

Introduction

This section provides an overview of the Surgery package, and also provides documentation conventions used in this *Surgery V. 3.0.191 Technical Manual/Security Guide*.

Overview

The Surgery package is designed to be used by Surgeons, Surgical Residents, Anesthetists, Operating Room Nurses, and other surgical staff. The Surgery package is part of the patient information system that stores data on patients who have, or are about to undergo, surgical procedures. This package integrates booking, clinical, and patient data to provide a variety of administrative and clinical reports.

The *Surgery V. 3.0 Technical Manual/Security Guide* acquaints the user with the various Surgery options and offers specific guidance on the maintenance and use of the Surgery package. Documentation concerning the Surgery package, including any subsequent change pages affecting this documentation, is located on the VistA Documentation Library (VDL) on the Internet at <http://www.va.gov/vdl/>.

Organization

The Surgery package contains the following components, also called modules:

- Requesting and Scheduling
- Tracking Clinical Procedures
- Generating Surgical Reports
- Chief of Surgery Module
- Managing the Software Package
- Assessing Surgical Risk
- Assessing Surgical Transplants

Requesting and Scheduling

The surgeon uses this component to enter requests for surgical procedures. These requests are then assigned an operating room and time slot by the operating room scheduling manager. The Operating Room Schedule is generated automatically on any designated printer in the medical center. The Request and Scheduling module also allows for the rescheduling or cancellation of operative procedures.

Tracking Clinical Procedures

This component is comprised of options used to enter information specific to an individual surgical case. This information includes staff, times, diagnosis, perioperative occurrences, and anesthesia information. The package is designed so that information regarding a case can be entered on a terminal inside the operating room during the actual operative procedure. This information can then be used to generate the Patient Record and the Nurse Intraoperative Report.

Documentation Conventions

This *Surgery V. 3.0 Technical Manual/Security Guide* includes documentation conventions, also known as notations, which are used consistently throughout this manual. Each convention is outlined below.

Table 1. Documentation Conventions

Convention	Example
Menu option text is italicized.	The <i>Print Surgery Waiting List</i> option generates the long form surgery waiting list for the surgical service(s) selected.
Screen prompts are denoted with quotation marks around them.	The "Puncture Site:" prompt will display next.
Responses in bold face indicate user input.	Needle Size: 25G
Text centered between arrows represents a keyboard key that needs to be pressed for the system to capture a user response or move the cursor to another field. <Enter> indicates that the Enter key (or Return key on some keyboards) must be pressed. <Tab> indicates that the Tab key must be pressed.	Type Y for Yes or N for No and press <Enter>. Press <Tab> to move the cursor to the next field.
IMPORTANT: Indicates especially important or helpful information.	IMPORTANT: If the user attempts to reschedule a case after the schedule close time for the date of operation, only the time, and not the date, can be changed.

Getting Help and Exiting

One, two or three question marks (?, ??, ???) can be entered at any of the prompts for online help. One question mark elicits a brief statement of what information is appropriate for the prompt. Two question marks provide more help, plus the hidden actions, and three question marks will provide more detailed help, including a list of possible answers, if appropriate.

Up arrow (caret or a circumflex) and pressing <Enter> can be used to exit the present option.

Routines

The following is the list of routines used in the Surgery package. This list excludes all initialization routines, protocol installation routines, and routines exported with patches that performed a one-time function. Use the Kernel *First Line Routine Print* [XU FIRST LINE PRINT] option to print a list of just the first line of each routine in the SR- namespace.

