Jersey Shore University Medical Center Add-On/Urgent/Emergent OR Standard Operating Procedure and Urgency Classification System

Revision Date: 09/06/2019

Purpose:

1. To provide a classification system for prioritizing the triage of emergent, urgent, or "work-in" cases to the surgical schedule.
2. To ensure a consistent process for posting emergent, urgent or "work-in" cases that provides safe, efficient surgical care.

Definitions:

Add-On cases - All Non-elective cases

Urgent/Emergent cases - patients needing access to the OR within 24 hours of the decision by the surgeon to operate due to *clinical* need. Urgent/Emergent cases should be further sub classified into 1 of 5 levels that dictate a maximum clinically acceptable waiting time to OR access from the time of case posting.

Urgent/ Emergent Levels (NEST Classification, attached):
Emergent Code Crimson: Patient needs surgical intervention within 15 minutes
Emergent 1- 2: Patient needs surgical intervention within 1-2 hours
Urgent 4: Patient needs surgical intervention within 4 hours
Urgent 8: Patient needs surgical intervention within 8 hours
Urgent 12: Patient needs surgical intervention within 12 hours

Work-in cases - a surgical case that must be performed within a limited number of days (i.e. 2-3 days). Examples include patients admitted for work-up or stabilization before surgery, or who need to return to the OR for a secondary procedure such as wound debridement. Work-in patients also include those who are not currently in the hospital but who need access to surgery within a few days for clinical reasons. Examples include patients needing a diagnostic biopsy, major cancer surgery, and orthopedic fractures.

Work-in Levels
Work-in 24: Patient needs surgical intervention within 24 hours
Work-in 48: Patient needs surgical intervention within 48 hours
Work-in 72: Patient needs surgical intervention within 72 hours

Posted Case ("booked case") - a case for which a request for scheduling has been made.
Scheduled Case - a case for which a specific day, time and OR suite has been designated for surgery.

I. All OR Surgical, Anesthesia, and Nursing services will follow these guidelines for Add-On/Urgent/Emergent Cases.

II. The surgeon will assign a classification consistent with the patient's clinical condition, at the time of posting the case.

A. The assigned classification must take into account the following constraints:

1. For all emergent and urgent cases (up to 12 hours), the surgeon and the patient must be ready for surgery at the time of posting. (See section IV-D below for clarification of "ready') Only work-in (24H-72H) cases may be booked pending clearance. If clearance is pending, any other cases NOT pending clearance will be scheduled ahead of a case pending clearance. If a case pending clearance is not cleared by the time indicated in the Add-on classification, it will be re-posted as a "Work-in 24" on a Q24 hour basis.

2. The attending surgeon must be present for the patient to be brought into the operating room.

3. The surgeon should upgrade classification level as warranted by a change in patient condition. This requires a discussion with the charge RN and the charge Anesthesiologist. Documentation in the medical record will support the assigned classification of the patient, including any changes in the condition. Downgrading a case may be communicated to the charge RN only. Any change in classification will prompt a case review.

4. Patient information, procedure, room size, OR table and equipment needs, as well as adjunct staffing (e.g., X-ray tech, perfusionist, sales representative, neuro monitoring, etc.) must be communicated at the time of posting. Availability/conflicts must be assessed by the charge RN and communicated back to the scheduling surgeon within one hour of posting.

III. Process for posting add-on cases:

A. Call the Main OR control desk at 732.776.4277 or in-house 55140.

B. To discuss patient condition and equipment needs, communicate with the:
   1. Charge RN and the Charge Anesthesiologist for emergent cases.

   2. Charge RN for Urgent 4 cases. The surgeon must post these class cases. The charge RN is responsible to notify the charge Anesthesiologist

   3. OR Secretary for Urgent 8 and less acute cases. These cases may be posted by a resident or PA, by the posting surgeon or by a covering surgeon. The surgeon performing the procedure must confirm his or her availability before the patient is sent for, and the room is opened. The secretary is responsible to notify the charge RN of the posting, and the charge RN is responsible to notify the charge Anesthesiologist of the posting.

