

# GI Surgery Resident Orientation



**MANY STRENGTHS. ONE MISSION.**

*A Seventh-day Adventist Organization*



LOMA LINDA  
UNIVERSITY  
HEALTH

# Team members

## GI Surgery 1

- Michelotti, Kannappan, Quigley
- GS attendings if Chief resident on service
- Chief or fellow

## GI Surgery 2

- Scharf, Yung, Srikureja
- GS attendings if Chief resident on service
- Chief or fellow

# Quirks of the Service

- » The chief or junior resident is responsible for all the “general surgery attending” patients over the weekend
- » All consults for the service must be run by the Attending on call for our service, day or night.
- » If consult seen during daytime, either the Fellow or the Chief Resident (not both) depending on the call schedule, will see the patient prior to chiefing with the Attending.

# Quirks of the Service

- » Chief resident is responsible for the following General Surgery attendings in addition to their GS service line: **Rivera, Mukherjee, Catalano, Mohr, Burruss, Swentek**
- » Weekly GI Surgery Schedule is created by the PGY5 Chief Resident. Schedule to be sent out no later than Sunday each week to all team members and attendings.

# Quirks of the Service

- » Chief Resident and Fellow are not expected to round or know patients on the other service EXCEPT when cross covering for each other during the weekend, holidays, vacation, etc.
- » If a patient is possibly appropriate for discharge, please notify the team before doing so and be sure chief of service is aware.
- » All Bariatric patients must receive discharge education by the Fellow or the Nurse Practitioner prior to discharge. If either are unavailable, Chief Resident may do the education. Residents will complete the DC orders and DC summary.

# Housekeeping Items

- » Specific notes used for both IN & OUT patient
- » Bariatric patients (outpatient visits) please utilize the smartset. Within encounter search “bariatric” in smart set tab & it will guide you to appropriate notes, tests, labs, etc
- » Utilize the minimally invasive order set when applicable. There is also a standard general surgery order set for typical gen surg patients (postop)

# Housekeeping Items

- » Keep the list updated at all times. Be sure to keep GS1 and GS2 list separate as well.
- » Please be sure to place all patients who are discharged onto the discharge list. May need to make a new one for that month. Refer to shared drive folder “discharge patient list”
- » Much of what we do is protocolized. Please refer to email attachments sent out.

# Housekeeping Items

- » Be sure to keep the problem list updated for Inpatient and Outpatient
- » A discharge summary is required in addition to a progress note on the day of discharge
- » When using any DC smartphrase: in patient's AVS, be sure to go through the sections and update the items that are appropriate for that patient



# Smart Set

- » Out patient clinic for Bariatrics has a specific Smart Set that includes everything
- » Under out patient clinic encounter go to Smart Set
- » Type in 84 or Surg Bari
- » Open Smart Set and all necessary orders for Bariatric clinic visits including consults, pre op, and post ops are there

# Smarttext/Templates

- » **OUTPATIENT SMARTTEXT** templates to save to your favorites for this rotation:
  
- » **BARIATRIC PATIENTS:**
  - ~ LL GSURG HP BARIATRICS SC (NEW BARIATRIC CONSULT)
  - ~ LL GSURG POST OP BARIATRICS SC (BARIATRIC POST-OP)
  - ~ SURG BAR PRE-OP INFORMATION
  
- » **GENERAL SURGERY PATIENTS:**
  - ~ LL GSURG H&P
  - ~ SUR GENERIC PRE-OP HISTORY & PHYSICAL (use for pre-op general surgery patients)
  - ~ LL GSURG POST OP CLINIC (general surgery postop notes)
  - ~ LL GSURG CLINIC PROGRESS NOTE
  
- » LL GSURG FOLLOW UP (use for a non-surgical new patient return visit)

# Smarttext/Templates

- » **INPATIENT** SMARTTEXT templates to save to your favorites for this rotation:
- » LL GSURG DAILY PROGRESS NOTE
- » LL IP GSURG CONSULT NOTE (IF for BARIATRIC consult, use same note template, will need to change the title)
- » LL GSURG H&P
- » SUR BARIATRIC H&P (change title to consult when in the note mode): used for bariatric inpatient consults

# Smartphrases

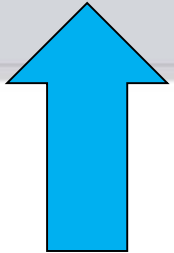
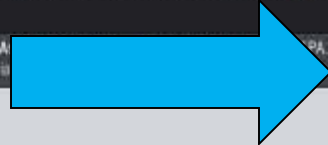
- » Many smartphrases are used on this service line. Clinic has a few posted.
- » If you need any or are looking for a few, don't hesitate to ask us.

