

Surgical Services Phase 2 Reactivation at Lake Forest Hospital Frequently Asked Questions

Updated February 3, 2022

How are cases categorized?

Cases are categorized based on acuity and risk to the patient:

- A: Emergency
- B: Need to move forward with the procedure
 - o B1: Most urgent, can no longer be postponed
 - o B2: Less urgent, can wait longer
- C: Elective and can wait until adequate resources are available

When will Phase 2 reactivation begin?

Phase 2 reactivation will occur between Tuesday, February 15, and Friday, April 1 (and possibly later).

Which surgeries will be reactivated in Phase 2?

The Phase 2 reactivation plan will include cases in the backlog and new case requests. Cases that are already on the schedule will remain on the schedule.

What are the guiding principles for Phase 2 reactivation?

- Increase open time
- Increase open robot time
- Minimize disruption to current patient and surgeon schedules
- Limit two post-op patients per surgeon or proceduralist per day
- Continue to hold Category C cases that require a post-op bed
- Modify block holders' total block time
- Maintain block days and alter times
- No swing rooms
- Fair and equitable modifications

How will my cases identified in Phase 2 get rescheduled?

Surgeons need to review and prioritize patients in the depot and schedule into modified Phase 2 blocks. Each surgeon will receive a list of block modifications and a list of patients in the depot or backlog list. Please review the patient list and prioritize your surgical case requests. *All patients will be removed from the depot on Friday, February 4,* for the OR schedule period between Tuesday, February 15, and Friday, April 1. You can make new and priority case requests to the hospital schedulers starting Monday, February 7. Requests must be made within the new modified blocks or open times.

What will happen to my cases currently on the schedule?

All surgical cases currently on the schedule at LFH and Grayslake Outpatient Center on or after Tuesday, February 15, will proceed as scheduled, regardless of category, unless canceled by surgeon request. In addition, Grayslake will continue to be used for appropriate outpatient cases.

How and what should I communicate to my patients?

In deference to your relationship with your patients and your understanding of their clinical needs, it's important for you or your scheduler to communicate directly with patients whose surgeries have been postponed. Suggested **talking points** can guide conversations with your patients.

How will safety be prioritized during reactivation?

Providing a safe and trusted environment for clinicians, staff and patients is the reason behind taking a thoughtful and gradual approach to rescheduling procedures. Surgical Services at LFH will continue to follow NM best practices and safety protocols, including **systemwide visitor guidelines**.

Who is making the decisions regarding reactivation?

The Surgical Review Committee is carefully making decisions with input from these members:

- Bob Andrews, MD, Chief of Surgery
- Joseph Colligan, MD, Chief of Anesthesiology
- Dave Rosen, MD, Perioperative Medical Director
- Michael Bauer, MD, Medical Director
- Kristina Whitmore, Vice President Operations, Surgical Services

What considerations are being made for Phase 2 reactivation?

- Eight ORs between LFH and Grayslake
- Maintain currently scheduled cases at Grayslake
- Continue to schedule appropriate outpatient cases at Grayslake
- Temporarily modify previous block allocations to create more open time and open robotic time, and decrease pre- and post-recovery bed needs
- Temporarily remove swing rooms at LFH

Who can I contact with questions about the surgery reactivation and scheduling process?

Please call Kristina Whitmore, vice president Operations, Surgical Services, at 708.642.1252.