

Electronic Surgical Scheduling Improves Patient Safety and Productivity



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& Informatics Surgical Services

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Inspiring medicine. Changing lives.

Advocate Good Samaritan Hospital

Downers Grove, IL

- 11 hospital health system
- 333 bed hospital
- 15 Ultra Modern OR suites
- 10,000 cases annually
- 235 board certified surgeons
- Level I Trauma Center



Advocate Good Samaritan Hospital National Recognition for Excellence



2009, 2011, 2012, 2013



2008, 2009, 2010,
2011, 2012, 2013

2006, 2007, 2008, 2009, 2010,
2011, 2012, 2013

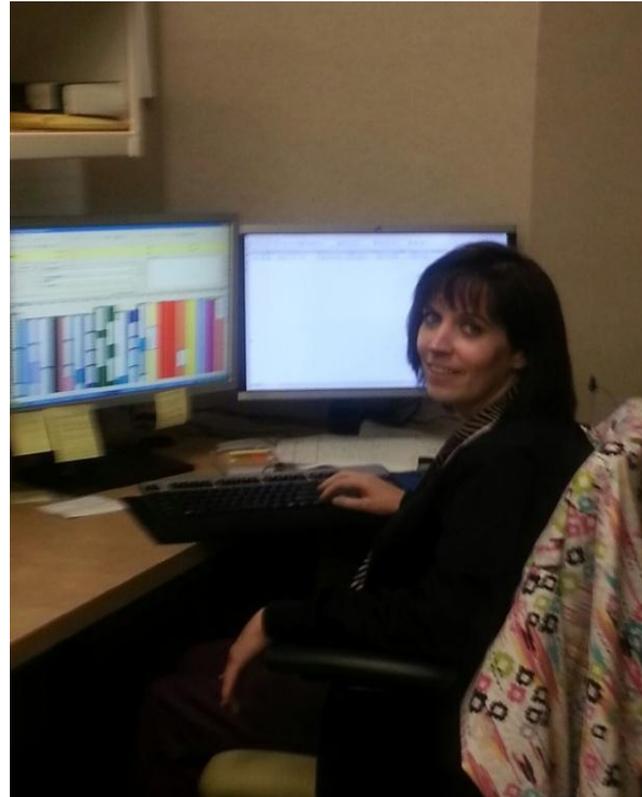


100 Great Hospitals
2012, 2013

#1 in Illinois & #4 in the USA
for Overall Hospital Care 2010

 Advocate Good Samaritan Hospital

Karen “SURGICAL SCHEDULER”



SCHEDULING FAX FORM

Revised - 10-5-11

Co surgeon

Surgery Date/Time Requested: 10/11/11 @ 1:30pm	Rescheduled from (date):	Surgeon Name: Dr. Veknosky	Assisting Surgeon: Dr. Horbanek
2 nd Choice: Surgery Date/Time:	Physician responsible for H & P: <input type="checkbox"/> Surgeon <input type="checkbox"/> Attending	Attending Physician (First & Last Name): <input type="checkbox"/> Attending <input type="checkbox"/> for procedure	
Patient's Last Name:		Patient's First Name:	
Patient's Home Number:	Patient's Alternate Number:	Cellular Number:	Pager Number:
SS# of Patient:	Date of Birth: 2-16-1960	Insurance Name: public Aid	Check one: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Check Patient Type <input type="checkbox"/> Outpatient Local (No Anesthesia)		<input type="checkbox"/> Day Surgery <input checked="" type="checkbox"/> Early Admit	
PACS (Specify month/year) <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> X-ray	Films: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C-Ann: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X-Ray Tech: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special Equipment Needed: C-arm with over head monitors Dupuy long radius plates		SSEP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MEP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surgical Assistant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RN Assistant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Minutes needed for procedure: 1180 (MUST BE ENTERED)
Surgical Procedure: EXACT WORDING FOR CONSENT, NO ABBREVIATIONS, LIST CPT CODE(S) Revision open reduction internal fixation radius, hardware removal, debridement non union allograft bonegraft with tricortical and bmp components			
Diagnosis: Right Radius non-union			
Allergies: penicillin			
Type of Anesthesia: BOX MUST BE MARKED <input checked="" type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> Regional Block Block Type: axillary <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal Other:		Antibiotics: BOX MUST BE MARKED ANY ALLERGIES TO PENICILLIN OR CEPHALOSPORINS: CONTACT PHYSICIAN <input checked="" type="checkbox"/> Pre-Operative Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered: Hold abx until after incision <input type="checkbox"/> No antibiotic prophylaxis <input type="checkbox"/> Alternative antibiotic prophylaxis: specify drug/dose/route/time	
Blood: (specify number of units as applicable) <input type="checkbox"/> Type/Screen <input type="checkbox"/> Type/Cross ERBC _____ Units <input type="checkbox"/> Autologous _____ Units <input type="checkbox"/> Designated Donor _____ Units <input type="checkbox"/> Platelet _____ Packs <input type="checkbox"/> Cell Saver <input type="checkbox"/> Ortho Pat OB Offsets: <input type="checkbox"/> Type/RH for missed abortion		Venous Thromboembolism Prophylaxis: Box must be marked/line specified <input type="checkbox"/> Apply SCDs <input type="checkbox"/> Apply thigh-high TEDs <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Subq at _____ <input type="checkbox"/> Heparin 5000 Units Subq at _____ <input checked="" type="checkbox"/> No additional VTE prophylaxis <input type="checkbox"/> Other: List in "Additional physician order" box	
Additional Physician Orders:		Date of Request: 9/23/11	
Date of Request: 9/23/11		Physician's Signature: <i>[Signature]</i>	
Date of Request: 9/23/11		Date/Time: 9/29/11 2:15pm	

Please Tom! Stake to long legging
 allograft bonegraft with
 tricortical and bmp components

Confirmed by: _____ Scheduled on: _____ Date / Scheduler _____ Reviewed: _____ PST RN / Date _____

Advocate Good Samaritan Hospital
 RE-SURGERY ORDERS/SCHEDULING FORM
 Surgery Scheduling Office Phone # (630) 275-5577
 Surgery Scheduling Fax # (630) 275-5535

Patient Label



BOX 1: Reason for Action

The surgery scheduling fax form is rejected back to the surgeon office multiple times prior to the date of surgery.

Boundaries

- Trigger: Office faxes form to Surgery Scheduling
- Done: Patient chart is completed in Pre-Surgical Testing

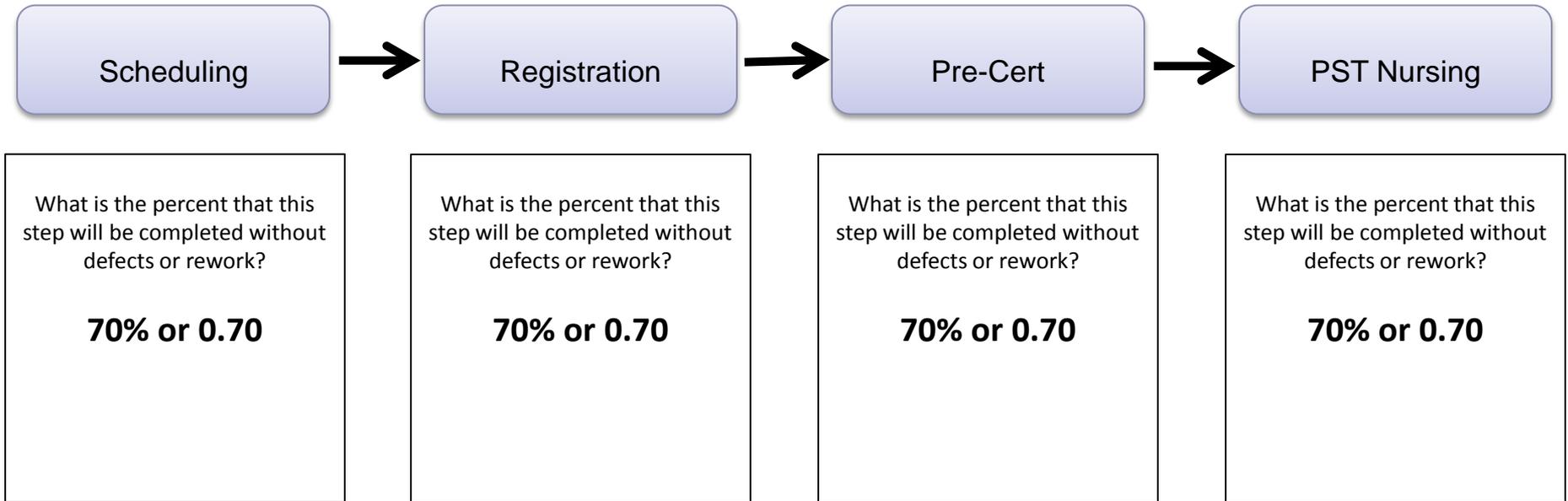
In Scope:

