

RJH Key Messages Issue #6

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

PRACTICE REMINDERS

Nurse Collect Labs

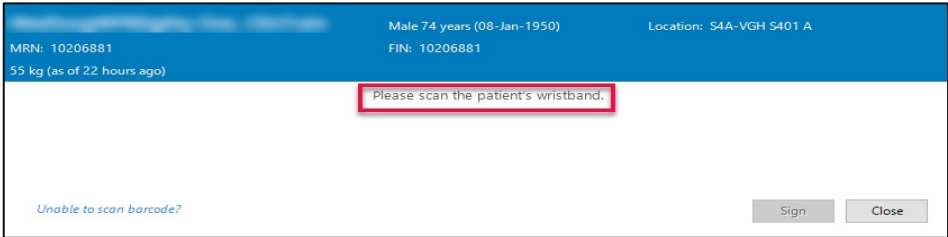
What we heard: Nurse collect labs are being sent to lab without scanning the label to complete Collection documentation.

What you need to know:

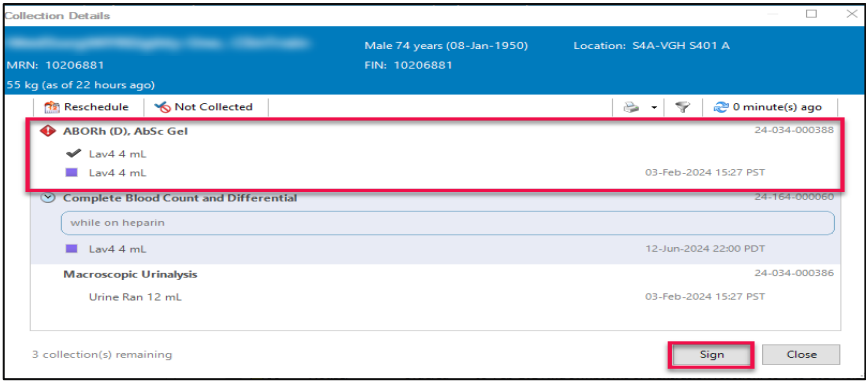
Nurse collect specimens must be scanned using the Specimen Collection Wizard. This marks the specimen as collected.

What you need to do:

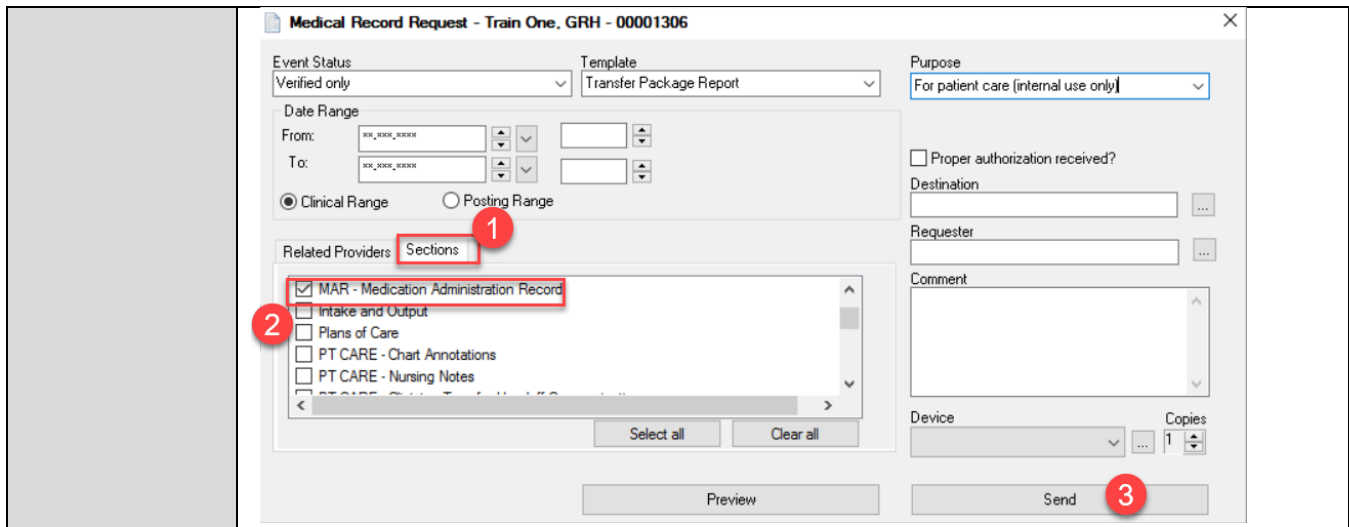
- 1. Print labels (make sure to print the correct specimen label).
- 2. From Specimen collection wizard, scan patient ID wristband.



- 3. Collect specimen and apply printed label.
- 4. From Specimen Collection Wizard, scan the specimen label to mark as collected. Sign once all specimens scanned.



