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Policy Statement:

To describe the procedure of scheduling surgical cases and to support efficient, effective coordination of resources to provide surgery.

Definitions: *(Definitions of acronyms or specialized terminology)*

Add-On Cases: Cases received after 11:00 a.m. the business day prior to surgery.

Add-On Cases Approval Path: In consultation with the Medical Director(s) of Surgical Services, approval of add on cases may be granted by OR Charge RN > OR Manager > OR Director > OR Senior Director. If Approval is not granted, surgeon requesting add on case may escalate to Anesthesia Division Chief or Chief Physician Officer.

Block Time: The routine, reserved time set apart for specific surgeons or group of surgeons to schedule cases. This time is exempt from Open OR scheduling until the time of "block release" or "Block Reclaim."

Block Time Open: OR time available to schedule surgical cases based on appropriate resource availability as determined by Scheduling Department. Cases are prioritized in the order received and not to exceed available Open Block Time.

Block Time Reclaimed: Any surgical block time not scheduled with surgical cases will be made available as Open OR Block Time based on a tiered system. Blocks with utilization of 75% or greater the previous quarter, release 2 business days prior to date of surgery. Blocks with utilization less than 75%, release one week prior to the date of surgery. This excludes Cardiovascular, Ortho Trauma and Acute General Surgery Blocks. Reclaimed blocks count against the surgeon's utilization statistics.

Block Time Released: Assigned block time that is voluntarily given up due as notified by surgeon. Voluntarily released time does not count against the surgeon's utilization statistics.

Elective Cases: Intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

Emergent Cases: Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

Group Blocks: Groups who agree to manage and fill block time by negotiating and allocating block time among themselves.

OR Governance Group: Providing retrospective review of urgent/emergent cases, compliance of insurance authorization and feedback to physicians. Group will meet on a monthly basis and

is comprised of the OR Manager, OR Business Manager, OR Director, OR Senior Director and Medical Director(s) of Surgical Services.

Schedule Closure: The OR schedule closes at 11:00 a.m. the business day prior to surgery. Cases added after closure must fit Urgent or Emergent criteria and are subject real-time review by OR Leadership.

Scheduled Cases: Cases that are scheduled through the Surgery Schedulers according to the instructions (below). Cases will be scheduled into the surgeon's available block time whenever possible. Routine elective cases will not be scheduled with an out of room time beyond the end of block time.

Urgent Cases: Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, or those conditions that may threaten the survival of limb or organ. Within hours of decision to operate.

Instructions:

Types of cases, shown below, will be scheduled in the following manner:

1. **Elective Case Scheduling:**
    a. Elective Case Requests may be submitted to the Scheduling Office up to 11 AM business day prior to the scheduled surgery date (schedule closure) with the following criteria being met: physician supplied Approved Prior Authorization, available supplies and instrumentation. All case requests received after 11:00 a.m. the business day prior to surgery will be routed directly to the OR Charge RN for triage per #3 Add On Scheduling Policy.

        - Approved Prior Authorization # for Hospital Facility Charges required to schedule a case within 14 days of surgery. Case must be scheduled for Prior Auth valid date range. Pending Prior Auth is not permissible to schedule an elective case within 14 days of surgery.
        - Procedures that do not require a Prior Authorization # are specifically labeled so by physician office, so case can be scheduled.
        - Retroactive review of Prior Auth compliance to be completed by OR Governance Group.
        - Tracking of Prior Auth compliance completed by Patient Access Services.

    b. All cases will be scheduled with a specific case duration time. Turnover times are automatically added between cases by the EMR.

    c. Changes to elective case order (confirmation) are to be received by 11:00 AM the business day prior to the scheduled surgery. Case order change requests received after 11:00 AM will be reviewed on a case by case basis by the OR Charge RN and accommodated depending on necessity and resource availability.

    d. No elective surgeries will be scheduled into a block with an end time after 1730. Exceptions must be cleared by the OR Manager or designee.

e. Central Sterile Instructions:
   - Some case types require additional lead time to acquire needed supplies and equipment from out of the area. Such cases are subject to delay or cancellation in the event that supplies and equipment are not obtained by 11:00 AM the business day prior to surgery.

2. **Emergent and Urgent Case Scheduling:** The first available and appropriate suite will be utilized for emergent cases. If there is not an appropriate suite available, the OR Charge Nurse will consult with the anesthesiologist and surgeons regarding the necessity to "bump". It is the responsibility of the surgeon with the emergent/urgent case to communicate with the surgeon being "bumped." In general, the surgeons will bump their specialty first, but first available room is the priority. The final decision for bumping cases rests with the OR Manager or the OR Charge RN.

3. **Add-on Cases:** Cases received after 11:00 AM the business day prior to surgery or day of surgery are considered Add-on Cases. Add-on Case requests are directed to the OR Charge RN and are accepted based on patient acuity and resource availability. In adding on cases, the surgeon should communicate any supply and equipment needs.

   - Elective Add-On cases requested after 11:00 AM the business day prior to surgery are not permitted as they do not permit time to properly authorize the procedure, provide financial counseling to the patient, locate necessary supplies, or prepare patients for surgery.

   - If special instrumentation is necessary, it is the Physician, or Physician's office, responsibility to contact the Vendor Rep to arrange for that instrumentation.

   - Add-on cases will be assigned to start as resources (e.g. room, staff, instruments, etc.) become available. Add-on cases will be given an estimated start time by the Charge Nurse or Supervisor who is running the schedule. Add-on cases will be given priority based on acuity (as determined by the surgeon) and the order in which they were scheduled. If conflict arises based on add-on order related to acuity the individual surgeons involved will need to resolve the dispute (e.g. surgeon to surgeon conversation). If surgeon dispute not resolved in timely manner, dispute elevated to the Medical Director(s) of Surgical Services. There is no guarantee as to the start time of any procedure designated as an add-on.

4. **Rescheduling, cancellations or changes to a surgery:** are to be normally done only by the surgeon or designated office staff. In the event that a surgeon, anesthesiologist or patient is unavailable and cannot be reached through all reasonable means a case can be cancelled or rescheduled at the discretion of the OR Manager or designee.

5. Final authority for scheduling cases rests with the Operating Room Manager, who must consider the following factors when reviewing the overall schedule:

   - Number of cases and hours of surgery scheduled

- Number of anesthesia staff available
- Availability of nursing personnel
- Equipment and instrument constraints
- Number of operating rooms available
- Disposition of patient after surgery