

# POLICY

## Scheduling of Cases for Surgery

This Policy is Applicable to the following sites:

SH GR Hospitals

**Applicability Limited to:** Surgical Services, Ambulatory

**Reference #:** 13133

**Version #:** 3

**Effective Date:** 09/21/2017

**Functional Area:** Clinical Operations

**Department Area:** Surgical Services

### 1. Purpose

To ensure equitable scheduling practices and to optimize resource utilization while delivering safe and exceptional value to surgical services patients.

### 2. Definitions

- **Class 1 Emergency:** cases where the patient requires immediate rapid transfer into the Operating Room (OR). All Class 1 Emergency cases (including pediatric patients) are performed in the Meijer Heart Center (MHC) OR or Butterworth (BW) OR.
- **Class 2 Emergency:** cases that need to occur within two to four (2-4) hours where a delay of greater than four (4) hours may result in significant risk to life, limb, or organ.
- **Class 3 Urgent:** cases that need to occur within six to eight (6-8) hours where a delay of up to eight (8) hours will not result in risk to life, limb, or organ. An urgent case can also be a case that needs to be done for the expediency of the hospital (e.g. the length of stay will be inappropriately extended).
- **Class 4 Urgent:** cases that need to occur within eight to twenty-four (8-24) hours where delay of up to twenty-four (24) hours will not result in risk to life, limb, or organ. An urgent case can also be a case that needs to be done for the expediency of the hospital (e.g. the length of stay will be inappropriately extended).
- **Add-on:** cases that are requested after the schedule has been closed. These cases are prioritized based on acuity of patient, time available, length of procedure, availability of resources, and consideration of outpatient/inpatient status.
- **Elective:** cases that are requested to be performed in the future up to 180 days in advance of the service date. The master schedule is composed of elective, non-urgent cases. Elective cases are procedures that do not fit the criteria for urgent or emergency classifications.
- **In Room Time:** the total time from the time the patient enters the operating room until the patient departs the operating room.
- **Procedure Time:** the total time from surgery start to surgery stop.
- **Turnover Time:** the time between the departure of one patient from the OR until the arrival of the next patient into the OR.

- Scheduled Start Time: the time the patient is scheduled to enter the operating room (patient in room time).
- First Come First Serve (FC/FS): unblocked open time that is available for elective case scheduling.
- Added Case Room: an operating room for urgent cases that is held open until the elective schedule closes.
- Surgeon: Attending Physician

### 3. Responsibilities

Anesthesiologist, Surgeon, Registered Nurse, Surgery Scheduler

### 4. Policy

#### A. Operating Room Availability Monday - Friday

##### 1. Hospital Operating Rooms

- a) Butterworth assigns dedicated rooms for Class 1 Emergency (1), Orthopedic Trauma (1), Spine Trauma (1), and Acute Care Surgery (1).
- b) Blodgett, Meijer Heart Center (MHC), and Helen DeVos Children's Hospital (HDVCH) operating rooms are available for elective case scheduling. The schedule is adjusted to accommodate Class 1 Emergency cases as needed. HDVCH holds one (1) room for 1.5 hours in the AM, and each afternoon as an added case room.

##### 2. Ambulatory Surgery Center (ASC) Operating Rooms

- a) Lake Drive and South Health Pavilion Ambulatory Surgery Center (ASC) operating rooms are available for elective and first come/first serve (FCFS) scheduling.
- b) Emergency and Urgent cases are not performed at ASC sites.

#### B. Elective Operating Room Start Times Monday - Friday

1. The schedule for elective cases in all operating rooms begins between 7:15 AM and 8:30 AM
2. The schedule for elective procedures will end at 15:30 to 17:00 for Blodgett, Butterworth and Children's with the exception of three rooms closing at 15:30 daily at Butterworth and Meijer Heart Center.
3. The schedule for elective procedures will end at 15:30 to 17:00 for Lake Drive and South Health Pavilion. Exceptions for different end times may be made at the request of the surgeon with the approval of the ASC Site Manager.

#### C. Block start and end times will be consistent with operating room start and end time. There will be morning and afternoon blocks each weekday.

