## Daily Key Messages Day: 18
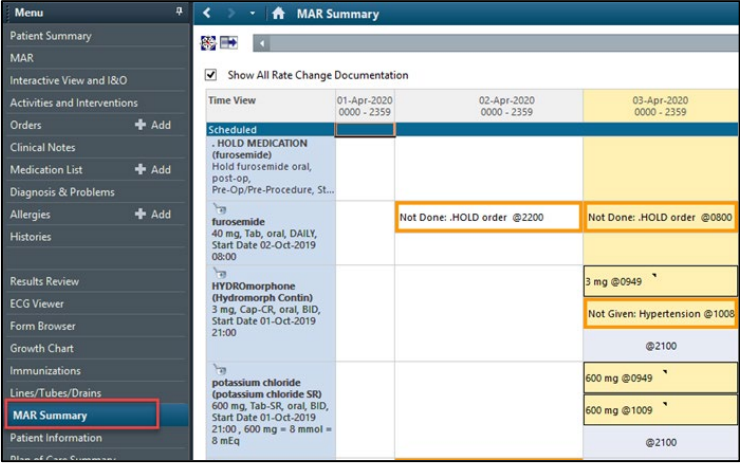
**Attention:** RJH Clinicians, Physicians, Midwives, and support staff.

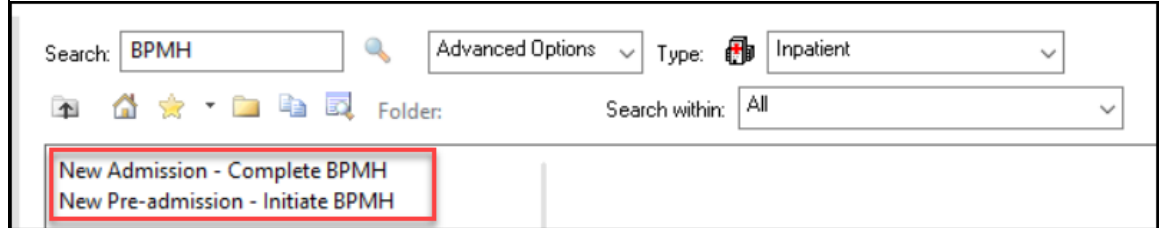## PRACTICE REMINDERS

| MAR Summary versus MAR | **What we heard:** Staff were unclear on the difference between the **MAR** and the **MAR Summary**. |
|---|---|
| | **What you need to know:** The **MAR Summary** is a view-only page that displays all electronically documented medications that have been administered to the patient across all encounters. |

The **MAR** is an interactive page that is used for the administration and documentation of medications, specific to this encounter.

**What you need to do:**

1. **MAR Summary** review:
Displays historical documentation, along with medications that are due in the future



2. **MAR** Review:
Displays medications that have been given, along with current meds due and any overdue (displaying in red)

| **Order for BPMH** | **What we heard:** Orders for BPMH are missed in the Emergency Department. |
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| | **What you need to know:** The pill event icon on the LaunchPoint tracking shell does not task the nurse to complete the BPMH. |
| | **What you need to do:** You need to place an order to complete or initiate BPMH. |
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| **MAR Tasks** | **What we heard:** MAR tasks are unavailable for scheduled medications because medication tasks were borrowed in previous medication administration. For example, Metoprolol BID will have MAR tasks at 0900 & 2100. If another clinician documents a 1100 Late Administration dose on the 2100 MAR task, there will not be a MAR task for the medication administration at 2100. |
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| | **What you need to know:** When orders are placed for scheduled medications, MAR tasks generate on the MAR for medication administration (dark box on the MAR). Incorrect Early/Late medication administration documentation results in "borrowing" a MAR task from another scheduled dose. |
| | PRN medications always have a MAR task available. |
| |  |

