POLICY TITLE: Scheduling of Operating Rooms

POLICY: St Luke’s scheduling process is designed to facilitate communication of information across disciplines to provide for patient safety and room utilization. St Luke’s achieves this thru the use of open time, block time, and urgent/emergent room availability.

DEFINITIONS:
- Scheduled Start Times: Posted start times throughout the day are the times the patient is scheduled to enter the operating room.
- Urgent: Any procedure that needs to be done within 24-hours of booking (NPO guidelines followed).
- Emergent: Potential loss of life, limb or vision is anticipated within 4 hours (NPO guidelines not followed).
- Phantom Scheduling: Use of a fictitious name to book a fictitious case with the intent of holding operating room time open.
- Department Stakeholders: Any person, committee, or group identified by the department director as a resource in making scheduling and block decisions. This may include (but is not limited to): Anesthesia, Block Committee, OR leadership, Surgical Supervisory Committee, and/or OR Professional Relations Committee.
- Automatic Release: The time at which a block designated for a specific provider or group of providers is made available to all surgeons to book in to. If a block is set to “no automatic release” the block time is reserved for the specified surgeon/group until 1800 the day prior to the block.

PROCEDURES:

I. Elective Scheduling of Operating Rooms – All Sites
A. Case scheduling is based on five guiding principles: quality of care, safety, access to OR time, maximizing OR efficiency and minimizing patient delays. Operating privileges are the responsibility of the physician and must be appropriate for the scheduled surgery/procedure.
B. The surgeon will be present in the Operating Room Department prior to induction of general anesthesia. The Charge Nurse will communicate any delays in start time to the surgeon and assistant (when known) as far in advance as possible.
C. During the elective day, the Charge Nurse, in coordination with Anesthesia, will attempt to move cases as necessary to maintain optimum efficiency of the schedule and reduce delays.
D. When a significant gap in the daily/weekly elective surgery schedule occurs, the Manager or designee will attempt to contact the physician’s office to determine if their case can be moved forward to fill the gap. If they are unable to move their case, the gap remains open booking.

The information contained in this document is for the purpose of providing guidance in the care of patients. It does not replace or preclude the use of clinical judgment and may not be applicable to all areas of the hospital, physician offices or system affiliates. Selected portions of reference materials may have been used in the development of this document.
time, which may be made available to any surgeon with a procedure that will reasonably fit into the time slot. (For Boise and Meridian OR’s, see also section VI, A of this policy.)

E. Surgeons are not permitted to double book or overlay cases in the OR, or between campuses/sites/hospitals. Phantom scheduling is not permitted. Except in situations of a patient transfer, trauma, or emergency, patients may not be scheduled for surgery prior to examination and evaluation leading to an appropriate surgical booking.

F. Except in situations of a patient transfer, trauma, or emergency, cases will not be booked without the following information: patient name, patient date of birth or social security number, and procedure.

G. Surgeons on the “Red Tag” list will not be permitted to schedule a case, change a scheduled case, or perform a surgical procedure until they have been cleared from the “Red Tag” list.

H. Actions surrounding any delays greater than 30 minutes in the daily surgery schedule, for any reason, may result in the cancellation or re-scheduling of that case. The Charge Nurse and Anesthesiologist on call will discuss circumstances and pertinent information. Considerations impacting the decision will include, but are not limited to, patient status, room availability, staffing requirements, etc. High priority will be given to avoiding negative impact on previously scheduled cases.

I. The length of time for which a surgical procedure is booked will be automatically calculated based upon the historical average for the case and individual surgeon when available. Time may be adjusted less or greater than the calculated average in special circumstances when approved by the Director or designee.

