

RJH Weekly Key Messages Final Issue

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

RJH CPOE SUPPORT TRANSITION

What you need to know: Calls for support have dropped in number. This is a sign that many of our clinical team members are adapting to the new CPOE functions and workflows. The 24/7 IHealth Central Support line will end on July 7 at 2400 hours, and support will transition to the Clinical Service Desk.

What you need to do:

- Until July 7 at 2400 hours, please continue to call IHealth Central Support line at 28555 or 1-855-755-7001.
- From **July 8**, please call Clinical Service Desk at 18777 option 3 (or 250-370-8777 option 3).
- Click the “Band-Aid” support widget at the top of your device screen to access the IHealth Cerner Wiki.
- Look for a member of Provider Education and Experience (ProEX) support team rounding on your unit or floor, or the Clinical Transformation Team (CTT) member for the unit or area receiving additional stabilization support.
- Medical staff can continue to visit the Engagement Lab in Royal Block Room 203, Monday-Friday, 0700-1500, for support to help you practice CPOE and answer your questions.

Support with Transfers between VGH and RJH:

Effective July 8, in case of transfers between VGH paper and RJH electronic units will be supported by the Nurse Informaticist On Call. They will be on site during the week business hours and remote support after hours (1600-0800 Monday to Friday and 24/7 weekends).

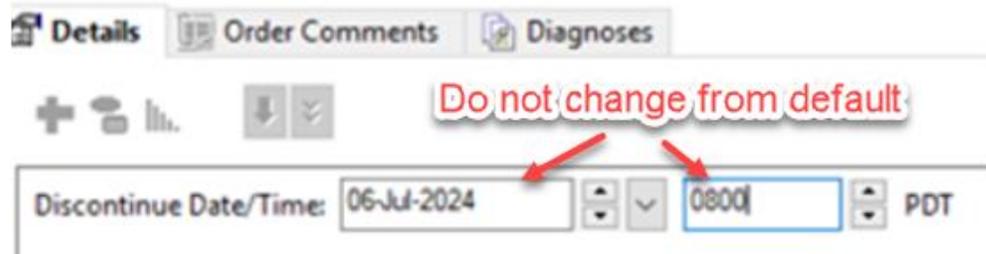
The Hybrid transfer team supporting these Interfacility transfers for RJH and VGH can be reached by calling the Clinical Service Desk at 18777 Option 3, and requesting that the Nurse Informaticist be paged out immediately to support a hybrid transfer.

CPOE TIPS & TRICKS

Future Discontinue for Orders

What we heard: There have been issues identified when orders are set to a “Future Discontinue” status.

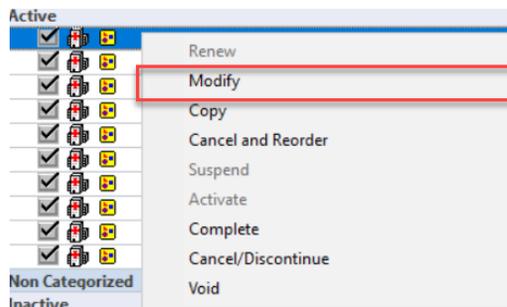
This issue occurs when the “Cancel/Discontinue” option is selected, and the “Discontinue Date/Time:” field is then set to a future date.

