

# CDA Procedure Note



# Introduction



- CDA Operative Note => Next Step
- Design Goal = Basic Procedure Note

# Sponsoring Group

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# Schedule

- PSS approved - ATL '09 by SDWG, TSC, SD
- 10/12 - Header Review
- 10/19 - Start Section Review
- 10/26 - Further Section & Header Review
- 11/2 - Finalize Header & Continue Section Review
- 11/9 - IG Draft (Header) & Finalize Section Choices
- 11/12 - SDWG; Review Section Choices & Cardinality

# Schedule (Continued)

- 11/16 - IG Draft (Body) with Full Sample File
- 11/19 - SDWG; Review full XML Sample File
- 11/23 - IG Draft Header & Body
- 11/26 - SDWG; Review Outstanding Issues
- 11/27 - Final Review, Hand Off to Tech Ed.
- 12/11 - Due at HL7 HQ



# Project Scope Statement

This project is to design a basic procedure note in XML as a constraint on HL7 v3 CDA r2. The note will be basic enough to be used for all procedures and will develop a sample note for endoscopy. To promote standardization and acceptance, it will be closely modeled on the current HL7 CDA Operative Note. CMS and JCAHO requirements, with specialty group input, will be used to choose the contents. CMS and JCAHO, the primary regulators, requirements will dictate the minimum content standards. Implementer institutions will be given opportunity for input as to compatibility with current/planned systems.

# CMS Standards

## Element

6. An operative report describing techniques, findings, and tissues removed or altered must be written or dictated **immediately** following surgery and signed by the surgeon.

**The standards are followed by interpretations to help the facility in implementation, and the CMS surveyor provide consistent survey criteria:**

Interpretive Guidelines §482.51(b)(6)...

The operative report includes at least:

- Name and hospital identification number of the patient;
- Date and times of the surgery;
- Name(s) of the surgeon(s) and assistants or other practitioners who performed surgical tasks (even when performing those tasks under supervision);
- Pre-operative and post-operative diagnosis;
- Name of the specific surgical procedure(s) performed;
- Type of anesthesia administered;
- Complications, if any;
- A description of techniques, findings, and tissues removed or altered;
- Surgeons or practitioners name(s) and a description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (significant surgical procedures include: opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues); and
- Prosthetic devices, grafts, tissues, transplants, or devices implanted, if any.

Survey Procedures §482.51(b)(6)...

Review a minimum of six random medical records of patients who had a surgical encounter. Verify that they contain a surgical report that is dated and signed by the responsible surgeon and includes the information specified in the interpretive guidelines.

# JCAHO Standards

## Element

07. When a full operative or other high-risk **procedure** report cannot be entered immediately into the patient's medical record after the operation or procedure, a progress note is entered in the medical record before the patient is transferred to the next level of care. This progress note includes

- the name(s) of the primary surgeon and assistants,
- procedures performed and a
- description of each **procedure** finding,
- estimated blood loss,
- specimens removed, and
- postoperative diagnosis.



# CDA Operative Note

## CDA Header

## CDA Body

### *Required*

- Preoperative diagnosis
- Postoperative diagnosis
- Surgery description
- Findings
- Anesthesia
- Estimated blood loss
- Specimens

### *Optional*

- Planned procedure
- Indications
- Complications
- Disposition
- Plan
- Fluids
- Drains
- Surgical procedure performed

# A CDA Procedure Note

## CDA header

## CDA body

### Required

- Preoperative diagnosis
- Postoperative diagnosis
- Surgery description
- Findings
- Anesthesia
- Estimated blood loss
- Specimens

*CDA op note required*

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### *Additional CMS/JCAHO required*

- Surgical procedure
- Indications (not specifically asked for, but a focused H&P is a required part of our note. This is similar to example of indications in CDA Op note)
- Complications
- Implanted devices (broader category than drains; includes stents, feeding tubes, etc.)

### Optional

- Planned procedure
- Disposition
- Plan
- Fluids
- Quality metrics
- Media

# Issues



- Translate to International realm
- Define the “procedure” to be modeled

# Internationalization



- Equipment already international
- ASGE
- WGO



# What Procedure Modeled?



- Parent of CDA Operative Note
- Sibling of CDA Operative note
- Medical Procedure Note
- Interventional Procedure Note
- Procedure Note



# Comments?