Table 3. Routines by Name

SRBL	SRBLOOD	SRCHL7A	SRCHL7U	SRCUSS	SRCUSS0	SRCUSS1	SRCUSS2
SRCUSS3	SRCUSS4	SRCUSS5	SRENSCS	SRGRPC	SRHLDW	SRHLDW1	SRHLENV
SRHLMFN	SRHLOORU	SRHLORU	SRHLPOST	SRHLPRE	SRHLQRY	SRHLSCRN	SRHLU
SRHLUI	SRHLUO	SRHLUO1	SRHLUO2	SRHLUO3	SRHLUO4	SRHLUO4C	SRHLVOOR
SRHLVORU	SRHLVQRY	SRHLVU	SRHLVUI	SRHLVUI2	SRHLVUO	SRHLVUO1	SRHLVUO2
SRHLVUO4	SRHLVZIU	SRHLVZQR	SRHLVZSQ	SRHLXTMP	SRHLZIU	SRHLZQR	SRO1L
SRO1L1	SRO3P90	SROA30	SROA38	SROA38A	SROABCH	SROACAR	SROACAR1
SROACAT	SROACC	SROACC0	SROACC1	SROACC2	SROACC3	SROACC4	SROACC5
SROACC6	SROACCM	SROACCT	SROACL1	SROACL2	SROACLN	SROACMP	SROACMP1
SROACOD	SROACOM	SROACOM1	SROACONV	SROACOP	SROACPM	SROACPM0	SROACPM1
SROACPM2	SROACR1	SROACR2	SROACTH	SROACTH1	SROADEL	SROADOC	SROADOC1
SROADX	SROADX1	SROADX2	SROAERR	SROAEX	SROAL1	SROAL11	SROAL2
SROAL21	SROALAB	SROALC	SROALCP	SROALCS	SROALCSP	SROALDP	SROALEC
SROALEN	SROALESS	SROALET	SROALL	SROALLP	SROALLS	SROALLSP	SROALM
SROALMN	SROALN1	SROALN2	SROALN3	SROALNC	SROALNO	SROALOG	SROALSL
SROALSS	SROALSSP	SROALST	SROALSTP	SROALT	SROALTTP	SROALTS	SROALTSP
SROAMAN	SROAMEAS	SROAMIS	SROAMIS1	SROANEST	SROANEW	SROANIN	SROANP
SROANP1	SROANR	SROANR0	SROANR1	SROANT	SROANTP	SROANTS	SROANTSP
SROAO	SROAOP	SROAOP1	SROAOP2	SROAOPS	SROAOSET	SROAOTH	SROAOUT
SROAPAS	SROAPC	SROAPCA	SROAPCA0	SROAPCA1	SROAPCA2	SROAPCA3	SROAPCA4
SROAPIMS	SROAPM	SROAPR1A	SROAPR2	SROAPRE	SROAPRE1	SROAPRE2	SROAPRT1
SROAPRT2	SROAPRT3	SROAPRT4	SROAPRT5	SROAPRT6	SROAPRT7	SROAPS1	SROAPS2
SROAR	SROAR1	SROAR2	SROARET	SROARPT	SROASITE	SROASS	SROASS1
SROASSE	SROASSN	SROASSP	SROAT0P	SROAT0T	SROAT1P	SROAT1T	SROAT2P
SROAT2T	SROATCM	SROATCM1	SROATCM2	SROATCM3	SROATM1	SROATM2	SROATM3
SROATM4	SROATMIT	SROATMN1	SROATMNO	SROATT	SROATT0	SROATT1	SROATT2
SROAUTL	SROAUTL0	SROAUTL1	SROAUTL2	SROAUTL3	SROAUTL4	SROAUTLC	SROAWL
SROAWL1	SROAX	SROBLOD	SROCAN	SROCAN0	SROCANUP	SROCASE	SROCCAT
SROCD	SROCD0	SROCD1	SROCD2	SROCD3	SROCD4	SROCDX	SROCDX1
SROCDX2	SROCL1	SROCLAB	SROCMP	SROCMP1	SROCMP2	SROCMPD	SROCMPED
SROCMPL	SROCMPS	SROCNR	SROCNR1	SROCNR2	SROCODE	SROCOM	SROCOMP
SROCON	SROCON1	SROCOND	SROCPT	SROCPT0	SROCRAT	SROCOVER	SRODATE
SRODEL76	SRODELA	SRODEV	SRODIS	SRODIS0	SRODLA1	SRODLA2	SRODLAY
SRODLT	SRODLT0	SRODLT1	SRODLT2	SRODPT	SRODTH	SROERR	SROERR0
SROERR1	SROERR2	SROERRPO	SROES	SROESAD	SROESAD1	SROESAR	SROESAR0