**What you need to do:** When reviewing the MAR for medication administration, ensure you have a MAR task in the time column to document medication administration. Select the appropriate time when documenting medication administration from the MAW. Read any Early/Late medication administration alert and ensure appropriate administration dose and time.
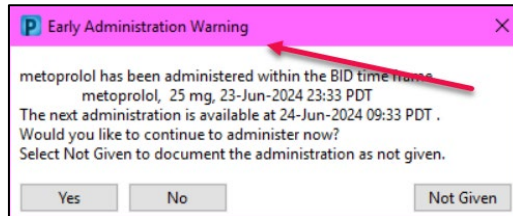


If a medication is scheduled and a MAR task is not available, review administration history and details, and order information. You will need to "Add an Additional Dose" to schedule MAR tasks for the correct administration time to avoid "borrowing" a future MAR task.
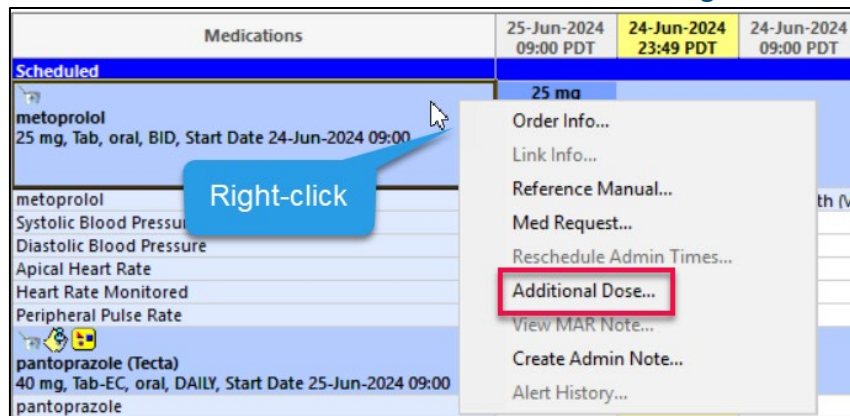


# CPOE TIPS & TRICKS

| Reviewing Recurring Orders | **What we heard:** Interval recurring labs not appearing as expected. |
|---|---|
| | **What you need to know:** Orders that are placed with a recurring frequency will only show the consecutive draws 18hrs before they are due to occur. |
| | **What you need to do:** To review the child orders from the parent recurring order, select the drop-down arrow to see the child orders. If the parent order is still showing with a status of "Ordered", then it is still active, and the child order will fire when appropriate. |
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| **Viewing All Orders** | **What we heard:** Care team members were unable to see all the orders.<br><br>**What you need to know:** When a patient chart contains many orders from several days, the Orders Profile will filter automatically and only display the orders from a certain date, seen in the Filter Display.<br><br>Displayed: All Active Orders \| Inactive Orders Since 27-May-2024 \| All Orders (All Statuses)<br><br>**What you need to do:**<br>Go to the orders tab and select the filter display heading.<br>Use the drop-down to select **All Orders (All Statuses)**<br><br><br><br>Use **Show More Orders……** on the right side of the header to see active orders more than 5 days back.<br><br> |
| **Downtime Procedure Education** | **What we heard:** Staff are requesting additional information and education about Downtime procedures.<br><br>**What you need to know:** There is an Intranet page and several resources that can support you during a Downtime or Code Grey. |
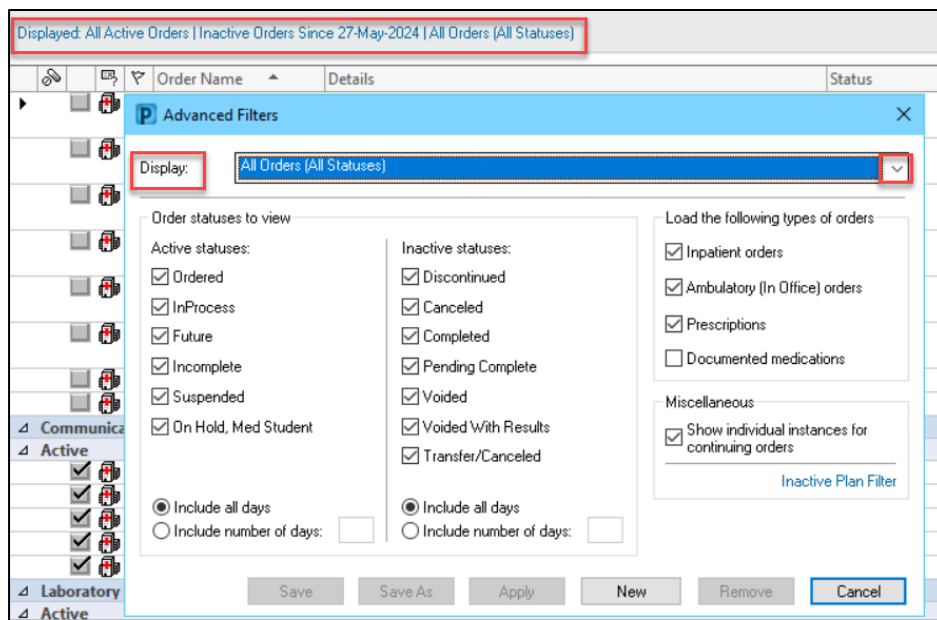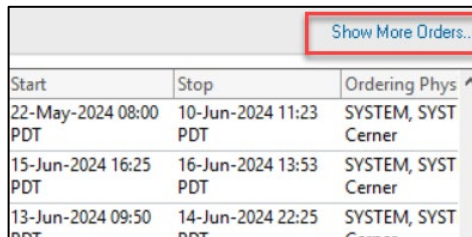
During a **Downtime**, we have an application called **724 Viewer** on our downtime devices that can be used to view the patient chart. It captures data on the patients every 5 minutes. It can be used to print out MARs, check the orders and review clinical information, such as labs.

