

PROCEDURE FOR: Scheduling In The Perioperative Area

- POLICY:**
1. Scheduling will be done according to block bookings authorized by the Medical Director of the Operating Rooms.
 2. Block utilization is reviewed and adjusted by the OR Medical Director and the nursing director of JDH and FSC.
 3. At both JDH and FSC, elective procedures are booked from 7:30am - 3:30pm (Wednesday start time is 8:30am). In coordination with staffing availability, up to 3 JDH and 2 FSC rooms may be booked electively until 5 pm. Deviations from this policy are made on a surgeon/case specific basis by the Medical Director and Nursing Director of each respective OR.
 4. Bookings of Department of Corrections (DOC) patients at JDH will receive an "/R" designation in the Case Comments portion of the booking.
 5. Except in cases of emergency, the attending surgeon will see the patient prior to transfer of any patient to an operating or procedure room.
 6. Emergency procedures performed at night and on weekends must be done at JDH. The Administrative Manager/House Supervisor will be notified whenever an emergency case is booked at JDH during off hours.
 7. "Add on" cases are accepted on a first come, first served basis pending availability of surgeon, staff, and dependent on the patient's clinical status. Add on cases can only be booked the day of, or the day immediately prior to the surgery. The only exception is Sunday cases can be booked on Friday.
 8. Attempts will be made to allow surgeons to follow themselves if already performing procedures, pending availability of staff and resources.
 9. Stat cases that require "bumping" an elective or previously scheduled procedure for medical condition require the attending surgeon to confer directly with the affected surgeon. In general, surgeons will bump their own subspecialty for 7:30 JDH starts if a case continues into the morning elective schedule. This determination will be made by the night RN and anesthesiologist.

EQUIPMENT: SIS computer program
IDX computer program

PROCEDURE:

Action

Points of Emphasis

Elective Bookings

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| <ol style="list-style-type: none">1. The surgeon or his/her designee' will call or fax information to the OR Scheduling office. | <ol style="list-style-type: none">1. Designee's may include the clinic scheduler, resident, APRN, or their secretary. If non-UHC personnel are placing the booking, the OR Schedulers will prompt according to format of <i>Surgeon Worksheet</i>. Whether or not the patient is from the DOC is shared at this time. |
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2. The OR Scheduler and the clinic/office scheduler mutually agreed upon a date and time for the surgery.
3. The Scheduler inputs information into the scheduling system.
3. Conflicts of schedule, supplies, or staff will be minimized.
4. A booking time and date are confirmed between the two parties.
4. The confirmed time includes additional time increments allotted to anesthesiology and nursing activities. Historical data will be used *prn* to modify requested time.

"Add On" Bookings

1. The JDH OR Front Desk staff takes all bookings once the schedule is closed. The FSC Scheduler takes all bookings, regardless of timing.
1. Information required includes; patient name, T0#, location, age, procedure(s), diagnosis, admission number, equipment required, and surgeon's availability.

The start time for "to follow" cases depends on availability of staff and resources.
2. The JDH OR Front Desk/FSC Scheduler staff notifies all appropriate personnel regarding the procedure, including time changes. Notification will generally be by telephone at JDH, by email at FSC.
2. Personnel to be notified include: anesthesiology and CSS/IR; Procedure Center, PACU, and Radiology, as appropriate. For open-heart and cell saver request procedures, also notify the Perfusionist.
3. The OR charge nurse/designee' collaborates with the anesthesiology clinical coordinator/designee' to make room assignments.
4. The OR Scheduling Office will enter "add on" cases into the scheduling system promptly, pending notification.
5. OR staff will notify Admissions and Bed Control of any "add on" bookings for ambulatory (OSDS or OADS) patients during hours when the OR Scheduling office is closed.
5. Prompt notification helps assure proper precertification and preparation for patient arrival. Lack of notification may delay admission process for ambulatory patients.

Emergency Bookings

1. The case must be booked with the OR staff as for "add on" procedures, with specific indication of emergency status.
2. The surgical staff must confer directly with the Anesthesiology staff regarding the patient and proposed procedure.