S RTPKID4	S RTPKID6	S RTPLIV1	S RTPLIV2	S RTPLIV3	S RTPLIV4	S RTPLIV5	S RTPLIV6
S RTPLIV7	S RTPLS	S RTPLST	S RTPLSTP	S RTPLUN1	S RTPLUN2	S RTPLUN3	S RTPLUN5
S RTPNEW	S RTPPAS	S RTPRACE	S RTPRH	S RTPRH1	S RTPRH2	S RTPRK	S RTPRK1
S RTPRK2	S RTPRK3	S RTPRLI	S RTPRLI1	S RTPRLI2	S RTPRLU	S RTPRLU1	S RTPRLU2
S RTPSITE	S RTPSS	S RTPTM1	S RTPTM2	S RTPTMIT	S RTPTRAN	S RTPUTL	S RTPUTL4
S RTPUTLC	S RTPVAN	SRUSERRPC					

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Exported Options

This section contains information about the Surgery package options; first, the exported options are listed by name, and then they are provided alphabetically, with a description of the option.

Options Listed by Name

The following table contains a list of all the options in the Surgery package, listed alphabetically by name.

Table 4. Surgery Package Options by Name

SR ANESTH REPORTS	SR BLOOD PRODUCT VERIFICATION	SR BLOOD PRODUCT VERIFY AUDIT
SR CPT ACCURACY	SR CPT REPORTS	SR MANAGE REPORTS
SR NO ASSESSMENT REASON	SR NON-OR INFO	SR NON-OR REPORT
SR NORMAL HOURS	SR OR HOURS	SR OR UTIL
SR OR UTIL1	SR PURGE UTILIZATION	SR STAFFING REPORTS
SR SURGERY REQUEST	SR TRANSPLANT ASSESSMENT	SR TRANSPLANT ENTER/EDIT
SR TRANSPLANT PARAMETERS	SR UPDATE FILES	SR UPDATE SCHEDULE DEVIC
SR UTIL EDIT ROOM	SR VIEW HISTORICAL REPORTS	SRCODING EDIT
SRCODING MENU	SRCODING NURSE REPORT	SRCODING OP REPORT
SRCODING UPDATE/VERIFY MENU	SRHL DOWNLOAD INTERFACE FILES	SRHL DOWNLOAD SET OF CODES
SRHL INTERFACE	SRHL INTERFACE FLDS	SRHL PARAMETER
SRO CASES BY DISPOSITION	SRO CASES BY PRIORITY	SRO COMPLICATIONS MENU
SRO DEATH RELATED	SRO DEL MENU	SRO DELAY TIME
SRO ECS COMPLIANCE	SRO INTRAOP COMP	SRO M&M VERIFICATION REPORT
SRO PACKAGE MANAGEMENT	SRO PCE NOTRANS	SRO PCE STATUS
SRO POSTOP COMP	SRO QUARTERLY REPORT	SRO SURGICAL PRIORITY
SRO UPDATE CANCELLED CASE	SRO UPDATE RETURNS	
SRO-CHIEF REPORTS	SRO-LRRP	SRO-ROOM
SRO-UNLOCK	SROA ASSESSMENT LIST	SROA CARDIAC COMPLICATIONS
SROA CARDIAC ENTER/EDIT	SROA CARDIAC OPERATIVE RISK	SROA CARDIAC PROCEDURES
SROA CARDIAC RESOURCE	SROA CARDIAC-OUTCOMES	SROA CATHETERIZATION
SROA CLINICAL INFORMATION	SROA CODE ISSUE	SROA COMPLETE ASSESSMENT
SROA DEMOGRAPHICS	SROA ENTER/EDIT	SROA LAB
SROA LAB TEST EDIT	SROA LAB-CARDIAC	SROA MONTHLY WORKLOAD REPORT

Option Descriptions

This section provides an alphabetical listing of Surgery options, and includes a brief description of each option.