**What you need to do:** To access education on downtime process on the Learning Hub, select the **IslandEHRHub** link from your PowerChart/FirstNet toolbar.
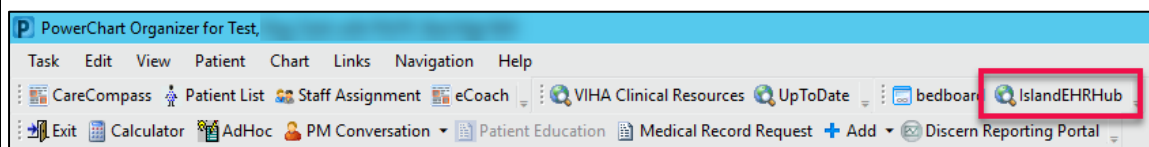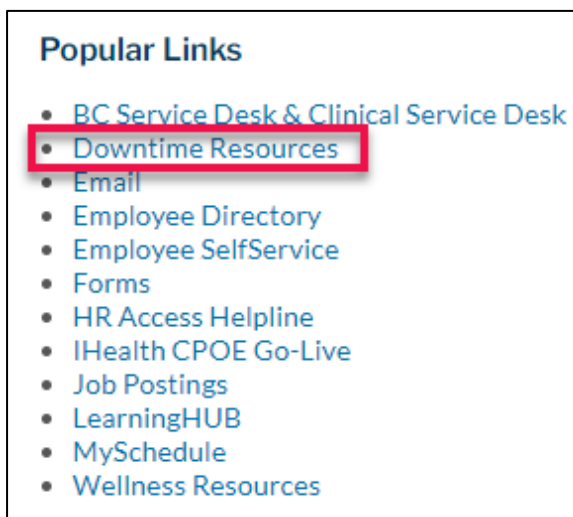


From the **Island Health Intranet**, select the **Downtime Resources** link on the left side of the page.