- All cases scheduled using surgical fax form

Out of Scope:

- Same day add-on cases

Scheduling Form Initial State



$$\text{First Pass} = 0.70 * 0.70 * 0.70 * 0.70$$

= 24% chance of a scheduling form going through all four processes without defects or rework

To Follow

Surgery Date/Time Requested: October 19th 2011	Rescheduled from (date):	Surgeon Name: Robyn A. Vargas	Assisting Surgeon:
2 nd Choice: Surgery Date/Time:	Physician responsible for H & P: <input type="checkbox"/> Surgeon <input type="checkbox"/> Attending	Attending Physician (First & Last Name):	<input type="checkbox"/> Attending for procedure
Patient's Last Name:		Patient's First Name:	
Patient's Home Number: (703) 289-4725	Patient's Alternate Number:	Cellular Number:	Pager Number:
SS# of Patient:	Date of Birth: 3/14/50	Insurance Name: CIGNA	Check one: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Check Patient Type: <input type="checkbox"/> Outpatient Local (No Anesthesia)	<input checked="" type="checkbox"/> Day Surgery		<input type="checkbox"/> Early Admit
PACS (Specify month/year) <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> X-ray <input type="checkbox"/> Other: WALK			
Special Equipment Needed:			
Surgical Assistant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RN Assistant: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Surgical Procedure: EXACT WORDING FOR CONSENT, NO ABBREVIATIONS, LIST CPT CODE(S) ① Interposition Bone Graft with Extensor Tendons Lengthening Left Third Toe. ② Proximal Interphalangeal Joint Arthroplasty with Flexor Tenotomy Left Second Toe. ③ Correction Fourth Toe Left			
Diagnosis: Post-op Cock-up Deformity Left Third toe with second toe deviation.			
Allergies:			
Type of Anesthesia: BOX MUST BE MARKED <input checked="" type="checkbox"/> General <input type="checkbox"/> MAC <input checked="" type="checkbox"/> Local <input type="checkbox"/> Choice <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> Other		Antibiotics: BOX MUST BE MARKED ANY ALLERGIES TO PENICILLIN OR CEPHALOSPORINS - CONTACT PHYSICIAN <input type="checkbox"/> Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered <input type="checkbox"/> No antibiotic prophylaxis <input checked="" type="checkbox"/> Alternative antibiotic prophylaxis, specify drug/dose/route/time 1gm Ampicillin IV Preop - 1h Blue Allergy Check For M-D.	
Blood: (specify number of units as applicable) <input type="checkbox"/> Type/Screen <input type="checkbox"/> Type/Cross PRBC Units <input type="checkbox"/> Autologous Units <input type="checkbox"/> Designated Donor Units <input type="checkbox"/> Platelet Packs <input type="checkbox"/> Cell Saver <input type="checkbox"/> Ortho Pat OB Offices: <input type="checkbox"/> Type/RH for missed abortion		Venous Thromboembolism Prophylaxis: Box must be marked/time specified <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Subq at <input type="checkbox"/> Heparin 5000 Units Subq at <input checked="" type="checkbox"/> No additional VTE prophylaxis Other: List in "Additional physician order" box	
Additional Physician Orders:			
Date of Request: 10/15/11	Physician's Signature: Robyn A. Vargas D.O.	Date/Time: 10/15/11	Revised 1/22/07

Confirmed by: _____ Scheduled on: _____ Reviewed: _____
Scheduler/Date Date/Scheduler PST RN/Date

Advocate Good Samaritan Hospital
PRE-SURGERY ORDERS/SCHEDULING FORM
Surgery Scheduling Office Phone # (630) 275-5577
Surgery Scheduling Fax # (630) 275-5535

Patient Label

https://www.healthnet.com/surgery/ACS_AG/SurgeryForm_ACS_AG.asp?SurgeryID=0658316-476-42 - Windows Internet Explorer pro

Surgery Date/Time Requested: 9/13/2013 08:00	Rescheduled from	Surgeon Name: Dr. DILLON BRUCE (630-325-9163)	Assisting Surgeon:
REASON FOR CANCELLATION	Physician responsible for H & P: <input checked="" type="checkbox"/> Surgeon <input type="checkbox"/> Attending	Attending Physician VARGO, ROBYN	<input type="checkbox"/> Attending for procedure
Patient's Last Name: TEST		Patient's First Name: PATIENT	
Patient's Primary Number: 630-717-4135	Patient's Alternate Number: 630-815-0955	Patient's Secondary Number:	Patient's Email:
SS# of Patient:	Date of Birth: 3/14/1950	Insurance Name: CIGNA	Check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Comments - (e.g. Extended Care Facility, Interpreter, etc.):			
Check Patient Type: <input type="checkbox"/> Local (only) <input checked="" type="checkbox"/> Day Surgery <input type="checkbox"/> Admit (EA) <input type="checkbox"/> Inhouse	Surgical Assistant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	RN Assistant: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Minutes needed for procedure: 90
PACS (Specify month/year) <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> X-ray <input type="checkbox"/> Other: 10/17/11	Film: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	C-Arm: <input type="checkbox"/> No <input type="checkbox"/> Yes	A-Ray Tech: <input type="checkbox"/> No <input type="checkbox"/> Yes
SSEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	MFP: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	MFP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Equipment Needed:			
Type of Anesthesia: <input checked="" type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> Regional Block <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> Other:			
Special Equipment Needed: ZIMMER PUTTY STRUT GRAFT			
Antibiotics: <input type="checkbox"/> Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered <input type="checkbox"/> Due to cephalosporin/penicillin allergy use alternative antibiotic per guidelines <input type="checkbox"/> No antibiotic prophylaxis <input checked="" type="checkbox"/> Alternative antibiotic prophylaxis Cefazolin 2 gm IV (physician aware of PCN allergy) Other: Specify drug/dose/route/time			
Blood: (Specify number of units as applicable) <input type="checkbox"/> Type/Screen PRBC Units <input type="checkbox"/> Autologous Units <input type="checkbox"/> Designated Donor Units <input type="checkbox"/> Platelet Packs <input type="checkbox"/> Cell Saver <input type="checkbox"/> Ortho Pat <input type="checkbox"/> OB Offices: Type/RH for missed abortion			
Venous Thromboembolism Prophylaxis: <input checked="" type="checkbox"/> Apply GDS <input type="checkbox"/> Knee-high TEDs <input type="checkbox"/> High-leg TEDs <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Subq at <input type="checkbox"/> Heparin 5000 Units Subq at <input checked="" type="checkbox"/> No additional VTE prophylaxis			
Additional Physician Orders:			
Diagnosis		Diagnosis Description	
T30.70	DEFORMITY, ACQUIRED, ANKLE/FOOT NOS	Postop Cock up deformity LEFT third toe with second toe deviation	
Procedures		Procedures Description	
20291	LENGTHENING OF MIDFOOT/TENDON, Left	Interposition bone graft with extensor tendon lengthening left third toe. Proximal Interphalangeal joint Arthroplasty with flexor tenotomy left second toe. Correction fourth toe left post-op cock up deformity left third toe with second toe deviation.	
20299	BUNION SURGERY		
Electronically signed by Dr. DILLON BRUCE (630-325-9163) on 9/13/2013 11:22:04 AM			
Reviewed: PST RN/Date & Time:		Patient Label	
 Advocate Good Samaritan Hospital PRE-SURGERY ORDERS/SCHEDULING FORM Surgery Scheduling Office Phone # (630) 275-5577 Surgery Scheduling Fax # (630) 275-5535			
Next		Close	

01-20-11:46AM; Surgery Request # 1/2

1/27/12

Physician responsible for H & P: **Dr. Samuel Paul**

Attending Physician (First & Last Name): Attending for procedure

Patient's Last Name: _____ Patient's First Name: _____

Patient's Home Number: (620) 717-1135 Patient's Alternate Number: _____ Cellular Number: (620) 335-9541 Pager Number: _____

SS# of Patient: 00 Date of Birth: 4/10/90 Insurance Name: see attached Check one: Male Female

