

Daily Key Messages Day: 5

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

PRACTICE REMINDERS

Medication	What we heard:				
Administration Record Sorting	Some nurses are changing the sort order on their MAR to be driven by next task due, instead of the default setting of alphabetical.				
	What you need to know:				
	Changing the sort order from the standard default of alphabetical, to next task due causes:				
	 The Hold Med Order to drop to the bottom, every time, resulting in potentially missing the key instructions of holding the medication 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:				
	 Open your MAR and right click on the grey time bar Select Change Service Criteria 				



	iday, June 12, 2024 18:36 PDT (Clinical Range)
	Change Search Criteria
	DT 21:00 PDT Set to Today
	Set This View as Default View
	Clear Default View
	Clear Default view
	3. Select Sort Alphabetically and OK
	P Search Criteria ×
	Date Range
	From: 11-Jun-2024 1836 PDT
	To: 12-Jun-2024
	Order Sort
	Soft alphabetically
	Save as default sort
	OK Cancel
Transferring	What we heard: More clarity is needed on transferring patients from RJH to
Patients from RJH	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	Details: When administering high risk medications within the EHR, it is
Medications	important to continue with Independent Double Checks, by using the witness
	field.



	P Charting for: ZyxTestpatient, Alison ×		
	$\checkmark \bigcirc$		
	Adjust per Blood Glucose, Prandial 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. <u>Trend</u>		
	*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		
	View Orders for Signature Plans 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) Suggested Plans (0)		



	- Review the various categories of orders for duplication (labs, patient				
	care, etc.)				
	- Mana	age CareCompass and	l medication tasks		
	D				
	- Revie	ew recent results			
	- Man	age Informal Team Co	mmunication		
		Order Name	Details		
	△ Medical Orders fo	or Scope of Treatment			
	Alerts	MOST (Resuscitation Status) Adult	04-Nov-2020 16:34 , M3 – treatment including transfer care, Capable Patient, Cons		
	🗹 🔁 66'	Patient Precautions	25-Jun-2021 12:53 , Contact		
	M 🔁	Patient Precautions	29-Oct-2020 09:48 , Droplet Contact, Other (Special Instructions), Virus Investigati		
		Safety Alert	03-Nov-2020 14:48 , Falls Risk		
	△ Diet/Nutrition	P			
		Beneprotein	04-Nov-2020 16:35 , BID via PEG tube		
	4 Activity	NFO	04-1407-2020 10.34		
		Activity as Tolerated	04-Nov-2020 16:34 , 04-Nov-2020 16:34		
	🗹 💮 🖬	Patient Ambulation Recommendations	03-Nov-2020 14:58 , Assist Type: Independent, Assistive Device: Walker, 2 wheel		
	M 🖶 🖬	Patient Transfer Recommendations	03-Nov-2020 14:58 . 1 person assist. None		
Team	Details: We	want to remind every	one that while the EHR supports and		
Communication	enhances te	am communication, it	t does not replace traditional methods.		
	Face-to-face interactions, phone calls, and direct conversations remain				
	acceptial for delivering biologicality potient envo				
	essential for delivering high-quality patient care.				
	What you need to know: Please continue to use all available communication				
	what you need to know. Flease continue to use an available continuation				
	channels to	ensure clarity and sm	ooth coordination of care. The EHR should		
	complement	t, not replace, our est	ablished communication practices.		

CPOE TIPS & TRICKS

Lab Add Ons	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



		1		
	2. Stat Add On collection priorities.			
	Order			
	Action			
	Routine Add On	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.		
	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.		
	Details Order Comments In Diagnoses			
	*Specimen type: Blood Collection priority: Routine Add On			
	*Collection date and time: 12Jun-2024 V DI *Frequency: AM Early Run As Soon As Possible			
	Nurse Collect: Ves No Send Copies To: Stat			
	Send copy to PCP: Stat Add On Timed Study			
	Review the wiki link below for more information:			
		ow for more information.		
	Lab Add-On: Order Prio	rity - Island Health - Cerner Wiki		
Insulin Ordering	What we heard: There	were questions raised regarding duplicate insulin		
	orders.			
	Mathematical and the last	NAMES AND TRANSPORTED AND TRANSPORTED AND ADDRESS OF THE ADDRESS O		
	what you need to know	W: when subcutaneous insulin is ordered, there will		
	schodulod time. As such	the purse will see 2 orders in the orders profile and		
	the MAR			
	What you need to do: When administering the insulin, ensure you are			
	selecting the correct tag	sk from the MAW.		



