Name of Policy:	<u>**Surgical Scheduling Process**</u>	**THE UNIVERSITY OF TOLEDO MEDICAL CENTER**
Policy Number:	3364-124-37	
Department:	Nursing Service/Operating Room	
Approving Officer:	Director Surgical Services	
Responsible Agent:	Chief Nursing Officer	**Effective Date: 12/1/2022**
Scope:	Operating Room (OR)/Perioperative Services	Initial Effective Date: November, 1998

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

(A)   Policy Statement

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

(B)   Purpose of Policy

To provide a consistent process for scheduling procedures that promotes planning for and delivery of optimal care to patients.

(C)   Procedure

1. Elective:
   a. Via telephone scheduling:
      - The scheduler will call the scheduling office at #3902 between 8am and 4:30pm, Monday - Friday.
      - The scheduler must have complete information at the time of scheduling.
      - Scheduler will enter information into Electronic Medical Record (EMR).

   b. Via fax scheduling:
      - The scheduling request form should be faxed to #6599 in the scheduling office.
      - Message sent via EMR to schedulers to schedule.

2. Add-ons - Day of Surgery:
   - Add-on cases may be scheduled via telephone or written 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 have already been provided to the requestor.
   - The OR Operation Supervisor or designee will schedule the case in the surgical scheduling system.
   - The confirmation number will be given to the requester to confirm the case is scheduled. Cases are considered scheduled only after a confirmation number is provided.

3. Emergent:
   a. Emergent cases should be scheduled via telephone or in person with the OR Control Desk.
   b. Complete information should be provided and entered by attending, resident or designee.
   c. The Operation Supervisor or designee will schedule the case in the surgical scheduling system.

4. Confirming scheduled case:
   a. The scheduler will confirm the following information before providing a confirmation number to the requestor:
      - 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.

Approved by:		Review/Revision Date: 7/02 7/05 7/29/2008 8/2012 2.1.2016 8/1/2019 12/1/2022
/s/ Michelle Mallette, MSN, RN, CNOR Director Surgical Services	Date	
/s/ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer	Date	
Review: Policy & Standard Committee, 8/19, 12/22 Revision completed by: Ronni Zona, RN, BSN, CNOR		**Next Review Date:** 12/2025
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.