RJH Go Live Update Day: 12

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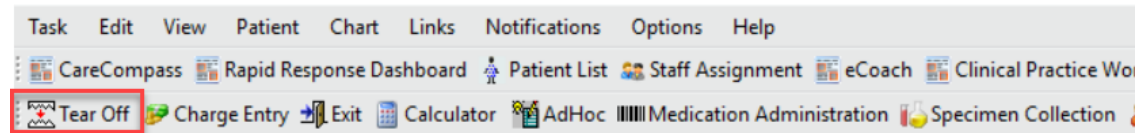
PRACTICE REMINDERS

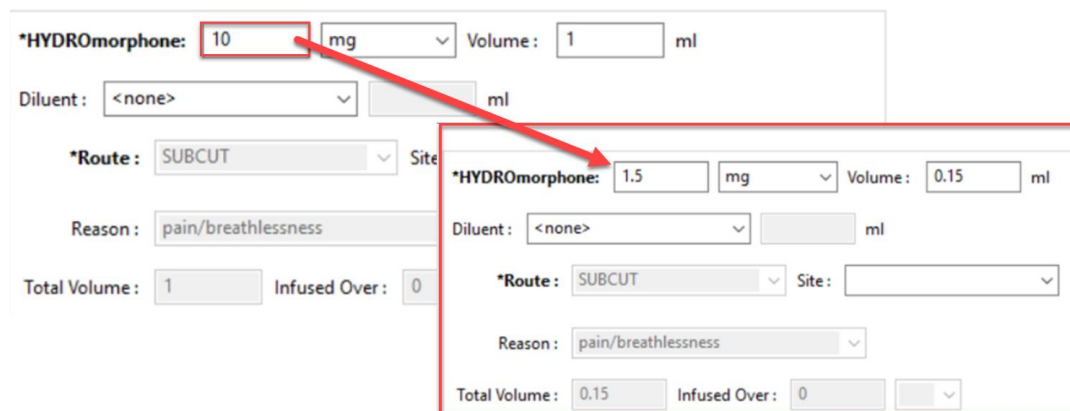|	
Reviewing patient info when looking at the MAR	**Details**: Use the "Tear Off" function to review patient information when planning Medication Administration in the MAR **What we heard**: Clinicians are having difficulty reviewing patient information when making clinically informed decisions about medication administration. **What you need to know**: The "Tear Off" button on the toolbar will display the MAR in a separate window, allowing the physician or clinician to navigate the record and review patient information. **What you need to do**: Always plan and prepare medication administration using the MAR. Nurses will not be able to review patient information in the MAW when doing their final safety check of scanning medications just prior to administration.
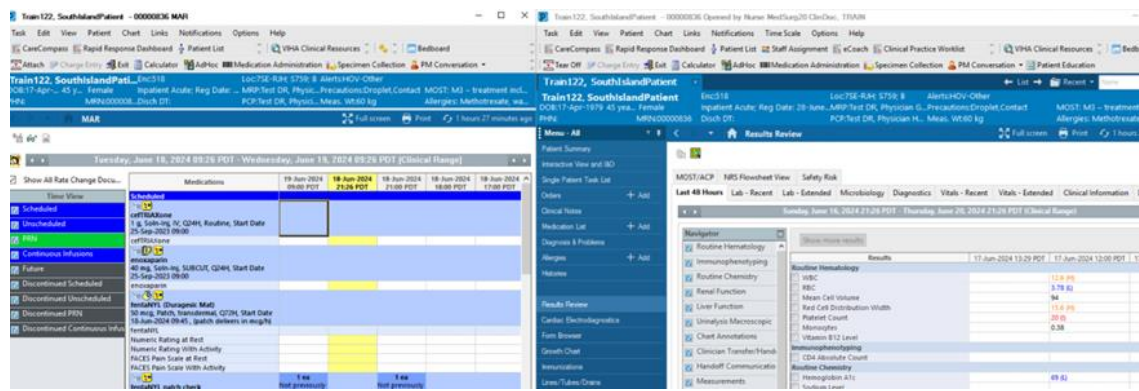
| Scanning Multidose Vials | **Details**: A pop-up alert related to scanning multidose vials is causing some confusion when performing BCMA.

What we heard: Nurses cannot administer the medication dose they want to because the system is showing a different dose/concentration when scanning a vial.

