussed directly between the Director(s) and the involved physician. Unsuccessful resolution of a concern will be elevated to the OR Governance committee.

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