

ELECTIVE AND EMERGENCY OPERATING SESSIONS: MANAGEMENT – CHW POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The hospital manages operating sessions on behalf of the public.
- An allocated elective operating session is arranged through negotiation with the Operating Suite Executive.
- Sessions are allocated to surgeons on an agreed, regular basis within the four week cycle.
- Surgeons are responsible for reviewing their wait list at least monthly and verify with the hospital.
- Where possible, patients should be treated in turn and within their clinical priority category
- Periodic utilisation reviews of these sessions are carried out by the Operating Suite Executive and adjustments made based on clinical demand.
- To provide for adequate preparation for operating sessions, perioperative personnel, CSSD and other hospital personnel required, operating sessions must be finalised by **1200hrs** one working day before the session.
- Any additions to the theatre list after 1200hrs, require an Emergency Booking Form to be submitted
- The surgeon in collaboration with the Wait List – Nurse Manager is responsible for accurate estimation of the number and mix of patients on their operating session.
- The surgeon is responsible for indicating special equipment requirements (including loan sets using the online loan request form).
- To ensure appropriate theatre scheduling, doctors are requested to provide a minimum 6 weeks' notice of intended leave.

Approved by:	SCHN Policy, Procedure & Guideline Committee	
Date Effective:	1 st March 2020	Review Period: 3 years
Team Leader:	Nurse Manager	Area/Dept.: CHW perioperative Services

CHANGE SUMMARY

- Due for mandatory review – no major changes.

READ ACKNOWLEDGEMENT

- Surgeons, fellows and registrars should read this document.
- Operating Suite staff should be aware of this document.

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1 Introduction

The hospital manages operating sessions on behalf of the public. The hospital has allocated operating sessions to each surgeon as a result of:

- A contractual agreement based upon the need of the hospital to provide a comprehensive surgical service, and the need of the surgeon to have a place in which he or she can practice his or her skills.
- Consideration of the need of the community for particular services as indicated by, for example, waiting lists within specialities.

2 Allocation of an Elective Operating Session

An allocated elective operating session is arranged through negotiation with the Operating Suite Executive.

Sessions are allocated to surgeons on an agreed, regular basis within the four week cycle

Periodic utilisation reviews of these sessions are carried out by the Operating Suite Executive and adjustments made based on clinical demand.

Both surgeons and patient administration can assume that, in the absence of other information /negotiation, the surgeon's patients can be booked into his or her allocated time.

3 Scheduling Patients on to an Elective Operating Session

To provide for adequate preparation for operating sessions, perioperative personnel, CSSD and other hospital personnel required, operating sessions must be finalised by 1200hrs one working day before the session.

The surgeon in collaboration with the Wait List – Nurse Manager is responsible for accurate estimation of the number and mix of patients on their operating session.

The surgeon is responsible for indicating special equipment requirements (including loan sets). This must be communicated via the electronic online loan set request form. It is the operating suite CNS 2's responsibility to notify the Wait List – Nurse Manager of equipment requests to ensure all necessary information is available on the operating session schedule. If the operating suite CNS 2's become aware that the resources will not be available as requested, every effort will be made for alternative resources to be negotiated with the surgeon. The CNS 2's will communicate to the surgeons, that the special equipment requirements are available prior to the session, this will minimise delays and/or cancellations.

All operating session schedules are the responsibility of the Wait List – Nurse Manager. Specific order of sessions or changes must be negotiated prior to 1200 hours on the day before surgery. Early notification of cancellations will allow time for sessions to be re-booked.

Requests for change to session start times must be negotiated with Wait List – Nurse Manager prior to 1200 hour on the day before surgery who will then disseminate the information to the appropriate staff. This is due to the multidisciplinary approach to

scheduling a patient to operating sessions. The Wait List – Nurse Manager must negotiate early starts with the Anaesthetic Department, – Operating Suite, Anaesthetic/Recovery and Middleton Day Surgery NUM's.

The hospital is obliged to ensure that an adequate number of personnel (e.g. anaesthetists, porters, nurses) are rostered to support surgeons, and to ensure that personnel are not rostered on when they are not needed.

Surgeons are responsible for reviewing their wait list at least monthly and verify with the hospital.

Where possible, patients should be treated in turn and within their clinical timeframe.

4 Scheduling Patients on to an Emergency Operating Session

Emergency cases must be booked via Power chart. Prior to booking any emergency procedure it is a requirement that the Duty Anaesthetist is contacted regarding the procedure. Booking of daily emergency surgery is facilitated through negotiation with the Duty Anaesthetist (pager 6777) and Perioperative Operations Manager (pager 6182).

