


Let's Talk Informatics

Achieving HIMSS Stage 7 at the Centre for Addiction and Mental Health (CAMH)

Heather Sulkers, Senior Director, EPMO & Clinical Informatics
February 28th, 2019

Bethune Ballroom, Halifax, Nova Scotia



Please be advised that we are currently in a
controlled vendor environment for the
One Person One Record project.

Please refrain from questions or discussion
related to the
One Person One Record project.

Informatics...

utilizes health information and health care technology to enable patients to receive best treatment and best outcome possible.

Clinical Informatics...

is the application of informatics and information technology to deliver health care.

AMIA. (2017, January 13).

Objectives

At the conclusion of this activity, participants will be able to...

- Identify what knowledge and skills health care providers will need to use information now and in the future
- Prepare health care providers by introducing them to concepts and local experiences in Informatics
- Acquire knowledge to remain current with new trends, terminology , studies, data and breaking news
- Cooperate with a network of colleagues establishing connections and leaders that will provide assistance and advice for business issues, as well as for best-practice and knowledge sharing

Session Specific Objectives

- Understand how HIMSS EMRAM Stage 7 can be leveraged to influence practice and technology change and adoption
- Identify unique challenges to HIMSS Stage 7 achievement within a mental health organization
- Apply lessons learned to other health care organizations aspiring to reach HIMSS Stage 7

Conflict of Interest Declaration

- I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device, health care informatics organization, or other for-profit funder of this program.

CAMH – Who We Are

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CAMH - Who We Are



- ❖ Largest Mental Health and Addictions hospital in Canada
- ❖ University of Toronto-affiliated teaching hospital
- ❖ World leader in brain science
- ❖ 3 main sites with 30+ locations
- ❖ 90 distinct services between an emergency department, inpatient, outpatient, day treatment and partial hospitalization models
- ❖ HIMSS Stage 7

CAMH Clinical Programs

Acute Care

- **ED (Emergency Department) and Inpatient Services**
- **Outreach & Telemedicine**
- **Ambulatory Services**

Complex Care and Recovery

- **CCR Inpatient Services**
- **CCR Outpatient Services**
- **CCR Specialized Services and Research**