Check Patient Type: Outpatient Local (No Anesthesia) Day Surgery Early Admit

FACS (Specify monthly/year): CT MRI X-ray Other: _____ Films: Yes No C-Arm: Yes No X-Ray Tech: Yes No SSEP: Yes No MEP: Yes No

Special Equipment Needed: **SAUCH 9x20x10, achilles x 2, tibialis (10mm), 6.5 mitek cancellous screw**

Surgical Assistant: Yes No RN Assistant: Yes No Minutes needed for procedure: **150** (MUST BE ENTERED)

Surgeon Procedure: **EXACT WORDING FOR CONSENT, NO ABBREVIATIONS, LIST CPT CODE(S) * Right knee * arthroscopic anterior cruciate ligament reconstruction, partial medial meniscectomy / partial lateral meniscectomy vs repair, patellar tendon autograft harvest, microfracture vs open reduction internal fixation osteochondral fracture**

Diagnosis: **Right knee osteoarthritis, tear, medial meniscus tear, lateral meniscus tear, lateral femoral condyle, osteochondral fracture, lateral meniscus condyle, osteochondral fracture, 8442, 8380, 8361, 871, OAL, 29823, 29826, 89874, 29826**

Allergies: **NKA**

Type of Anesthesia: General MAC Local Regional Block Spinal Other: _____

Blood: (specify number of units as applicable): Type/Screen Type/Cross PRBC Units Autologous Units Designated Donor Units Platelet Packs Cell Saver Ortho Pat OR Offices: Type/RH for missed abortion

Additional Physician Orders: _____

Date of Request: 1/17/12 Physician's Signature: **Samuel Paul** Date/Time: _____

Confirmed by: _____ Scheduled on: _____ Reviewed: _____

Schedule / Data Date / Scheduler PST RN / Data

Christyette 620-873-8789

Patient Label

Advocate Good Samaritan Hospital
PRE-SURGERY ORDERS/SCHEDULING FORM
Surgery Scheduling Office Phone # (620) 275-5577
Surgery Scheduling Fax # (620) 275-5536

https://www.healthnet.com/surgery/ACS_AG/Surgery/View_ACS_AG.asp?SurgeyID=7698081-9EAE-4B - Windows Internet Explorer pro

Surgery Date/Time Requested: 9/12/2013 08:00 Rescheduled from: _____ Surgeon Name: Dr. DILLON BRUCE (620-325-9167) Assisting Surgeon: _____

Reason for Cancellation: _____ Physician responsible for H & P: Surgeon Attending Attending Physician: PARK, SAMUEL Attending for procedure

Patient's Last Name: TEST Patient's First Name: PATIENT

Patient's Primary Number: 620-717-1135 Patient's Alternate Number: _____ Patient's Secondary Number: _____ Patient's Email: _____

SS# of Patient: _____ Date of Birth: 4/10/1990 Insurance Name: MEDICARE Check one: Male Female Unknown

Comments - (e.g. Extended Care Facility, Interpreter etc.): _____

Check Patient Type: Local (only) Day Surgery Admit (4) Inhouse Surgical Assistant: No Yes RN Assistant: No Yes Minutes needed for procedure: 150

FACS (Specify monthly/year): CT MRI X-ray Other: _____ Films: Yes No C-Arm: Yes No X-Ray Tech: Yes No SSEP: Yes No MEP: Yes No

Allergies: NONE Special Equipment Needed (BIRTH AND NEPHEN, ACHILLES X2 TIBIALS (10MM), 6.5 MITEK CANCELLOUS SCREW)

Type of Anesthesia: General MAC Local Regional Block Block Type/Femoral Epidural Spinal Other: _____

Blood: (specify number of units as applicable): Type/Screen PRBC Units Autologous Units Designated Donor Units Platelet Packs Cell Saver Ortho Pat OR Offices: Type/RH for missed abortion

Additional Physician Orders: _____

Diagnosis: 844.2 SPRAIN/STRAIN, CRUCIATE, LGT KNEE Anterior cruciate ligament tear, medial meniscus tear, lateral meniscus tear, lateral femoral condyle, osteochondral fracture
620.0 TEAR MEDIAL MENISCUS KNEE, CURRENT
620.1 TEAR LATERAL MENISCUS KNEE, CURRENT
620.0 FRACTURE NOS, CLOSED

Procedures: 29826 KNEE ARTHROSCOPY/REPAIR LIGAMENT Right Surgical Procedure: Exact wording for consent, no abbreviations
29826 KNEE ARTHROSCOPY/REPAIR LIGAMENT Right Right knee arthroscopic anterior cruciate ligament reconstruction, partial medial meniscectomy / partial lateral meniscectomy vs repair, patellar tendon autograft harvest, microfracture vs open reduction internal fixation osteochondral fracture
29823 KNEE ARTHROSCOPY/REPAIR LIGAMENT, OR LAT Right
29826 KNEE ARTHROSCOPY/REPAIR LIGAMENT, OR LAT Right
29826 KNEE ARTHROSCOPY/REPAIR LIGAMENT, OR LAT Right
29826 KNEE ARTHROSCOPY/REPAIR LIGAMENT, OR LAT Right

Electronically signed by Dr. DILLON BRUCE (620-325-9167) on 9/12/2013 5:57:24 PM Reviewed: PST RN/Date & Time

Advocate Good Samaritan Hospital
PRE-SURGERY ORDERS/SCHEDULING FORM
Surgery Scheduling Office Phone # (620) 275-5577
Surgery Scheduling Fax # (620) 275-5536

Patient Label

Next Close

Seeing Value Added vs. Non-Value Added

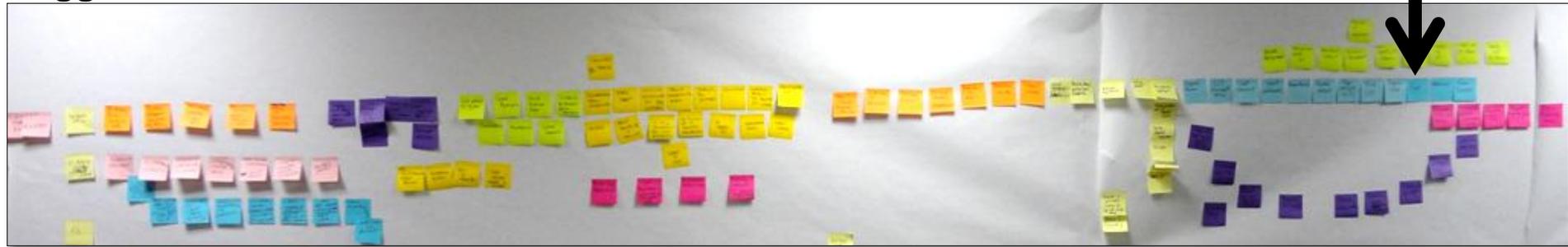
Actual
Surgery



Done

Surgical Services process steps identified by area:

