Operating Room Rules and Regulations

Developed By: Program Leader/ OR Patient care Manager

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Preamble

The Operating Room (OR) Rules and Regulations are developed to ensure effective management of day-to-day operations in the OR. These rules and regulations will facilitate an appropriate patient access to the OR, efficient usage of OR resources and a clear decision making process to support effective communication among all the OR users.

The OR Executive Committee monitors utilization, compliance, enforces consequences And adjusts the OR elective schedule as required to ensure optimal use of resources. All decisions will align with the hospital Vision, Mission and Values, strategic direction as well as community needs. All resources are acknowledged as assets of the organization and will be allocated accordingly.

The Department of Anesthesia and Patient Care Managers, will make every reasonable effort to provide coverage for the schedule including sick time coverage. Operating Rooms cannot be closed without the approval of the OR Executive Committee.

Operating Room Coverage

The OR elective block schedule manages both elective and urgent cases Monday through Friday between the hours of 0800 - 1530

Block times are as follows:

- Full day block - 0800-1530 hours
- Morning block - 0800-1145 hours
- Afternoon block - 1200-1530 hours

In addition to the elective schedule, provision is made to cover ORs beyond 1530h, to accommodate late running rooms and accomplish emergency cases, as follows:

- 3 ORs until 1700 hours

- 1 OR from 1700 - 2300
- on-call from 2300 - 0730 hours

Weekends/Statutory Holidays

On Saturdays and Sundays, the OR is staffed for emergency cases only, as follows:

- Scheduled Hours (priority 1, 2 & 3 cases) - 0800 - 2300 hours
- On-Call (priority 1 & 2 cases only) - 2300 - 0730 hours

The PACU is staffed in a similar format with the scheduled shift covering 0800-2400 plus on call for priority 1 and 2 cases after 2400.

Holiday Closures

March Break, summer and Christmas closures will be based on the decision by the OR Executive Committee taking into account yearly operational budgets, and the need to ensure staff has vacation during prime time request periods.

Rules for the Elective Block Schedule

- All OR blocks are assigned to a surgeon, by surgical service.
- Block utilization is reviewed monthly by the OR Executive and modifications are made as required to ensure the target of 85% utilization by surgeons is maintained. Surgeons who have continuous block utilization under 85% across two quarterly periods will have their block allocation adjusted. Reinstatement will be considered by the OR Executive Committee at the request of the surgeon after demonstration of the ability to maintain 85% utilization across two (2) consecutive quarters.
- It is the responsibility of the surgeon's office to ensure that all elective cases are booked within their allocated block time using PICIS remote booking
- Cases requiring an extended block will be considered on a case-by-case basis by the Patient Care Manager in consultation with the Chief of Surgery and the Chief of Anesthesia. It is required that notice of one month or more is provided for consideration.
- New procedures requiring additional costs/resources need to be approved by the OR Executive Committee on a case-by-case basis. Surgeons are required to complete a "Procedures Requiring Additional Resources" form (Appendix A) and submit to the OR Patient Care Manager prior to booking the case.
- Surgeons consistently running late with their elective list will be reviewed by the OR Executive Committee.

- The OR schedule is finalized as of 0900 hours the day prior to allow anesthesia and nursing to adjust staffing requirements as appropriate.
- More complicated cases or previously cancelled cases should be booked to begin early in the day. Exceptions to this include: pediatric patients, insulin dependent diabetic patients or patients with complex co-morbidities should be scheduled in the morning, when possible.
- The surgeon retains the ability to book into his assigned blocks up until the designated release time of seven (7) days prior to the surgery date. At the designated release time, any block or portion of block, which is not booked is closed to the surgeon and will be released by the O.R. Booking Office to another surgeon of any service to accommodate elective or urgent cases.
- Isolation patients should be scheduled last case of the day
- For half blocks, if the morning surgeon's list runs late, the morning surgeon will ask permission of the afternoon surgeon to run beyond the scheduled time. If the afternoon surgeon subsequently runs late, he needs to consult with the OR CRN and anesthetist on call, prior to starting his last case. The last case may be cancelled if there are not enough resources available to continue the case after 1530 hours.