Child, Youth & Emerging Adult

- **Child, Youth & Emerging Adult Services**

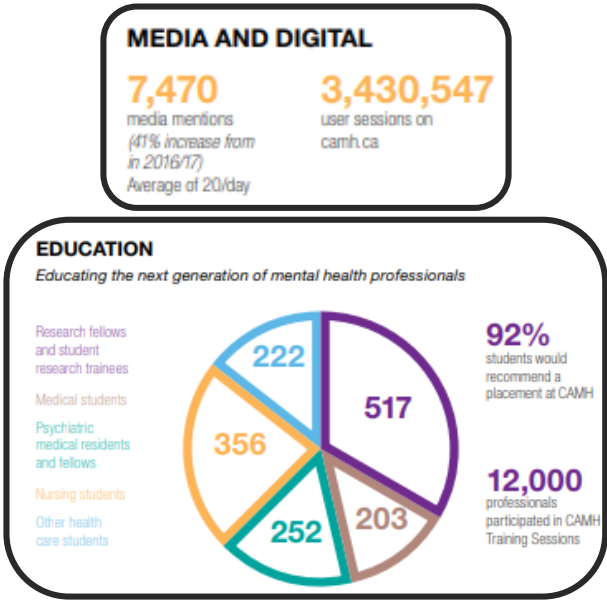
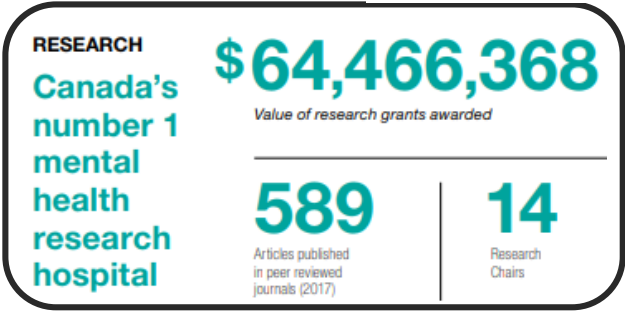
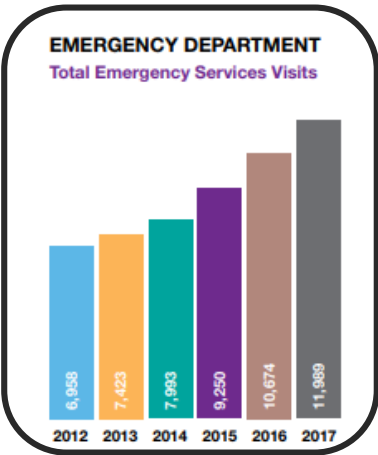
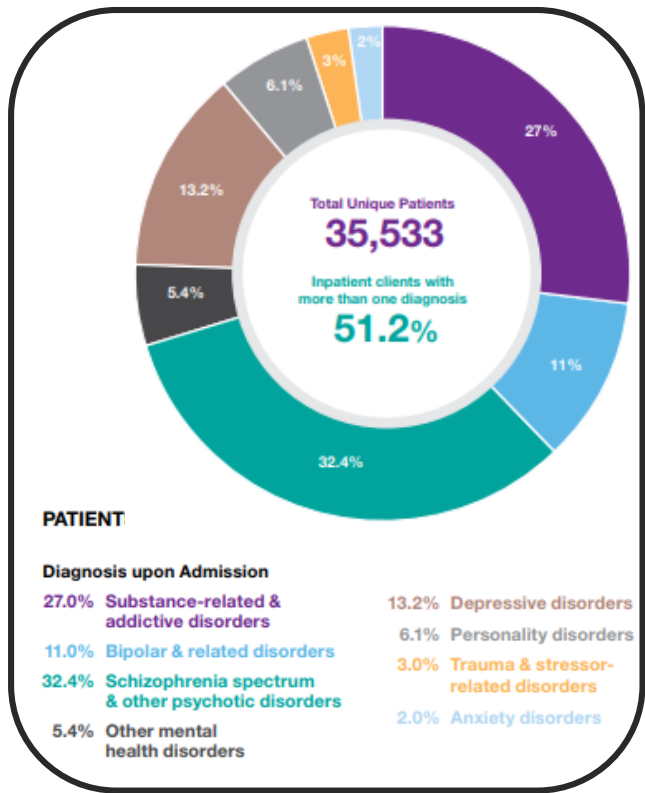
Clinical Services

- **Clinical Operations**
- **Clinical Laboratory & Diagnostic Services**
- **Pharmaceutical Services**
- **Medical Services**
- **Hospitalist Services**

- **Infection Prevention and Control**
- **Dental Clinic**
- **Podiatry Clinics**
- **Dietetic Services**
- **Nursing Resource Unit**