	<p>5. Send specimen to lab.</p> <p>Important: If you mark the specimen as completed before printing the label, you cannot reprint labels for that order.</p> <p>Each specimen site requires its own order with the site indicated, which will generate a specimen label.</p> <p>For more information on specimen collection, please review:</p> <p>Documenting Specimen Collection Printing Specimen Collection Labels</p>
<p>Mental Health Act Orders & Tasks</p>	<p>What we heard: There are lots of questions and concerns about the new Mental Health Act orders in the chart.</p> <p>What you need to know:</p> <p>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.</p> <p>The Mental Health Act forms are still on paper and continue to be the source of truth for certification dates</p>
<p>Checklists for Interfacility Transfers on single encounter during hybrid process</p>	<p>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.</p> <p>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.</p> <p>What you need to do: When printing MRR, follow the steps below:</p> <ol style="list-style-type: none"> 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.

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:

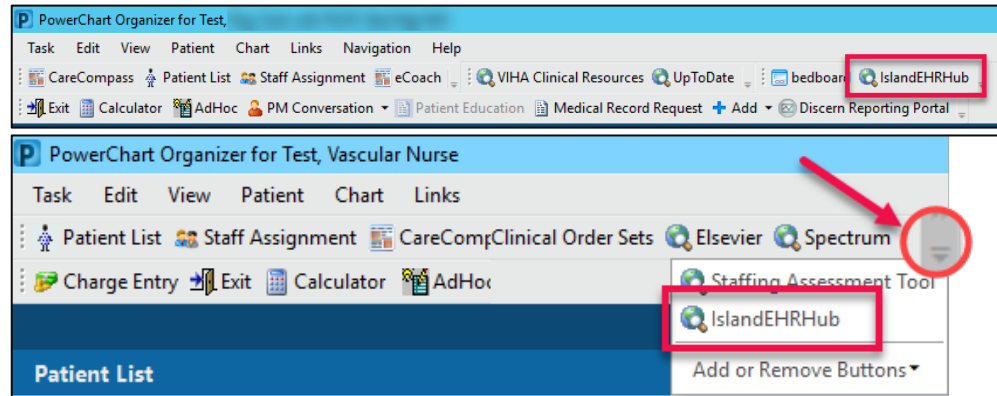
Certain warning alerts appear during barcode medication scanning. Common warnings include:

- 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.

	<p>For more information - Medication Barcode Scanning Alerts - Island Health - Cerner Wiki</p>
<p>Student Medication Administration – High Alert Medications and Double Check of High Alert Medications</p>	<p>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.</p> <p>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.</p> <p>Students: High Alert Medications & Double Check of High Alert Medications</p> <p>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.</p> <p>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 <i>two</i> Island Health employees who are licensed Health Care Professionals (HCPs).</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <ul style="list-style-type: none"> • Documentation in the Electronic Health Record must ensure that the signature includes the Island Health nurses’ signature/initials and credentials.

	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. <p>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</p> <p>AND We are reinvestigating a system change to allow for this clinical requirement.</p> <p>For more information regarding High Alert Medication and Independent Double Checks, please review:</p> <ul style="list-style-type: none"> • High Alert Medication Requirements Policy D.22 <ul style="list-style-type: none"> ○ 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
<p>The EHR Learning HUB</p>	<p>What We Heard:</p> <p>There were questions about where additional learning assets can be found.</p> <p>What You Need to Know:</p> <p>IslandEHRHub is available from the toolbar for in-the-moment clinician support and access to Island Health Electronic Health Record related resources.</p>




Access to the Learning Hub by scanning this QR Code:

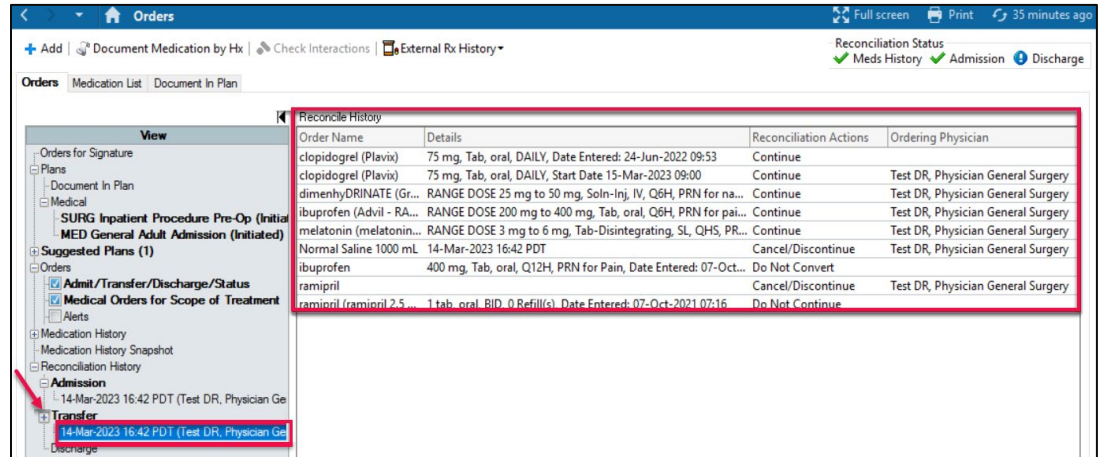


CPOE TIPS & TRICKS

Viewing Transfer Order Reconciliation	<p>What we heard: Clinicians do not know where to review Transfer Order Reconciliation.</p> <p>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.</p> <p>From the Order Profile, scroll down to Reconciliation History.</p>
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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.

