

Actionable Strategies for Optimizing Efficiencies and Profitability in OR

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COO

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Disclaimer

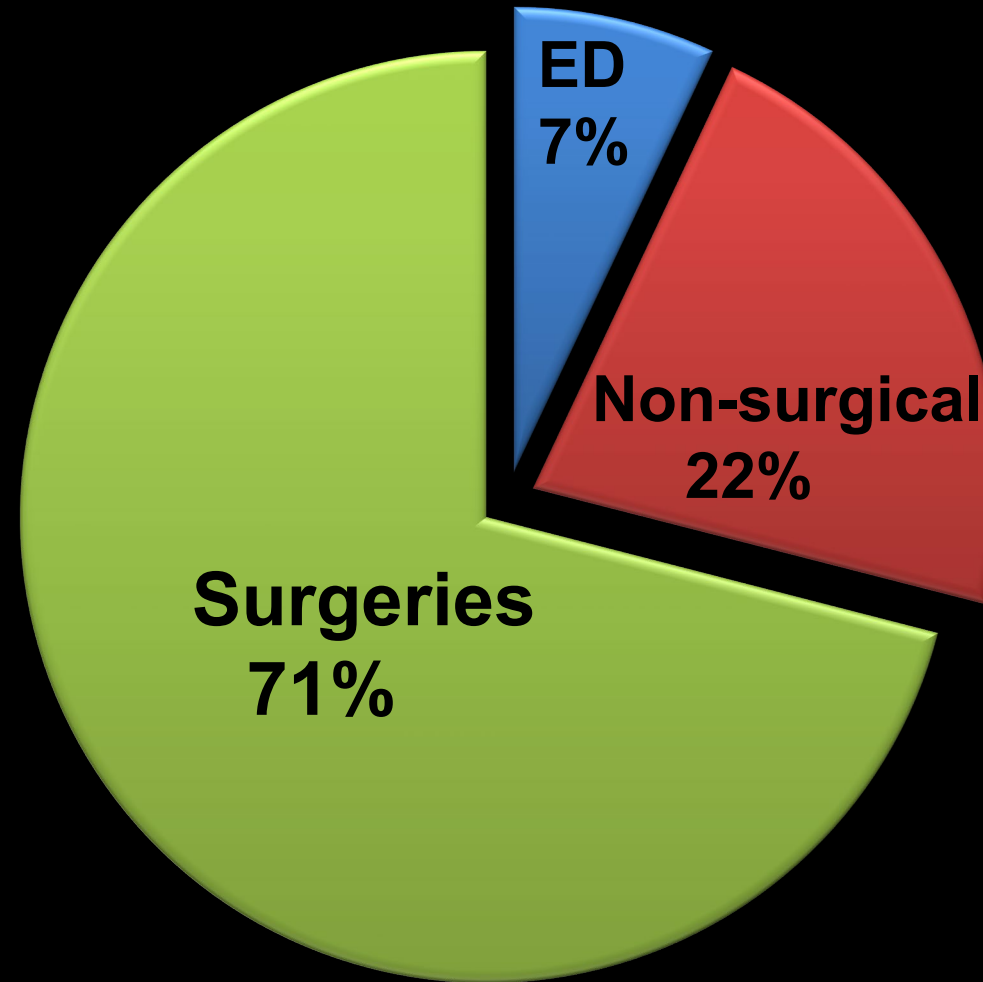
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Lecture Objectives

1. Genesis for the presentation today
2. Identify the primary reasons for the problems faced
3. Look at the industry metrics and KPIs for measurement
4. Explore actionable strategies and a path based upon experience for success

Surgeries are the life blood for Hospitals

Revenue Distribution



Fax forms and Phone calls - Inefficient, cumbersome, error-prone

Revised - 10-5-11

CO Surgeon

Surgery Date/Time Requested: (date): 10/11/11 @ 1:30pm		Rescheduled from (date):		Surgeon Name: DR. Vekamesky		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 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 <input type="checkbox"/> 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-Arm: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		X-Ray Tech: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SSEP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MEP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Special Equipment Needed: 2. ARM w/ overhead monitors Dupuy long radius plates							
Surgical Procedure: EXACT WORDING FOR CPT, ICD, AND DR. VISIT, ICD-9-CM Revision open reduction internal fixation radius, Hardware removal, debridement non union allograft bone graft with tricortical and bmp components Extra of cultures / Histopathology cell count and differential							
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"/> Selective 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 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"/> Apply SCDs <input type="checkbox"/> Apply thigh-high TEDs <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg Subq at <input checked="" type="checkbox"/> Heparin 5000 Units Subq at <input type="checkbox"/> No additional VTE prophylaxis Other: List in "Additional physician order" box			
Date of Request: 9/23/11		Physician's Signature: <i>[Signature]</i>		Date/Time: 9/29/11 2:15pm		Revised 07/03/08	
Confirmed by: _____ Scheduler/ Date		Scheduled on: _____ Date / Scheduler		Reviewed: _____ PST RN / Date			
Hospital RE-SURGERY ORDERS/SCHEDULING FORM Surgery Scheduling Office Phone # Surgery Scheduling Fax #				Patient Label			

Please send Tom's spoke to Tony regarding allograft bone graft w/ L. tricortical and bmp components

