Patient Workflow and Scheduling

Purpose: This policy defines the processes for the workflow and scheduling of Interventional Radiology, Neuro-Interventional Radiology and OR Vascular Suite. This workflow should:

- Meet the needs of patients requiring Interventional Procedures, Neuro-Interventional Procedures and Vascular procedures while accommodating the needs of all physicians in a collaborative manner.
- Utilizes Interventional Radiology, Neuro-Interventional and the OR Vascular Suite to the greatest extent possible.
- Reduces potential scheduling conflicts.
- Provides cost effective on-call coverage for emergent cases performed after normal working hours.
- Ensures timely notification of staff which includes: Radiological Technologist and Nursing staff to accommodate services provided to the OR, Radiology Department and Neurosurgery Department.
- Facilitates staffing assignments for Radiology, Neurosurgery and the Operating room.

Guidelines:

Daily Workload Threshold*

Outpatients – 2
Inpatients – 4

*Exception – Friday morning is reserved for clinic

Patient Scheduling

Patient case request is placed in EPIC for routine cases by attending physicians or residents and includes procedure, date, physician requesting procedure, type of anesthesia and diagnosis. The Nurse or Technologist whom are assigned in IR will move the patient from the case depot to the status board when confirmed with staff. If requested case exceeds the targeted volume, the nurse will contact the attending radiologist for approval.

Staffing

Routine cases will be staffed by one nurse and one technologist. Complex cases will be staffed by 2 nurse and 2 technologists. During routine cases staff not being utilized will assume responsibilities as outlined in Staff Duties policy.

The assignments described above assume that all staff is present. One Technologist must also be available for the Vascular Suite in the operating room. In the event that staffing is reduced due to call-in, the attending physician must be notified since scheduling may be impacted. When extended vacations are scheduled by staff the effected physicians will be notified and made aware that workload capacity may be reduced (depending on OR schedule).
* Complex- cases requiring procedural sedation, trauma patients, patients with high acuity levels or as defined by the physician performing the case.

Patient Flow

The Section Manager and Registered Nurses working in their assigned area are responsible for the daily patient workflow. The Section Manager and the Radiology technologist are responsible for needed supplies and equipment. Delays due to missing consent or other preoperative components will be noted on the quality management log and reviewed at the section meeting.

PICC Lines

Requests for PICC line placement will be reviewed daily in the case depot and will be performed when room and staff are available and categorized by requesting date. Any patient that has a diagnosis of Cystic Fibrosis will take precedence over in house PICC Line requests and should have line in within 48 hours of case request. Pediatric PICC Lines will be scheduled with the Pediatric Sedation Team as needed. Services will be performed Monday- Thursday and on Friday mornings if room availability and staffing are sufficient.

General guidelines for PICC line scheduling are listed below:
PICC Lines will be consented by Interventional Radiology Nurse
All medications used intra-procedure and orders post procedure for chest x-ray will be placed in EPIC by case requesting physician

Simultaneous Cases

When staffing permits three suites may run simultaneously. The staffing available for each one of the simultaneous cases is limited to one registered nurse and one radiologic technologist. At certain times, staffing constraints (scheduled days off, annual leave, illness, etc), preclude the ability to perform simultaneous cases. Additional personnel may be available from the heart cat lab. If additional staff is needed the Nursing Supervisor shall be notified at which time they will contact the Interventional Radiology Manager, Heart Cath Manager and the Heart Cath Nursing Supervisor to coordinate staffing.

Emergent Cases

Procedures that must be performed on an emergency basis take precedence over all elective procedures. If an elective case is in progress at the time an emergent procedure is required, the emergency procedure will be started as soon as the case currently underway is completed and necessary room cleaning and new procedure set-up is finished. In these circumstances, all other elective cases scheduled will be placed on hold until the emergent procedure is completed.

Scheduling Conflicts
Due to a variety of any unforeseen reasons (emergent procedures, late case starts, procedural complications, other patient needs, etc.); a procedure performed by a given physician may negatively impact another physician’s scheduled case. In these situations, it is imperative and a common courtesy that the physician who is responsible for ‘bumping’ the other, initiate direct communication with that physician. When handled on a physician to physician basis, most scheduling-related conflicts can be minimized, resolved in a professional manner, and the technical staff is not placed in an untenable position between the two physicians.

Call Coverage

Special Procedures is staffed Monday through Friday from 7:30 am until 4:00 p.m. A team is comprised of one Radiologic Technologist and one Registered Nurse available on-call for emergency cases at all other times. The main hospital switchboard maintains a copy of the call schedule. Call-backs are normally initiated by the radiology resident on duty after consultation with the attending physician.

Special Circumstances

After 4 p.m.

Every reasonable effort should be made to reduce the number of late elective cases. Cases starting or continuing after 4:00 p.m. will be considered as on-call and will be staffed by the call team for that day. Cases that are considered “must do” should be moved to the top of the schedule to insure that they will be completed by 4:00 p.m. Regularly scheduled cases not performed by 4:00 p.m. should not be considered emergent cases and should be schedule for the next day. Coverage can only be provided to one service at a time by the call team. For conflicts on the use of the call team after 4:00 p.m. please reference “Scheduling Conflicts”