C. The add-on communication log will be maintained for the posting of each add-on case.

D. Compliance with the maximal clinically acceptable waiting time for each case will be measured from the time of posting to "wheels in".

E. Work-in cases are posted with the OR scheduling office 732.776.4475 between 8:00am - 12:00pm. Call the Main OR control desk to post cases outside those hours. The OR scheduler will call the surgeon's office the following morning for a booking form for Work-in cases booked at the OR desk after 12:00pm, and will establish a date and time for scheduling the case.

IV. Guidelines for Management of Add-On Patient Flow.

A. The Main Operating Room will have two surgical suites dedicated for Add-On and Work-in cases, Monday - Friday from 7:30am - 7:00pm.

1. OR 17 will be dedicated to orthopaedic trauma patients until 5:00pm, and used preferentially for orthopaedic add-on patients when it is not in use by the orthopaedic trauma service.

2. One additional OR suite will be dedicated to urgent/emergent cases.

3. Only one add-on list will be maintained from Monday – Friday.

4. Two OR rooms will be available with in-house staff for cases booked on weekends 24 hours
   a. One orthopaedic room
   b. One non-orthopaedic room

5. Cases will preferentially be done in the appropriately designated room, until all cases are completed.

6. Two rooms will run on holidays with in-house staff 24 hours.

7. Only classed non-elective cases can be posted for weekends/holidays.

8. Trauma cases will result in a hold in starting add-on cases until the trauma is deemed operative/emergent or non-emergent.

B. Urgent/Emergent cardiac patients requiring the use of OR 13, OR 14 or OR 18 and the specially trained teams are excluded from these guidelines.

C. An Anesthesiologist or CRNA will be made available to staff cases consistent with the OR SOP. Circulating RN and surgical tech or scrub RN assistance will be made available to staff every non-elective case. Individual staff member availability for case coverage is never guaranteed in the operating room, and will not be entertained as a demand. Efforts may be made to accommodate requests where reasonable and cost-effective. Staff experience and skill sets may be considered, while the needs of the entire operating room will remain a logistical priority. Personnel decisions, including the approval of overtime work, will be at the discretion of operating room management exclusively.

D. Management of urgent/emergent patient flow:

1. Cases will be assigned a room and started in the order of urgency classification.

2. When multiple cases of the same class are posted, cases will be accommodated in the order of posting.

3. When a case is assigned to a room, the surgeon must be immediately notified and must be ready to operate without delay.

   a. The OR desk will confirm surgeon availability <u>before</u> sending for the patient for an add-on case. Surgeon lateness will be tracked and will have consequences as determined by ORGC review.

   b. The surgeon must utilize the room when it is available for Emergent and Urgent 4 cases. The surgeon must be on site to post a Code Crimson case. The surgeon must be on site within 30 minutes of posting an Emergent case. The surgeon must be available to operate within 60

minutes of posting an Urgent 4 case.

c. The surgeon must always be available to communicate for cases classified as Emergent or Urgent 4.

d. The surgeon must provide alternate surgeon coverage if the surgeon is providing surgical interventional care elsewhere following posting of a case classified as Emergent or Urgent 4.

4. If a surgeon requests a change in the place in line among cases within a specific class, he/she must secure the approval of all surgeons with patients having a higher priority of access that would be affected by the change.

5. A request for a change in urgency classification or place in line, for any case delayed at the request of the surgeon, will not be accepted unless there has been a change in clinical status of the patient. All cases in which a change in the classification and/or place in line has been made will be flagged and reviewed by the OR Governance Committee.

6. No cases booked as emergent or Urgent 4 will ever be allowed a delayed start. Any cases booked as emergent or Urgent 4 that are downgraded or cancelled will be reviewed.