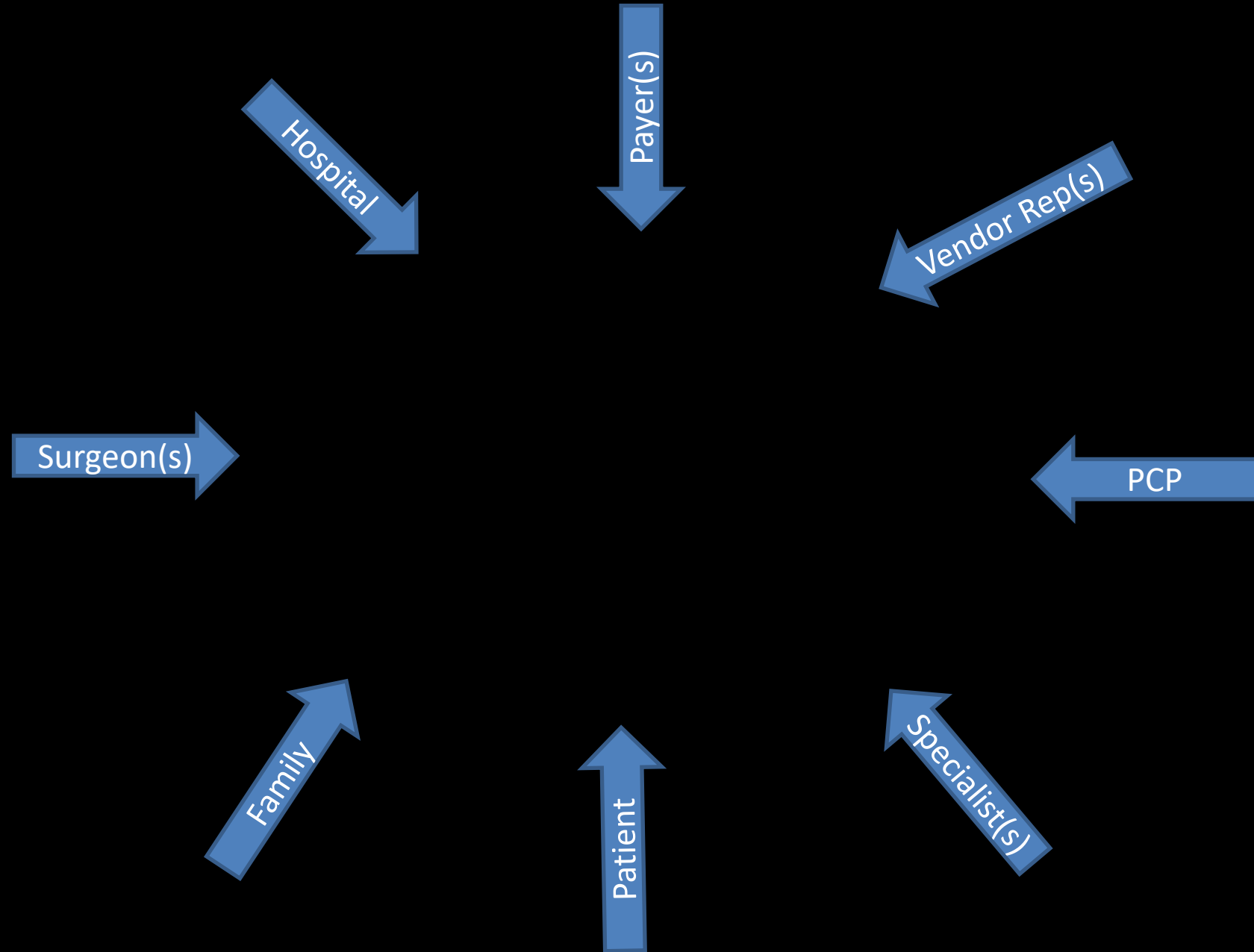
Revenue Cycle

No enforcement of CMS Compliance at the earliest point

No enforcement of Commercial Payer Compliance at the earliest point

No enforcement of Hospital Business Rules at the earliest point






No Coordination of Care



Problems Facing Hospitals in Surgical Services

- Lack of robust Patient Engagement
- Lack of Technology for Staff
- Lack of user friendly tools for Physicians

OR Key Performance Indicators

SURGICAL KPIs	Goal
 OR Utilization	> 75%
 24-Hour Cancellation Rate	< 2%
 Contribution Margin per OR Hour	> \$2,000
 First Case On-Time Starts	> 90%
 Case Volume Increase	> 5%

Revenue Cycle Key Performance Indicators

Revenue Cycle KPIs	Goal
Denial Rate	< 4%
Net Collections Ratio	> 90%
Days in A/R	< 40 days

Changes are quickly and easily identified

Customizable field edits

Guidelines

UHC ASC rule

CMS Inpatient List identification

Version control

Surgery Date/Time Requested
1/11/2018 08:15 Non Medical Reason
1/9/2018 08:15
REASON FOR CANCELLATION

Reschedule From
1/9/2018
Attending for procedure

PURPOSE
This policy will provide blood ordering guidelines for the common surgical procedures that are performed at Community Hospital. The purpose is to decrease excessive crossmatching that may result in increased blood outdating and thereby provide more efficient and effective blood utilization.

STANDARD
The guidelines will provide better patient care and also avoids unnecessary charges to the patient.

Cardiovascular - Thoracic/Vascular	
AAA	2
Aneurysm/Aneurysm Resection	2
Aortio Bi-femoral bypass	2
CABG	2
CABG - Redo	4
Carotid Endarterectomy	ABRH & ASC
Femoral Endarterectomy	T & S
Femoral Popliteal Bypass	T & S
Thoracotomy/Lung/Mediastinum Resection	2
Valve Replacement	2
General Surgery	
Abdominoperineal Resection	2
Adrenalectomy	T & S
Bowel - Large Colon Resection	1
Bowel - Small Obstruction/Resection	ABRH & ASC
Cholecystectomy	ABRH & ASC
Gastrectomy	1
Neck Dissection (all types)	ABRH & ASC
Splenectomy	2

Physician: Surgeon Attending

Surgeon: SMITH
Patient's First Name: JANE

Patient's Secondary Number: [] Patient's Alternate Number: [] Patient's Email: []

Date of Birth: 1/1/1984
Check one: Male Female Unknown No Move Up

Pri Ins Policy No UHCID: [] Sec Ins Policy No: []

Comments: STEM CELL GRAFT

Observation Service: Same Day Admit (Admit for Inpatient)