Trauma Rooms

Refer to Appendix B

Notification of planned absences

- When planning an absence, the surgeon will endeavor to identify another surgeon in his service who will be using the time.
- Surgeons will complete the "Surgeon Away Time Notification" form and submit it via fax or e-mail to the OR Booking Clerk when they are unable to use their scheduled block time.
- The OR Booking Clerk will document the date the form is received in the Booking Office and return a copy to the office as acknowledgement and file the form for reference.
- Surgeons who release all or portions of their block, in writing, three weeks prior to the surgery date, or have cases cancelled 48 hours prior to the surgery date due to patient medical reasons, will not be reflected in their block utilization
- Surgeons who cancel an OR list for non-illness related absence, will lose an elective OR list three months later.

- One elective OR list/day may be cancelled, with three months notice, for surgeons or anesthesiologists to attend a major or national conference or scientific meeting if a locum is not available.

- Blocks will be closed three weeks prior to surgery if the OR time has not been picked up by another surgeon. The patient care manager will notify the Chief of Surgery and Chief of Anesthesia when the block is closed to allow for changes in resources

Notification of Available OR Time

- All time which becomes available for pick up is faxed and emailed to each surgeon's office and posted in the OR Booking Office.

- Remote offices are able to view the scheduling grid of any day for released time (released time shows up black on the grid). The office must contact the OR Booking Clerk to ensure the time remains available. The office cannot book into released time directly until the block is assigned. The OR booking clerk will assign the available OR time.

- For the summer schedule, any blocks released because of surgeon away time, will be available initially to users of Monday blocks and then to any surgeon who has had additional time taken away to achieve the required block closure.

Block Cancellation

- The hospital supports a zero cancellation policy for all elective surgery, however there are times when blocks may be cancelled

- In the event that staffing issues (anesthesia or nursing) that may require a block to modified or cancellation, the patient care manager will be notified by either the OR charge nurse (for nursing shortages) or by the Chief of Anesthesia (for anesthesia shortages) as soon as possible so that appropriate notifications/planning can occur

Cancellation of Surgical Cases

- It is the responsibility of the surgeon or surgeon's office staff to notify the OR Booking Office of the cancellation of any elective, urgent or emergent case.

- In all cases of cancellation, the surgeon will speak with the patient.

- In the event of same day cancellation every effort will be made to reschedule the case in a timely manner.

- Cancelled elective cases will not be rescheduled to the next day's urgent/emergent list.

- Elective cases not completed by 1530 may be cancelled when:
    - The block booking times are not reflective of the actual time required for a procedure
    - The list has been bumped by an urgent/emergent case
    - The list has been delayed due to anesthesia responsibilities outside the OR
    - Insufficient beds are available to meet the demand

- Where staffing and the urgent/emergent list permit, late running elective surgical cases may be allowed to run past 1530 hours at the discretion of the OR CRN (Clinical Resource Nurse) and Anesthetist on call.

Process for Booking OR Cases

Online booking process

- The online Booking Form must be completed in its entirety. All mandatory fields must be completed. . If incomplete, the booking will be placed into 'Request' status until all fields/forms are completed.

- Once the online form has been submitted, the surgeon is responsible for providing any revisions, should the original planned procedure be altered. Any changes to the surgery day or time will be communicated to the patient via the surgeon's office.

- Surgeons are permitted to book into their assigned Block Time only

- Once their Block Time has been released at 7 days, the surgeon's office must contact the OR Booking Office for availability of this time and submit the paper Advanced OR Booking Form to the Booking Clerk if they wish to access the time.

- Remote offices are unable to book into the online block after the release time.

- Remote offices have the ability to increase the default case time for surgery as required to ensure case time accuracy.

