



SurgiNet Preference Card: Management Strategy

Overview

This article discusses the replacement of an existing surgical information system (SIS) or bringing up one for the first time with Cerner's SurgiNet system. The topic of preference card management strategy is not specific to SurgiNet and the highlights covered here could be applied to any other SIS. The solution presented of having a default preference card for each surgical area using picklists needs to be explored carefully and may not be suited for everyone. Careful reporting and ongoing analysis of the surgical database needs to be performed so that the preference card library in SurgiNet can continue to grow post implementation.

Historically SIS applications involved management of the surgical schedule. Users based the selection of procedures upon the surgeon's picklist preference. Early systems allowed schedulers to choose pick lists based upon procedure codes and use free text to describe the actual surgical procedure performed. The use of free text fields allowed the surgeon to control what was to be printed on the schedule and also what procedure was to be recorded for reporting. One procedure code could represent a wide array of procedures to be performed.

SurgiNet requires that all procedures scheduled be available for selection from the order catalog. A field is available for additional procedure descriptions, but there is not a way to record a procedure that does not pre-exist in the catalog. A picklist or preference card (PC) must now exist for every procedure in order to support clinical documentation. The re-building of an existing picklist library based upon free text procedures represents a great challenge to SIS design teams. Time needed to complete this task is often underestimated.

Preference cards build prerequisites include uploading of surgical procedures, building an item database and creating documentation forms. Each of these tasks can be very time consuming and may involve teams outside of the core SIS team. Deciding on the total list of procedures is what will directly affect the number of preference cards that will need to be built. Performing analysis of past cases and reviewing the current procedure dictionary available to schedulers is a good place to start. Usually a twelve to twenty-four month period of time is selected and if available, reports are generated to show procedures performed grouped by surgeon. Reports will usually yield long procedure lists that contain duplicates. Careful clinical analysis of the list is needed and eventually a new procedure catalog is decided upon. SurgiNet provides for upload tools and newer code also allows for separate area based procedure catalogs. The average number of procedures for a full service surgical area can range from between 1100 and 1600. A modifier codeset is available to record laterality.

Upon the completion of prerequisite tasks, focus can shift to the actual building of preference cards. SurgiNet is based upon a document management system. Each surgical area will have its own intraoperative document type, which will need its own preference cards. Pre and post operative areas will have different document types. The decision to build preference cards for these areas will vary and is beyond the scope of this article.

The SurgiNet preference card is the heart and soul of the intraoperative document. It drives both documentation and supply usage during surgery. Charges can be set to automatically generate based upon documentation. Every procedure scheduled will need to have a preference card available for selection from the database in order to generate a case pick list. Case pick lists are needed to document supply usage during surgical cases.

Preference Card Picklist to Case Picklist

What is new to many surgical clinicians is the concept of a case picklist vs a preference card picklist. In Cerner these are two different databases. The preference card (PC) picklist is reference database that does not change based upon actual case usage. The case picklist is stored as activity data and becomes part of the patient's chart. Pre-set selection criteria are used by the SurgiNet programs to assign a PC to the scheduled case and stored on the SURG_CASE_PROC_DOC table. If there is not a PC available, the value of the PREF_CARD_ID field will be zero. If a preference card gets built during the interim between when a case is scheduled and when the case picklist is generated, the PREF_CARD_ID will update to the new card's value.

Case picklists are generated and are written to the CASE_PICK_LIST table by using an operations template which includes a specific SurgiNet script. The ops job is usually set to print out picklists to designated printers one or two days prior to the scheduled case date. Personnel retrieve the lists and prepare items for upcoming cases. If a change is made to the preference card after the case picklist is printed, the case picklist can be manually regenerated for printing. Opening of the surgical document will automatically cause the picklist to be regenerated.

The lack of a preference card for a scheduled procedure will be apparent the first time a surgical document is opened in SurgiNet's Case Document Manager (SNPDM.exe). An error message will appear stating that a case picklist has failed to be generated. You can click through the message, but when you go to the pick list tab, it is blank. You can not document supply usage for a case unless you have generated a case pick list, even if there are no items on the pick list, you must at least have a case number and a procedure on the pick list tab.

