

Patient Workflow and Scheduling

Purpose: This policy defines the process for the scheduling of angiography, non vascular interventional and other special procedures in a manner which:

- Accommodates the needs of both radiologists and vascular surgeons in a collaborative manner.
- Utilizes the radiology special procedures suite and the OR vascular laboratory 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 radiology technical and nursing staff in regards to scheduled cases in the OR vascular laboratory.
- Facilitates staffing assignments for special procedure cases.

Guidelines: Specials

Neuro

Daily Workload Threshold*

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Outpatients – 2
Inpatients – 4

Outpatients – 2
Inpatients – 4

*Exception – Friday morning is reserved for clinic. During clinic PICC lines will be addressed by order of importance and order of timeline of order itself.

Patient Scheduling

An assigned RN is responsible for scheduling routine cases. Patients seen by or contacted by the attending radiologist or resident should be scheduled through the nurse to ensure the workload is balanced. The nurse can contact the patient to set up a time if needed. If requested cases exceed the targeted volume, the nurse will contact the attending radiologist for approval. Non emergent cases that are brought in before prior scheduling will be sent to the medical director for review.

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 vacations are scheduled a notation will be made on the patient schedule book so that everyone is aware that workload capacity may be reduced (depending on OR schedule). The staff schedule will be posted in the control booth of the lab.

* Complex- cases requiring conscious sedation or as defined by the physician performing the case.

Patient Flow

The section manager or his/her designee (RN performing scheduling) is responsible for daily patient workflow. At approximately 2 p.m. each weekday, the section manager will ascertain which case will be first for the following day. He will then determine if the patient information is completed and supplies are available. The section manager will then notify the staff of which patient is to be first and what time that patient is to be ready. If the patient scheduled to be first is not actually the first patient (other than emergencies), then the medical director will be notified. 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 line placement will be reviewed daily by the attending physician. Each request will be categorized for performance by the PICC lines to be placed by the service will be performed on:

- ↻ Thursday morning (7:30a.m. – 10:00 a.m.)
- ↻ Friday morning
- ↻ Daily as staffing and EP lab schedule permits.

General guidelines for PICC line scheduling are listed below:

1. Procedures requiring the physician will be integrated into the daily schedule.
2. Radiology residents will consent all patients for line placement.
3. Patients must be reviewed, categorized and consented within 48 hours of receiving request.
4. Patients falling outside of the timeframe will be noted on the quality management log and reviewed at the section meeting.

Simultaneous Cases

When the special procedures section is fully staffed with two registered nurses and two radiologic technologists, it is possible to perform cases in two suites at the same time. 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. The special procedures nurse scheduling the case will contact the heart cath manager and the special procedures manager to coordinate staffing.

Emergent Cases

Procedures that must be performed on an emergency basis take precedence over all elective studies. If an elective case is in the progress at the time an emergent procedure is required, the emergency study 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, the elective case scheduled will be placed on hold until the emergency procedure is completed.

Scheduling Conflicts

Due to a variety of unforeseen reasons (emergency studies, 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 comprised of one radiologic technologist and one registered nurse is 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 a review of the particulars of a given patient and consultation with the physician requesting the emergency study.

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 lab by the call team. For conflicts on the use of the call team after 4:00 p.m. please reference “Scheduling Conflicts”

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