	or component status occans			
	PRANDIAL regimen with LOW DOSE adjustment [suggested for use if total daily insulin requirement LESS than 50 unit] Image: Strain Stra			
	LOW Dose Adjustment)			
	Adjust per Blood Glucose, Prandial Dose 5 unit, Soin-Inj, SUBCUT AC SUPPER, See Comment: LOW Dose Adjustment)			
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			
	relabeling. Without a barcode, you will be unable to document medication			
	dummistration			
	What you need to do: Complete a Med Request to communicate this to			
	pharmacy prior to sending the medication			
	< > - A MAR			
	Show All Rate Change Docu Medications 15-Feb-2023 1			
	Time View 5 mL Soln-Ini IV ENER			
	Scheduled Start date 29-Apr-			
	PRN Idocaine Reference Mapres			
	Continuous Infusions Iidocaine-EPINEP Med Request.			
	Future Right O mL, Soln-Inj, itradermal, ONC Additional Dose			
	Oiscontinued Schedu Click ate 29-Apr-2022 View MAR Note			
	Discontinued PRN Create Admin Note			
	Discontinued Continuous Infus 40 mg, Tab, oral, DAILY,			
	Koutine, Start Date 16-Feb-2023 09:00 , Use			
	Patient Supply			



	Medication Request X
	TESTPATIENT BIDIH 47 years M DOB: 01-Sep-1975
	simvastatin 40 mg, Tab, oral, DAILY, Routine, Start Date 16-Feb-2023 Last request: View History Reason: (None) Sending patient's own medication for relabeling please, 5 Submit Cancel
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 cosignature. 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.



	P Ordering Physician X
	*Physician name
	*Order Date/Time
	10-Jun-2024
	*Communication type
	Verbal with Read Back - Cosign Verbal with Read Back - Cosign Cosign Required No Cosign Required Initiate Plan - No Cosign Per Protocol - No Cosign
	Written - No Cosign Fax - No Cosign
	OK Cancel
Initiating Planned	Details: Providers may enter an order set in the Electronic Health Record,
Order Sets	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.		
	pharmacy ame, it will task the mist 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 fi	eld and review the	
	schedule.		
	La Details in Order comments (a) Diagnoses	au Schadula Ramainina Administrations: (Unknown) Story (Unknown)	
	*Dose: 🔶 1 g 🔍 Drug Form:	Soln-Inj	
	*Route of administration: V v *Frequency:	◆ Q12H	
	Priority (eg. STAT or NOW): NOW Requested Start Date/Time:	12-Jun-2024 04:28 PDT v	
	Special Instructions: Stop Date/Time:	Requested Start Date/Time (First Administration):	
	Infuse over:	Next administration:	
	Self-Administration: Yes C No BCCA Protocol Code	12-Jun-2024 Image: Constraint of the second secon	
	0 Missing Required Details Dx Table Orders For Nurse Review	12-Jun-2024 2100 + PDT	
Ordering Now and	What we heard: Labs are frequently ordered for	r a draw now and then	
Daily for Labs	switch to a daily draw for a duration.		
	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.		
	▼ Paste (a Complete Blood Count and Differential (CBC and Differential)		
	Petails I Order Comments Diego Second and Differential (ODC and Differential)		
	+ 2 h. I V		
	*Specimen type: Blood v *Collect	tion priority: Routine 🗸	
	*Collection date and time: 12-Jun-2024	*Frequency: NEXT RUN and DAILY	
	*Duration: 3 *D	d Copier Ter	
	Send copy to PCP:		
Pharmacy	What we heard: Pharmacy updated the medica	tions on the chart, and the	
Clarification Notes	staff was curious about the reason behind the c	hanges.	
		-	
	What they need to know: When a pharmacist s	eeks clarification regarding a	
	medication, they create a note in the chart as pa	art of updating the order	
	details.		