Abort Operation

[SROABRT]

This option has been added as a new option under the Operation Menu [SROPER]. This new option will prompt the user for CASE ABORTED field (#18.5) (“NO” default) and the cancellation information fields (CANCEL DATE, CANCELLATION TIMEFRAME and PRIMARY CANCEL REASON).

This menu option should only be used if the patient has been taken to the operating room and no incision has been made. If an incision is made, the case should be completed and the discontinued procedure indicated in the record. Cancellation of future surgical cases should not use this option

Admissions w/in 14 days of Out Surgery if Postop Occ

[SROQADM]

This option provides a list of patients with completed outpatient surgical cases which resulted in at least one postoperative occurrence AND a hospital admission within 14 days of the surgery.

Alert Coder Regarding Coding Issues

[SROA CODE ISSUE]

This option is used to provide the Risk Assessment Nurse Reviewers an electronic method to notify coders of potential coding issues or concerns. The message sent will include the basic Surgery case information and comments specifically added by the Nurse Reviewer.

Anesthesia AMIS

[SROAMIS]

This report generates the Anesthesia AMIS Report required by Central Office (C.O.).

Anesthesia Data Entry Menu

[SROANES-D]

This menu contains options used to enter or edit anesthesia related information.

Anesthesia Information (Enter/Edit)

[SROMEN-ANES]

This option is used to enter Anesthesia related information for a given case.

Anesthesia Menu

[SROANES1]

This menu contains the various options used to enter and display information related to the anesthesia technique and personnel.

Anesthesia Provider Report

[SROADOC]

This report provides information concerning the Anesthesia staff and technique for completed cases. It will sort the cases by the principal anesthetist.

Anesthesia Report

[SROARPT]

This option, locked by the SROANES security key, generates the Anesthesia Report containing anesthesia information for a surgical case. Before the report is electronically signed, the option displays information directly from the SURGERY file (#130) with the choice to edit the information on the report, to print/view the report from the beginning, and to sign the report electronically, if appropriate for the user. After the report is electronically signed, this option allows the signed report to be edited by updating the information in the SURGERY file (#130) and by creating addenda. This option also allows the report to be viewed or printed.

List of Surgery Risk Assessments

[SROA ASSESSMENT LIST]

This option is used to print the List of Surgery Risk Assessments reports.

List of Transplant Assessments

[SRTP ASSESSMENT LIST]

This option is used to print the List of Transplant Assessments. It will provide summary information for assessments within the sort parameters selected.

*****This option is no longer used after Patch SR*3*184**

List of Unverified Surgery Case

[SROUNV]

This option will generate a list of all completed surgery cases that have not had the procedure, diagnosis and complications verified.

M&M Verification Report

[SRO M&M VERIFICATION REPORT]

The *M&M Verification Report* option produces the M&M Verification Report, which may be useful for:

- reviewing occurrences and their assignment to operations
- reviewing death unrelated/related assignments to operations

operation req

The full report includes all patients who had operations within the selected date range who experienced intraoperative occurrences, postoperative occurrences or death within 90 days of surgery. The pre-transmission report is similar but includes operations with completed risk assessments that have not yet transmitted to the national database.

Full Report:

Information is printed by patient, listing all operations for the patient that occurred during the selected date range, plus any operations that may have occurred within 30 days prior to any postoperative occurrences or within 90 days prior to death. Therefore, this report may include some operations that were performed prior to the selected date range and, if printed by specialty, may include operations performed by other specialties. For every operation listed, the intraoperative and postoperative occurrences are listed. The report indicates if the operation was flagged as unrelated or related to death and the risk assessment type and status. The report may be printed for a selected list of surgical specialties.

Pre-Transmission Report:

Information is printed in a format similar to the full report. This report lists all completed risk-assessed operations that have not yet been transmitted to the national database and that have intraoperative occurrences, postoperative occurrences, or death within 90 days of surgery. The report includes any operations that may have occurred within 30 days prior to any postoperative occurrences or within 90 days prior to death. Therefore, this report may include some operations that may or may not be risk assessed, and, if risk assessed, may have a status other than 'complete'. However, every patient listed on this report will have at least one operation with a risk assessment status of 'complete'.

