

Go-Live News

For Staff @VGH/GRH/SISC

Wednesday, October 2



Registered Dietitian Shari Young (left), and Clinical Informaticist and Dietitian Bailey Toupin emphasize the importance of good nutrition while in hospital. [See story below.](#)

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New malnutrition order set at Island Health a first in Canada

A clinical order set for malnutrition in the Island Health electronic health record (EHR) is likely the first of its kind in Canada, thanks to the work of an interdisciplinary team who put it together during the order set harmonization process that preceded this year's computerized provider order entry (CPOE) Go-Lives.

"We have been told that by one of our long-time vendors/ reps who works with health authorities and hospitals across Canada, specifically focused on malnutrition," says Nutrition Therapy Services Manager Janine Windsor. "She helped us search across Canada to see if any malnutrition clinical order sets (paper or electronic) already existed, and we couldn't find anything."

"This is the work of many people", says Registered Dietitian Shari Young. Nanaimo physician Dr. Kevin Martin highlighted the need for the order set, crediting Medical Director, Medicine Quality Dr. Al Buckley for his ongoing support. This work would not be possible without Clinical Informaticist and Dietitian Bailey Toupin, as well as the leadership team in Nutrition Therapy Services for their clinical knowledge and wisdom.

"When we started doing that harmonization work, it was brought up as a gap that we need to address," says Young. "One out of two people coming into hospital are malnourished, and one in three people coming into hospital don't eat well during their stay. That can extend their hospital visit by three days."

According to an article in the [Canadian Medical Association Journal](#), patients who are malnourished have 34% to 53% longer hospital stays and cost the health-care system 31% to 55% more than patients who are well nourished.

The order set includes liberalizing the patient's diet, giving an oral nutrition supplement with each meal, measuring the patient's weight on admission and weekly thereafter, and nursing communications.

“It’s everyone’s responsibility to help with patient nutrition, from the placement of the meal tray in the room, to opening containers and help with meal set up, to making sure patients can eat undisturbed by procedures whenever possible,” says Young.

Read the Clinical Adoption Key Messages

[Click to read Clinical Adoption Key Messages](#)

Today’s topics:

- Orders Management: Avoiding Duplicates (Providers & Clinicians)
- Medication Orders: Supporting Clinicians in Medication Administration and Documentation (Providers)
- Managing MAR Tasks (Clinicians)

Finding efficiencies and streamlining patient flow at South Island Surgical Centre

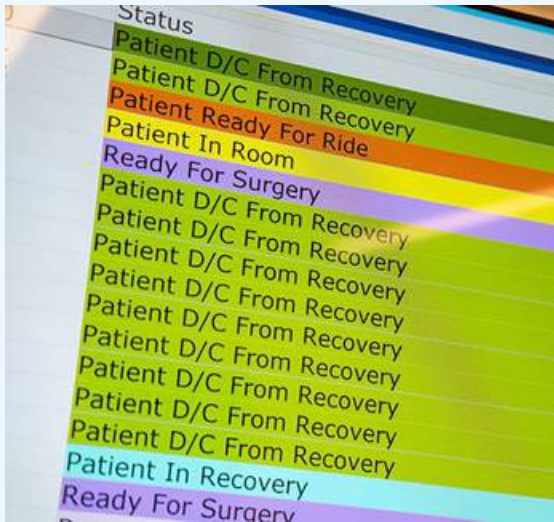
“As our staff get more familiar with the program, the transition gets quicker. For patients, it’s a lot smoother as well,” says Ian Olson, clinical nurse educator (CNE) at South Island Surgical Centre (SISC). “The daycare nurses know when their patient is here and ready to go... The flow is easier.”

Ian has a passion for technology, so he’s optimistic about the efficiencies that CPOE can bring to the SISC team, and their patients. “The fact that a patient’s family can actually see where their family member is in the surgical process, it’s helpful.” A new addition to SISC is an electronic tracking board in the waiting area that allows patients’ families to follow progress, easing their uncertainty and reducing the burden off reception.