9



	What they	need to do: To	review this in	formation f	from the phar	macist,
	component.					
	Documents (8)				+ All Visits Las	t 1 years Last 24 hours
	Time of Service	✓ Subject	Note Type	Author	Last Updated	Last Updated By
	 ✓ Completed (8) 					
	12 JUN 2024 03:28 19 JUL 2023 10:17	Pharmacy Order Clarification Pharmacy Clinic Test	Pharmacy Order Clarification Pharmacist Progress Note Δ	Test, Pharmacist Test, Pharmacist	12 JUN 2024 03:28 18 JUL 2023 11:39	Test, Pharmacist Test, Pharmacist
	F	Pharmacy Order Clarification Performed On: 12-Jun-20	n Entered On: 12-Jun-20 024 03:28 PDT by Test,)24 03:30 PDT Pharmacist		
	Interventions Intervention Type Ph Pharmacy Additional	armacy Order : Order clarifie Information : Reviewed ord	cation er and phoned physician Test, Ph	to confirm dose. armacist - 12-Jun-20	024 03:28 PDT	
Cancelling Blood	If blood pro	duct administra	ation orders n	eed to be o	cancelled (e.g.	no longer
Product Orders	needed, inc	orrect product	or dose), the	orders will	need to disco	ntinued by
	notify Trans	fusion Medicin	e 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 discont discontinue	inues the patie the blood prod	nt care and co luct order	ommunicat	ion orders bu	t does not
	 Photosoft Profosoft Notist 	ne Transfusion I er (give patient a ontinue the Blo ile (this discont does not discon fy the nurse tha celled	Medicine Lab and product i od Administr inues the pat atinue the blo at blood prod	oratory to o nformation ation (Mod ient care ar od product uct adminis	cancel the blo n) ule) from the nd communica corder) stration order	od product Orders ation orders s have been





 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) =•
Notification Notification Date CancelledAlb25% 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)

CONFIGURATION AND SYSTEM CHANGE UPDATES

Follow Up in the	What we heard: The Patient Discharge Summary was pulling in incorrect			
Discharge Patient	physician information from the Follow Up component.			
Handout	What you need to know: We have removed this section from the template as we update the formatting.			
	What you need to do: To ¹ 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.					
	Instructions from Your Care Team					
	Instructions From Interdisciplinary Team					
	Occupational Therapy Discharge Information					
	Speech Language Pathology Discharge Information					
Remove Constant	What we heard: The pharmacy team were having Pharmacy					
Order from Pharmacy	Communication Orders that weren't clearing from their Multi Patient Task					
Communication	List. This was occurring because the orders were being marked as constant					
Order	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 Jorder Comments A Diagnoses					
	🕂 🖀 lh. 🔍 😣					
	*Requested Start Date/Time: 12-Jun-2024 V 0413 PDT					
	*Special Instructions:					
	Priority:					



CPOE INCIDENT RESOLUTION & CHANGES

Date of Change	Program Area	Changes	Order Sets Affected	Benefits
June 10,	Emergency	Created the ED	ED Nursing Basic Labs	Efficient initiation of
2024		NURSING BASIC LADS	with Beta HCG	basic labs by the
		Order Sets	ED Nursing Basic Labs	triage nurse
June 11,	Heart	Updated the	Wide Complex	Clear information for
2024	Health	reference text on	Tachycardia Nursing	nurse
		the Wide Complex	Intervention Adult	
		Tachycardia Nursing	(Module)	
		Intervention order to		
		include instruction		
		for calling a code		
		blue		
June 11,	Critical Care	New Order Set	Nitroprusside Infusion	Safe and efficient
2024			Critical Care Adult (Mini-	ordering for a
			set)	complex infusion



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