TULANE UNIVERSITY HOSPITAL & CLINIC
Administrative or Medical Staff Policies & Procedures Manual

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Effective Date: January 2009
Date: March 1, 2007/August 2008
Originating Dept./Committee: OR Committee

TITLE: Operating Room Rules and Regulations

PURPOSE:

To establish procedures and guidelines for Perioperative Services

POLICY:

It is the policy of Tulane Medical Center to assure reasonable and timely surgery capacity where emergencies receive the highest priority. It is the goal of the Perioperative Services Department to provide customer satisfaction, by incorporating a system for the efficient use of personnel, time and equipment resources. In addition, variable access based on utilization which adjusts to demand patterns will be provided.

PROCEDURES:

1. Start time (time posted on master schedule) is the time the patient is to be in the OR and induction of anesthesia starting. In room time will be 7:15am. All key personnel are required to be present at this time. Nursing personnel are completing room set up; anesthesia personnel are starting induction; attending physician is physically on the premises on campus and must be immediately available.

2. ***The surgical resident or attending physician must be present in the OR room at the time of induction.***

3. First cases will be scheduled to start at 7:15 a.m. Monday-Friday, exception start time on Wednesday will be 8:00 a.m.

4. For pediatric cases (12 years and under), the surgery and anesthesia attending must be present prior to transporting the patient to the OR.

5. If no contact with operating surgeon has been established by 7:45 (8:30am on Wednesdays), patient will be returned to OR holding.

6. The surgeon should notify the operating room when he/she arrives on campus/premises. The Charge Nurse will notify the Nursing and Anesthesia team when contact has been made with the Surgeon.

7. The attending physicians are responsible for the preoperative, intra-operative and post-operative care.

8. Turnover time is measured from patient exit to the next patient entrance.

I. SURGERY Hours of Operation

Surgery Hours of Operation - Downtown		
Number of Rooms	**Days of the week**	**Hours**
12	Monday - Friday.	7:00 a.m. to 3:00 p.m.
1 U/E	Monday - Friday	7:00 a.m. to 3:00 p.m..
		24 Hours **
6	Monday - Friday	3:00 p.m. to 5:00 p.m.
4	Monday - Friday	5:00 p.m. to 7:00 p.m.
1	Monday - Friday	7:00 p.m. to 11:00 p.m.
1	Monday - Friday	11:00 p.m. to 7:00 a.m.
1 U/E	Saturday - Sunday	On call*

*Access limited to urgent/emergent cases
**Staffed by call personnel – see NOTE below.

NOTE:
1. Two call rooms will be staffed Saturday, Sunday and Holidays, from 7a – 7p. One call room will be staffed from 7p – 7a.
2. On call response to hospital is 30 minutes and goal is to set-up as soon as possible after arrival.

Surgery Hours of Operation-Lakeside		
Number of Rooms	**Days of the week**	**Hours**
6	Monday - Friday.	7:00 a.m. to 3:30 p.m.
1 U/E	Saturday - Sunday	On Call*
2 OB	Monday - Friday	7:00 a.m. to 11:00p.m.
1 OB	Monday - Friday	11:00 p.m. to 7:00 a.m.
1 OB U/E	Monday - Friday	On call*
1 OB	Saturday - Sunday	7:00 a.m. to 7:00 a.m.
1 OB U/E	Saturday - Sunday	On call*

NOTE:
1. One call room will be staffed Saturday, Sunday and Holidays, from 7a – 7a.
2. On call response to hospital is 30 minutes and goal is to set-up as soon as possible after arrival.

II. OUTSIDE LOCATION – ANESTHESIA Hours of Operation

Anesthesia Outside Location Coverage Plan		
Location	**Days of the week**	**Hours**
1 location	Monday – Friday	7:00 a.m. to 3:00 p.m.

NOTE: There will be one Anesthesia team (MD and Resident/CRNA) dedicated to an outside location. The outside procedures will be scheduled into a single designated area through the OR Scheduling process and booked as first come first serve within that room.

III. Pre-Operative Preparation

1. Preoperative evaluation must be completed within 5 days but no more than 30 days prior to the day of surgery.

2. Laboratory, Medicine/Cardiology consultations and NPO status are to be consistent with "Tulane Preoperative Evaluation Guidelines".

3. Chart Documentation
   a. P*atients scheduled within 4 business days of the day of surgery must complete the pre-admission process and chart documentation by 10am the day prior to surgery. Surgical cases may be removed from the surgery schedule when preoperative evaluation and chart documentation is incomplete.*

4. All patients scheduled for elective surgery must have a completed chart 4 business days prior to the day of surgery. Complete chart includes:
   a. Labs
   b. Physician Orders
   c. Applicable Consents (Surgical, Anesthesia, Blood, Video, Observers)
   d. History & Physical
   e. Applicable Preoperative Consults

5. All chart documents must be received by the Chart Manager in PreAdmit testing within established timeline. The Chart Manager, or designee, will notify all surgeons when complete preoperative evaluation and chart documentation is not consistent with these rules.

