Name of Policy: **Surgical Provider Operating Room Responsibilities** **Policy Number**: 3364- 87-40 **Approving Officer**: Chief Executive Officer **Responsible Agent**: Chief of Staff **Scope**: Operating Room (OR)/Perioperative Services	UT HEALTH THE UNIVERSITY OF TOLEDO **Original effective date**: 9/1/2017
Key words:	

X☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo Medical Center (UTMC) will always strive to make the operating rooms as safe as possible and the human and material resources will be utilized as efficiently as possible. As the leader of the surgical team it is recognized that the surgical attending staff role is critical to achieving these objectives.

(B) Purpose of policy

This policy is intended to define the responsibilities of the surgeons utilizing the operating rooms at UTMC and provide guidelines and expectations for activities intended to enhance patient safety and operational efficiency.

(C) Scope

Operating Room (OR)/Perioperative Services

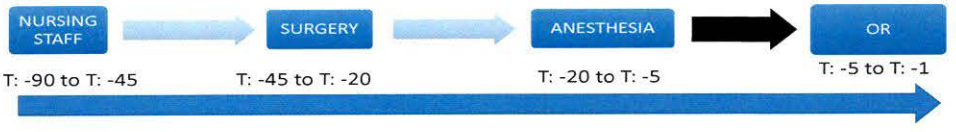
(D) Procedure

1. All OR cases need to be booked via a COMPLETE booking slip via the EMR. **NO CASES WILL BE BOOKED UNLESS ALL REQUIRED FIELDS ARE COMPLETED.**

2. It is imperative that all stakeholders in the OR work collaboratively to develop a culture based on mutual respect and a commitment to the highest levels of professionalism.

3. Each surgeon will receive an update on the status of the pre-operative documentation in the afternoon of the day preceding the scheduled surgery. It is expected that each surgeon will check their email to understand the deficiencies and implement plans for timely completion of the missing pieces of documentation.

4. To facilitate on time OR starts and improve patient safety and satisfaction, various stakeholders caring for the patient in Pre-Op Holding Area will have protected time during which they and their housestaff will interface with the patient during the 90 minute time period from admission to OR start time.



5. ALL SURGEONS ARE REQUIRED TO SEE THEIR PATIENTS IMMEDIARTELY PRIOR TO THEIR PROCEDURES TO FACILITATE COMMUNIUCATION WITH PATIENTS AND THEIR FAMILIES AND TO ENHANCE PATIENT SAFETY AS FOLLOWS:

    a. Each surgeon is expected to see their patient at between 45 minutes to 20 minutes prior to the surgery start time in compliance with the WHO Pre Surgical Check List. All required documentation (signed and dated consent, immediate pre-op note, antibiotic order form, site marking and any patient questions, etc) must be completed at least 20 minutes before scheduled OR start time. This timeline will need to be modified for patients needing nerve blocks pre-operatively in conjunction with the surgeon and the anesthesiologist involved in the case.

6. Each surgeon is required to complete all necessary documentation at least 20 minutes prior to OR start time. The documentation will be considered incomplete if any of the following has not been completed:
    a. A History and Physical exam (in compliance with regulatory statutes, Medical Staff Bylaws and Medical Staff Policy 3364-87-02) that is performed within 30 days of surgery and is dated, timed and signed by the attending physician of record.

b. An updated H&P form performed within 24 hours of surgery, or if an inpatient, a daily progress note dated within 24 hours of surgery.
c. Attestation of Consent Form.
d. Antibiotic Order Form, if needed.
e. Operative Site Marked, if required pursuant to the Universal Protocol Policy-Procedural Verification/Time-Out (Policy No. 3364-100-53-05).

7. If appropriate documentation remains incomplete less than 20 minutes before scheduled OR start time and the case is late, it will be attributed to "Surgeon Late" category.

8. If a surgeon is consistently late for a first morning case with a greater than 20% rate of "Surgeon Late" in any rolling three month period, the surgeon of record will not be able to schedule first case starts for the next three months. The surgeon's slot will be allocated to other providers at the discretion of OR leadership. The surgeon in question will be able to book cases into their block time once the first case of the day is completed. The OR Committee will monitor the surgeon's on time starts during the three months in which the surgeon is not able to schedule first case starts and if the surgeon achieves a "Surgeon Late" rate less than 20%, the OR Committee will restore first case start privileges in the following quarter.

9. Each surgeon is required to fully participate in the WHO "Time Out" Process which will include these specific elements:
    a. Confirm the patient's name, procedure, position, and site marking
    b. Confirm the name of the person who prepped the patient
    c. Confirm that there has been proper drying time for prep solution
    d. Patient allergies
    e. Anticipated critical vvents
    f. Anticipated blood loss
    g. Prophylactic antibiotics start time
    h. Antibiotic re-dosing time
    i. Patient-specific concerns
    j. Sterilization indicator confirmation
    k. Grounding pad applied
    l. DVT prophylaxis activated
    m. All needed equipment and implants available
    n. Essential imaging displayed
    o. Surgical delay time and reason for delay.
    p. No more than 3 surgical learners in the OR.
    Transplant Only
    q. ABO and Crossmatch
    r. UNOS #

10. Each surgeon or their representative is expected to participate in the WHO "Sign Out" Process, which will include these specific elements:

a. Appropriate case classification: Clean, clean contaminated, contaminated, dirty
b. List of defective equipment
c. Procedure performed for the medical record
d. Specimen review
e. Key concerns for recovery room
f. Correct counts
g. The patient will not be moved out of the OR, before the "Sign Out" has been completed

ALL TEAM MEMBERS ARE REQUIRED TO STOP *ALL AND ANY* ACTIVITY DURING THE TIME OUT PROCESS AND THE SIGN OUT PROCESS AND AGREE WITH THE COMMUNICATION THAT IS BEING SHARED. ANY DISAGREEMENT NEEDS TO BE ADDRESSED BEFORE PROCEEDING FURTHER. AN INCISION WILL NOT BE MADE BEFORE A FULL "TIME OUT" AND THE PATIENT WILL NOT LEAVE THE OR BEFORE A COMPLETE "SIGN OUT" IS COMPLETED. QUESTIONS SHOULD BE DIRECTED TO THE DIRECTOR OF SURGICAL SERVICES, CHAIR OF ANESTHESIA, CHAIR OF SURGERY, CHIEF MEDICAL OFFICER or CHIEF OF STAFF.

Approved by:	**Review/Revision Date:** 9/1/2017
Daniel Barbee, RN, BSN, MBA Chief Executive Officer - UTMC — Date: Sept 2017	
Samer Khouri, MD Chief of Staff — Date: 9-11-17	**Next Review Date:** 9/1/2020
Policies Superseded by This Policy: None	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.