



Team Name: Surgical	Reference Number: CLI.6611.PL.003
Team Lead: Regional Surgical Lead	Program Area: Perioperative
Approved by: Regional Lead - Acute Care & Chief Nursing Officer	Policy Section: Surgical Unit/Operating Room
Issue Date: January 11, 2023	Subject: Surgical Slating – Elective and Emergency
Review Date:	
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POLICY SUBJECT:

Surgical Slating – Elective and Emergency

DEFINITIONS:

Slating – refers to the process of reserving. In the case of slating in Southern Health-Santé Sud, this refers to patients that are provided a date and time for their surgical procedure.

SIMS – refers to Surgical Information Management System. This is a software program used to schedule, document and gather statistics related to all Operating Room (OR) procedures.

Choosing Wisely Canada – refers to a clinician led campaign to reduce unnecessary tests and treatments by encouraging informed conversations between clinicians and patients.

Decision to Treat – refers to date the Consent for Procedure, Treatment or Investigation is signed by the surgeon and patient.

Wound Classification – refers to the level of risk for post-operative infection. There are four (4) classifications (class 1 – clean; class 2 – clean/contaminated; class 3 – contaminated; class 4 – dirty).

PURPOSE:

To standardize evidence-informed best practices related to scheduling patients for surgery across the continuum in Southern Health-Santé Sud through:

- A provincial classification system.
- A defined method of scheduling a surgical patient.
- Consistent access for patients to pre-operative, intraoperative and postoperative care.
- A timely process based on urgency.
- Monitored wait times.
- Maximizing operating room performance.

Effective management of operating rooms is essential to ensure patient satisfaction with their health care journey and optimal use of available resources. Prudent planning and early notification of arranged procedures allows for surgeons to fully utilize the time available. It also enables relevant operating room teams, including clinical resource nurse, anesthesiologists and medical reprocessing (MDR) departments, to ensure that specialized equipment and appropriate staff are available to prevent patient delays and cancellations the day of surgery.

The Surgical Information Management System (SIMS) is the prime source of patient information for specialty performance reports and provides the mechanism to support the day-to-day operational management processes of the patient's perioperative journey.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) – Treatment of Clients

Executive Limitation (EL-01) – Global Executive Restraint and Risk Management

PROCEDURE:

ELECTIVE SURGERY SLATING PROCESS:

Information included in the referral package:

1. Surgeon privileges are granted by the Vice President Medical.
2. Financial resources are the responsibility of the Director/Manager at the site, in conjunction with Finance.
3. The slating process begins at the surgeon's clinic. The surgeon is responsible for:
 - Determining the need for treatment,
 - Providing explanation of the procedure and potential complications to the patient/alternate decision maker and
 - Completion of the "Consent to Treatment, Procedure or Investigation" Form (CLI.4110.PL.001.FORM.01).
4. The surgeon/office/clinic is required to complete the Medical Clinic/Surgeon section of the "Surgical Slating Form – Elective" (CLI.6611.PL.003.FORM.01). Priority must be indicated to ensure that the surgical procedure is slated within the required time frame.
 - Elective - Planned surgical procedure to occur within 6 months of the decision to treat date.
 - Urgent - Planned surgical procedure to occur within 6 weeks of the decision to treat date.
 - Potential Cancer (CA) - Planned surgical procedure to occur within 2 weeks of the decision to treat date.
 - Surgical Slating Form – Elective,
 - Referral Letter,
 - Consult Letter,
 - Completed "Consent for Procedure, Treatment or Investigation",
 - Excludes referral package for direct-to-scope patients
 - PreOperative History & Physical (CLI.6611.FORM.002) ,
 - Pre-operative test results according to Preoperative Tests for Adult Patients 16 Years of Age Or Greater Undergoing Elective (CLI.6611.PL.003.SD.02),
 - Pre-operative Assessment Patient Questionnaire (CLI.6611.FORM.001),
 - Anesthetic Consult (if required), and
 - Breast Surgery Pre-Operative Checklist (CLI.6611.FORM.004) - if required.

The "Operating Room Scheduling Checklist (Form Number)" accompanies the referral package to assist staff in determining that all documents and information are available.

5. The completed referral package is forwarded to the site specified slating office of the planned procedure. Any chart found negligent of required forms/information is returned to the clinic for completion.
6. The completed package is forwarded to Health Information Services (HIS) to pre-register the patient's anticipated visit in the Admission Discharge Transfer System (ADT).
7. Once returned to the slating office, the slating clerk creates a case within the Surgical Information Management System (SIMS).
8. The patient is contacted and arrangements for date and time of surgery are made.
9. Pre-operative appointments/phone calls are completed for:
 - Pediatric Patients,
 - Patients receiving spinal/general anesthetic,
 - Patients for post-operative admission and/or
 - At discretion of the nurse/designate.
10. Once established, the chart can be accessed by a nurse or designate.

ADDITIONAL INFORMATION

Tracking of charts:

- Charts accessed by nurse or designate must be signed out of the slating office by the individual to assist in tracking chart location.

Chart returns to clinic will occur if:

- Unsuccessful attempts to contact the patient/alternate decision maker on 3 separate occasions or within 2 months/60 days,
- Patient cancelled/rescheduled procedure more than 2 times,
- Patient refused procedure,
- Procedure cancelled due to medical delay,
- Procedure cancelled due to change in medical status,
- Patient no-show for procedure and/or,
- Personal delay, referral greater than 1 year.