Trigger

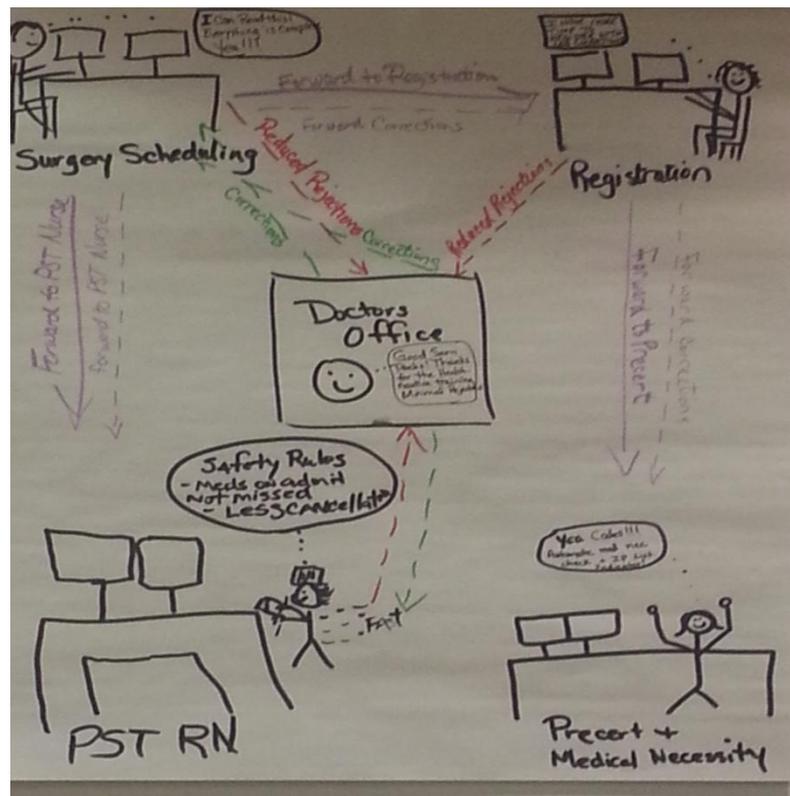


→ TOTAL CYCLE TIME →

On average 90% of all process steps are non-value added

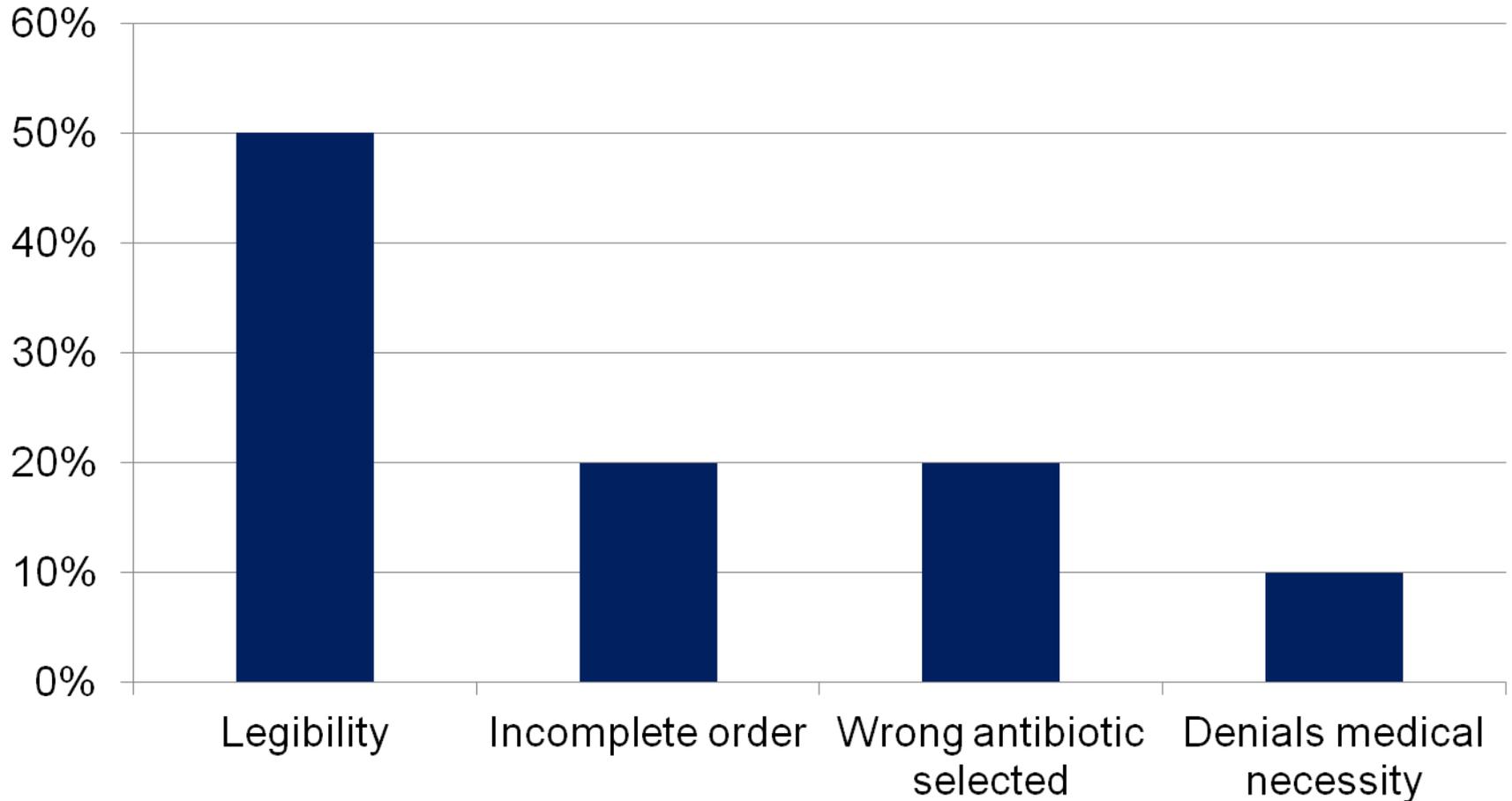
BOX 3: Target State

- Minimal Rejections
- 100% antibiotic selection
- Complete Pre-Op Testing
- Decreased cancellations for clearance
- Auto-Indexing
- Laterality
- Codes Required
- Auto medical necessity check
- Legibility
- Medicare inpatient list
- Decreased denials
- Increased satisfaction (associate, physician, and patients)
- Timely profiling of pre-op meds



Metric	Initial	Target	Confirmed
Cancellation Rate (24 hrs prior to surgery)	3%	1%	
% of Rejections back to office	960 month	480 month	
% Electronic Orders Received	0	90%	

BOX 4: Gap Analysis



BOX 5: Solution Approach

If we....	Then we...
<ul style="list-style-type: none">• have legible writing on the surgery scheduling order	can make safe choices
<ul style="list-style-type: none">• have all fields completed	can efficiently receive information
<ul style="list-style-type: none">• can drive choices by CPT codes	can improve core measures
<ul style="list-style-type: none">• spend less time rejecting surgery orders	have more time to prepare the patient for surgery

BOX 6: Rapid Experiments

1.
 - Begin piloting electronic order with Medical Director of Surgery's office for two weeks
2.
 - Allow scheduling, registration, precert, pre-surgical testing RN and PreOp to perform tasks using new electronic form

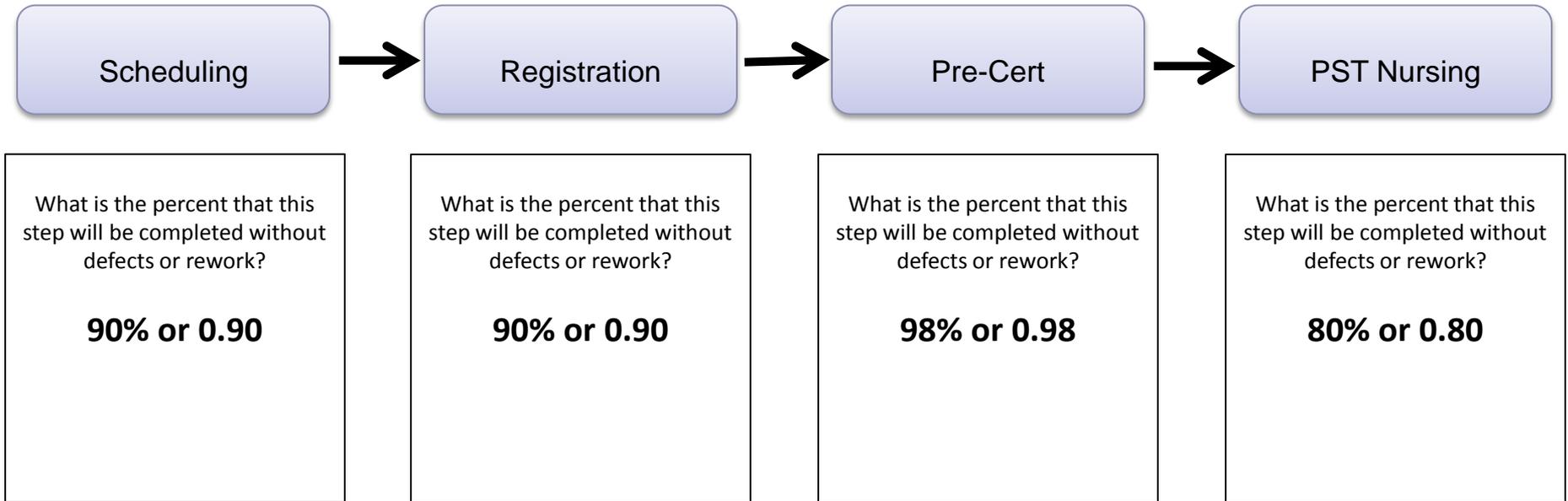
BOX 7: Completion Plan

What	Who	When
Schedule Block Surgeons Offices to deploy electronic form	Katrina/ Lina	5/1/12
Schedule Onsite classes for remaining surgeons	Katrina	6/1/12
Improvements based on Surgeon office feedback	HealthNautica	6/1/12
Linked CPT to SCIP procedures	Lina/ HealthNautica	6/1/12
Linked CPT to laterality	Katrina/ HIM Coder	6/1/12
Create ability to attach additional standard orders	HealthNautica	6/1/12

