

Operating Room Access Policy Based on Levels of Urgency

Purpose

The purpose of this guideline is to define the criteria for accessing operating room (OR) resources based on the urgency and acuity of surgical procedures. This policy aims to prioritize cases effectively to ensure timely and appropriate patient care while optimizing the use of OR resources.

Scope

This policy applies to all healthcare professionals involved in the scheduling, prioritization, and execution of surgical procedures within the facility.

Definitions and Categories

1. Category A: STAT

- **Acuity:** Life-threatening Emergency
- **Description:** Procedures required immediately to prevent loss of life or limb.
- **Time Frame:** Within 15 minutes
- **OR Availability:** Any open OR

2. Category B: EMERGENT

- **Acuity:** Non-Life Threatening Emergency
- **Description:** Procedures necessary to address serious conditions that are not immediately life-threatening but require prompt intervention.
- **Time Frame:** Within 2 hours
- **OR Availability:** Next available OR (will bump scheduled cases)

3. Category C: URGENT

- **Acuity:** Non-Life Threatening Higher Acuity
- **Description:** Procedures that, while not immediately life-threatening, require timely intervention to prevent significant deterioration in the patient's condition.
- **Time Frame:** Within 6 hours
- **OR Availability:** Next available open OR

4. Category D: Non-Urgent

- **Acuity:** Add-on Case
- **Description:** Procedures that are planned in advance and are not time-sensitive.
- **Time Frame:** Within 24 hours
- **OR Availability:** As can be accommodated

Guidelines

1. Category A: STAT Procedures

- These procedures will be prioritized above all other categories.
- Access to ORs will be granted within 15 minutes, utilizing any open OR available.
- The surgical team will be mobilized immediately upon identification of a STAT procedure.

2. Category B: EMERGENT Procedures

- Access to ORs will be scheduled within 2 hours of identification.
- The next available OR will be allocated for these procedures.
- Coordination among surgical, anesthesiology, and nursing staff will be crucial to ensure timely execution.

3. Category C: URGENT Procedures

- Scheduling will be done to ensure access within 6 hours.
- The next available open OR will be used, with priority given based on availability and acuity.
- Rescheduling of non-urgent cases may be necessary to accommodate urgent procedures.

4. Category D: Non-Urgent Procedures

- Scheduling will occur based on OR availability and other operational factors.
- These procedures will be accommodated within 24 hours as scheduling allows.
- Increases in higher acuity cases may lead to rescheduling of non-urgent procedures

Procedure for Prioritization

1. Assessment:

- The urgency and acuity of each procedure will be assessed and categorized according to the criteria above.
- Documentation of the procedure's category will be required.

2. Scheduling:

- STAT procedures will be scheduled immediately.
- EMERGENT procedures will be scheduled within 2 hours.
- URGENT procedures will be scheduled within 6 hours.
- Non-Urgent procedures will be scheduled within 24 hours based on available OR time.

3. Communication:

- The surgical scheduling team will communicate with all relevant parties regarding OR access and scheduling changes.
- Patients will be informed of any changes to their scheduled procedures as soon as possible.

Monitoring and Review

- The guideline will be reviewed annually to ensure its effectiveness and alignment with current best practices.
- Feedback from staff and patients will be considered for potential adjustments.
- Compliance will be monitored and audited regularly to ensure adherence and identify areas for improvement.

Responsibilities

- **Surgical Teams:** Ensure accurate assessment and documentation of procedure urgency and acuity.
- **Scheduling Coordinators:** Manage OR scheduling based on urgency categories, prioritize cases, and communicate effectively with involved parties.
- **Healthcare Providers:** Collaborate in the scheduling process and provide timely documentation of procedure categories.

Effective Date: March 2023

Next Review Date: March 2026