Surgical Assistant: No Yes
RN Assistant: No Yes

Minutes needed for procedure Average Time: []

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

Spinal Other

Signated Donor Units

Platelet Packs Cell Saver Ortho Pat

OB Offices: Type/RH for missed abortion

Additional Physician Order(s):

Antibiotics (Guidelines)

Elective Pre-Operative Surgical Antibiotic Prophylaxis

Alternate Antibiotic Prophylaxis for Documented/Cont

No Antibiotic Prophylaxis

Alternate Antibiotic Prophylaxis
Cefazolin 2 gm IV

Other: Drug/Dose/Route/Time

Venous Thromboembolism Prophylaxis

Apply SCDs Knee-high TEDs Thigh-high

Enoxaparin (Lovenox) 40 mg Subq at

Heparin 5000 Units Subq at

No additional VTE prophylaxis

Surgical Procedure	Preferred Regimen (a,b)	Alternative Regimen in patients with Beta Lactam Allergy (a)	Strength of Evidence (c)	Comments
CARDIOTHORACIC				
CABG, CABG with valve implant (SCIP Procedure (MRS/MSSA testing)	Cefazolin	Vancomycin (d)	A	Consider addition of Gentamicin to Vancomycin if gram negative organisms are a concern.
Pacemaker	Cefazolin	Vancomycin	C	
Ventricular assist devices	Cefazolin	Clindamycin (d)	A	Consider addition of Gentamicin to Vancomycin if gram negative organisms are a concern.
Non cardiac procedures, including lobectomy, pneumonectomy, lung resection, and thoracotomy	Cefazolin	Clindamycin (d)	C	Consider addition of Gentamicin to Vancomycin if gram negative organisms are a concern.
Video-assisted thoracoscopic surgery	Cefazolin	Clindamycin (d)	C	Consider addition of Gentamicin to Vancomycin if gram negative organisms are a concern.
GASTROINTESTINAL				
Gastroduodenal (e)				
Procedures involving entry into lumen of GI tract, including PEG placement (f)	Cefazolin	Clindamycin + Gentamicin	A	Clindamycin plus Ciprofloxacin if Aminoglycoside allergy
Procedures without entry into GI tract (antireflux, highly selective vagotomy) for high risk patients	Cefazolin	Clindamycin + Gentamicin	A	Clindamycin plus Ciprofloxacin if Aminoglycoside allergy
Biliary tract				
Open procedure	Cefoxitin	Clindamycin + Gentamicin	A	Clindamycin plus Ciprofloxacin if Aminoglycoside allergy
Laparoscopic procedure Elective, low-risk (g)	None	None	A	
Elective, high-risk (g)	Cefoxitin	Clindamycin + Gentamicin	A	Clindamycin plus

Diagnosis	Generic Diagnosis Description	Diagnosis Details
M16.9	OSTEOARTHRITIS OF HIP, UNSPECIFIED	OSTEO ARTHRITIS
Z85.71	FAMILY HISTORY OF COLONIC POLYPS	
Procedures	Generic Procedures Description	Surgical Procedure: Exact wording for consent
27440	REVISION OF KNEE JOINT Left	TOTAL KNEE REVISION - LEFT. DIAGNOSTIC COLONOSCOPY WITH COLORECTAL SCREENING FOR POLYPS
43235	ENDOSCOPY, UPPER GI, DIAGNOSTIC	
27445	REVISE KNEE JOINT, HINGE PROSTHE Left	

Electronically signed by Dr. []

PRE-SURGERY ORDERS/SCHEDULING FORM Ver [3]
Surgery Scheduling Office Phone #
Surgery Scheduling Fax #
Page 1 of 2

Patient Label

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Surgery Date/Time Requested

1/11/2018 08:30

4/11/2018 08:15

Patient Name

SMITH, JANE

Bowel Prep Ordered by Surgeon Pre-Operatively

Yes No NA

Initiate Preoperative Testing Protocol.

Rescheduled From

1/11/2018 08:30

4/11/2018 08:15

Dr. DILLON, BRUCE C

1/11/2018 08:30

ACS NSQIP measures

Surgeon Name

Dr. DILLON, BRUCE C[630-629-0444]

Assisting Surgeon

Patient's Primary Number

630-519-3558 (H)

Clipping

Yes - Surgeon Yes - Other No

SSI prevention

Initiate Surgical Care Pavilion: Pre-Surgical Protocol.

Preoperative Testing Protocols

Bed Type

Isolation Precautions/Special Needs

VRE C-Diff
 Neutropenic Negative Pressure

Level of Care

Inpatient Admission

Attachments / Pre-Op instructions / Standing Orders

CMS Medical Necessity

Pre-Surgical Testing Guidelines					
Major Surgery	TURP TAH Vaginal Hyst AV Graft and Moderate Risk	Minor Procedures	Epid Steri Injec Cata EGD Colo		
Intra-abdominal, thoracic, cranial, multilevel spine, radical prostate, ex lap, aortic bypass, spine hardware removal, nephrectomy, vascular, aneurysms /endarterectomy	Sinus, mastectomy, laryngoscopy, bronchoscopy, ectopic, hernia, Lap Chole	Knee/Shoulder scope, abdominoplasty, tonsil, cosmetic, TURBT, microdiscectomy, hardware removal, breast BX, lumpectomy, cysto, eyes under general, D+C, hysteroscopy, diag laparoscopy, ERCP		<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> T&S	<input type="checkbox"/> T&S for missed abortion <input type="checkbox"/> CBC w/o Diff for D+C/hyst/lap
Major Ortho Joint replacement, Joint revision or arthroplasty				<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> T&S if > 40, for ectopic, TURP, TAH	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> EKG <input type="checkbox"/> T&S for TURP, TAH
Healthy; not obese; good exercise	No grid < 13 yrs Age 13-60			<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP <input type="checkbox"/> EKG <input type="checkbox"/> T&S <input type="checkbox"/> PT/PTT	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> EKG <input type="checkbox"/> T&S for TURP, TAH
	Age > 60			<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP <input type="checkbox"/> EKG <input type="checkbox"/> T&S <input type="checkbox"/> PT/PTT	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> EKG
Cardiac Indicators Minor	Obesity, Smoker, HTN, High chol, Cardiac Family Hx, current Heart Murmur, Diabetes			<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP <input type="checkbox"/> EKG <input type="checkbox"/> T&S	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> EKG
Cardiac Indicators Major	Prior MI, CAD, CHF, Afib new onset, Change in exercise tolerance, congenital heart disease			<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP <input type="checkbox"/> EKG <input type="checkbox"/> T&S <input type="checkbox"/> CXR (PA/LAT) <input type="checkbox"/> UA if symptoms. Ask if cardiology consult needed	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> EKG <input type="checkbox"/> T&S for ectopic, TURP, TAH. Ask if cardiology consult needed <input type="checkbox"/> CXR (PA/LAT)
Dialysis or Chronic Renal Failure Patient				<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP <input type="checkbox"/> EKG	<input type="checkbox"/> CBC w/o Diff <input type="checkbox"/> BMP

