

Electronic Health Record Update

Island Health
Volume 4, Edition 39
December 30, 2020

Intended Audience: All Island Health Clinicians and Providers using PowerChart and FirstNet

Topic/Summary:

1. Changes to the COVID-19 Assessment Screening PowerForm (Test Collection Sites)
2. Changes to COVID Daily Screening (All Acute Care Sites)
3. Update to the Infectious Disease Screener (All Sites)
4. Addition of Bedside Shivering Assessment Scale Documentation (All Sites)

WHAT'S NEW?

1. Changes to the COVID-19 Assessment Screening PowerForm (Test Collection Sites)

What We Heard:

The COVID-19 Assessment Screening PowerForm is no longer required for all patients at test collection sites.

What We Did:

- To enhance efficiency at the testing sites, staff will stop completing the COVID-19 Assessment Screening PowerForm for all patients; they will start documenting by 'exception'.

What You Need to Know:

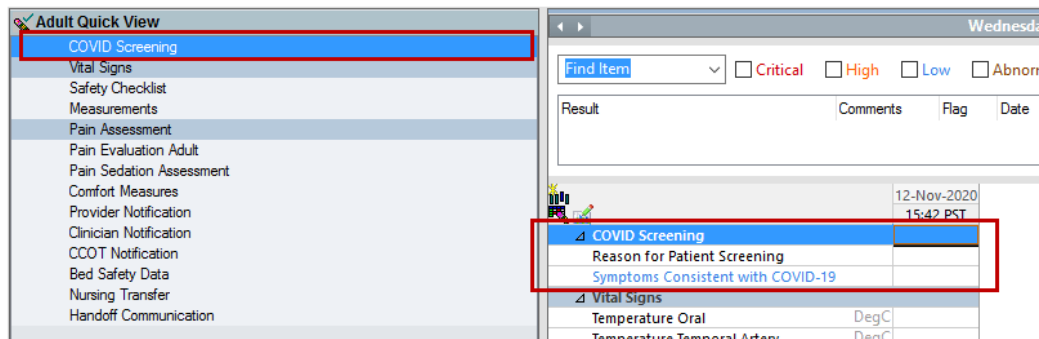
- Testing information will continue to be available in PowerChart and results will be available on the COVID-19 MPage (summary page) and in Results Review.

2. Changes to the COVID-19 Daily Screening (All Acute Care Sites)

Early on in the pandemic, a number of different formal and informal assessment tools were developed to support COVID-19 screening for patients in care. Completing COVID-19 clinical symptom screening and documenting it consistently, gives care providers a level of confidence, especially during care transitions, that their patient has not become symptomatic during their stay with us. Please note that there is now a requirement for COVID-19 symptom screening not only at admission (the Infectious Disease Screener) but also on a daily basis post admission.

WHAT IS NEW:

- A new section has been added in IView to support documentation of COVID symptom screening. This new section consists of two questions. Both questions must be completed. Reference text is available by clicking on the blue text.



WHY THIS CHANGE IS HAPPENING:

- This new section has been added to ensure that we have a standardized and consistent way for staff to document COVID-19 symptom screening. This screening will help to mitigate risks and ensure staff and patient safety.

WHAT YOU NEED TO KNOW:

- Another tool that is used for COVID-19 screening on admission is the Infectious Disease Screener. This screener should be completed for all patients upon admission, but this initial screening is only an indication of the patient's status at that point in time.
- Follow up and ongoing COVID-19 screening is a daily requirement for all patients who are admitted to acute care.
- When determining whether or not to select Yes for 'Symptoms Consistent with COVID-19' consider if the symptom(s) are new, worsening and/or unexplained by the patient's current clinical condition. For example, a post-op patient with vomiting that is caused by anesthesia or medications would be documented with a No response as COVID-19 is not suspected. Selecting a Yes response indicates that you are determining that the patient may have COVID-19 and that next steps (COVID-19 testing, addition of Contact/Droplet precautions and notification to leadership) are being taken.
- During Covid-19, the [BC College of Nurses & Midwives](#) (BCCNM) is allowing RNs, RPNs, and LPNs to collect a nasopharyngeal (NP) swab or a throat swab in any setting without a provider order if they have the acquired competence and employer support. Sometimes we know it is not always possible to get an order in a timely manner, therefore, there is some flexibility in this standard during the pandemic. It is imperative to notify the patient's MRP when a nasopharyngeal or throat swab is performed to ensure timely follow up and management of the test results.
- Patient precautions should be discontinued if they are no longer indicated.
- Unit/Site leadership is responsible for monitoring and tracking to ensure these assessments are completed as a safety measure for our staff and patients.

THE FINER DETAILS:

- A Quick Reference Guide on how to document this in PowerChart is available - [Daily COVID-19 Screening](#)
- Screening results will display in the results review and on the COVID-19 Assessment MPage. The previous seven days of screening will be visible under the COVID-19 Daily Screening section.

	Today 12:06	24 NOV 2020 12:06	23 NOV 2020 12:05	22 NOV 2020 12:05	21 NOV 2020 12:05	20 NOV 2020 12:05	19 NOV 2020 12:04
Reason for Patient Screening	QShift	QShift	QShift	QShift	QShift	QShift	QShift
Symptoms Consistent with...	No	No	No	No	No	No	No

- A new report is available in the Discern Reporting Portal called COVID Daily Inpatient Screening. Managers, CNLs and other staff will be able to select a site and unit to view the most recent screening status for all patients.

