

Surgical Booking Request Office Reference Guide

Edmonton Zone

Surgical Booking Request Office Reference Guide

The Surgical Booking Request Reference Guide provides information to assist in completing the Provincial Surgical Booking Request form. A Surgical Booking Request must be completed to book a patient for surgery. Electronic links to this Reference Guide can be found at:

<http://insite.albertahealthservices.ca/9478.asp>

Why a new booking request?

This new Surgical Booking Request (SBR) form has been developed at a provincial level in partnership between the Surgery Strategic Clinical Network (SSCN) and a working group of representatives from each zone. The provincial booking form provides an opportunity streamline wait times measures for improved resource allocation through consistent booking information and alignment with adult Coding Access Targets for Surgery (aCATS).

The provincial working group convened in 2011. With over 20 different booking forms across the province, it was important to consider each data element to determine what best met the needs of the each site while maintaining a one-page document. The current SBR is a result of multiple discussions and review by various stakeholders including surgeons, surgeon offices, patient registration, front-line staff, etc.

The Surgery SCN believes surgical care can be delivered “sooner, safer and smarter”, and aims to find, share and spread best practise standards to facilitate safe, effective and efficient patient care at the bedside.

Surgical Booking Request Form and Location

The Surgical Booking Request form (SBR) number 18277 is available in two formats:

- a triplicate hard copy paper form available from Data Management (DDM) forms provider or site location.
- Fillable PDF version can be printed as required.

The form can be ordered from Data Group as per the regular process. If you already have an account to order on-line, visit <https://secure7.datagroup.ca>. A new account can be set up at this URL if required.

Electronic links to the form can be found at:

- <http://www.albertahealthservices.ca/referralforms.asp> (external)
- <http://insite.albertahealthservices.ca/1866.asp> (internal)

Surgery Specific Forms

Surgery specific forms have been created to facilitate the surgical booking process for all total joint replacement arthroplasties, spinal surgery procedures and patients with CJD precautions. Electronic links to the forms can be found on:

Creutzfeldt-Jakob Disease Risk Assessment Tool:

<http://www.albertahealthservices.ca/hp/if-hp-ssc-cjd-risk-assessment.pdf>

Consent to Specific Treatment/Procedure:

<http://insite.albertahealthservices.ca/frm-18628.pdf>

How to fill out the Surgical Booking Request Form

- Please type or print legibly.
- All date fields are entered in **YYYY/MON/DD** format.
- All phone numbers must include area code.

Admitting Information

- A. Site:** Enter physical site that the surgery will be performed at
- B. Site/Zone Health Record Number:** Enter unique patient number created at the Hospital site or zone level
- C. Encounter Number:** Enter unique number relating to specific patient visit
- D. Date Submitted:** Enter date that OR booking form request is submitted (i.e. filled out by physician's office)
- E. Date Admitting Received:** Enter date booking form was received at the booking office (to be filled out by booking staff)
- F. Admitting Surgeon:** Enter the primary surgeon's full name

Site A	Health Record # B	Encounter # C
Date Submitted (yyyy-Mon-dd) D	Date Admitting Received (yyyy-Mon-dd) E	Admitting Surgeon F

Patient Information

- G. Last Name, First Name, Middle:** Enter the patient's FULL NAME
- H. Age:** Enter patient's age
- I. Date of Birth:** Enter patient's date of birth
- J. Gender:** put a check next to patient's gender
- K. Personal Health Number/Unique Lifetime Identifier:** Enter the patient's provincial health care number (PHN) or Unique Lifetime Identifier (ULI)
- L. Federal Government #/Out of Province #/Self pay/Uninsured:** Indicate if patient has federal government health coverage (i.e. military), coverage from another Canadian province, providing self-pay coverage, or is uninsured
 - Circle appropriate selection and enter corresponding number.
- M. Address, City, Province, Postal Code, Phone Numbers:** Enter the patient's *primary* address and relevant phone number(s)
- N. Parent(s)/Legal Guardian Name:** If patient is a minor or has a legal guardian assigned, circle respective designation and provide name
- O. Phone:** Phone number of parent/legal guardian
- P. Family Physician:** First and last name of family physician
- Q. Workers' Compensation Board Claim #:** If the surgery is a work related accident and patient has a Workers' Compensation Board (WCB) claim, enter WCB claim #

Last Name G		First Name G		Middle G	Age H
Date of Birth (yyyy-Mon-dd) I	<input type="checkbox"/> Female J <input type="checkbox"/> Male J	PHN/Unique Lifetime Identifier K		Federal Gov't/Out of Province #/Self-pay/Uninsured L <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (Apt/Street No.) M			City M	Province M	
Postal Code M	Home Phone M	Cell Phone M		Business Phone M (ext.)	
Parent(s)/Legal Guardian Name N		Phone O	Family Physician P		WCB Claim # Q

