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# IHealth Update for Medical Staff

October 2023



*Sent on behalf of IHealth Medical Staff Site Leaders, Dr. Kellie Whitehill (VGH), Dr. Pooya Kazemi (RJH), and your medical staff specialty champions.*

## South Island Tertiary CPOE Update

**IHealth activation of CPOE at South Island Tertiary sites rescheduled to April-May 2024**

The February-March 2024 activation of electronic ordering (i.e., Computerized Provider Order Entry, or CPOE) at RJH, VGH, Gorge Road Hospital and South Island Surgical Centre is being re-scheduled to April-May 2024.

Exact dates will be shared after further joint discussion and planning with site clinical operations and medical staff leadership.

[Read the full memo here.](#)

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## Key Messages

**All medical staff members have the responsibility for reviewing, creating, and managing orders and order sets for their patients**

Specifically:

- When consulting physicians place orders clear communication with the MRP is required to ensure there is clarity regarding who will be responsible for further monitoring, changes, adjustments and particular follow up regarding that order and the associated patient condition.
- The MRP responsible for coordinating the care of an inpatient is tasked with reviewing orders, examining results, and discontinuing orders that are no longer necessary, regardless of whether the order was placed by a previous ordering provider.
- Ordering providers, especially consultants or specialty care providers, are accountable for specific diagnostic investigations they have ordered.

**Please note:** *There is no need to recreate orders in the MRP name when orders have been previously placed by a colleague unless the order is to be changed or the MRP wishes to change that order to be replaced under their name.*

### **Admission Medication Reconciliation is required within 24 hours of admission and is the responsibility of the MRP/MRP Service**

- Completing admission medication reconciliation and transfer orders reconciliation in a timely manner improves quality during transitions in care.
- Transfer Orders reconciliation is the responsibility of the receiving MRP or MRP Service.
- Transfer Orders Reconciliation is required when patients move between services, levels of care, or go to different facilities when on the same clinical encounter.
- Critical Care physicians should conduct an orders reconciliation before patient transfer to ensure effective bed utilization and appropriate care.
- Transfer orders reconciliation when the patient moves between VGH and RJH is not required when the MRP/MRP service (e.g., hospitalists) remains the same.
- For facilities using CPOE or ClinDoc where discharges occur during what is an interfacility transfer, a new process is under review. Discharge medication reconciliation is not to be performed. A new document summary type is in development to pull active inpatient acute orders into a template for re-ordering at the new site. The original BPMH (Best Possible Medication History) is to be re-validated, and does not need to be re-entered upon site admission.

### **Discharge Medication Reconciliation is essential at the time of discharge and supports patients, families and care teams**

- Completing Medication Reconciliation provides an automatically updated section in the Discharge Summary and a Patient-Friendly Medication List for family/caregivers.
- Providing a Patient-Friendly Medication List to the patient (compiled from the BPMH and discharge medication reconciliation) aids in follow-up care by the next healthcare provider and family/caregivers.
- Community pharmacists can offer Discharge Medication Counselling when they have access to the printed Patient-Friendly Medication List.

- Together these can improve the patient's knowledge about their new medications and support their safe transfer into the community.
- Inclusion of the medication list in the discharge summary supports a more complete note that can be sent to the patient's MyHealth portal.

Watch a demonstration video on [Transfer Orders Reconciliation](#).

Read the [Orders Management Policy](#).

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## FAQs

Here are some questions we have received recently from medical staff:

### **Q. How can I practice CPOE before we go live?**

**A:** Guided Play – In the Engagement Lab\* or through asking the ProEX team who can meet you and support you through a scenario. Once you have access in the play domain, you are able to go into that domain at any time.

Visiting NRGH – Shadowing or doing some clinical shifts. If interested in shadowing, express interest to [Gillian.Kozinka@islandhealth.ca](mailto:Gillian.Kozinka@islandhealth.ca)

*\*The Engagement Lab at RJH is located in Royal Block 203 and the engagement lab at VGH is located in S275. Both labs are available for onsite drop-in IHealth support and demonstrations on Wednesdays from 1-3 p.m.*

### **Q. We know that BPMH is critical to the success of VGH/RJH CPOE? What can you tell us about the hiring of Pharm Techs to have BPMH done prior to admission orders?**

**A:** Medication Systems and Pharmacy leadership are working with clinical operational leadership to develop new Pharm Tech rotations at both sites. This has been modelled to achieve a BPMH on or before admission. (A target measurement is taken at four hours of admission).

RJH total Pharm Tech FTE increases to 8.1 (an increase of 2.8) and VGH total FTE increased to 7.4 (an increase of 3.86).

### **Q: How does our group apply for supernumerary funds?**

**A:** Supernumerary shifts typically occur during the first couple of weeks of an activation.

Most often, supernumerary shifts are offered for those areas that cannot modify throughput of patients. This typically includes Emergency Medicine, Hospitalist

Medicine, Internal Medicine, Critical Care and Perinatal Medicine. Other groups have come forward requesting supernumerary support, including Nephrology, Palliative Care and Anesthesiology. IHealth offers the funding, and the selection and scheduling of the supernumerary medical staff is completed by the Division/Department.

Please forward requests to [MaryLyn.Fyfe@islandhealth.ca](mailto:MaryLyn.Fyfe@islandhealth.ca) or [Eric.Shafonsky@islandhealth.ca](mailto:Eric.Shafonsky@islandhealth.ca)

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## Connect with us!

Send us questions and feedback by email – [IHealth@IslandHealth.ca](mailto:IHealth@IslandHealth.ca)

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