BOX 8: Confirmed State

	Initial	Target	Confirmed
Cancellation Rate (24 hrs prior to surgery)	3%	1%	.40%
% of Rejections back to office	960 month	480 month	96 month
% Electronic Orders Received	0	90%	97%

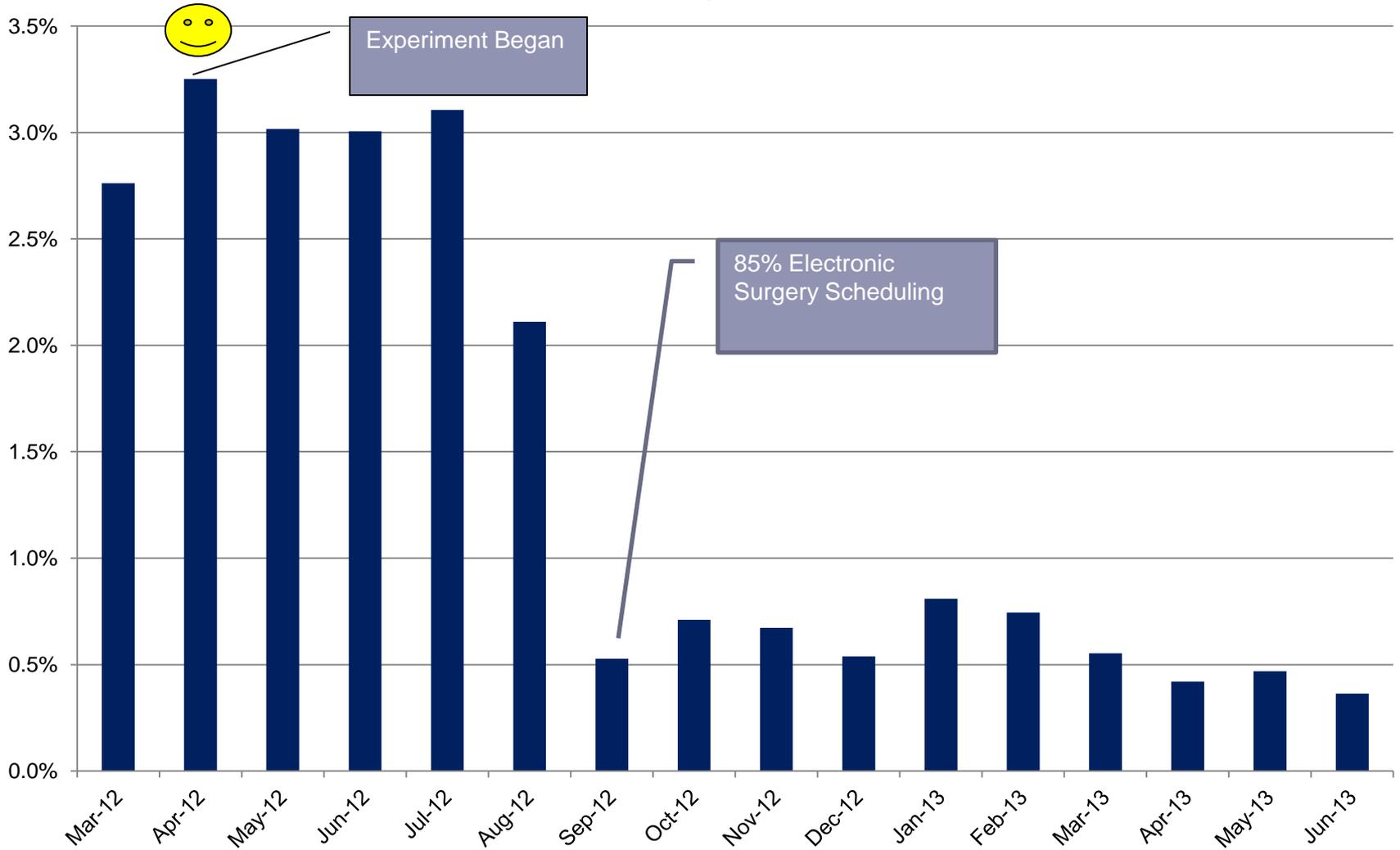
Electronic Scheduling Form



First Pass Yield = $0.90 * 0.90 * 0.98 * 0.80$

= 64% chance of a scheduling form going through all four processes without defects or rework

% of Cases Cancelled within 24 Hours of Surgery Percentage Cancelled for Clearance within 24 Hours of Surgery

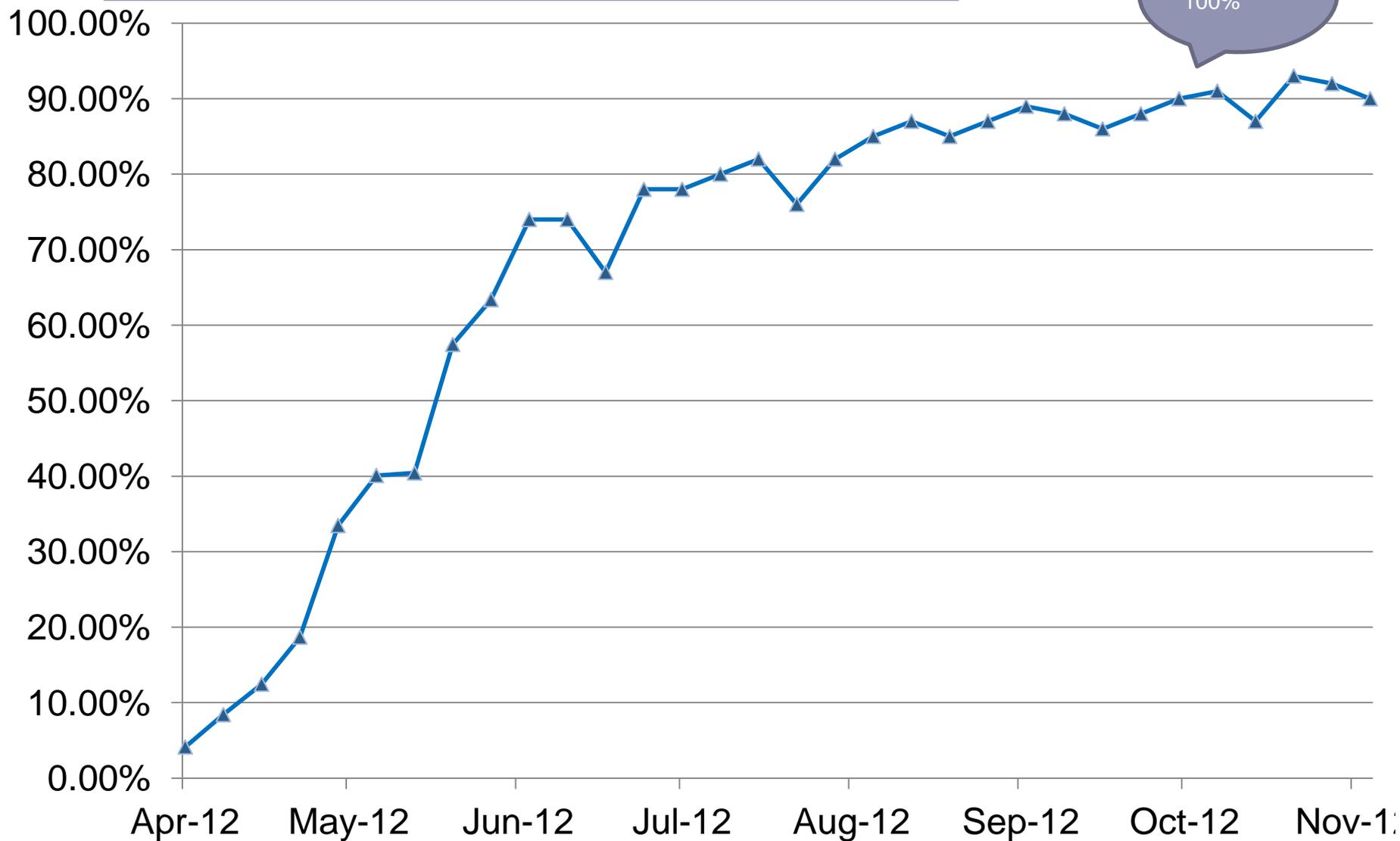


IMPLEMENTATION

- Training Manual
- Block Surgeon
- Office Visits Training
- Onsite Classes
- Continuous Improvements to Form



