

# Epic OpTime Administration OR350 Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. Where do supplies appear in OpTime?**
  - A. Preference Cards**
  - B. Intra-op Navigator**
  - C. Cases**
  - D. All of the above**
- 2. Do all sections in the Intra-op Navigator utilize SmartForms?**
  - A. True**
  - B. False**
  - C. Only certain sections**
  - D. Only for complex cases**
- 3. What is the importance of "Surgical Scheduling" in OpTime?**
  - A. It allows for last-minute patient changes**
  - B. It ensures efficient use of operating rooms, staff, and equipment while maximizing patient throughput**
  - C. It focuses primarily on surgeon availability**
  - D. It restricts the number of procedures per day**
- 4. How can one check for cases scheduled in the next two weeks that lack preference cards?**
  - A. Refer to the scheduling board**
  - B. Run a report**
  - C. Check with the surgeons directly**
  - D. Look through the manual logs**
- 5. What must a user log in to after entering their ID and password in Hyperspace?**
  - A. Department Module**
  - B. Scheduler Dashboard**
  - C. Hyperspace Interface**
  - D. Case Management System**

- 6. In the context of a Flowsheet, which input method allows capturing subjective patient feedback?**
- A. Numeric input**
  - B. Checkbox selection**
  - C. String input**
  - D. Predefined selection**
- 7. How does the system determine whether to sign or sign and hold?**
- A. Patient location**
  - B. Staff preference**
  - C. Medication type**
  - D. Time of day**
- 8. When creating a new medical equipment type, which element is essential for tracking usage in a specific location?**
- A. A supply record**
  - B. An equipment (SER) record**
  - C. An order set**
  - D. A smart group**
- 9. What aspect of patient care does post-op documentation focus on?**
- A. Pre-surgery assessments only**
  - B. Care provided after the surgery**
  - C. Financial evaluations of the procedure**
  - D. General hospital policies**
- 10. If you can't find the new operating room to schedule cases into, what might be the cause?**
- A. You haven't added the rooms to a Snapboard report**
  - B. You entered a location for the rooms**
  - C. Room records are incomplete**
  - D. You did not configure the template correctly**

## **Answers**

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1. D
2. B
3. B
4. B
5. C
6. C
7. A
8. B
9. B
10. A

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## **Explanations**

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## 1. Where do supplies appear in OpTime?

- A. Preference Cards
- B. Intra-op Navigator
- C. Cases
- D. All of the above**

In OpTime, supplies play a crucial role in the surgical workflow, and they can be found in various areas relevant to the surgical process. Preference Cards are used to outline the specific instruments and supplies for particular surgical procedures, ensuring that the OR team is prepared with the necessary items for each unique case. This helps in standardizing what is required for different surgeries and aids in inventory management. The Intra-op Navigator serves as a real-time tool during surgeries, allowing surgical staff to access information on supplies and instruments that are being used during the operation. This feature enhances efficiency and accuracy during surgical procedures. In Cases, supplies are also documented and tracked as part of the case management process within OpTime. This includes everything needed for the surgical procedure, enabling the staff to maintain a thorough inventory and ensuring that all necessary items are available and accounted for before, during, and after the surgery. Since supplies are integral to all these components—Preference Cards, the Intra-op Navigator, and Cases—they collectively encompass all critical areas within OpTime where supplies are managed. Thus, recognizing that supplies appear in multiple locations within the system is essential for effective operation management in the surgical environment.

## 2. Do all sections in the Intra-op Navigator utilize SmartForms?

- A. True
- B. False**
- C. Only certain sections
- D. Only for complex cases

Intra-op Navigator does not utilize SmartForms in all its sections. SmartForms are primarily utilized as a tool for gathering specific data in certain sections that require structured input and detailed information, especially in contexts like documentation and decision support. However, many sections do not need the structured format or may rely on other methods of data collection. This means that there can be sections within the Intra-op Navigator that function without the use of SmartForms, allowing for more flexibility in data entry and management. Therefore, the assertion that all sections utilize SmartForms is inaccurate, validating the choice that states it is false.

