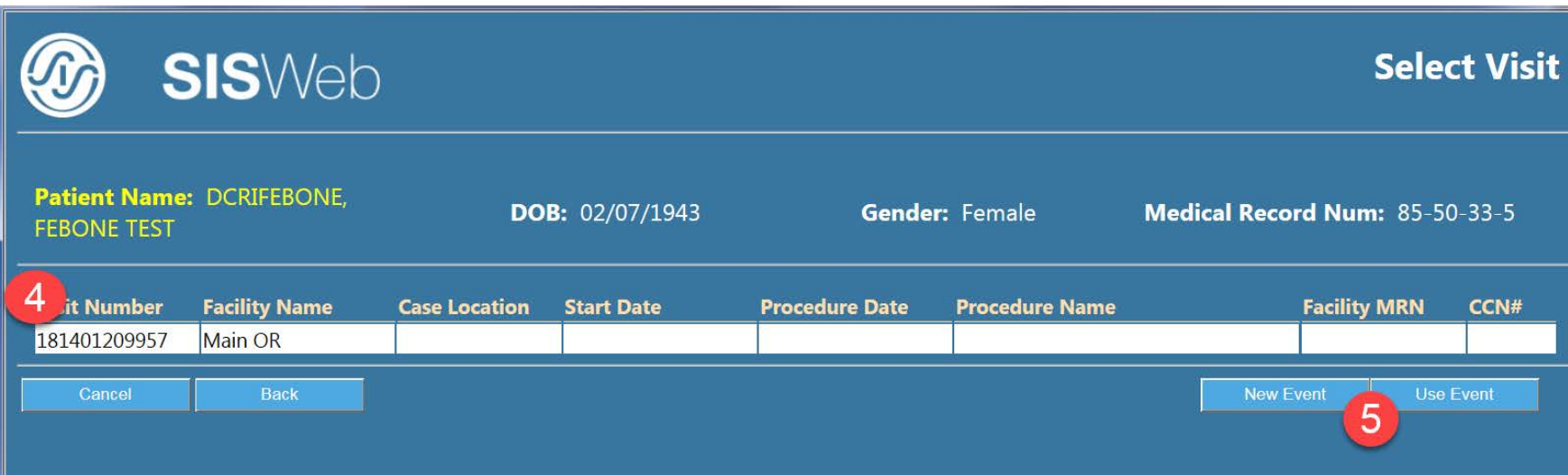
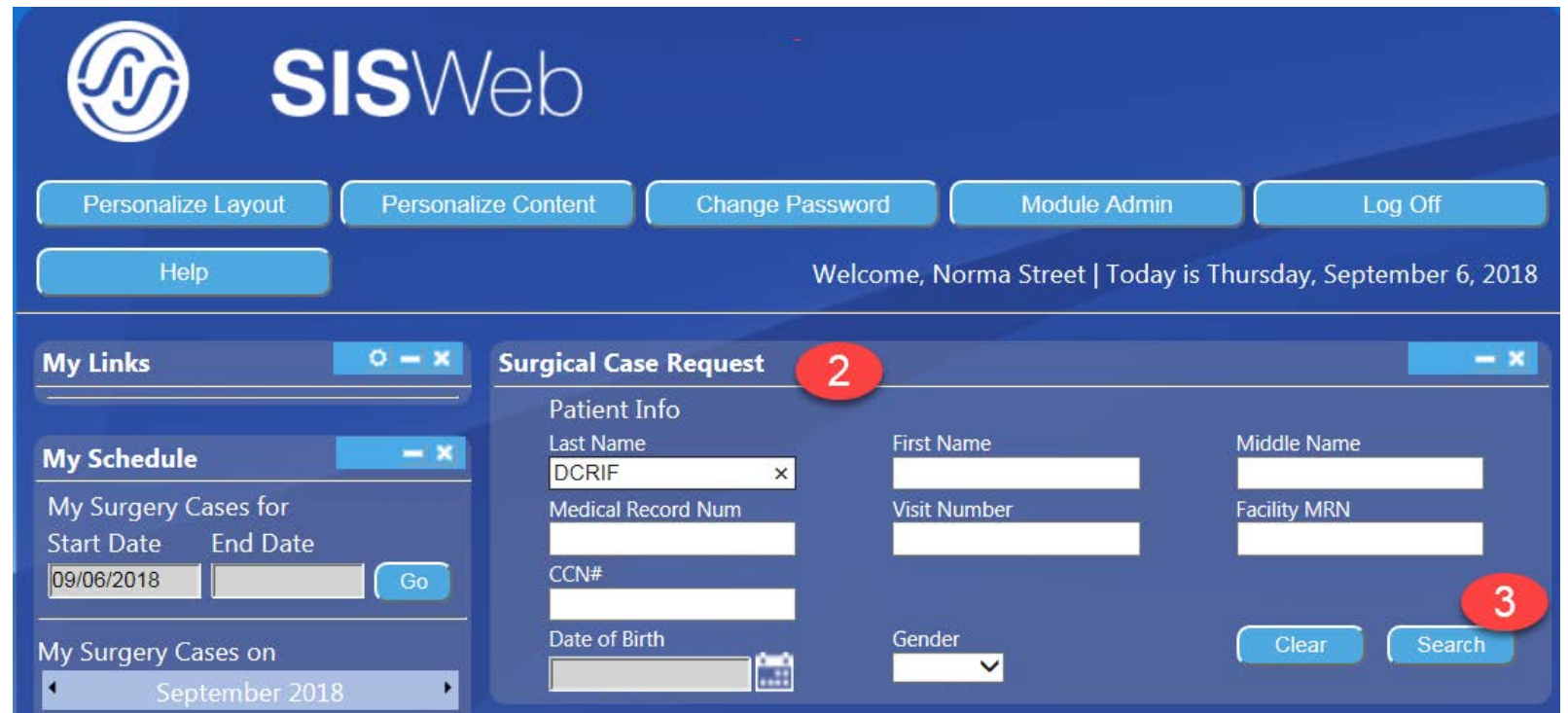