# Smartphrases

- »Bariatric patients being discharged: utilize smartphrase “.pkbaridcinstructions” (taken from NP Panicha Kittipha). Include this smartphrase in the patient’s AVS under discharge instructions → patient education/discharge
- »Fundoplication patients being discharged: utilize smartphrase “.pkfundodcinstructions”. Include smartphrase in the patient’s AVS under discharge instructions → patient education/discharge
- »Overstitch patients being discharged: utilize smartphrase “.pkdcoverstitch”. Include smartphrase in patient’s AVS under discharge instructions → patient education/discharge

# Inpatient vs. OPEC after PACU?

- » Patients either going into OPEC or admitted as inpatient after PACU will depend on their insurance
- » Access LLEAP → Patient's chart → Click on FYI on the top banner of the patient's profile → read message from scheduler to see if patient is to be OBS vs. Inpatient



### Surgical Navigators

Pre-Op Consult

Post-Op Admit or Transfer Post-Op Discharge - Outpatient

- Patient DOCUMENTATION
- Instructions
- Proc. Tasks
- Care Everywhere
- Surgical Cases
- Vital Signs
- Adv Directives
- History
- Home Medications
- Allergies
- eConsent-Enouch
- eConsent-OR Ca...

- PHYSICIAN DOCUMENTATION
- Problem List
- Update H&P
- H & P Notes
- Consult Note
- Notes

- PRE-OP ORDERS
- Held Orders
- Orders

- Problem List

- eConsent

- Research Stud...

- 2800 Procedur...

- Hospital Certi...

- Surgical Navig...

#### INSTRUCTIONS

**For Scheduled Procedures**  
Please review the FYI tab to place the proper day of surgery admission order.

#### Proc. Tasks

Search for new task  [Add](#)

[Send Message](#) [Rebuild Task List](#)

Not Started

BMP (Basic Metabolic Panel)

No procedures found

Complete  Not Needed [Place Orders](#)

[Add Comments](#)

Hemoglobin A1C

No procedures found

Complete  Not Needed [Place Orders](#)

[Add Comments](#)

Potassium

No procedures found

Complete  Not Needed [Place Orders](#)

[Add Comments](#)

PT/PTT

No procedures found

Complete  Not Needed [Place Orders](#)

[Add Comments](#)

Type & Screen

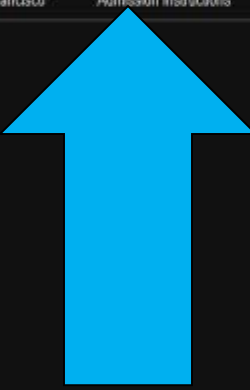
No procedures found

- Summary
- View Flowsheet
- Intake/Output
- Results Review
- Chart Review
- Notes
- Orders
- Problem List
- Consent
- 2000 Procedur...
- Hospital Certi...
- Surgical Navig...
- Document List
- FYI
- Customize
- More

FYI

New Flag Show Inactive Apply Filter Filter Refresh

Date and Time	Contact	User	Type	Summary	Status
09/18/18 15:46		Gomez, Francisco	Admission Instructions	Surgery Date: 11/29/2018, Attending Surgeon: Dr Michelotti, This patient is a Medicare patient. NONE of the proposed procedures are on the Medicare IP only list. If th...	Active





Epic Schedule In Basket Patient Lists Chart Sign My Visits Telephone Call Patient Station ED Manager Master Daily Schedule Status Board Apts CLUES Remind Me Quick Disclosure One Portal LLU EER/Blue Event Search


