June 17, 2024

Consolidated Key Messages

Attention: RJH Clinicians, Physicians, Midwives, and support staff.

These Key Messages have been developed based on the needs expressed by our front-line clinicians and providers throughout the go-live. We also work in collaboration with operational leaders and our medication safety and professional practice partners.

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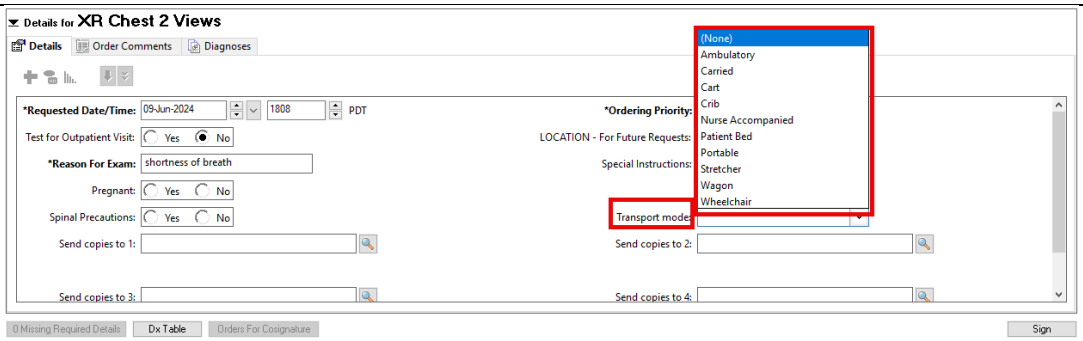
Computerized Electronic Order Entry

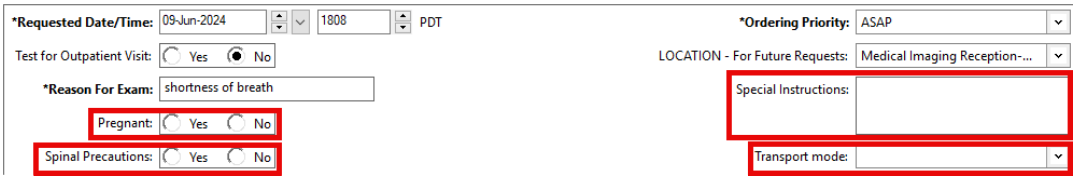
Transesophag-eal Echocardio-gram (TEE) Ordering	**Details** -The Echo Clinic has not been activated yet so the Transesophageal Echocardiograms (TEEs) will require a hybrid process. -When ordering TEEs, providers will place an electronic order for the TEE. A paper requestion **IS REQUIRED** to be completed and faxed to the echo lab.
X-Ray Ordering	**Details** X-Ray orders include fields related to special considerations and transportation mode for your patient:



-Review all X-Ray orders in full to ensure transport type is selected **AND** reason for exam is specified

-Review "**Test for Inpatient Visit**" field, "**Pregnant**" field, AND "**Spinal Precautions**" field when ordering

-Use "**Special Instructions**" field to capture additional details

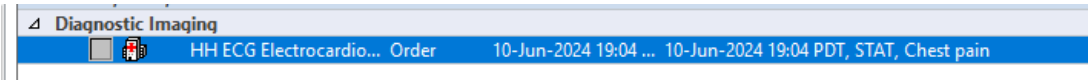


ECG STAT or ASAP Ordering

What we heard: STAT or ASAP ECGs may be missed or delayed.

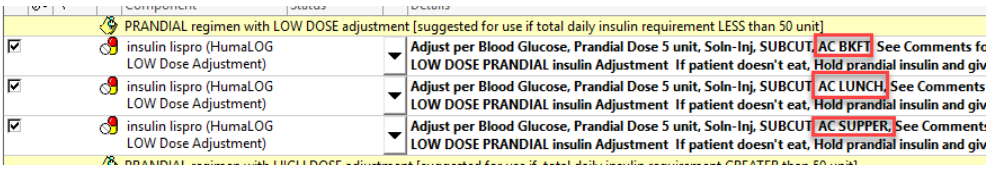
What you need to know: To order a STAT or ASAP ECG, place an electronic order AND phone the department to ensure the order is received and the ECG is performed promptly.

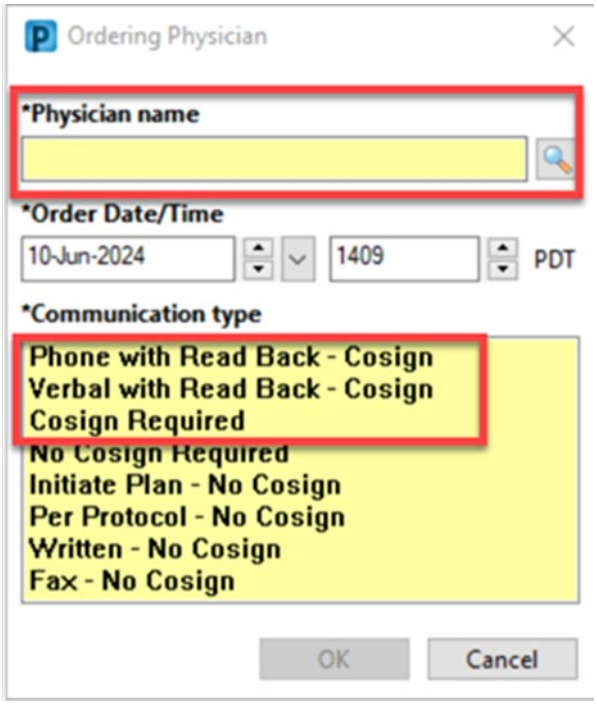
For the ED: ECGs will not appear completed in LaunchPoint until reviewed by the cardiologist. Please notify the most responsible physician when the ECG is completed as per your department processes.

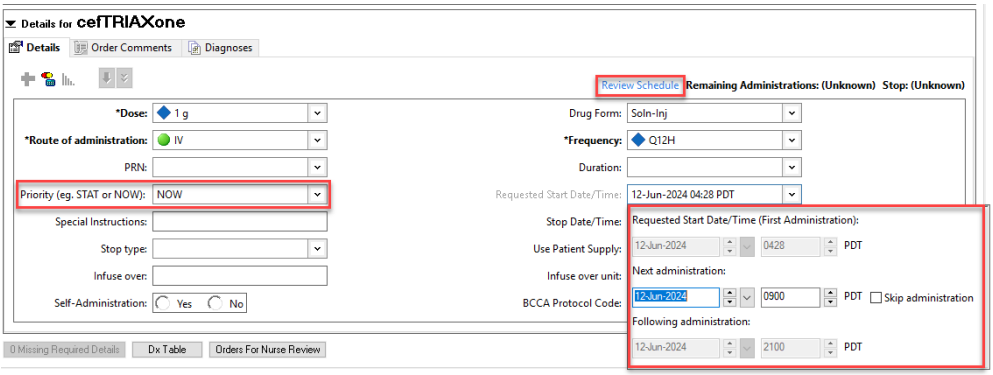


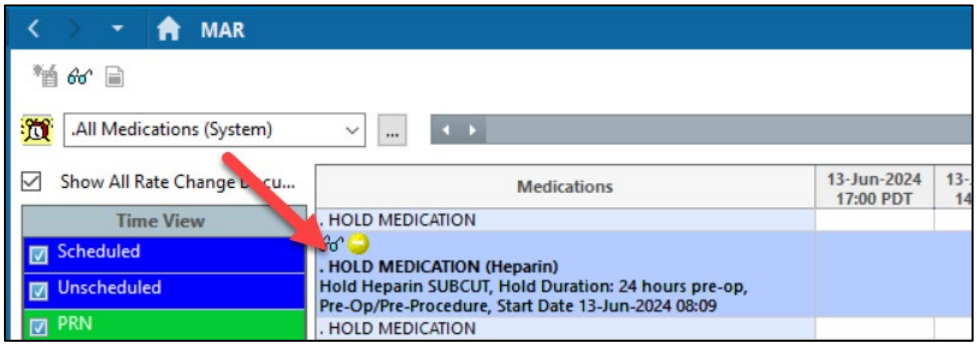
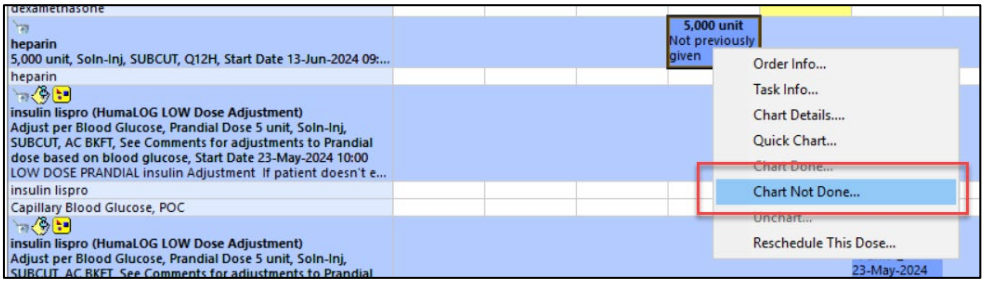
Planned Order Sets Versus Active Order Sets

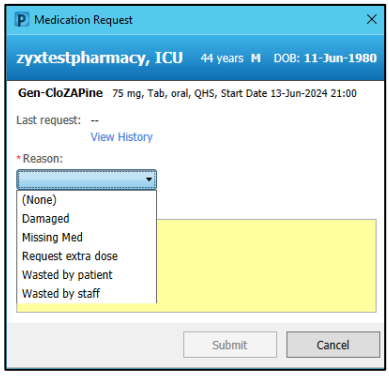
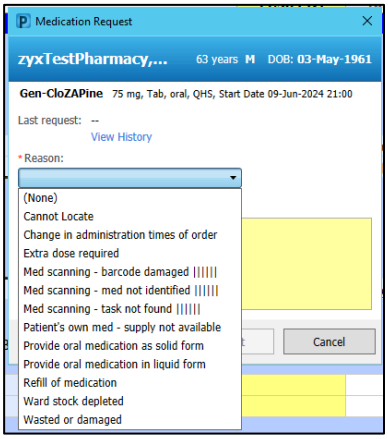
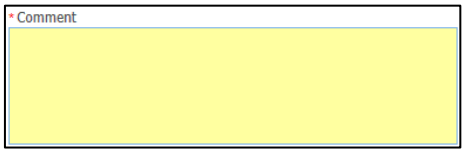
What we heard: Some units have reported patients who have not yet arrived/not been admitted however have active orders in their chart.

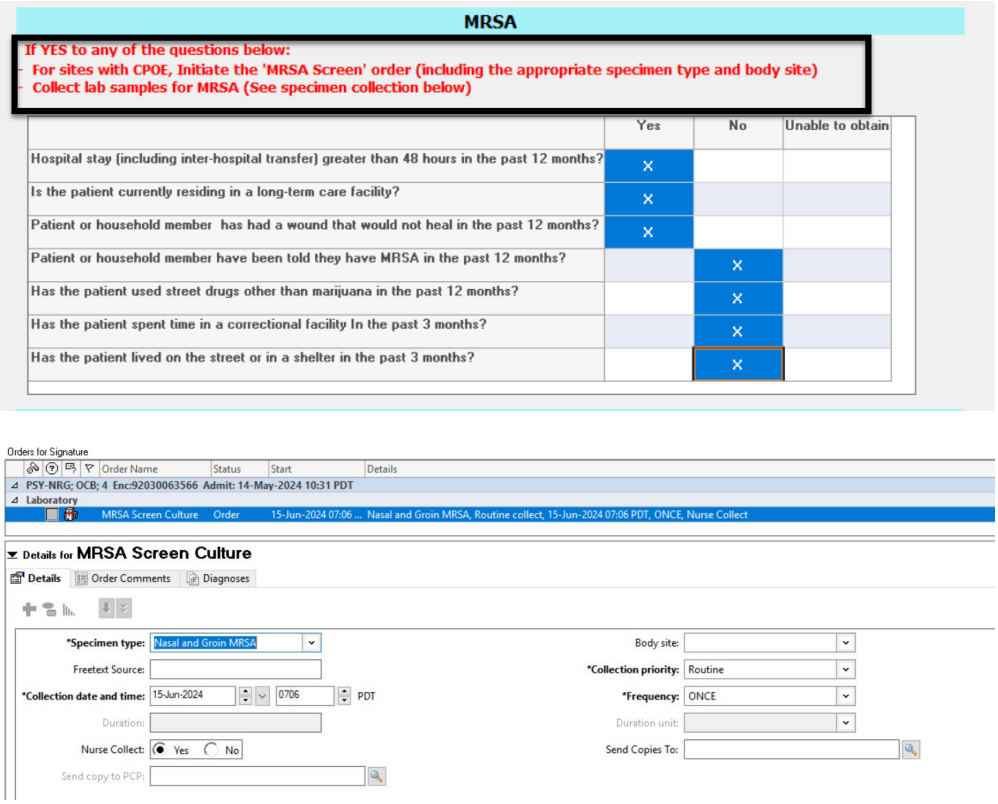
	What you need to know: Prior to hospital admission/patient arrival, orders placed in the electronic chart should be placed into a planned state and not activated.
Duplicate Prescriptions	**What we heard:** Staff are unclear on the process for duplicate prescriptions (e.g. prescriptions for narcotics and controlled substances), specifically regarding when the prescription is faxed to a pharmacy and not given to the patient. **What you need to know:** The provider should still sign both sides of the duplicate prescription, then give the duplicate portion to the NUA who will attach this to a controlled prescription printing (CPP) mounting form and placed in the paper lite chart. The original prescription should be faxed to the community pharmacy; this should later be mailed to the community pharmacy by the NUA.
Insulin Ordering	**What we heard:** There were questions raised regarding duplicate insulin orders. **What you need to know:** When subcutaneous insulin is ordered, there will an order for each meal. This allows for different prandial dosing per scheduled time. As such, the nurse will see 3 orders in the orders profile and the MAR. **What you need to do:** When administering the insulin, ensure you are selecting the correct task from the MAW. 
Verbal Orders	**What we heard:** Nursing staff are seeking clarity on when it is appropriate to accept a verbal order and require information on how to send for co-signature. **What you need to know**: Verbal orders would be appropriate in the following scenarios: - You need an order, and the provider is returning your call as heading in to a procedure or is currently scrubbed in. - In the middle of night, you note a patient requires more pain control, the provider answers your call from home.

