

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE

NUMBER: 263

VERSION: 2

SUBJECT/TITLE: **SURGERY SCHEDULING PROCEDURE FOR ELECTIVE SURGERY**

- POLICY:**
1. The Surgery Scheduling Office will create tentative schedules according to predetermined guidelines to ensure maximum block time utilization
 2. Only patients with approved Operative Scheduling Requests (OSRs) will be scheduled.
 3. Surgical cases shall be scheduled at least two (2) weeks ahead of time. There will be no scheduling within three (3) days unless the case is emergent or urgent.
 4. There shall be at least two (2) working days between the Anesthesiology Clinic Appointment and the day of surgery. Next day or same day anesthesia clinic appointment are discouraged unless the case is emergent or urgent.
 5. The Surgery Office should be notified two to three months in advance for planned absences.
 6. Any cancellations due to lack of attending coverage should be addressed at least two (2) months ahead of time and alternate arrangements to use block time should be made with the approval of the division manager. Last minute notification by an Attending of his/her inability to fulfill an OR assignment for a non-urgent reason may result in disciplinary action.

PURPOSE: To define the Olive View-UCLA Medical Center procedure for scheduling patients for elective surgery and to ensure that patients in need of elective surgery are provided a consistent, appropriate level of care.

DEPARTMENTS: Admissions, Anesthesia, Cardiology, Nursing, Obstetrics-Gynecology, Outpatient Financial Services, Patient Accounts, Podiatry, Surgery

DEFINITIONS: **Operative Scheduling Request** is a document completed by the Resident/Attending physician that describes the surgery being requested and assigns a tier status to the patient to allow for scheduling.

PROCEDURE: **I. SCHEDULING**

1. Physicians shall complete the OSR and identify an appropriate patient tier

based on the patient's clinical circumstances as defined below:

- a. ASAP: Patient needs surgery ASAP within the next 30 days
 - b. Tier 1: Patient needs surgery within the next 30-90 days
 - c. Tier 2: Patient needs surgery within the next 90-180 days
 - d. Tier 3: Patient needs surgery within the next 180-365 days
 - e. Tier 4: Patient needs surgery within the next 365-1095 days
2. The OSR shall be converted to an electronic OSR by entering the data into the ORSOS system by the appropriate staff.
 3. Patients who are identified as ASAP and Tier 1 shall be sent to Patient Financial Services for screening upon completion of the patient visit. Patients shall receive the ASAP/Tier 1 instruction letter prior to leaving the clinic.
 4. Patients who are identified as Tiers 2, 3 or 4 shall be sent to Patient Financial Services by Surgery scheduling at a later date and receive the appropriate Tier 2, 3, or 4 instruction letter.
 5. Surgery Schedulers shall query the ORSOS system to identify all ASAP and Tier 1 patients who have completed financial and utilization review screening.
 6. Surgery Schedulers shall query the ORSOS system to identify all patients who are Tier 2, 3 or 4 within three (3) months of their tentative surgery date.
 - a. Those patients will be notified by the Surgery Scheduler that their surgical date is approaching and that they need to return to the hospital for financial screening
 7. Surgery Schedulers shall place patients on the tentative Operating Room schedule according to guidelines and with consultation of the attending staff at least three (3) weeks in advance and shall schedule the patient for an anesthesia evaluation visit.
 8. If, at the Anesthesia visit, the patient is not a surgery candidate, the ORSOS system shall be annotated and the Anesthesia Clinic shall communicate with the schedulers and/or operating surgeon regarding further patient care.
 9. Weekly, each surgical service shall communicate with Surgery Scheduling Office to review the tentative schedule for the following week.
 10. Requests to change the OR schedule shall be submitted in writing, using

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the Request for OR Schedule Change and approved by an attending physician of the service.

11. Any block time not filled within one (1) week shall be automatically filled in by the surgery scheduler with appropriate, eligible patients.

II. CANCELLATIONS

Once a proposed schedule has been completed (3 weeks in advance of the surgery date, where patients have been called and are on a proposed schedule), cancellations shall be made only after consultation and approval of the service Attending and the Anesthesia AOD. If the reason for the cancellation is the unavailability of the Attending, then approval must be granted by the Division Chief.

References:	
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