Allergies: Status: hmg-c... Location: None Wt: 85.7 kg (189 lb) MyChart: Deed... Robotic Bilateral Inguinal Her... Michelotti, Marcos J... Proc Start... FYI: Admission Instructions Admit Date: 11/29/2018

FYI

New Flag Show inactive Apply Filter Filter Refresh

Date and Time	Contact	User	Type	Summary	Status
09/18/18 15:46		Gomez, Francisco	Admission Instructions	Surgery Date: 11/29/2018, Attending Surgeon: Dr Michelotti, This patient is a Medicare patient. NONE of the proposed procedures are on the Medicare IP only list. If th...	Active

# Read thoroughly for admission instructions



Admission Instructions

Surgery Date: 11/29/2018, Attending Surgeon: Dr Michelotti, This patient is a Medicare patient. NONE of the proposed procedures are on the Medicare IP only list.

If the patient cannot go home from PACU, please place the patient in continued outpatient status and the PLACE in OPEC order.

You may admit to inpatient only.

Deactivate Edit Show History

2:56 PM

# Direct Admit

- »1. Go to the **Epic** button located at the top left corner.
- »2. Next select the **Patient Care**.
- »3. Click on **Orders Only**.
- »4. The **Patient Lookup** window will appear.
  - »a. Enter the patient **Name/MRN**. (include patient birth date if using patient name for search)
  - »b. Click on **Find Patient**.
- »5. Highlight the patient name from the **Patient Select** window.
  - »a. Click **Select**.
- »6. The chart will open to the **Orders Only Encounter**.

# Direct Admit

- »7. Click on the **Orders for Admission** activity.
- »a. If you do not click on this activity and remain in the **Orders Only Encounter** activity, all the orders will be placed as Ambulatory orders. The Inpatient RNs will not be able to see and carry out Ambulatory orders.
- »8. Next select the **Order Sets**.
- »9. Select the **ADULT Patient Placement Orders** or the **PEDS Patient Placement Orders** order set.
- »a. Additionally, you can add care order sets in the **Order Sets and Pathways** search field.
- »10. Click on the **Open Order Sets**.

# Direct Admit

- » 11. Select the **Direct Admit to Inpatient** or **Direct Placement in OP Observation** order as appropriate.
- » 12. Place all pertinent orders and address all required fields.
  - » a. **Note:** The full Med Rec/Orders process should be completed **after** the patient arrives to the unit.
- » 13. Click **Sign Orders for Admission** and **Accept**. The orders are signed and held and will be released by the RN when the patient arrives to the unit.
- » 14. Click on the **Sign Visit** to close the encounter.
- » 15. Contact patient placement and inform them that there are direct admit orders for a patient and give them info.
- » (ext. 87511/83111)

# Direct Admit

- » Once patient arrives to the unit...
- » The unit will notify you that the patient has arrived. **It is essential to complete the Admit/Obs process:**
- » Go to the **Admit or OP Obs** navigator.
- » You **must** complete Steps #1-5 in **Med Rec/Orders**.
- » **Note:** The comprehensive orders should be placed during **Step #4 New Orders**.
- » Complete all other pertinent Admit/Obs related documentation and notes

# Coding and Documentation

- » Appropriate documentation is crucial for billing and coding
- » Templates are there to only guide but specifics are still needed.
- » If a patient has any problem we are treating during their hospitalization, indicate that problem and interventions for those issues.
- » Take credit for all problems we are intervening for.

# Things to be aware of...

- » S/S of possible leak in post-op Bariatric patient
  - ~ Fever
  - ~ Tachycardia: 120s and does not improve despite bolus
  - ~ Abdominal pain/Epigastric pain
  - ~ Leukocytosis
  
- » If suspected leak
  - ~ CT A/P with PO and IV contrast
  - ~ Possible UGI with KUB

# Weekly Educational Conference

- » Weekly GI Surgery Service educational conference held on THURSDAYS 6-7AM at Surgical Hospital Conference room or CP 21109
- » Chief Resident and Fellow will give one lecture each per month



THANK YOU....

QUESTIONS?