

# ENT Clinic Resident Handbook 2016-17

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# MUST HAVE INFORMATION

## Rotation Contacts and Scheduling Details

**Rotation Director:** Davud Sirjani, MD, [dsirjani@stanford.edu](mailto:dsirjani@stanford.edu), 314-537-0242 (cell)  
(back up cell if it's an emergency and he's not picking up his cell: 314-680-5155)

**Attendings who need Resident clinic coverage:** Divi, Fee, Sajjadi, Nayak, Sirjani, Sung

**Private Attendings- residents do not cover:** Makarewycz, Zaghi, Goode

**Fellows- do not need Resident clinic coverage:** Sleep, Facial-Plastics

**Important ENT Contacts: Main # 650-493-5000 (dial 1→1→ ext#)**

Administrator: Linda Masengill: ext 65535 <a href="mailto:linda.masengill@va.gov">linda.masengill@va.gov</a>	
Charge Nurse: Ella Benadam-Lenrow: ext 64047 <a href="mailto:Ella.benadam-lenrow@va.gov">Ella.benadam-lenrow@va.gov</a>	RNP: Katherine Henkels x63166 <a href="mailto:Katherine.henkels@va.gov">Katherine.henkels@va.gov</a> PA: Jackie Julty; <a href="mailto:jacqueline.julty@va.gov">jacqueline.julty@va.gov</a>
LVN: Crystal Vo: ext 64046 <a href="mailto:Crystal.vo@va.gov">Crystal.vo@va.gov</a>	RN Coordinator: Jennifer Schmid: x65203 <a href="mailto:Jennifer.schmid@va.gov">Jennifer.schmid@va.gov</a> RNP: Annie Yuan (on leave through 10/16) <a href="mailto:Annie.yuan@va.gov">Annie.yuan@va.gov</a>

### Additional Required Conferences

- Wednesday (every other week) Radiology conference 9-10:00am.

### Clinic rules and expectations

- Clinic starts promptly at **9am** and **1pm**
- Please complete inpatient rounds and workload prior to start of clinic
- You must leave clinic by 3:30pm on Thursdays to attend Res Ed.
- All documentation must be done accurately and in a timely fashion (within 24 hours)
- Please see [PAVAPGY3andPGY5.pdf](#) for details on specific rotation goals and objectives.

**VA Checklist before you start (see next page)**

## Checklist PRIOR to your VA rotation

Otherwise you will not be able to start

### PIV Badges

- Check expiration date 1 month prior to start date
  - If expired contact Linda Masengill. You will need to re-do the entire registration process (ie fingerprinting, background check, etc)
- PIV Badge PIN number
  - If you do not have a PIN number associated with your PIV badge, or if you have forgotten it, contact Linda Masengill ASAP
  - PIN # is REQUIRED in order to prescribe narcotics (see below)
    - If you need help:
      - Carol Stine- #650-858-3917, Email: [carol.stine2@va.gov](mailto:carol.stine2@va.gov)

### Computer Login Codes and Passwords

- Windows login name- you need this to login to any computer.
- CPRS- VA version of electronic medical records
  - These were given to you when you received your badge
    - Password MUST be updated EVERY 90 days. If this expires, contact Linda Masengill ASAP. EXPECT a 48 hour delay in workflow as a request has to be submitted through HR and then the Office of Information & Technology. DON'T LET THIS HAPPEN
  - TIP! You can update password via remote access!
    - <http://varwest.vpn.va.gov/vpn/index.html>
- DICTATION CODE- to dictate Op-Reports
  - If you do not have one or forgot your code, contact:
    - Wes Maynard 650-493-5000 Ext 64309 or
    - Ann Struck ext 64648 or
    - Kevin Miller ext 64650

### ENT Office Keys

- If you don't have one, please request one from Linda ahead of time (it can take up to 2 months to get new keys)

### Important Contacts:

#### Administrative Support (aka: ADPAC/PSA)

- Linda Masengill
  - 650-493-5000 ext 65535, (Direct line) 650-849-0264
  - Email: [linda.masengill@va.gov](mailto:linda.masengill@va.gov)
- Backup contact personnel if Linda is unavailable
  - Seema Kuver #650-858-3908, Email: [Seema.kuvar@va.gov](mailto:Seema.kuvar@va.gov)
  - Carol Stine- #650-858-3917, Email: [carol.stine2@va.gov](mailto:carol.stine2@va.gov)
  - Hansi Prasad- #650-852-3461, Email: [hansni.prasad@va.gov](mailto:hansni.prasad@va.gov)

### CPRS helpline

- Business hours: 62777
- After hours: call helpdesk 64767

### Ordering controlled substances

You must use your PIV card and PIN to enter prescriptions for controlled substances (schedule 2-5).

To activate your PIV card in CPRS, go to TOOLS, then DIGITAL SIGNING SETUP and follow the prompts.