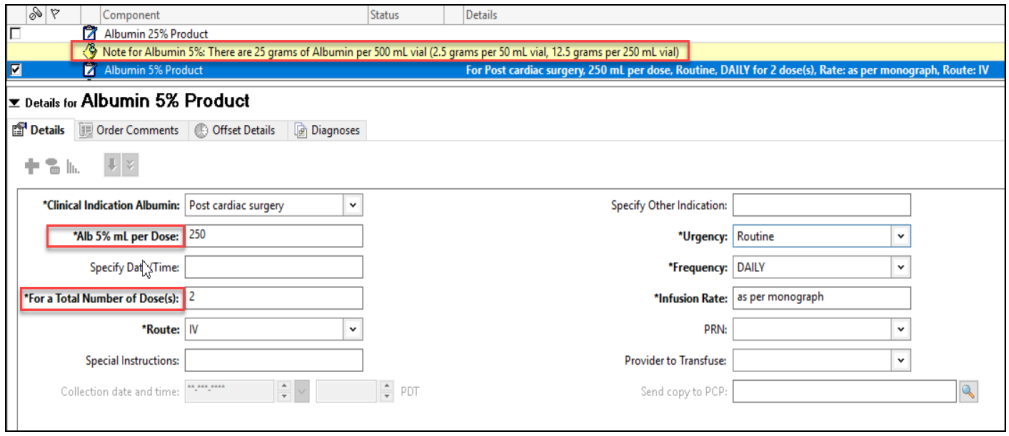
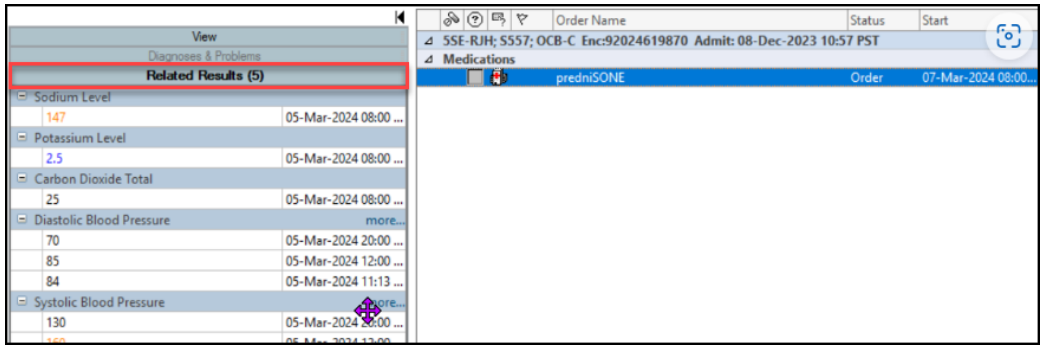
	- Physicians are busy with hands on patient and unable to place the orders himself. **What you need to do**: When entering a verbal order, enter the provider's name that gave the verbal order and select the co-sign option that best applies to the situation. 
Initiating Planned Order Sets	**Details:** Providers may enter an order set in the Electronic Health Record and place it in a planned state. Nurses can initiate the order set when the patient has met the criteria specified. **What you need to know:** A Cosign is not required because the provider has pre-selected the order in advance. Nurses should not modify any selections within a planned order set without contacting the provider. **What you need to do:** Follow provider directions and/or unit guidelines to initiate a planned order set. Always check for planned order sets throughout your shift and seek clarity if unsure when to initiate the plan.

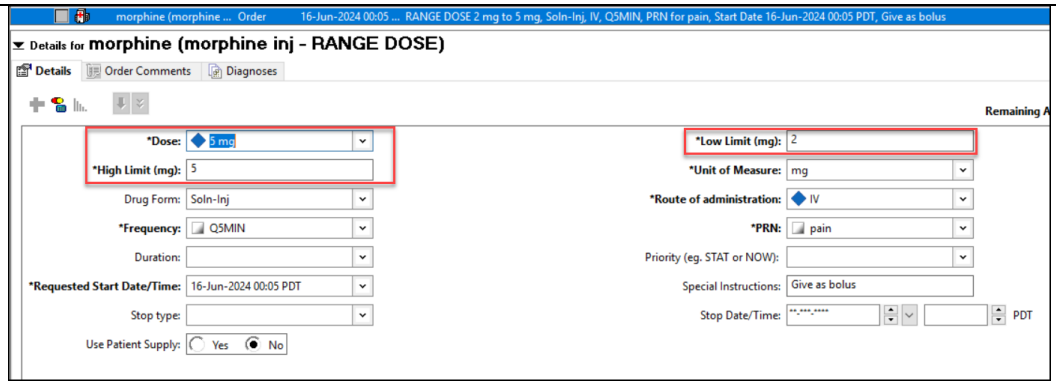
	For more information, review the following wiki link: Initiating a Planned Order Set
Ordering NOW and Scheduled Medications	**What we heard:** Orders were being placed without a priority and defaulting to the pharmacy standard times. **What you need to know:** When a medication is ordered after the standard pharmacy time, it will task the first dose at the next time. **What you need to do:** If you are ordering a medication that you want administered soon, select NOW in the priority field and review the schedule. 
Holding Medications	**What we heard:** Clarity around the process for holding medication(s) pre-procedure or pre-operative is required. **What you need to know:** Providers will place the .HOLD Medication order to hold medication(s) when necessary. This order may include information on holding/resuming the medication. Nurses will manage the tasks associated with the medication to be held. **What you need to do:** The .HOLD Medication order will show as a new order in CareCompass and the Orders profile.

	The .HOLD Medication order displays at the top of the MAR. **Note:** There are no tasks associated with the .HOLD order. It only serves to communicate the need to hold a scheduled or PRN medication.  Note: Do not change the MAR settings as this will move the .HOLD order from the top of the MAR. The .HOLD Medication order does not display in the MAW. This is why it is critical to follow the approved med administration workflows of reviewing the MAR and then using the MAW to administer medications. When you see a .HOLD Medication order (eg. To hold an anticoagulant pre-op) you will need to manage the MAR tasks related to that medication by marking them as **Not Done**. This will ensure the medication is not administered when it should not be. 
Medication Request Reasons	**What we heard:** Nurses need a better way to communicate medication concerns to Pharmacy. **What you need to know:** The Medication Request reasons will be changing:

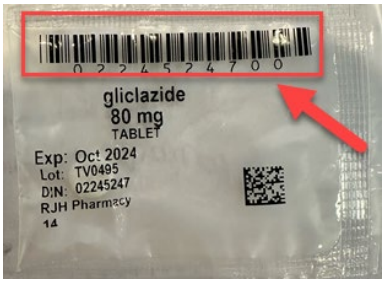
	Current:  New:  **What you need to do:** 1. When communicating to Pharmacy, use Med Request and appropriate reason. 2. If specific reason is not within drop-down, select (None) and use Comment field.  **Note:** If your order has this icon the order has not been verified by Pharmacy and therefore medications have not been dispensed.
Ordering Recurring ECGs	**What we heard:** When ordering an ECG and indicating a recurring frequency, the requisition for today was not printing. **What you need to know:** Recurring daily ECGs will default to the next day's morning ECG runs at 0800. The order will generate a requisition for tomorrow's run when the order is signed, then each subsequent ECG requisition will print the day prior to when the ECG is required. **What you need to do:** If you require an ECG today and then daily, use the HH ECG Electrocardiogram Recurring Study (Mini-Set) which includes an order for on ASAP

	ECG then a recurring order. Place ECG requisitions that print to the unit printer in the designated ECG area on the unit for the ECG tech. **HH ECG Electrocardiogram Recurring Study (Mini-Set) (Initiated Pending)** Diagnostic Imaging HH ECG Electrocardiogram — T;N, ASAP, Portable HH ECG Electrocardiogram — T+1;0800, Timed, DAILY, Duration: 3, Duration Unit: day, Portable
ARO Screening	**What you need to know:** When the ARO Screener is completed and there is a YES and a need for swabs, the system does not automatically create orders for screening. **What you need to do:** As directed in the ARO Screener PowerForm, if swabs are required place the order for using CPOE, and mark the swab as collected using the specimen collection wizard.  MRSA If YES to any of the questions below: - For sites with CPOE, Initiate the 'MRSA Screen' order (including the appropriate specimen type and body site) - Collect lab samples for MRSA (See specimen collection below) Orders for Signature PSY-NRG; OCB; 4 Enc:92030063566 Admit: 14-May-2024 10:31 PDT Laboratory MRSA Screen Culture Order 15-Jun-2024 07:06 ... Nasal and Groin MRSA, Routine collect, 15-Jun-2024 07:06 PDT, ONCE, Nurse Collect Details for MRSA Screen Culture Details | Order Comments | Diagnoses *Specimen type: Nasal and Groin MRSA Freetext Source: *Collection date and time: 15-Jun-2024 0706 PDT Duration: Nurse Collect: Yes No Send copy to PCP: Body site: *Collection priority: Routine *Frequency: ONCE Duration unit: Send Copies To: *Automation of this order is being explored

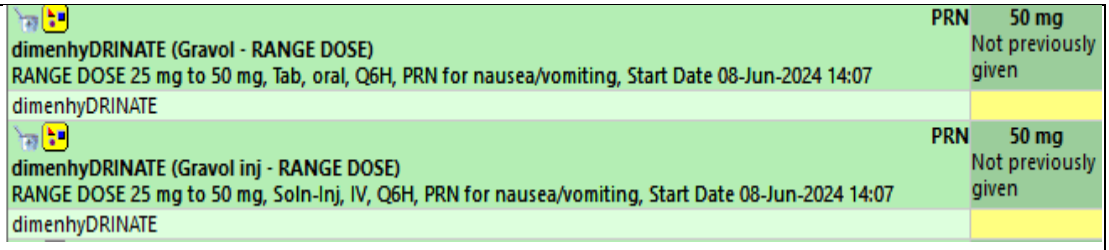
Albumin Ordering	**What you need to know:** When ordering Albumin, you will need to add the mL per dose and the total number of doses. 
Related Results in Medication Profile mPage	**What you need to know:** You can view labs while ordering medication by selecting the Related Results. This can be found in the view pane. 
Range Dose High Limit Same as Dose	**What you need to know:** When ordering a **RANGE DOSE** medication, the Dose and High Limit (mg) should be the same.

Medication Administration

Barcode Scanning Medications	**What has been reported:** Medication packages were reported that they were not scanning. **What you need to know:** • There is both a barcode and a QR code on the packages. • The QR Code is used in pharmacy for automation equipment processes, in South Island. • The 1D Barcode at the top of the package is to be utilized by Nursing for the BCMA Workflow.  **What you need to do:**

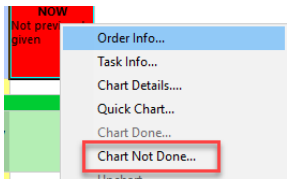
	When scanning medications for administration, ensure your clear package is against a hard surface, and you are scanning the barcode at the top of the package.
Multiple orders with different routes for same medication	**What we heard** Following CPOE Go Live there were multiple reports of duplicate orders on patient records. Some were a result of the cutover discrepancies related to the order entry process. There were many upon review that were identified as a Practice Change to communicate. **What you need to know** With the transition to CPOE, and supporting barcode administration, multiple orders will display for different routes/product assignments. This is required as one order per route of administration to support product assignment. **Scheduled Medications that allow for discretion about administration route:** 1. Two medication orders will display on the MAR, each with a different medication route and product type (E.g. product: Tab, route: oral; OR product: Soln-Inj, route: IV) **PRN Medications that allow for discretion about administration route:** Range Doses will display one order per product type/administration route against the same medication



What you need to do

1. **For Scheduled medication where the same order has multiple administration route options:**
    a. Identify the most clinically relevant administration route.
    b. Prepare medications for administration using the closed loop medication system.
    c. Document administration of medication via the Medication Administration Wizard
    d. Document against the Medication Task Not Given on the MAR

    Note: The Scheduled Med tasks that are not used, if not documented Not Given will go overdue.



