

Hoag Hospital. Induction of Labor Scheduling Policy. Includes Induction of Labor Scheduling Request and patient education materials. Used with permission.

Category: Patient Care Services	Effective Date: See footer
Owner: Labor and Delivery OR Manager	
Title: Cesarean Delivery / Induction of Labor Scheduling	


PURPOSE: To eliminate non-medically indicated (elective) deliveries prior to 39 weeks. Non-medically indicated cesarean delivery or induction of labor prior to 39 completed weeks gestation requires approval of the Hoag Physician Leader or designee.

SCOPE: Labor and Delivery

AUTHORIZED PERSONNEL: Labor and Delivery Director, Charge Nurses, OR Manager, Clerical Coordinators

Description		Responsible Person
1.0 SCHEDULING DEFINITIONS:		LDR Director, LDR OR Manager, Charge RN, Scheduler
1.1	Clock In Time: Patient in the room and anesthesia ready to be administered ,surgeon has presented to the department	
1.2	Procedure Start Time: When Anesthesiologist releases patient to Surgical Team. Pre-incision verification (time out) will occur: correct patient, correct site, correct surgery, and correct position.	
1.3	Incision Time: When surgeon makes the Incision / starts the surgery.	
1.4	Procedure End Time: Surgeon has finished the procedure.	
1.5	Out of Room Time: Patient exits the O.R. suite.	
1.6	Late Start	
1.6.1	If the patient enters the OR by or before the scheduled start time, the case is considered "on time" and "no delay" is recorded on the Intraoperative Record. If the patient enters the OR past the scheduled time, the case is considered a "late start" and a delay code must be recorded on the Intraoperative Record.	
1.7	Urgent/Emergent	
1.7.1	Emergency Cases: Life threatening conditions requiring immediate attention that takes precedence over other cases. Emergencies will be performed in an available operating room during regular hours or may bump scheduled cases if all existing rooms are in use.	
1.7.2	Urgent Cases: In house referrals or patients admitted to the hospital that requires surgical intervention within 24 hours.	
1.7.3	Turnover Time: The time from when the current patient leaves the room until the next patient enters the room. Turn over time reports are generated for to-follow cases by the same surgeon.	
1.7.4	Clean Up Time: Scheduling will allow adequate time between scheduled cases for cleaning and prepping. The OR clean up time is 30 minutes.	
2.0 SURGERY CASE / INDUCTION SCHEDULING:		
2.1	All cases are scheduled through the Labor and Delivery Scheduling Line.	
2.1.1	OB Physician Office will fax the Hoag Scheduling Request/Order to LDR Scheduling	
2.1.2	Forms will not be accepted and requested date will not be granted if:	
2.1.2.1	The form has been faxed before 0900	
2.1.2.2	The form has been received 8 weeks prior to the requested surgery	