R. Does the patient have cancer related to this surgery?:

- Yes: cancer is confirmed by previous tests and is related to this procedure
- No: cancer is not present and/or not related to this procedure
- Suspected: cancer is suspected (but not yet confirmed) and is related to surgery,

S. Are there any dates the patient is unavailable? Specify: If the patient is unavailable between certain dates, check yes and enter specific date/range

T. Surgery Date: Populate with preferred/known date of surgery. Leave blank if date unknown

U. Decision to Treat Date: Date that the surgeon and patient determine surgery is the treatment option

V. Ready to Treat Date: First Date that patient is available for surgery

W. Referral Date to Surgeon: Date patient referred by referring physician to surgeon

X. PAC: Select Yes or No to indicate if Pre-Admission Clinic is required

X. Pre-Op Assessment Clinic Date: enter the appointment date if known

Y. Pre-Op Assessment Referral: If pre-operative assessment is required, check the appropriate specialist and provide a reason for referral

Z. Referring Physician Name: Enter name of referring physician (i.e. family, GP, specialist, alternate surgeon) or, if more appropriate, referring program (i.e. Primary Care Network)

AA. Admit Category: Select the timeframe in which the surgery must be performed based on priority

- *Equivalencies:*
 - L1=3 days / 1 week / 2 weeks
 - L2=3 weeks / 4 weeks / 6 weeks
 - L3 = 12 weeks / 16 weeks / 26 weeks

BB. Admit Type:

(i) All patients requiring scheduled surgical procedures are categorized preoperatively into 2 categories – Elective or Urgent. Check the appropriate admit category

(ii) Check one admit type from the second box. If patient requires pre-op hospitalization or post-op hospitalization enter the number of hospital days required.

Does patient have cancer related to this surgery? R <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected		Are there any dates the patient is unavailable? S <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____	
Surgery Date (yyyy-Mon-dd) T	Decision to Treat Date (yyyy-Mon-dd) U	Ready to Treat Date (yyyy-Mon-dd) V	Referral Date to Surgeon (yyyy-Mon-dd) W
PAC <input type="checkbox"/> Yes <input type="checkbox"/> No X	Pre-Op Assessment Clinic Date	Pre-Op Assessment Referral Y <input type="checkbox"/> ICU <input type="checkbox"/> Internist <input type="checkbox"/> Anaesthesiologist	Referring Physician Name Z
Admit Category Within AA <input type="checkbox"/> 3 days <input type="checkbox"/> 6 weeks	<input type="checkbox"/> 1 week <input type="checkbox"/> 12 weeks	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 16 weeks	<input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 26 weeks
Admit Type (select only one) BB <input type="checkbox"/> Urgent <input type="checkbox"/> Elective	<input type="checkbox"/> Admit _____ days Pre-Op <input type="checkbox"/> Admit Day of Procedure <input type="checkbox"/> Step down/Intermediate Care Unit	<input type="checkbox"/> Day Surgery <input type="checkbox"/> Medical <input type="checkbox"/> Observation Post-Op	<input type="checkbox"/> 24 Hour Stay <input type="checkbox"/> ICU Post-Op BB <input type="checkbox"/> Admit _____ days post-op

- CC. Provisional Diagnosis:** Provisional diagnosis as determined by the surgeon
- DD. pCATS/aCATS Diagnosis Code:** Enter the pCATS (Paediatric Canadian Access Targets for Surgery) diagnosis code or aCATS (Adult Coding Access Targets for Surgery) diagnosis code
- EE. Procedure Code 1:** OR Procedure mnemonic code for first/only procedure, if known
- EE. Procedure Code 2:** OR Procedure mnemonic code for second procedure (performed by same surgeon)
- If a second procedure is to be performed by a different surgeon (surgeon #2), on the same patient & same day, surgeon #2 must complete a separate surgical booking request form.
 - **Both** surgeon offices must add “*To be done with Dr. X*” under the Special Medical Concerns/Needs/Allergies box. Admitting and OR booking will match these bookings together.
 - If a third procedure is required, an additional booking request form should be included.
- FF. Description 1:** Surgeon’s description of the surgical procedure
- GG. Laterality:** Check the appropriate box if the procedure involves a paired organ, limb or structure. If no laterality involved, leave blank.
- HH. Skin to Skin time:** Estimated time, in minutes, to perform the surgical procedure.
- Skin to Skin time does not include set up, anaesthesia, or clean-up time.
- II. Surgeon 1:** Name of the surgeon booking the case
- JJ. Insured Procedure?** If procedure not covered by AHS, check No.
- KK. Special O.R. Equipment/Prosthesis:** Enter any Special OR equipment and Prosthesis requests required for the surgery. *Special OR equipment and Prosthesis requests **must** be made at least 5 working days prior to the surgery date.*
A note about “assistant required” can also be entered manually in this box
- LL. Assistant Required:** Select appropriate box to indicate if surgical procedure will require an assistant surgeon
- MM. Fluoroscopy/C-arm:** Select appropriate box based on requirement for C-arm fluoroscopy