CAMH - By the Numbers

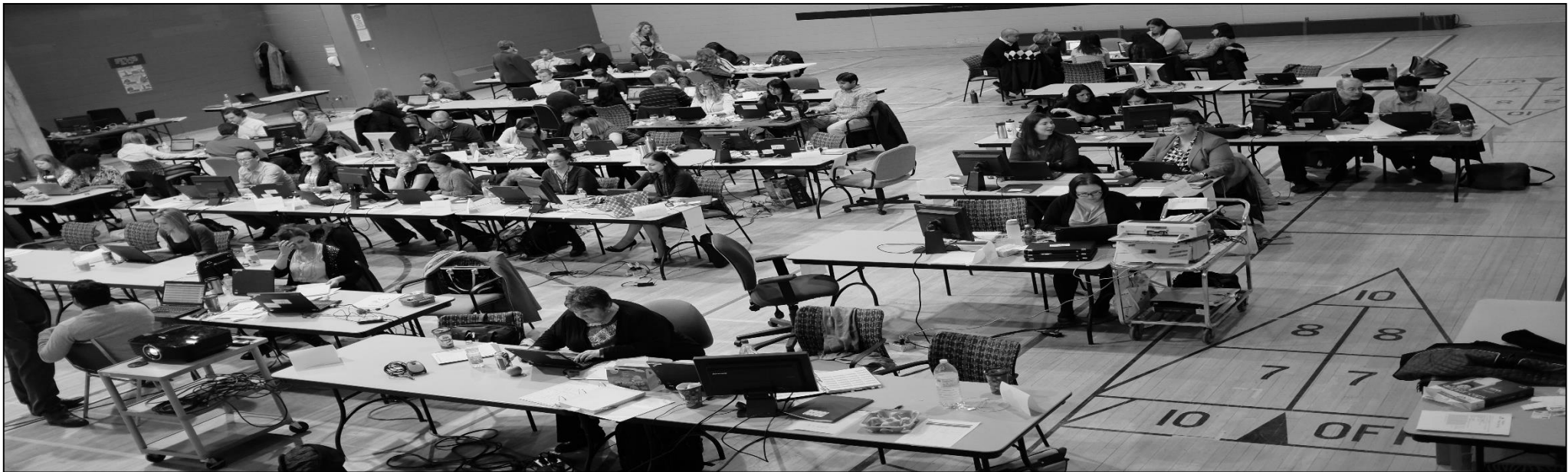
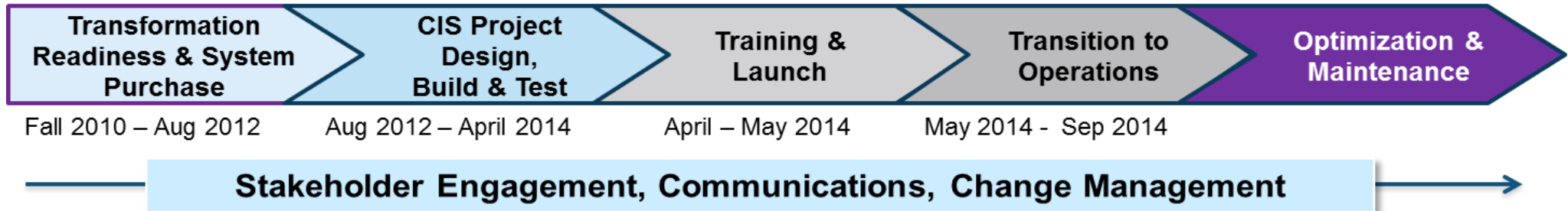
2017-2018 Report



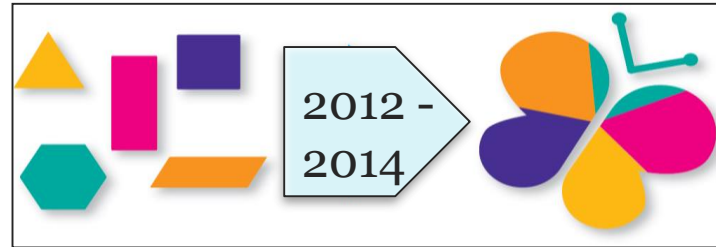
Our Clinical Information System Transformation

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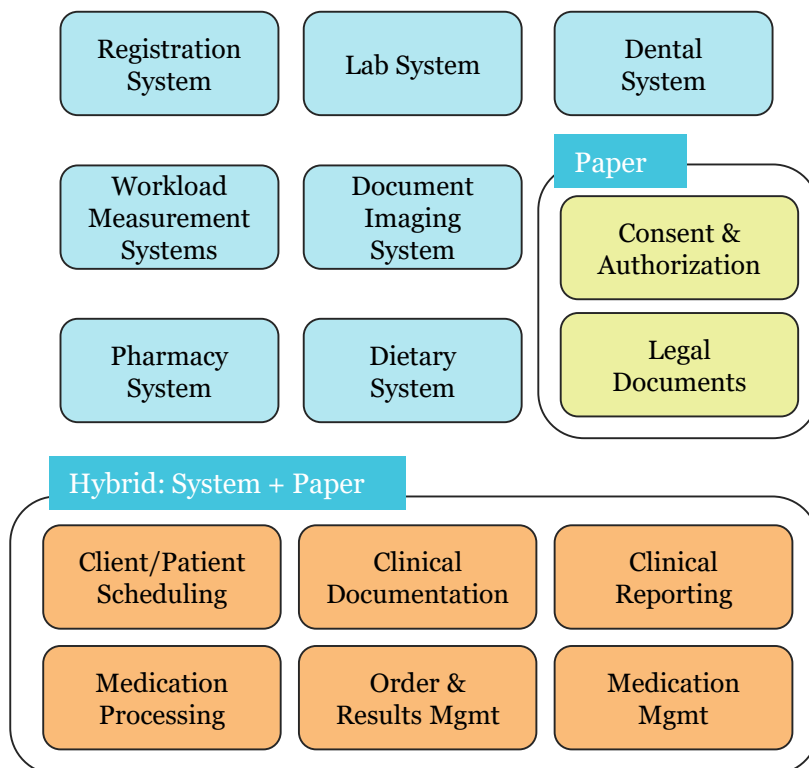
The Evolution of I-CARE