1. Morning AM blocks will start at between 07:15 and 8:30, and will end time at 12:30
2. Afternoon PM blocks will start at 12:30, and will end between 15:30 and 17:00

D. Scheduling of an Elective Case

1. Requests for surgery must be submitted on the scheduling request form (x10301). Forms must be sent to the Surgical Services scheduling department.
  - a) Requests must be typed or printed for accuracy and clarity with no abbreviations on the form.
  - b) The scheduling request form must be complete in order to book the case. To rectify incomplete scheduling request forms; a surgery Scheduler will contact the office, requesting corrections be submitted on an Amended Operative/Surgical Procedure Scheduling Request (x205196) in order to complete the scheduling request.
  - c) Changes to a case that is already scheduled must be submitted on an Amended Operative/Surgical Procedure Scheduling Request (x205196)
2. Assignment of Procedure, Setup, and Cleanup Time
  - a) Requesting offices may submit a suggested procedure incision to close time on the boarding slip form.
  - b) Scheduled procedure time will be assigned by Spectrum Health using surgeon and procedure specific historical data, total in room time; including setup and clean up time. When there is a noticeable difference between the requested time and the historical averages, Spectrum Health surgery schedulers will contact the requesting office to clarify.
3. Assignment of Case Order
  - a) Case order is assigned by Spectrum Health Surgery Scheduling, taking into account resources, equipment, supplies, and staff. If after the case is scheduled the case order is changed, Spectrum Health Surgery Scheduling will notify the requesting office. If at any time the requestor disputes the case order, they may contact Surgical Services Service Line Supervisor or Site Manager.
  - b) If offices or surgeons have specific case order preferences, they must note the preferred order on the scheduling request forms.
  - c) If an office finds it clinically necessary to change their case order after cases have already been scheduled, they can send one Amended Scheduling form to list the case order for all the cases on that day of surgery. These requests should be made no later than 48 hours prior to the day of surgery. Surgery Scheduling will collaborate with the Site Manager or designee to provide the optimal solution that minimizes patient inconvenience.
4. Scheduling into Block Time

Scheduling forms received with the 'In Block' box checked will be scheduled into Group Block Time based on the specific requests noted on the form such as site, start time, case order, and availability of requested equipment.
5. Scheduling into Open or First Come / First Served Time

Scheduling forms received with the 'Out of Block' box checked will be sorted by site, date, service line; order received, and will be scheduled in that order. These cases will be scheduled into unblocked time on the schedule until the open time is filled. It may not be possible to accommodate all FC/FS requests for a given date or time, so alternative dates or times will be suggested.

6. Closing of the Elective Schedule

- a) Scheduling of cases for the next day will close at 15:30 at all Spectrum Health surgical sites (Blodgett, Butterworth, Meijer Heart Center, Helen DeVos Children's, Lake Drive and South Pavilion Ambulatory Surgery Centers on Monday through Friday.
- b) Scheduling requests received after 15:30 will be sent to the site specific surgery Charge Desks for review by Surgical Services site and Anesthesia leadership.

7. Scheduling of Add-On Cases

- a) Add-On cases are scheduled by the Charge Nurse or his/her designee.
- b) Next day scheduling requests for inpatients may be received either via fax, verbally, over the phone, or in person. Next Day AM Admits or Outpatients need to be scheduled via the Scheduling Request form.
- c) When an Add-On case is requested, the surgeon must define the case acuity: Class I Emergency, Class II Emergency, Class III Urgent, Class IV Urgent, or Non-Urgent. A resident or APP may submit the scheduling request and case acuity information, but the surgeon must call and confirm the procedure and acuity.
- d) Management of 'day of surgery' schedule, including the scheduling of Add-On cases will be done based on descending priority. Only after Charge Nurse, Charge Anesthesiologist, and Physicians agree upon the estimated start time will the case be added to the schedule.
- e) Add-On's in the Ambulatory Surgery Centers are scheduled by the Charge Nurse or Site Manager using a scheduling request form. Charge Nurse will confirm the availability of the OR room, anesthesia, staff, and scheduled time of surgery.

8. Weekend/Holiday Scheduling

- a) Weekend/holiday cases will be treated as added cases. Saturday cases will be scheduled after the schedule closes on Friday at 15:30.
- b) Elective cases will not routinely be scheduled to occur on weekends and holidays. Exceptions must be approved by the Surgical Services Clinical Director or Medical Director and/or their designee.
- c) The order of cases will be coordinated jointly by the First Call Anesthesiologist and Charge Nurse utilizing the previously identified case classifications.
- d) In Butterworth OR: When the decision is made to open the last staffed room, i.e., urgency of patient's condition dictates that it can't wait, staff for another OR will be called to come immediately. When there are more than six (6) hours of cases booked in the first OR, a second OR will be opened.
- e) In Butterworth OR, one room is designated for Orthopedic Trauma on the weekend from 07:30 – 17:00.