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3. The patient will not be allowed into the operating room until two OR staff members (one RN) are available for patient care.
3. If patient condition is too unstable, the Administrative Manager will provide RN coverage for the operating room until OR staff members arrive.
4. When a case is in progress on holidays, weekends and off shifts and additional staff members are needed to cover an emergency situation, the decision to call in additional staff will be a collaborative effort between OR charge nurse, Anesthesiology staff, and Administrative Manager.

Time Changes

1. During normal weekday hours, preoperative staff will make every attempt to notify patients for whom the expected procedure start time has changed.
1. Changes in time for patients who have interpreter services pre-arranged should be avoided, as patient and interpreter must both be notified of any changes.
2. If a JDH patient has not been reached when the Procedures Center closes, PACU staff will attempt to reach patients.
3. On weekends and major holidays, the OR nursing staff on duty are responsible for contacting patients regarding time changes.
4. The nursing staff must notify the attending surgeon or physician whenever they are unable to contact the patient.

Delays and Cancellations

1. Preoperative nursing staff will notify the appropriate nursing and medical staff if a problem exists in a patient's
 - current state of health
 - NPO status
 - ride home and companion post-procedure (ambulatory patients only)
 - insurance status
1. Appropriate staff may include but are not limited to:
 - OR charge nurse
 - Anesthesiology attending or clinical coordinator
 - Attending, fellow or resident
 - APRN
2. Patients for whom a problem exists will be taken to the waiting room or Holding Area and cared for as necessary until a decision is made to proceed, delay, or cancel.
3. Patients for whom a delay decision has been made will be held in the Holding Area or released from care, as
3. If the patient is released from the Holding Area, clear instructions are given regarding when the patient is to

FSC staff may communicate via email; JDH staff will communicate by telephone / in person.

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appropriate.

return for completion of their scheduled procedure or that they should contact their physician's office.

4. The attending physician or anesthesiologist will notify patients for whom a cancellation decision has been made.
4. The attending physician or attending anesthesiologist will convey the information, depending on the reason for cancellation and the individual patient's needs and wishes.
5. The preoperative or OR nursing staff involved in the cancellation decision will be responsible for canceling all support services scheduled for completion of the procedure; e.g., radiology, respiratory therapy.
6. Patients who have received sedatives or opioids will be monitored until they have met appropriate discharge criteria or are transferred to another unit.
6. Nursing and the attending physician or anesthesiologist will collaborate to determine necessary requirements for monitoring or observation until patient is discharged from the perioperative area.

Final Schedule Completion

1. JDH OR Scheduler reviews the next day's schedule with an eye to maximize resources.
 1. Consolidation at both locations is done in collaboration with Anesthesiology Clinical Coordinator and nursing management.
 2. The JDH OR Scheduler will check for errors by reviewing the IDX Error Log and the Nursing Intraop Patient Select List for the current and next date and will make any corrections.
 3. OR Schedule is compared with the IDX Preadmit report for the next day; discrepancies will be resolved, as appropriate.
 4. Draft schedule is submitted to charge nurse for review of procedures, coding, room assignment, surgeon requests, and equipment needs.
 4. Special needs and requests are incorporated at this time; e.g., patients with diabetes who are insulin dependent or patients with latex allergies who may be booked as first case of day; transfusion concerns; specialty equipment / implants, etc.
- Materials Management runs daily reports for both locations to check for future needs; FSC Scheduler emails FSC Materials Manager regarding specific bookings as cases are posted.
5. Close JDH schedule at 11:00 p.m.; FSC schedule remains somewhat more flexible and additional cases are worked in whenever possible.

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6. Anesthesiology Clinical Coordinator is paged to review schedule and make anesthesia staff assignments for both locations.
7. Create back-up schedule for all schedule grids for upcoming month and save to shared drive for back-up.

APPROVAL: Nursing Standards
OR Committee

EFFECTIVE DATE: 5/92

REVISION DATES: 6/92, 1/94, 9/97, 5/00, 6/03, 2/06, 2/08, 8/09