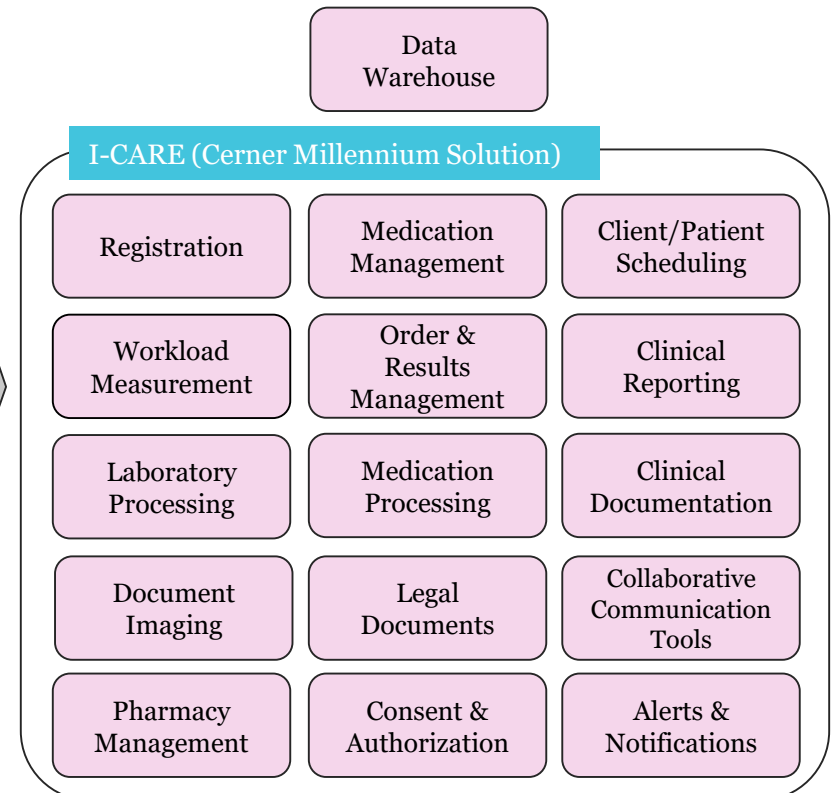
Integrated Approach to Clinical Care



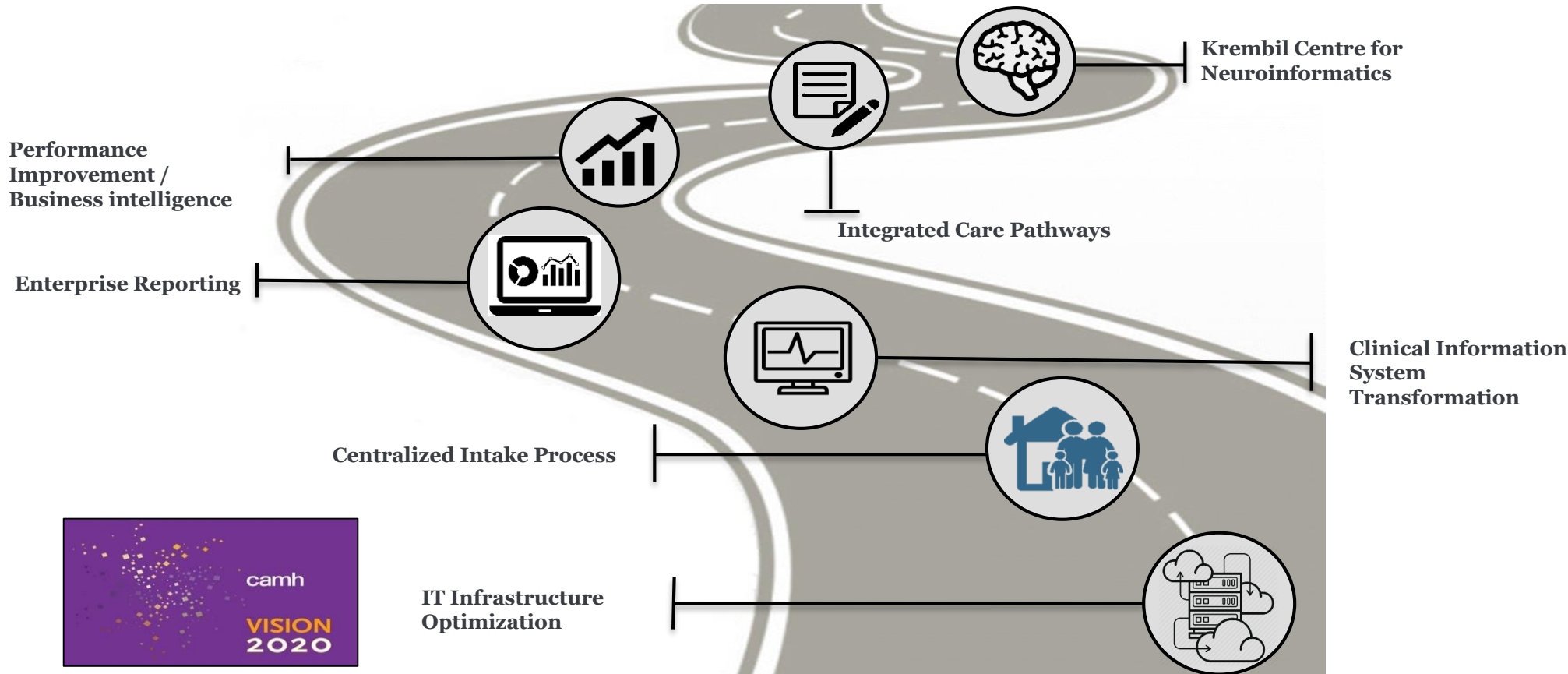
Pre Go-Live



Post Go-Live



Roadmap to Data Driven Care



Journey to HIMSS Stage 7

HIMSS – Health Information Management Systems Society - created 8 EMRAM stages to support an organization in determining their level of maturity in implementation and adoption of an electronic medical record

Canada EMR Adoption ModelSM

	STAGE	2017 Q2
CAMH achieved: June 2017	Stage 7	2
June, 2015	Stage 6	7
	Stage 5	25
	Stage 4	10
	Stage 3	197
Pre I-CARE	Stage 2	190
	Stage 1	100
	Stage 0	113
		n=644

Stage 7 builds on criteria achieved for previous stages, and demonstrates:

- Hospital wide paperless charting to manage patient care
- Use of clinical data to improve quality of care, patient safety, and care delivery efficiency
- Information exchange capabilities with other health entities
- Documentation which supports continuity of care for all inpatient hospital services

“Achieving different stages signifies that an organization aspires to and/or delivers high quality patient care with truly shared, interoperable patient information resulting in increased process performance, quality of care and patient safety amongst their peers within healthcare”