If there is a problem with the ePCS program affecting the ordering of outpatient prescriptions, choose from one of the contingency plan options:

- Urgently needed controlled substances (C2-5) may be handwritten on form 10-2577f and turned into the Outpatient Pharmacy for immediate filling.
- If you do not have your own prescription pad, you can sign one out from the Outpatient Pharmacy.
- You can wait to enter all other controlled substance orders (for subsequent day pick up or mail) until the system is functioning.

## ENT Nursing Staff and Administrative Staff

- Ella Benadem-Lenrow (Charge Nurse) and Crystal Vo (LVN)
  - Contacts:
    - Ella (ext 64047), [Ella.Benadam-Lenrow@va.gov](mailto:Ella.Benadam-Lenrow@va.gov)
    - Crystal (ext 64046), [Crystal.vo@va.gov](mailto:Crystal.vo@va.gov)
  - Information to ask:
    - Urgent/Specific ENT or OSS appointment scheduling
    - Post-op follow-ups or ED consult follow up scheduling
    - Post-op/Clinic visits/Consult planning
    - Defender's Lodge consult needs to be made
    - Location of ENT supplies
    - How to setup CPRS
    - Patient who need imaging appointments or numbers
- Jennifer Schmid (RN Coordinator, CNL) (Here on Tuesdays, Wednesdays, and Fridays)
  - Contact: (ext 65203), [Jennifer.schmid@va.gov](mailto:Jennifer.schmid@va.gov)
  - Currently manages all Cancer cases for Dr. Divi, Dr. Sirjani, Dr. Sung until Annie back
  - Currently manages all non-cancer cases for Dr. Sajjadi, Dr. Nayak, Dr. Sung, Dr. Zaghi, and facial plastics fellow until Katherine Hinkels start and gets the lay of the land
  - Information to ask:
    - Patient issues
    - Cancer patients: pathology/imaging follow-ups, medical clearances, surgical scheduling
    - Pink Slips
    - Defenders Lodge consults
- Jackie Julty (PA) (through October 2016)
  - Contact: (ext 63166, [Jacqueline.julty@va.gov](mailto:Jacqueline.julty@va.gov))
  - Sees patients in clinic for Dr. Sirjani, Dr. Sung, Dr. Nayak, Dr. Divi, Dr. Sajjadi
- Katherine Henkels (RNP) (beginning 7/11/16)
  - Contact: (ext 63166, [Katherine.henkels@va.gov](mailto:Katherine.henkels@va.gov))
  - Will manage all NON- Cancer cases for Dr. Sajjadi, Dr. Sung, Dr. Nayak, Dr. Zaghi (sleep), and Facial Plastic Fellow
  - Staffs Dr. Sung's, Dr. Nayak's, and Dr. Sajjadi's clinics
  - Will help with Divi and Sirjani clinics while Annie out on leave
  - Prepare Navigation CD for sinus cases
  - Information to ask:
    - Non-Cancer patients: pathology/imaging follow-ups, medical clearances
- Linda Masengill and Dianne Jardinez (Program Support Assistants)
  - Contacts:
    - Linda (ext 65536), [linda.masengill@va.gov](mailto:linda.masengill@va.gov)
    - Dianne (ext 65203) [dianne.jardinez@va.gov](mailto:dianne.jardinez@va.gov)
  - Enters all OR Cases in VISTA
  - Should be alerted when ANY changes are made to OR schedule
  - Schedules ENT Preop/OSS appointments
  - Submits Pink Slips to OR
  - Information to ask
    - Defender's Lodge consult needs to be made

- How to setup CPRS templates
- Patient who need imaging numbers
- TMS training, PIV Badge, HR related information
- Annie Yuan (RNP) (on leave until October 2016)
  - Contact: (ext 65203), Pager 11671, [annie.yuan@va.gov](mailto:annie.yuan@va.gov)
  - Manages all Cancer cases for Dr. Divi, Dr. Sirjani, Dr. Sung
  - Staffs Dr. Divi and Dr. Sirjani's clinic and NP Clinic (Op-Wed, Fridays)
  - Information to ask:
    - Patient issues
    - Cancer patients: pathology/imaging follow-ups, medical clearances
    - Pink Slips