2. **For PRN Medications where the same order has multiple administration route options:**
    a. Identify the most clinically relevant administration route
    b. Prepare medications for administration using the closed loop medication system.
    c. Document administration of medication via the Medication Administration Wizard

Note: PRN Tasks will not go overdue.

<table>
<tr><td>IV Continuous Infusions</td><td>Details Please check IV infusion orders to determine if they are continuous infusions versus bolus infusions. Note, the continuous order will not display in the IV order field.

Please note, we are working on an update to display continuous infusion directly in the IV field to provide clarity that it is a continuous infusion versus a bolus infusion.

Use the Medication Administration Wizard to document subsequent bags for continuous infusions.

For more information on how to document subsequent bags for continuous infusions, see this wiki link:
Documenting a Subsequent Bag for Continuous Infusions - Island Health - Cerner Wiki</td></tr>
<tr><td>Scanning Tips and Tricks</td><td>What we heard: Some medication barcodes have been challenging to scan.

What You Need to Know:

Medications have labels that are either pharmacy generated labels or supplier generated labels.

• On Pharmacy generated labels, please scan the linear barcode as seen below.
• On Supplier provider packaging, first attempt to scan the linear barcode, and if unsuccessful, please scan the QR Code.

<table><tr><th>Pharmacy Supplied Label</th><th>Non-Pharmacy Label</th></tr><tr><td> </td><td> </td></tr></table></td></tr>
</table>

<table>
<tr><td></td><td>
<table>
<tr><td>In this pharmacy example, scan the barcode

Tip: Cover the small QR code while scanning</td><td>Try linear barcode first, if unsuccessful scan the QR code.</td></tr>
</table>

What You Need to Do:
1. If one barcode does not scan, try scanning with the other barcode.

2. If neither works, please put in a Med Request to pharmacy. An enhancement being implemented will soon allow you to select one of the following options:

|||||| Med scanning - med not identified
|||||| Med scanning - barcode damaged</td></tr>
<tr><td>Navigating the patient chart while using the MAW</td><td>What we heard: Some nurses are wanting to view Patient Summary or other parts of the patient record for reference while administering medications through the Medication Administration Wizard (MAW). They are not able to scroll or interact with other portions of the chart while the MAW is open, even if using ‘Tear Off’ function.

What you need to know: When the MAW is open, you will not be able to interact with any other parts of the chart in the background. Before opening the MAW, review the MAR and any relevant patient information.

For additional medication administration support, review this link on the wiki:

Navigating the Electronic Medication Administration Record (MAR)
Documenting Medication Administration using the Medication Administration Wizard (MAW)</td></tr>
<tr><td>Medication Administration Record Sorting</td><td>What we heard:

Some nurses are changing the sort order on their MAR to be driven by next task due, instead of the default setting of alphabetical.</td></tr>
</table>

What you need to know:

Changing the sort order from the standard default of alphabetical, to next task due causes:

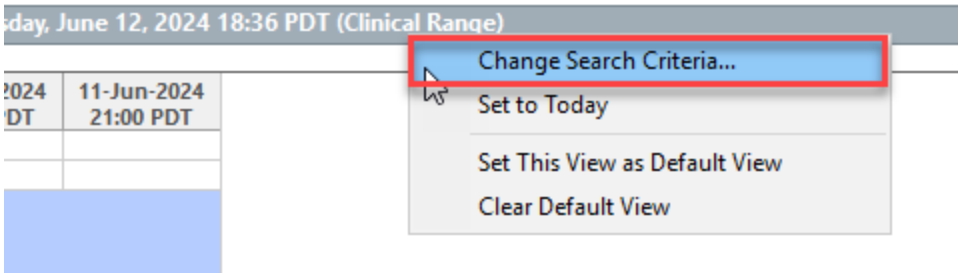
1. The Hold Med Order to drop to the bottom, every time, resulting in potentially missing the key instructions of holding the medication.
2. This impacts like orders from being grouped together (e.g., Insulin)

The standard system configuration was designed to support safe medication administration and management, considering human factors. Medication administration decision making requires a fulsome review beyond which next task is being show as due.

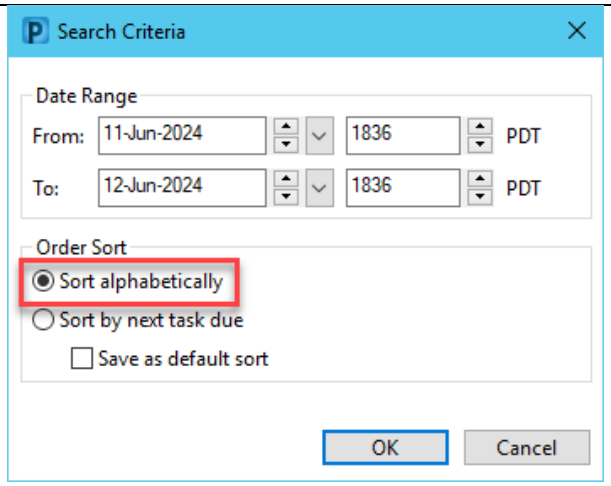
What you need to do:

If you have updated your settings to be sorted by next task due, follow the steps below to return your settings to the default:

1. Open your MAR and right click on the grey time bar
2. Select Change Service Criteria



3. Select Sort Alphabetically and OK

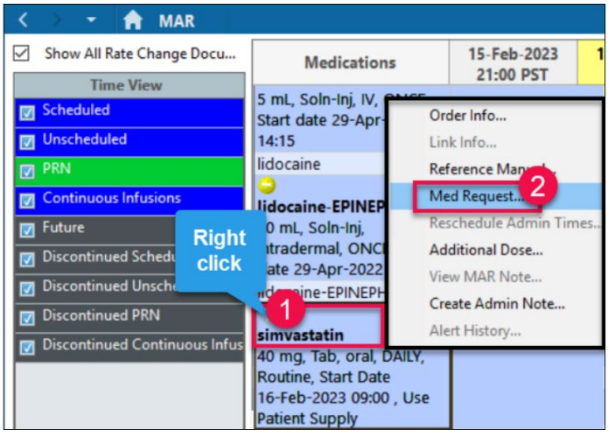


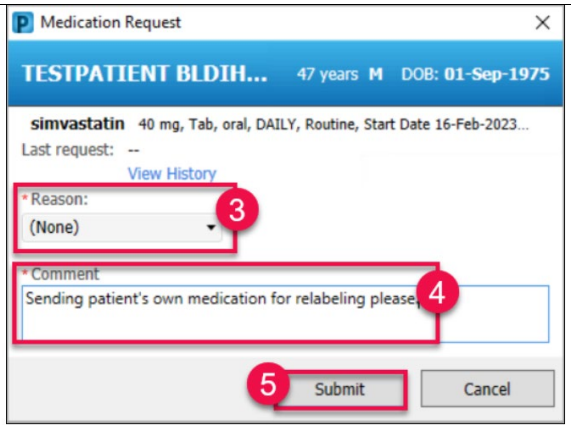
Patient Own Meds

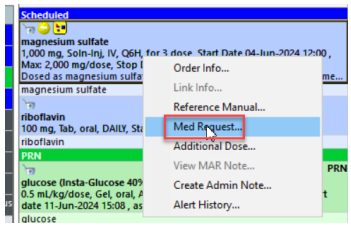
What we Heard: Patients may bring their own medication supply to the hospital if the hospital pharmacy is unable to supply that particular medication (e.g., non-formulary medication).

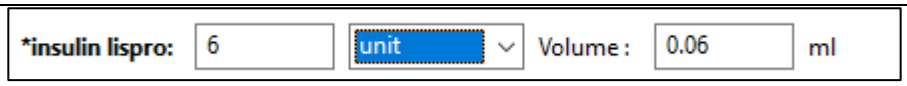
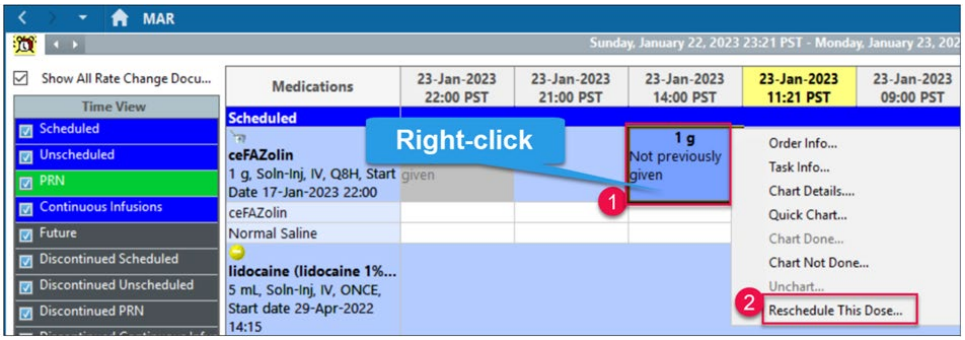
What you need to know: When this happens, the provider must specify that the medication is the patient's own supply, in the medication order. This also displays on the medication administration record (MAR). The patient's own medication supply must be physically sent to pharmacy for relabeling. Without a barcode, you will be unable to document medication administration.

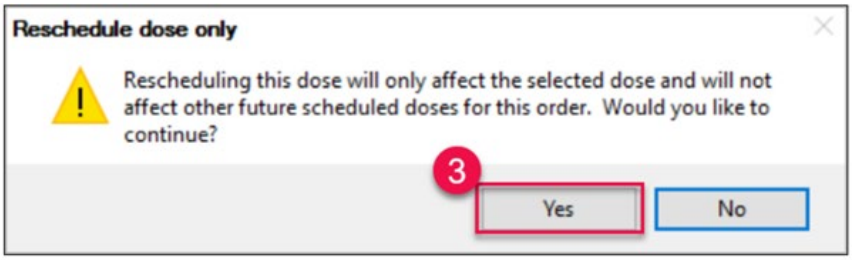
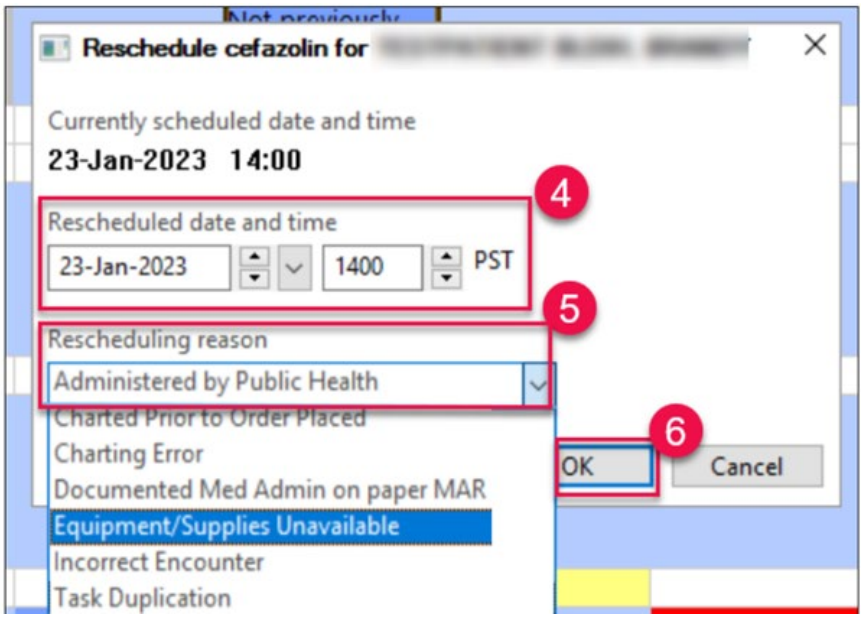
What you need to do: Complete a Med Request to communicate this to pharmacy prior to sending the medication.