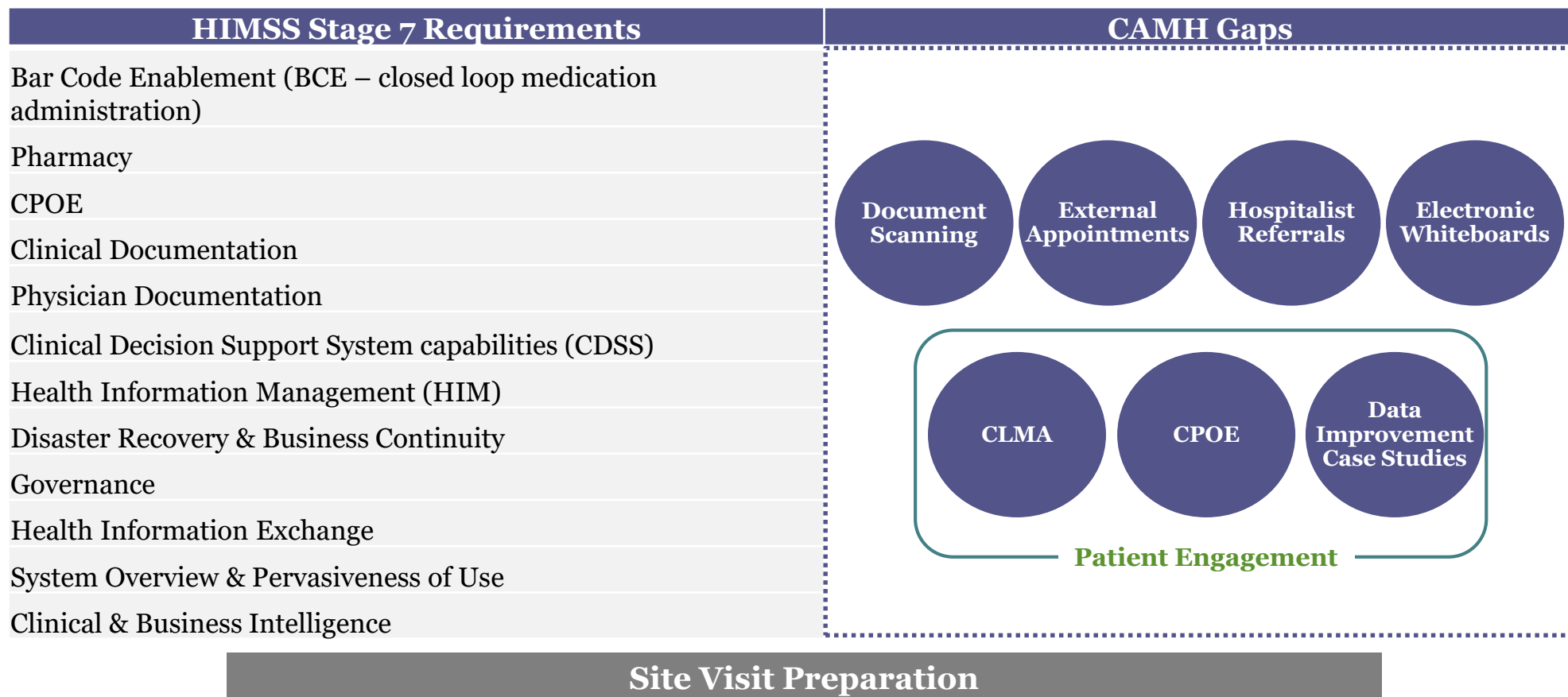
Why HIMSS Stage 7?

International recognition that CAMH leverages its clinical information system to support excellence in care delivery and identify ongoing improvement opportunities, in support of our overarching strategic vision