HCPCS To Diagnosis

N/A

Policy Name	HCPCS	
No Policy	27440	REVIS
No Policy	43235	ENDOS
Total Joint Arthroplasty	27445	REVIS
No Policy	45378	COLON

Dr. Kuesis Intra-op Meds

- Injection mixture to be given at closure for intra-op for Total Hip / Hemi-Arthroplasty or Total Knee Replacements:
 - 20ml Na Cl 0.9%
 - Marcaine 0.5% with Epinephrine 30cc
 - Toradol 30mg 1cc
- Tranexamic acid 1.5gm in 50 ml saline for topical administration
- Clonidine (0.1mg/cc) 0.8cc per anesthesia.

CONTRAINDICATIONS

 - Av block
 - Bradycardia
 - Stroke
 - Heart Failure
 - Hypotension
 - History of MI
 - Syncope
 - Breastfeeding
- Bacitracin 150,000 units in 3000ml saline for irrigation
- Decadron 10mg IV, Administered by anesthesia

IF MRSA POSITIVE NASAL SWAB, GIVE BOTH ANCEF IVPB (2GM IF LESS THAN 120kg, 3gm IF GREATER THAN OR EQUAL TO 120kg) AND VANCOMYCIN 15mg/kg

CMS Compliance

IL Medicaid Authorization

[CMS Compliance for Knee Surgery](#)

Hospital Action

Physician A

CMS compliance for Total Knee & Hip

Reviewed:
(PST RN/Date & Time)

Patient Label



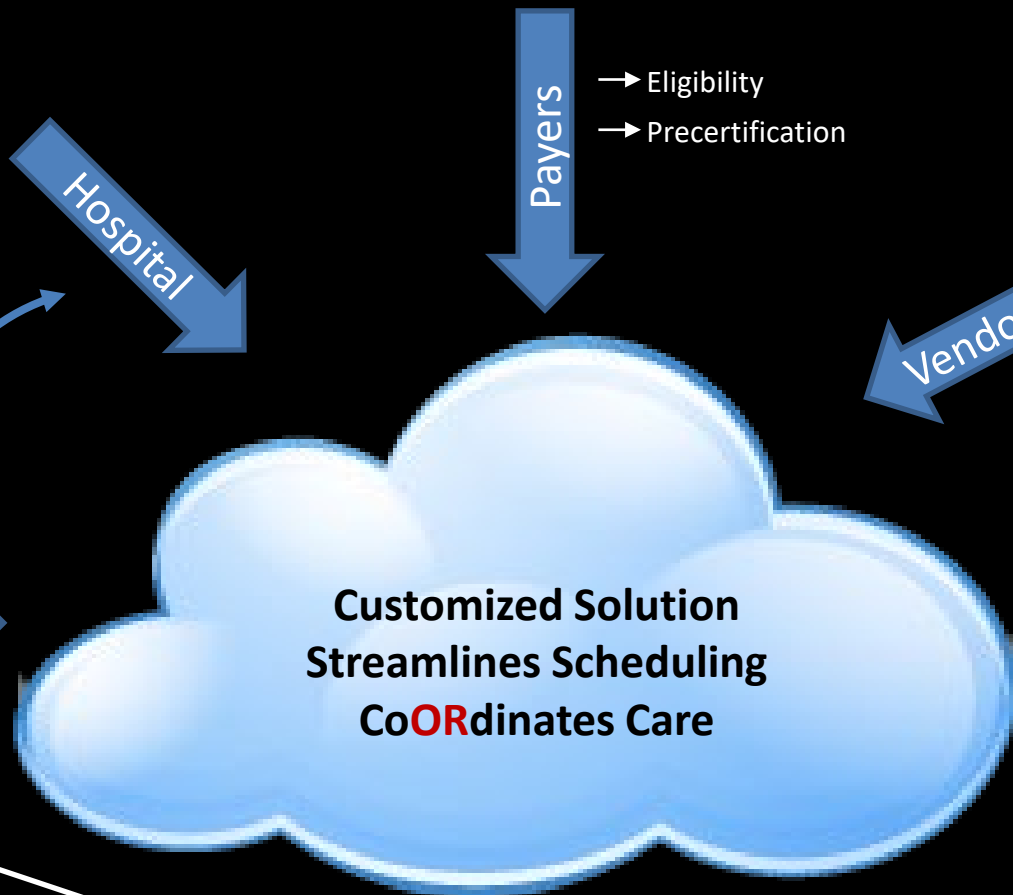
PRE-SURGERY ORDERS/SCHEDULING FORM Ver [3]

Surgery Scheduling Office Phone #

Surgery Scheduling Fax #

Page 2 of 2

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Payers

- Eligibility
- Precertification

Surgery request initiated on 9/22/2021 09:00 at BEST PRACTICES HOSPITAL. Click [here](#) to login.