9. Surgical Site Special Considerations

- a. Patient age (Appendix A); will determine which surgical sites are appropriate for scheduling the procedure. If a patient falls outside established guidelines the leadership team including the Anesthesiologist, Surgical Services Medical Director, and Nursing Directors/Nurse Managers will approve placement of case.
- b. Body Mass Index (BMI) – Anesthesiology Department will be contacted to qualify patients for procedures to be done at the Ambulatory Surgical Centers based on BMI values.
- c. Patients with known Tuberculosis History will not be scheduled at the Ambulatory Surgical Centers

10. If the appropriateness of a case scheduling request is in doubt, the case may be referred to DEC by the Surgical Services Medical Director.

E. Scheduling of Urgent/Emergent Cases – must be classified (I-IV) in order to be triaged into the OR schedule

1. Emergent, Class 1: Life threatening conditions requiring immediate transfer into the operating room. Class 1 cases take precedence over all less classified cases. Examples include but are not limited to:

- o Rupturing AAA
- o Multiple gunshot wounds
- o Multiple trauma that is life threatening
- o Massive hemorrhage from but not limited to;
  - ruptured spleen
  - fractures
  - intra-abdominal injury
  - post-partum-hemorrhage
  - post-op bleed
  - emergency open heart
  - pelvic hemorrhage

a) The process for handling Class 1 cases will be:

- i. Physician requesting emergent surgery calls BW OR Charge RN (616.267.5804) and states “This is a Class 1 Emergency: patient name, or ED number, DOB if known, and procedure”.
- ii. Charge RN will forward the call to the 1<sup>st</sup> Float/1<sup>st</sup> Call Anesthesiologist at (616.267.4834) for communication with Surgeon.
- iii. Patient will be brought to operating room directly without stopping at intake by the surgeon or designee and transferring staff to the Trauma Room.
- iv. During evenings and nights, these cases will require the on-call team if on duty staff are performing other emergency cases. One team of staff in Butterworth OR must always be on site and available for trauma. Decision as to whether an on-call team should be brought in will be made by the First Call Anesthesiologist, Charge Nurse, and involved Surgeons, based on the length of time before a room and team will be available and the emergency status of the patient.
- v. Review and Appeal – All Class 1 patients will be reviewed routinely. In addition, if a case is bumped to accommodate an emergency and if the bumped surgeon, charge nurse, or anesthesiologist feels that the bump was not justified, he/she can appeal to the OR Committee.

2. Class 2 – Emergency: Life or limb threatening condition requiring surgery as soon as possible, but not “immediate”: - typically within two to four (2-4) hours. Examples included but not limited to:
  - Acute appendicitis
  - Intestinal obstruction with impending rupture
  - Penetrating trauma with “stable” patient
  - Ruptured globe
  - Airway foreign body with no impairment to breathing
  - Open fractures
  - Compartment syndrome
  - Testicular torsion
  - Perforated Viscus
  - a) Surgeons scheduling these cases will declare the emergency classification of the surgery, explain the circumstances, and document the classification in the patient’s chart.
  - b) During weekday scheduled surgery hours, these cases must be worked into the urgent/emergent schedule. During evenings, nights, and weekends, a call team may be called in at the discretion of the Charge Anesthesiologist and Charge Nurse if surgeries are queued up for the team or teams working at the time. If all available teams are working, Class 2 cases will take the next available team/room. Cases that must be done prior to a room opening up can bump a scheduled case if the well-being of the patient would be endangered by delay. The displaced surgeon cannot refuse to be bumped, but the Charge Desk will give first priority to rescheduling the bumped case. The surgeon or provider (requesting anesthesia for a procedure outside surgery) that will be bumping another case will be expected to contact the surgeon immediately being bumped. The Trauma Surgeon on call will make the final decision regarding case priorities when there is a dispute between surgeons.
  - c) Review and Appeal – Cases booked the day of surgery will be scheduled through the Charge Desk and documented. A record will be kept of OR times offered and refused, along with the reason for the refusal. As with Class 1 patients, if a bumped surgeon, charge nurse, or anesthesiologist feels that the bump was not justified he/she can appeal to the OR Committee.
  
