

Go-Live News

For Staff @VGH/GRH/SISC

Wednesday, September 25



Perioperative team members (l-r): Karen Shute, RN, acute pain services; Rachel Wilson, manager, post anesthesia care unit/surgical daycare/pre-admission clinic; Marlene Weeks, director, surgical services for VGH and SISC and regional trauma services; Dawn Maroney, operating room manager; and Bryan Jones, clinical nurse educator. [See story below.](#)

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A message from Gillian Kozinka and Dr. Chloe Lemire-Elmore

We are already on Day 12 of our CPOE Go-Live at VGH, Gorge Road and SISC. Thank you for your continued dedication and hard work.

Safety, quality and consistency of patient care are at the heart of this change – enabled by the fullest possible use of electronic health records. We are already getting glimpses of the benefits: the speed and efficiency of orders being acted upon, comprehensive patient information available to the entire care team and improved safety of bar-coded closed loop medication administration, to name a few.

While we adapt to new workflows and processes, there are also cultural elements that come into play, sometimes because we do things differently using CPOE and other times because we are addressing long-standing “habits” that may not have aligned with actual policies and procedures. We appreciate you working through these conversations together with respect and understanding.

Even though you have heard it from us before, it’s important to bear in mind that one of your colleagues is still experiencing Day 1 of their own “go-live”. Please remember, to be good to each other and to yourselves.

In a relatively short time, we have watched you seize this opportunity whole-heartedly – putting your preparation and learning into practice, asking questions, listening to each other and leaning in with your teams to solve challenges and find the way forward.

While it is natural to feel the energy and adrenaline subside a little, we are still at a critical stage of this transition journey. Let’s maintain our focus and keep our foot on the gas.

Bravo, everyone!

Gillian Kozinka and Dr. Chloe Lemire-Elmore

Read the Clinical Adoption Key Messages

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

Today's topics:

- Chart Checks (Clinicians)
- ED Holding Orders (Provider and Clinicians)

Surgical services: patients and collaborative spirit at the heart of CPOE adoption

Two things lie at the heart of CPOE success for the VGH surgical services team: keeping patients at the centre of the change and staying connected and collaborating with each other and colleagues beyond their team and the site.

“What's made a difference for us is the collaboration amongst all team members and the desire to support as a team and see things go well for patients,” says Marlene Weeks, director of surgical services at VGH and SISC, and regional trauma services.

“I think when you have that teamwork in perioperative, each successive activation is going to get better and better and better,” she says. “And after the activation, we will still stick together as a team to move things forward that we've each discovered and make changes so that we can have a regional approach to patient care and perioperative services.”

As expected, Go-Live has come with some challenges for the surgical services team, Marlene says, most of which are addressed as they come up, and handled with the same collaborative approach.

An example is the need to better understand other departments' workflows and requirements – a challenge the perioperative team has turned into a positive, as closer relationships and deeper understanding across various groups of colleagues will lead to better patient care. Working with colleagues in laboratory, Marlene says, “We’re starting to understand how lab functions and a little bit more about their standards. And they’re learning a little bit more about our standards and how we impact patient care together.”

Overall, the perioperative team is pleased with their progress, and their leader is very proud of them. “We couldn’t do it without everybody...the providers, the physicians, staff in all perioperative/surgical services departments, the IHealth teams, the lab, medical imaging, HIMS and all the people we interact daily with in many departments.”

SWAT groups an efficient method of tackling workflow issues



Project Analyst Caitlin Jensen (left) and Nurse Informaticist Brittany Vakili finish up a SWAT meeting with 11 participants on Microsoft Teams.

Swat, SWOT, SWAT...it could be how you deal with a pesky fly, an evaluation of strengths, weaknesses, opportunities and threats, or taking a strong and immediate approach to a problem. Whichever way you look at the term, people in SWAT groups are working hard together and using all the tools they have to solve tricky issues as CPOE goes live.

Brittany Vakili, nurse informaticist and the acting strategist for perioperative care on the IHealth team says the goal of a SWAT meeting is to work through the incidents or issues that have been raised within a particular clinical area. "We talk through them together as a group, pulling in any ancillary teams who may be impacted by the discussions, as needed. For instance, if we had a lab issue, we would pull in our lab team to be present at our SWAT meeting, or we might attend their SWAT meeting."

Many of the SWAT participants have commented on how efficient the groups are at finding solutions to the issues at hand. According to Vakili, "It really depends on how complex it is, so being able to bring those other teams to the table to have those discussions has helped us to make a decision or decide what the next action item is."

Ultimately, the goal is the improvement of patient care and safety. Caitlin Jensen, an IHealth project analyst, sums it up this way: "Effective patient care hinges on seamless communication and comprehensive information sharing. Electronic health records play a pivotal role in this process, serving as a centralized hub for patient information. Every detail matters, and the importance of patient care is foundational to a functioning healthcare system."

Spotlight Q&A: Meet Dr. Rob Grmek

Name: Dr. Rob Grmek

Go-Live Role: Physician peer mentor support

Area you are supporting: Almost every unit, including OR, SISC, ED, and ICU

From: 3rd year psychiatry resident at RJH

Previous activations: RJH

Benefit of CPOE you would like to highlight:
Anything that promotes efficiency is something that I'm on board with. As my background is in

computer science, I'm always looking for ways that we can automate processes. I feel like one of the things that furthers our decline in some health care issues is lack of efficiency, and if we can speed up processes, that improves patient outcomes in general. That's why I'm hopeful for the future, too.



Key piece of advice for physicians during Go-Live: The first thing that I would emphasize is self-compassion and self-kindness because we're tough on ourselves, especially when we're getting started. Finding the right orders, finding the right processes — that bogs you down in the beginning. We really need to learn to walk before we can run...once you start running, everything's great. You start to learn all these ways that you can speed up your workflow.

What's a passion or interest outside of work? Being active and outdoors, so going for hikes, runs, to the beach or for bike rides; and spending time with family and my dog are also things I love.

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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