7. For cases booked at 8H or greater, surgeons must be able to provide a window of availability to operate of at least 25% of the classification time to operate (i.e., 6 hours for Urgent 12, 12 hours for Work-in 24). If this cannot be accommodated, alternate surgeon coverage may need to be considered. If the OR cannot accommodate a surgeon's classification needs and the surgeon has not provided sufficient availability as outlined herein, the case will be referred to the OR director and medical director of perioperative services for real time decision-making. The case will be flagged for ORGC review.

8. An Add-On case may be transferred from an OR to an Elective OR with the approval of OR Nursing and Anesthesia Coordinators if there is sufficient time available to accommodate the Urgent/Emergent case without delay of the elective schedule or need for overtime in that OR.

9. Scheduling issues that cannot be resolved by management through the chain of command (Charge RN, ANM, NM, Director) will be immediately referred to the Medical Director of the Operating Room or his designee for adjudication.

10. In the event that any Urgent/Emergent 4 case cannot be placed in an OR within the maximal clinically acceptable waiting time as determined by the original posted urgency classification, that specific case will be upgraded by the Medical Director or designee if appropriate and bump a case if necessary.

    a. A Non-Elective or Work-in surgical case will always be delayed before an elective case to accommodate an Urgent/Emergent case. Typically this will be the first available OR room that is appropriate for this particular patient. The complexity of scheduled cases will be taken into consideration in the selection process for a case that gets bumped. The Charge Anesthesiologist will notify the surgeon being bumped.

    b. A log will be maintained of cases delayed or "bumped" to accommodate an urgent/emergent case. This log will be reviewed monthly by the OR Review Committee to maintain fairness.

    c. All Add-On cases not in an OR within the maximum clinically acceptable waiting time as determined by the urgency classification for that specific case will be flagged and reviewed by the Surgical Review Committee. A reason for the non-compliance must be documented and entered in the IT system. Reasons include:
        i. Surgeon not available

ii. Anesthesia not available
iii. OR staff not available
iv. Urgent/Emergent OR not available
v. OR equipment not available
vi. Patient not ready
vii. Other_____

d. Any case bumped past block time may not follow and may be subject to OR delays based on staff availability or overall OR case volume. This may include reclassifying a scheduled case as an add-on case

V. Guidelines for the Management of Work-in Patient Flow.

A. See section II I. E. for posting of work-in cases.

B. Work-in cases are posted into a standby list by the OR scheduler until a specific OR day and time is scheduled.

C. Work-in cases will be placed in the schedule the day before surgery.

D. Work-in cases posted after regular scheduling hours and which are desired to be done the next day or Work-in cases posted to be done on the same day of surgery are received by the OR desk.

1. No work-in cases posted after hours or on the day of surgery will be scheduled without a specific OR time slot approved by the Charge Anesthesiologist and Charge Nurse/Assistant Nurse Manager of the day.

2. Work-in cases scheduled on the same day posted may not predictably incur significant overtime unless approved by the manager.

E. No work-in case will be added to any OR schedule that does not have an appropriate scheduled time slot

F. Work-in cases will be scheduled into open OR time and/or released block time.

G. Work-in case minutes, performed after block time or prime time, will not be included in block time utilization.

H. Any work-in case posted but not able to be scheduled within **3** calendar days of the day of posting should be flagged for review. The scheduling office should provide any available information as to the reason why the case could not be scheduled within the **3** day performance target.

VI. Ratification:

The aforementioned rules may be approved, and may subsequently be amended, only by a majority vote of the Operating Room Governance Committee. These rules and any amendments will require signature by the Medical Director of Perioperative Services, the Chairman of Anesthesia, and the Vice President of Perioperative Services, or by qualified designees as deemed appropriate by the President of the Medical Staff. Any amendments will be presented for consideration at the OR Governance Committee meeting one month prior to vote.

Approval Date: July 31, 2019 Revision: September 6, 2019