HOW TO SUBMIT A SURGICAL PROCEDURE IN SISWEB



The screenshot shows the SISWeb login interface. At the top left is a circular logo with a stylized 'S' and 'W'. To its right is the text 'SISWeb'. Below the logo and text are two input fields: 'User Name' and 'Password'. A blue 'Login' button is positioned below the password field. At the bottom left of the login box, it says 'SISWeb Version: 2.0.26-3' and at the bottom right, 'Release Date: 2018-04-03'. Below the login box is a disclaimer: 'By logging into SIS Web, I acknowledge that I am an authorized user of this system and this login, I am obligated to safeguard my password, this system contains confidential protected health information, and that my actions in this system will be automatically tracked for audit purposes.'



1. Login
2. Enter any CRIS PII (Patient identifiable Information) information to search for patient. If MRN used, enter xx-xx-xx-x
3. Click **Search**
4. Highlight the patient from the list
5. Click **Use Event or New Event**

6. Review the demographic information

7. Click *Next*

8. Enter the correct Facility (Main OR, Offsite), Admission Type (Inpatient/Outpatient) and Case Type (Add-on, Emergency, Scheduled). Click *OK*

SISWeb Patient Information

Patient Name

First* FEBONE Middle TEST Last* DCRIFEBONE

Medical Record Num 85-50-33-5 Date of Birth 02/07/1943 Gender Female

Cancel Back Address Next

Please Specify the Facility and Admission Specifics for this Case Request

Facility* Main OR

Admission Type Inpatient

Case Type* Scheduled

OK Cancel

The Case Request Wizard
Screen 7 wizard buttons.
Move across the banner
to enter case request
information.

9. Under the “Surgeons & Procedure” wizard, enter the surgeon’s name

10. Begin typing the surgeon’s last name. Use % as needed. Add multiple surgeon (s)/Service(s) as needed, but, only one can be set as **Primary**

