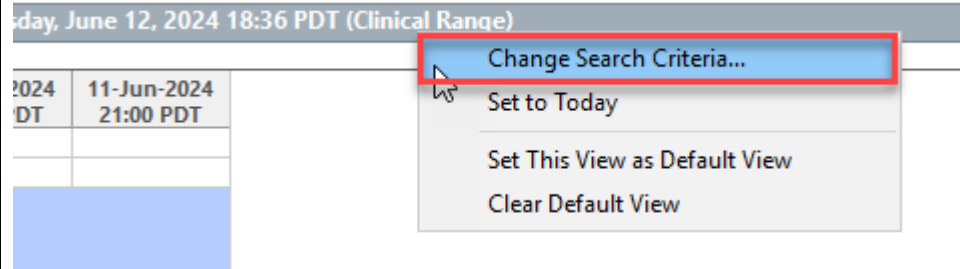


## Daily Key Messages Day: 5

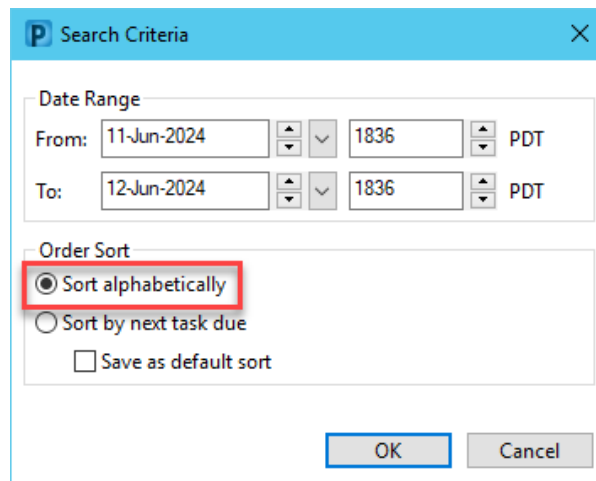
**Attention:** RJH Clinicians, Physicians, Midwives, and support staff.

### PRACTICE REMINDERS

<p><b>Medication Administration Record Sorting</b></p>	<p><b>What we heard:</b></p> <p>Some nurses are changing the sort order on their MAR to be driven by next task due, instead of the default setting of alphabetical.</p> <p><b>What you need to know:</b></p> <p>Changing the sort order from the standard default of alphabetical, to next task due causes:</p> <ol style="list-style-type: none"><li>1. The Hold Med Order to drop to the bottom, every time, resulting in potentially missing the key instructions of holding the medication</li><li>2. This impacts like orders from being grouped together (e.g., Insulin)</li></ol> <p>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.</p> <p><b>What you need to do:</b></p> <p>If you have updated your settings to be sorted by next task due, follow the steps below to return your settings to the default:</p> <ol style="list-style-type: none"><li>1. Open your MAR and right click on the grey time bar</li><li>2. Select Change Service Criteria</li></ol>
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3. Select Sort Alphabetically and OK



**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.

**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.

Charting for: ZyxTestpatient, Alison

**insulin lispro (HumaLOG LOW Dose Adjustment)**  
Adjust per Blood Glucose, Prandial Dose 5 unit, Soln-Inj, SUBCUT, See Comments for adjustments to Prandial dose based on blood glucose, Start Date 12-Jun-2024 08:00  
LOW DOSE PRANDIAL insulin Adjustment. If patient doesn't eat, Hold prandial insulin and give only the ...

\*Performed date / time : 11-Jun-2024 0830 PDT

\*Performed by : Test, Nurse Medical/Surgical

Witnessed by :

Capillary Blood Glucose, POC:  mmol/L

Acknowledge Capillary Blood Glucose, POC No Result found in previous 60 minutes. [Trend](#)

\*insulin lispro: 5 unit Volume : 0 ml

For more information, review the following wiki link:  
[Documenting a Witness for High Alert Medication](#)