### 3. What is the importance of "Surgical Scheduling" in OpTime?

- A. It allows for last-minute patient changes
- B. It ensures efficient use of operating rooms, staff, and equipment while maximizing patient throughput**
- C. It focuses primarily on surgeon availability
- D. It restricts the number of procedures per day

Surgical scheduling is a critical component of OpTime because it plays a key role in ensuring the efficient use of operating rooms, staff, and equipment while maximizing patient throughput. By organizing the surgical schedule effectively, healthcare facilities can coordinate multiple factors such as procedure timings, resource availability, and staffing, leading to optimized workflows and minimized downtime between surgeries. Effective surgical scheduling contributes to reduced patient wait times, better utilization of surgical teams, and enhanced patient satisfaction. It allows for a smoother operation throughout the day, ensuring that surgeries can be performed without unnecessary delays or cancellations, which is vitally important in a healthcare environment where time and resources are limited. The other choices do not capture the comprehensive benefits of surgical scheduling. While accommodating last-minute changes may be a feature, it is not the primary goal of surgical scheduling. Focusing solely on surgeon availability overlooks the broader implications of resource management that effective scheduling entails. Limiting the number of procedures per day could be counterproductive to maximizing throughput and operational efficiency. Thus, the core benefit of surgical scheduling lies in its ability to align various elements of the surgical process to achieve optimal operational outcomes.

### 4. How can one check for cases scheduled in the next two weeks that lack preference cards?

- A. Refer to the scheduling board
- B. Run a report**
- C. Check with the surgeons directly
- D. Look through the manual logs

Running a report is a systematic and efficient way to check for cases scheduled in the next two weeks that lack preference cards. This method allows for the extraction of specific data from the system and offers a comprehensive view of scheduled cases, including important attributes like the availability of preference cards. Reports can usually be customized to filter exactly what you're looking for, ensuring that you identify all relevant cases quickly and accurately. Using the scheduling board may provide some information about upcoming cases, but it is typically not designed to filter by specific details like preference card status, making it less effective for this particular purpose. Checking with surgeons directly is often impractical for a large number of cases and may lead to inconsistent information. Lastly, looking through manual logs is time-consuming and prone to human error, making it an inefficient method compared to running a report.

**5. What must a user log in to after entering their ID and password in Hyperspace?**

- A. Department Module**
- B. Scheduler Dashboard**
- C. Hyperspace Interface**
- D. Case Management System**

After entering their ID and password in Hyperspace, a user must log in to the Hyperspace Interface. This interface serves as the primary access point for users to interact with Epic's electronic health record (EHR) system. The login connects the user to various functionalities and features within the EHR, enabling them to manage patient data, schedule workflows, and access modules relevant to their roles. The Hyperspace Interface is designed to be user-friendly and customizable, allowing for different views and tools based on the user's specific needs and permissions. It integrates numerous components required for efficient clinical and administrative workflows, thus making it crucial for users in a healthcare setting to first access this interface upon logging in.

**6. In the context of a Flowsheet, which input method allows capturing subjective patient feedback?**

- A. Numeric input**
- B. Checkbox selection**
- C. String input**
- D. Predefined selection**

The option indicating string input is the correct choice because it allows for the capture of subjective feedback in the Flowsheet. String input provides the flexibility for users to enter free text, which is essential for recording patient remarks, opinions, or descriptions that can't be captured through structured data formats like numeric values or predefined selections. This method is particularly valuable in clinical settings where nuances of a patient's condition or experiences are important for assessments and care plans. In contrast, numeric input is typically used for measurements or quantitative data, such as blood pressure or temperature, which do not convey subjective insights. Checkbox selection is effective for binary or multiple-choice responses but does not allow for detailed commentary on a patient's experience. Predefined selection limits the input to specific options, which may not encompass the full range of patient sentiments or feedback. Thus, string input emerges as the most appropriate method for collecting subjective patient information in this context.