# SCHEDULING DETAILS

## Clinic and OR Schedule

NON-OPERATIVE WEEK (week of 7/4, 7/18, 8/1, etc.)					
Time	Monday- 8:30am	Tuesday- 8:30am	Wednesday- 0900am	Thursday- 7am	Friday- 7am
<b>AM 0800-1200</b>	Minor Proc: PGY3>5 Divi Clinic: PGY5>3, AY/KH  FP clinic	Sirjani Clinic: PGY 3, 5, JJ/AY/KH	Rad Rounds (8:30-9:30am)  Nayak Clinic 9:30): PGY 3,5,JJ/KH	<b>**OR-</b> Sajjadi: PGY 3 or 5  Sung Minor Procedures: PGY 3 or 5, JJ/KH/AY	<b>**OR-</b> Divi/Sirjani PGY3,5 RNP clinic (AY/KH) Sleep clinic
<b>PM 1200-1700</b>	Divi Clinic: PGY 3,5, AY/KH  FP Clinic	Sirjani Clinic: PGY 3,5,AY, R	Nayak Clinic: PGY 3,5,R,JJ/KH	<b>OR-</b> Sung: PGY 3 or 5  Sajjadi Clinic: PGY 3 or 5,R, JJ/KH	<b>**OR-</b> Divi/Sirjani PGY3,5  Sleep clinic

**R: Research Resident**

**\*\*1 resident to scrub out for pre-ops**

OPERATIVE WEEK (week of 7/11, 7/25, 8/8, etc.)					
Time	Monday -8am	Tuesday- 8:30am	Wednesday- 7am	Thursday- 7am	Friday- 7am
<b>AM 0800-1200</b>	<b>OR-</b> FP: PGY 3, 5  Divi Clinic: AY/KH	Sirjani Clinic: PGY 3,5, JJ/AY/KH	<b>OR-</b> Nayak: PGY 3,5  Sung Clinic R, JJ/KH	<b>**OR-</b> Sajjadi: PGY 3 or 5  Sung Minor Procedures: PGY 3 or 5, JJ/KH/AY	<b>**2 ORs-</b> Divi/Sirjani Zaghi, sometimes Sung  RNP clinic (AY/KH)
<b>PM 1200-1700</b>	<b>OR-</b> FP: PGY 3 or 5  Divi Clinic: PGY 3 or 5, AY/KH	Sirjani Clinic: PGY 3,5,R, JJ/AY/KH	<b>OR-</b> Nayak PGY 3,5  Sung Clinic: R, JJ/KH/AY	<b>OR-</b> Sung PGY 3 of 5  Sajjadi Clinic- JS, PGY3 or 5,R, JJ/KH	<b>**2ORs-</b> Divi/Sirjani Zaghi

**R: Research Resident**

**\*\*1 resident to scrub out for pre-ops**

### Additional Notes:

- Monday **OPERATIVE WEEK**: check-in patient at 8AM, case starts at 9AM
- All other **OPERATIVE WEEK**: check-in patient in at 7AM, case starts at 8AM
- ALL PATIENTS**: Surgical site **MUST** be marked, even bilateral or midline cases need a wrist band stating the procedure to be done.
- RESEARCH RESIDENT (R: RESEARCH RESIDENT)**
  - If clinic needs extra-help from Research resident then it would be very helpful to give those dates in advance for research resident to coordinate his/her research time: Per Messner, Research Resident must have at least 2.5 days of research time per week on average.
  - During PGY3 or PGY5's vacation/conference/interview period, Research resident usually works as full time
  - Check to see if help is needed for Monday procedures in Divi clinic the week before.

## Radiology Rounding

- **When:** Wednesday Every other week (non-op week): Radiology Conference Room between 8:30-9:30am
- PGY3s usually send email to ENT Attendings for interesting cases and submit the list of patients to Radiology attending at least 48-72hours before (usually Monday EOB): Submit patient full name and SSN
- During Resident Retreat, decision was made to review images of all surgical cases for next two weeks
- Junior resident PGY3 should send an email to following the following:
  - [mwinterm@stanford.edu](mailto:mwinterm@stanford.edu); [christi6@stanford.edu](mailto:christi6@stanford.edu); [tranvinh@stanford.edu](mailto:tranvinh@stanford.edu); [miv@stanford.edu](mailto:miv@stanford.edu); [Dsirjani@ohns.stanford.edu](mailto:Dsirjani@ohns.stanford.edu); [bohdan@sbcglobal.net](mailto:bohdan@sbcglobal.net); [KSung@ohns.stanford.edu](mailto:KSung@ohns.stanford.edu); [VDivi@ohns.stanford.edu](mailto:VDivi@ohns.stanford.edu); [annie.yuan@va.gov](mailto:annie.yuan@va.gov); [Jennifer.schmid@va.gov](mailto:Jennifer.schmid@va.gov); [Katherine.henkels@va.gov](mailto:Katherine.henkels@va.gov); [bboldt@stanford.edu](mailto:bboldt@stanford.edu); [wchwang@stanford.edu](mailto:wchwang@stanford.edu); [akalnins@stanford.edu](mailto:akalnins@stanford.edu); [mrudula@stanford.edu](mailto:mrudula@stanford.edu); [okaneko@stanford.edu](mailto:okaneko@stanford.edu); [JNayak@ohns.stanford.edu](mailto:JNayak@ohns.stanford.edu); [Crystal.Vo@va.gov](mailto:Crystal.Vo@va.gov); [Ella.Benadam-Lenrow@va.gov](mailto:Ella.Benadam-Lenrow@va.gov);
- Add potential cases to discuss in the Outlook calendar in “radiology rounds”