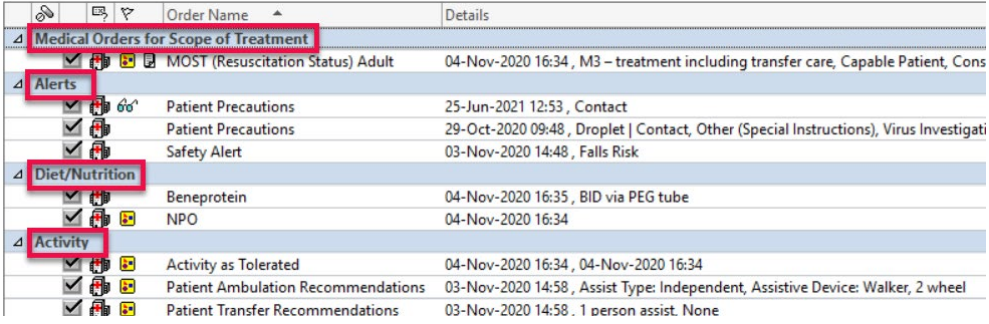
**Chart Checks**

**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

The screenshot shows a 'View' pane with a tree structure of orders. The items listed are: Orders for Signature, Plans, Document In Plan, Medical, Discharge Orders (Module) (Planned), heparin IV Infusion Standard Protocol (Initiated), heparin IV Infusion Standard Protocol 61 TO 70 kg (Initiated), MED General Adult Admission (Initiated), Blood Administration Adult (Module) (Initiated), Interdisciplinary, Patient Mobility Recommendation Orders (Initiated), and Suggested Plans (0). The 'Discharge Orders (Module) (Planned)' item is highlighted with a red box.

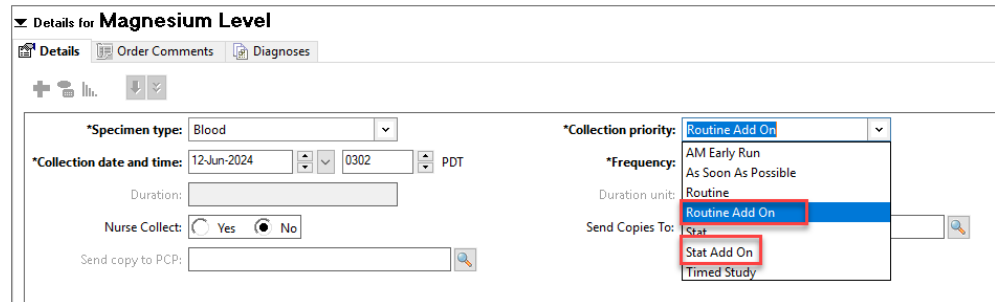
	<ul style="list-style-type: none"> <li>- Review the various categories of orders for duplication (labs, patient care, etc.)</li> <li>- Manage CareCompass and medication tasks</li> <li>- Review recent results</li> <li>- Manage Informal Team Communication</li> </ul> 
<p><b>Team Communication</b></p>	<p><b>Details:</b> 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.</p> <p><b>What you need to know:</b> 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.</p>

## CPOE TIPS & TRICKS

<p><b>Lab Add Ons</b></p>	<p><b>What we heard:</b> People were calling down to lab to ask to add on investigations to already drawn specimens.</p> <p><b>What you need to do:</b> 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.</p> <ol style="list-style-type: none"> <li>1. Routine Add On <b>OR</b></li> </ol>
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2. Stat Add On collection priorities.

Order	Action
<b>Routine Add On</b>	If a specimen is available, the test will be ran on that sample. If a sample is not available, the lab will collect it on the next standard lab run.
<b>Stat On Add</b>	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.



Review the wiki link below for more information:

[Lab Add-On: Order Priority - Island Health - Cerner Wiki](#)

