


Name of Policy:	<u>Scheduling of Operating Room Cases</u>	 <p>Effective Date: 5/1/2016 Initial Effective Date: January, 1998</p>
Policy Number:	3364-124-30	
Department:	Nursing Service/Operating Room	
Approving Officer:	Nurse Manager Operating	
Responsible Agent:	Chief Nursing Officer/CNO	
Scope:	Operating Room (OR)/Perioperative Services	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

Provide a uniform practice for scheduling elective and emergent surgical procedures in the OR.

(B) Purpose of Policy

To standardize scheduling procedures for the OR.

(C) Procedure

1. Definition of Terms:

- a. **Scheduled Time:**
Time the patient enters the room. The surgeon must be on campus before the patient is taken to the room or an anesthetic is administered. The surgeon must be available to scrub when called.
- b. **Incision Start Time:**
Reflects time the incision is made or the procedure starts.
- c. **Estimated Surgical Time:**
Time the surgeon estimates the surgery will take from time of incision until the skin is closed or the invasive procedure is completed.
- d. **Finish Time:**
The incision is closed and the dressing is applied and the patient is ready for emergence from the anesthetic.
- e. **Scheduled End Time:**
Designated as the time the patient leaves the room.
- f. **Turnover Time:**
Time from the scheduled end time of one patient until the room is open and ready for another patient to enter minus down time.
- g. **Total Case Time:**
Time reflected on the OR schedule from the time the patient enters the room to the time the next patient enters the room, minus down time.
- h. **Down Time:**
A gap of time between scheduled cases.

2. Classification of Patients/Definition of Terms

All Class X and I cases will be reviewed by the OR Committee for appropriateness.

- a. Classification Definitions:
Responsibility: It will be the responsibility of the primary surgeon or his/her designee to classify each surgical case when scheduling a case for the same day.
- b. Class X Life Threatening Emergency:
Will constitute a real and immediate danger to life, limb or organ requiring immediate surgical intervention and the patient is accompanied to the OR by a member of the surgical team.
- c. Class IA Emergency:
Will constitute a real and immediate threat to life, limb or organ requiring surgical intervention within one hour. To be booked as a Class 1A, the patient must be ready for transport to the OR within one hour.
- d. Class IB Urgent - should be done within 6 hours:
Will constitute all other emergent cases which need to be done within 6 hours (example bowel obstruction).
- e. Class IC Urgent-should be done in 6-24 hours (example renal transplant)
- f. Class IIA Add on Elective:
Add on cases should be medically cleared prior to booking.
- g. Class IIB Scheduled Elective

3. Hours of Operation

- a. The Surgical Suite is available 24 hours. Scheduled operating time is based on staffing and total room availability according to surgeon/service scheduled block times.

4. Emergency Scheduling (Class X and I Cases)

- a. Scheduling emergency cases should be done through the OR Operations Supervisor, or designee, and requires notification of the Anesthesiologist in charge. If necessary, the appropriate call team will then be notified. Only in extreme, emergency cases as determined by the Emergency Medicine Attending, can the call team be called out PRIOR to the Surgeon seeing the patient. An OR team and anesthesiologist will be available at all times for emergency cases. A physician from the team caring for the patient should discuss the case with the Anesthesiology Coordinator.
- b. Emergency cases occurring during daily scheduled times take priority over scheduled elective cases. Class X and IA cases will be done in the first available room.
- c. All class X and IA cases will be discussed by the surgeon with the Anesthesiologist in charge and the OR Charge Nurse at the time of booking to determine a case start time and plan for patient needs during surgical intervention.
- d. Final decisions related to determining classification will be made by the attending surgeon in consultation with the Anesthesia attending.
- e. If at any time the condition of a patient awaiting an operative procedure deteriorates, the patient will be reclassified by the surgeon in charge in consultation with the anesthesiologist into the appropriate category and the guidelines for the new classification will apply.