J. Emergency Cases (life or limb):
   1. The surgeon determines that a case is an emergency.
   2. The patient must be seen by the surgeon prior to scheduling the procedure with the operating room or it has to have been determined and documented that it is a life or limb emergency.
   3. Emergency cases will go to the urgent/emergent room (Boise Campus) or move into the first available room. All other circumstances being equal, emergencies will first bump cases from their own service. An emergency procedure may bump an urgent/electrically scheduled procedure.
   4. The surgeon scheduling the emergency will communicate directly to the affected physician when there is a delay in his/her procedure.
   5. A scheduled case that is bumped will go at the earliest time available without causing delay to another physician, and follow department scheduling guidelines and hours of operation. The surgery charge person or designee will inform the surgeon of the projected start time for the bumped case.
   6. If there are two emergencies at the same time, see campus specific policy regarding two procedures that must go at the same time.
   7. Extremes in age will be given consideration based on condition of patient at the time.
   8. The appropriate Section Chief will retrospectively review questions regarding the appropriateness of an emergency case, and if necessary may be referred to the Chief of Surgery for review.

II. Block Scheduling – All Sites

A. The respective Surgical Services Director/Manager will review block requests, with input from the Surgical Services Administrator, Anesthesia Director, and/or Block Committee. Decisions to grant or deny block are based on the hospital’s mission, strategic plan and consideration of relevant factors, including:
   1. Availability of the requested time
   2. Requestor’s current case volume and/or utilization of open time
3. Availability of supplies and equipment
4. Potential impact on post-operative care units
5. Seniority of request

B. Block Request Forms are available from the Director/Managers of the following sites: Boise, Meridian, and Elks. Requests for block at the St Luke's Surgery Center and River Street should be made in person to the Director/Manager for the site. Requestor will receive written notification of the Committee's decision from the Director or designee of their respective Surgical Service. Copies of all requests and notifications are kept on file in the department.

C. Blocks may be assigned to specialty groups, individual surgeons or offices based upon utilization. Specialty groups may decide to schedule by the specialty group, by individual or by partners. The granting of group blocks will be dependent on the group's ability to designate a specific person to manage the block schedule; including the ability to approve the timely release of portions, or all, of the block time when not being utilized. Blocks of varying duration, e.g., eight, ten hours, etc., may be assigned. Full day blocks are assigned consistent with normal hours of operation. Partial day blocks may be assigned per the discretion of the director, manager, block committee, or designee as appropriate. The duration of the block must coincide with the surgeon's ability to utilize the block on a consistent basis. Cases scheduled outside of block time are not included in block time utilization.

D. Surgeons and/or surgeon's offices are to provide written notification to the scheduling desk as far in advance as possible when block will not be used due to vacation plans, professional meetings or other non-use of block time.

E. The block scheduling system will be monitored and reviewed at least quarterly by Department Management and/or the block committee. If utilization is consistently below target, Department Management will review the individual block, with input from other stakeholders; and, if deemed appropriate, the block will be reduced or withdrawn. Withdrawal of block time may be appealed to OR Management and/or the appropriate campus' block committee in Boise and Meridian.

III. Holiday Scheduling – Boise and Meridian

A. On the following observed holidays, only urgent and emergent cases will be scheduled, and will follow the policies set forth above:
   1. Memorial Day
   2. Independence Day (July 4th)
   3. Labor Day

B. On the following observed holidays, only emergent cases will be scheduled, and will follow the policies set forth above:
   1. Thanksgiving Day
   2. Christmas Day
   3. New Years Day

IV. Scheduling of Operating Rooms – Boise Campus

A. All general operating rooms are scheduled to start at 0730; cases must be in the OR suite by 0730, with the exception of the third Wednesday of each month which will be delayed by 1 hour. Cases will not be scheduled prior to 0930 on the third Tuesday of February per the direction of the Medical Staff office for their mandatory annual meeting. Every attempt will be made to complete elective cases by 1900.

B. Consecutive cases are scheduled on a to-follow basis with an appropriate turnover time added to the length of time required to do the surgery.
C. To schedule procedures:
   1. Elective procedures: Call the scheduling desk at 381-2613 between 0800 and 1800 Monday through Friday.
   2. Urgent/Emergent and/or same-day add on procedures: Call the Operating Room Charge Nurse at 381-2617 from 0700 to 1800 Monday through Friday.
   3. After hours scheduling from 1800 to 0800 Monday through Friday and weekends:
      a. Call the OR Charge Nurse at 381-2617
      b. The charge nurse will secure appropriate information regarding the case
      c. The charge nurse will communicate with Anesthesia to coordinate anesthesia coverage between the CVOR, L&D and the Main OR.
      d. To add on an elective case for the next day’s schedule, call the OR Charge Nurse at 381-2617. They will select best-estimated time availability and the AM Charge Nurse will confirm with the physician the morning of surgery.