Note: If a case has been opened in the document manager, it can be rescheduled in the appointment book. Don't open cases to find out if a picklist has been generated. It is better to rely on reports to find out which cases have been scheduled for procedures that lack preference cards.

The simplest solution for a case lacking a pick list is to close out of the case in the document manager, and go into the preference build tool and create a preference card for the procedure. When you re-open the case, the newly created preference card will create a pick list for the case. This is the ideal solution, but not practical in most busy operating rooms. Generic preference cards provide a practical solution to ensure every case has a pick list.

Generic Preference Cards

The use of generic PC cards can play an important role during the early stages of a SurgiNet implementation. Agreement needs to be obtained with regards to how many preference cards need to be built prior to conversion and how many need surgeon specific. It is widely suggested that the 80/20 rule be used to estimate which surgeon and/or procedure cards need to be built prior to conversion. The number will vary from site to site and is driven largely by the physician population. You will want to first identify which procedures in the database represent the highest volume and then which surgeons perform the greatest number of these procedures. What you will likely find out is that about 20% of the procedure database is performed 80% of the time and only about 20% of the existing surgeon database actively performs these procedures. This group represents the surgeon/procedure specific cards that need to be built.

The remaining 80% of the procedures in database are usually performed on an occasional basis and procedure specific generic preference cards will usually be sufficient to support the scheduling and documentation needs of these procedures. These generic cards will have no surgeon. The use of specialty as selection criteria is optional and not chosen by many sites. Specialty may want to be used if you have different types of surgeons performing the same procedure. A neuro surgeon may require a different set up for a laminectomy vs. an orthopedic surgeon.

Selection criteria at time of case pick lists falls in this order:

- Surgeon/procedure specific card/*specialty(depending on pref setting)
- Procedure/no surgeon card/* specialty(depending on pref setting)
- Surgeon/no procedure card/* specialty(depending on pref setting)
- No surgeon/no procedure/* specialty(depending on pref setting)

The ideal situation would be that every site would have their preference card database completed prior to conversion, but experience has shown that the preference cards are far from complete when it is time to turn on SurgiNet. Project time and resources need to be scheduled to perform the task of identifying procedures which need preference cards to be built during the early months of SurgiNet implementation. It is not uncommon to also need to add procedures post conversion which will also need cards to be built.

Global pick list updates and the copy functionality found within the SNPCMaint.exe tool make it very easy for cards to be quickly updated and created. Having a procedure specific card available in the database will provide a good starting point for a surgeon specific card. The hardest part of the process is the task of identifying which scheduled cases lack preference cards. For this task, reporting solutions need to be explored and are beyond the scope of this article. A simple suggestion will be made, but will need to be expanded upon by each project team.

A default preference card may be the best way to ensure that every case has a pick list. This default card will be called the "none, none" card and is to be built with no procedure and no surgeon. If you are not using specialty in your selection criteria for preference cards, then no specialty should be selected for the "none, none" card. The default card is used when no other preference card is available for a procedure scheduled for a case. In my practice I have found that it is best to attach at least one item to this card and a template for comments. The item I use simple says "GENERIC – Imported Preference Card Needed." When a nurse or case logger opens the case for documentation and goes to the picklist tab, there is a case number and procedure present, but only one item on the pick list. In order to generate a case pick list at this point, the preference card database needs to be searched and a preference card pick list imported to the case.

Preference Card pick lists can be imported from any other surgical area that the nurse/logger has access to. Items can be simply dragged and dropped on the surgical procedure. Once all needed items from the preference card have been selected, the preference card is removed and documentation can continue with regard to fill, use and return quantities.

If your case pick lists are set up to be printed prior to the case being performed, then the pick list that will be printed using the default preference card can easily be sorted out and a preference card built prior to the procedure. If you use a default "none, none" card, then the standard SurgiNet report for procedures lacking preference cards will be voided, since all cases will have a PC identified. A reporting solution can simply be to write a custom Visual Explorer report which will look for procedures/cases that contain the one generic item on their case pick list.

Having a default preference card will ensure the non-interruption of surgical documentation during a live case and reduce the need to do "paper documentation" of supply usage when there is not a case picklist generated for a case.

If you need further information, please contact us at vcs@getvitalize.com or call us at 610-444-1233.