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<p style="padding-left: 40px;">date for cesareans/ 1 week prior to the requested induction date for vaginal delivery</p> <p style="padding-left: 40px;">2.1.2.3 Orders are not present in SCM at the time of scheduling.</p> <p>2.1.3 Women who have medical indications for delivery have priority over women having elective cesarean deliveries and inductions of labor. These decisions are at the discretion of the LDR charge nurse in consultation with the designated physician leader.</p> <p>2.2 All scheduled deliveries must have the appropriate form completed and signed by physician to begin the scheduling process.</p> <p>2.2.1 <i>Cesarean Deliveries:</i> Cesarean Delivery Scheduling Request/Order form (PS 7598).</p> <p style="padding-left: 40px;">2.2.1.1 For primary, elective cesarean deliveries, a complete/signed "Understanding the Risks" patient education checklist must also be received in order for the case to be scheduled.</p> <p>2.2.2 <i>Inductions of labor:</i> Induction of Labor Scheduling Request form (PS 5529).</p> <p style="padding-left: 40px;">2.2.2.1 For elective inductions, a completed/signed "Induction Education" patient education must also be received in order for the case to be scheduled.</p> <p>2.3 Cases will be entered into Surgical Information System (SIS) by the LDR Scheduling Clerical Coordinator as tentative.</p> <p>2.4 A Hoag Physician Leader (Chief of Maternal Fetal Medicine, Laborist, Department Head, etc.) will review the Scheduling Request/Order form within 24 hours.</p> <p>2.4.1 Approval from the Hoag Physician Leader:</p> <p style="padding-left: 40px;">2.4.1.1 The case will proceed as scheduled. No further action taken.</p> <p>2.4.2 Further information needed:</p> <p style="padding-left: 40px;">2.4.2.1 The Hoag Physician Leader will complete a request for further information to be faxed to physician office.</p> <p>2.4.3 Declines scheduling request:</p> <p style="padding-left: 40px;">2.4.3.1 The Hoag Physician Leader will communicate the cancellation with Clerical Coordinators for removal of schedule.</p> <p style="padding-left: 40px;">2.4.3.2 LDR Scheduling will call the OB Physician's office to inform them of the cancellation of the case.</p> <p>2.5 Computerized Elective Scheduling (captured in SIS)</p> <p>2.5.1 In order to ensure correct patient identification the following information is needed in order to schedule surgery:</p> <p style="padding-left: 40px;">2.5.1.1 Social Security Number or Medical Record Number</p> <p style="padding-left: 40px;">2.5.1.2 Patient Name (Last, First, Middle Initial)</p> <p style="padding-left: 40px;">2.5.1.3 Date of Birth</p> <p style="padding-left: 40px;">2.5.1.4 Patient Gender</p> <p>2.5.2 If patient is in Affinity, download the above information and continue with the following information.</p> <p style="padding-left: 40px;">2.5.2.1 Patient Home and/or Work Phone Number</p> <p style="padding-left: 40px;">2.5.2.2 Patient In-House Room Number</p> <p style="padding-left: 40px;">2.5.2.3 Surgeon Name</p> <p style="padding-left: 40px;">2.5.2.4 Assistant Surgeon</p>	<p>Scheduler, LDR OR Manager</p>

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<p>2.5.2.5 Surgical Procedure 2.5.2.6 Pre-Op Diagnosis 2.5.2.7 Special Needs / Equipment needed 2.5.2.8 Anesthesia Type 2.5.2.9 Admit Type</p> <p>2.6 Time Availability :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Day</th> <th style="width: 25%;">Team A</th> <th style="width: 25%;">Team B</th> <th style="width: 25%;">Induction</th> </tr> </thead> <tbody> <tr> <td>Monday, Tuesday, Thursday, & Friday</td> <td>0715 0900 1030 1200 1330</td> <td>0730</td> <td></td> </tr> <tr> <td>Wednesday</td> <td>0830 1000 1130 1300 1430</td> <td>0900</td> <td>0030 – 2 slots 0400 – 2 slots 0900 – 2 slots</td> </tr> <tr> <td>Weekends and Holidays</td> <td>No scheduled time available</td> <td>0830 1130</td> <td></td> </tr> </tbody> </table>	Day	Team A	Team B	Induction	Monday, Tuesday, Thursday, & Friday	0715 0900 1030 1200 1330	0730		Wednesday	0830 1000 1130 1300 1430	0900	0030 – 2 slots 0400 – 2 slots 0900 – 2 slots	Weekends and Holidays	No scheduled time available	0830 1130		<p>LDR OR Manager, Physician Leader</p>
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<p>2.7 Add on Cases</p> <p>2.7.1 Surgeons or their offices call Labor and Delivery to schedule add-on cases. (After the schedule closes for the next day and scheduling for the day of surgery), all non-urgent/emergent add-on cases are considered first call/ first serve but will be triaged by the LDR Charge Nurse for time assignment and or available space.</p> <p>2.7.2 Add-on cases are logged on the Add-on list with specific information requested: Patient and surgeon name, procedure. Appropriate ancillary departments are notified as needed. Add-on cases are entered in SIS system by Clerical Coordinator.</p> <p>2.7.3 Anesthesia department will assign an Anesthesiologist to add-on cases 2.7.3.1 If case has no Anesthesiologist assigned it will automatically be assigned the LDR Unit Anesthesiologist</p> <p>2.7.4 All Urgent –emergent add-on cases are coordinated by charge nurse 2.7.4.1 Any special requests, such as anesthesia support, or other special equipment need to be communicated to the charge nurse immediately so the items can be obtained</p>	<p>LDR OR Manager, Charge RN Scheduler</p>																
<p>2.8 Bumping:</p> <p>2.8.1 If the surgeon determines the surgery cannot wait until there is availability of OR-room, the surgeon will contact the OR Manager or the LDR Charge Nurse and discuss the need to bump another case. 2.8.1.1 It is the responsibility of the surgeon to contact the surgeon whose</p>	<p>LDR OR Manager, Charge RN</p>																

