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To ensure consistency, accuracy, and completeness of each patient's electronic health record, please use the guide below.

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### **Reviewing Procedures from the Workflow Page**

From the Procedure tab of the Histories workflow component, review the Surgical Records and Procedures.

- **Surgical Records are procedures or operations that have been performed at a Northern Light SurgiNet hospital (Eastern Maine Medical Center, A.R. Gould, or Mercy).**
    - **Surgical Records** entries indicate that there is a perioperative document in the chart.
    - Select the **Surgical Record** to display additional procedural details, including **Case Number**, **Implants**, and **Comments**.
    - **Surgical Records** shows the procedure scheduled/recorded.
    - **Surgical Records** are seen across encounters.
  - **Surgical Records are NOT the same as Procedures.**
    - **Surgical Records** do not pull into discharge paperwork.
    - A **Surgical Record** will only pull into provider documentation if it is a **Procedure** or **Op Note**.
    - **Procedures** history pulls into ED Notes, Admission H&P, Office Notes, etc..
    - **Procedure** history, when updated with a date within the encounter, prints on the patient's discharge paperwork.
  - **Procedures are a complete record of all procedures and surgeries that the patient has had.**
    - These could be in or out of system.
    - These could be at a SurgiNet or non-SurgiNet hospital.
    - Select a record to display details entered, including: provider; laterality; and comments.
    - Procedures are seen across encounters.
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- It is everyone's responsibility to review Procedures and to update the Procedure history if it is out of sync with the Surgical Records.

Histories			
Procedure (6)	Problems (57)	Family (36)	Social (10)
Procedure	Surgeon	Implant	Date
Surgical Records (1)			
Cholecystectomy Laparoscopy(N/A)	TODER MD, MICHELLE E	--	06/13/2005
Procedures (5)			
Tubal ligation	--	--	08/08/2017
Appendectomy	--	--	10/24/2014
back surgery	--	--	--
Colonoscopy	--	--	--

The screenshot shows the 'Histories' interface with the 'Procedure' tab selected. The table lists procedures, with 'Appendectomy' highlighted. A detailed view of 'Cholecystectomy Laparoscopy(N/A)' is shown on the right, including procedure date, provider, anesthesia type, and case number.

Procedure	Surgeon	Implant	Date
Surgical Records (1)			
Cholecystectomy Laparoscopy(N/A)	TODER MD, MICHELLE E	--	06/13/2005
Procedures (5)			
Tubal ligation	--	--	08/08/2017
Appendectomy	--	--	10/24/2014
back surgery	--	--	--
Colonoscopy	--	--	--
Colonoscopy	--	--	--

**Cholecystectomy Laparoscopy(N/A)**

Procedure Date: 06/13/2005

Provider: TODER MD, MICHELLE E      Anesthesia Type: General      Case Number: OSC-2005-3097

Implants: --

Comments: test

## Documenting Procedures Performed this Visit

Prior to discharge, it is important to update **Procedures** to include those performed today or during this visit. This will ensure that so that the information flows into the Provider Documentation and prints on the patient's discharge paperwork.

**NOTE:** Ideally, this should be done by the PACU nurse, postoperatively. This workflow must be followed regardless of whether the procedure occurred at a SurgiNet facility or not, as SurgiNet Perioperative Documentation does not flow to Procedure History.

From any Workflow page (Nursing Handoff, Discharge, ED Nursing Workflow...)

**STEP 1:** Review **Procedures** from the History component.

**STEP 2:** With the Procedure tab open, click Histories header.

**STEP 3:** Click the **Add** button to add procedure data.

Procedure	Laterality	Procedure Date
Appendectomy		10/24/2014
Colonoscopy		
Fractures involving thorax with lower back and pelvis with li...		
Tubal ligation		08/08/2017

**STEP 4:** Use the folders at the bottom of the pane to quickly search for common and routine procedures.

The binoculars may also be used to search for procedures.

\*Procedure: [binoculars icon] [Free Text] Laterality: [dropdown] Provider: [Free Text]

Display As: [dropdown] At Age: [Age] Date: [Date] Comments: [Free Text]

Location: [binoculars icon] [Free Text]

OK OK & Add New Cancel

Up Home Favorites Folders Folder: Folder/Procedures

- Common Procedures
- Endoscopic Ultrasounds
- Gyn Procedures
- Laparoscopic Procedures

**STEP 5:** Once **Procedure** field is populated, enter information in the fields as appropriate. ALWAYS enter the date the procedure was performed

**STEP 6:** Click OK to complete the documentation

### **Updating Procedure History to Include Surgical Records**

If, when reviewing the **Procedure** workflow component, it is noticed that a surgical record exists that isn't in **Procedures**, add it. To do this, use the process shown above.

Key Points to remember:

- Details, such as laterality, provider, and date, are not required, but should be entered if present.
- Use clinical judgment when making updates. If multiple instances of the same procedure exist with no abnormal findings/not clinically significant (ex. Patient had routine colonoscopies for years, all normal), one entry can be made with a comment of dates performed.

- If multiple instances of the same procedure are present and clinically significant (ex. Patient had two Cesarean Sections) one entry should be made for each procedure.
- The **Add Procedure** Quick Search function on the component DOES NOT work. Always click **Histories** to go to the **Procedure History** screen and click the **Add** button.
- If multiple **Surgical Records** need to be added to **Procedure History**, use the forward/back buttons to toggle between the **Workflow** page and the **Procedures** screen.

