(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. 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 - Urgent
      Will constitute a real and immediate threat to life, limb or organ requiring urgent surgical intervention 
      but does not require immediate surgical intervention and may be delayed for further testing or medical 
      optimization. Every effort will made to get the patient to the OR as soon as possible, goal being within 
      1-3 hours. If the patient’s condition changes during this period they may be upgraded to a Class X.

   d. Class - Semi Urgent
      Will constitute all other non-elective cases which need to be done the day scheduled. 

   e. Class - Elective
      A planned non-emergent surgical procedure.

   f. Class - Add On
      A case that is put on the schedule without a pre-planned start time. See policy section 5.6.

2. Hours of Operation

   a. The Surgical Suite is available 24 hours. Scheduled operating time is based on staffing and total room 
      availability as follows:

      07:30 – 15:00 13 OR Rooms Monday – Friday
### 15:00-18:30 6 OR Rooms  Monday – Friday

<table>
<thead>
<tr>
<th>Time</th>
<th>Rooms</th>
<th>Availability</th>
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<tbody>
<tr>
<td>18:00</td>
<td>4 OR Rooms</td>
<td>Monday – Friday</td>
</tr>
<tr>
<td>20:00</td>
<td>2 OR Rooms</td>
<td>Monday – Friday</td>
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**Operating Room start time is:**
- 7:30 Monday
- 7:30 Tuesday
- 8:30 Wednesday
- 7:30 Thursday
- 7:30 Friday

Saturday and Monday holidays (excluding Christmas and New Years):
The operating room will staff at least one elective room from 8:00 a.m. to 4:00 p.m. on Saturdays and on non-federal holidays when the OR is on a designated University holiday schedule. Cases will be limited to no more than 4 hours. In addition, one room will be designated for urgent/semi-elective cases but may be delayed should the need arise. This will be at the discretion of the anesthesiologist on call and the charge nurse. An additional OR will be available for trauma/ Class X emergencies, but no cases may be scheduled in this room.

### 3. Emergency / Urgent Scheduling (Class X and IA Cases)

#### a. Scheduling emergency / urgent cases should be done through the OR charge nurse (ext. 3900). A conversation between the surgeon and anesthesiologist in charge should occur to coordinate care.

Scheduling after regular OR hours requires notification of the OR Charge Nurse and the Anesthesiologist on call. 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 in PRIOR to the Surgeon or Surgeon Designee 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.

**Call teams and hours available are:**

| Orthopedics | 1 RN and 1 ORT or RN |
| CVT         | 1 RN and 1 ORT or RN |
| Trauma / General | 1 RN and 1 ORT or RN |

**First assistants are on call as needed.**

**Call hours are as follows:**
- 3PM - 7AM Monday - Saturday
- 7AM Sunday - 7AM Monday

**Weekend Second Call Team**
- 1 RN and 1 ORT or RN will be available from 7AM-3PM Saturday

#### 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): Goal is to limit cold ischemic time to 18 hours.

4. Elective Scheduling (Elective and appropriate semi urgent cases):

a. Scheduling elective procedures is completed by contacting the OR scheduling clerk according to the following:

1) Scheduling of elective and semi urgent cases for surgery is done by the surgeon’s office, the surgeon, or his designee between 8:30AM - 4:30PM Monday - Friday 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 of the surgical schedule will occur around 12:00pm working day prior to service. No changes will be made after 5 p.m. the day before surgery unless approved by the Anesthesiology Coordinator and Operating Room management.

3) 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 Nursing Manager 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.

4) 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 add on cases are done. If the surgeon would have another case to follow, that case would go to the first available room list.

5) No SDA or OP surgeries (except for medical need) should be scheduled in the add-on list. Every effort should be made to schedule elective cases with a confirmed date and time making use of a surgeon’s block time. If an elective case must be placed on the add-on list because of patient or surgeon need, that case must be limited to a case length of 3 hours and the surgeon must be available at any time that there is an opening in the surgery schedule.
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) Camera Systems
   2) C-Arm
   3) Microscopes
   4) Instrumentation
   5) Arthroscopes
   6) Cystoscopes
   7) Lasers
   8) 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, birthdate, diagnosis, 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, 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 O.R. Committee.

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**Approved by:**

Daniel Barbee, RN, BSN, MBA
Interim CEO - UTMC

Thomas Schwann, MD
Chief of Staff

**Review/Revision Date:**

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2/1/2017

**Next Review Date:** 2/1/2020

**Policies Superseded by This Policy:** 4-30; 3364-124-30 Scheduling of OR Cases

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