- Remote offices do not have the ability to decrease the default case time for surgery and must contact the OTMH Booking Clerk and CRN to make the request for a decreased OR case time. A surgeon may submit a request to the Patient Care Manager to be granted the ability to override default times due to variations in surgical complexity of his/her patients.

- To ensure patient safety and availability of necessary supplies and equipment remote offices must book the most accurate procedure code for the patient. In the event an appropriate procedure code is not available, the office will contact the Nurse Analyst –OR Systems to create a code reflective of the patient's needs.

- If an alternate remote site booking clerk has not been trained on online bookings, the remote office must contact the Nurse Analyst – OR systems who will ensure appropriate training.

- It is the responsibility of the surgeon's office to ensure that they have documented a request for specific implants/equipment on the online booking form – failure to do so may result in cancellation of the procedure.

- Any appointment with Diagnostic Imaging must be booked through the surgeon office (eg. Sentinel node, needle localization, ultrasound marking).

After Hours Urgent/Emergent Cases

Priority Coding:

All elective, urgent and emergent cases will be assigned a priority by the surgeon at the time of booking based on the following clinical classification:

Priority	Time Frame for Commencement of Surgery
1	0 – 2 hours
2	2 – 8 hours
3	8 – 48 hours

- *No elective surgery is to be booked after hours, on weekends or statutory holidays*
- *Only priority 1, 2 or 3 cases will be added to the urgent/emergent list*

- *All priority 3 cases must be completed by 2300 hours*

- *Only priority 1 or 2 cases may commence after 2300 hours on weekdays, weekends statutory holidays*

- ***All Patients must be assessed by the surgeon and agreement of decision to treat reached, prior to booking the emergent/urgent case.***

- In collaboration with the Anesthetist on call, the Clinical Resource Nurse/Charge Nurse will organize the list of cases to complete all cases efficiently.

- All urgent/emergent cases must be booked with the OR Unit Clerk/CRN on the day the surgery is required.

- An Emergency/Add-On Booking form must be completed for all urgent/emergent bookings.

- The decision to permit an urgent/emergent case to follow a surgeon's elective list is at the discretion of the CRN based on availability of resources and the status of the board.

- Urgent emergent cases cannot be scheduled via the remote scheduling process.

- The surgeon will assign a priority level for all cases according to the criteria above.

- Cases will be done in order of priority and then according to the order in which they are booked within the same priority code.

- Whenever cases of equal priority come in conflict, resolution will be achieved by discussion between the responsible surgeons.

- The surgeon will be notified of the expected start time of his/her case. If the surgeon is not available, the case will go to the bottom of the list and the next case will move forward. In this case, booking times will be changed to the time in which the surgeon was called to the OR, but not available.

- When a surgeon, in the best interest of his patient, must interrupt the established plan by bumping another case or interrupting a list, the bumping surgeon must speak directly with the surgeon who is being bumped to inform him of the situation.

- During regularly scheduled hours, a surgeon who needs to bump into the list to address a patient's needs quickly, will ideally interrupt a surgeon from his/her own service. If this is not possible, the list to be bumped will be

determined by the Clinical Resource Nurse in collaboration with the in-charge anesthetist, based on the patient's clinical needs and room availability.

- In the event a patient is required to be transferred from other sites, the surgeon will ensure a bed is available on the inpatient unit and the OR is able to complete the case before transferring the patient.
- All priority cases will be reviewed monthly by the OR Executive Committee.