D. If a start time for an elective procedure is requested prior to 0730, the surgeon must negotiate that with the on-call anesthesiologist and the Operating Room Charge Nurse or Supervisor.

E. One room will be reserved for urgent/emergent cases as defined above from 0730 to 2300, Monday through Friday. Cases in this room cannot be booked prior to 0800 the previous day and must meet above criteria. Booking is done through the OR Scheduling office (381-2613) on a first come, first served basis from 0800 to 1800 on the previous day (Monday thru Friday), and through the OR Charge Nurse (381-2617) thereafter. Emergent cases may bump previously scheduled urgent cases based on patient medical status. This will be determined thru physician collaboration and will follow the process outlined in Section I letter H of this policy. There is no guaranteed start time for the urgent room.

F. In the event that anesthesia coverage is required outside of prearranged times in other departments for urgent/emergent procedures, the procedure will be scheduled with the OR charge nurse and anesthesiologist on call based on available time in the OR. Exceptions to this must be approved by the OR Manager or Supervisor. Schedule on weekdays (Monday through Friday) is determined by the block schedule and available open time. The charge nurse will keep anesthesia appraised of rooms running late and urgent/emergent add-ons.

G. Saturday Scheduling:
   1. Up to 4 operating rooms may be staffed by Anesthesia and hospital staff on Saturdays from 0730 to 1500: 1 elective room in the Main OR, 1 open (non-scheduled) room in the Main OR for urgent/emergent cases, 1 room in CVOR (staff on call), and 1 room in L&D (staff on call). Utilization of a third room in the Main OR between 0700 and 1500 will be based on OR staffing and the discretion of the attending anesthesiologist. After-hours weekend Scheduling in the Main OR:
      a. Saturday from 1500 to 2300
         1 urgent/emergent room staffed plus on-call crew for emergencies (life or limb)
      b. Saturday from 2300 to 0730 Sunday
         1 emergent room staffed plus on-call crew for emergencies (life or limb)
      c. Sunday from 0730 to 2300
         1 urgent/emergent room staffed plus on-call crew for emergencies (life or limb)
      d. Sunday from 2300 to 0730 Monday
         1 emergent room staffed plus on-call crew for emergencies (life or limb)
      Total joint and laser cases need to have prior approval from OR Management.

V. Scheduling of Operating Rooms – Surgery/OB Meridian Campus

A. All general operating rooms are scheduled to start at 0730, except on Wednesdays, when all cases, including OB, will start at 0800. Cases will not be scheduled prior to 0930 on the third Tuesday of February per the direction of the Medical Staff office for their mandatory annual
meeting. Elective cases are scheduled Monday through Friday and every attempt will be made to complete elective cases by 1900.

B. Consecutive cases are scheduled on a to-follow basis with an appropriate turnover time added to the length of time required to do the surgery.

C. To schedule procedures:
   1. Elective procedures: Call scheduling desk at 706-2154 from 0800 to 1800 Monday through Friday
   2. Urgent or Emergency procedures: Call Meridian Operating Room at extension 706-2161 from 0630 to 2100 Monday through Friday.
   3. After 2100 and on weekends: Call the Administrative Supervisor at 706-3302 for emergency procedures. He/she will secure information regarding the case from the surgeon. For urgent add-ons, the Administrative Supervisor may take the booking information and schedule the procedure into the urgent room on a first come first serve bases.

D. Weekend scheduled procedures are limited to Urgent Cases on both Saturday and Sunday from 0800 to 1500, and limited to emergent cases only after 1500. The urgent/emergent room may only be scheduled after 1800 the night before by calling the OR charge nurse.

E. In the event two emergent procedures must be done at the same time, with neither case able “to-follow”; the surgeons will collaborate the transfer of the most appropriate patient to the downtown campus.

