Process for scheduled rooms delayed past 1900

Purpose: Ensure call and add-on teams are available for urgent cases

Basic procedure:

* Identify room/case with an unexpected and significant delay as soon as possible. The surgeon can initiate this communication when they recognize that a case is more difficult than expected and will take them much longer than scheduled. The circulating nurse in the room needs to alert the OR charge nurse as soon as possible to initiate this process.
* If the following case(s) is(are) a different surgeon, all attempt will be made to try and move those cases to a different room/crew so the second surgeon can get started.
* Equipment or turnover delays will be problem solved to allow the schedule to proceed as efficiently as possible.
* If this delay causes the projected end time of the scheduled cases to be more than 1.5 hours beyond the end time of the block time (past 1900) and there are more scheduled cases to follow, then the least urgent or last case will be reviewed for rescheduling. This will be discussed with the surgeon to get input on urgency of remaining cases and which can be rescheduled.
	+ Delays will be identified as early as possible to try and avoid patients coming into the hospital. OR Charge nurse and AIC will be vigilant about reviewing the OR schedule to help identify rooms that could be delayed.
	+ Once a late room has been identified and the plan for rescheduling a later case is determined, the OR charge will contact the Prep charge to inform them of the plan and have them call the patient to not come in if they have not arrived yet.
	+ AIC/OR charge nurse to contact the schedulers to work with office to find options for a reschedule date/time.
	+ Surgeon’s office/Prep charge/MIC to contact patient with updated information
	+ If the patient has already arrived at the hospital, the MIC/AIC will talk to them about the situation and help coordinate the new surgery date/time with the OR schedulers and the surgeon’s office.