	 Documenting Patients Own Medication Supply - Island Health - Cerner Wiki
Medication Barcode Scanning Alerts	**What We Heard:** There were a lot of questions around what alerts fire during the medication administration process. **What You Need to Know:** Certain warning alerts appear during barcode medication scanning. Common warnings include: • Filtered task screen • Overdose • Underdose • Incorrect medication form • Late administration • Medication not found • Patient wristband scanned could not be identified • Range dose Medication alerts will be displayed based on specific criteria, even when the medication meets all the standards of medication administration. These alerts are designed to fire in situations where there is *potential* for inappropriate medication administration to prompt the nurse to pause and review. Use clinical judgement to determine the appropriate course of action. For more information - Medication Barcode Scanning Alerts - Island Health - Cerner Wiki

Time for Medications to Reach the Ward if not STAT or NOW	**What they need to know**: If medication orders are not STAT or NOW, it may take up to 3 hours for new medications to reach the ward **What they need to do:** If medications are missing, place a **Medication Request** to pharmacy • Right click on the name of the medication and choose **Med Request**  Fill in information and submit
MAR for medication Preparation, MAW for medication administration	**What we heard**: The MAW is being used for medication preparation **What they need to know**: The MAR is the appropriate tool for medication preparation. The MAW should never be used. **What they need to do:** • Refresh CareCompass to seeing any new (or cancelled) orders. • Navigate to MAR and prepare medications from MAR. The MAW is only a scanning application to be used once at the patient bedside
Volume field in Medication Administration Wizard	**What we heard:** When scanning medications and updating the dose, the Volume field in blank, mandatory field. *insulin lispro: 300 unit Volume: 3 ml *insulin lispro: 6 unit Volume: ml **What you need to know:** A system parameter has been updated; when scanning a medication and updating the dose, the Volume field should now update.

	 **What you need to do:** 1. Update the strength from 300 unit to the ordered dose. 2. Click in the Volume field, the volume should calculate.
MAR Medication Task Scheduling	**What you need to know**: Medication orders automatically populate on the medication administration record (MAR) with standard administration times for the frequency ordered. The order is the root source that creates medication tasks on the MAR to be documented against. You can reschedule single doses using clinical nursing judgment. Do NOT document on a future task that will require medication documentation. **What you need to do:** Medication administration tasks can be rescheduled when required for clinical reasons. Doses can only be rescheduled 72 hours into the future. Right-click on the medication administration task you want to reschedule. Select Reschedule This Dose.  • A notice advises you that only one dose will be rescheduled.

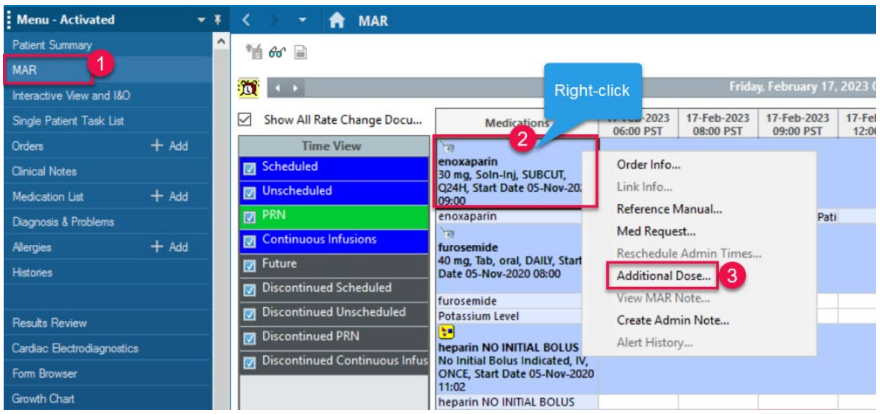
	2. Click Yes to continue.  3. Enter the Rescheduled date and time. 4. Select the Rescheduling reason from the drop-down menu. 5. Click OK.  Refresh your screen to view the medication administration task under the new time column.
Adding an Additional Dose to the MAR	**What do you need to know**: The Additional Dose function is available for an active medication order when an additional dose needs to be administered and documented before the next scheduled dose. **What you need to do:** The decision to use the Additional Dose function is based on the provider's order and clinical situation requiring patient-specific assessment findings that require clinical judgement. These are special circumstances, such as:

- A dermal patch medication is missing from the patient and needs to be reapplied.
- A scheduled medication has not been administered for a selected reason, was documented as Not Given, and now the medication needs to be administered.
- An unscheduled dose when the order is initially placed outside of the normal pharmacy scheduled frequencies and the first dose must be given sooner than at the next scheduled round.

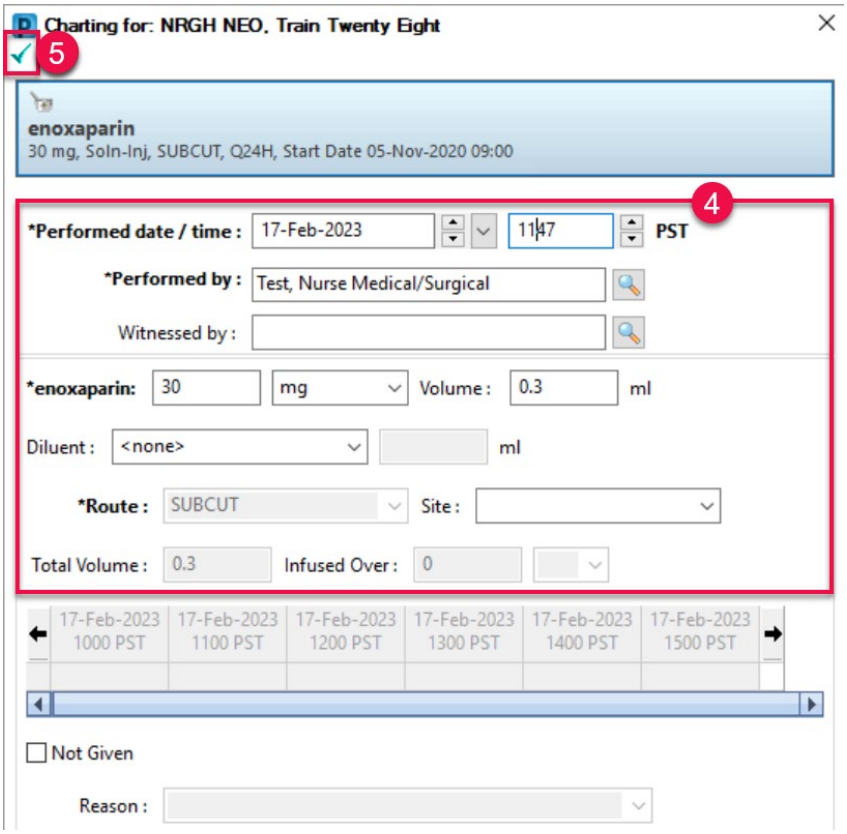
Documenting an **Additional Dose** does not reschedule future doses.

- If you are uncertain if an **Additional Dose** is needed, contact the ordering provider.

1. Navigate to the Medication Administration Record **(MAR)** in the menu.
2. Identify and right-click on the medication that requires an additional dose.
3. Select **Additional Dose...**



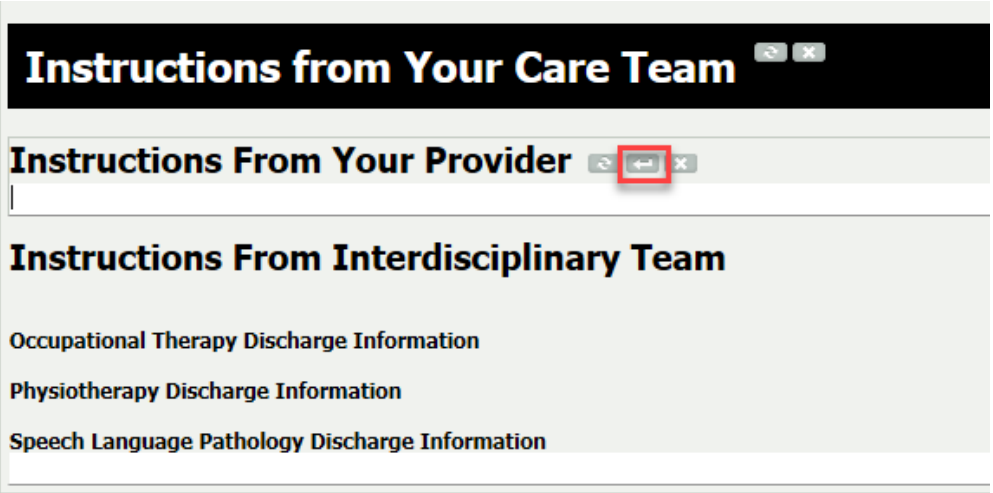
   - The **Charting for:** window opens.
4. Review or adjust the **Performed date/time**.

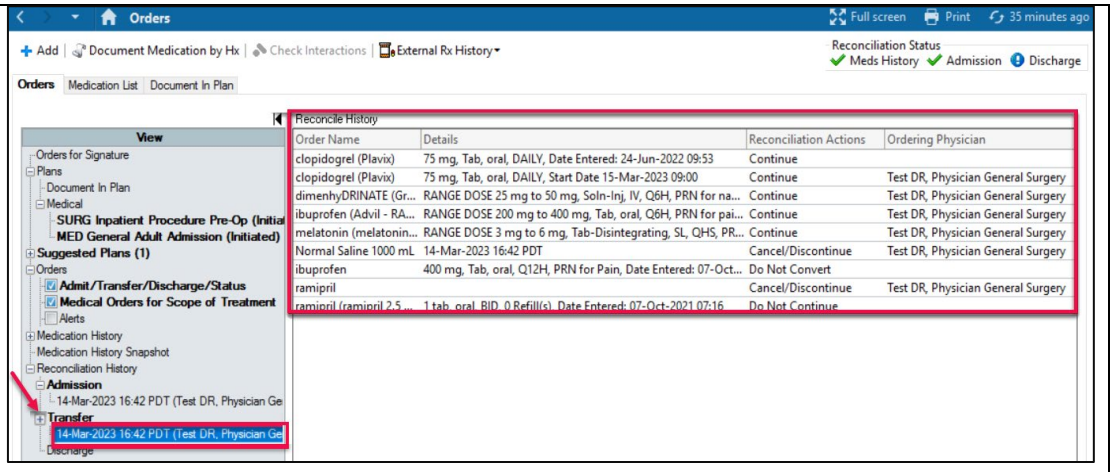
	5. Click the green checkmark ✔ to sign your documentation. 

Care Transitions and Patient Transfers

Patient Discharge Handout	**What has been reported:** Clinicians' names are showing at the bottom of the patient handout form. There is concern around providing patients documents with Staff Nurses names on the forms. **What you need to know:**

	This is a known output of the technical design of documentation. It has been reviewed with our provincial partners and our Privacy departments. It is identified that although it is legally required that when requested, patient records with corresponding staff names are provided. This is a public recovered and legally discoverable. However, it should not be offered unnecessarily outside of legal request formats. Provincially Island Health and CST Health Information Management and Informatics teams are working on a design solution with OracleCerner. **What you need to do:** After printing the Patient Discharge Handout form, please **black out** or **cut off**, the employee name. This practice will need to remain until a technical solution has been identified.
Transfer Orders	**What we heard:** When patients are transferring between care areas such as ED to ICU or ward to ICU, duplicate orders are seen on the MAR/MAW. **What you need to know:** Any previous orders from the sending unit need to be reviewed and reconciled (transfer reconciliation). This may include Initiating order sets from a planned state and cancelling any duplicate orders.
Transferring Patients from RJH	**What we heard:** More clarity is needed on transferring patients from RJH to facilities, not including VGH and GRH. **What you need to know:** We will be developing a laminated tool that can be shared with the site. **What you need to do:** As we develop this tool, please review the Transfers Orders Management for Acute to Acute Facility (Interfacility) Procedure on the Intranet.
Follow Up in the Discharge Patient Handout	**What we heard:** The Patient Discharge Summary was pulling in incorrect physician information from the Follow Up component. **What you need to know:** We have removed this section from the template as we update the formatting.

	What you need to do: To add follow-up information to the Patient Discharge Summary, locate the Instructions from Provider section, select the arrow button to add a free text button and type in the details as required. 
Viewing Transfer Order Reconciliation	**What we heard:** Clinicians do not know where to review Transfer Order Reconciliation. **What you Need to Know:** Providers are responsible for reviewing and managing all active orders at transitions in care (e.g., Admission, Transfer and Discharge) and completing the reconciliation of those orders in the Electronic Health Record. Reconciliation History displays the provider's decision (to stop or continue) with respect to each order on the patient's profile at the time of care transition. From the Order Profile, scroll down to Reconciliation History. Click the next to Transfer to expand the Transfer Order Reconciliations (each Transfer Order Reconciliation will appear). Select the appropriate Transfer Reconciliation to view.



Key Message: Reviewing the Transfer Order Reconciliation upon transfer to your unit is a critical piece of CPOE Nurse Review workflow.