**7. How does the system determine whether to sign or sign and hold?**

- A. Patient location**
- B. Staff preference**
- C. Medication type**
- D. Time of day**

The system determines whether to sign or sign and hold primarily based on patient location. This decision-making process is crucial in ensuring that medications are administered appropriately according to the specific circumstances related to the patient's care environment. For instance, certain patient locations may have protocols that dictate immediate medication administration, while others might require a hold based on patient status or treatment plan. Patient location effectively reflects the clinical workflow and the associated guidelines for medication management. For instance, a medication may need to be signed and held for patients in a pre-operative area, where it could interfere with surgical procedures. Conversely, patients in a post-operative setting might be in a position to receive medications immediately. Although other factors such as staff preference, medication type, and time of day can influence medication management practices, they are secondary to the protocols established for specific patient locations. This focus on patient location helps ensure safety and compliance with institutional policies regarding medication administration.

**8. When creating a new medical equipment type, which element is essential for tracking usage in a specific location?**

- A. A supply record**
- B. An equipment (SER) record**
- C. An order set**
- D. A smart group**

When creating a new medical equipment type, having an equipment (SER) record is essential for tracking usage in a specific location because the SER record is designed to encompass all necessary details regarding the equipment. This includes attributes such as the type of equipment, its specifications, and importantly, its assigned locations within the healthcare facility. The SER record facilitates detailed tracking of the equipment's deployment, usage rates, maintenance history, and even its assignment to specific departments or locations. This data is crucial for inventory management, ensuring that the right equipment is available where it is needed, and aids in compliance with safety and efficiency standards. By establishing an SER, you create a baseline for monitoring how often and in what contexts the medical equipment is utilized, directly supporting operational efficiency and resource management within the institution.

**9. What aspect of patient care does post-op documentation focus on?**

- A. Pre-surgery assessments only**
- B. Care provided after the surgery**
- C. Financial evaluations of the procedure**
- D. General hospital policies**

Post-operative documentation is crucial as it primarily focuses on the care provided after the surgery. This type of documentation captures essential details such as the patient's condition, vital signs, the effectiveness of pain management, any complications that may have arisen, and the overall recovery progress. By diligently recording this information, healthcare professionals can ensure that the patient continues to receive the appropriate care and interventions tailored to their recovery needs. This documentation also serves as a vital communication tool among the medical staff, facilitating an understanding of the patient's status and guiding future care decisions. In contrast, pre-surgery assessments are related to the care process before the procedure, and financial evaluations pertain to administrative aspects of healthcare rather than direct patient care. General hospital policies guide the operation of the hospital but do not specifically address the nuances of post-operative patient care. Each aspect plays a role in the overall healthcare process, but post-operative documentation is essential for providing ongoing, patient-centered care following surgery.

**10. If you can't find the new operating room to schedule cases into, what might be the cause?**

- A. You haven't added the rooms to a Snapboard report**
- B. You entered a location for the rooms**
- C. Room records are incomplete**
- D. You did not configure the template correctly**

The reason that the first choice is the correct answer is that Snapboard reports are integral in viewing and utilizing resources within Epic OpTime, including operating rooms. If the new operating room is not included in a Snapboard report, it will not be visible for scheduling cases, thus leading to the situation where you can't find the new room. Snapboard reports pull together the necessary details that ensure all relevant rooms are displayed accurately for scheduling purposes. The other choices involve aspects that, while potentially relevant in different contexts, don't directly pertain to the visibility of the new operating room in a scheduling scenario. Entering a location for the rooms could relate to how the rooms are organized; however, it does not impact whether they display in the Snapboard. Incomplete room records might affect operations but do not necessarily prevent visibility if the room is configured correctly in the reporting system. Lastly, incorrect configuration of the template could obscure functionality, but if included in the Snapboard, the room would still typically be found based on that report alone, separating it from the visibility issue stated in the question.