



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Nursing Service Division		<b>POLICY NUMBER:</b> DPOTMH-MPP-SURGCOM-ASC-P006-(01)	
<b>TITLE/DESCRIPTION:</b>  COMMUNICATION PROCEDURE FOR FOLLOW-UP CASES			
<b>EFFECTIVE DATE:</b> January 31, 2025	<b>REVISION DUE:</b> January 30, 2028	<b>REPLACES NUMBER:</b> N/A	<b>NO. OF PAGES:</b> 1 of 7
<b>APPLIES TO:</b> Ambulatory Surgical Center		<b>POLICY TYPE:</b> Multi Disciplinary	

## PURPOSE:

1. To establish clear expectations and procedures for ASC staff, promoting effective communication, operational efficiency and optimal patient outcomes within the surgical clinic environment.

## DEFINITIONS:

1. **"To follow cases"**- subsequent surgical procedures scheduled to take place after the initial case of the day

## RESPONSIBILITY:

All clinical staff involved in ambulatory surgical center (nursing, medical, allied health professional)

## POLICY:

1. The ASC Nurse is responsible for ensuring the efficient and smooth operation of the ASC schedule to minimize delays and maximize productivity.
2. It is imperative that the ASC staff promptly communicate any changes or delays in the schedule to the attending surgeon and/or anesthesiologist to maintain operational efficiency and patient care standards.
3. Modification to the posted procedure schedule are permissible only under specific circumstances:
  - 3.1 Adjustments due to attending surgeon availability or unavailability.
  - 3.2 Changes necessitated by procedural timing considerations.
  - 3.3 Additions or deletions to the procedure list that align with patients need and clinical properties.
4. The first case of the day in the ASC is scheduled at 8:00 AM. Subsequent cases will be scheduled accordingly as "to follow" if the initial case is not available at the designated time.
5. The scheduling of elective/minor cases must adhere strictly to ASC policy guidelines to ensure equitable patient access and operational efficiency.
6. Any changes or revisions of the scheduled procedure must be promptly communicated by the attending physician or designated secretary to the ASC staff to facilitate appropriate adjustments and preparations.

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7. The Circulating Nurse shall responsible for ensuring the attending surgeon and/or the responsible Resident or Fellow are present in the procedure room during critical stages such as patient positioning, draping and prepping before incision. This presence is essential in maintaining patient safety, adherence to surgical protocols, and the delivery of high-quality care.





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## PROCEDURE (SOP):

1. Circulating nurses are required to notify the ASC front desk at least 30 minutes before the conclusion of a case to ensure timely preparation of the next patient.
2. Upon preparing the next patient for surgery, the circulating nurse communicates with the ASC front desk to initiate the readiness process.
3. The circulating nurse greets and receives the patient in the ASC common ante-room, which serves as an initial patient preparation area.
4. As the patient is escorted to the procedure room, the circulating nurse notifies the attending surgeon of the patient's arrival. This notification process is not required for the first scheduled case of the day, ensuring efficient workflow and preparation.





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## WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Notifies the ASC front desk at least 30 minutes before the conclusion of a case to ensure timely preparation of the next patient.	Circulating Nurse
2. Communicates with the ASC front desk to initiate the readiness process.	
3. Greets and receives the patient in the ASC common ante-room, which serves as an initial patient preparation area.	
4. Notifies the attending surgeon of the patient's arrival. This notification process is not required for the first scheduled case of the day, ensuring efficient workflow and preparation.	





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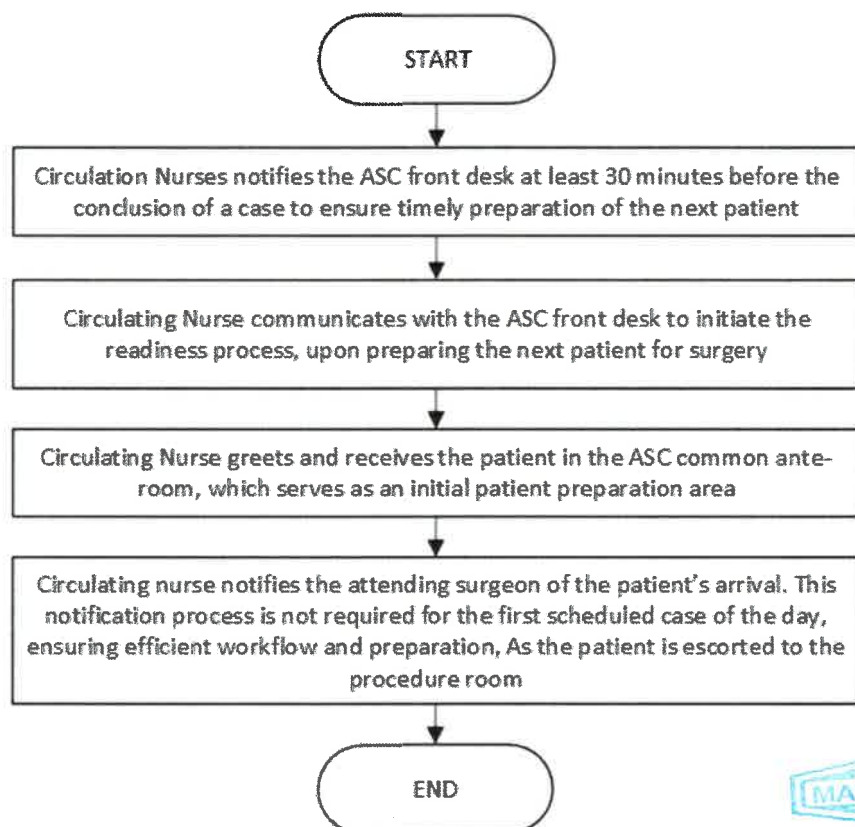
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## WORK FLOW:





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<b>FORMS:</b> N/A
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> N/A





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