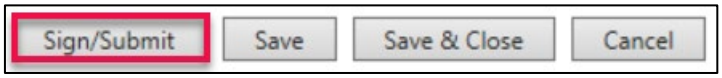
Medication reconciliation does not change the name of the original ordering provider. The practice of reconciliation ensures that MRPs review and are accepting responsibility for those orders and completes the documentation. If clarifications are required, nurses are encouraged to contact the MRP.

Printing Discharge Instructions without Nurses Names

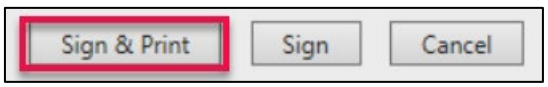
What we heard: Names of nurses are showing at the bottom of the Patient Discharge Instructions being printed and given to patient.

What they need to do: After opening Patient Discharge Instructions from Discharge Workflow page:

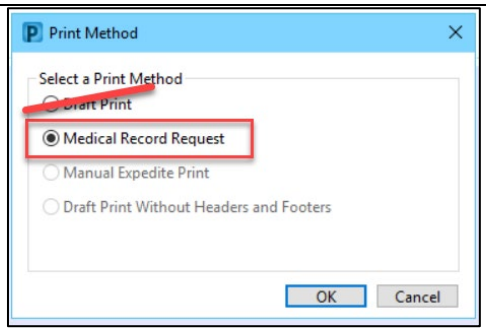
- Click Sign/Submit.



- Click Sign & Print.



- **Choose Medical Record Request** (NOT draft print) and click OK.



This will not include the nurse's name at the bottom of the handout.

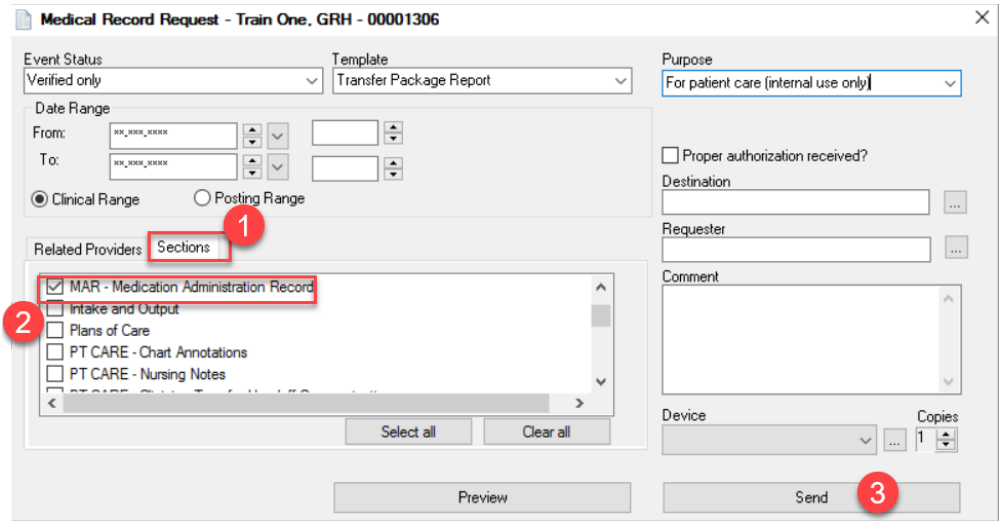
Checklists for Interfacility Transfers on single encounter during hybrid process.

What we heard: Further details about which sections to print from the MRR Report (Medical Record Request Report) is required to support transfers from RJH to VGH. This process will continue until VGH is activated with CPOE.

What you need to know: When a patient is being transferred from a CPOE active RJH to VGH, there are tasks that clinicians need to complete to ensure that all information is passed on to the receiving site.

What you need to do: When printing MRR, follow the steps below:

1. Select the tab titled "Sections"
2. Check the check box "MAR – Medication Administration Record"
3. Select the "Send" button.



	Quick Reference Guides for Interfacility transfer are being reviewed with the goal of providing additional clarity.

Devices

Device Best Practice	**What has been reported:** Devices are being left unattended and logged into Cerner PowerChart in hallways. **What you need to know:** Leaving a device logged in with PowerChart open, is both a security, and patient privacy concern. This would allow individuals to not only access patient records under your name (resulting in a privacy breach) as well as place orders that become automatically live. When walking away from your device, the best practice is to: • Tap Out, with your Imprivata Device OR • Hit WINDOWs key and "L" **What you need to do:** 1. Ensure you secure your device using Tap N Go or by logging out prior to walking away from it. If you are administration medications to your patients, please wheel the WOW to the bedside, or the doorway and keep the device in eyesight.

Cleaning and Disinfecting WOWs	**What we heard:** Staff are wondering what the expectations are for cleaning and disinfecting WOWs between patients.
	
	What you need to know:
	
	• WOW cleaning and disinfecting quick tips are coming – IPAC will be seeking input from frontline staff.
	• For now, focus on:
	  ○ Great hand hygiene
	  ○ Making sure to clean the scanner after each use.
	Further direction coming very soon

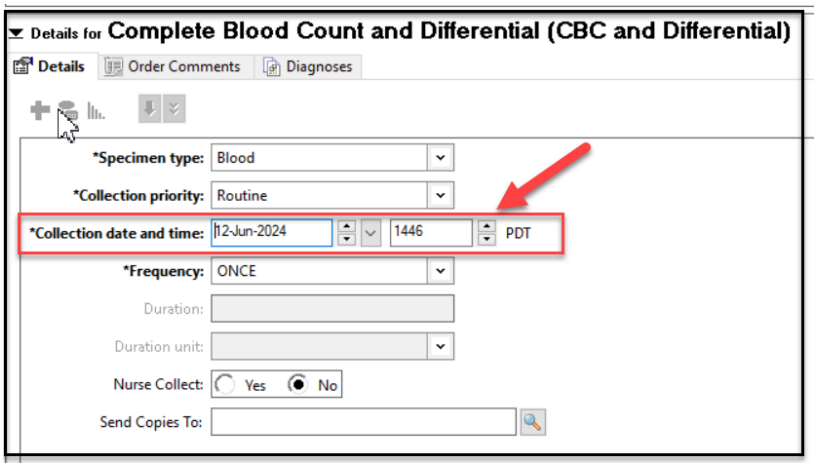
Charge Barcode Scanners	***Reminder-** to ensure you dock your barcode scanners between use and check the cradle and the dock for good connectivity between shifts. This will ensure they are changed and ready for use.

Laboratory Ordering and Collections

Lab Collection List Location Additions	**What We Heard:** Orders with AM Priorities were entered on patients registered to ED-Hold locations were dispatched immediately after orders were submitted, although they were not intended until the next am. **What you need to know** Upon investigation it was determined that ED-RJH and ED Hold-RJH locations needed to be added to the AM Collection Route so that when AM orders are placed in those locations the orders will schedule and dispatch for the 0500hr collection run the next day. This change will be put into effect for tomorrow am.
Ordering Daily Labs	**Details:** When to order the early am run versus daily frequency for labs. **What We Heard** Concerns were raised when lab early am run was being collected on the wrong day. **What you need to know**

<table>
<tr><td></td><td>The early a.m. run collection is scheduled for 0500. All orders need to be placed before 0445 for the 0500 collection otherwise it will be collected the following day at 0500.</td></tr>
<tr><td>Future Lab Ordering</td><td>Details:

If a lab order is required to be collected <u>more than 36 hours in advance</u>, update the date/time, but otherwise please do not update the date and time.

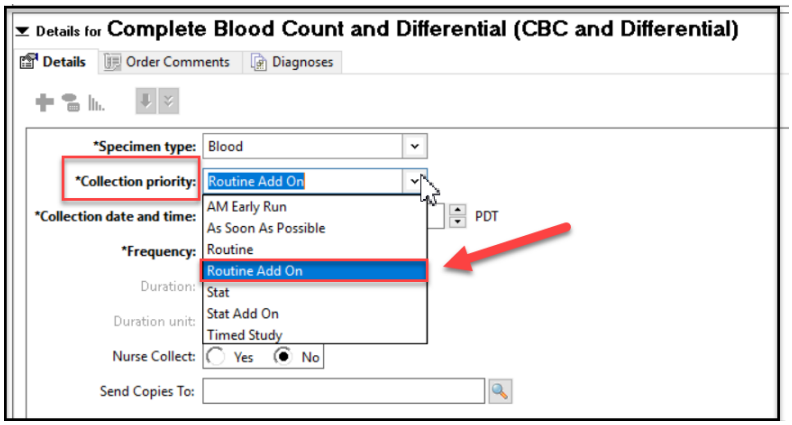
 
</td></tr>
<tr><td>Lab Add-On Order Process</td><td>What we heard: People were calling down to lab to ask to add on investigations to already drawn specimens.

What you need to do: If you have identified that an additional lab test is required after a recent collection, search and select the order you wish to have resulted and choose one. No phone call to lab is required.

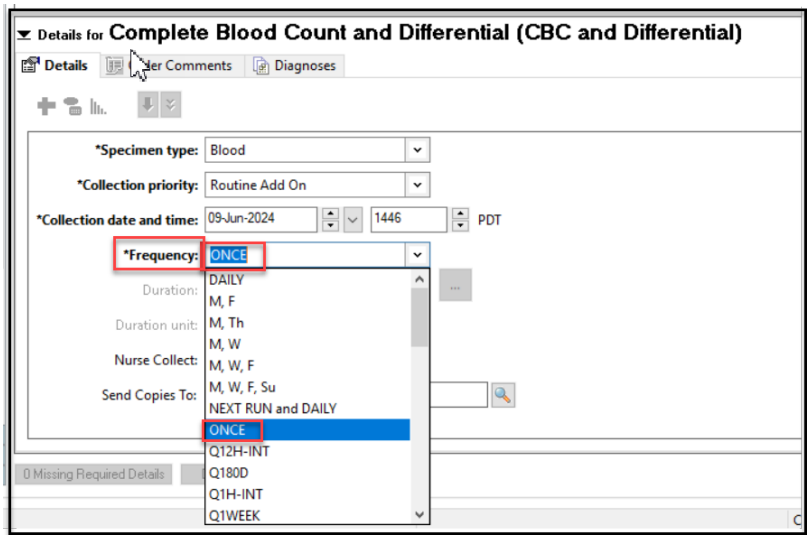
1. Routine Add On OR
2. Stat Add On collection priorities.

<table>
<tr><th>Order</th><th>Action</th></tr>
<tr><td>Routine Add On</td><td>If a specimen is available, the test will be ran on that sample. If a sample cannot be processed, the lab will cancel the request AND place a new order</td></tr>
</table></td></tr>
</table>

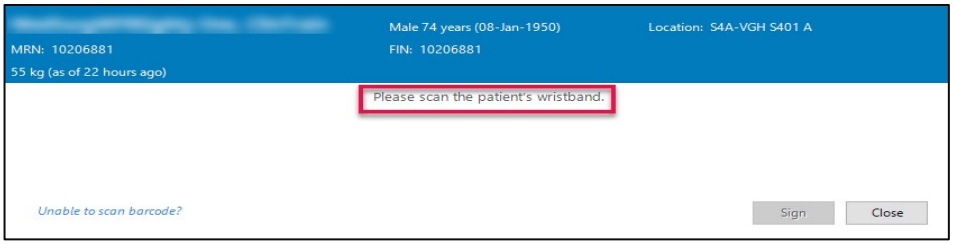
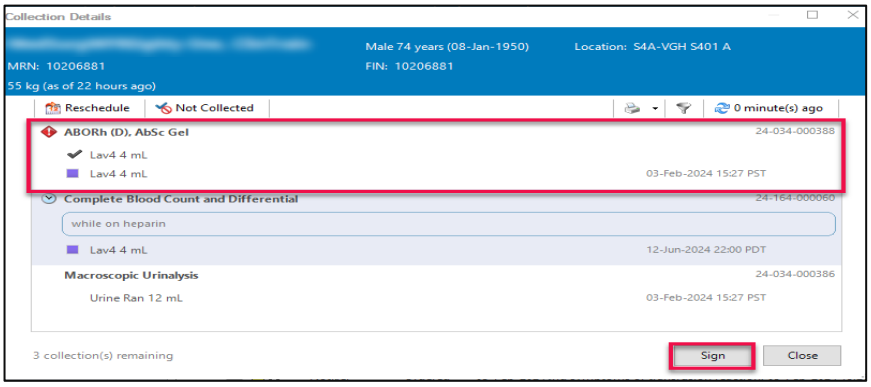
	to collect on the next routine run. After 2245, this will be the next morning run.
Stat On Add	If a specimen is available, the test will be ran on that sample. If a sample is not available, the lab will collect the sample STAT and result on it.

