


# RJH Go Live Update Day: 1

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

## PRACTICE REMINDERS

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| <p><b>Bar Code Scanning Medications</b></p> | <p><b>What has been reported:</b></p> <p>Medication packages were reported that they were not scanning.</p> <p><b>What you need to know:</b></p> <ul style="list-style-type: none"> <li>• There is both a barcode and a QR code on the packages.</li> <li>• The QR Code is used in pharmacy for automation equipment processes, in South Island.</li> <li>• The 1D Barcode at the top of the package is to be utilized by Nursing for the BCMA Workflow.</li> </ul> <div data-bbox="662 1073 1040 1346" data-label="Image"> </div> <p><b>What you need to do:</b></p> <p>When scanning medications for administration, ensure your clear package is against a hard surface, and you are scanning the barcode at the top of the package.</p> |
| <p><b>Patient Discharge Handout</b></p>     | <p><b>What has been reported:</b></p> <p>Clinicians' names are showing at the bottom of the patient handout form. There is concern around providing patients documents with Staff Nurses names on the forms.</p>  |

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|                                    | <p><b>What you need to know:</b></p> <p>This is a known output of the technical design of documentation. It has been reviewed with our provincial partners and our Privacy departments.</p> <p>It is identified that although it is legally required that when requested, patient records with corresponding staff names are provided. This is a public recovered and legally discoverable.</p> <p>However, it should not be offered unnecessarily outside of legal request formats. Provincially Island Health and CST Health Information Management and Informatics teams are working on a design solution with OracleCerner.</p> <p><b>What you need to do:</b></p> <p>After printing the Patient Discharge Handout form, please <b>black out</b> or <b>cut off</b>, the employee name. This practice will need to remain until a technical solution has been identified.</p> |
| <p><b>Device Best Practice</b></p> | <p><b>What has been reported:</b></p> <p>Devices are being left unattended and logged into Cerner PowerChart in hallways.</p> <p><b>What you need to know:</b></p> <p>Leaving a device logged in with PowerChart open, is both a security, and patient privacy concern. This would allow individuals to not only access patient records under your name (resulting in a privacy breach) as well as place orders that become automatically live.</p> <p>When walking away from your device, the best practice is to:</p> <ul style="list-style-type: none"><li>• Tap Out, with your Imprivata Device<br/>OR</li><li>• Hit WINDOWS key and “L”</li></ul>    |

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|  | <p><b>What you need to do:</b></p> <ol style="list-style-type: none"><li>1. Ensure you secure your device using Tap N Go or by logging out prior to walking away from it.</li><li>2. If you are administration medications to your patients, please wheel the WOW to the bedside, or the doorway and keep the device in eye sight.</li></ol> |
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## CPOE TIPS & TRICKS

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| <p><b>Multiple orders with different routes for same medication</b></p> | <p><b>What we heard</b></p> <p>Following CPOE Go Live there were multiple reports of duplicate orders on patient records. Some were a result of the cutover discrepancies related to the order entry process. There were many upon review that were identified as a Practice Change to communicate.</p> <p><b>What you need to know</b></p> <p>With the transition to CPOE, and supporting barcode administration, multiple orders will display for different routes/product assignments.</p> <p>This is required as one order per route of administration to support product assignment.</p> <p><b>Scheduled Medications that allow for discretion about administration route:</b></p> <ol style="list-style-type: none"><li>1. Two medication orders will display on the MAR, each with a different medication route and product type (E.g. product: Tab, route: oral; OR product: Soln-Inj, route: IV)</li></ol> |
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| <p><b>thiamine</b><br/>200 mg, Tab, oral, DAILY, for 5 dose, NOW, Start Date 08-Jun-2024 14:04 , thiamine should continue if CIWA-Ar protocol ends, Stop Date: 13-Jun-2024 08:59 if not administered parenterally</p>             | <p><b>200 mg</b><br/>Last given: 200 mg @ 08-Jun-2024 14:05 PDT</p> | <p>200 mg Unauth</p> | <p><b>ending Validatic</b><br/>Last given: 200 mg @ 08-Jun-2024 14:05 PDT</p> |
| <p><b>thiamine (thiamine inj)</b><br/>200 mg, Soln-Inj, IV, DAILY, for 5 dose, NOW, Start Date 08-Jun-2024 14:04 , thiamine should continue if CIWA-Ar protocol ends, Stop Date: 13-Jun-2024 08:59 if not administered orally</p> | <p><b>200 mg</b><br/>Last given: 200 mg @ 08-Jun-2024 14:05 PDT</p> |                      | <p><b>ending Validatic</b><br/>Last given: 200 mg @ 08-Jun-2024 14:05 PDT</p> |