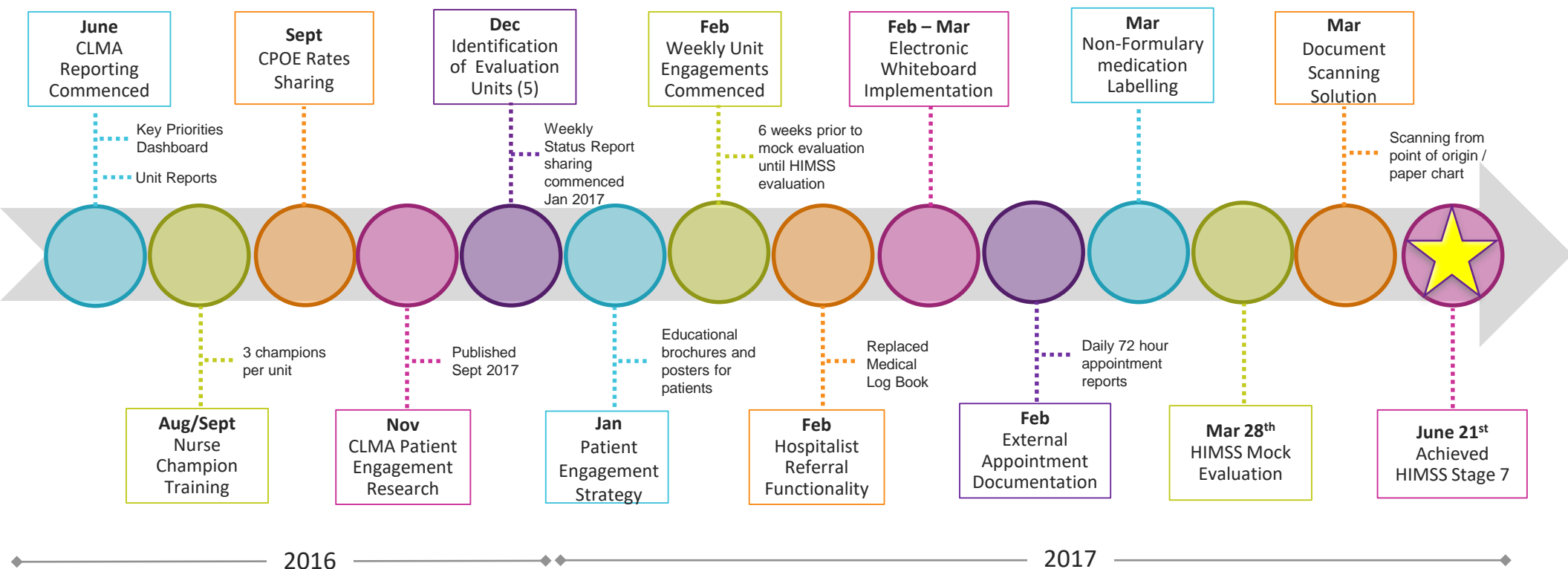


“Achieving different stages signifies that an organization aspires to and / or delivers high quality patient care with truly shared, interoperable patient information resulting in increased process performance, quality of care and patient safety amongst their peers within healthcare”

HIMSS Stage 7 Requirements



HIMSS S7 Project Timeline



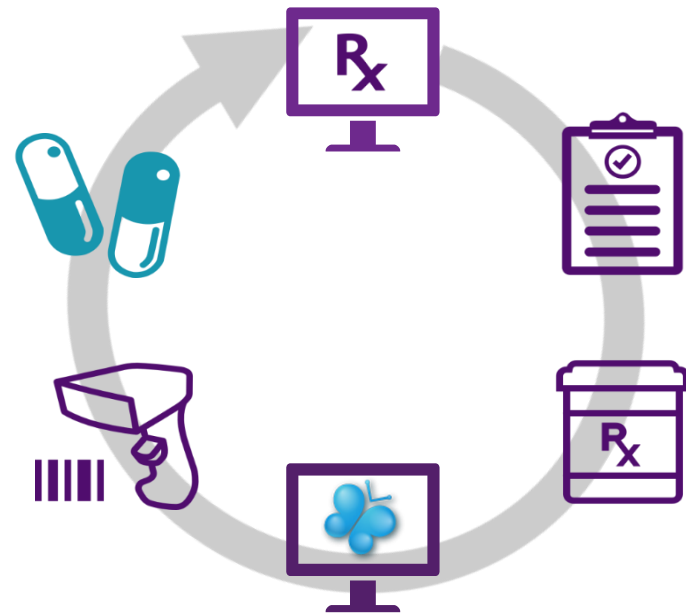
Closed Loop Medication Administration (CLMA)

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Closed Loop Medication Administration (CLMA)