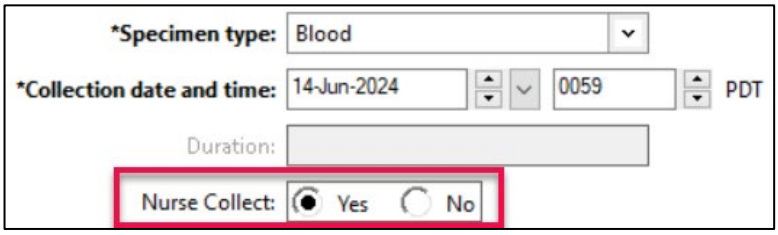


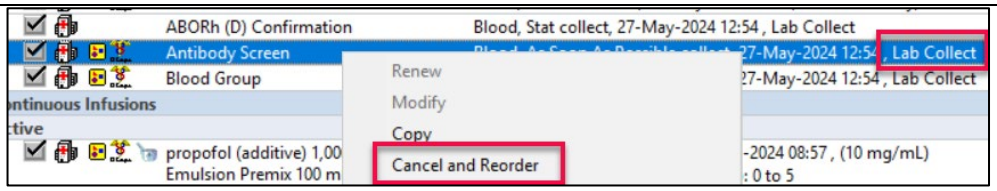
N.B.: You can only order the routine and stat collection priority with a frequency of 'Once' you will receive an alert if you attempt to order another frequency



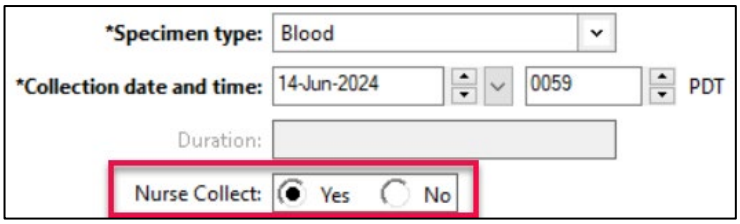
Review the wiki link below for more information:

	[Lab Add-On: Order Priority - Island Health - Cerner Wiki]
Nurse Collect Labs	**What we heard:** Nurse collect labs are being sent to lab without scanning the label to complete Collection documentation. **What you need to know:** Nurse collect specimens must be scanned using the Specimen Collection Wizard. This marks the specimen as collected. **What you need to do:** 3. Print labels (make sure to print the correct specimen label). 4. From Specimen collection wizard, scan patient ID wristband.  5. Collect specimen and apply printed label. 6. From Specimen Collection Wizard, scan the specimen label to mark as collected. Sign once all specimens scanned.  7. Send specimen to lab.

	Important: If you mark the specimen as completed before printing the label, you cannot reprint labels for that order. Each specimen site requires its own order with the site indicated, which will generate a specimen label. **For more information on specimen collection, please review:** Documenting Specimen Collection Printing Specimen Collection Labels
Changing Lab Collect Orders to Nurse Collect	**What we heard:** Lab collect orders are placed on patients with a PICC or Central Line. When lab arrives to do bloodwork, the nurse needs to change the order, causing a delay in bloodwork. **What you need to know:** Nurses and providers can change "Lab Collect" orders to "Nurse Collect" by canceling and reordering the lab order up until the specimen is collected. **What you need to do:** Ensure appropriate order details for lab or nurse collect specimens at time of order entry to ensure timely and appropriate collection of laboratory specimens. **Providers:** If appropriate, select Nurse Collect when placing lab orders for patients with a known PICC or CVC.  **Nursing:** Cancel and Reorder all active Lab Collect orders to be collected by nursing (e.g., during Chart Checks or reviewing new orders and your patient has a PICC or CVC). • Right-click and select Cancel and Reorder.



- Update the order details by selecting Yes for Nurse Collect.



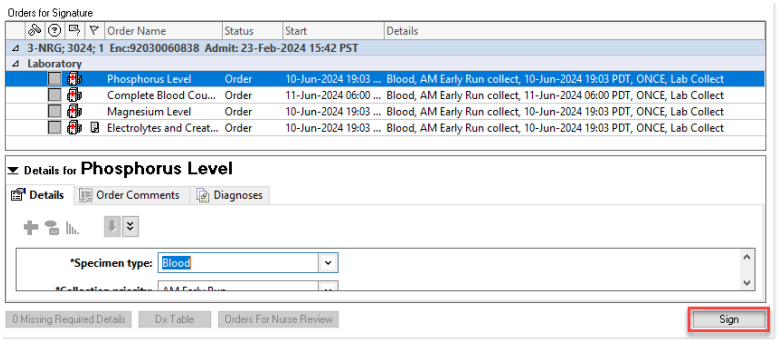
- Click Orders for Signature, then Sign.

For more information on Cancel and Reorder lab orders:
Changing the Method of Lab Bloodwork Collection
Cancel & Reorder Lab Orders

Multiple Lab Specimen Labels

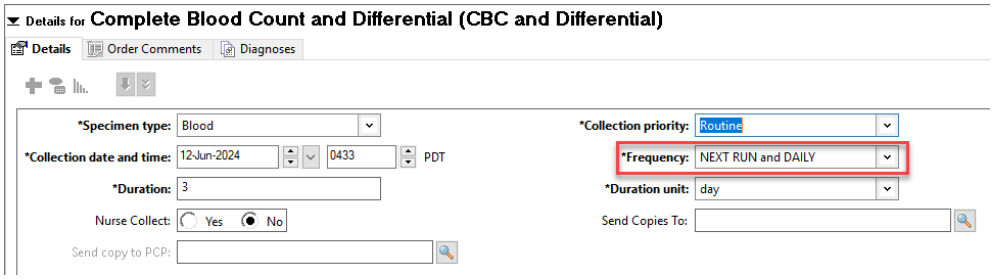
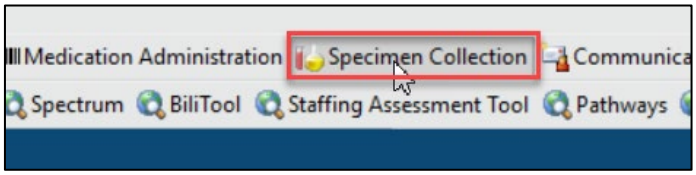
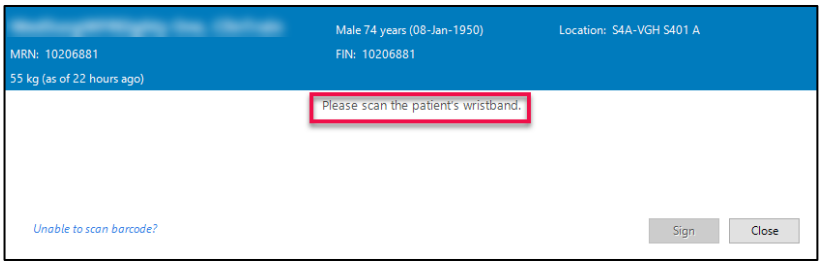
What we heard: If lab orders are entered and signed one at a time, several labels will print out and multiple accession numbers will be created.

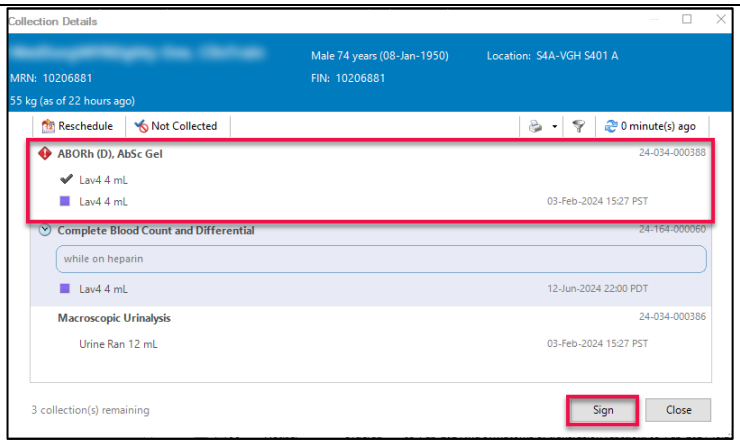
What you need to know: When placing lab orders, adding all lab orders before pressing "Sign" will reduce the number of labels printed. If multiple labels are printed, you may insert the labels into the lab specimen bag along with the labelled specimen.



Ordering Now and

What we heard: Labs are frequently ordered for a draw now and then switch to a daily draw for a duration.

Daily for Labs	**What you need to do:** When ordering your labs, select the frequency of Next Run and Daily, with a collection priority of routine. Complete the duration as desired. 
Using Specimen Collection Wizard for Nurse Collect Labs	**What we heard:** Duplicate collection of nurse collect specimens has occurred because nurses did not know the specimen had already been collected by another nurse. **What you need to do:** Always use **Specimen Collection Wizard** from the toolbar to scan the patient and specimen label. This will mark the specimen as collected, removing the task from CareCompass and Single Patient Task List (SPTL).  • Scan the patient  • Scan the specimen label - Scanning of lab label will mark the specimen as collected (thus preventing duplicate specimen collections).



Note: Print the label from CareCompass/SPTL prior to collecting specimen. You will not be able to print/reprint the label after documenting as collected in Specimen Collection Wizard.

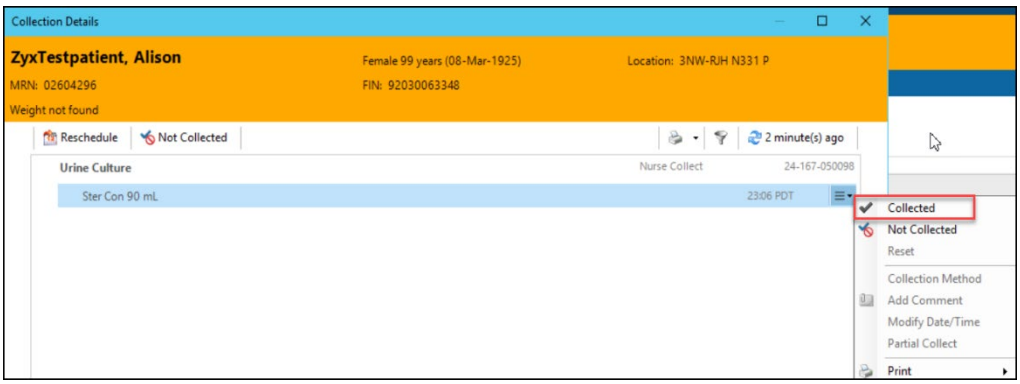
For additional information on Documenting Specimen Collection:

Documenting Specimen Collection

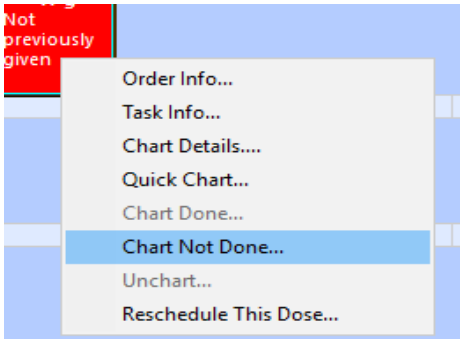
Documenting a Specimen Collection

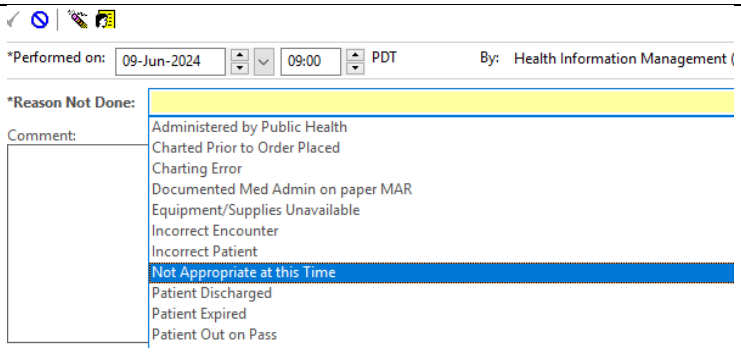
What you need to know: In order for lab to know you have collected your specimen you need to scan the patient's wrist band and then scan the specimen.

- Select **Specimen Collection** from the toolbar.
- The **Collection Details** window displays.
- Scan the patient's wrist band per PPID
- Scan the label on the specimen, look for the check marks, and sign.