Fractured Hip Booking Rules

Refer to Appendix C

Expectations of all Members of the Surgical Team

- The surgeon is responsible for ensuring surgical assist coverage.
- The surgeon is responsible for ensuring that the signed surgical consent and surgical consult note are complete prior to the OR date.
- The surgeon will identify at the time of booking, any special needs or conditions of the patient (for example, a disability such as deafness).
- The surgeon will identify any diagnostic, laboratory tests required and notify pathology when appropriate, ie. quick section. The surgeon is responsible for identifying the need for any anesthetic consult.
- The Family Physician or Hospitalist is responsible for providing a History and Physical. The emergency room physician's assessment will suffice as a History and Physical providing surgery takes place urgently.
- The Pre-Admission Clinic is responsible for ensuring that all documentation and all diagnostic testing results are filed on the patient's chart 48 hours prior to the date of surgery.
- The Department of Anesthesia is responsible for ensuring that any patient identified for consultation is assessed and any other pre-operative testing ordered and followed-up.
- All Members of the surgical team will be organized to bring the first scheduled patient of the day into the OR at 0800 hours.
- All members of the team will work together to facilitate the list of cases efficiently.

- Anesthesia service will provide daily Float coverage to manage out of OR needs and maximize OR efficiency.
- The OR list will have reasonable expectations of being completed on time based on:
    - The OR Booking System provides default average case time on the last 7 cases.
    - A surgeon wishing to change the scheduled time for a specific case must speak to the CRN including the rationale for the request. The CRN/PCM is responsible for approval of over-riding the average case time. If a surgeon has a concern around his overall case times, he must speak to the PCM OR/MDR or Nurse Analyst – OR Systems and his times will be reviewed for accuracy.

Appendix A: Procedure Requiring Additional Resources Form

Procedure Requiring Additional Resources

This form must be completed by the surgeon in advance of booking a procedure that requires additional resources, for review by the OR executive committee
Please Submit this form to the OR Clinical Resource Nurse once completed

Surgeon: _____

Patient Name: _____

Procedure: _____

Estimated Length of Procedure (in hours) _____

Proposed Booking Date: _____

Additional Resources Required

- Supplies – Instruments
  O No
  O Yes _____

- Supplies - Disposables
  - O No
  - O Yes _____

- Equipment
  - O No
  - O Yes _____

- Education for Nursing Staff Required:
  - O No
  - O Yes

- Name of visiting surgeon (if applicable) _____

- Privileges confirmed for the date of surgery
  - O No
  - O Yes

OR Executive Review
Date of Review: _____
Approved: O No O Yes
Reason for Not Being Approved: _____

Appendix B: Trauma Room

Trauma rooms are allocated on Tuesday – Friday (0800-1530) each week. Orthopedics has been allocated the morning block and General Surgery has been assigned the PM block. Each assigned specialty is responsible for ensuring that a surgeon is available on each trauma day. Trauma lists can be booked up to 5 days ahead of the scheduled date.

The transition between orthopedics and general surgery is fluid, and ortho may run into the PM to ensure full utilization of the block. When this is going to occur, the orthopedic surgeon needs to communicate this to the general surgeon.

Trauma rooms are designed to help the operating room manage patients requiring emergency surgery who are either inpatients or who have been seen in the emergency department at Halton Healthcare

Trauma room utilization will be reviewed monthly at OR executive committee

Appendix C: Fractured Hip Booking Guidelines

In order to meet the designated provincial target of 48hrs from decision to admit to patient in the operating room for all fractured hips, the following guidelines which have been developed by the Fractured Hip Working Group:

- When decision to admit is determine, surgeon will book case with OR front desk unit clerk (until 2000) or the OR charge nurse (2000-2300) as a priority 3

- Time of booking will be the time of "decision to admit" (not time of booking); this time will be the same as the time written on the order to admit

- A priority 2 will not bump a priority 3 hip fracture patient unless the priority 2 will not be started within 8 hrs. For example, if a fractured hip case is on the board at 2100 (and it will be reaching it's time limit before the next day), and a priority 2 is booked at 2200, the fractured hip case will proceed ahead of the priority 2 case. The priority 2 case will be done after the fractured hip is completed.

The OR will work beyond 2300 if a priority 3 hip fracture case will exceed 48hrs by 0800 the following morning. For example: if a fracture hip case has been on the board for 40 hrs at 2300, the fractured hip case will proceed that evening, even if the OR runs past 2300