- f. Emergency cases occurring during daily scheduled times that require displacement of a scheduled case will be reviewed on a monthly basis by the OR Committee. A preliminary review will be performed by a subcommittee with findings presented to the OR Committee.
- g. Transplants. Guidelines for OR availability (times are from procurement to implantation):

5. Elective Scheduling (Class IIA and IIB Cases):

- a. Scheduling elective procedures is completed by contacting the OR scheduling clerk according to the following:
 - 1) Scheduling of IIB cases for surgery is done by the surgeon's office, the surgeon, or his designee between normal business hours by calling the OR Booking Office. Cases booked by phone must be accompanied by a hard copy of the Scheduling Request form within 24 hours. Scheduling may also be completed by faxing a request to the OR. The scheduled case will be confirmed at the time of booking.
 - If a hard copy is not received within 24 hours, the scheduler will notify the clinic.
 - Surgeons should sign or initial the hard copy of the Scheduling Request form prior to it being sent to the OR.
 - 2) Tentative finalization for scheduling IIB cases for the next day is 1:00PM. No changes will be made after 3 p.m. the day before surgery unless approved by the Anesthesiology Coordinator and the Operations Supervisor or designee.
 - 3) All IC and IIA cases must be cleared prior to being scheduled in consultation with the OR Operations Supervisor and Anesthesiologist in charge.
 - 4) Scheduled cases will be limited to the surgeon's allocated block time. If the request for time would extend more than 60 minutes beyond the scheduled block time or more than 50% of the proposed case would extend beyond the scheduled block, approval must be obtained from the Operations Supervisor, or designee, and Anesthesia Coordinator, based upon availability of resources. Add on cases will be subject to the room and staffing availability as outlined in the Hours of Operation.
 - 5) If a case is not started by the end of a surgeon's allotted block time because of under booking of time estimated, or overrun of their previous cases, or the case will not be completed by 90 minutes after their block time ends, that case will go to the first available room list. If a preceding case goes over the estimated time so that a following surgeon will be delayed, the surgeon who is to follow will be notified as soon as possible and will receive priority to follow in either the original booked OR or any other OR that will become available. This case will have priority before any other Far cases are done. If the surgeon would have another case to follow, that case would go to the first available room list.
 - 6) Elective scheduling and cancellations will be accepted from the surgeon and/or his/her designee. The reason for cancellation will be given.
 - 7) Case times and order of cases will be confirmed with the clinics by 1500 on the day before scheduled cases.
- b. Access to the Surgery Schedule is available on the clinical portal in real time.
- c. Scheduling may be limited by the availability of the following equipment:
 - 1) Endoscopic/Laparoscopic/Arthroscopic Systems
 - 2) C-Arm
 - 3) Microscopes
 - 4) Instrumentation

- 5) Lasers
 - 6) Staffing issues related to case requirements
- d. It is expected that all cases will start on time and that all personnel will be prepared before the scheduled time. Except as provided for in true (Class X) emergencies, NO anesthetic will begin until the Attending Surgeon is on campus.
- e. Complete information will be required to schedule OR procedures. This information shall include patient name, MRN or social security number, operating surgeon, assisting surgeon if applicable, surgical procedures(s) to be performed, estimated surgical time, type of anesthesia, pertinent patient information, such as allergies, latex sensitivity, gross obesity, NPO status or unusual patient needs, and special equipment needs.
- f. Statistics related to surgical scheduling and operational efficiencies will be reported to and monitored by the OR Committee.

<p>Approved by:</p> <p><u>Christina Powlesland BSN, RN</u> <u>5-23-16</u> Christina Powlesland, BSN, RN. Nurse Manager Operating Room Date</p> <p><u>Monecca Smith MSN RN</u> <u>5-23-2016</u> Monecca Smith MSN, RN. Chief Nursing Officer/CNO Date</p> <p>Review: Policy & Standard Committee, 5/16 Revision completed by: Greg Shamon, MSN, RN</p>	<p>Review/Revision Date: 3/11/1998 2/13/2001 8/2001 7/2002 7/2006 7/30/2008 8/2012 5.1.2016</p>
<p>Next Review Date: 5/2019</p>	
<p>Policies Superseded by This Policy: 4-30</p>	

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