## ED/Consult Calls

- We are covering facial trauma including TMJ on even months
  - **ENT** for **E**ven months
  - Odd for Plastics
- **Staffing:** During the day time, Consults should be staffed with attending who is in-house on that day. For example: Monday-Divi or Facial plastic, Tuesday-Sirjani, Wednesday-Sung, Thursday-Sajjadi or Sung, Friday-Divi or Sirjani. At night time, staffed with on-call attending
- Ask the person to place “consult to ENT” for us to write a consult note
- If you have consult from Rehab or TBI or Spinal cord unit, do not blow off or ignore the consults. **YOU MUST SEE THOSE CONSULTS NO MATTER WHAT.** And those patients are very sensitive and be courteous
- **Dental:** Has Dental service so you can follow them at Dental clinic if patient is in house or ED. Sometime hard for patient to be seen by dental as an outpatient as dental only accepts 100% service connection veterans. However if patient has H&N cancer related issue then those patients can be seen by Dental service: You have to put consult “Dental Adjunct Medical Need Outpatient”. Dental **DOES NOT** provide dentures or prosthetics. This is all out of pocket for the patient. **EVEN** if the defect is related to H&N cancer or our surgery. Dental will only do the **BARE** minimum to get them ready for XRT or surgery. They extract teeth but do not replace. Please make sure the patients know this ahead of time.
- Usually patient can come to clinic if they are safe to transfer to clinic
- For Night Consult ENT Resident: Please do not tell ED that Patient should come to ENT clinic at 8 or 9AM next day. Sometimes there is no clinic especially if it is an Operation week (Two ORs going at the same time on Friday). So if patient needs to be seen urgently in the clinic at night, then get the phone number of the patient and tell the ED that our clinic will contact the patient next morning and will see the patient next day (AM or PM). And please send the email with VA team and our Clinic nurses; Ella and Crystal. Ella.Benadam-lenrow@va.gov or [crystal.vo@va.gov](mailto:crystal.vo@va.gov)

## Off-Site Parking Schedule for PAD

- Off-site parking is located to the rear of the campus, next to TIBCO, with access from Hanover street. Address is 3201-3251 Hillview Avenue.
- Shuttle bus is supposed to run every 5 mins but give yourself extra time just in case

**Off-Site Parking Schedule - Palo Alto Division only**

<b>Month</b>	<b>Off-Site Parking for Registration Stickers</b>
January	January, February, March, April
February	May, June, July, August
March	September, October, November, December
April	January, February, March, April
May	May, June, July, August
June	September, October, November, December
July	January, February, March, April
August	May, June, July, August
September	September, October, November, December
October	January, February, March, April
November	May, June, July, August
December	September, October, November, December

## SURGICAL PROTOCOLS & SCHEDULING

### OR Scheduling Procedure

Below are steps to take for OR scheduling once patient is deemed a surgical candidate

1. Fill out **OR Booking Sheet** completely. This sheet is in every exam room and Resident rooms
  - a. Any changes to OR schedule, you must email the entire ENT Team
  - b. **CANCER CASES:** OR Booking sheet given to Jennifer (or Annie when back from leave)
  - c. **NON-CANCER CASES:** OR Booking sheet given to Jennifer (or Katherine Henkel)
2. Resident, Attending, and patient should agree on surgery date together. Look in OUTLOOK OR calendar. Check with Jennifer if you are unsure about availability.
  - a. **SINUS CASES:** Do **not** schedule OR date unless you have followed the algorithm and cleared the date with Jennifer first. OK to give patient a tentative date (i.e., mid-December) Leave the date blank on the OR booking sheet, but complete all the other information.
3. **Scheduling OR date on same clinic visit day:**
  - a. Surgery within 30 days of clinic visit, these elements must be completed:
    - i. ENT Pre-op and H&P appointment (valid for 30 days)
    - ii. Consent (obtained during ENT Pre-op appointment, valid for 60 days)
    - iii. Anesthesia (OSS) appointment (preoperative medical clearance)
    - iv. Any other medical clearances, lab work, and x-rays
  - b. Surgery less than 72 hours:
    - i. **URGENT CASES** need a "Request to Add-On" slip (aka PINK SLIP; see [OR Pink Slip-Request to Add-On Form-Original.docx](#) found in the Resident Handbook Folder within the ENT S drive)
    - ii. Look into OUTLOOK OR Calendar and coordinate with Jennifer to schedule (talk to Ella if Jennifer not in clinic)
    - iii. Turn copy of PINK SLIP in person to OR (Building 100, 3<sup>rd</sup> floor)
4. **Scheduling OR date on another date:**
  - a. If more than 72 hours:
    - i. Jennifer or another ENT RN/RNP will notify patient once surgery is scheduled
    - ii. Confirmed ENT Pre-op and OSS appointments
    - iii. Surgery package sent
      1. Contains surgery letter, surgeons credentialing information, any relevant information