Vendor Reps

PCP → History & Physical

Specialist → Medical Clearance

Patient

- Health History and Registration
- Arrival Time and Preop Instructions
- Postop Surveys

Family → Patient Status Updates

Hospital

Surgeons

Save time and make your visit to Best Practices Hospital simple by using our Online Surgical Registration to complete your information. Online Surgical Registration is now available at <https://www.bestpracticeshealth.com/register-for-surgery>

BEST MEDICAL CENTER Arrival time 7:30 am on Jul 25, 2020 at 4440 W. 95TH ST. OAK LAWN. Please click link below to acknowledge this text
Now

Visit https://www.healthnautica.com/x/PO.asp?p=39_CF81312F-E294-447F-9E84-1F153B4A5670 to review Pre-Operative Instructions
Now

Enter Patient Status for Family Update

Cell No Status

Patient is in the Procedure Room.
Procedure has started.
Procedure still in progress.
Patient resting in Recovery Room.

Text Message

Send Cancel

Revenue Cycle

Compliance Eliminates Case Denials

Compliance Eliminates Case Payment Reductions

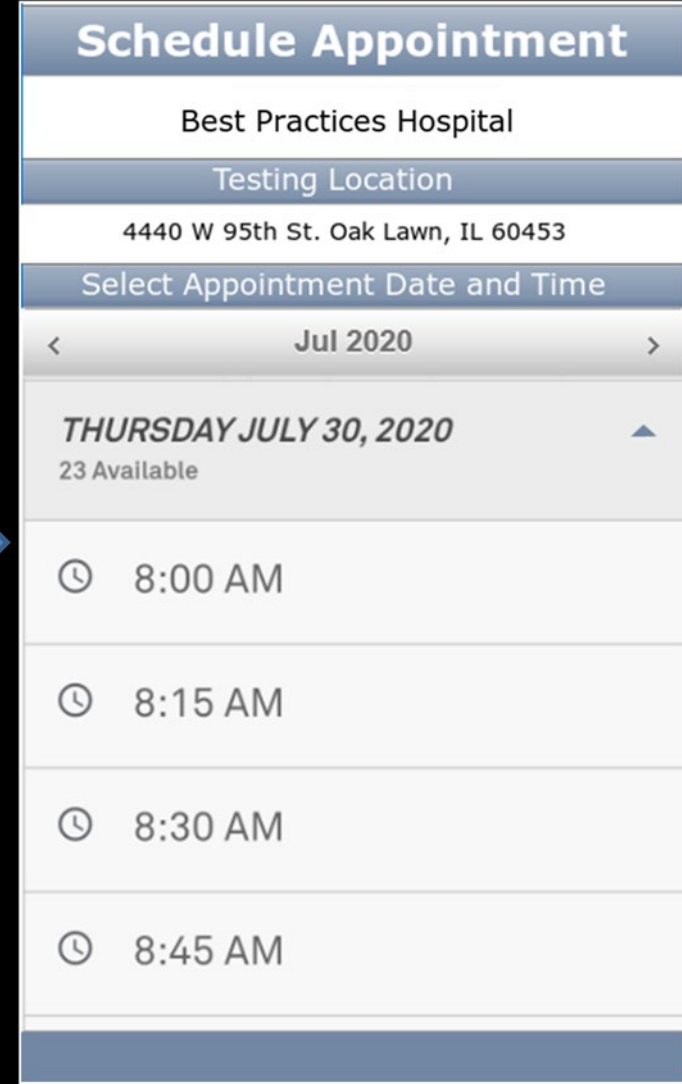
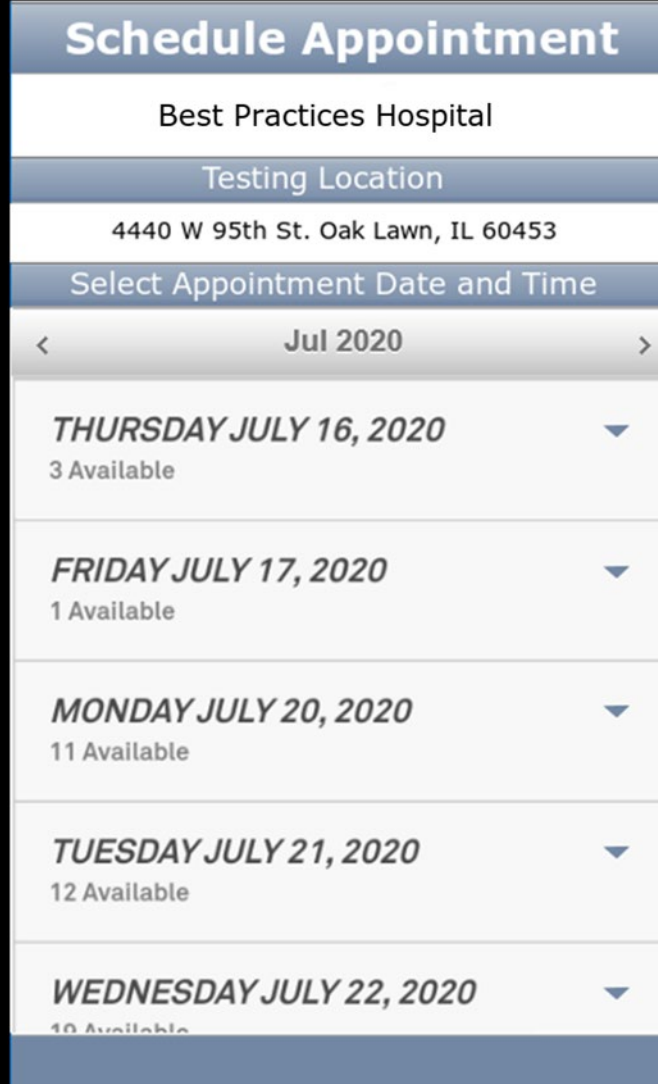
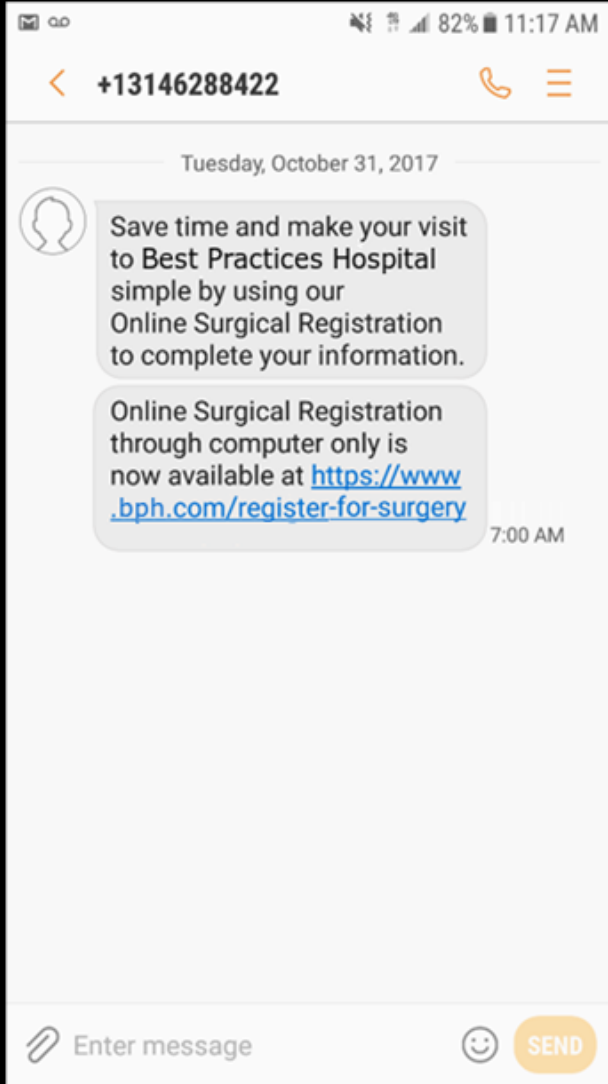
- CMS Inpatient List and Level of Care compliance
- CMS Prior Authorization Rules
- CMS RAC audit compliance
- CMS Medical Necessity
- CMS First Assist Rules
- Automatic and Timely Prior Authorization Initiation
- Automatic Verification of Insurance Eligibility
- UHC rules related to ASC vs. Hospital
- Detect and handle Out-of-Network payers