% of Electronic Scheduling Form Utilization



ACHIEVED OUTCOMES

- CMS denials
- SCIP Score
- Physician Satisfaction
- Patient Satisfaction
- Physician order form
- Identify self pay patients
- Scheduling form- Safety features

CORE MEASURES

https://www.healthnautica.com/surgery/AGS_RG/SurgeryRequest_AGS_RG.asp?PatAcctNo=10000234278pat - Windows Internet Explorer pro

Patient Info Surgery Request to GOOD SAMARITAN HOSPITAL for TEST PATIENT

Last Name: TEST * Contact Info Address Subscriber Insurance WorkComp Details

First Name: PATIENT * MI: Primary Phone: 630-717-1135 * Home Secondary Phone: Cell

DOB: 3/14/1950 * Alternate Phone: Select Pager: EMail: Gender: Male

SSN: Gender: Male

Surgery Date/Time: 09/26/2013 * 00:00 - 00:00 Physician responsible for H&P: Surgeon From Office: SURGICAL CONSULTANTS OF DUPAGE

Surgeon Name: Dr. DILLON, BRUCE Assisting Surgeon: Attending Physician: DILLON, BRUCE C * Attending for procedure

PACS (Specify month/year): CT MRI X-Ray Other Films: No C-Arm: No X-Ray Tech: No MEP: No SSEP: No Type of Anesthesia: General MAC Local Regional Block (Not Applicable) Epidural Other

Surgical Assistant: No RN Assistant: No Minutes needed for procedure: 120 * Special Equipment Needed: Allergies: PCN * Additional Physician Orders:

Blood: Type/Screen PRBC Units Autologous Units Designated Donor Units Platelet Packs Cell Saver Ortho Pat OB Offices: Type/RH for missed abortion

Antibiotics
 Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered
 Due to cephalosporin/penicillin allergy use alternative elective antibiotic per guidelines
 No antibiotic prophylaxis
 Alternative antibiotic prophylaxis
 Other: Specify drug/dose/route/

Venous Thromboembolism Prophylaxis
 Apply SCDs (Select) (unless contraindicated)
 Enoxaparin (Lovenox) 40 mg Subq at
 Heparin 5000 Units Subq at
 No additional VTE prophylaxis

Equipment Forms to Upload: Blu Ent Rec Sto

Initiate Preoperative Testing Protocol
 Initiate Surgical Care Pavilion: Pre-Op
 Initiate nasal swabs for MRSA and

Comments - (e.g. Extended Care Facility, Interpreter etc.):

Next Cancel

Done

Start Micr... Disc... Inb... We... Unti... First... orm... First... http... FW:... We... http... Search Desktop 12:26 PM

CORE MEASURES

https://www.healthnautica.com/surgery/AGS_RG/SurgeryRequest_AGS_RG.asp?PatAcctNo=1000023427&pat - Windows Internet Explorer pro

Patient Info Surgery Request to GOOD SAMARITAN HOSPITAL for TEST PATIENT

Last Name: TEST
First Name: PATIENT
DOB: 3/14/1950
SSN:
Gender: Male

Contact Info: Address, Subscriber, Insurance, WorkComp Details
Primary Phone: 630-717-1135
Alternate Phone:
E-Mail:
Home, Select, Secondary Phone, Cell, Pager

Surgery Date/Time: 09/26/2013
Physician responsible for H&P: Surgeon
Surgeon Name: Dr. DILLON, BRUCE
Assisting Surgeon:
From Office: SURGICAL CONSULTANTS OF DUPAGE
Attending Physician: DILLON, BRUCE C
Type of Anesthesia: General, Local, Epidural, Spinal, MAC, Regional Block, Other

PACS (Specify month/year): CT, MRI, X-Ray, Other
Films: No, C-Arm: No
X-Ray Tech: No
MEP: No, SSEP: No

Surgical Assistant: No
RN Assistant: No
Minutes needed for procedure: 120

Blood: Type/Screen PRBC, Autologous, Platelet, Ortho Pat, OB Offices: Type/RH for missed abortion
Special Equipment Needed:
Allergies: PCN
Additional Physician Orders:
Venous Thromboembolism Prophylaxis: Apply SCDs, Enoxaparin (Lovenox) 40 mg Subq at, Heparin 5000 Units Subq at

Antibiotics: Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered, Due to cephalosporin/penicillin allergy use alternative elective antibiotic per guidelines, No antibiotic prophylaxis, Alternative antibiotic prophylaxis, Other: Specify drug/dose/route/time

Equipment Forms to Upload: Blue Review, Entereg, Recovery Bill, Stop Sign
Patient Type: Adm. (EA)
Admitting physician:
Bed Type: Select Bed Type
Isolation Precautions / Special Needs: None, MRSA, VRE, C-Diff

Initiate Preoperative Testing Protocol.
Initiate Surgical Care Pavilion: Pre-Surgical Protocol.
Initiate nasal swabs for MRSA and MSSA.

Comments - (e.g. Extended Care Facility, Interpreter etc.):
Next Cancel

ELECTRONIC SIGNATURE

https://www.healthnautica.com/surgery/AGS_RG/SurgeryView1_AGS_RG.asp?SurgeryID=D65F851E-C47E-42 - Windows Internet Explorer pro

Surgery Date/Time Requested: 9/13/2013 00:00
 REASON FOR CANCELLATION

Rescheduled from: Physician responsible for H & P: Surgeon Attending

Surgeon Name: Dr. DILLON, BRUCE [630-325-9163] (C)
 Attending Physician: VARGO, ROBYN

Assisting Surgeon: Attending for procedure

Patient's Last Name: TEST Patient's First Name: PATIENT

Patient's Primary Number: 630-717-1135 (C) Patient's Alternate Number: 630-815-5855 (C) Patient's Secondary Number: Patient's Email:

SS# of Patient: Date of Birth: 3/14/1950 Insurance Name: CIGNA Check one: Male Female Unknown

Comments - (e.g. Extended Care Facility, Interpreter etc.):

Check Patient Type: Local (only) Day Surgery Admit (EA) InHouse

PACS (Specify monthly/year): CT MRI X-Ray Other 10/17/11

Surgical Assistant: No Yes RN Assistant: No Yes Minutes needed for procedure: 90

Films: No Yes C-Arm: No Yes X-Ray Tech: No Yes SSEP: No Yes MEP: No Yes

Special Equipment Needed ZIMMER PUTTY STRUT GRAFT

Antibiotics: Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered Due to cephalosporin/penicillin allergy use alternative elective antibiotic per guidelines No antibiotic prophylaxis Alternative antibiotic prophylaxis Cefazolin 2 gm IV (physician aware of PCN allergy) Other: Specify drug/dose/route/time

Venous Thromboembolism Prophylaxis: Apply SCDs Knee-high TEDs Thigh-high TEDs Enoxaparin (Lovenox) 40 mg Subq at Heparin 5000 Units Subq at No additional VTE prophylaxis

Blood: (Specify number of units as applicable): Type/Screen PRBC Units Autologous Units Designated Donor Units Platelet Packs Cell Saver Ortho Pat OB Offices: Type/RH for missed abortion

Additional Physician Orders:

Diagnosis	Diagnosis Description	Diagnosis Details
738.70	DEFORMITY, ACQUIRED, ANKLE/FOOT NOS	Postop Cock up deformity LEFT third toe with second toe deviation.

Procedures	Procedures Description	Surgical Procedure: Exact wording for consent. No abbreviations
28261	LENGTHENING OF MIDFOOT TENDON Left	Interposition bone graft with extensor tendon lengthening left third toe. Proximal interphalangeal joint. Arthroplasty with flexor tenotomy left second toe. Correction fourth toe left post-op cock up deformity left third toe with second toe deviation.
28289	BUNION SURGERY	

Electronically signed by Dr. DILLON, BRUCE [630-325-9163] (C) on 9/13/2013 11:22:04 AM.

Reviewed: (PST RV/Date & Time)

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LaReau-TotalJointRevisions

Page 1

LaReau Total Joint and Revisions

The following two cocktails are to be prepared for operative site injection and infiltration for Total Joint and Revisions (**but not infected revisions**) and sent to surgery.