6. Surgeon and Anesthesiologist will be notified of any abnormal test results

within 4 days prior to surgery. If case booked within 4 days of the day of surgery, the Surgeon and Anesthesiologist will be notified by 10am prior to the day of surgery. The surgeon may determine the need to postpone elective surgery. The anesthesiologist may delay the elective surgery after discussion with and obtaining consent from the surgeon.

7. If a patient who lives outside the metropolitan area is not able to complete the anesthesia interview in person, the interview may be conducted over the telephone. Arrangements for this interview will be made by the hospital.

8. Incomplete chart documents may be reviewed monthly by the "Tulane Operating Room Committee" for possible further action.

IV. CASE SCHEDULING

A. Scheduling Process

1. The scheduling office is open Monday through Friday, 800 – 1700.
2. Elective cases for the next day may be scheduled until 12 noon, provided time is available during hours of operation.
3. All cases scheduled after 12 noon, prior to the day of surgery, will be considered add-ons for block schedule purposes.
4. After 12 noon, the Scheduling Office may accept add-on cases for the next day based on an availability of access and appropriate staffing. Add-on cases will be taken in the order that they are booked. Exceptions will be made for pediatric cases 12 years of age or under, which will take priority.
5. Emergent and urgent cases will be scheduled according to the protocol.

B. Elective Cases

a. Cases which can be electively scheduled in the future.

1. All cases, block and non-block, will have case times assigned at the time the case is scheduled, based on historical data.

C. **Urgent and Emergent Cases** (any emergent, priority, or urgent procedure must have a Clinical Justification form completed and submitted for monthly utilization review by the OR Committee)

a. Priority Class A Emergencies:

Life, limb or organ threatening conditions requiring immediate attention

1. Take precedence over any other case

2. Performed in the first available operating room (will bump pre-scheduled cases during regular hours)
3. Requires the on call team during off hours.

b. Urgent Class B Emergencies:
Emergencies that are not life threatening but may lead to severe complications if surgery is not performed within 8 hours of classification.
1. Time posted will be noted on the schedule board. All Class B emergencies that have waited 8 hours will be reclassified as Class A emergencies.
2. During evening, nights and weekends, delays greater than 4 hours require activation of the next call team.

c. Class C Emergencies:
Cases which are not life threatening, but which may lead to complications if surgery is not performed within 24 hours.
1. Class C cases are to be worked into the existing urgent/emergent schedule or performed during evening hours.
2. The cases will be queued, based on the time posted. Time posted will be noted when case information is received.

V. Day of Surgery Management

Daily add-ons will be managed through day of surgery schedule management.

VI. End of Day Management

The Operating Room will run the necessary number of rooms in the afternoon to complete the cases scheduled for that day.

VII. Emergent Surgical Procedure and Displacement Protocol:

a. Class A emergencies bump pre-scheduled cases, first room available. If more than one room is between cases, overall schedule impact will be the primary consideration. Efforts will be made to avoid bumping.
   i. Pediatric patients
   ii. Surgeons with the most hours of scheduled surgery remaining
   iii. Outpatients

b. The decision of which case to bump will be the responsibility of the Anesthesia Board Runner and OR Clinical Manager/Designee.

c. If a surgeon needs to displace another surgeon, a Clinical justification form will be completed and submitted for utilization review on a monthly basis by the OR Committee.

d. The patient displaced from the surgery schedule will be given priority for rescheduling.

VIII. Block Scheduling Plan

a. Block allocation will not exceed 70% of the total surgical time between 7:00 a.m. and 3:00 p.m.
b. Two blocks per room per day for blocked rooms allocated in the following units:
    i. 7:15 a.m. to 12:00 p.m.
    ii. 12:00 p.m. to 3:00 p.m.
c. Requests from surgeons for block time will be based on surgeon time utilized during the most recent quarter.
d. Determination of maximum block eligibility will be calculated by adding 20% (allocation for turnover) to the average weekly surgical time.
e. Addition of cases beyond a surgeons/service block is subject to availability of FCFS.
f. **FCFS is available to every surgeon. The FCFS block will be used if the service block is full or there is no service block available for the requesting surgeon on a particular day.**
g. Surgeons will not be charged for unused time if scheduling is notified at least 30 days in advance that the block will not be used (i.e. vacations, meeting).
h. Unscheduled block time will be automatically released based on the block release plan; calculation will exclude weekends and holidays.
i. If requests exceed the block time available, the following formula will determine first priority. The highest priority number will receive first choice.
    i. Total surgery hours + total cases per month + total years of seniority = priority number
    ii. Service blocks will be determined by adding the sum of the physicians' total surgery hours, total cases and average of total years of seniority.
j. Surgeons are required to fully utilize their service block before scheduling into FCFS time in order to give access to surgeons without block.
k. Service block time is managed by the individual service. If there is no service policy, it will be assigned as first come first serve within that service.

