

# A day in the life of a Surgeon

## GET STARTED

I view my surgical grid electronically. My patient list shows where my patient is located as well as special indicators, and enables me to add post-it notes reminders of things I need to do for the patient, and I can print my patient list if needed. I can access patient information electronically and securely from various devices - whenever and wherever I need it.

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## REVIEW

I review patient history and up-to-date daily rounding content from all members of the care team. I can customize a summary screen to show clinical information that is important to me. Various indicators alert me to new and unread results and other special circumstances that may arise.

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## UPDATE

I add, edit, and resolve items on a patient's problem list to ensure an accurate representation of their health. I complete medication reconciliation electronically, and I can use the Hold Queue for pre and post operative care planning.

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## ORDER

I enter orders directly into the system which improves accuracy and turnaround time. Peer-reviewed, evidence-based order sets improve efficiency and provide standardized care. Interaction checking and other safety checks prompt me if there are any concerns.

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## DOCUMENT

I complete clinical documentation electronically using tools that increase efficiency - voice to text software (Dragon), templates, the sharing of documentation components between providers, and clinical decision support tools. Electronic documentation allows the entire care team see the most up-to-date clinical information available.

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## WRAP UP

I collaborate with the entire care team to contribute to the discharge plan. Information from the patient's stay is visible to their outpatient care provider upon follow up. I use my patient worklists and patient stickers to track daily billing or utilize reports I can print.