Maintain Surgery Pre-Request List

[SROWAIT]

This menu contains options to enter, edit, and delete patients on the surgery waiting list. It also includes an option to print the list.

Make Operation Requests

[SROOPREQ]

This option is used to “book” operations for a selected date. This request will in turn be scheduled for a specific operating room at a specific time on that date.

Make a Request for Multiple Team Case [SRSREQCC]

This option is used to request multiple team operative procedures.

Make a Request from the Waiting List [SRSWREQ]

This option is used to “book” a patient for surgery that has been entered on the waiting list. The operative procedure and specialty will be stuffed automatically.

Make Reports Viewable in CPRS [SR VIEW HISTORICAL REPORTS]

This option allows Operation Reports, Nurse Intraoperative Reports, Anesthesia Reports and Procedure Reports (Non-O.R.) for historical cases to be moved into TIU as "electronically unsigned" to make them viewable through the Computerized Patient Record System (CPRS).

Management Reports [SR MANAGE REPORTS]

This menu contains various management type reports used by the surgical service.

Management Reports [SRO-CHIEF REPORTS]

This menu contains various management reports to be generated by the Chief of Surgery.

Medications (Enter/Edit) [SROANES MED]

This option is used to enter or edit medications given during the operative procedure.

Monthly Surgical Case Workload Report [SROA MONTHLY WORKLOAD REPORT]

This option generates the Monthly Surgical Case Workload Report that may be printed and/or transmitted to the VASQIP national database.

Morbidity & Mortality Reports [SROMM]

This option generates the Morbidity and Mortality Reports to be used by the Chief of Surgery. This option includes the Mortality Report and Perioperative Occurrences Report.

Non-Cardiac Assessment Information (Enter/Edit) [SROA ENTER/EDIT]

This menu contains options used to enter and edit information related to individual risk assessments.

Non-O.R. Procedure Info [SR NON-OR INFO]

This option displays information on the selected non-OR procedure except the provider’s dictated summary. This information may be printed or reviewed on the screen.

Non-O.R. Procedures [SRONOP]

This menu contains options related to non-O.R. procedures.

Non-O.R. Procedures (Enter/Edit) [SRONOP-ENTER]

This option is used to enter, update, or delete information related to non-OR procedures.

Non-Operative Occurrences (Enter/Edit) [SROCOMP]

This option is used to enter or edit occurrences that are not related to surgical procedures.

Normal Daily Hours (Enter/Edit) [SR NORMAL HOURS]

<i>Resource Data</i>	[SROA CARDIAC RESOURCE]
This option is used to enter, edit or review risk assessment cardiac patient demographic information such as hospital admission and discharge dates and other information related to this surgical episode.	
<i>Review Request Information</i>	[SROREQV]
This option is used to review or edit request information for an individual case.	
<i>Risk Model Lab Test (Enter/Edit)</i>	[SROA LAB TEST EDIT]
This option is used to allow the nurse to map VASQIP data in the Risk Model Lab Test (#139.2) file.	
<i>Schedule Anesthesia Personnel</i>	[SRSCHDA]
This option is used to schedule anesthesia personnel for surgery cases.	
<i>Schedule Operations</i>	[SROSCHOP]
This menu contains the various options used to schedule, update, cancel and display scheduled operations.	
<i>Schedule Requested Operations</i>	[SRSCHD1]
This option is used to schedule cases that have been previously “booked” for the selected date.	
<i>Schedule Unrequested Multiple Team Case</i>	[SRSCHDC]
This option is used to schedule multiple team cases that have not been requested.	
<i>Schedule Unrequested Operations</i>	[SROSRES]
This option is used to schedule cases that have not been previously “booked.” The user will be asked to enter some initial information regarding this case as well as the operating room and date/time for it to be scheduled.	
<i>Schedule of Operations</i>	[SROSCH]
This option generates the Operating Room Schedule to be used by the OR nurses, surgeons and anesthesiologists.	
<i>Scrub Nurse Staffing Report</i>	[SROSNR]
This report contains general information for completed cases, sorted by the Operating Room Scrub Nurse.	
<i>Surgeon Staffing Report</i>	[SROSUR]
This report prints completed cases, sorted by the surgeon and his role (i.e. attending, first assistant) for each case. It includes the procedure, diagnosis and operation date/time.	
<i>Surgeon's Verification of Diagnosis & Procedures</i>	[SROVER]
This option is used to verify that the procedure(s), diagnosis and complications are correct for the case. It is intended for use by the Surgeon, not the OR nurses.	
<i>Surgery Interface Management Menu</i>	[SRHL INTERFACE]
This menu contains options that allow the user to set up certain interface parameters that control the processing of HL7 messages. The interface adheres to the Health Level 7 (HL7) protocol and forms the basis for the exchange of health care information between the VistA Surgery package and any ancillary system.	