F. In the event the OR is not available for an emergency procedure, patient will be transferred to the downtown campus.

VI. General & Block Scheduling Guidelines – Boise and Meridian Campus

A. Excluding 0730 cases, starts in open rooms may be delayed by up to 1 hour to accommodate earlier starting cases. If a surgeon chooses to take a time other than the first case start time, or the “to follow” time, they may be bumped by up to 1 hour to accommodate another case.

   Example: Dr X books a case at 0830, rather than the available 0730 start. Dr Y calls to book a 2 hour case starting at 0730. The only available time is from 0730-0830 in front of Dr X’s case. Another example would be that the currently scheduled case ends at 1130, but Dr X does not want to start until 1300. Dr Y wants to schedule a case and is available any time. Dr Y would be allowed to book his case with the following caveats:

   ▪ Dr Y can not book less than 2 days in advance, allowing Dr X time to rearrange his/her schedule.

   ▪ Dr X is given first right of refusal, meaning the surgery scheduler will contact Dr X’s office to see if they would like to move their case to the earlier time. If Dr X has not responded to scheduling with the ok to move his/her case to the earlier slot within 2 hours, Dr Y will be allowed to schedule into that spot and Dr X will be delayed.

B. Block Scheduling

   1. Surgeons with 0730 case start times are requested to be checked in, with H&P and Site Marking complete, by 0720. A surgery will be considered a “late start” if the patient is not in the room by 0735. For all late starts OR personnel will track the reason for the delay. If the surgeon is found to be the cause of the late start more than 25% of the time during a quarter, the surgeon will receive notification that they are being placed on probation for the following month. Progressive action, up to and including the elimination of block and/or inability to book 0730 starts, will be taken if the surgeon fails to decrease their late arrivals to less than 25%. Actions will be directed by the OR block committee, OR management, and/or medical staff representation.
2. The automatic release date and the date used for utilization calculations will be the same and will be based on specialty service lines as laid out below. Unused time that is not released prior to the release date below will be included in the available block time when calculating utilization and will be converted to open booking time. A surgeon/group may request no automatic release time if utilization in the previous quarter was 85% or greater. It will be the expectation of the OR, as well as surgeon peers, that surgeons will release time they do not plan to use as early as possible. Release times may be adjusted from the schedule below based on request from surgeon/group, but approval from the block committee will be required, and approval will be granted on a probationary period.

<table>
<thead>
<tr>
<th>Release Time</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>No release</td>
<td>Surgeons maintaining 85% utilization (see below)</td>
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<tr>
<td>2 days</td>
<td>Vascular</td>
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<td>3 days</td>
<td>Thoracic</td>
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<td>Neurosurgery</td>
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<td>Spine</td>
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<td>General</td>
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<td></td>
<td>Pediatric General</td>
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<td>7 days</td>
<td>General ortho</td>
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<td>Plastics</td>
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<td></td>
<td>Dental</td>
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3. For all surgeons, utilization expectations and consequences are as follows:
   a. 75% utilization is needed to maintain allocated block
   b. 60-74% utilization will result in a reduction of ¼ current block time
   c. 50-59% utilization will result in a reduction of ½ of current block time
   d. <50% lose block
   e. Surgeons will receive information at least quarterly regarding their block utilization and potential adjustments based on utilization data. Surgeons falling below 75% utilization in the quarter will receive a warning letter stating that he/she will be on probation for the following 3 months. If increased utilization has not resulted by the end of the probationary quarter, OR leadership and/or block committee representatives will work with the surgeon to adjust the block based on the surgeon’s needs and the expectations and consequences outlined above.
   f. If a surgeon releases greater than 25% of their block during any quarter, that time may be included as unused available time when computing utilization, unless leave of absence is approved in advance by OR leadership and/or block committee.
g. If a surgeon is found to not be effectively utilizing or releasing his/her time, the Block Committee and OR management reserve the right to impose restrictions as they see fit.