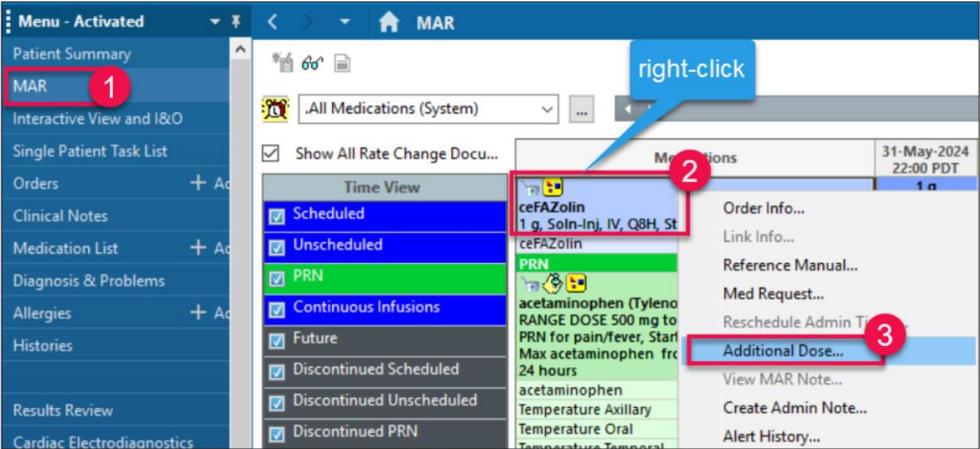


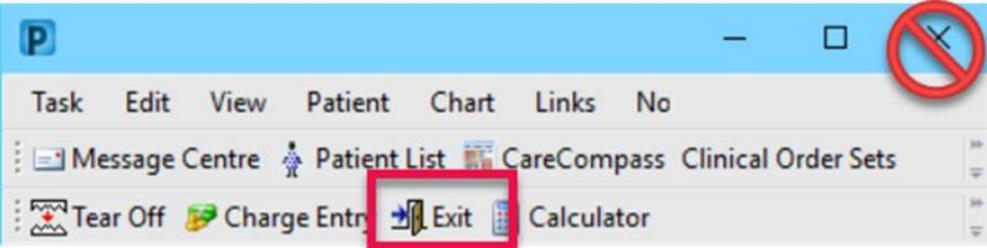
What you need to know: There are plans to make permanent configuration changes to avoid this issue but in the short term, it is important not to change the “Discontinue Date/Time:” into the future.

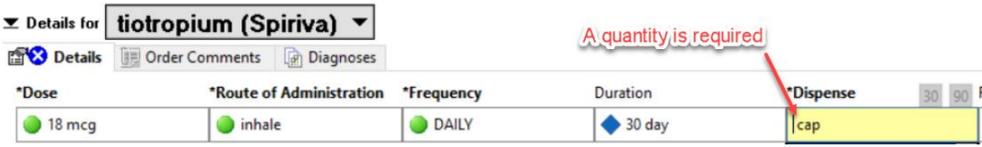
What you need to do: Do not change the “Discontinue Date/Time:” field if Cancelling/Discontinuing an order. This field should be left with the default, current date and time.

When there is a requirement to set a future stop date for an active order, right clicking on the active order and selecting “Modify” and adding the desired stop date is the standard workflow.



	<p>Requested Start Date/Time: 29-Jun-2024 18:00 PDT</p> <p>Stop Date/Time: [] PDT</p>
<p>Back Entering Medication Doses after Patient Transfer from Paper Documentation site</p>	<p>What we heard: There is uncertainty what to do after a patient transfer from a paper documentation site, especially with the MAR.</p> <p>What you need to know: Nurses should review the paper MAR that was sent from the patient's sending facility. Look for the last medication doses and IV fluid rates.</p> <p>What you need to do: Back-enter the last dose of the medications from the paper MAR to the eMAR.</p> <p>For a step-by-step, follow the link here:</p> <p>Documenting Medication Administration Done on Paper After Interfacility Transfer</p> 
<p>Saving Customizations by Exiting Through the Door</p>	<p>What we heard: Customizations and changes to PowerChart / FirstNet aren't "staying" the next time you log on.</p> <p>What you need to know: You can make customizations to various view of your own PowerChart / FirstNet (e.g., workflow tab components, IView display times, IView bands).</p>

	<p>What you need to do: Ensure you have only one chart open when making your changes. To save your customizations you must "Exit Through the Door". Exiting through the X in the window will not save your changes.</p> <p>Any changes will display for your own view and will apply to all patient charts.</p> 
<p>Acting on Orders directing Diets</p>	<p>What we heard: There is some concern that orders directing diets are not being actioned.</p> <p>What you need to know: If a doctor/provider places a <i>Diet to NPO Pre-Procedure Order</i>, an <i>Advance Diet As Tolerated Order</i> or a <i>Resume Pre Procedure Diet order</i>, this is a direction for the nurse to take action (e.g. place the "NPO order" at the appropriate time). Contacting the physician again is not required to place this order.</p> <p>What you need to do: Remember that these orders provide direction that may involve placing a CPOE order. If you are uncertain about the appropriate time or action to take, review associated reference text.</p>
<p>Dispense field requirement in prescriptions</p>	<p>What we heard: The required field for Dispense is not always populated when creating a new prescription.</p> <p>What you need to know: When placing a prescription, be sure to choose the order sentence that most closely matches what you are prescribing, with a dispense quantity. In some cases, the field will not automatically populate. This field required both a quantity and unit of measure.</p> <p>What you need to do: If the field is yellow, that indicates it is required. Select from the drop down a unit of measure and then add a number to meet the requirements.</p>

	
<p>Shared Tasks and Marking tasks as “Not Done”</p>	<p>What we Heard: A Nursing Unit Assistant (NUA) saw a NUA Communication Order but did not receive a Task to do so in their Activities. On review of the Single Patient Task List, the NUA discovered that the Task was completed as “Not Done” by the nurse, with the reason chosen as Duplicate Order. The NUA did not see any other notation in the EHR that the referral was faxed.</p> <p>What you need to know: Clearing Tasks as Not Done clears the task for all targeted users, and the Order can easily be missed or forgotten as it is then flagged as Complete in the EHR.</p> <p>What you need to do: Shared Tasks flagged primarily to another user should be left for that user to complete. Consult team members whether they need assistance to complete Tasks in a timely manner if it seems to be Overdue, before using the Not Done option.</p>



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>