

# MASSACHUSETTS GENERAL HOSPITAL

## CLINICAL POLICY AND PROCEDURES

### PERIOPERATIVE POLICY FOR CONCURRENT SURGICAL STAFFING OF TWO ROOMS

#### 1. POLICY

- 1.1. Massachusetts General Hospital will provide for appropriate surgical staffing of all operating rooms to ensure safe and high quality care for all patients.
- 1.2. All activities related to concurrent staffing of two operating rooms will be compliant with all legal and regulatory requirements including existing Centers for Medicare and Medicaid Services rules for overlapping surgical cases.

#### 2. DEFINITIONS

- 2.1. Concurrent staffing—Attending surgeons perform the operative procedures with a team that consists of residents, fellows, and other clinical providers. The attending is responsible for the oversight of the team and the care provided. There are times when an attending surgeon will oversee the care provided by teams in two operating rooms simultaneously, defined as concurrent staffing. The attending will practice within the elements of this policy when concurrent staffing occurs.
- 2.2. Immediate availability of a surgeon is met when the surgeon remains within the main campus of the Massachusetts General Hospital and is able to return to the operating room in a timely manner whenever he/she is responsible for surgical care of a patient in the operating room. For the purposes of this policy, the offices at Charles River Plaza, the Massachusetts Eye and Ear Infirmary and the Shriners Burn Institute are considered part of the MGH main campus.

#### 3. PROCEDURES

- 3.1 Every patient in the operating room (OR) will have at least one attending surgeon clearly designated in the patient's medical record.
- 3.2 The attending surgeon will inform the operating room team during the preoperative huddle, either in person or by telephone, as to the surgical plan and his/her availability or the availability for another attending surgeon for the entirety of the case. This may include fellows as per Partners Policy on Supervision of Residents and Clinical Fellows. (*click Related Document link at top of page.*)
- 3.3 The attending surgeon will actively participate in the performance of each case. This will require the attending surgeon to "scrub" parts of each case, with well defined exceptions, such as endoscopic procedures.
- 3.4 When a surgeon is scheduled in concurrent rooms, he or she must be in the OR suite and not in clinic or their office.
- 3.5 In cases in which the primary surgeon is participating in a second case or is not readily available, another attending surgeon must be designated as being immediately available.
- 3.6 It is recognized that there may be extenuating circumstances, such as simultaneous emergency cases when on call, in which a surgeon may make an exception to having a second designated surgeon available.
- 3.7 Prior to the procedure, the involvement of the attending surgeon will be discussed with each patient and/or their family.
- 3.8 The allocation of simultaneous elective blocks for surgical case scheduling purposes will be at the discretion of Division/Department Surgical Chiefs with consideration of all billing compliance regulations, quality and efficiency of OR performance, experience of training in staffing two simultaneous operating rooms of the individual surgeon, and appropriate assistant availability.
- 3.9 Each department will review quarterly the performance of surgeons as to their adherence to these guidelines in consultation with the perioperative leadership.

- 3.10 Service leadership will be instructed to establish a definition of the “critical components” of most standard operative procedures on their service, as well as defining operations and patient conditions when overlap of operative procedures is not appropriate. These definitions should be maintained by the service chief and monitored by the department in consultation with perioperative leadership. In the absence of specifically defined critical components of a surgical procedure by Service leadership, the critical components will be determined by the attending surgeon.
- 3.11 Three simultaneous cases as the primary surgeon are not allowed under any circumstances.

Developed:	Department of Surgery	(2012)
Approved:	Surgical Coordinating Committee	
	Clinical Policy and Record Committee	9/28/2012
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