

## **RJH Daily Key Messages - Day: 4 (REVISED)**

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

## **PRACTICE REMINDERS**

Add-On Lab Testing Requests (sample already drawn) **What we heard:** Requests to Add-On testing to previously collected lab samples are being made by phone call or by writing notes in a subsequent CPOE order.

What you need to know: Lab does not read order comments. To request an Add-On, during the order entry process, change the priority of the lab to "Routine Add On" or "Stat Add On".



#### Adding-On Orders to Existing Samples – Use 'Routine Add On' or 'STAT Add On' Priority

Phone calls to request Add Ons are no longer required.

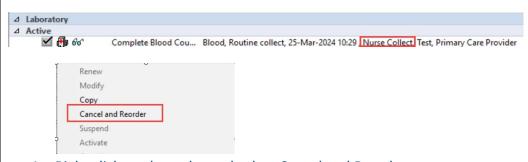
	What Happens When Add On Request Cannot be Processed? *Lab will always call for irreplaceable specimens (i.e. CSF)	
Location		
	STAT Add On	Routine Add On
Inpatient Ward /	Lab will cancel the	Lab will cancel the request AND place
ED	request AND place a new	a new order to collect on the next
	order to collect a new	routine run. Reminder: If requested as
	sample now.	Routine after 2245, this will be the
		next morning run.
Hospital at Home	Lab will cancel the	Lab will cancel the request
OR Ambulatory	request AND Call the	
Residential Long	Unit	Lab will cancel the request AND
Term Care		Lab will collect on next collection day



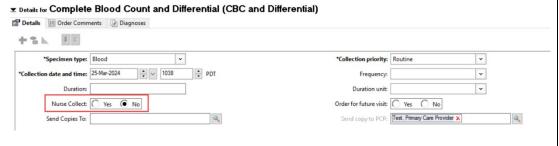
## **CPOE TIPS & TRICKS**

Cancel and Reorder Lab Work **What we heard:** Given lab collect workflow processes differ between clinical care areas, there may be a need to switch the lab orders from "lab collect" to "nurse collect" or vice versa.

What you need to know: Providers and Clinicians can update lab order details placed as "Nurse Collect" or "Lab Collect" by canceling and reordering the lab order before the specimen is collected.

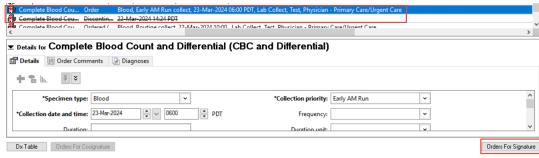


- 1. Right click on the order and select Cancel and Reorder.
- 2. Update the order details to change "Nurse Collect" to "No" if Lab is desired for collection, or "Yes" if Nursing is desired for the collection. Review the remaining order details to ensure that they are correct.





The original order will be marked as Discontinued and a new copied order will display.



3. Click Orders for Signature and Sign.

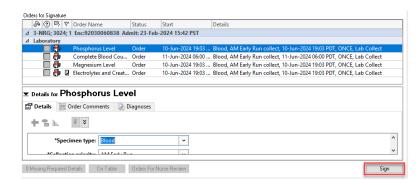
For more Information including cancelling and reordering a series, review this link on the wiki:

Cancel & Reorder Lab Orders - Island Health - Cerner Wiki

## 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.



# Scanning Tips and Tricks

What we heard: Some medication barcodes have been challenging to scan.

**What you need to know:** Some tips for scanning single-dose medications in transparent packaging:

- 1. Place a piece of white paper underneath the packaging.
- 2. Cover the small QR Code and scan the long rectangular barcode











#### **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

## 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.



## Navigating the patient chart while using the MAW

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.

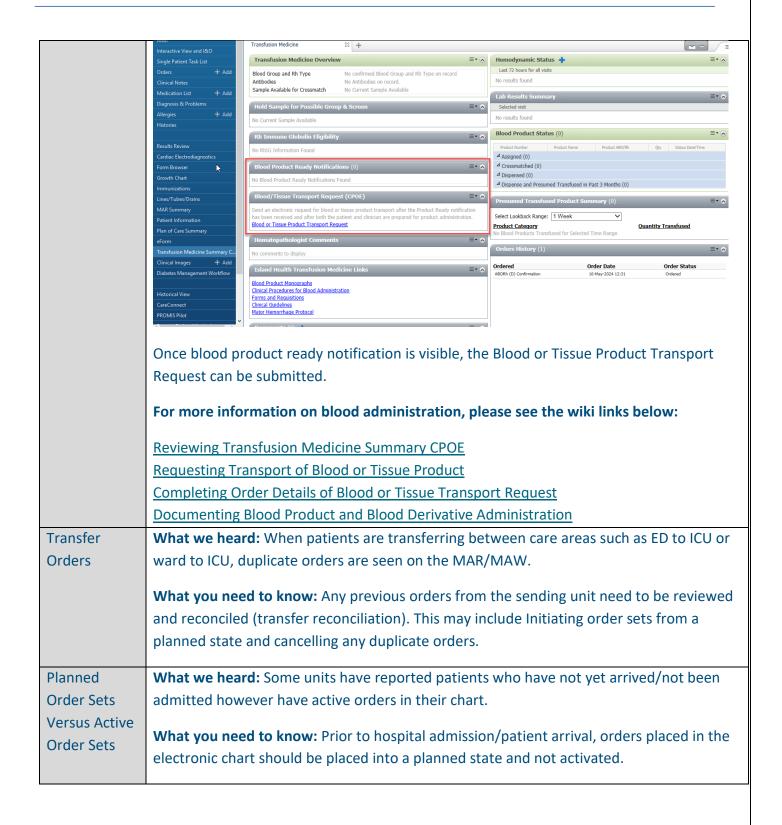
What you need to know: When the MAW is open, you will not be able to interact with any other parts of the chart in the background. Before opening the MAW, review the MAR and any relevant patient information

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)		
Cleaning and	What we heard: Staff are wondering what the expectations are for cleaning and		
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Disinfecting	disinfecting WOWs between patients.		
WOWs	What you need to know:		
	<ul> <li>WOW cleaning and disinfecting quick tips are coming – IPAC will be seeking input</li> </ul>		
	from frontline staff		
	For now, focus on:		
	<ul> <li>Great hand hygiene</li> </ul>		
	<ul> <li>Making sure to clean the scanner after each use</li> </ul>		
	Further direction coming very soon		
Blood	What we heard: Staff are placing blood product transport orders before the product is		
product	ready to be picked up and administered.		
requests	Wilest was an add to be as a		
workflow	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.		
	available prior to illitiating a transport request.		







## Duplicate Prescriptions

What we heard: Staff are unclear on the process for duplicate prescriptions (ie 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.

## **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 | IHealth Intranet

https://intranet.islandhealth.ca/ihealth/Pages/default.aspx