



# **DEDER GENERAL HOSPITAL SURGICAL SCHEDULING PROTOCOL**

***PREPARED BY: HSQU***

***JULY 2016 E.C***

***DEDER, EASTERN ETHIOPIA***



**PROTOCOL APPROVAL SHEET**

**NAME OF PROTOCOL: SURGICAL SCHEDULING PROTOCOL**

<b>PREPARED BY</b>			
<b>S/N</b>	<b>NAME</b>	<b>RESPONSIBILITY</b>	<b>SIGN</b>
1	Abdi Tofik (BSc, MPH)	Health Service Quality Director (HSQD)	
2	Abdella Aliyi (BSc MW)	HSQ Officer and Reform f/person	
3	Redwan Sharafuddin (BSc Pharm)	HSQ Officer	

<b>APROVED BY</b>			
<b>S/N</b>	<b>NAME</b>	<b>RESPONSIBILITY</b>	<b>SIGN</b>
1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
2	Dr. Derese Gosa (MD)	Medical Director	
3	Dr. Isak Abdi (MD, G/Surgeon)	OR Director & SaLTS Team leader	



## Contents

DEDER GENERAL HOSPITAL PROTOCOLAPPROVEAL SHEET .....	2
INTRODUCTION .....	4
General Principles of OR .....	4
PURPOSE.....	5
SCOPE .....	5
Scheduling.....	5
Prioritization .....	6
PROCEDURES.....	7

## **INTRODUCTION**

Hospitals are widely acknowledged as complex systems particularly in terms of management, with the surgical theater (ST) playing an important role, demanding a large portion of hospital resources and directly influencing patients' flows. Several negative impacts may result from a poor ST management; most notably large queues of patients waiting for procedures, delays and cancelling of surgeries, and excessive working hours. To avoid them, ST managers are challenged to synchronize the use of shared resources, such as operating rooms (ORs), surgical kits, post anesthesia care unit (PACU) beds, and surgical teams (surgeons, nurses and anesthetists).

## **PURPOSE**

The purpose of this protocol is to define a surgery timetable to be used in a predefined planning horizon such that the weekly number of surgeries performed is maximized and waiting periods are minimized.

## **SCOPE**

This protocol is applicable for Deder General Hospital Operation Theater, Providers using the OR and it will be used from 2016 to 2018 E.C

## **General Principles of OR**

1. Once started, a surgery cannot be interrupted
2. ORs, surgical kits and equipment are ready to use (sanitized/sterilized) at the beginning of each shift;
3. ORs and equipment are sanitized immediately after surgery completion, and PACU beds immediately after patients are discharged or moved toward beds;
4. Surgeries must start and finish in the same shift, except for ORs in which the same surgical team will operate in the next shift;
5. Elective surgeries are assigned to the morning and afternoon shifts;
6. Priorities assigned by surgical teams must always be respected;
7. PACU patients occupy beds for one or more shifts; and
8. It is not possible to perform surgeries from different specialties in a given shift in the same OR.

## **Scheduling**

- The importance of OR scheduling is to maximize operating room utilization by appropriately booking the right type of surgery cases by priority.
- For practical purpose Dadar General Hospital General Hospital will use a Block based scheduling of surgeries assigned for surgeons.
- There will be three block of time per day morning, Afternoon and Private wing (if started)
- Morning block lasts from 7:30AM and ends 11:30AM
- 11:30AM to 1:30PM will be a Lunch time this is to enable the morning shift to take longer hours if the last surgery takes longer hours than expected.

- Afternoon Block of time will last 1:30PM to 5:30PM

### **Prioritization**

- Priority surgeries are identified for each OR and shift. Surgeries are considered priority whenever indicated by the surgical teams. Otherwise, we prioritize surgeries to be performed on hospitalized patients, minimizing the no-show probability.
- When more than one patient is hospitalized, we prioritize those to be submitted to surgeries with shorter estimated durations (e.g. Day care surgeries are the 1<sup>st</sup> priority), since they tend to present shorter PACU lengths-of-stay.
- Since, elective surgeries are not performed in the night shift; thus, prioritizing shorter surgeries will push longer procedures to the end of the morning and afternoon shifts, allowing patients to stay at the PACU overnight and optimizing its night occupancy. In addition, starting the morning shift with shorter procedures promotes early PACU occupancy, reducing its morning idleness.