4. For surgeons granted no automatic release time, if utilization for 1 quarter falls below 85%:
   a. A warning letter will be sent informing them that they are on probation for 3 months.
   b. If utilization fails to remain above 85% during any of those months, they will be reverted back to the specialty service line releases laid out in the above table.
   c. If a surgeon loses the privilege of “no release”, he/she may request a “no release” time again after they have maintained 85% or greater utilization for one quarter.
   d. If a surgeon is granted “no release” for the second time, the same rules and procedures apply. However, if a surgeon fails to maintain 85% utilization during the second granting of no release, they may not request “no release” privileges for 1 year.

5. Surgeons may release all or a portion of their block. If releasing only a portion, time may be released at the beginning and/or end, but not in the middle of the block (due to software restrictions).

6. Surgeons have the right to appeal all block guidelines, changes, reductions, and eliminations in writing to the block committee for their review and consideration.

| RELATED DOCUMENTS: | Attachment 1: Elks |
|                  | Attachment 2: River Street Surgery Center |
|                  | Attachment 3: St. Luke’s Surgery Center |
|                  | Attachment 4: CVOR and Labor and Delivery |

AUTHORIZED BY: ___________________________  ___________________________
Vice President, Patient Care Services/CNO  Date

Effective Date: | Page 7 of 12
I. Scheduling of Operating Rooms
   A. Operating rooms are scheduled from 0730 to 1730 Monday thru Wednesday. Thursday hours are 0730 to 1800, and Friday is 0730-1630. Rooms will close at 1530 on the 2nd Wednesday of each month for facility staff meetings.
   B. To schedule surgical procedures, call the surgery center at 489-4279 from 0600 to 1630 Monday thru Friday.
   C. There will be no surgeries scheduled on weekends or holidays.

II. Block Scheduling
   A. Block time is assigned upon surgeon request.
   B. Block time release is expected a minimum of 2 weeks prior for planned out of office days. Unscheduled block time is automatically released 24 hours prior to the start of the block, with the exception of hand surgeons, with urgent case type that often require next-day surgery.
   C. Block utilization is expected to be 75% to maintain priority. Should another request come for this block and utilization falls below the threshold, discussion will commence with MAC council/Medical Director for adjustments to accommodate request.
Attachment 2: Orthopedic Surgery Center – River Street

I. Scheduling of Operating Rooms – Orthopedic Surgery Center – River Street
   A. Hours of operation: 0730 start times with 1715 completion target.
   B. All surgical procedures will be scheduled by the OR scheduler.
   C. The scheduler will be familiar with surgical procedures and the equipment availability via the AdvantX software system.
   D. The scheduler will obtain the following information when scheduling a procedure:
      1. Date and time of procedure
      2. Name, date of birth and phone number of patient
      3. Operating surgeon, and assistant if any
      4. Procedures to be performed
      5. Any special equipment or supply requirements
      6. Diagnosis
      7. Method of payment, responsible party name, address, phone
   E. The scheduler will assure appropriate time is available for all scheduled procedures.
   F. The scheduler will enter all data into the scheduling system.
   G. The scheduler will notify the Manager/designee of any special needs via the Special Order Log.
   H. The scheduler will print (to the OR printer), preference cards for same-day add cases and notify the OR of new case.
   I. The scheduler will post pertinent information on the main Communication Board regarding same-day add cases.

II. Block Scheduling
   A. Block is available on a first come/first serve basis.
   B. Utilization must sustain 60% or greater to prevent loss of block to another requesting surgeon.
   C. Block utilization is reviewed by the Medical Director quarterly and discussed at the Operations Council as needed.
   D. Block release time is set by each surgeon based on her/his practice.
   E. Block not released 2 weeks prior is calculated against block utilization as it is not available for advance scheduling by other Orthopedists.
Attachment 3: St Luke’s Surgery Center

I. Scheduling of Operating Rooms—St. Luke’s Surgery Center

A. Hours of Operation: Tuesday-Friday, 6am-6pm.

B. SLSC staffs 2 Operating Rooms with anesthesiologists from 730-1600 Tuesday-Friday; a third operating room may be scheduled for procedures requiring anesthesia on a request basis only needing approval from the Medical Director and Manager of SLSC.

C. SLSC is closed all major holidays and will appropriately move procedures to the Main OR on holiday eves if caseload is 3 or less.