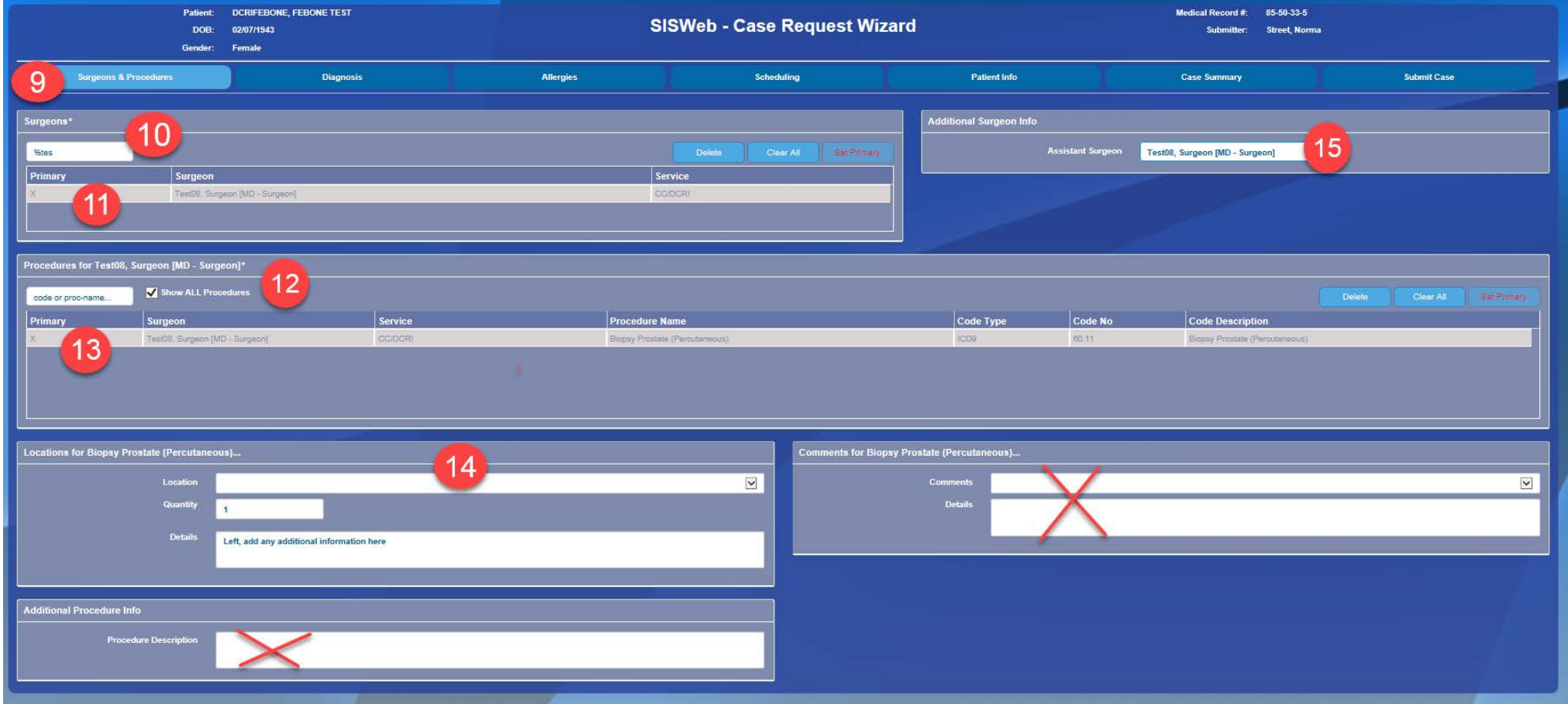
11. Highlight the surgeon’s name to enter the Procedure name accordingly

12. Search for Procedure name by typing in last name

13. Highlight the Procedure name and additional fields will display

14. Enter any additional information pertinent to **that** highlighted procedure

15. Enter additional Assistant Surgeon’s name



Patient: DCRIFEBONE, FEBONE TEST Medical Record #: 85-50-33-5
 DOB: 02/07/1943 Submitter: Street, Norma
 Gender: Female

SISWeb - Case Request Wizard

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Surgeons & Procedures **Diagnosis** Allergies Scheduling Patient Info Case Summary Submit Case

Diagnosis*

can Delete Clear All

Code Type	Code	Code Description
Abnormal CT Scan <i>Abnormal CT Scan</i>	NIH000009	
Abnormal HIDA Scan <i>Abnormal HIDA Scan</i>	NIH000014	
Atypical Ductal Proliferation Suggestive of Tubular Cancer <i>Atypical Ductal Proliferation Suggestive of Tubular Cancer</i>	NIH000270	

Other

Infectious Status

16. Diagnosis* is a mandatory field. If diagnosis not on the list, contact the OR scheduler for assistance.

Allergies: This wizard is read-only. Allergies cross over from CRIS, therefore, they can only be updated in CRIS.

Patient: DCRIFEBONE, FEBONE TEST Medical Record #: 85-50-33-5
 DOB: 02/07/1943 Submitter: Street, Norma
 Gender: Female

SISWeb - Case Request Wizard

Surgeons & Procedures Diagnosis **Allergies** Scheduling Patient Info Case Summary Submit Case

Overall Status

- No Known Drug Allergy
- No Known Non-Drug Allergy
- Allergy Status Unknown

New Documented Allergies

Source	Allergen	Description	Action
Add New Allergy Clear All			

Previously Documented Allergies - (Read Only)

Source	Allergen	Reaction	Description	Confidence Level	Last Edited
Food	Coffee	Dizziness; Facial swelling			02/15/2018

Patient: DCRIFEBONE, FEBONE TEST
DOB: 02/07/1943
Gender: Female

SISWeb - Case Request Wizard

Medical Record #: 85-50-33-5
Submitter: Street, Norma

Surgeons & Procedures

Diagnosis

Allergies

Scheduling

Patient Info

Case Summary

Submit Case

Surgical Dates & Times

Surgery Target Date* 09/07/2018
Surgery Target Time* 08:00am
Days Notice Needed* 1
Est Surgery Duration (minutes) 120
No Excluded Dates Specify Excluded Dates
Clear Dates