**Links to Key Resources:**

- [Back-Entering Information after a Downtime](#)
- [Back-Entering Medication Administration After a Downtime](#)
- [Back-Entering Orders after a Downtime (CPOE Activated Sites)](#)
- [Locating Paper Documentation Forms](#)
- [Printing a Paper MAR during a Downtime](#)
- [Printing Patient Labels from the Downtime Patient Index (DTPI)](#)
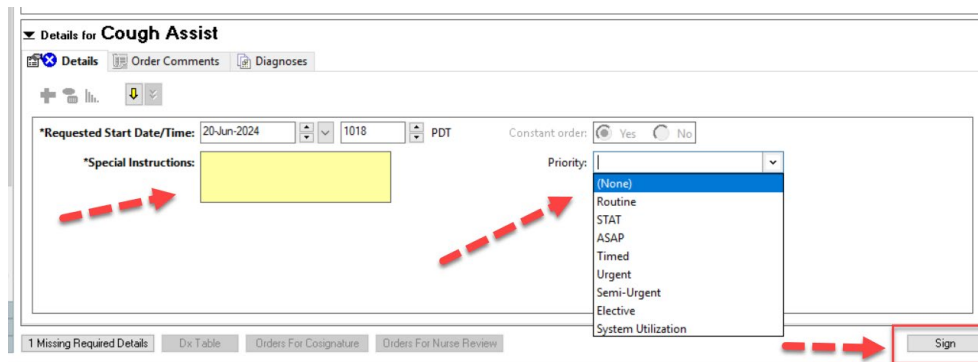- [Using the 724 Access Viewer](#)

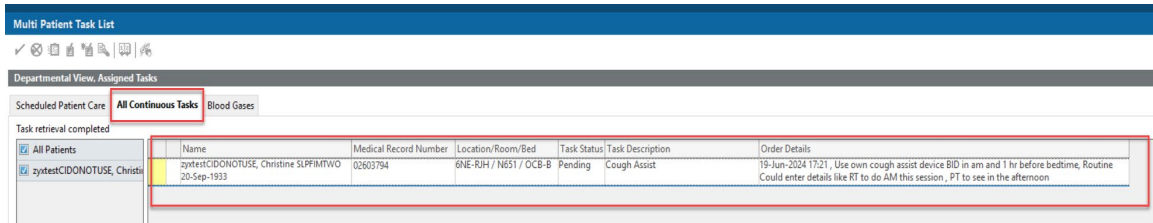| | |
|---|---|
| **Cough Assist Order** | **What We Learned**: Physicians need to place an order for Cough Assist which alerts RT and PT that this treatment is requested.<br><br>**What We Did**: We created a Cough Assist order that populates a Cough Assist task on the Multi-Patient Task List (MPTL) for RTs and a Physiotherapy Communication task on the MPTL for PTs.<br><br>**What you need to know**:<br><br>1. To order - search for cough. Select Cough Assist. Enter relevant details in Special Instructions, select Priority and sign.<br><br>2. RTs – look for the Cough Assist task on the Continuous Tab of your MPTL<br><br>3. PTs – look for the Physiotherapy Communication Task on the PT Evals Tab of your MPTL<br><br>4. When Cough Assist is no longer required, discontinue both the Cough Assist order and Physiotherapy Communication orders<br><br>**Detailed QRG on Cough Assist ordering process available here (or from your site RT / PT leads)** |