Report Name	Categories	Favorite
COVID-19 Daily Inpatient Screening	Explorer Menu (Main Menu)	☆
IPC Nurse Unit Precautions Log	Explorer Menu (Main Menu)	☆
PCP Immunization Report	Explorer Menu (Main Menu)	☆
Violence Alert Report	Explorer Menu (Main Menu)	☆

Note: If your site is not yet completing electronic documentation, [a paper version](#) of the COVID-19 Daily Screening form should be ordered through printing services. This can be ordered using the catalogue number 9-90824

3. Update to the Infectious Disease Screener (All Sites)

What We Heard:

- Question #6 in the Infectious Disease Screener “Travel in Canada to an area with increased COVID-19 rates w/in past 14 days” was unclear
- Screening related to COVID-19 clusters or outbreaks was absent

What We Did:

- Removed “Travel in Canada to an area with increased COVID-19 rates w/in past 14 days”
- Added “Are you part of a declared COVID-19 cluster or outbreak within the last 14 days”

What You Need to Know: Continue to document responses of either Yes, No or Unable to obtain to the additional question.

Previous wording:

COVID-19 Screening
 If YES selected for any of the items from 1 to 5, droplet plus contact precautions will be automatically placed.

	Yes	No	Unable to obtain
*1. Symptoms consistent with COVID-19			
2. Confirmed high risk contact w/ known COVID-19 case			
*3. Received notification of contact w/ a COVID-19 case			
*4. Household contact of an ill international traveller			
*5. Travel outside Canada w/in 14 days of symptom onset			
*6. Travel in Canada to an area with increased COVID-19 rates w/in past 14 days			

Symptom(s) Onset Date
 [Date Picker]

New wording:

COVID-19 Screening
 If YES selected for any of the items from 1 to 5, droplet plus contact precautions will be automatically placed.

	Yes	No	Unable to obtain
*1. Symptoms consistent with COVID-19			
*2. Confirmed high risk contact with known COVID-19 case			
*3. Received notification of contact with a COVID-19 case			
*4. Household contact of an ill international traveller			
*5. Travel outside Canada w/in 14 days of symptom onset			
*6. Are you part of a declared COVID-19 cluster or outbreak within the last 14 days			

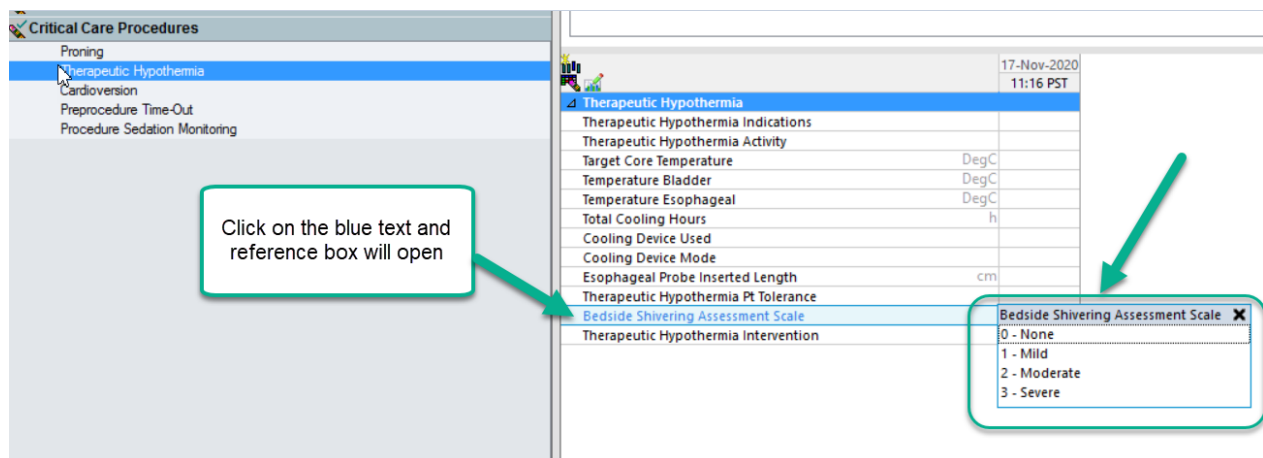
Symptom(s) Onset Date
 [Date Picker]

4. Addition of Bedside Shivering Assessment Scale Documentation (All Sites)

What We Heard: Documenting a Bedside Shivering Assessment is not available.

What We Did: Created a Bedside Shivering Assessment scale in IView to support implementation of the post cardiac arrest targeted temperature management order set and guideline.

What You Need to Know: Document a Bedside Shivering Assessment in IView in the Critical Care Procedures section in IView; select the Therapeutic Hypothermia band.



Click the blue text Bedside Shivering Assessment Scale to access the Bedside Shivering Assessment Scale Reference box

Bedside Shivering Assessment Scale

Reference

CarePlan information
 Chart guide
 Nurse preparation
 Patient education
 Policy and procedures

Table 1 Bedside Shivering Assessment Scale

Table 1 Bedside Shivering Assessment Scale		
Score	Term	Description
0	None	No shivering on palpation of masseter, neck, or chest wall No electrophysiologic evidence of shivering
1	Mild	Shivering localized to neck or thorax
2	Moderate	Shivering involves gross movement of upper extremities as well as neck and throat
3	Severe	Shivering involves gross movement of trunk and upper and lower extremities

(Modified from Wiegand, D.L. [Ed.], [2017]. AACN procedure manual for high acuity, progressive, and critical care [7th ed.]. St. Louis: Elsevier.)

Link to EHR Updates:

<https://intranet.viha.ca/ihealth/Documents/Forms/Time%20Ordered.aspx>

NEED HELP?

The Clinical Solutions Desk [CSD] and Clinical Informatics team are prepared to help with any questions or concerns regarding the update

[The CSD is available 24/7, seven days a week at 18777, option 3](#)