17

18

Enter the est. surgery time

Facility Related Information

Facility Main OR
Admission Type Inpatient
Case Type* Scheduled
Protocol Number* CC
00-CC-0165
Bed Type

23

24

Anesthesia

Anesthesia Type MAC

19

Special Requests

Enter any additional information for procedure

20

Insurance Information (select an Existing Insurance or specify a new one)

Existing Insurance
Insurance Type
Insurance Co Name
Insurance Policy#
Insurance Auth #

Blood Ordered * no

21

Postop Disposition* PACU

25

Radiology Services
Fluoroscopy
Laser
MRI
Plasmajet

22

Patient: DCRIFEBONE, FEBONE TEST
DOB: 02/07/1943
Gender: Female

SISWeb - Case Request Wizard

Medical Record #: 85-50-33-5
Submitter: Street, Norma

Surgeons & Procedures

Diagnosis

Allergies

Scheduling

Patient Info

Case Summary

Submit Case

Patient Information

Patient Name: DCRIFEBONE, FEBONE TEST
Medical Record #: 85-50-33-5
DOB: 02/07/1943 Age: 75 yrs
Gender: Female

Diagnosis

Diagnosis	Code Type	Code
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Newly Documented Allergies

Type	Source	Allergen	Description
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Case Comments

Comment

Details

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Procedure Information

Primary Proc	Surgeon	Service	Procedure Name	PDT Code Type	PDT Code	PDT Code Description	Location
X	Test08, Surgeon [MD - Surgeon]	CC/DCRI	Biopsy Prostate (Percutaneous)	ICD9	60.11	Biopsy Prostate (Percutaneous)	Left, add any additional information here

Patient: TEST, NORMI
DOB: 02/02/2010
Gender:

SISWeb - Case Request Wizard

Medical Record #: 22-22-22-2
Submitter: Street, Norma

Surgeons & Procedures

Diagnosis

Allergies

Scheduling

Patient Info

Case Summary

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Submit Case

Patient Information

Patient Name: TEST, NORMI
Medical Record #: 22-22-22-2
DOB: 02/02/2010 Age: 8 yrs
Gender:

Diagnosis

Diagnosis	Code Type	Code
Abnormal CT Scan	NIH	NIH000009

Procedure Information

Primary Proc	Surgeon	Service	Procedure Name	PDT Code Type	PDT Code	PDT Code Description	Location
X	Pinto, Peter A. [MD - Surgeon]	NCHI/O	Biopsy Prostate (Open)	ICD9	60.12	Biopsy Prostate (Open)	

Your Case Request has not passed the required Data-Validations

Here are the Validation Item(s) that need to be fixed:

- There are no Diagnosis specified.

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Case Comments

Comment

Details

Information

Case Request is Valid. Are you ready for the final Submit?

30

26. Case Summary Wizard will display case information prior to submission

27. Add any case information here

28. Submit Case Wizard – Review all information then Submit

29. This alert will display if there is information missing

30. This alert will display if all the case information is complete, Click OK when finished

The screenshot displays the 'SISWeb - Case Request Wizard' interface. At the top left, a green alert box with a checkmark icon contains the text 'The Case Request has been submitted.' A red circle with the number '31' is positioned over this alert. The main header area shows the patient's name 'DCRIFEBONE, FEBONE TEST', their DOB '09/07/1943', and the submitter 'Street, Norma'. The submission date is '09/06/2018 15:24:52'. The central message states 'Your Case Request has been successfully submitted. Case Request Number 56654', with the number '56654' highlighted by a red box. Below this, two columns of case details are presented. The left column includes: Case Request #: 56654, Patient: DCRIFEBONE, FEBONE TEST, Medical Record #: 85-50-33-5, Service: CC/DCRI, Primary Surgeon: Test08, Surgeon [MD - Surgeon], Primary Procedure: 60.11 - Biopsy Prostate (Percutaneous), Diagnosis 1: NIH000385 - Cancer, Prev Allergy 1: Coffee, Blood Ordered: no, and Radiology Services. The right column includes: Facility: Main OR, Admission Type: Inpatient, Case Type: Scheduled, Protocol Number: CC : 00-CC-0165, Anesthesia Type: MAC, Surgery Target Date/Time: 09/07/2018 08:00am, Days Notice Req: 1, Excluded Date(s), Comments, Postop Disposition: PACU, and Special Request(s): Type in any additional information here. At the bottom, a red box highlights two buttons: 'Close Window' and 'Print Page'. A red circle with the number '32' is placed over the 'Print Page' button.

Case Confirmation Number (CCN) will be generated

31. An green color alert will display left side of the scree **“The Case Request has been submitted”**

32. Print Page and/or Close Window when finished