Cocktail #1 for pain

- Bupivacaine 0.25% with epi 50 ml
- Toradol 30 mg
- Duramorph 4 mg

Cocktail #2 for blood clotting

- Tranexamic acid 1.5 gm in 50 ml NaCl

Print

Close

Done

https://www.healthnautica.com/?docType=56&docId=48&docName=LaReau-PreOpTesting&practiceId=532&Tim - Windows Internet Explorer pro

LaReau-PreOpTesting

Page 1

LaReau Pre Op Testing

Pre Op testing for Total Joints and Revisions required as follows **if not done by the patient's Primary Care Physician:**

- Blood work: CBC with Differential, Chem 7 panel, PT/INR, and Type and Screen which is always done at the hospital. **If all of the other tests were done by the PCP then Type and Screen can be done at admit.**
- EKG
- Chest X-ray
- Urinalysis (clean catch) with culture
- MRSA screening nasal swab

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Additional Physician Orders

CLINICAL OUTCOME

https://www.healthnautica.com/surgery/AGS_RG/SurgeryView2_AGS_RG.asp?SurgeryID=48E92D9B-8142-45 - Windows Internet Explorer pro

Surgery Date/Time Requested: 10/9/2013 07:30	Rescheduled from	Surgeon Name: Dr. DILLON, BRUCE (630-325-9163)	Assisting Surgeon:						
<input type="checkbox"/> [Redacted]	Date Of Birth: 10/26/1980	Patient's Primary Number: [Redacted]	Patient's Secondary Number: [Redacted]						
Sexual Prep Ordered by Surgeon Pre-Operatively: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
<input checked="" type="checkbox"/> Initiate Preoperative Testing Protocol.		<input checked="" type="checkbox"/> Initiate Surgical Care Pavilion: Pre-Surgical Protocol.							
<input type="checkbox"/> Initiate nasal swabs for MRSA and MSSA.									
Admitting physician: DILLON, BRUCE	Bed Type: <input type="checkbox"/> Cardiac Neuro PCU <input type="checkbox"/> Critical Care <input type="checkbox"/> Medical Surgical Pulmonary PCU <input checked="" type="checkbox"/> Medical Surgical <input type="checkbox"/> Medical Telemetry <input type="checkbox"/> Women & Children <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry	Isolation Precautions/Special Needs: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> C-Diff <input type="checkbox"/> Other Isolation <input type="checkbox"/> Neutropenic <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Positive Pressure <input type="checkbox"/> Latex Sensitivity <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Private Room <input type="checkbox"/> Close to Nurse Station <input type="checkbox"/> Suicide Precautions							
Level of Care: <input checked="" type="checkbox"/> Inpatient Admission	Equipment Forms / Additional Orders to Upload								
Medical Necessity Outcome									
Policy Name	HCPCS	HCPCS Description	Instructions	Age	Sex	Facility Type	HCPCS To Diagnosis	HCPCS to HCPCS	Frequency Sensitive
No Policy	44227	LAP, CLOSE ENTEROSTOMY		<input checked="" type="checkbox"/>	NA				
Final Medical Necessity Outcome				<input checked="" type="checkbox"/>					
CMS Compliance									
Electronically signed by Dr. DILLON, BRUCE (630-325-9163) on 9/10/2013 4:53:34 PM				Reviewed: (PST RN/Date & Time)					
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PREFERENCE CARD

Page 1

Blinding agent
 Albuterol 1 gm IV (prop unless allergy)
 Colchicine 400 mg
 Olanzapine 10mg IV once to begin in holding
 (adjust dose per weight if patient under 18 years old)
 Lyrica 75 mg
 Shave from 10 cm above iliac crest to 10 cm below knee, midline to midline at hip
 HbA1c less than 9%
 SCT to avoid amputated leg

Analgesia
 General with complete paralysis

Inoperable medications
 0.5% Marcaine with epinephrine -60ccs
 Cocktail: marcaine, ropivacaine

Positioning
 OR table with Smith and Nephew traction extension
 Saphic
 Inpatient upper extremity across chest using a wrist restraint
 Smith and Nephew foot pads and wide (20 cm) and well-padded post
 2 full rolls of 4 inch silk tape to secure foot

NE
 C-arm

Drugs
 Albuterol prep
 Thiazolidinone

Antibiotics
 1

Drugs
 4 sticky utility squares
 Shaver drape with 2" suction for bottom, and suction tubing
 C-arm drape

Equipment
 Arthrex Hip Arthroscopy Set
 Smith-Nephew (SN) Hip Arthroscopy Set

Extended length 50 and 70 degree scopes available
 High flow cannula - 4.5, 5.0, and 5.5 mm
 Smith-Nephew hip shaver (half pipe) x 2
 Arthroscopy cart
 Switching Slides x 2
 Smith-Nephew Ablative radiofrequency Probe, black attachment
 Arthrex Long Probe
 Smith-Nephew Dynamic long shaver/fluor blades
 4.5 full radius Shaver, curved
 5.5 Round Burn, beveled
 Available - straight shaver, 4.5 mm round burn
Power for Drill (open on every case)
 Tinsel (change 2 instrument)
Long handle beaver blade knife

Available for Labral Repair
 Arthrex Bio-Suture Tak and Push lock instruments and implants
 Arthrex "Bio-sorbable" drill guide with 2 spikes
 Arthrex constant and 90 degree rotator lines
 Clear T-tissot in 8.25 mm 7' and 9' cut cannula, Arthrex

Fluid management system
 Arthrex Dual-Flow pump

Set-up blades/blades
 11 blades
 3.0-Monocryl

Drainage
 Suction steps
 Buckram and Adaptic
 4 x 4 Gauze
 ABD
 Tape

OPEN Surgery equipment, available (on construction page attached)
 Hip saw/aw set
 10 blade
 Matt
 Revis

Post-operative Needs
 Hip ice packs
 Hip brace, locked 90 degrees of flexion. The joint of the brace should be adjusted to lie over the greater trochanter.

Arthroscopic Mayo Stand Setup
Before the patient is in the room, all these cords should be clipped to the Mayo stand, so that the stand can be moved in over the patient's chest immediately when draping is complete:
 70 deg Scope
 Shaver
 Inflow and shaver tubing
 S.N. Ablative cord

Smith-Nephew's Mayo Stand Setup
Before the patient is in the room, put these on 2nd Mayo:
 11 blade
 Beaver blade
 S.N. spinal needle, guide wire, 4.5 and 5.0 mm cannula
 S.N. half pipe shaver x 2
 Switching slide x 2
 Probe

SCHEDULING FORM CHANGES

https://www.healthnautica.com/surgery/AGS_RG/SurgeryView1_AGS_RG.asp?SurgeryID=CD881580-E609-45 - Windows Internet Explorer pro

Surgery Date/Time Requested: 9/12/2013 13:00	Rescheduled from	Surgeon Name: Dr. CARUSO, ANTHONY J[630-541-7695]	Assisting Surgeon: LAWLER, ROBERT
REASON FOR CANCELLATION	Physician responsible for H & P: <input checked="" type="checkbox"/> Surgeon <input type="checkbox"/> Attending	Attending Physician CARUSO, ANTHONY	<input type="checkbox"/> Attending for procedure
Patient's Primary Number: [redacted]	Patient's Last Name: [redacted]	Patient's First Name: [redacted]	Patient's Email: smkownick@aol.com
Patient's Alternate Number: [redacted]	Patient's Alternate Number:	Patient's Secondary Number:	Check one: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown
Date of Birth: 11/7/1963	Insurance Name: BC/BS PPO	Insurance Date:	
Comments - (e.g. Extended Care Facility, Interpreter etc.):			
Check Patient Type: <input type="checkbox"/> Local (only) <input type="checkbox"/> Day Surgery <input checked="" type="checkbox"/> Admit (EA) <input type="checkbox"/> InHouse		Surgical Assistant: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	RN Assistant: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
PACS (Specify monthly/year) <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> X-Ray <input type="checkbox"/> Other		Film: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	C-Arm: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Allergies: NKDA		X-Ray Tech: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	SSEP: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Type of Anesthesia <input checked="" type="checkbox"/> General <input type="checkbox"/> MAC <input type="checkbox"/> Local <input type="checkbox"/> Regional Block <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> OtherOther:		Minutes needed for procedure: 90	MEP: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Blood: (Specify number of units as applicable): <input type="checkbox"/> Type/Screen PRBC Units <input type="checkbox"/> Autologous Units <input type="checkbox"/> Designated Donor Units <input type="checkbox"/> Platelet Packs <input type="checkbox"/> Cell Saver <input type="checkbox"/> Ortho Pat		Special Equipment Needed: PITRESSIN 20 UNITS IN 100 CC SALINE	
<input type="checkbox"/> OB Offices: Type/RH for missed abortion		Antibiotics: <input checked="" type="checkbox"/> Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered <input type="checkbox"/> Due to cephalosporin/penicillin allergy use alternative elective antibiotic per guidelines <input type="checkbox"/> No antibiotic prophylaxis <input type="checkbox"/> Alternative antibiotic prophylaxis <input type="checkbox"/> Other: Specify drug/dose/route/time	
Additional Physician Orders: PLEASE SCHEDULE TO FOLLOW DR LAWLERS CASE WHICH FOLLOWS DR CARUSO FIRST CASE		Venous Thromboembolism Prophylaxis: <input checked="" type="checkbox"/> Apply SCDs <input type="checkbox"/> Knee-high TEDs <input checked="" type="checkbox"/> Thigh-high TEDs <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Subq at <input type="checkbox"/> Heparin 5000 Units Subq at <input type="checkbox"/> No additional VTE prophylaxis	
Diagnosis		Diagnosis Description	
218.0	LEIOMYOMA, SUBMUCOSUS, UTERUS	uterine fibroid which is partially in endometrial cavity	
218.1	LEIOMYOMA, INTRAMURAL, UTERUS	uterine fibroid	
Procedures		Procedures Description	
58140	RIMV FB TMR, UTERUS, ABDM APRCH 1-4	open abdominal removal remove 2x uterine fibroids	
Surgical Procedure: Exact wording for consent, No abbreviations			
Electronically signed by Dr. CARUSO, ANTHONY J[630-541-7695] on 8/30/2013 2:27:03 PM.		Reviewed: (PST RN/Date & Time)	
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MEDICAL NECESSITY CHECK