3. Class 3 – Urgent: Non-life threatening emergencies that none the less need to be done within the next Six to eight (6-8) hours. Examples included but not limited to:
  - Intestinal Obstruction “getting worse”
  - Wound abscess
  - Herniated disc with neurological changes
  - Malfunctioning VP shunt
  - Many fractures, at judgment of surgeon
  - Dilatation and Curettage
  - a) During weekday scheduled surgery hours, attempts will be made to work these cases into the urgent-emergent schedule. On the evening shift, pre-established staff levels will determine the number of operating rooms available. All available operating rooms will be used to finish these cases rather than allowing them to “stack up”.
  - b) Review and Appeal – Cases booked the day of surgery will be scheduled through the Charge Desk. A record will be kept of OR times offered and refused, along with the reason for the refusal. The Surgeon, Charge Nurse, or Charge Anesthesiologist may request retrospective review.
  
4. Class 4 – Urgent: Patient referrals or patients admitted to the hospital requiring surgical intervention within eight (8) and forty eight (48) hours. Examples included but not limited to:
  - Hip fracture

- Vascular insufficiency
  - Cholecystitis
  - Post-Partum Sterilization
- a) Cases booked the day of surgery or after the schedule closes must be booked through the Charge Desk. A time will be assigned, when possible, depending on the classification of the urgency, the need for medical clearance, test results, etc. A time that is offered the same day can be refused by the surgeon if it conflicts with already scheduled plans such as other procedures and office hours. If time is offered the following day, it is expected that the surgeon will make every effort to reschedule other activities.
  - b) Review and Appeal – A record will be kept of OR times offered and refused, along with the reason for the refusal. The Surgeon, Charge Nurse, or Charge Anesthesiologist may request retrospective review.
5. The above Emergency/Urgent classifications are guidelines for determining acuity when scheduling add-on cases. Surgeons may modify or escalate the Emergency/Urgent classification for a case based on patient specific criteria. These cases will be reviewed retrospectively by the OR Committee.

#### Revisions

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

Policies Superseded and Replaced: This policy supersedes and replaces the following policies as of the effective date of this policy: CPOL-SUR-D0173-PERI.

## 5. Policy Development and Approval

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Appendix A

**Pediatric Specific Scheduling in SHGR locations:**

HDVCH-can schedule elective, outpatient surgeries up to age 21 based on patient or surgeon preference and/or operating room availability. AM Admits or those patients needing to stay in the hospital overnight for observation can be scheduled up to, but not including, age 18. Exceptions are made, with approval, for patients up to age 21 based on medical needs of the patient or completion of a treatment plan. The iMRI at HDVCH is available any patient requiring that technology, regardless of age.

Infants born <37 weeks and who are <60weeks Post Conceptual Age at the time of their procedure should be planned “overnight admission” after general or regional anesthesia. Exceptions can be made based on the infant’s response to anesthesia and recovery at the discretion of the anesthesiologist.

Butterworth-can schedule elective, outpatient surgeries starting at 16 years of age based on patient/parent or surgeon preference and/or operating room availability. Some patients less than 16 years of age will be scheduled at BW due to resource constraints such as robotics, lithotripsy, and kidney transplantation. Pediatric nurses will support patients less than 16 years of age at BW in the OR and the patient will be admitted to HDVCH post-op.

Blodgett-can schedule elective, outpatient surgeries starting at 13 years of age based on patient/parent or surgeon preference and/or operating room availability. Patients must weigh 40kg or be reviewed by the anesthesiologist in charge prior to scheduling. Pediatric cases at Blodgett should be scheduled at least 3 days in advance and be booked as first case of the day, prior to noon. Patients should be informed that if they require admission post-op they may be transferred to HDVCH. Patients 17 years of age or older may be admitted as an AM admit as long as the existing policy is followed and it is documented in the chart that the family understands and gives consent.

Ambulatory Surgical Centers (Lake Drive and South Pavilion)-can schedule elective, outpatient surgeries on patients that are at least 6 months old, following the ASC guidelines for scheduling patients. If the patient requires a procedure involving the airway, then patients 3 years old and older may be scheduled at an ASC.