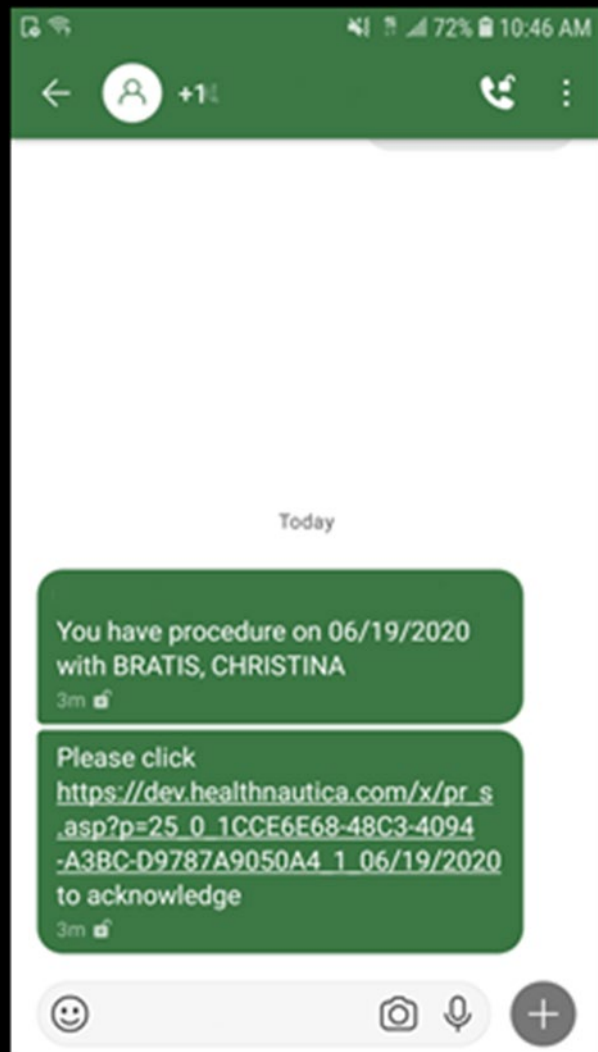
Patient Engagement

From pre-operative onset

Through post-operative discharge

To improve a patient's experience, safety and quality of care.





The screenshot shows a mobile form for appointment confirmation. At the top, the status bar shows signal strength, Wi-Fi, 72% battery, and 10:47 AM. The form has a white background. It starts with the text: 'Dear Patient, This is an appointment reminder from [redacted] for your upcoming procedure. Please confirm your appointment below.' Below this, there are two rows of text: 'Procedure Date 06/19/2020' and 'Physician Name BRATIS, CHRISTINA'. There are two radio button options: 'Yes. I am confirming my appointment.' and 'No. I need to cancel my appointment.' Below these options, there is a paragraph: 'If you have any questions or need to change your original response above, please call us at [redacted]. Thank you.' At the bottom center, there is a blue button with the text 'SUBMIT'.