The Duty Anaesthetist and Perioperative Operations Manager/After Hours Co-ordinator or Team Leaders may use, in addition to the emergency room, spare time on existing sessions or available vacated sessions if resources permit. This must be discussed and approved by the Operating Suite, Anaesthetic/Recovery and Middleton Day Surgery NUM's. or delegates.

On rare occasions, patients with imminently life-threatening conditions may present while the emergency room is unavailable for immediate use. This may require the interruption of an elective session following surgeon to surgeon consultation. The remaining cases on that elective session should be accommodated in the best way possible, if necessary using emergency time.

The emergency activity is delegated to the following sessions: Emergency Operating Room - 24 Hour Service

OTL (Orthopaedic Trauma List) – Monday/Thursday/Friday AM Sessions

ESS (Emergency Surgery Session – General)

- Week 1,2 & 3: Tuesday PM Session
Thursday PM Session
Friday AM Session
- Week 4: Monday PM Session
Thursday PM Session
Friday PM Session
- The emergency list order and content for all OTL and ESS sessions to be decided by the surgical consultant in consultation with the Duty Anaesthetist and Perioperative Operations Manager.

The Duty Anaesthetist and Perioperative Operations Manager make the final decisions regarding the emergency surgery category priorities.

- **2300 – 0800:** Emergencies, depending on severity, should be accommodated as follows:
 - The NSW Ministry of Health emergency surgery categories **<15 minutes; Immediate Life threatening** - The patient is in immediate risk of loss of life, shocked or moribund, resuscitation not providing positive physiological response.
 - **<1 hour; Life threatening** - The patient has a life threatening condition but is responding to resuscitative measures.
 - **<4 hours; Organ/limb threatening** - The patient is physiologically stable, but there is immediate risk of organ survival or systemic decompensating.
 - **<8 hours; Non-critical, emergency** - The patient is physiologically stable but the surgical problem may undergo significant deterioration if left untreated.
- Emergency cases arriving through the **Day Surgery Unit** require a completed Electronic Recommendation for Admission form (eRFA) and a submitted online emergency booking form.

If the surgeon is not available until late in the day, the Middleton Nursing Unit Manger must be notified immediately to ensure that the patient's arrival and fasting times are appropriate.

Priorities for **emergencies** will be determined by the clinical priority, and not necessarily the order in which they are booked, nor the availability of the surgical team. Where there is doubt about the clinical urgency, this will be determined by negotiation between the surgeons involved. If agreement cannot be reached then the Programme Director – Surgery & Anaesthesia (In-Hours) or Executive on-Call (After-Hours) will be asked to adjudicate.

5 Management of Daily Operating Sessions

Each operating theatre commences with the daily briefing at 08:05hrs for AM and all day sessions and 13:00hrs for PM sessions. **Unless this criterion is met, the first anaesthetic cannot commence.**

The morning session is to be completed by 1230. The afternoon or full day session, is to be completed by 1700.

If a surgeon is unable to complete a session by the scheduled completion time, their responsibility is to:

- Notify the Perioperative Floor Manager, who will in collaboration with the Wait List – Nurse Manager negotiate alternative arrangements for outstanding cases.
- Notify the parents and the ward in the event of a cancellation.
- Notify any other surgeon whose cases may be delayed by the extension of the session.

Note: If the surgeon is unable to notify due to operating, delegation can be allocated to an appropriate member of staff.

If a case is cancelled by the operating suite, the Perioperative Operations Manager is responsible for

- Notifying the affected surgeon

- Notifying the staff in the affected operating room.
- Notifying the Wait List Manager
- Notifying the parents and the Bed Manager in the event of a cancellation.

Monthly utilisation reviews of these sessions are carried out by the operating suite executive and adjustments made based on clinical demand.

6 Changes to Elective Operating Sessions

When adding an emergency procedure to any elective session (including outlying areas e.g. MRI, Oncology, etc. and bay cases) or changing order of elective sessions, please discuss and confirm with the Duty Anaesthetist and Perioperative Operations Manager.

If an emergency procedure is added before or in the middle of an elective session, one or more of the remaining elective procedures may be cancelled if time does not permit.

Emergency procedures will only be added to the end of an elective session if time permits. This needs to be confirmed and approved by the Duty Anaesthetist and Perioperative Operations Manager.

When changes to elective sessions are made after hours (inclusive of weekends) the Perioperative In Charge nurse is to be notified so appropriate communication and documentation can occur prior to the day of the child's admission and surgery.

7 Allocation of vacated operating time

To ensure appropriate theatre scheduling, doctors are requested to provide a minimum 6 weeks' notice of intended leave.

Please refer to [MoH Policy Directive Waiting Time and Elective Surgery Policy \(PD2012_011\)](#).

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