| **Section Title:** Administration<br>Department of Perioperative Services (POS) | | **Pages:** 1 of 2 |
|---|---|---|
| **Subject:** Administrative Reports | **Dept:** OR | **Policy:** A.4 |

**Purpose:** To ensure that the Department of Perioperative Services and key hospital leaders are kept informed of the various and changing activities, as they occur, in the Perioperative Services area.

## Policy:

1. Department of Nursing Service will be notified of any occurrence that results in a change from established protocol.
2. Administrative Reports will be completed and submitted by the 5th of the following month.

## Responsibilities:

Unit Director:

1. Will have the ultimate responsibility to ensure that the Department of Perioperative Services is kept current and informed of Medical Center and external updates.

2. Will delegate various Perioperative reports to appropriate staff member(s) and assure timely submission of the information.

Unit Supervisor:

1. In the absence of the Unit Director, will assume the responsibility for submission of required reports.

Unit Clerk:

1. Utilizing designated information, will prepare and submit the monthly statistical reports for the Unit Director's review and submission.
   a. Contents of monthly statistical reports are defined by Administration, Medical Records, Safety, Infection and Quality Improvement Committees.

**Types of Reports:**

1. Monthly Statistical Report
   a. Number of cases – ambulatory and inpatient
   b. Number of cancellations
      -Includes date, time, person canceling the case and the reason for the cancellation
   c. Number of emergencies performed

-Includes time case was posted and by whom

d. Length of time and personnel required to perform procedures
e. Traffic flow patterns and timeliness of care of patients in POS
f. Types of cases/specialties
g. Cases per surgeon by specialty/case/block
h. Length of case to scheduled time
i. Block schedule report
j. Anesthesia start/end times
k. Cost analysis of cases with/without staff time
l. Add-on cases scheduled within 48 hours of surgery

2. Condition of Patient (Critical Event Form)
   a. Report instituted in the event a patient's condition becomes critical during their stay in the OR Suite. Information should include:
      -Patient's name;
      -Admitting diagnosis;
      -Current diagnosis;
      -Operative procedure(s);
      -Cause of death (if applicable);
      -Surgeon and referring physician.

3. Unusual Occurrence
   a. Any circumstance(s) resulting in a variance from the established protocol(s) or patient treatment will be documented and reported.

4. Master Staffing Time Schedule/Standby Schedule
   a. To be prepared by the Unit Supervisor and submitted to the Director of Staffing no later than the second week of the current schedule.

5. Incident Report
   a. Any incident or unusual occurrence resulting in an injury or potential harm to the patient will be tracked and documented.