

Go-Live News

For Staff @VGH/GRH/SISC

Friday, September 27



CPOE is a family affair: Dr. Hillary Vincent (left) joins her father Dr. David Pearson (right) and her sister Dr. Julia Pearson (via Teams on the workstation). [See story below.](#)

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CPOE is a family affair for three physicians

Island Health gastroenterologist Dr. David Pearson had an inside track for his CPOE training. During the RJH Go-Live in June, his daughter Dr. Julia Pearson came from her home in Edmonton to support the IHealth implementation team. Julia's knowledge of IHealth started over a decade ago when she worked with Island Health's Clinical Informatics team for eight years helping build Cerner at RJH before attending medical school.

This week, his other daughter, Dr. Hillary Vincent, joined the CPOE implementation support team from her home in the Lower Mainland. So, we had to ask: Is CPOE a family topic for discussion?

“Definitely when Jules is around,” laughed Hillary.

“I'm a very superficial user of CPOE,” said David. “I just want to get through the day. But Julia can show me things that make it more efficient and help when you get stuck on something.”

Hillary is an OB/Gyn resident at Vancouver Coastal Health, and Julia is a family practice resident in Edmonton.

Read the Clinical Adoption Key Messages

Click to read Clinical Adoption Key Messages

EHR delirium care planning a “win, win, win”



The Delirium Care Pathway follows actions from initial patient screening upon admission through to discharge.

Delirium is a medical emergency that increases mortality and hospital length of stay. Preventing delirium has been a priority at VGH and GRH since before the current Go-Live, and the electronic health record (EHR) is making that work a more integral part of the health system.

Kylie Conway, CNL on the 4th floor acute medical unit at VGH, says elderly patients at risk of delirium are her team's "bread and butter," so to speak. Often the first and only sign of delirium is an acute state of confusion. As part of a Delirium Care Initiative that started in the fall of 2023, unit 4AB where Kylie works and a few others have been using the Confusion Assessment Method (CAM) to screen for delirium within the electronic health record (EHR).

"Having the CAM-positive result automatically prompt the care plan, that's really great," says Kylie, referring to the integrated plan of care (known as an "IPOC") that is initiated when a screened patient is identified as CAM-positive. "While it took a bit more time and care going through that care plan at first, our nursing staff are getting used to what points we're looking at and how to customize care plans for each patient."

The benefits are already becoming clear; in many cases, delirium is prevented, which in turn contributes to lower staff workload and reduces patient time in the hospital. It can also help prevent re-admission to hospital.

Another important aspect is the use of CAM screening in the emergency department. "We are working to prioritize getting those patients up into beds as quickly as we can," says David White, director of medicine, intensive care and emergency. "They need to be in an environment where we can support healthy rest and sleep and get them back into a routine," he adds, and spaces in the emergency are then available for those people with the most urgent needs.

VGH Executive Director Gillian Kozinka sees huge quality improvement potential for the system. "By using these metrics that we now have access to through the EHR, we can better support best care practices and improve patient flow at the same time," she says. "Delirium care planning is a great example of this...we are able to ensure early intervention by the collaborative care team, which enables us to reduce hospital lengths of stay and prevent the transition of patients into long-term care. It's win-win-win really."

For more information on the delirium care pathway, see the [Delirium page](#) on the Island Health Intranet.

New patient flow tracking boards streamline OR prep and support



Alicia Bauln, MDRD processing assistant, gets a snapshot of perioperative patient flow in the new digital tracking board.

New patient tracking boards that show where OR patients are in the surgical workflow are helping the medical device processing team respond more quickly and efficiently.

The boards, installed concurrently with the CPOE Go-Live in the Medical Device Reprocessing Department (MDRD) as well as in perioperative rooms at VGH and SISC, are a “game changer” for the team responsible for organizing, moving and sterilizing equipment, decontaminating the surgical suites, and restocking materials and equipment needed for specific surgeries.

“The board is right by our elevator to the OR, so we know what’s happening in the OR theatre,” says Shellie Miller, MDRD manager. A glance shows the status of each patient flowing through the perioperative stages.

While there is still a paper slate of surgeries, the addition of the easily viewed boards helps the MDRD team plan ahead and respond to changes in OR flow.

“The board tells us which theatre, what's happening in that theatre, where that patient is in the process,” Shellie says. “So, if they're running late in the theatre, we know that. If they need some specialty instrumentation, we know when they're going to need it.”

“Now we know what might be more of a priority by looking at the board,” she adds.

Marlene Weeks, director of surgical services, says the new tracking board in MDRD helps to increase the connection between these important team members and their perioperative colleagues.

“We value their ability to now see where the patient is in real-time,” she says, “which is making a difference in how we collaborate towards providing safe and efficient patient care.”

Spotlight Q&A: Meet Joey Hamel

Name: Joey Hamel, RN

Role: Nurse informaticist with clinical informatics focusing on order sets for lab, medicine and respirology

Area supporting: VGH activation as a triage coordinator

From: Originally Lower Mainland and now Central Saanich

Previous activations: Remote support at RJH and onsite support at The Summit

Benefit of CPOE you would like to highlight:

The ability to see an order the moment it is placed and not have to wait for the old paper processes to occur.

Key piece of advice during Go Live: Be open to the change and ask lots of questions.

What's a passion or interest outside of work? I enjoy watching football, playing golf, riding bikes, playing hockey with my kids and going on adventures with the whole family.



Support at the elbow, on desktop & remote

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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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