



## Surgery Scheduling Block Request Form

I would like to request the following block day/time: (Please indicate choice below) Individual Block or Office (Group) Block for HSHS St. John's.

Individual Block (Surgeon Name) \_\_\_\_\_ or Group Block (Name) \_\_\_\_\_

Please mark your first choice as "1", second choice as "2", and third choice as "3". Enter an 'X' in the box(es) indicating the preferred block hour(s) for that choice. Mark each hour block to indicate the full block of time needed. For example, if requesting time from 7:30-10:30, enter an "X" in the boxes for "7:30-8:30, 8:30-9:30, and 9:30-10:30. Lastly, please indicate the frequency of the block, based on a 5-weekday frequency\*.

### Main OR

| Choice Rank | Day of Week      | 7:30-8:30 | 8:30-9:30 | 9:30-10:30 | 10:30-11:30 | 11:30-12:00 | 12:00-13:00 | 13:00-14:00 | 14:00-15:00 | Frequency (weekly or other*) |
|-------------|------------------|-----------|-----------|------------|-------------|-------------|-------------|-------------|-------------|------------------------------|
|             | <b>Monday</b>    |           |           |            |             |             |             |             |             |                              |
|             | <b>Tuesday</b>   |           |           |            |             |             |             |             |             |                              |
|             | <b>Wednesday</b> |           |           |            |             |             |             |             |             |                              |
|             | <b>Thursday</b>  |           |           |            |             |             |             |             |             |                              |
|             | <b>Friday</b>    |           |           |            |             |             |             |             |             |                              |

### Outpatient Surgery Center OR

| Choice Rank | Day of Week      | 7:30-8:30 | 8:30-9:30 | 9:30-10:30 | 10:30-11:30 | 11:30-12:00 | 12:00-13:00 | 13:00-14:00 | 14:00-15:00 | Frequency (weekly or other*) |
|-------------|------------------|-----------|-----------|------------|-------------|-------------|-------------|-------------|-------------|------------------------------|
|             | <b>Monday</b>    |           |           |            |             |             |             |             |             |                              |
|             | <b>Tuesday</b>   |           |           |            |             |             |             |             |             |                              |
|             | <b>Wednesday</b> |           |           |            |             |             |             |             |             |                              |
|             | <b>Thursday</b>  |           |           |            |             |             |             |             |             |                              |
|             | <b>Friday</b>    |           |           |            |             |             |             |             |             |                              |

### GI Lab

| Choice Rank | Day of Week      | 7:00-8:00 | 8:00-9:00 | 9:00-10:00 | 10:00-11:00 | 11:00-12:00 | 12:00-13:00 | 13:00-14:00 | 14:00-15:00 | Frequency (weekly or other*) |
|-------------|------------------|-----------|-----------|------------|-------------|-------------|-------------|-------------|-------------|------------------------------|
|             | <b>Monday</b>    |           |           |            |             |             |             |             |             |                              |
|             | <b>Tuesday</b>   |           |           |            |             |             |             |             |             |                              |
|             | <b>Wednesday</b> |           |           |            |             |             |             |             |             |                              |
|             | <b>Thursday</b>  |           |           |            |             |             |             |             |             |                              |
|             | <b>Friday</b>    |           |           |            |             |             |             |             |             |                              |

\*HSHS St. John's uses a 5 weekday approach to scheduling. A surgeon can request an every-week block or any combination of the 5 weekdays per month (e.g., 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> Tuesdays, or 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays). Note that the 5<sup>th</sup> weekday of a day of the week occurs infrequently.

Please estimate the number of patients per month that you anticipate to bring to surgery and the approximate amount of total operating room time you will need:

Estimated number of Patients \_\_\_\_\_ Estimated time needed \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

Send the completed form to the OR Clinical and Business Directors ([charish.gibson@hshs.org](mailto:charish.gibson@hshs.org) and [luke.straus@hshs.org](mailto:luke.straus@hshs.org)). Your request will be reviewed by the OR scheduling committee and will be notified in writing when a decision for block allocation has been approved.

If you have questions, please call the Perioperative Clinical Director, Charish Gibson, at 217-544-6464, extension 51658.

***SJS Office Use Only***

Block Granted

Location:  Main OR  OSC/Pavilion  GI

Day(s) of Week: \_\_\_\_\_

Frequency: \_\_\_\_\_

Room (s) blocked:

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Entered into Epic \_\_\_\_\_  Scheduling template updated \_\_\_\_\_  Confirmation letter sent \_\_\_\_\_

Next block review date: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_