



# Huntington Hospital

## INSTRUCTIONS FOR SCHEDULING AN OPERATING ROOM PROCEDURE

### **A. For Surgeons WITH Assigned Surgery Block Time:**

1. Use the "Surgery Scheduling Request" form.
2. Complete all fields on this form using no abbreviations.
3. Fax the completed "Surgery Scheduling Request" form to the Surgery Pre-registration Center at (626) 397-3592).
4. The surgery request will **not** be processed if any fields are not completed.
5. Incomplete forms will be emailed back to the physician's office for completion of the required information. Blocks release within 72 hour time frame, so please be accountable for your intended scheduled surgery.
6. Surgeries requiring Co-Surgeons will not be scheduled until forms from **both parties** have arrived and implants (if needed) are ordered. Implants require 3 days to order.
7. Once the **completed** form is received, with authorization, demographic information, and insurance verified, a Surgery Pre-registration Center representative will forward the form to Surgery Scheduling.  
The anticipated "turn around" time is approximately 3 business days.
8. Surgery Scheduling will book the case, issue a **confirmation number** and will email it to the physician's office in an encrypted format.
9. Please use the **confirmation number** in any further communication regarding the scheduled case. If you do not have a **confirmation number**, the surgery **has not been scheduled!**
10. Blocks release via computer generated action at 7:30 AM in the morning at the end of the 72 hour time frame. This is not an action performed by the schedulers. Please respect your assigned block and be accountable for the deadlines. Your confirmation # is mandatory!

### **B. For Surgeons WITHOUT Assigned Surgery Block Time:**

1. Call the Surgery Scheduling Office (626) 397-5353 to reserve the date and time of your request.
2. Schedulers will "HOLD" the date and time for 48 hours.
3. Follow steps 1 - 10 in the above instructions.
4. Call the Scheduling Office if you need to extend your reservation.

### **C. To Request Any Change To Any Previously Booked Procedure:**

1. Use the "Surgery Scheduling Change Request" form.
2. Complete the change request and include the **confirmation number** and date of the surgery.
3. Fax to the Surgery Pre-registration Center (626) 397-3592.
4. Surgery Scheduling will email the confirmed change to the physician's office.

#### **D. To Cancel an Existing Scheduled Surgery:**

1. Use the "Surgery Cancellation Request" form.
2. Complete the cancellation request. Please include the **confirmation number** and date of the surgery.
3. Fax the completed "Surgery Cancellation Request" form to the Surgery Pre-registration Center (626) 397-3592.
4. Cancellation for a next day surgery **will require** a phone call to Surgery Scheduling and a completed cancellation form!
5. Surgery Scheduling will email the **confirmed** cancellation to the physician's office.

**If a procedure has been cancelled and you wish to re-schedule, you must treat this as a new case and start the scheduling process with the Surgery Pre-registration Center using the "Surgery Scheduling Request" form as per the preceding instructions.**

#### **E. For Next Business Day Scheduling, Cancellations, Immediate Concern Cases:**

1. Call the Surgery Scheduling Office (626) 397-5353 to check if time is available.
2. If time is available, Surgery Scheduling will "HOLD" the reservation. The cut off time for the next day scheduling is 4:00 PM. This means the insurance authorization **MUST** be in place and the form completed and the surgery scheduled by 4:00 PM before the day of the surgery.
3. Beyond this deadline, all surgeries will be considered an "ADD ON"; which is done by calling the main O/R at (626) 397-5012. (Please do not call before 5:00 PM.) Cases will be noted and scheduled on an "FIRST COME" basis.

#### **F. Patients That Are Admitted To the Hospital:**

1. Call the Surgery Scheduling Office directly at (626) 397-5353
2. In-House patients are considered to be patients that are presently and physically assigned to a hospital room.
3. There are no required forms to be sent as the patient's insurance has been verified. All information may be taken over the phone or via email.
4. Required information to schedule the surgery will include but not limited to: the patient's FIN#, Diagnosis, Procedure, Length of Surgery, Patient's Position, Explanation of Surgery including any additional Vendors and/or supplies.

#### **G. Add On Cases:**

1. Call the main O/R directly at (626) 397-5012.
2. Speak to the Charge Nurse to be placed on the "ADD ON" list. Required information to schedule the surgery will include but not be limited to: the patient's FIN#, Diagnosis, Procedure, Length of Surgery, Patient's Position, Explanation of Surgery including any additional Vendors and/or supplies.
3. Please include your physician's availability and phone numbers to be reached.
4. **All "ADD ON" surgeries will be done on a first come - first serve basis.**