https://www.healthnautica.com/surgery/AGS_RG/SurgeryView2_AGS_RG.asp?SurgeryID=2E1C80B4-1256-45 - Windows Internet Explorer pro

Surgery Date/Time Requested: 6/28/2012 00:00 Rescheduled from: Surgeon Name: Dr. CHUDIK, STEVEN C(630-323-5610) Assisting Surgeon:
 Patient Name: TEST, KATHIA Date Of Birth: 12/25/2002 Patient's Primary Number: 630-275-1944 Patient's Secondary Number:

Bowel Prep Ordered by Surgeon Pre-Operatively: Yes No NA
 Initiate Preoperative Testing Protocol. Initiate Surgical Care Pavilion: Pre-Surgical Protocol.
 Initiate nasal swabs for MRSA and MSSA.

Admitting physician: CHUDIK, STEVEN, Bed Type: Cardiac Neuro PCU Critical Care Medical Surgical Pulmonary PCU Medical Surgical Medical Telemetry Women & Children Pediatrics Psychiatry

Level of Care: Inpatient Admission

Isolation Precautions/Special Needs: MRSA VRE C-Diff Other Isolation Neutropenic Negative Pressure Positive Pressure Latex Sensitivity Hemodialysis Peritoneal Dialysis Private Room Close to Nurse Station Suicide Precautions

Equipment Forms / Additional Orders to Upload
[Chudik-MicrofractureAbrasionplasty](#)

Medical Necessity Outcome									
Policy Name	HCPCS	HCPCS Description	Instructions	Age	Sex	Facility Type	HCPCS To Diagnosis	HCPCS to HCPCS	Frequency Sensitive
No Policy	29870	KNEE ARTHROSCOPY, DIAGNOSTIC		✓	✓	✓	✓	✓	NA
No Policy	29879	KNEE ARTHROSCOPY/ARTHROPLASTY		✓	✓	✓	✓	✓	NA
Removal of Benign Skin Lesions	17000	DESTRUCT PREMALG LESION		✓	✓	✓	STOP	✓	NA

Final Medical Necessity Outcome STOP

CMS Compliance

Electronically signed by Dr. CHUDIK, STEVEN C(630-323-5610) on 7/26/2012 10:51:50 AM Reviewed: PST RIN/Date & Time



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INPATIENT ONLY

https://www.healthnautica.com/surgery/AGS_RG/SurgeryView1_AGS_RG.asp?SurgeryID=96438471-F667-46 - Windows Internet Explorer pro

Special equipment: none

Type of Anesthesia:
 General MAC Local Regional Block
 Epidural Spinal Other/Other:

Blood: (Specify number of units as applicable):
 Type/Screen PRBC Units
 Autologous Units Designated Donor Units
 Platelet Packs Cell Saver Ortho Pat
 OB Offices: Type/RH for missed abortion

Additional Physician Orders:
PA KINZIE SHARP

Antibiotics:
 Elective Adult Pre-Operative Surgical Antibiotic Prophylaxis Guidelines to be administered
 Due to cephalosporin/penicillin allergy use alternative elective antibiotic per guidelines
 No antibiotic prophylaxis
 Alternative antibiotic prophylaxis
 Other: Specify drug/dose/route/time

Venous Thromboembolism Prophylaxis:
 Apply SCDs Knee-high TEDs thigh-high TEDs
 Enoxaparin (Lovenox) 40 mg Subq at
 Heparin 5000 Units Subq at
 No additional VTE prophylaxis

Diagnosis	Diagnosis Description	Diagnosis Details
715.15	OSTEOARTHROSIS LCLZD PRIM, PLV/THIGH	rt hip osteoarthritis
250.22	DM W/HYPEROSMOLAR, TYPE II UNICNTRL	

Procedures	Procedures Description	Surgical Procedure: Exact wording for consent, No abbreviations
27130	TOTAL HIP ARTHROPLASTY and PROSTHESIS Right	rt anterior approach total hipa arthroplasty
G8904	HYPERTENSION IIG	
G0204	DIAGNOSTIC/IMAGING/DIGITAL	
99212	OFFICE/OUTPAT VISIT, EST, PROB FOC	

Electronically signed by Dr. LAREAU, JUSTIN M(630-323-5610) on 5/25/2012 3:13:58 PM

Reviewed:
(PST RN/Date & Time)

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https://www.healthnautica.com/eOrderApps/facility/FacilitySurgeryList.aspx#

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TOTAL JOINT PRE-PAYMENT

Documentation Checklist for Major Joint Replacement - TOTAL HIP

Surgery Date/Time Requested: 8/23/2013 14:00	Rescheduled from	Surgeon Name: Dr. LAREAU, JUSTIN M	Assisting Surgeon:
Patient Name:	Date Of Birth:	Patient's Primary Number:	Patient's Secondary Number:

I. PATIENT HISTORY: Check all that apply:

- Non-union or failure of previous hip fracture Date :
- Fracture femoral neck
- Acetabular fracture
- Malignancy Location : Other :
- Malunion of acetabular or proximal femoral fracture
- Advanced joint disease (X-ray/MRI confirmed) – Check all that apply. OFFICE TO FAX DIAGNOSTIC/EXAM REPORT TO GOOD SAMARITAN SURGICAL PRE-CERT COORDINATOR AT (830) 275-5535 ACCOMPANIED BY A COVER SHEET WITH PATIENT IDENTIFICATION INFORMATION TO AVOID REJECTION.
 - Subchondral cyst
 - Subchondral sclerosis
 - Periarthritic osteophytes
 - Joint Subluxation
 - Joint space narrowing
 - Avascular necrosis
 - Other

II. CURRENT SYMPTOMS: Pain or functional disability from – Check all that apply:

- Injury due to trauma
- Arthritis of the joint
- Complications of internal prosthetic device Description
- Avascular necrosis

III. PAST TREATMENTS: Unsuccessful conservative treatment of at least a three month duration – Check all that apply:

- Anti-inflammatory meds Naproxen
- Analgesics Norco
- PT (flexibility and muscle strengthening)
- Activity restriction(Please specify WB status) ACTIVITY MODIFICATION
- Use of assisted device
- Weight reduction as appropriate

IV. EXCLUDED CONDITIONS: Patient has been screened and shows no evidence of the following:

- True False Therapeutic injections as appropriate Cortico-steroid
- True False Active infection of knee or active systemic bacteremia
- True False Active skin infection or open wound within planned surgical site
- True False Neuropathic arthritis
- True False Rapidly progressive neurological disease

Electronically signed by Dr. LAREAU, JUSTIN M on 8/15/2013 4:03:13 PM

BOX 9: Insights and Reflections

- Technology is expandable
- Amount of rejections
- Total Joint Prepayment Opportunity
- Doesn't stop all rejections (human error factor)
- Patients called earlier= fewer cancellations= better optimization
- More time to complete process
- Less pressure
- Office relief to have more time to work on clearance issues
- Offices ability to adapt to the electronic form quickly
- Respectful of people
- Time saved not looking up codes in books
- Less follow up with offices (less phone calls)
- Physician office partnership
- Opportunities for improvement
- Capture block releases

QUESTIONS???????