Once a patient is in care, Ian appreciates that CPOE consolidates patient history and charting. “Everything’s easy and quick to access. I find it much simpler to navigate.” There are further advantages when it comes to order sets: “If the case is booked a month in advance, doctors can get a lot of orders in at that time,” he explained, “where previously, that would have been done just prior to the chart being made up. This should be a lot faster.”



Ian Olson, CNE at SISC



The new patient tracking boards at SISC and VGH give patients' families information on where the patient is in the surgical process.

One challenge the team at SISC has been navigating involves having an ambulatory clinic – plastic surgery – housed within the OR. “With it being electronic charting, there’s a lot more to it than the ambulatory clinic was used to; their paper form was really small and quick and concise,” Ian said. “They’ve had to develop and make defaults and things like that to help speed things along.”

Despite this, Ian’s calm and confident demeanor says it all: “We’ll get to the point where things are much smoother and quicker. The saying for IHealth has been ‘It’s always somebody’s first day.’ And as the educator, that’s one of the things I look for, and support people with.”

VGH consistently over 90% BPMH rate within 4 hours of patient admission



Dr. Richard Wanbon, far left, and Pharmacy team members (l-r) Dawson Zanet, Lynn Cassidy, Edeana Vivian, Robin MacDonald and Jeff Giles

VGH has consistently completed over 90% of Best Possible Medication Histories (BPMHs) within four hours of patient admission during Pharmacy's BPMH service hours. In fact, on Sept 15 this metric reached 100%!

"Completing BPMHs promptly and accurately is essential for informed decision-making when prescribing medications in the hospital," said Regional Manager of Clinical Pharmacy Services, Dr. Sean Spina. "Admission BPMH is a huge factor to the successful implementation of CPOE since it is the kernel that seeds the entire medication management system."

BPMH is the first step in closed-loop medication administration, a key component of patient safety. It also supports the ability to complete medication reconciliation, which informs transitions in care during admissions and discharge.

The high level of completion is attributed to a dedicated team of BPMH pharmacists and pharmacy technicians operating mainly out of the emergency department and pre-admission clinic, with additional support throughout the entire VGH site.

[Click to complete the survey](#)

Clinical coordinator Dr. Richard Wanbon shared that part of their preparation was to expand the team. "With the support of our

leadership and executive, we expanded our BPMH team. This expansion has alleviated the pressure on nurses, physicians and pharmacists who can now use the BPMHs for more efficient care delivery, including the identification and resolution of medication-related adverse events. We're fortunate and proud of our BPMH pharmacy team!"

"I wanted to pass my compliments on to the BPMH team," said Dr. Eric Milne, a physician at VGH. "They have been incredibly on the ball getting med requisitions done in time for us to see the patients, and it has been a really great experience so far."

1-minute survey: Please give us your feedback on Go-Live News

We would love to have your feedback and ideas on **VGH/GRH/SISC Go-Live News**. Your input will help us make improvements to the editions we produce for sites going live in the future. This is a very short survey – **about 1 minute**.

—Health Communications Team

Spotlight Q&A: Meet Donna Rye

Name: Donna Rye

Role: Cerner adoption coach

Area you are supporting: Floater across site

From: Tennessee

Previous activations: Baptist Health, Florida

What is a benefit of IHealth/CPOE you would like to highlight? Real-time charting. It keeps staff on time, so they don't have to stay late at the end of their shift, and it's best for the patient because patient safety is so important.



Key piece of advice during Go-Live for CPOE: Learn how to make the screen for you – you can condense the screen to display only active orders, and you can set the medication administration record (MAR) to today to display only what is due the day of.

Do you have a passion or favourite pastime outside of work? Quilting and sewing.

Support at the elbow, on desktop & remote

Find support when and where you need it during Go-Live. If you need help or have a question, reach out 24/7 to support staff on your unit, use the “Band-Aid” tool at the top of your screen to get help, or call IHealth Central Support at 1-855-755-7001 or 28555.

Key Links

- [IHealth Intranet](#)
 - [Communicating about IHealth with Patients, Clients and Families](#)
 - [Orders Management Intranet page](#)
 - [What's Changing – By Roles](#)
 - [See more photos: IHealth Go-Live Photo Gallery on Flickr](#)
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