### Admitting Floors

- **23 hour Observation:** EDOU (emergency department obs unit)- 1<sup>st</sup> floor, back of ED
  - only if they will be here <23 hours; no discharge summaries necessary
  - 4 beds available
  - For patients who take shuttle or don't have driver
- **47 hour observation:** beds available on 3C/2A/4C1
  - Only if they will be here <48 hours ; no d/c summaries necessary
  - 3C- +tele and +continuous pulse oximetry, q4h monitoring
  - 2A- +tele and +continuous pulse oximetry, q8h monitoring
  - 4C1- medicine room, no TELE, no continuous pulse ox, q8h monitoring
- **3C:** Surgical Floor, 1:5-6 ratio,
  - +continuous pulse oximetry monitoring (up to 10 beds)
  - +telemetry (up to 8 beds)
  - Q4h monitoring
- **3C-SDU:** 1:4 ratio, 4 PRIVATE rooms close to nurses station
  - Would NOT recommend for someone who needs close monitoring
  - +Telemetry, +continuous O2 monitoring
  - + trach care or patients who just comes out of ICU

- q2h suctioning
- **IICU:** Can use as female SDU (as female usually cannot go SDU at 3C)
  - less acute than MSICU
  - q1h suctioning
- **MSICU:**
  - Free flap or Acute airway issues
- **4C:**
  - Usually medicine primary/Acute Rehab. Usually send patient who requires long hospital stays ex IV ABX, palliative care etc

## Outlook Calendar

- Where surgeries, minor procedures, and staff schedules are posted
- To set-up ENCRYPTION for EMAILS click on link: <http://vaww.pki.va.gov/ae/index.asp>

## Adding patient to Outlook OR Calendar

Below are the steps to take to input a patient into the ENT shared Outlook calendar for surgeries. Usually one of the RNs or RNP's will do this once they receive a completed OR Booking Sheet.

1. Go to OUTLOOK Calendar
2. Go to "HOME" Tab click on "NEW APPOINTMENT"
  - a. Subject Line: Last Name, First name, Last 4 SSN#, Attending, Surgery Procedure(s), Post-Op Admission Status
  - b. Location line: Enter Diagnosis
  - c. Start Time: Surgery date and surgery start time
  - d. End Time: Surgery date and surgery end time
  - e. Body:
    - i. In OUTLOOK OR Calendar double click "NONOPERATIVE WEEK" or "OPERATIVE WEEK." It will ask you if you want to open the recurrence or the series. Click "OK", then copy and paste into new appointment. Fill out all respective fields.
3. Click on "CATEGORIZE" button and click Purple Category

## Outlook OR Calendar Color Legend

Below is the color coding system for the OUTLOOK OR Calendar and the elements they include in order to be that color

- Blue
  - In-Clinic Procedure that Ella and Crystal handle
- Purple
  - Surgery date determined
  - OR booking sheet filled out completely. Person inputting changes to purple.
- Yellow
  - Administrative Assistants have submitted the OR booking sheet into VISTA Package. Administrative assistants changes to yellow
- Green
  - ENT Preop/OSS appointments complete, consent complete, labs and imaging complete, and medical clearance obtained. Chief Resident changes to green.
- Red
  - Cancelled surgery cases

## Surgical Equipment Requests and Locations

All surgical equipment and tools should be requested via the **Surgical Request Form** that is completed for all cases. Please circle the equipment needed and write in anything that is not already listed. Linda then enters the request into CPRS, and Colleen Yanokodani, RN, in OR makes sure that the equipment is brought to the operating room from the various surgical storage areas upstairs (P&P room, Omincells in old holding area, C locker, etc). If you need something while in the OR, you can ask the circulating nurse to get it for you.

If there is something that you want to use that we normally do not stock, be prepared to wait at least 2 months, if not more. The VA has a specific request process that needs to be followed, and you need to talk to Colleen. The attending will need to complete and submit **an Operating Room Procurement Committee Request Form** (AKA the “gold form”) and begin the process of procuring the new equipment. This can take anywhere between 2 months and 1 year. Click the link ([OR Request form \(gold form\).pdf](#)) to see for an example of the gold form.

## Surgical Algorithms

Due to backlogs with surgery date availability, we are creating algorithms based on standards of care to simplify when a patient is a candidate for surgery. Currently, we have one algorithm completed for sinus surgery scheduling. The algorithm can be found in the document entitled “Sinus Scheduling algorithm.”

## VA DOCUMENTATION DETAILS

The VA has an online Physician Reference Guide that contains everything you need to know about CPRS, the computer system used to document patient care. To access it from the Intranet, go to the VA home page ([vaww.paloalto.va.gov](http://vaww.paloalto.va.gov)), then under the **Patient Care** tab, choose **CPRS Physician Reference Guide**.