What you need to know: Scanning a multidose vial will confirm you have the correct medication and will recognize the full dose of the vial or product scanned. This will produce an overdose alert if it is higher than the ordered dose.
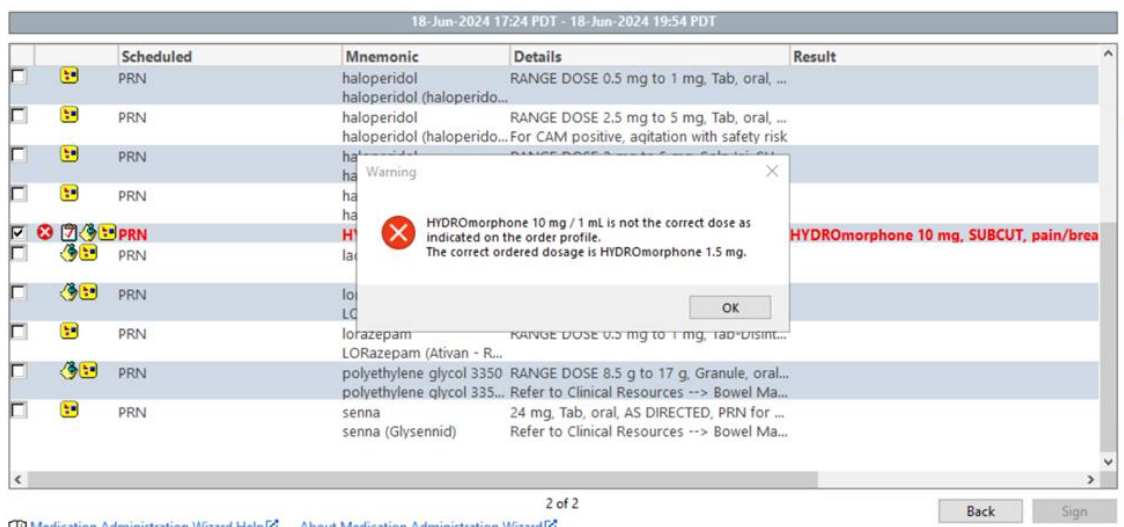
What you need to do: Nurses should adjust the dose in the chart details window to reflect the ordered dose they are administering to the patient. This alert will not prevent nurses from administering the correct dose of medication to patients.

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Labelling Blood Specimens	**Details**: Multiple samples continue to be sent to lab with inappropriate labelling completed by non-phlebotomists. **What we heard**: Many samples are being sent with the incorrect label, multiple labels affixed, or labels incorrectly placed. **What you need to know**: Proper labelling of specimens ensures that the lab equipment can perform the tests and that results are appropriate. **What you need to do**: Follow specimen labelling best practices. - Always place labels directly under the cap with the patient's name on the top - Always place labels lengthwise in a straight line - Always leave a visible window to see the specimen
Labelling CSF Samples	**Details**: Small volumes collected for Cerebrospinal Fluid (CSF) need to be managed and labelled in the lab. **What we heard**: Labelling of CSF specimens is very confusing. In one instance, nine labels printed, and four containers collected, with lack of clarity for how to label specimens. **What you need to know**: CSF collection needs to occur in a specific order of draw and there may be too little sample to be able to collect all, which requires aliquoting of samples.

ORDER OF DRAW

Test	Volume Required
Tube #1 Glucose and Protein	0.5 mL (0.2 mL minimum)
Tube #2 Gram stain & Culture	1.0 mL (0.5 mL minimum)
Tube #3 Cell count & Differential	1.0 mL (0.5 mL minimum)
Cytology when indicated	3.0 mL (1.0 mL minimum)
Tube #4 Oligoclonal bands/additional	
Microbiology or other testing	2.0 mL

What you need to do: Affix PPID labels on the CSF samples and send all CSF specimen labels down to lab, in the biohazard bag along with the samples (marked as collected in specimen collection wizard). Ensure that the patient's full name, date and time collected is on each label.

Duplicate Order Alerts for Lab Tests	**Details**: Alerts for duplicate lab orders are displaying for laboratory tests that are placed at the same time but have different collection times. **What we heard**: When placing laboratory orders for AM Early Run and STAT priorities, ordering providers receive duplicate order alerts. **What you need to know**: The duplicate checking parameters (which result in the duplicate order alert) fire based on the ordering time and not the scheduled time. The AM Early Run priority indicates a start time of when the order has been placed rather than the collection time of 0500 the next day. **What you need to do:** If orders have been placed appropriately when labs for now AND AM Early Run are desired, select "Order Anyway" to proceed with both tests.

Same start time, But the Early am Run will fall to the 0500 am Collection run of next calendar day. This triggers the Duplicate Checking Parameters which fires this alert

CPOE TIPS & TRICKS

Reviewing Reconciliation History	**Details:** Reviewing medication/order reconciliation history will provide information about Physicians who have reviewed and managed orders and when.
	