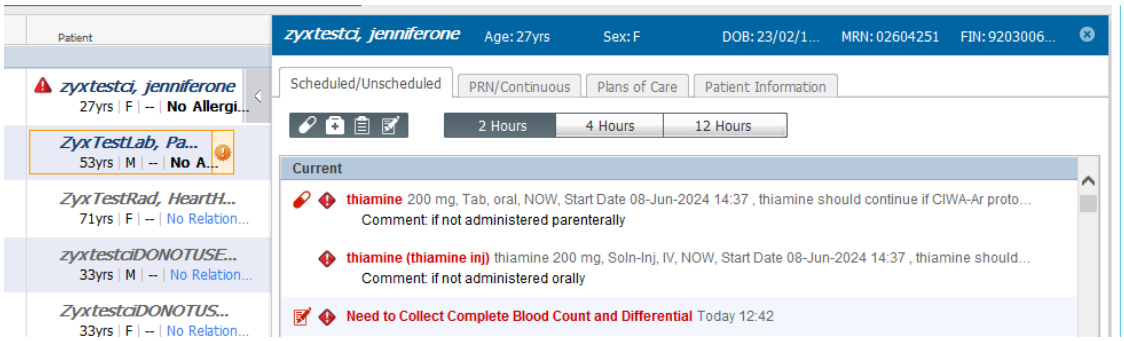


Tasks in the EHR

Protein/ Beneprotein Task Update	**What We Heard** The Protein/Beneprotein additive administration task was not displaying the required administration date and time for the nurses in their task list. **What you need to know** This task has been reconfigured to display the intended administration date and time in the clinical display line. Going forward, new orders for Protein/Beneprotein will display the full clinical display line. Current Protein/Beneprotein orders will not auto update with the new display line format.
Clearing Overdue Tasks	**What we heard** Tasks are not always being completed and are being left for the next shift to manage. **What you need to know:** Overdue medication tasks should be cleared by the nurse by the end of their shift by marking the tasks as not done with a reason of not appropriate at this time. This will clear overdue medication tasks from CareCompass: 



Review tasks periodically throughout your shift to keep them as current as possible.



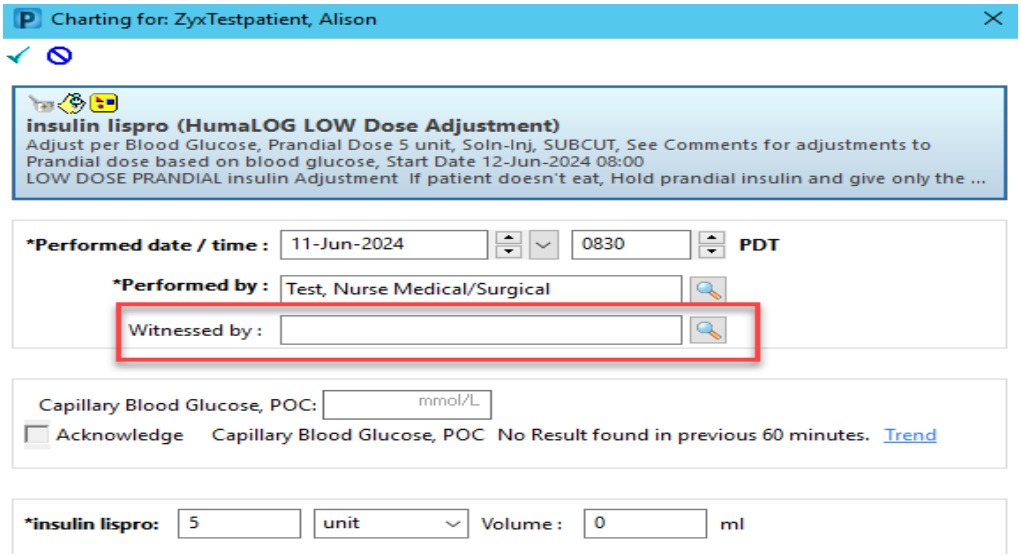
Prior to shift handover, please review CareCompass to ensure all tasks have been completed and cleared as appropriate.

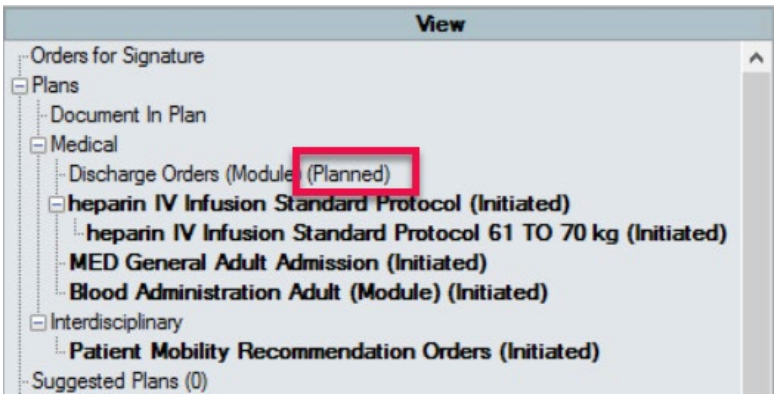
For support with managing tasks, review the following link on the wiki:

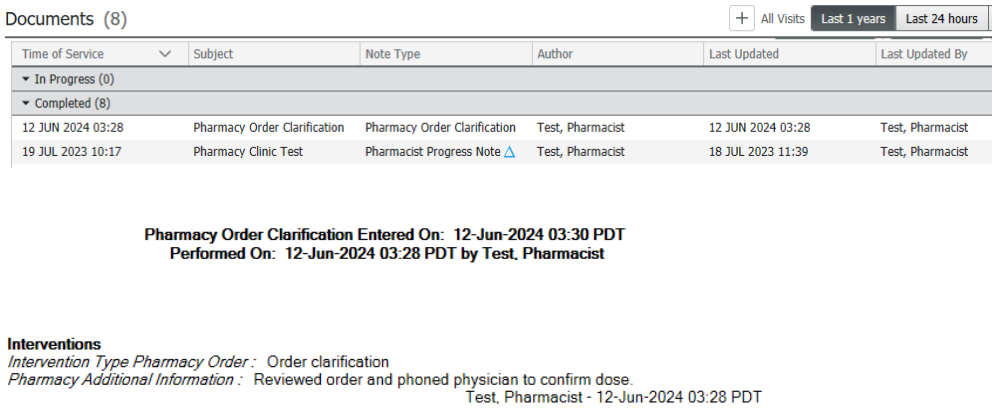
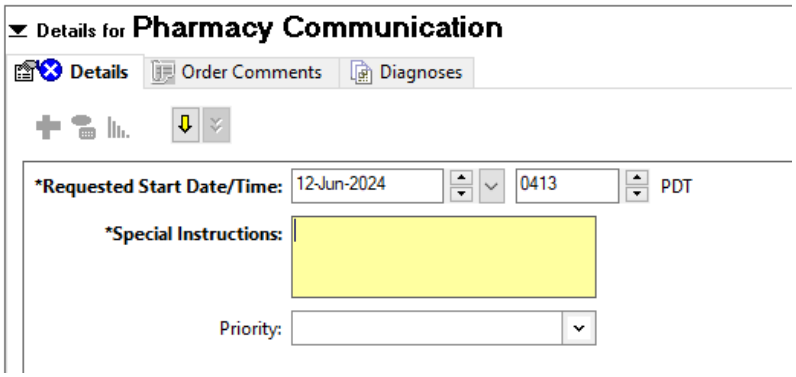
Using the Single Patient Task List (Fully Activated Sites)
Reviewing and Completing **Tasks** From CareCompass

Practice Pointers

Chart Checks	**What we heard:** Staff have been asking if they need to scan the patient's arm band before opening the chart, performing chart checks, or completing Nurse Review.

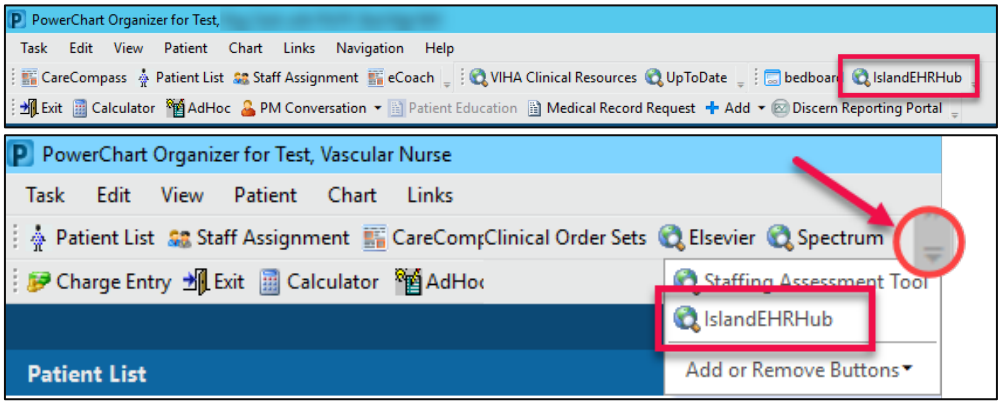
	What you need to know: While you need to scan the patient's arm band prior to tasks such as medication administration and/or specimen collections, scanning the patient's arm band prior to a chart check is not necessary. **For more information on checks, review this link on the wiki:** Performing **Chart Checks**
Questions about Medication Orders	***Reminder** -If you have questions about patient orders connect with the Most Responsible Physician for clarity.
High Risk Medications	**Details:** When administering high risk medications within the EHR, it is important to continue with Independent Double Checks, by using the witness field.  For more information, review the following wiki link: Documenting a Witness for High Alert Medication
Chart Checks	**Details:** Completing chart checks is an important process that nurses need to follow with CPOE activation. This process gives them the opportunity to review all orders for accuracy and appropriateness. It is recommended that clinicians review and manage their orders throughout their shift.

	What you need to do: - Review the View Pane for planned orders or order sets that can be discontinued  - Review the various categories of orders for duplication (labs, patient care, etc.) - Manage CareCompass and medication tasks - Review recent results - Manage Informal Team Communication
Team Communication	**Details:** We want to remind everyone that while the EHR supports and enhances team communication, it does not replace traditional methods. Face-to-face interactions, phone calls, and direct conversations remain essential for delivering high-quality patient care. **What you need to know:** Please continue to use all available communication channels to ensure clarity and smooth coordination of care. The EHR should complement, not replace, our established communication practices.

Pharmacy Clarification Notes	**What we heard:** Pharmacy updated the medications on the chart, and the staff was curious about the reason behind the changes. **What they need to know:** When a pharmacist seeks clarification regarding a medication, they create a note in the chart as part of updating the order details. **What they need to do:** To review this information from the pharmacist, look for the "Pharmacy Order Clarification" note in the Documents component.  Documents (8) All Visits | Last 1 years | Last 24 hours Time of Service | Subject | Note Type | Author | Last Updated | Last Updated By In Progress (0) Completed (8) 12 JUN 2024 03:28 | Pharmacy Order Clarification | Pharmacy Order Clarification | Test, Pharmacist | 12 JUN 2024 03:28 | Test, Pharmacist 19 JUL 2023 10:17 | Pharmacy Clinic Test | Pharmacist Progress Note | Test, Pharmacist | 18 JUL 2023 11:39 | Test, Pharmacist **Pharmacy Order Clarification Entered On: 12-Jun-2024 03:30 PDT** **Performed On: 12-Jun-2024 03:28 PDT by Test, Pharmacist** **Interventions** *Intervention Type Pharmacy Order :* Order clarification *Pharmacy Additional Information :* Reviewed order and phoned physician to confirm dose. Test, Pharmacist - 12-Jun-2024 03:28 PDT
Remove Constant Order from Pharmacy Communication Order	**What we heard:** The pharmacy team were having Pharmacy Communication Orders that weren't clearing from their Multi Patient Task List. This was occurring because the orders were being marked as constant orders, which fires a continuous task. **What you need to know:** This recurring task isn't appropriate for this order type, so we have removed the Constant Order field from the details.  Details for Pharmacy Communication Details | Order Comments | Diagnoses *Requested Start Date/Time: 12-Jun-2024 0413 PDT *Special Instructions: Priority:

Mental Health Act Orders & Tasks	**What we heard:** There are lots of questions and concerns about the new Mental Health Act orders in the chart. **What you need to know:** Mental Health Act tracking continues to be in the MHA external database. We were unable to release the new MHA Cerner tracker as part of this go-live, and there are no 'alerts' that fire with expiry dates yet. The Mental Health Act forms are still on paper and continue to be the source of truth for certification dates
Student Medication Administration – High Alert Medications and Double Check of High Alert Medications	**What we heard:** Current functionality only allows for one nurse to complete witness field of medication administration; this is not ideal for student nurses as they need two licensed Health Care Professionals (HCPs) to witness student's administration. The current process of adding a comment to mitigate the gap is not ideal. **What you Need to Know:** Island Health nurses are accountable for the care activities involved in administering high alert medication, Independent Double Check, and are responsible for documentation of the care activities involved in these care processes. This includes when student nurses are involved for learning purposes. **Students: High Alert Medications & Double Check of High Alert Medications** High Alert Medication Requirements Policy D.22 and Independent Double Check of High Alert Medications Procedure 27.15PR pertain to steps that a Health Care Professional conducts. It is the responsibility of **licensed Island Health employees** to document the administration of high alert medications and perform the independent double checks. For the purposes of learning, students may administer medication requiring an Independent Double Check (IDC) with the support of *two* Island Health employees who are licensed Health Care Professionals (HCPs).