BEST MEDICAL CENTER Arrival time 7:30 am on Jul 25, 2020 at 4440 W. 95TH ST. OAK LAWN. Please click link below to acknowledge this text

Now 

Visit

https://www.healthnautica.com/x/PO.asp?p=39_CF81312F-E294-447E-9E84-1F153B4A5670

to review Pre-Operative Instructions

Now 



Pre-Operative Instructions

Instructions for Day Surgery & Early Admit Cases - Surgical Care Pavilion

You can **park in Lot A**. You will be entering the hospital on the ground floor. Please check in at the first floor main lobby desk. One family member/support person can accompany you during the admit process. Once the patient is ready for surgery, the family will be escorted to the surgical family reception area.


Note:


- Both parents allowed with your child.
- Complimentary valet parking is available after 7:30 am.

All Adults and Children over 8 years old:

- Nothing to eat or drink after midnight. This includes no gum or hard candy. However, if your arrival time is after 12:00pm or later you may have clear

 Mark Read

 Print

 Close

Enter Patient Status for Family Update

Patient: Al [redacted], J. DOB: [redacted]
 Physician: SCHAFER, DAVID DOS: 10/8/2020 12:00:00 PM

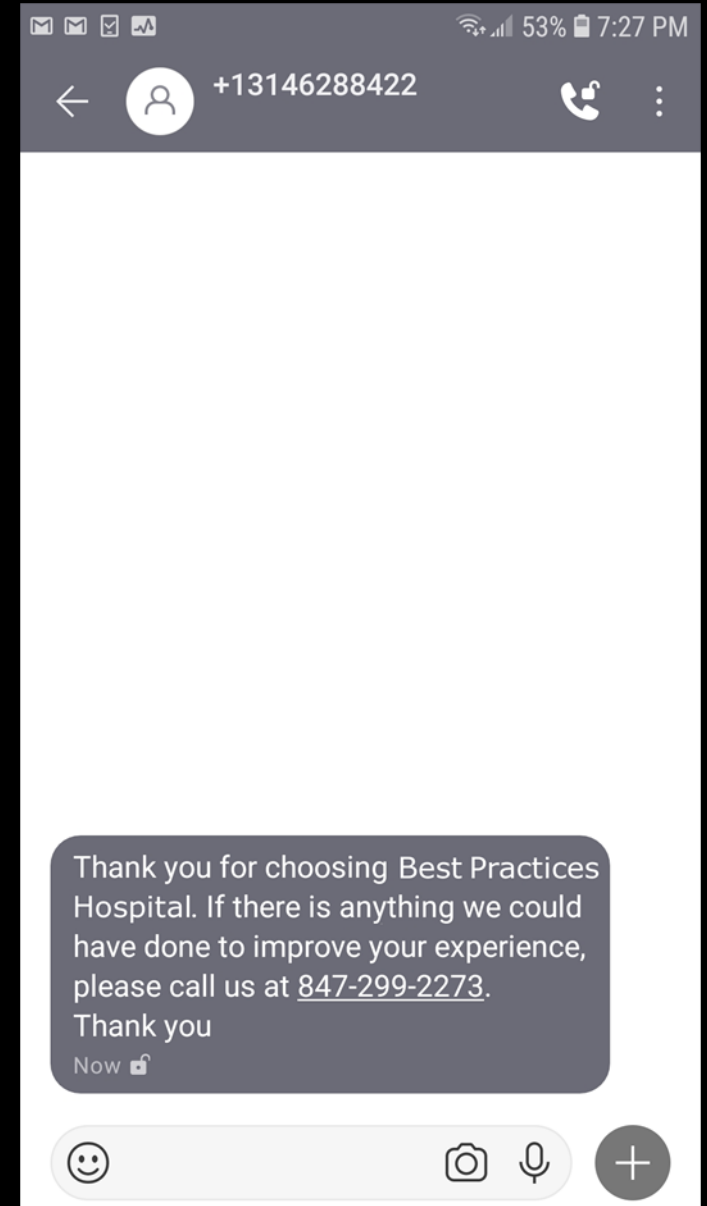
Family Cell Phone: 224- [redacted] Status:
 Select...
 Patient taken to surgery.
 Surgery started. Patient is doing well.
 Patient is doing well.

Text Message:

Send Cancel



📱 PATIENT TAKEN TO SURGERY AT 7;35 - Oct 8 2020 7:37AM, SURGERY IS IN PROGRESS. PATIENT IS DOING WELL. - Oct 8 2020 8:28AM, SURGERY IS STILL IN PROGRESS. PATIENT IS DOING WELL. - Oct 8 2020 9:14AM, SURGERY IS COMPLETE - Oct 8 2020 9:37AM, Texted To:224



7/28/2020

Dear Patient,

Thank you for choosing Hospital for your surgery on 5/28/2020 by Dr. RAHUL GOKHALE.
Hospital and Dr. RAHUL GOKHALE are members of the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). Your health and feedback are important to us. Please answer the questions below:

Within 30 days after your surgery, were you examined by your surgeon/team or other healthcare provider?*

Yes No

After your surgery did you experience any health problems, need to be hospitalized, or go to an Emergency Room? *

Yes No

Within 30 days after your surgery did you have another operation?*

Yes No

Within 30 days after your surgery did you have any problems with your incision(s)?*

Yes No

Within 30 days after your surgery did you have any problems with your lungs?*

Yes No

Within 30 days after your surgery did you have any problems with your heart?*

Yes No

Within 30 days after your surgery did you have any bladder or kidney problems?*

Yes No

Within 30 days after your surgery did you have any infections?*

Yes No

Within 30 days after your surgery did you have a blood clot in your legs or lungs?*

Yes No

Is there anything else you would like to tell us about your health or surgical experience?*

Yes No

We appreciate you taking time to respond to our request. If you would like to speak with us about your response to the above questions, we can be reached at 630-