D. Cases will not be scheduled prior to 0930 on the third Tuesday of February per the direction of the Medical Staff office for their mandatory annual meeting.

E. Booking is handled through the OR Scheduling office (381-2613).

F. Add-ons are considered during hours of operation depending upon current volume, availability of staff and anesthesiology, NPO status of patient and surgeon availability.

II. Block Scheduling

A. Block release time is 7 full days. Block time on an intermittent basis will be considered by the manager and medical director to accommodate surgeon scheduling needs.
I. Scheduling of Operating Rooms – CVOR

A. All operating rooms are scheduled to start at 0730; cases must be in the OR suite by 0730, with the exception of the third Wednesday of each month which will be delayed by 1 hour. Cases will not be scheduled prior to 0930 on the third Tuesday of February per the direction of the Medical Staff office for their mandatory annual meeting. Every attempt will be made to complete elective cases by 1500 in 3 rooms with the 4th room completed by 1700.

B. To schedule procedures:
   1. Elective procedures: Call the scheduling desk at 381-2613 between 0800 and 1800 Monday through Friday.
   2. Urgent/Emergent and/or add on procedures: Call the CV Surgery Charge Nurse at 381-2305 from 0600 to 1500 Monday through Friday.
   3. After hours scheduling from 1500 to 0600 Monday through Friday and weekends:
      a. Call the House Supervisor at 381-1400.
      b. The House Supervisor will secure appropriate information regarding the case and notify the appropriate people
      c. The House Supervisor will communicate with Anesthesia to coordinate anesthesia coverage between the CV Surgery, L&D and the Main OR.
      d. To add on an elective case for the next day’s schedule, call the House Supervisor at 381-1400. They will select best-estimated time availability and the CV Charge Nurse will confirm with the physician the morning of surgery.

C. If a start time for an elective procedure is requested prior to 0730, the surgeon must negotiate that with the on-call anesthesiologist and the CV Charge Nurse.

D. Saturday Scheduling:
   a. One room is open for scheduling on Saturday. Cases will be booked starting at 0730 and then on a ‘to follow’ basis.
   b. Cases scheduled after 1500 Friday for Saturday need a call to the House Supervisor 381-1400 so that the call crew can be notified of the Saturday case and the scheduled start time.
   c. Other Saturday scheduling guidelines are included in this policy under section IV, F.

E. Monday Scheduling:
   a. EV01 and CV02 are reserved for Vascular cases. Vascular cases may not be booked in to CV03 or CV04 without permission from the CVOR Manager.

II. Scheduling of Operating Rooms – L & D Boise

A. Cesarean sections appear on the Main OR schedule for anesthesia coverage. However, they are scheduled in the Labor and Delivery department, unless negotiated with the operating room and anesthesia to be done in the main OR. Cesarean sections are scheduled for weekdays as follows: Monday: 2 at 0730, 1 at 0930, 1 at 1200, 1 at 1400, 1 at 1600; Tuesday/Wednesday/Friday: 1 at 0730, 1 at 0930, 1 between 1200-1300, 1 add-on before 1630; Thursday: 1 at 0730, 1 at 0930, 1 at 1200, 1 at 1400, 1 at 1630.

B. 2 cesarean sections may be scheduled on Saturday between 0730 and 1530, and are scheduled through L & D.

C. Saturday scheduling guidelines are included in this policy under section IV, F.

D. No cesarean sections are scheduled on Sundays or holidays.

E. Urgent and emergent cesarean sections will be done at the needed time.

III. Scheduling of Operating Rooms – L & D Meridian
A. Cesarean sections are scheduled and done in Labor and Delivery unless otherwise negotiated with the OR.
1. Cesarean sections are scheduled for weekdays 0730 to 1500 by calling 706-3160 (except on Wednesdays when all cases start at 0800). A two hour turn around time is required between scheduled cases.
2. Labor and Delivery will coordinate cesarean sections so that daily no more than four (4) procedures (inductions/C-sections) are scheduled.
3. Urgent and emergent cesarean sections will be done at the needed time by paging the CRNA @ 887-0663 and the anesthesiologist on call.