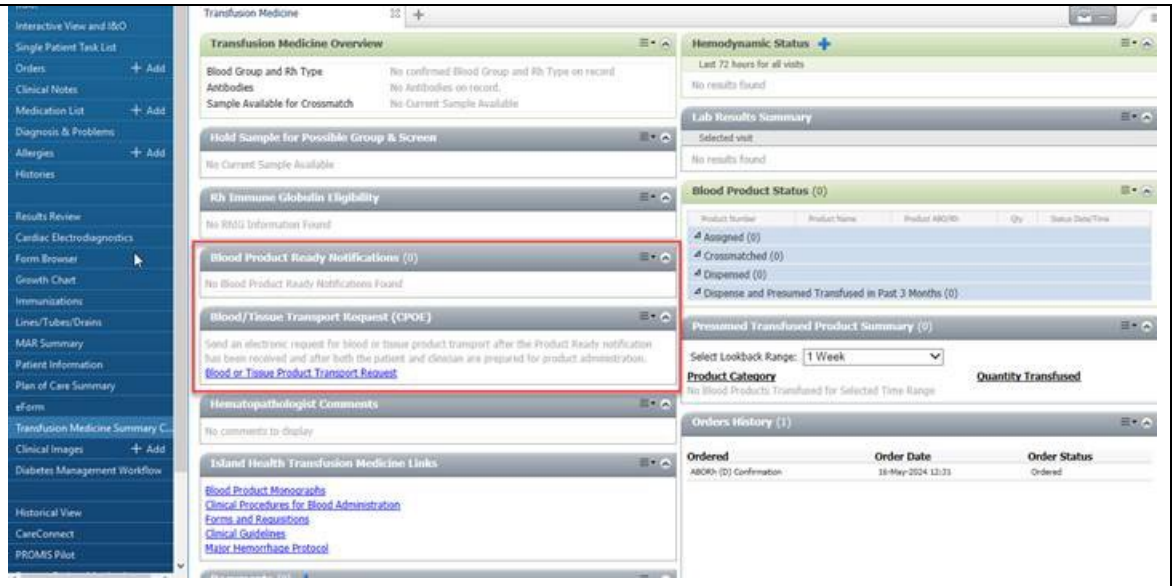
	• One HCP (the Island Health Preceptor) must supervise all steps involved in the IDC as the student performs them (i.e., administration of medication), and
	• The second HCP (Island Health nurse) must complete the IDC.
	
	As the Island Health nurses are accountable for the care activities involved in administering the high alert medication and the Independent Double Check, they are responsible for documentation of the care activities.
	
	• Documentation in the Electronic Health Record must ensure that the signature includes the Island Health nurses' signature/initials and credentials.
	• A comment can then be added to identify the Student Nurse who administered the medication as supervised by the Island Health nurses who documented the care activities.
	  ○ e.g., Insulin administered by student nurse, Minnie Mouse, under direct supervision of Island Health Preceptor, Daisy Duck, RN. IDC conducted by Island Health nurse, John Doe, RN.
	
	Note: Employed Student Nurses are licensed Island Health employees. For more information about the care activities that are within their scope of practice please review Island Health Limits and Conditions: Employed Student Nurse (ESN), and/or contact: EmployedStudentProgram@islandhealth.ca
	
	AND We are reinvestigating a system change to allow for this clinical requirement.
	
	For more information regarding High Alert Medication and Independent Double Checks, please review:
	
	• High Alert Medication Requirements Policy D.22
	  ○ D.22 Appendix 1
	• Independent Double Check of High Alert Medications Procedure
	• Independent Double Check of High Alert Medications FAQ
	
	Practice Change Alert: IDC for High Alert Medication Administration

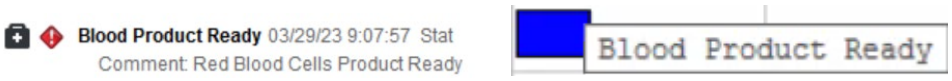
The EHR Learning HUB	**What We Heard:** There were questions about where additional learning assets can be found. **What You Need to Know:** IslandEHRHub is available from the toolbar for in-the-moment Clinician support and access to Island Health Electronic Health Record related resources.  Access to the Learning Hub by scanning this QR Code:
Using the MAR & MAR Summary	**What you need to know:** **MAR** • Used to review and prepare medications *prior* to administration. **MAR Summary** • Used to review medications that have been administered.

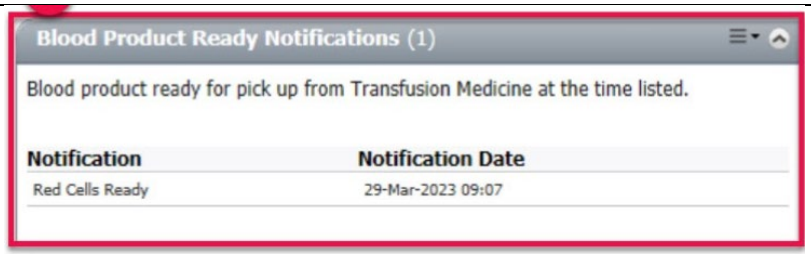
		• The MAR Summary should never be used to prepare or administer medications as errors can occur due to the cross-encounter functionality
	• Encounter specific – will only display medications ordered on the encounter you are viewing	• Crosses encounters – will displays medications ordered from multiple encounters
	• Available to staff who administer medications	• Available to staff who administer and review medication administration
	• Reverse chronological view to support view of current and upcoming med tasks	• Chronological view to support review of previously administered medications
	What you need to do: Use the MAR Summary to review medication administration. Follow the approved process for medication administration and use both the MAR and MAW.	

Transfusion Medicine

Blood product requests workflow	**What we heard:** Staff are placing blood product transport orders before the product is ready to be picked up and administered. **What you need to know:** Staff should use the Transfusion Medicine Summary Page to see when blood products are available prior to initiating a transport request.

	 Once blood product ready notification is visible, the Blood or Tissue Product Transport Request can be submitted. **For more information on blood administration, please see the wiki links below:** Reviewing Transfusion Medicine Summary CPOE Requesting Transport of Blood or Tissue Product Completing Order Details of Blood or Tissue Transport Request **Documenting Blood Product and Blood Derivative Administration**
Cancelling Blood Product Orders	If blood product administration orders need to be cancelled (e.g.no longer needed, incorrect product or dose), the orders will need to be discontinued by notify Transfusion Medicine Laboratory by phone. Once notified by phone, Transfusion Medicine Laboratory will cancel the blood product order. Identify which order needs to be canceled (give patient and product information) Providers will then Discontinue the Blood Administration (Module) from the Orders Profile

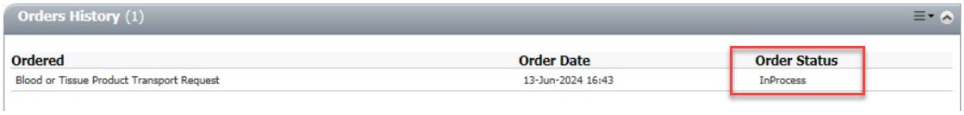
	This discontinues the patient care and communication orders but does not discontinue the blood product order 1. Phone Transfusion Medicine Laboratory to cancel the blood product order (give patient and product information). 2. Discontinue the Blood Administration (Module) from the Orders Profile (this discontinues the patient care and communication orders but does not discontinue the blood product order). 3. Notify the nurse that blood product administration orders have been cancelled. 4. Nursing will then clear the related order notifications and tasks from Care Compass. 5. Place a new Blood Administration (module), if required. Once Transfusion Medicine Laboratory has been notified by phone, they will update the Blood Product Ready Notification to indicate the product has been cancelled. • Displays as cancelled on the Transfusion Medicine Summary CPOE page. Blood Product Ready Notifications (1) Blood product ready for pick up from Transfusion Medicine at the time listed. Notification: CancelledAlb25% Notification Date: 11-Jun-2024 12:53 • Note: Does **not** display/alert in Care Compass (related order notifications and tasks in Care Compass need to be cleared by nursing)
Blood Transport Requests	**What you need to know:** When blood products are ready a Blood Product Ready Notification will display in Care Compass, Launchpoint and the Perinatal Tracking Shell  Blood Product Ready 03/29/23 9:07:57 Stat Comment: Red Blood Cells Product Ready Blood Product Ready Blood Product Ready Notifications also display on the **Transfusion Summary CPOE** page.



What you need to do: Once you have been notified that a blood product is ready use the Blood/Tissue Transport Request to request the product.

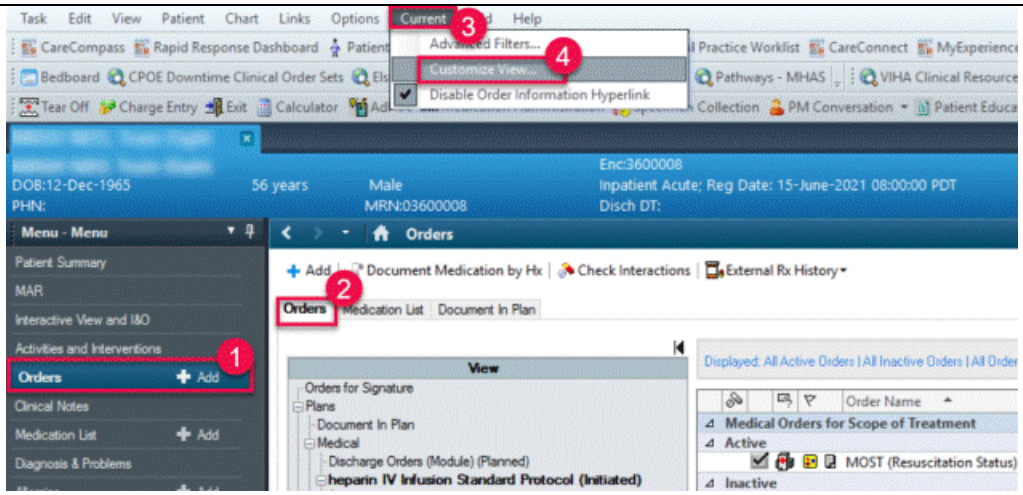
A request is required for each product (e.g., 3 requests for 3 units of blood).

To view if a product has been requested use the Transfusion Summary CPOE page – Orders History section.



Advanced System Configuration

Customizing the Orders and Medications List Tabs	**What you need to know**: You can customize the Orders and Medication List Tabs to provide a preferred view. • Select **Orders** from the menu. • Select the **Orders** tab. • Click **Current** from the upper menu bar. • Select **Customize View…**



- The **Customize View** window opens.

Verify ***Selected Columns** are listed and appear in the following order: • Interactions

- Quick Discontinue
- Type
- Notifications
- Order Name
- Details
- Last Updated
- Status
- Start
- Stop
- Ordering Physician

Click the **Add** or **Remove** buttons to adjust the ***Selected columns** list.
Click the up or down arrow buttons to re-order the ***Selected columns** list.
Verify the following for **Select how your want to group & sort orders**:

Group Orders by: Clinical Category

- **Then by**: Active/Inactive
- **Sort Orders by**: Order Name
- The Ascending option is selected

Click OK.

	*To keep your changes, ensure you have only one chart tab open and use the **Exit** on the toolbar to close Powerchart. • Exiting in this way ensures your customizations will remain when you re-open Powerchart https://wiki.cerner.com/display/VIHACD/Customizing+the+Orders+List+View+and+Medication+List+View

CPOE Incident Resolution and Changes

Date of Change	Program Area	Changes	Order Sets Affected	Benefits
June 10, 2024	**Emergency**	**Created the ED Nursing Basic Labs Order Sets**	ED Nursing Basic Labs with Beta HCG ED Nursing Basic Labs	Efficient initiation of basic labs by the triage nurse
June 11, 2024	**Heart Health**	**Updated the reference text on the Wide Complex Tachycardia Nursing Intervention order to include instruction for calling a code blue**	Wide Complex Tachycardia Nursing Intervention Adult (Module)	Clear information for nurse
June 11, 2024	**Critical Care**	**New Order Set for Nitroprusside Infusion**	Nitroprusside Infusion Critical Care Adult (Mini-set)	Safe and efficient ordering for a complex infusion
June 12, 2024	All	**Removed pre-selected Ringers Lactate Continuous Infusion from MED Internal Admission Order Set**	MED Internal Admission Order Set	Safe and effective care related to continuous infusion orders.

Feedback

If you have feedback for us, please email IHealth@islandhealth.ca

Further Information On IHealth

Trying to remember what was in a previous Summary or Need an Update on IHealth?

Check out the following links:

Where Did I Read That?
https://intranet.islandhealth.ca/ihealth/Pages/activation-1b.aspx

IHealth Intranet Homepage
https://intranet.islandhealth.ca/ihealth/Pages/default.aspx