

Surgical Booking Request Office Reference Guide

North 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 booking form 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.

This form is available to order from DataGroup within the North Zone Catalogue. You may use your existing account, **or** if you need to set up an account, please visit <https://secure7.datagroup.ca> and click the *Need to register* link. If you are experiencing problems setting up your account, you may call 780-577-8295.

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>

Spine Prosthesis Request:

<http://www.albertahealthservices.ca/hp/if-hp-ssc-spine-surg-req-fmc.pdf>

Total Hip Joint Surgery Request Form:

<http://www.albertahealthservices.ca/hp/if-hp-ssc-total-hip-joint-surgery-request.pdf.pdf>

Total Joint Surgery Request Form Knee/Ankle/Elbow/Shoulder:

<http://www.albertahealthservices.ca/hp/if-hp-ssc-total-joint-surgery-request.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 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		Are there any dates the patient is unavailable? S	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected		<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	Referring Physician Name Z
	<input type="checkbox"/> ICU <input type="checkbox"/> Internist <input type="checkbox"/> Anaesthesiologist		
Admit Category Within AA	<input type="checkbox"/> 3 days <input type="checkbox"/> 6 weeks	<input type="checkbox"/> 1 weeks <input type="checkbox"/> 12 weeks	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 16 weeks
	<input type="checkbox"/> 3 weeks <input type="checkbox"/> 26 weeks	<input type="checkbox"/> 4 weeks	
Admit Type (select only one) BB	<input type="checkbox"/> Admit _____ days Pre-Op	<input type="checkbox"/> Day Surgery	<input type="checkbox"/> 24 Hour Stay BB
<input type="checkbox"/> Urgent BB	<input type="checkbox"/> Admit Day of Procedure	<input type="checkbox"/> Medical	<input type="checkbox"/> ICU Post-Op
<input type="checkbox"/> Elective	<input type="checkbox"/> Step down/Intermediate Care Unit	<input type="checkbox"/> Observation Post-Op	<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 type="checkbox"/> Left GG <input type="checkbox"/> Bilateral Surgeon II	Skin to Skin Time HH Insured Procedure <input type="checkbox"/> No JJ
Procedure 2 Code EE	Description FF	<input type="checkbox"/> Right <input type="checkbox"/> Left GG <input type="checkbox"/> Bilateral Surgeon II	Skin to Skin Time HH 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 Prosthesis <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Spine <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Lab <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"/> 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)
	RR		

Zone Contact List

Surgical Booking Office

Site	Phone	Fax
Barrhead Healthcare Centre	780-674-2221 ext. 2253	780-674-2168
Bonnyville Community Health Centre	780-826-8255	780-826-6531
Cold Lake Healthcare Centre	780-639-3322 ext. 327	780-639-6514
Edson Healthcare Centre	780-723-3331 ext. 106	780-723-7787
Hinton Healthcare Centre	780-865-1788	780-865-1866
Lac La Biche Healthcare Centre	780-623-4404 Ext. 212	780-623-7306
Northern Lights Regional Health Centre	780-791-6116	780-793-7254
Northwest Health Centre	780-841-3289	780-926-7376
Peace River Community Health Centre	780-624-7529	780-618-3486
Queen Elizabeth II Hospital	780-538-7108 780-538-7231 780-830-4815	780-832-4917
Sacred Heart Community Health Centre	780-324-4201	780-324-4206
Slave Lake Healthcare Centre	780-805-3500	780-805-3577
St. Paul Healthcare Centre	780-645-3331 Ext. 2287	780-645-1710
Westlock Healthcare Centre	780-350-2024	780-350-3026
Whitecourt Healthcare Centre	780-778-2285	780-778-8554

Admitting

Site	Phone	Fax
Barrhead Healthcare Centre	780-674-2221	780-674-3541
Bonnyville Community Health Centre	780-826-3311	780-815-4231
Cold Lake Healthcare Centre	780-639-3322	780-639-6523
Edson Healthcare Centre	780-723-3331	780-723-7787
Hinton Healthcare Centre	780-865-3333	780-865-1099
Lac La Biche Healthcare Centre	780-623-4404	780-623-5965
Northern Lights Regional Health Centre	780-788-1314	780-791-6167
Northwest Health Centre	780-778-5530	780-778-5161
Peace River Community Health Centre	780-624-7500	780-624-7552
Queen Elizabeth II Hospital	780-538-7100	780-538-7232
Sacred Heart Community Health Centre	780-324-3730	780-324-4239
Slave Lake Healthcare Centre	780-805-3500	780-805-3574
St. Paul Healthcare Centre	780-645-3331	780-645-1702
Westlock Healthcare Centre	780-349-3301	780-349-6973
Whitecourt Healthcare Centre	780-778-5530	780-778-5161

Frequently Asked Questions

Where do I call for information about completing a booking form?

Booking form 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 OR Booking Request?

Once the Ready to Treat date is determined, OR Booking Requests must be received in the Booking Office within five business days in order to be entered on the waiting list. The Booking 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 booking forms are due to incomplete information on the booking form 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: Any surgical booking for the 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. Site participating in aCATS projects must complete the aCATS code. If the fields are not completed the schedulers will contact the surgeon's office to obtain this information.

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.