Provisional Diagnosis CC		pCATS/aCATS Diagnosis Code DD	
Procedure 1 Code EE	Description FF	<input type="checkbox"/> Right <input checked="" type="checkbox"/> Left GG <input type="checkbox"/> Bilateral	Skin to Skin Time HH
		Surgeon II	Insured Procedure <input type="checkbox"/> No JJ
Procedure 2 Code EE	Description FF	<input type="checkbox"/> Right <input checked="" type="checkbox"/> Left GG <input type="checkbox"/> Bilateral	Skin to Skin Time HH
		Surgeon II	Insured Procedure <input type="checkbox"/> No JJ
Special O.R. Equipment/Prosthesis KK		Assistant Required <input type="checkbox"/> Yes <input type="checkbox"/> No LL	Fluoroscopy/C-arm <input type="checkbox"/> Yes <input type="checkbox"/> No MM

- NN. Required Anaesthetic:** Select the planned anaesthetic for the surgery, as per the surgeon (Note that this requested anaesthetic request may be changed by anaesthetist)
- OO. Special Medical Concerns/Needs/Allergies:** Document any Special Medical

Concerns/Needs/Allergies not captured by the following text boxes.

- Need for **patient interpreter** can be recorded here
- **Autologous Blood:** Check if patient is donating own blood prior to procedure
- **Creutzfeldt-Jakob Disease Precautions:** Check if CJD precautions are required.
- **Type I Diabetes/Type II Diabetes:** Check if patient is diabetic and document diabetic type
- **Antibiotic Resistant Organisms:** Check if the patient is confirmed to have ARO
- **Latex Allergy:** Check if patient has allergy to latex.
- **Malignant Hyperthermia:** Check if Malignant Hyperthermia is a medical concern.
- **BMI:** Enter Body Mass Index value if known.
- **Obstructive Sleep Apnea:** Check if patient is confirmed to have obstructive sleep apnea

PP. Name/Signature/Date: To be signed and dated by the individual completing the booking information section.

QQ. Attachments – Identify any supporting documentation that has been submitted along with the booking

RR. Postponement (For OR Booking Office use only) - Identify any known postponements and the corresponding details of the postponement

Required Anaesthetic				
<input type="checkbox"/> General	<input type="checkbox"/> Regional (<i>spinal, epidural, peripheral</i>)	NN	<input type="checkbox"/> Procedural Sedation/Analgesia (<i>without anaesthesia support</i>)	
<input type="checkbox"/> Local	<input type="checkbox"/> IV Regional (<i>Bier</i>)		<input type="checkbox"/> Monitored Anaesthetic Care (<i>with anaesthesia support</i>)	
Special Medical Concerns/Needs/Allergies				
OO				
<input type="checkbox"/> Autologous Blood	<input type="checkbox"/> Creutzfeld-Jakob Disease precautions	<input type="checkbox"/> Type 1 Diabetes	<input type="checkbox"/> Type 2 Diabetes	
<input type="checkbox"/> Antibiotics Resistant Organisms	<input type="checkbox"/> Latex Allergies	<input type="checkbox"/> Malignant Hyperthermia	<input type="checkbox"/> BMI _____	<input type="checkbox"/> Obstructive Sleep Apnea
Name	PP	Signature	Date (yyyy-Mon-dd)	
Attachments				
QQ	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Hip	<input type="checkbox"/> Knee	<input type="checkbox"/> Spine
	<input type="checkbox"/> History	<input type="checkbox"/> Orders	<input type="checkbox"/> Consult	<input type="checkbox"/> Legal Guardian Consent
	<input type="checkbox"/> Consent	<input type="checkbox"/> ECG	<input type="checkbox"/> Lab	<input type="checkbox"/> Other (<i>specify</i>) _____
	<input type="checkbox"/> Creutzfeld-Jakob Disease Risk Assessment Tool	<input type="checkbox"/> Self/Care-Giver Assessment	<input type="checkbox"/> Other (<i>specify</i>) _____	
Postponement	Reason for Postponement	Rescheduled Surgery Date (yyyy-Mon-dd)	Rescheduled Admission Date (yyyy-Mon-dd)	Initials
	RR			