### Notes

Create documentation by using the notes tab in CPRS, then “new note”. You can then go to the template tab and select a template from the “ENT” section through “Shared templates”

- **Admission H&P:** within 24hr of admission
- **Preop H&P:** 30 days prior to procedure – Must contain 1)Diagnosis, 2)PE findings (including Lung and Heart), 3) Procedure to be performed, 4) Alternate treatment plans discussed, 5) DC/anticoagulation
- **Updated Pre-op:** Within 24hours of surgery (By Attending) – Must contain 1) No changes in condition, 2) Proceed with scheduled operation
- **Brief OP NOTE:** Before patient changes level of care (Before leaves the OR)
- **OP report:** You can either dictate or write (if you write then you cannot go and edit: have to write just once, that’s it)
- **Discharge summary:** Entered or dictated within 24hrs to DC
- **Informed Consent:** 60days of surgery

### Encounters

Every note you write must be accompanied by an ENCOUNTER in order for ENT to get payment/credit for the visit, whether that visit is in-patient, in the ED, or in clinic. There are 2 ways to enter an encounter: 1) select ENCOUNTER in CPRS, or 2) right-click while writing your note and select “Edit Encounter information.”

#### The six most important things you need to know about encounters:

- 1) Attendings must be selected as “Primary Provider.” Residents are not primary providers.
- 2) In the “Visit related to” box, you must choose YES or NO if the issue is service connected. If you are not sure, click on the patient’s name in CPRS to pull up the “patient inquiry box.” It will tell you if a condition is service related.
- 3) You must complete the diagnosis and procedure tabs
- 4) If the note is a consult, please link the note to the consult
- 5) For inpatients who are being seen in the ENT clinic and have a scheduled appt, change the “clinic” location to reflect that you are seeing them in the ENT clinic
- 6) For patients you are seeing as a consult in the ED or on the unit, in order for ENT to get credit for it, first make sure the consulting team places an ENT CONSULT, then:

Clinic location box→new visit tab→ENT-STAFF (PAD)→ start new consult note like in #5

For more details about entering encounters, please [ENT encounters details.docx](#).

For more details about Evaluation and Management Coding Guidelines, please see [Evaluation & Management Coding Guidelines 1995.docx](#) and [Time Based Coding Guidelines.docx](#), both found in the Resident Handbook folder within the ENT folder of the S drive.

## Computer Programs

There are 3 main computer programs you need to know about for patient care.

### CPRS (Computerized Patient Record System)

Main program for all patient notes, imaging reports, etc. See also the previous page on VA Documentation.

- Finding a patient:
  - Entering First initial of last name and last 4 of SSN#
  - Find through floor or clinic (i.e., ENT-SIRJANI)
- Entering notes and encounters for each clinic visit
  - Inputting type of visit, diagnosis, procedures, etc.
- Inpatient/Outpatient ordering on left side menu
- Inpatients going to OR
  - Helpful to select all current orders and enter them in as delayed orders before the case
- Consult requests
  - Consults to other services, palliative care, transfer to 4C, Defender's Lodge, non-formulary medications, speech, physical therapy, radiation therapy, oncology, etc.
  - See next page for how to enter specific consults
- Set-up Clinic List
  - Reason: list of patients for the current day and clinic automatically populates
  - Steps:
    - 1. Select "zztest,Andrew" patient
    - 2. Select TOOLS tab, scroll down and select OPTIONS
      - Select LIST/TEAMS tab, select SOURCE COMBINATIONS
        - Select source by
          - CLINIC and select and ADD all ENT specific clinic that you staff
            - Ie (ENT-SIRJANI, ENT-DIVI, ENT-NEW-SUNG, ENT-SUNG-PROCEDURE, ENT-SUNG, ENT-SAJJADI, ENT-STAFF)
          - SPECIALTY and select and ADD all ENT specific Wards
            - Ie (ENT-IICU, ENT-OBS, ENT-SMICU, ENT-WARD)
      - Select NOTES tab, select DOCUMENT TITLES
        - Search Document Titles starting with ENT and select and ADD all titled notes that are appropriate for your work
    - 3. Click OK to save everything
- Set-Up ENT Note Templates
  - Steps:
    - 1. Select "zztest,Andrew" patient
    - 2. Select NOTES tab, select TEMPLATES
    - 3. Right click SHARED FOLDER, scroll down and select EDIT TEMPLATES
    - 4. Expand SHARED FOLDER in Shared Templates area, scroll down and click on ENT Folder and click on RIGHT ARROW → to copy to my templates
    - 5. Select OK to save everything

### VISTA Imaging Display

- Reason: Useful for audiograms or photos of patients. Access through CPRS, click on TOOLS tab, scroll down and select VISTA Imaging Display
- To look at images:
  - Go to CPRS, click TOOLS, scroll down and click on RADIOLOGY(INTELLISPACE) and select either PAD for PAD images or Other Sites for other sites

