Rhode Island Hospital Surgical Services, Perioperative Services Policy and Procedure Manual	**Subject:** Scheduling of Surgical Procedures	**File Under:** Section V Protocols/Standards
Issuing Department: Perioperative Services		**Latest Revision Date:** 9/07, 1/08, 7/09
Original Policy Date: 7/73	**Page 1 of 5**	**Approvals:** William Cioffi, MD Surgeon in Chief Richard Browning, MD Chairman of Anesthesia Diane Skorupski, RN, MS, CNOR, NE-BC Director or Perioperative Services

I. Purpose:

To ensure surgical procedures are scheduled in an accurate and efficient manner to address the needs of both the physician and the patient.

To provide a means of determining availability of Operating room facilities, staff and equipment for elective, urgent, and emergent procedures.

II. Policy:

Scheduling surgical time is allotted in block segments by surgeon or service. All surgical procedures will be scheduled into allocated block times. Cases, which exceed the available block time, must be placed on-call.

The OR Control Clerks and Booking Secretary are responsible to ensure the standards and procedures for scheduling surgeries and procedures are followed. These standards must follow HIPPA guidelines for patient confidentiality and promote patient and physician satisfaction.

III. Procedures

A. Physician Responsibility

1. Physician's office will submit the approved booking slip to the booking office (Faxed copies are acceptable) or Via WEB LINKS
2. Registrations for outpatients are to be completed by the booking office for patients scheduled after 4pm for the following day.
3. All physicians' privileges must be approved by Dr. William Cioffi, Surgeon in Chief and the Medical Staffing Office.
4. Cases to be done on the following day that are booked after 4pm for the Davol/Hasbro shall be placed on-call. A message must be left with the Booking Office informing of the added case.
5. Cases requiring a date change for future schedules will be adjusted accordingly.
    a. Surgeon Offices' must fax a booking slip indicating the date change to the Booking Office. A strike must be made through the original date - followed by the new date, the initials of the individual making the change and the time.
    b. Date changes on off shifts, evenings and weekends must be changed in I-Path Scheduler. Verbal date changes will be accepted when requested by the booking surgeon.
6. The Booking Office must be informed of the rescheduled case.
    a. All changes including date changes made to the schedule must be communicated to the Booking Office.
7. All information must be typed out. Booking office must contact the physician office if the information is unclear.
8. Verbal/written bookings are only acceptable at the main desks for on-call and emergency cases documented on the 'RIH Add-On Surgical Booking Sheet'.
9. The booking slip must be completed in its entirety and will be returned for missing information (esp. insurance information, DOB, Pre-op diagnosis and Pre-op diagnosis code)
10. Booking slips sent with unacceptable abbreviations will not be scheduled and will be faxed back to physicians' office requesting a new booking slip with proper notation.
11. All special equipment, instrument and/or supply request must be documented and clearly communicated in a timely manner to insure availability and to avoid conflicts with other surgical cases
12. Physician must assure the patient is medically ready for surgery (Lab work, X-Ray, Scans, etc.)
13. Physician must available for the scheduled surgical time.

B. Scheduling Cases

1. Booking Secretary and OR Control Clerks must review booking slips for accuracy, clarity and appropriate information.

- Patients Name (Last, First, Middle)
- DOB
- Procedure with laterality
- Name of Surgeon
- Date and time of request
- Patient phone # and emergency contact
- Type of admission (inpatient, outpatient, observation, SDA, emergency)
- ICD codes and pre-op diagnosis
- Insurance information
- Specific equipments needs
- Precautions/Infection alert
- Latex allergies, language barrier, iodine allergies, etc.
- Bariatric Patients

2. Booking secretary will review booking to determine if requested time and date are within pre-approved block time for physician and/or service and encourage physician to book in his or her block time versus open times.
3. Upon review of booking slip and verification that booking is accurate and acceptable, booking secretary will adhere the following steps:

<u>Patient Registration - Invision</u>

a. For all surgical cases and procedures where the patient will arrive the same day of case (outpatient, same day admission, observation), Booking Secretary will access the Invision to begin registration process.
b. Booking Secretary will adhere to EAD Policy for identifying patients in Invision and will either select the patient if already in system or create new record in system.
c. Booking secretary will create an OT record for the patient in Invision completing the necessary fields required for the completion of the registration process. These fields include Name , address, DOB social security #,sex, marital status
    i. Quick Registration – OT – on the *weekend* will be created by the admitting staff in Pedi-Imaging.

<u>Scheduling Procedure – CPM</u>

b. The Booking Secretary must access the surgical system (CPM) to locate patient in the system to begin the process of scheduling patient for surgery.

   If patient is already within hospital (admitted through ER, Cath Lab, patient floors) and registered within the system at time of scheduling, the Booking Secretary can begin process at point of scheduling patient's procedure.

4. Reserved Cases may be booked by doctor's offices provided appropriate block times are available.

a. Booking Secretaries may also place reserved cases "on-call."
b. For **all** reserved cases there will be a 24 hour window for doctor's office to confirm reserved times. Any cases not confirmed with in the allotted 24 hours will be removed from the schedule after notification for booking secretary.
c. At the end of each day, Booking Secretaries must be responsible for confirming or canceling reserved cases in which the 24 hours time limit will expire.

C. Downtime Scheduling

1. In the event, the hospital Invision system is down, cases will be booked in the following manner:
   a. Surgical cases/procedures that are to be performed within the next 24 hours will be booked in the surgical system in what is called "on-call" status. Once Invision is operational, the patient can be registered and the "on-call" status can be removed. If the patient is already in-house, the patient will most likely be in the surgical system and the case can be booked normally.
   b. Surgical cases/procedures that are to be performed greater than 24 hours in the future, the registration and booking will be held until the system is operational. If the system is not operational within 24 hours prior to case/procedure, the case will be booked as described in (a.)
   c. For surgical cases/procedures that are to be performed less than 72 hours in advance, the booking sheet will be faxed over to the Business Office.

2. In the event the surgical system is down, cases will be booked in the following manner:
   a. Booking secretary must complete the Invision registration process.
   b. Booking slip will be held until the surgical system is operational.
   c. If the case is to occur within the next 24 hours and the surgical system is down, the Booking Secretary will notify the Surgical Coordinator and/or Clinical Manager for the area and relay the case information.

3. In the event both the surgical system and Invision are down, cases must be booked in the following manner.
   a. Booking sheets for cases/procedures scheduled more than 24 hours in advance must be held until systems are operational.
   b. Booking sheets for cases/procedures less than 72 hours in advance must be faxed over to the Business Office.
   c. For cases/procedures less than 24 hours in advance, the booking office must notify the Surgical Coordinator and/or Clinical Manager of the case/procedure and fax them the booking sheet.

4. In the event the interface (unable to link patient's information from Invision to cpm) is down, cases will be booked in the following manner This is a situation that can be resolved by call the help desk : This is not an interface issue it is a lock that needs to be dealt with asap
    a. Booking secretary will complete registration process in Invision
    b. For cases/procedures more than 24 hours in advance, booking secretary will hold booking slip until system is operational and then book case/procedure in surgical system. If interface remains down within 24 hours of case/procedure, booking secretary, follow procedure in 4 (c).
    c. For cases/procedures less than 24 hours in advance, booking secretary must book case/procedure in "on-call" status until the interface is operational and must remove "on-call" status from case/procedure.