**PRN Medications that allow for discretion about administration route:**

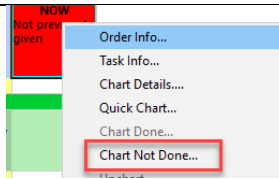
Range Doses will display one order per product type/administration route against the same medication

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| <p><b>dimenhyDRINATE (Gravol - RANGE DOSE)</b><br/>RANGE DOSE 25 mg to 50 mg, Tab, oral, Q6H, PRN for nausea/vomiting, Start Date 08-Jun-2024 14:07</p>        | <p>PRN 50 mg<br/>Not previously given</p> |
| <p>dimenhyDRINATE</p>  |   |
| <p><b>dimenhyDRINATE (Gravol inj - RANGE DOSE)</b><br/>RANGE DOSE 25 mg to 50 mg, Soln-Inj, IV, Q6H, PRN for nausea/vomiting, Start Date 08-Jun-2024 14:07</p> | <p>PRN 50 mg<br/>Not previously given</p> |
| <p>dimenhyDRINATE</p>  |   |

**What you need to do**

1. **For Scheduled medication where the same order has multiple administration route options:**
  - a. Identify the most clinically relevant administration route
  - b. Prepare medications for administration using the closed loop medication system.
  - c. Document administration of medication via the Medication Administration Wizard
  - d. Document against the Medication Task Not Given on the MAR

**Note: The Scheduled Med tasks that are not used, if not documented Not Given will go overdue.**



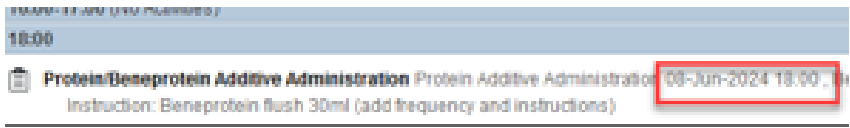
**2. For PRN Medications where the same order has multiple administration route options:**

- a. Identify the most clinically relevant administration route
- b. Prepare medications for administration using the closed loop medication system.
- c. Document administration of medication via the Medication Administration Wizard

Note: PRN Tasks will not go overdue.

## CONFIGURATION AND SYSTEM CHANGE UPDATES

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| <p><b>Lab Collection List Location Additions</b></p> | <p><b>What We Heard</b></p> <p>Orders with AM Priorities were entered on patients registered to ED-Hold locations were dispatched immediately after orders were submitted, although they were not intended until the next am.</p> <p><b>What you need to know</b></p> <p>Upon investigation it was determined that ED-RJH and ED Hold-RJH locations needed to be added to the AM Collection Route so that when AM orders are placed in those locations the orders will schedule and dispatch for the 0500hr collection run the next day.</p> <p>This change will be put into effect for tomorrow am.</p> |
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| <b>OEF Detail Order and Task</b>       | <p><b>What We Heard</b></p> <p>This order and details were firing for NUAs on every single inpatient requesting details to be entered.</p> <p><b>What you need to know</b></p> <p>This design was built to support NRGH and safe patient transfers with transfer details to be applied against subsequent individual orders for the receiving departments (e.g. Medical Imaging).</p> <p>This Order and Task has since been removed from RJH. A system rule was built that after <b>anyone</b> opened the chart, this orders would be discontinued from the order profile, and tasks removed.</p> <p>This order and task will no longer fire for new admissions or patients going forward at RJH.</p> |
| <b>Protein/Beneprotein Task Update</b> | <p><b>What We Heard</b></p> <p>The Protein/Beneprotein additive administration task was not displaying the required administration date and time for the nurses in their task list.</p> <p><b>What you need to know</b></p> <p>This task has been reconfigured to display the intended administration date and time in the clinical display line.</p> <p>Going forward, new orders for Protein/Beneprotein will display the full clinical display line. Current Protein/Beneprotein orders will not auto update with the new display line format.</p>   |

## FEEDBACK



If you have feedback for us, please email [IHealth@islandhealth.ca](mailto: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>