### **PROCEDURES**

1. Half of the available OR table shall be dedicated for elective surgery and the rest for emergency surgeries.
2. If there is no Emergency cases and the surgeon who has a case who is ready to undergone an elective surgery a surgeon who is assigned to

other block of time can utilize the emergency OR table for Elective surgery if there adequate resources (Human Resources, Equipment, and Supplies needed for the procedure).

3. Elective surgery shall Starts the first case incision before 8:00 am for elective surgeries during the working days of the week.
4. Turnaround time b/n cases **<20 minutes**
5. 2-3 shift implementation - Morning, afternoon, and private wing (if available) will be implemented based on block of time divided for individual surgeons by the format below
6. To reduce unnecessary prolonged pre operative Hospital stay the Monday schedule shall include patients from the nearby Kebeles those who can come on Sunday for Admission.
7. There should be a back up schedule to substitute if the appointed cases are absent on the date of admission and ready to admit cases if there is a cancelled case on the Operation day

Days of the week	Block of time	Surgeon	Block of time	Surgeon	Private wing
Monday	7:30AM to 11:30 AM	Dr. Isak A	1:30PM to 5:30 PM	Dr. Meron	Monday, Thursday, Friday afternoon 9:30-11:30 will be dedicated for private wing
Tuesday	7:30AM to 11:30 AM	Dr. Anwar S	1:30PM to 5:30 PM	Dr. Isak A	
Wednesday	7:30AM to 11:30 AM	Dr. Meron	1:30PM to 5:30 PM	Dr. Anwar S	
Thursday	7:30AM to 11:30 AM	Dr. Isak	1:30PM to 5:30 PM	Dr. Anwar S	
Friday	7:30AM to 11:30 AM	Dr. Anwar	1:30PM to 5:30 PM	Dr. Meron	
Total Hours					

## DEDER GENERAL HOSPITAL

### Morning, afternoon, and private wing schedule for Elective surgery

**NB:**

1. If more OR Table is functional and No Emergency case + if the procedure is no longer than 45', all the necessary Equipment and supply are available and all afternoon schedules will be shifted towards the Morning schedule.

If there are Private wing cases 9:30-11:30PM will be dedicated for a surgeon with private wing case regardless of the presence of non private wing cases

8. customized Format will be used for schedule notification for head nurse and scrub nurses (prior preparedness for adequate drape and required instruments and suturing materials
9. The schedule shall be notified for all stakeholders a day before surgery before 9:30PM by the format below by OR coordinator or equivalent.



## Deder General Hospital

### OR Schedule Notification format

	Date the schedule posted			Time schedule posted				Date of the scheduled surgery		
	Patients Name	Date of surgery	Diagnosis	Shift	Surgeon	Duration of the procedure (TIME)		Scrub	Anesthesia	Biomedical
						Starting time	Ending time			
1.										

10. per-operative conference will be conducted a day before surgery to finalize the patient preparation plan before scheduling the schedule & the schedule for Peri-operative Conference will be notified a day before surgery by the format below

#### 11. OR cleaning schedule

- The Operation Theater should be disinfected every **Saturday 9:30AM to 12:00PM**
- The OR disinfection schedule should be prepared and notified to the team a **day before the date of disinfection before 3:00PM**
- The Notification should include the role and responsibilities of all the

stakeholders.

- The OR Coordinator shall ensure all the necessary supplies are available a day before the schedule.
- The schedule will be notified using the format below

S.No	Name	Responsibility	Date and time	Remark

13. A surgeon can admit his patients a day before his schedule/assigned block of time for the Operation day.
14. The Surgeon is responsible to prioritize his cases and pool his patients in his own block of time.
15. Major Medical Equipments maintenance should be conducted daily before 6:30AM
16. Pre-operative conference shall be conducted a day before surgery.
17. Pre-operative conference schedule shall be posted a
18. If a Surgeon is on leave or has a conference he/she shall notify his schedule a day or two before the date his unused schedule to enable his unused schedule is used by other surgeon