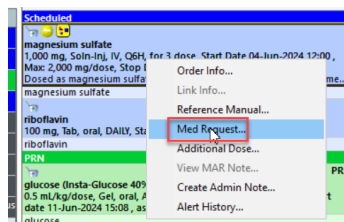
Medication reconciliation does not change the name of the original ordering provider. The practice of reconciliation ensures that MRPs review and are accepting responsibility for those orders and completes the documentation. If clarifications are required, nurses are encouraged to contact the MRP.

Time for Medications to Reach the Ward if not STAT or NOW


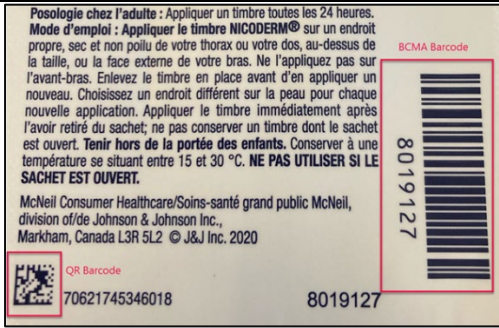

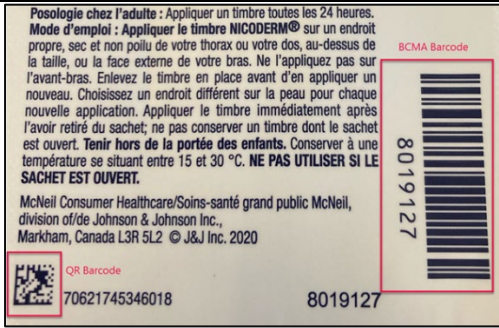

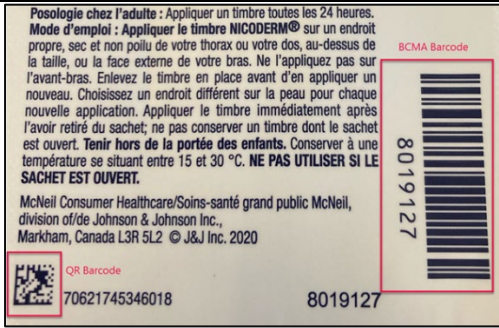
What they need to know: If medication orders are not STAT or NOW, it may take up to 3 hours for new medications to reach the ward

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

<p>MAR for medication Preparation, MAW for medication administration</p>	<p>What we heard: The MAW is being used for medication preparation</p> <p>What they need to know: The MAR is the appropriate tool for medication preparation. The MAW should never be used.</p> <p>What they need to do:</p> <ul style="list-style-type: none"> • Refresh CareCompass to seeing any new (or cancelled) orders • Navigate to MAR and prepare medications from MAR <ul style="list-style-type: none"> ○ The MAW is only a scanning application to be used once at the patient bedside 						
<p>Medication Scanning of Barcodes</p>	<p>What We Heard:</p> <p>Medication Labels are not scanning as expected.</p> <p>What You Need to Know:</p> <p>Medications have labels that are either pharmacy-generated labels or supplier generated labels.</p> <ul style="list-style-type: none"> • 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 border="1" data-bbox="402 1249 1421 1680"> <thead> <tr> <th data-bbox="402 1249 896 1318">Pharmacy Supplied Label</th> <th data-bbox="896 1249 1421 1318">Non-Pharmacy Label</th> </tr> </thead> <tbody> <tr> <td data-bbox="402 1318 896 1680">  </td> <td data-bbox="896 1318 1421 1680">  </td> </tr> <tr> <td data-bbox="402 1680 896 1793"> <p>In this pharmacy example, scan the barcode</p> </td> <td data-bbox="896 1680 1421 1793"> <p>Try linear barcode first, if unsuccessful scan the QR code.</p> </td> </tr> </tbody> </table>	Pharmacy Supplied Label	Non-Pharmacy Label			<p>In this pharmacy example, scan the barcode</p>	<p>Try linear barcode first, if unsuccessful scan the QR code.</p>
Pharmacy Supplied Label	Non-Pharmacy Label						
							
<p>In this pharmacy example, scan the barcode</p>	<p>Try linear barcode first, if unsuccessful scan the QR code.</p>						

	<p>What You Need to Do:</p> <ol style="list-style-type: none"> 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: <table border="1" style="margin-left: 20px;"> <tr> <td> Med scanning - med not identified</td> </tr> <tr> <td> Med scanning - barcode damaged</td> </tr> </table>	Med scanning - med not identified	Med scanning - barcode damaged
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CPOE INCIDENT RESOLUTION & CHANGES

Date of Change	Program Area	Changes	Order Sets Affected	Benefits
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>