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procedure he/she will bump and discuss the situation with the surgeon.	
<p>Reference: Main, E., Oshiro, B., Cagolla, B., Bingham, D., Dang-Kilduff, L., & Kowalewski, L. (2010). Elimination of Non-medically indicated (elective) deliveries before 39 weeks gestational age. <i>California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care</i>. Developed under contract #08-85012 with the California Department of Public Health; Maternal, Child and Adolescent Health Division; First edition published by March of Dimes.</p> <p>Review and/or input for this procedure was given by the following: WHI ACO Pilot Committee WHI Leadership WHI OB Core 12/2014</p> <p>Revision Designation: B – significant revisions</p>	

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**INDUCTION OF LABOR (IOL) SCHEDULING REQUEST
HOAG MEMORIAL HOSPITAL PRESBYTERIAN**

The Prenatal Record MUST be on file in Labor and Delivery or Faxed with this completed form.

<input type="checkbox"/> Check if this is an update to a currently scheduled case			
<input type="checkbox"/> Elective <input type="checkbox"/> Non-Elective		Date Submitted:	
Requested Induction Date:			
Requesting OB:		Alternate time availabilities:	
Pediatrician:			
Dating: EDC (month/day/year):		Gestational age at desired date of IOL: _____ weeks _____ days	
IOL Diagnosis:			Latex Allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No
PATIENT DEMOGRAPHIC INFORMATION:			
Patient Name:			
DOB:		SSN:	MR#:
Address:		Home #:	Work #:
		Cell #:	Other #:
Office contact:		Phone #:	Fax #:
<input type="checkbox"/> Induction Order in CPOE (Sign & Hold)			
Special instructions:			
_____ [Date]		_____ [Time] A.M./P.M.	_____ [Physician Signature – Required]
ID# _____			
To Be Completed by Physician Office Staff			
INSURANCE CARD INFORMATION		Primary Subscriber's Name: _____	
ID#: _____		Group#: _____	
To Be Completed By Hoag Hospital LDR Scheduling			
Confirmation Code:		IOL Date:	IOL Time:

FAX FORM TO LDR

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INDUCTION OF LABOR SCHEDULING REQUEST
PS 5529 Rev 09/14/15

Name Label:



[2201]

Induction of Labor: _____

Gravity: _____ Parity: _____

Indication: (check all appropriate indications below)

Level 1

- Chorioamnionitis
- Diabetes Uncontrolled
- Fetal Anomaly
- Fetal hydrops/isoimmunization
- Gestational/Chronic hypertension
- IUGR less than 5%
- Maternal medical conditions (specify): _____
- Multiple gestation:
 - twins di/di mo/di
- Non-reassuring fetal testing
- Oligohydramnios
- Preeclampsia/HELLP
- PROM