IX. Block Utilization Review Criteria

a. Block utilization reports will be prepared monthly and reviewed by the Perioperative Management Sub-Committee quarterly.
b. Block utilization will be determined by calculating the sum of total surgical hours plus turnover time for each case within the period of the time allocated to the block.
c. The sum is divided by the total amount of time allotted minus any time that was released with 30 days notice.
d. Credit toward block will not be considered for cases added after block has been released.

e. A utilization of 80% must be achieved over a three-month period in order for a surgeon or surgeon group to maintain the block.
f. Blocks below the 80% utilization for the preceding quarter will be on probationary status for the next quarter. All blocks 10% or more below the 80% utilization will be reduced, eliminated or moved to the afternoon, depending on circumstances.

X. Late Surgeons

a. If a surgeon is late, by the above definition, more than three times in any one calendar month, then that surgeon will not be given a 0715 or 0800 on Wednesdays, start time for the next calendar month
b. When a scheduled case is delayed at the request of a surgeon every effort will be made to accommodate a new mutually beneficial start time.
c. A case delayed by a surgeon will not be allowed to interfere with the start time of another scheduled case.
d. If the late start results from the tardiness of an Anesthesiologist, it will be documented and brought to the Chairman and reported back to the Tulane Perioperative Executive Committee.
e. Delays for first case starts will be reported to the Tulane Periopreative Executive Committee for review and any appropriate action.

XI. Scheduling Practices

a. Scheduling cases into open time will be on a first come first serve basis (FCFS).
b. FCFS is available to every surgeon. The FCFS block will be used if the service block is full or there is no service block available for the requesting surgeon on a particular day.
c. Elective cases will be placed on the schedule according to the surgery and anesthesia hours of operation.
d. Released service block time will be converted to PRN time for open booking, until the one week automatic release point whereupon it will become available to other services.
e. Any add-on will be managed through Day of Surgery Schedule Management.
f. The OR commits to provide appropriate personnel and resources to meet the needs of all scheduled elective procedures. Any deviation from this practice will be presented to the Tulane Perioperative Executive Committee.
g. Alternatives for outside locations in the event a requested time is unavailable. The Department of Anesthesiology will be contacted to discuss potential for accommodation of an additional slot.

XII. SCHEDULE ADMINISTRATION

Schedule Coordination

a. The responsibility for running of the daily schedule is delegated by the Perioperative Management Sub-Committee to the Anesthesia Board Runner and OR Clinical Manager/Designee.
b. The OR desk is responsible for notifying the surgeon of any anticipated delay.
c. Delays will be classified according to the standardized delay codes in Meditech. The delay code will be entered at the time the patient enters the OR and will be determined by the surgical team (Surgeon, Anesthesia and Nursing).

XIII. Block Scheduling Grid

Block Scheduling Grid will be reviewed quarterly and updated based on monthly utilization report.

XIV. BLOCK RELEASE PLAN

Surgical Service	Release Time Prior to Surgery			
	2 Weeks*	1 Week*	2 Days**	
CV			X	
CV-PEDS			X	
General		X		
Neurosurgery		X		
Ophthalmology		X		
Orthopedics		X		
Otolaryngology		X		
TP			X	
Urology		X		

* Time is calculated from the block start
**Time is calculated from the block start counting by business days

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Clinical Justification Form
Operating Room

Check the following as:
[ ] Priority Class A Emergency – life, limb or organ threatening conditions requiring immediate attention

[ ] Urgent Class B Emergency – not life threatening but may lead to severe complications if surgery is not performed within 8 hours of classification.

[ ] Class C Emergency – not life threatening, but may lead to complications if surgery is not performed within 24 hours

Individual completing this form must notify the on-call in-house anesthesia person for preop of patient.

Surgeon: ____________________ Procedure: ______________________________

Requested Time: ________________ Surgeon Availability: ______________________

SPECIAL NEEDS FOR THIS PROCEDURE:: ______________________________

____

____

COMMENTS: (Supervisor/Charge Nurse and/or Anesthesiologist) ________________

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______________________ ______________________ ______________________
Supervisor/Charge Nurse Anesthesiologist Surgeon

NOTE:
Clinical Justification forms will be submitted for monthly utilization review by the OR Committee.
Refer to Operating Rules and Regulations located on the Tulane Intranet for additional information.

Patient ID

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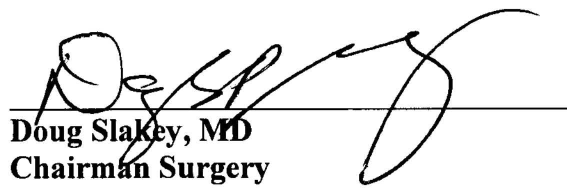
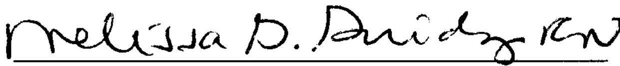


Doug Slakey, MD
Chairman Surgery



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