Surgical Staff

[SRROMEN-STAFF]

This option is used to enter the staff (surgeons, nurses, anesthesiologists) for a given case. It includes everyone in the operating room for this case.

Table Download

[SRHL DOWNLOAD SET OF CODES]

This option downloads the SURGERY file (#130) set of codes to the Automated Anesthesia Information System (AAIS). This process is currently being done by a screen capture to a file. In the future, this will be changed to a background task that can be queued to send HL7 master file updates.

Time Out Verified Utilizing Checklist

[SRROMEN-VERF]

This option is used to enter information related to Time Out Verified Utilizing Checklist.

Tissue Examination Report

[SROTRPT]

This option is used to generate the Tissue Examination Report that contains culture and specimens sent to the laboratory.

Transplant Assessment Menu

[SR TRANSPLANT ASSESSMENT]

** Not used after patch SR*3*184 **

This menu contains options to enter or edit transplant assessment information, print transplant assessments, list transplant assessments, and manage transplant assessments.

Transplant Assessment Parameters (Enter/Edit)

[SR TRANSPLANT PARAMETERS]

This option is used to update local site parameters for the Surgery Transplants Assessment module. Each site can identify which type of organ transplant is performed or assessed by their Transplant Coordinator. Identification of the type of organ transplants done at your facility will streamline selections when doing data entry.

*****This option is no longer used after Patch SR*3*184**

Unlock a Case for Editing

[SRO-UNLOCK]

The Chief of Surgery (or a person designated by the Chief) uses this option to unlock a case that has been completed and locked.

Update Abbreviated Case Records

[SROA ONE-LINER UPDATE]

This option may be used to enter missing data for the abbreviated cases (cases marked for exclusion from assessment, and cardiac assessed cases that transmit to the VASQIP database as a single line or two of data). Cases edited with this option will be queued for transmission to the VASQIP database at Chicago.

Update Assessment Completed/Transmitted in Error

[SROA TRANSMITTED IN ERROR]

This option is used to update the status of a completed or transmitted assessment that has been entered in error. The status will change from "COMPLETED" or "TRANSMITTED" to "INCOMPLETE" so that editing may occur.

Update Assessment Status to 'COMPLETE'

[SROA COMPLETE ASSESSMENT]

This option is used to update the status of a risk assessment entry from "INCOMPLETE" to "COMPLETE." Only completed assessments can be transmitted.

Update Cancellation Reason

[SRSUPC]

List Scheduled Operations

Operation Menu

Locked with **SROPER**

Operation Information
Surgical Staff
Operation Startup
Operation
Post Operation
Enter PAC(U) Information
Operation (Short Screen)
Time Out Verified Utilizing Checklist
Surgeon's Verification of Diagnosis & Procedures
Anesthesia for an Operation Menu
 Anesthesia Information (Enter/Edit)
 Anesthesia Technique (Enter/Edit)
 Medications (Enter/Edit)
 Anesthesia Report
 Schedule Anesthesia Personnel
Operation Report
Anesthesia Report
Nurse Intraoperative Report
Tissue Examination Report
Enter Referring Physician Information
Enter Irrigations and Restraints
Medications (Enter/Edit)
Abort Operation Blood
Product Verification