## iMed Consent

- Defined: Digital consent platform. Access through CPRS, click on TOOLS tab, scroll down and select iMed Consent and follow instructions. Include any Attending that may be participating in the case

## Adjuvant consults

1. Dental
  - a. To place the dental consult in CPRS:
    - i. Choose New consult
    - ii. choose last ENT clinic cancer visit (Sirjani, Sung, Divi)
    - iii. under “consult to service” type “dental” (“dental adjunct to medical need outpt” will populate), hit ENTER
    - iv. Select “head and neck cancer care”
    - v. Submit order (must be signed)
2. Radiology
  - a. To place the radiology consult in CPRS:
    - i. Choose New consult
    - ii. choose last ENT clinic cancer visit (Sirjani, Sung, Divi)
    - iii. under “consult to service” type “non va care ra” (“non VA care radiation therapy” will populate), hit ENTER
    - iv. Justification for Non VA Care: VA does not provide
    - v. Type: choose “Evaluation and Treatment”
    - vi. Enter relevant information
    - vii. Most radiation consults go to Stanford
    - viii. Submit order
3. Oncology
  - a. To place the oncology consult in CPRS:
    - i. Choose New consult
    - ii. choose last ENT clinic cancer visit (Sirjani, Sung, Divi)
    - iii. under “consult to service” type “oncology” and then choose the correct service and location
    - iv. Choose e-consult or Face-to-face
4. Cancer Survivorship Care plan (see below for details)
  - a. To place a cancer survivorship consult in CPRS:
    - i. Choose New consult → choose last ENT clinic oncology visit (Sirjani, Sung, Divi) → under “consult to service” type “cancer” (“cancer survivorship/PAD Outpt” will populate), hit ENTER
    - ii. Fill in the associated fields (Cancer diagnosis, date of diagnosis, Date of last treatment)
    - iii. Under “reason”, check “survivorship care plan.”

The American College of Surgeons Commission on Cancer is requiring accredited programs to implement treatment summaries and survivorship care plans to help improve communication, quality, and coordination of care for cancer survivors. The timing of delivery of the survivorship care plans is within one year of the diagnosis of cancer and no later than six months after completion of adjuvant therapy (other than long-term hormonal therapy). The “one year from diagnosis” requirement to have a care plan delivered is extended to 18 months for patients receiving long-term hormonal therapy. Care plans are given to patients Stages I-III who are treated with curative intent.

We are asking providers to place a survivorship consult on the date of the patient’s last chemotherapy or radiation treatment. For those patients who only get surgery as treatment, the survivorship consult can be placed on the day you see the patient back for his/her first follow up visit. The consult will alert Connie and La Kedia and they will either complete the care plan or provide assistance to the various departments on how to complete the care plan.

The Accreditation Committee made the following changes to the established time frame and scope of implementation.

January 1, 2015 – implementation of pilot survivorship care plan process involving 10% of eligible patients.

January 1, 2016 – Provide survivorship care plans to 25% of eligible patients.

January 1, 2017 – Provide survivorship care plans to 50% of eligible patients.

January 1, 2018 – Provide survivorship care plans to 75% of eligible patients.

January 1, 2019 – Provide survivorship care plans to all eligible patients.

For more information about the care plans, contact Connie Yabes-Sabolboro at x64129 or La Kedia Banks at x65848/64169.

## Non-VA Consult Contacts

Allergy consults

ENT clinic, Stanford

801 Welch Rd.

Stanford, CA 94304

Ph 650-725-3009 (Lily)

fx 650-725-6685

Please fax authorization to: Sarita (650) 736-2589

RAD ONC Stanford consults (preferred)

Radiation Oncology Stanford

Name of Provider: Quynh Le

875 Blake Wilbur Dr Clinic D

Stanford, ca

# (650) 723-6171

FAX: (650) 725-8231

RAD ONC Turlock consults

Stanford Emanuel Radiation Oncology Center

800 E. Tuolumne Rd Suite 101

Turlock, CA 95382

Phone: 209-664-5030

## Return to Clinic Order

All follow-up appointments need to be entered into CPRS as a “return to clinic” order.