Submit

Cancel

Customizable Patient Consent

CONSENT FOR SURGERY, ANESTHESIA AND OTHER MEDICAL PROCEDURES

1. I consent to the performance upon PRM_RG TEST the following surgery/procedure or other medical treatment: TOTAL KNEE REPLACEMENT OF THE LEFT KNEE
2. I understand that this surgery/procedure or other medical treatment is to be performed by: Dr(s). CHRISTINA BRATIS, , and such assistants and associates as may be selected by him/her and by AMITA Health Saints Mary and Elizabeth Medical Center.
3. I understand that all practitioners who perform a surgery/procedure on me or provide treatment to me are INDEPENDENT PRACTITIONERS and not employees or agents of AMIT A Health Saints Mary and Elizabeth Medical Center, except for those practitioners who clearly and explicitly identify themselves as facility employees by wearing an identification badge with the facility name. I understand that each practitioner is solely and exclusively responsible for the exercise of his/her own medical judgement.
Patient or legal representative's signature: _____
4. I understand that during the course of the surgery/procedure or treatment, the medical practitioner named in paragraph two (2) or his/her associates may consider it necessary or advisable to perform procedures or to render treatment in addition to that named in paragraph 1 because of conditions which may not be foreseeable. I therefore consent to the performance of such additional surgery/procedures or treatments as are deemed necessary or advisable by the practitioner or his/her associates.
5. The following has been explained to me. The nature and purpose of the surgery, treatment or procedure and the reasonable: (1) alternatives to the proposed surgery, treatment, or procedure; (2) likelihood of achieving the care, treatment and service goals; (3) anticipated potential benefits, relevant and material risks, or side effects, including relevant potential problems related to recuperation; (4) relevant material risks, benefits, and side effects related to alternatives, including the possible results of not receiving the surgery, treatment, or procedure.
6. I consent to the administration of such anesthetics as may be considered necessary or advisable by the person authorized to administer anesthesia. *(Cross out if no anesthesia to be used. If anesthetics are to be used, affirmation of anesthesiology practitioner is required.)*
7. I consent for tissues or parts of my body removed at surgery, body fluids, x-ray films, and other materials, as well as medical information concerning me to be used in research studies, in publication of research results, and in teaching. I understand that every effort will be made to protect my identity.
8. I consent to the disposal by authorities or agents of AMITA Health Saints Mary and Elizabeth Medical Center of any tissues or body parts which may be removed unless I specify otherwise.
9. In connection with medical services received, I consent to any photographs, video recordings, and images ordered by my physician and/or per facility protocol to be used for documentation, medical research and medical education. I waive any and all rights of ownership in such photographs, video recordings and images. I understand that every effort will be made to protect my identity.
10. If the medical practitioner deems it necessary, I also authorize, permit and consent to the presence of any sales representatives or vendors in the procedure, for technical support only. I understand that the sales representatives or vendor will NOT physically participate in the procedure, but will be present only in an advisory capacity for the responsible practitioner. *(Cross out if not applicable and initial _____.)*
11. For the purpose of advancing medical education, I consent to the admittance of observers to the room in which the procedure(s)/treatment(s) is performed.



Tracking Patient and Case Readiness

Patient Readiness

, LYNNE ○

Readiness Type	Indicator	Existing Readiness Data	Readiness Status	Comments
Insurance Eligibility	<input type="radio"/>		Select Cannot Verify Not Verified Self Pay Verified and Active Verified but not Active	
Pre-Certification	<input type="radio"/>			
Pre-Op Testing	<input type="radio"/>		Select Not Required Required - Complete Required - Day of Surgery Required - Incomplete	
H&P	<input type="radio"/>			
Clearances	<input type="radio"/>		Select Not Required Required - Complete Required - Incomplete	
Vendor Rep	<input type="radio"/>			

Update Cancel

Patient Readiness

, LYNNE ○

Readiness Type	Indicator	Existing Readiness Data	Readiness Status	Comments
Insurance Eligibility	<input type="radio"/>		Select	
Pre-Certification	<input type="radio"/>		Select Approved Denied	
Pre-Op Testing	<input type="radio"/>		Not Initiated Not Required Pending	
H&P	<input type="radio"/>		Select Not Received Provider to Update Received - Complete Received - Incomplete	
Clearances	<input type="radio"/>			
Vendor Rep	<input type="radio"/>		Select Not Applicable Not Notified Notified	

Update Cancel

	03/19/2021	00:00	, PERCILITA		06/07/1953	773-7	SMITH, JOHN
	03/19/2021	00:00	, ABRAHAM		08/24/1952	773-7	SMITH, JOHN
	03/19/2021	00:00	, LETTY		12/21/1953	773-6	SMITH, JOHN
	03/19/2021	00:00	, JESSICA		03/14/1990	773-2	SMITH, JOHN
	03/19/2021	00:00	, JUANA		05/23/1960	773-9	SMITH, JOHN

HIPAA Compliant Mobile App

reload logout

lastname find clear

< Jan 2019 >

	01	02	03	04	05	06
07	08	09	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 06:00 am PATIENT 1 (49 M)
- 07:00 am PATIENT 2 (48 M)
- 08:00 am PATIENT 3 (47 M)
- 09:00 am PATIENT 4 (46 M)

Today List Month

Key

- White: Not yet started
- Black: In progress
- Green: Ready
- Red: Not ready

reload logout

lastname find clear

Back

Fri Jan 11 2019
09:00 am to 10:00 am

PATIENT 4
DOB: 1/1/1973
HAR: 19973709

Surgeon
Dr. BRUCE DILL

Location
ORTHO SURGERY CENTER

Description
PHACOEMULSIFICATION CATARACT WITH INTRAOCULAR LENS IMPLANT LEFT EYE

Readiness Status

- Insurance Eligibility
- Pre-Certification
- Pre-Op Testing
- H&P
- Clearances
- Vendor Rep

Interfacing with Hospital EMRs

- HL7
- FIHR
- X12
- Data exchange using JSON or XML formats

All the data can be exchanged over a Secure Business-to-Business (B2B) Virtual Private Network (VPN)



"IMPLEMENTING THESE CHANGES WON'T BE EASY.
WE'RE PRETTY SET IN DOING THINGS THE WRONG WAY."