(A) Policy Statement

The following policy will be followed for scheduling procedures within the OR surgical scheduling database system.

(B) Purpose of Policy

To provide a consistent process for scheduling cases in the OR that promotes planning for and delivery of optimal care to patients.

(C) Procedure

1. Elective:
   a. Via telephone scheduling:
      ▪ The scheduler will call the OR scheduling office at 3902 between 8am and 5:00pm, Monday - Friday.
      ▪ The scheduler must have complete information at the time of scheduling, as included on the OR Scheduling Request Form.
      ▪ Upon completion of scheduling the case, the OR scheduler will give the requesting caller a confirmation number. This number should be provided to reference the case for any/all future changes and will confirm that the case is *scheduled.
   
   b. Via fax scheduling:
      ▪ The scheduling request form should be faxed to #6599 in the scheduling office.
      ▪ Upon completion of the case being *scheduled a confirmation # will be given to the requestor.

2. Add-ons - Day of Surgery:
   a. Only via telephone or submit request in writing.
      ▪ Add-on cases may be scheduled via telephone or through an OR scheduling request handed in at the OR control desk.
      ▪ Once a time has been confirmed for an add-on procedure or a location (FAR List) all scheduling information should be provided, as included in the OR Scheduling Request Form.
      ▪ The OR Operation Supervisor or designee will schedule the case in the surgical scheduling system.
      ▪ The confirmation # will be given to the requester to confirm the case is *scheduled.

3. Emergent:
   a. Emergent cases should be scheduled via telephone contact with the OR Control Desk.
   b. Complete information should be provided (as included in the OR Schedule Request Form.)
   c. The Operation Supervisor or designee will schedule the case in the surgical scheduling system.

4. Confirm scheduled case:
   a. The OR scheduler will confirm the following before providing a confirmation #:
= Patient name
= MRN
= Birthdate
= Surgeon
= Time of surgery
= Date of surgery
= Type of anesthesia
= Procedure(s)
= Special needs

*Cases should be considered “scheduled” only when a confirmation # has been provided.

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<th>Approved by:</th>
<th>Review/Revision Date:</th>
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<tr>
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Review: Policy & Standard Committee, 4/16
Revision completed by: Greg Shannon, MSN, RN.

Next Review Date: 4/2019

Policies Superseded by This Policy: 4-37

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