Locked with **SROEDIT**
Locked with **SROANES**
Locked with **SROANES**
Locked with **SROANES**

Locked with **SROANES**

Locked with **SROANES**

Locked with **SROEDIT**
Locked with **SROEDIT**

Anesthesia Menu

Locked with **SROANES**

Anesthesia Data Entry Menu
 Anesthesia Information (Enter/Edit)
 Anesthesia Technique (Enter/Edit)
 Medications (Enter/Edit)
Anesthesia Report
Schedule Anesthesia Personnel

Locked with **SROANES**
Locked with **SROANES**
Locked with **SROANES**

Locked with **SROANES**

Perioperative Occurrences Menu

Locked with **SROCOMP**

Intraoperative Occurrences (Enter/Edit)
Postoperative Occurrences (Enter/Edit)
Non-Operative Occurrences (Enter/Edit)
Update Status of Returns Within 30 Days
Morbidity & Mortality Reports

Locked with **SROSURG**

Non-O.R. Procedures

Locked with **SROPER**

Non-O.R. Procedures Menu (Enter/Edit)

Locked with **SROPER**

 Edit Non-O.R. Procedure

 Anesthesia Information (Enter/Edit)

 Medications (Enter/Edit)

 Anesthesia Technique (Enter/Edit)

 Procedure Report (Non-O.R.)

 Tissue Examination Report

 Non-OR Procedure Information

Annual Report of Non-O.R. Procedures

Locked with **SROREP**

Report of Non-O.R. Procedures

Locked with **SROREP**

Comments

Locked with **SROPER**

Surgery Reports

Locked with **SROREP**

Management Reports

 Schedule of Operations (132 CRT)

 Annual Report of Surgical Procedures

 List of Operations

 List of Operations (by Postoperative Disposition)

 List of Operations (by Surgical Specialty)

 List of Operations (by Surgical Priority)

 Report of Surgical Priorities

 Report of Daily Operating Room Activity

 PCE Filing Status Report

 Outpatient Encounters Not Transmitted to NPCD

Surgery Staffing Reports

 Attending Surgeon Reports

 Surgeon Staffing Report

 Surgical Nurse Staffing Report

 Scrub Nurse Staffing Report

 Circulating Nurse Staffing Report

CPT Code Reports

 Cumulative Report of CPT Codes

 Report of CPT Coding Accuracy

 List Completed Cases Missing CPT Codes

 Missing Codes Report

Security Keys

There are 23 security keys in the Surgery package. Most are used to restrict access to certain options within the package. Other keys can be used to restrict which people can be entered in specific fields. This section of the manual describes each key. These descriptions can aid the package coordinator in assigning security levels to the user personnel. A list of users' names and security key levels must be supplied to the site manager.

The following keys are used to determine whether a person can be entered in a specific field. Surgery V. 3.0 allows the user to restrict entries for any "person" type field based on keys. For example, the user could restrict entries into the PRIMARY SURGEON (.14) field in the SURGERY (#130) file to only those people who are holders of the SR SURGEON key. When entering data for a surgical case, only those people can be selected as a surgeon. Restriction of fields is not limited to the keys listed below. The user can use any existing key, or create keys of their own, to restrict access. The keys listed below are supplied for convenience. If the user does not choose to restrict "person" type fields, these keys will not be used elsewhere in the Surgery package.

Table 9. Security Keys

Security Key	Description
SR ANESTHESIOLOGIST	This key is used to restrict entry into selected fields in which an anesthesiologist can be entered.
SR MED STUDENT	This key is used to restrict entry into selected fields in which a medical student can be entered.
SR NURSE	This key is used to restrict entry into selected fields in which a nurse can be entered.
SR NURSE ANESTHETIST	This key is used to restrict entry into fields in which a nurse anesthetist can be entered.
SR PHYSICIAN ASSISTANT	This key is used to restrict entry into fields in which a physician assistant can be entered.
SR SURGEON	This key is used to restrict entry into fields in which a surgeon can be entered.

Non-Operative Occurrence	Occurrence that develops before a surgical procedure is performed.
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