Zone Contact List

Surgical Booking Office

Site	Phone	Fax
Cross Cancer Institute	780-432-8337	780-432-8333
Fort Saskatchewan Community Hospital	780-342-3125	780-342-3119
Grey Nuns Community Hospital	780-735-7210	780-735-7279
Leduc Community Hospital	780-980-4610	780-980-4637
Misericordia Community Hospital	780-735-2862	780-735-2967
Royal Alexandra Hospital – Ophthalmology & ENT	780-735-5052	780-735-5040
Royal Alexandra Hospital – Main	780-735-4247	780-735-4386
Royal Alexandra Hospital – Hip & Knee	780-735-8120	780-735-8136
Royal Alexandra Hospital – Obs/Gyne	780-735-4897	780-735-5911
Stollery Children's Hospital	780-407-8874/ 780-407-1606	780-407-1607
Sturgeon Community Hospital	780-418-7311	780-418-7336
University of Alberta Hospital	780-407-6056	780-407-7869
Westview Health Centre	780-968-3664	780-968-3764

Admitting

Site	Phone	Fax
Cross Cancer Institute	780-432-8779	780-432-8547
Fort Saskatchewan Community Hospital	780-342-3113	780-342-3119
Grey Nuns Community Hospital	780-735-7155	780-735-7021
Leduc Community Hospital	780-986-7711	780-980-4490
Misericordia Community Hospital	780-735-2881	780-735-2907
Royal Alexandra Hospital – Ophthalmology & ENT	780-735-4120	780-735-4401
Royal Alexandra Hospital – Main	780-735-4120	780-735-4401
Royal Alexandra Hospital – Hip & Knee	780-735-8134	780-735-8136
Royal Alexandra Hospital – Obs/Gyne	780-735-4130	780-735-8637
Stollery Children's Hospital	780-407-8422	780-407-3092
Sturgeon Community Hospital	780-418-8570	780-418-8590
University of Alberta Hospital	780-407-8422	780-407-3092
Westview Health Centre	780-968-3600	780-968-3675

Frequently Asked Questions

Where do I call for information about completing a Surgical Booking Request?

Surgical Booking information can be obtained from the surgery scheduling office. If the call is surgery related any OR booking clerk or team leader can help you.

When do I submit the completed Surgical Booking Request (SBR)?

Once the Ready to Treat date is determined the SBR must be received in the Booking Office within 5 business days to be entered on the waiting list. The Request must be accompanied by a complete booking package as determined by the facility.

I have everything but the consent. Should I send in the booking?

Policy varies by site – please contact the site booking office (contacts on previous page).

What do I do if there is a change to a surgical date on a booking after it's been submitted?

Update the original booking request with a date and new information. Submit the booking request to the OR booking department.

My booking was sent back-why?

Returned SBRs are due to incomplete information on the SBR or the accompanying required documentation e.g. consents or history and physical. A form letter will accompany the returned form with the reason why a booking was sent back. Complete the form or the package and re-submit.

Note: Surgical booking for Pediatric Hospitals **must have** the mandatory fields of aCATS/pCATS and Cancer completed. Any surgical booking for adult surgery must have the Ready to Treat date completed. Sites participating in aCATS must provide aCATS code. Schedulers will contact the surgeon's office to obtain complete information.

We use L1-L2-L3 admit categories. What should I enter in the Admit Category Within?

Select the timeframe in which the surgery must be performed based on priority

- *Equivalencies:*
 - **L1**=3 days / 1 week / 2 weeks
 - **L2**=3 weeks / 4 weeks / 6 weeks
 - **L3** = 12 weeks / 16 weeks / 26 weeks

My patient has cancer but the surgery is not related to the cancer diagnosis. What do I mark on the cancer box?

If the surgery being booked is not directly related to the Cancer diagnosis, ie tumor removal, mark **NO**. An example would be a patient who has leukemia, but needs to have a Myringotomy and Tube Insertion for chronic ear infections.

Where do I record that an assistant is required for a surgery?

The need for an assistant can be captured within the procedure description box

Where can I get the Surgical Booking Request form?

See page 2 of this document for web link locations (URLs)

Who do I contact if I have updates to this document?

Please contact Bryan Atwood (bryan.atwood@albertahealthservices.ca), Provincial Lead, aCATS, with any updates or questions.