Level 2

- ≥ 41 weeks gestation / Post-term pregnancy
- Gestational diabetes
- IUGR – reassuring testing
- Fetal demise

Level 3

- Distance from hospital
- History of rapid labor
- Maternal request
- Prior C/S
 - Patient desires VBAC
- Psychological factors (specify): _____
- > 39 weeks with a favorable cervix
- Other indication: _____

Confirmation of gestational age:

LMP: _____

EDC: _____ determined by: (check all that apply)

- Ultrasound obtained at < 20 weeks on (date): _____ @ (gestational age): _____ weeks confirms gestational age
- Known date of conception on (date): _____ associated with infertility treatment

If EDC was not determined by above methods, then identify documentation of fetal maturity:

Amniocentesis performed on: _____ Results: _____

*Provide explanation if scheduling at < 39 weeks : _____

Bishop Score

	0	1	2	3	Score
Dilation (cm)	closed	1-2	3-4	≥ 5	
Effacement (%)	0-30	40-50	60-70	≥ 80	
Station (cm)	-3	-2	-1	≥ 0	
Cervical Consistency	Firm	Medium	Soft	-----	
Cervical Position	Posterior	Midline	Anterior	-----	
				Total:	

A Bishop Score ≥ 6 is required for elective induction of multiparous patients.

Physician Signature: _____ Date/Time: _____

To be completed by Chief of Maternal Fetal Medicine or OB Hospitalist

Procedure Scheduling Determination:

- Schedule: Medically indicated and necessitates delivery < 39 weeks gestation
- Schedule: Gestation age ≥ 39 weeks on scheduled date

Completed by: _____ Date/Time: _____
[Chief of Maternal Fetal Medicine/OB Hospitalist]

Bishop Score on Admission

	0	1	2	3	Score	Repeat Score
Dilation (cm)	closed	1-2	3-4	≥ 5		
Effacement (%)	0-30	40-50	60-70	≥ 80		
Station (cm)	-3	-2	-1	≥ 0		
Cervical Consistency	Firm	Medium	Soft	-----		
Cervical Position	Posterior	Midline	Anterior	-----		
				Total:		

Exam done By: _____

- Difference in Bishop score greater than or equal to 4
- Cervical ripening ordered
- Patient discharged and rescheduled

FAX FORM TO LDR

INDUCTION OF LABOR SCHEDULING REQUEST
PS 5529 Rev 09/14/15

Name Label: _____



[2201]



Induction Education for Patients

Induction of labor is the use of medication or other interventions to get labor started. There are a number of medical reasons for which labor induction is indicated. An *elective* induction is done when a patient and her clinician decide to induce for non-medical reasons. In a first delivery, elective induction is not scheduled before 41 weeks of pregnancy. For women who have already delivered a baby, elective induction is not performed prior to 39 completed weeks of pregnancy. The most common ways of starting contractions are by breaking your bag of water and use of medications.

There are a number of physical and social reasons that a patient and her clinician may choose elective induction. Patients should have a clear understanding of the pros and cons of inducing labor before considering labor induction.

ELECTIVE INDUCTION OF LABOR MAY:

- Increase the duration of labor and hospital stay
- Increase the need for pain medication and/or epidural
- Decrease the patient's ability to move about the labor room
- Increase the chance of cesarean delivery

For more information about induction please go to:
<http://www.bit.ly/inductioninformation>

Please understand that your scheduled time is a request. You may not be able to come in on the day and time that you are scheduled if we have high patient volume and room is not available.

Call Labor and Delivery at 949/764-5789 before coming to the hospital to determine availability for induction. If there is no availability at that time, the charge nurse will provide you follow up instructions. You will be contacted by our Labor and Delivery staff regarding your delivery plans.

Continue your normal routine while waiting to be admitted to the hospital, to include eating and drinking as usual.

I have read and understand the above information and have had the opportunity to ask questions.

PATIENT SIGNATURE

PATIENT NAME

DATE