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| **Updates to Reason Consult Not Done** | **What We Learned**: Many Clinicians and Physicians receive tasks for **Consult**s on a Multi Patient Task List. Occasionally these Consult tasks need to be marked as "**Not Done**". The Clinician/Physician is required to enter reasons the Consult was not done (including comments), but this documentation was not visible anywhere in PowerChart and did not display on the completed order for Consult. |
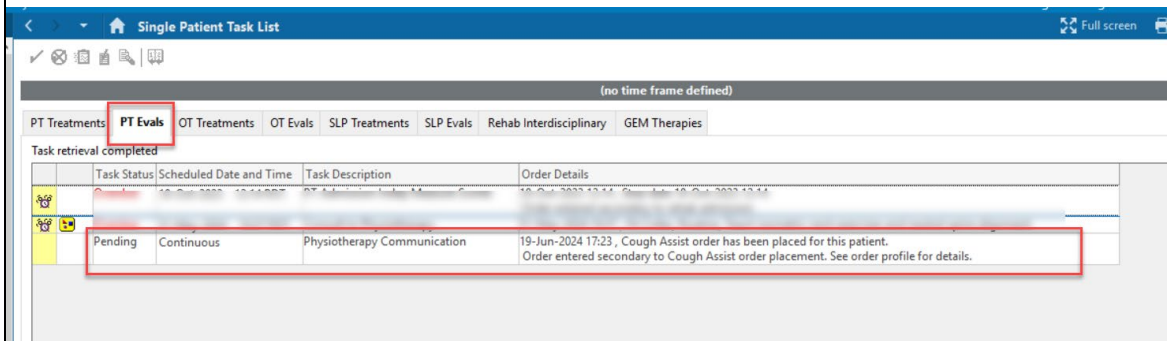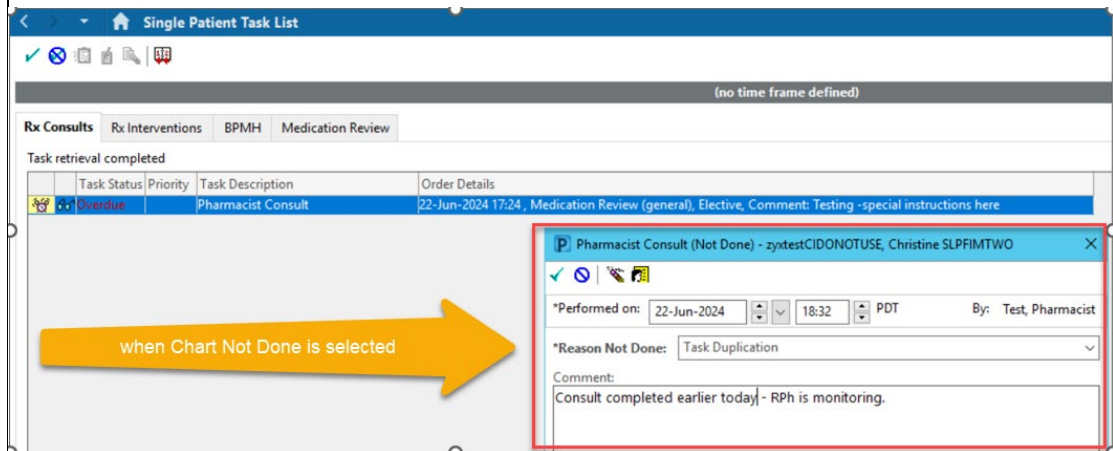


**What We Did**: We enhanced the build so that Consult orders that have been completed as "Not Done" will show this key information in the Clinical Display Line of the completed order along with the Reason Not Done and any comments entered.
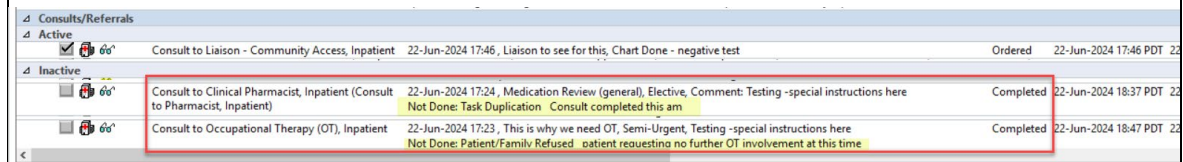


**What You Should Know:**

1. When viewing Inactive Consults marked as Completed, see comments displayed if Consult has been marked "Not Done".
2. For Clinicians who mark consult tasks as Not Done – continue to use clinical judgement for additional actions needed when you are not completing a consult.
   a. Call / communicate directly to the Clinician, Nurse or Provider who entered the consult if appropriate (e.g. – if a physician-to-physician consult was requested, or to clarify services that you can accept consults for)
   b. Document a note into PowerChart if clinical circumstances warrant (e.g. – Refusal that will impact patient discharge)
   c. Only use "Chart Not Done" if you never intend to complete this consult order as this action removes the task from your task list and completes the order

**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