Three (3) Month Follow-up Rule:

- **Within 3 months:**
  - Enter order for appropriate Attending clinic and time frame
    - 1e +6w (for 6 weeks) or +2m(for 2 months)
- **After 3 months:**
  - Place into recall. Recall is a waitlist.
  - No appointment will be made and patients will be mailed a postcard 2 weeks prior to intended appointment
  - If patient in recall and needs imaging prior to their 1 year follow-up, please not in special instructions
    - 1e *Patient to schedule MRO prior to ENT appointment*
  - **CANCER PATIENTS DO NOT GO INTO RECALL**
    - In special instructions, write “NO RECALL” and state reason
      - Reason example: *Cancer surveillance, needs MRI/audio/PETCT arranged at the same time*

## Dictation

Below are steps for Dictation

1. Dial PAD dictation at extension 60515 or remote line at 1-800-230-7655
2. Press Dictator ID number
3. Press Patient SSN (full 9 digit #)
4. Enter Work Type

### Work Types:

**30-H&P STAT**

**31-Discharge summary**

**32-OP**

**33-C&P**

**34-Progress note**

**35-Vas lab**

**36-ER STAT**

**37-STAT discharge**

**38-Cardiac cath**

**40-EEG/EMG**

**41-Nuc med**

**42-Sleep study**

**43-Informed consent**

**44-Letter**

**50-Consult**

**55-Pulmonary Function Test**

**62-STAT progress note**

**39-GI procedure**

5. Start dictation
  - a. Elements include
    - i. Patient name
    - ii. Full SSNN of patient or case number
    - iii. Patient location (Clinic name or ward)
    - iv. Visit/Event date
    - v. Dictator/Author
    - vi. Attending/Expected Cosigner
  - b. Keypad functions for dictation
    - i. 1: Pauses dictation,
    - ii. 2: Resumes dictation/Record over
    - iii. 3: Rewinds 2-4words. To rewind further press the 3 key repeatedly
    - iv. 5: Completes dictation, gives the job ID# and disconnects from the system
    - v. 8: Completes the dictation, gives the job ID# and begins a new dictation

## OTHER HELPFUL COMPUTER INFO

### Remote Access Set-Up

- To obtain a Remote Access Account use this link: <https://vpnportal.vansoc.va.gov/SelfService/> (accessible within the VA network). You will be notified (by VA outlook email) when your account has been approved and activated.
  - **Supervisor: Mehgan De La Paz**
- The user is responsible for contacting the OI&T Helpdesk at **x64767** or **1-(800)921-9278** to submit a work order to be added to the correct PAL Clinical CITRIX user groups, once request is approved.
- Use this link [https://vacagwest.vpn.va.gov/vpn/index\\_piv.html](https://vacagwest.vpn.va.gov/vpn/index_piv.html) to activate your remote access and view the applications and services.
- To log in you use your Domain/Username field, type **vha21\vhapalxxxxx (vha21\your username)**. Enter your Windows/network password. Once connected you will be logged into the “Citrix Access Gateway” CAG.
- If you have any further questions regarding Citrix Remote Access and associated resources, please contact the VA Service Desk at **1-888-596-4357** or via email at [VASD@va.gov](mailto:VASD@va.gov)

### Printer Set-up

To set up:

PRINTER/SCANNER IN RECEPTION AREA

Start menu → run → **\\vhapalprt01** → PAL-DP146857 (double click on it, or right click and connect)

Annie/Jennifer and Linda’s printer

Start menu → run → **\\vhapalprt1** → PAL-PT95105 (double click on it, or right click and connect)

NURSES STATION printer

Start menu → run → **\\vhapalprt2** → PAL-PT89140 (double click on it, or right click and connect)

## VETERAN SUPPORT

### Case Manager/Social Worker

- Anthony Albano, RN x69261, #11690 – Case Manager
  - located in 3C- This person helps arrange all needed outpt care for post-op pts including placement, IV abx, trach supplies, etc. Sometime PGY3 gets pages every 5mins from CM. Try to build a good relationship with CM even though sometimes CM sends a lot of pages... Eventually CM is helping us for dispo. Giving them an early head-up is also important about what should be done and plans for each patient, just like talking to Crista at Stanford C2.
- Victoria 'Tori' Nelson, MSW x67870, #11596 – Social worker for Inpatient ENT
  - Located in 3C- requires a consult
  - Helps with any social issues, complicated dispos, and advanced directives
- Karen Chwick, MSW x63967-Social Worker for Outpatient ENT

### Housing & Transportation

#### Defender's Lodge

- Criteria for requesting Defender's Lodge Consult:
  - Veteran is traveling 50+ miles away
  - Veteran has significant travel difficulties
- Veteran usually needs a driver with them
- Entering consult
  - Click "CONSULT" tab, click "NEW CONSULT", select own name and clinic appointment
  - Enter "DEFENDER'S LODGE" in Consult to Service/Specialty

#### Fischer House

- Housing for family and not Veteran/patient, usually longer term, i.e., when pt admitted for chemo

#### Shuttle Bus

- Click link for Shuttle bus schedule: <http://www.paloalto.va.gov/docs/commute/VAShuttleSchedule.pdf>
- SHUTTLE BUS DOES NOT TAKE ANY PATIENTS AFTER GENERAL ANESTHESIA. LOCAL is fine but not GETA. So those patients can go to Defender's Lodge if they have a significant other or family member with them, if not we have to admit as Observation at C3 or EDOU.