**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.

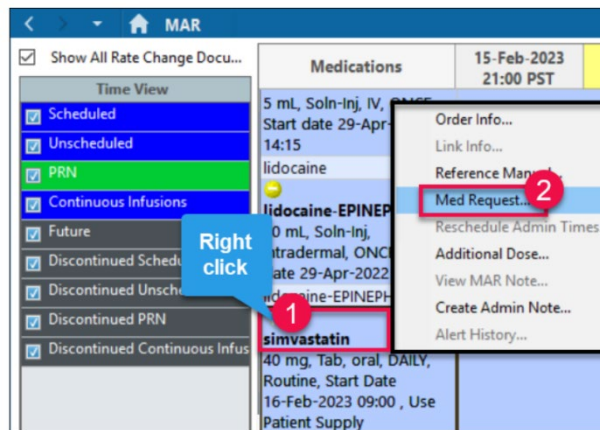
Component	Status	Details
PRANDIAL regimen with LOW DOSE adjustment [suggested for use if total daily insulin requirement LESS than 50 unit]		
insulin lispro (HumaLOG LOW Dose Adjustment)	▼	Adjust per Blood Glucose, Prandial Dose 5 unit, Soln-Inj, SUBCUT, AC BKFT See Comments for LOW DOSE PRANDIAL insulin Adjustment If patient doesn't eat, Hold prandial insulin and give
insulin lispro (HumaLOG LOW Dose Adjustment)	▼	Adjust per Blood Glucose, Prandial Dose 5 unit, Soln-Inj, SUBCUT, AC LUNCH See Comments for LOW DOSE PRANDIAL insulin Adjustment If patient doesn't eat, Hold prandial insulin and give
insulin lispro (HumaLOG LOW Dose Adjustment)	▼	Adjust per Blood Glucose, Prandial Dose 5 unit, Soln-Inj, SUBCUT, AC SUPPER See Comments for LOW DOSE PRANDIAL insulin Adjustment If patient doesn't eat, Hold prandial insulin and give
PRANDIAL regimen with HIGH DOSE adjustment [suggested for use if total daily insulin requirement GREATER than 50 unit]		

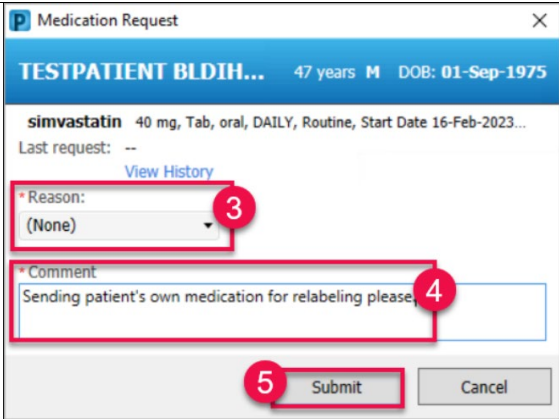
**Patient Own Meds**


**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.



	 <p><a href="#">Documenting Patients Own Medication Supply - Island Health - Cerner Wiki</a></p>
<p><b>Verbal Orders</b></p>	<p><b>What we heard:</b> 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.</p> <p><b>What you need to know:</b> Verbal orders would be appropriate in the following scenarios:</p> <ul style="list-style-type: none"> <li>- You need an order and the provider is returning your call as heading in to a procedure or is currently scrubbed in</li> <li>- In the middle of night, you note a patient requires more pain control, the provider answers your call from home</li> <li>- Physicians are busy with hands on patient and unable to place the orders himself.</li> </ul> <p><b>What you need to do:</b> 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.</p>

	
<p><b>Initiating Planned Order Sets</b></p>	<p><b>Details:</b> 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.</p> <p><b>What you need to know:</b> 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.</p> <p><b>What you need to do:</b> 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.</p> <p>For more information, review the following wiki link:  <a href="#">Initiating a Planned Order Set</a></p>
<p><b>Ordering NOW and Scheduled Medications</b></p>	<p><b>What we heard:</b> Orders were being placed without a priority and defaulting to the pharmacy standard times.</p>



	<p><b>What you need to know:</b> When a medication is ordered after the standard pharmacy time, it will task the first dose at the next time.</p> <p><b>What you need to do:</b> If you are ordering a medication that you want administered soon, select NOW in the priority field and review the schedule.</p>
<p><b>Ordering Now and Daily for Labs</b></p>	<p><b>What we heard:</b> Labs are frequently ordered for a draw now and then switch to a daily draw for a duration.</p> <p><b>What you need to do:</b> When ordering your labs, select the frequency of Next Run and Daily, with a collection priority of routine. Complete the duration as desired.</p>
<p><b>Pharmacy Clarification Notes</b></p>	<p><b>What we heard:</b> Pharmacy updated the medications on the chart, and the staff was curious about the reason behind the changes.</p> <p><b>What they need to know:</b> When a pharmacist seeks clarification regarding a medication, they create a note in the chart as part of updating the order details.</p>

**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 <span style="color: blue;">△</span>	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