	What we heard: It is difficult to understand the physician's intent for reconciling medications that were ordered by another physician or service area.
	
	What you need to know: 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. Reconciliation Status displays in the top right corner of your screen. Reconciliation History is viewed from the Orders profile.
	
	What you need to do:
	
	Click the plus ⊞ icon beside **Reconciliation History**.
	
	Click the plus ⊞ icon beside the reconciliation (e.g., **Transfer**) you want to view.
	
	   1. Select the transfer reconciliation you wish to view.
	
	      • Each reconciliation displays with the date, time, and provider who completed the reconciliation.
	
	   2. View the selected **Reconciliation History**.
	
	      • Each order displays with **Reconciliation Actions** (e.g., Continue, Cancel/Discontinue, Do not Convert).

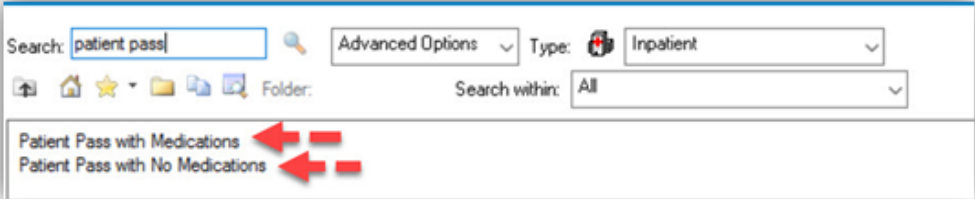|	
Co-Signing Insulin Administration	**Details:** Direction regarding student co-signing of insulin medication administration.
	What we heard: Current functionality only allows for one nurse to complete witness field of medication administration; this is not ideal for student nurses as they need two 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.
	What you need to do: 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 purpose 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). Note that employed Student Nurses are licensed Island Health employees.
Enhancements to Orders Sets in Progress	**Details:** Updates and enhancements to order sets may affect **Saved Favourites** for physicians.

	What we heard: Some updates or enhancements were required to optimize physician ordering using order sets **What you need to know:** Some order set updates will affect order sets that have been saved as a favourite and some updates will not. **What you need to do:** If you encounter issues with a Saved Favourite order set, you should follow the steps required to re-create a favourite using the newest version that has been made available. Example of enhancements include: • **The Total Hip and Knee Arthroplasty Post Op Order Set has been updated to include an order option for No Hip Precautions.** - no need to recreate this favourite in this instance

Splint and Spinal Precaution orders, mobility orders	**Details:** Electronic order sets are available to support ease of ordering alerts, precautions, activity restrictions, devices, and consult orders.
	
	What we heard: Physicians and Clinicians are entering individual communication orders related to splint and spinal precautions.
	
	What you need to know: Modules which are smaller versions of order sets, are available to support common treatment and care regimes. Using these order sets will save you time, ensure orders don't get missed and tasks are generated if applicable.
	
	What you need to do: When ordering splints/orthoses for patients, Providers should choose one of the following options:
	• **Splint Application - stand alone order**
	    o *Note – for splints needing to be actioned by OT, PT or Orthotist, place the appropriate consult to these disciplines to make them aware of the request*
	• **Orthosis and Splint Fitting and Wear Time Module (Non-Spinal)**
	• ***For any Spinal Orthoses use:**
	    o **Acute Spinal Precaution Orders – Stable Spine (Module)**
	    o **Acute Spinal Precaution Orders – Stable Spine Needs Protection (Module)**
	    o **Acute Spinal Precaution Orders – Unstable Spine (Module)**

Ordering a Patient Pass or "Going off unit"	**Details:** There is an electronic order sentence built to support a Patient Pass or "going off unit" order.
	What we heard: Patient pass orders were being entered as a "communication" order type.
	What you need to know: Two patient pass orders are available in the order catalogue: Patient Pass with Medications and Patient Pass with No Medications.
	 Search: patient pass Advanced Options ∨ Type: Inpatient ∨ Folder: Search within: All ∨ Patient Pass with Medications ← ← Patient Pass with No Medications ← ←
	What you need to do: Use the prebuilt order sentences when ordering a Patient Pass. Complete fields that indicate the start and end date of pass, and other details.

CONFIGURATION AND SYSTEM CHANGE UPDATES

Subject	**Details:**
	What we heard:
	What you need to know:
	What you need to do:

CPOE INCIDENT RESOLUTION & CHANGES

Date of Change	Program Area	Changes	Order Sets Affected	Benefits

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