Slate confirmation:

- Time frame is site specific
- Confirmation by Clinical Resource Nurse/Designate

EMERGENCY SURGERY SLATING PROCESS

Classifications of Emergency surgery are as follows:

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|--------------|---|
| E1 Emergent | Life/Limb. Surgery required immediately. |
| E2 Critical | Within 6 hours. Conditions that threaten life, limb, or organ survival. Surgery required within 6 hours of decision to treat. |
| E3 Urgent | Conditions that do not pose an immediate risk to life, limb or organ survival. Surgery required within 24 – 48 hours. |
| E4 Expedited | Must be expediated due to potential risk of significant deterioration in patient condition. Procedure to be completed within 1 week of decision to treat. |

Caesarean Section:

- | | |
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| Crash | As soon as possible; within 30 minutes |
| Emergent | Within 60 minutes |
| Urgent | Within 120 minutes |

1. Decision to treat by surgeon. The surgeon determines the period to commence emergency surgery using the Emergency Procedure Classification List (CLI.6611.PL.003.SD.01) as a guide (see classifications above).
2. A Consent for Procedure, Treatment, or Investigation form (CLI.4110.PL.001.FORM.01) and Surgical Slating Form - Emergency (CLI.6611.PL.003.FORM.02) is completed by the surgeon.
3. The surgeon consults anesthesia to assess patient prior to surgery.
 - Anesthesia to determine risk level of patient. If determined to be too great a risk for surgery at current site the surgeon is notified and transfer of the patient is arranged.
 - If the procedure is deemed safe to proceed, the department presently housing the patient will ensure the surgical package is complete prior to transfer to the operating room. This excludes the Pre-Operative Assessment Patient Questionnaire.
4. The surgeon/designate notifies the Operating Room (OR) team to confirm surgical start time.
5. Creation of surgical case in SIMS will be completed following the procedure.

POST PROCEDURE

Upon completion of the case, a duplicate or original copy of the "Operating Room Logging Record" (CLI.6611.FORM.003) will be provided to the slating office. The slating office is responsible for documentation in OR Manager. Information required is as follows:

1. Procedure performed as per surgeon,
2. Operating theatre used,
3. Anesthetic Type,
4. Post-op patient destination,
5. All persons present within the operating theatre,
6. Wound Classification,
7. Surgical Safety Checklist Complete (CLI.6611.PL.002.FORM.01),
8. Room Start/Stop time,
9. Surgery Start/Stop time,
10. Specimens and
11. Implants.

CANCELLATIONS

All cases cancelled is documented appropriately. There are 3 types of cancelled cases.

1. Cancelled once in theatre - refers to patients that are cancelled once they have arrived in theatre.
2. Cancelled procedure not carried out - refers to patients that have arrived at the facility but do not enter the theatre.

Operating room team notifies the slating office of all type 1 or 2 cancelled cases. The reason for cancellation is provided via verbal or written communication. The case is logged in OR Manager using the appropriate procedure name/code. If these procedures commence at a later date and time, new visit numbers are required through the HIS department or Central Intake. A new surgical case is created.

3. Cancelled prior to arrival - refers to patients that are cancelled prior to presenting at Registration.

Dependent on the reason for cancellation the chart either remains in the slating office to be rescheduled at a later date or returned to the surgeon's office. Communication with the operating room team and slating office is done via verbal or written notification.

DELAYS/POSTPONEMENTS

Patients are considered fit and ready for surgery unless the slating office is notified otherwise. Any case delayed/postponed is documented accordingly in SIMS.

There are 3 categories of readiness:

1. A - Fit and Ready – refers to patients that accept the first date and time offered to them for their surgical procedure. There are no medical or personal reasons for delay.
2. B - Delayed Due to Medical – refers to delayed procedure related to a medical reason that require resolution prior to moving forward.
3. C - Delay Personal – refers to patients that do not accept the first date and time offered to them due to personal reasons. Examples of personal delays include vacation, work commitments, etc.

Once a patient has been marked delayed they will not return to A-Fit and Ready.

REQUESTS FOR INFORMATION

Requests for statistical data and/or information are directed to the Surgery Lead and Clinical Systems Analyst. Completion of the “Health Information Data Request form” (ORG.1410.PL.550.FORM.01) is required. Information is provided within 30 days unless otherwise specified.

SUPPORTING DOCUMENTS:

CLI.6611.PL.003.FORM.01	Surgical Slating Form – Elective
CLI.6611.PL.003.FORM.02	Surgical Slating Form - Emergency
CLI.6611.PL.003.SD.01	Emergency Surgical Procedures Classification List
CLI.6611.PL.003.SD.02	Preoperative Tests For Adult Patients 16 Years of Age or Greater Undergoing Elective Surgery

REFERENCES:

Winnipeg Regional Health Authority (2018) Emergency Surgery Classifications

Agency for Clinical Innovation (2014). Operating theatre efficiency guidelines: A guide to the efficient management of operating theatres in New South Wales hospitals. www.aci.health.nsw.gov.au.

Choosing Wisely Canada (2017) Canadian Association of General Surgery Clinical Practice Committee recommendations. <https://choosingwiselycanada.org/fag>

CLI.4110.PL.001.FORM.01	Consent to Procedure, Treatment or Investigation – Bilingual
CLI.6611.FORM.001	Pre-Operative Assessment Patient Questionnaire
CLI.6611.FORM.002	PreOperative History Physical Form
CLI.6611.FORM.003	Operating Room Logging Record
CLI.6611.FORM.004	Breast Surgery Pre-Operative Checklist
CLI.6611.FORM.005	Operating Room Scheduling Checklist
ORG.1410.PL.550.FORM.01	Health Information Data Request Form
CLI.6611.PL.002.FORM.01	Surgical Safety Checklist