**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 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

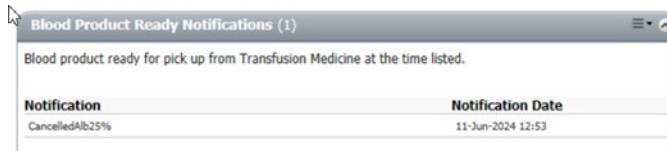
This discontinues the patient care and communication orders but does not discontinue the blood product order

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



- Note: Does **not** display/alert in Care Compass (related order notifications and tasks in Care Compass need to be cleared by nursing)

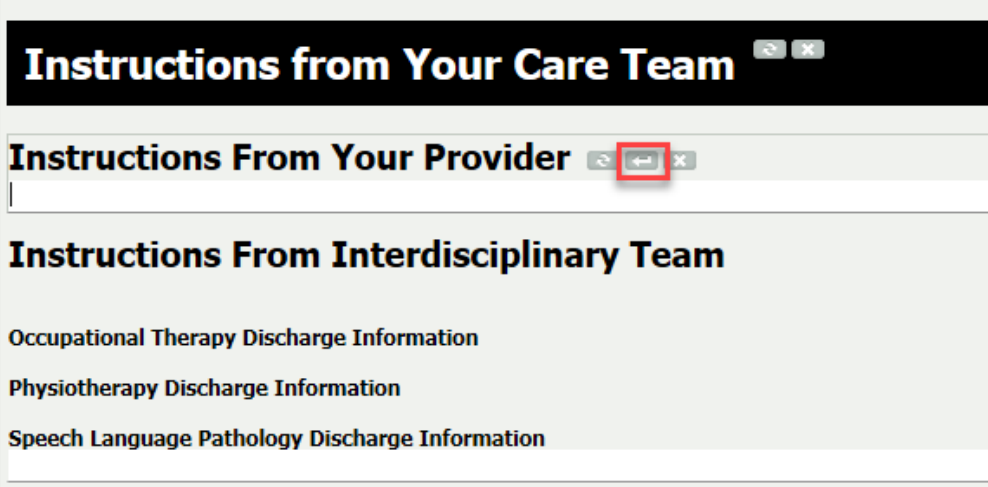
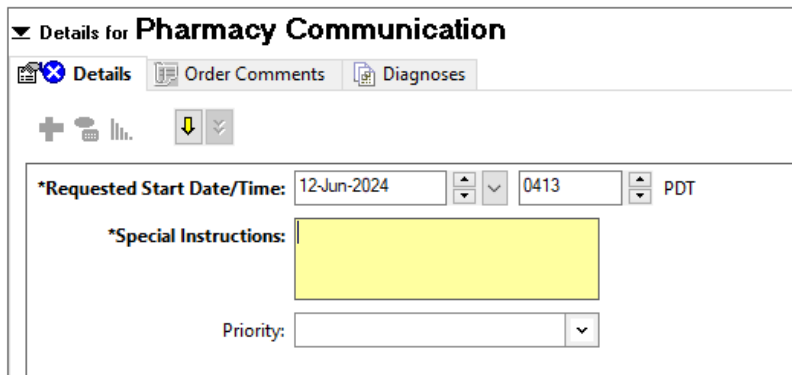
## CONFIGURATION AND SYSTEM CHANGE UPDATES

### 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 <sup>1</sup>add follow up information to the Patient Discharge Summary, locate the Instructions from Provider section, select

	<p>the arrow button to add a free text button and type in the details as required.</p> 
<p><b>Remove Constant Order from Pharmacy Communication Order</b></p>	<p><b>What we heard:</b> 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.</p> <p><b>What you need to know:</b> This recurring task isn't appropriate for this order type, so we have removed the Constant Order field from the details.</p> 

## CPOE INCIDENT RESOLUTION & CHANGES

Date of Change	Program Area	Changes	Order Sets Affected	Benefits
June 10, 2024	<b>Emergency</b>	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	<b>Heart Health</b>	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	<b>Critical Care</b>	New Order Set	Nitroprusside Infusion Critical Care Adult (Mini-set)	Safe and efficient ordering for a complex infusion

## FEEDBACK



If you have feedback for us, please email [IHealth@islandhealth.ca](mailto: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>