...to support the rights of medication administration

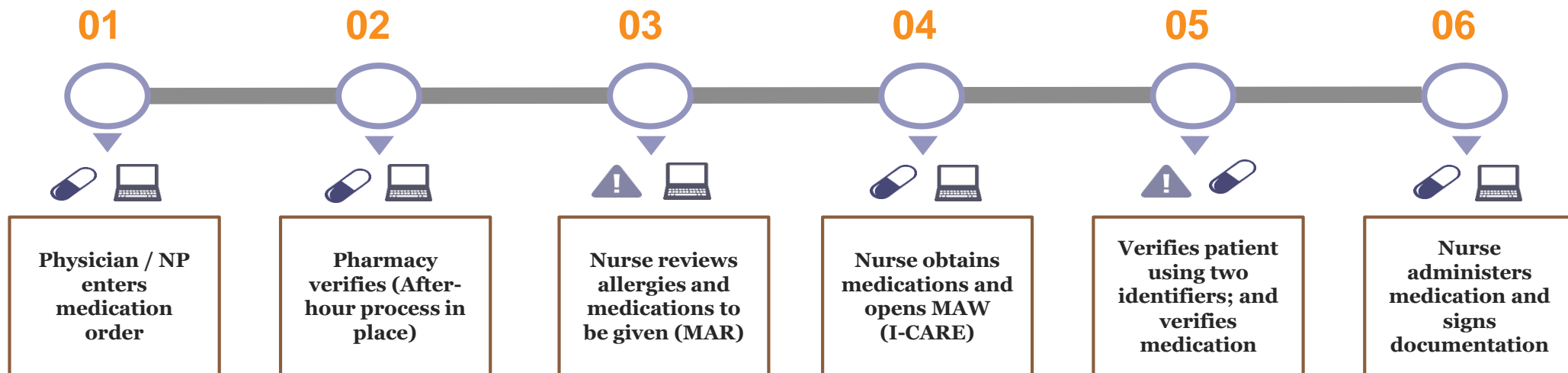
Leveraging technology



What is CLMA?

- “An environment where the medication process is electronic from initial entry by physicians using CPOE, to pharmacies for order validation and bar coding the medications, to the automatic dispensing machines, to the actual administration of the medication at point of care by the nurse – **where the nurse scans the patient’s bar code and the medication bar code** which initiates clinical decision support for the five rights of medication administration.

CLMA Workflow

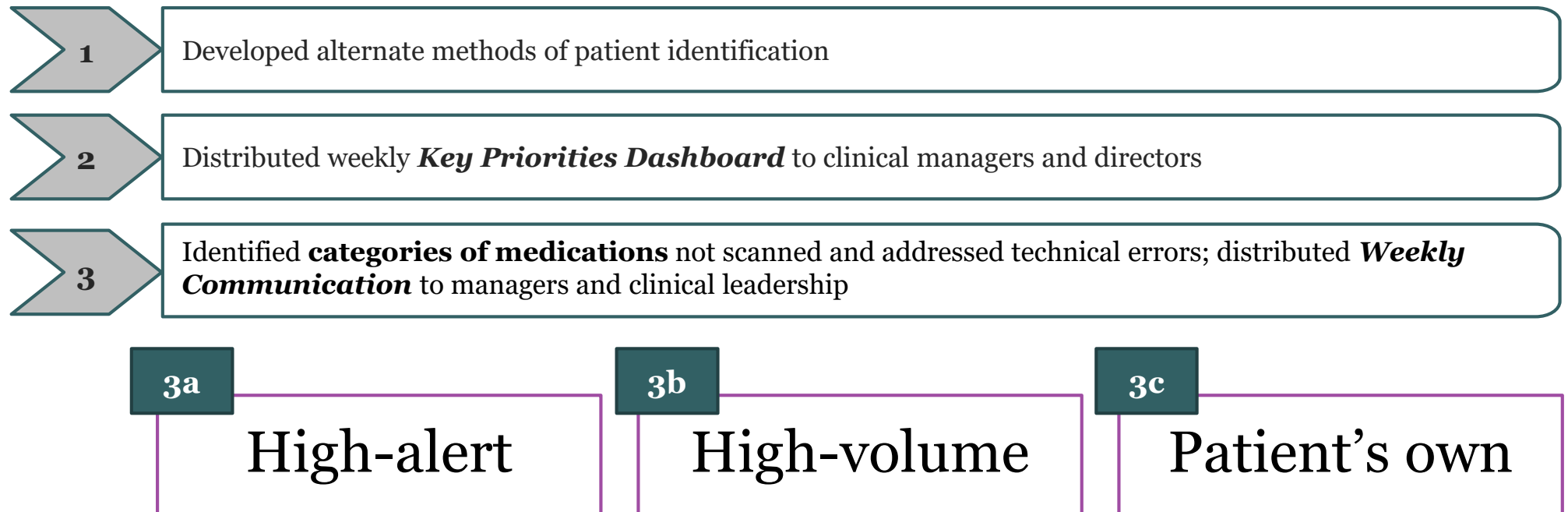


Prior to HIMSS Project scanning rates averaged 60% *

* Overall weighted average of patient ID scanning rate and medication scanning rate

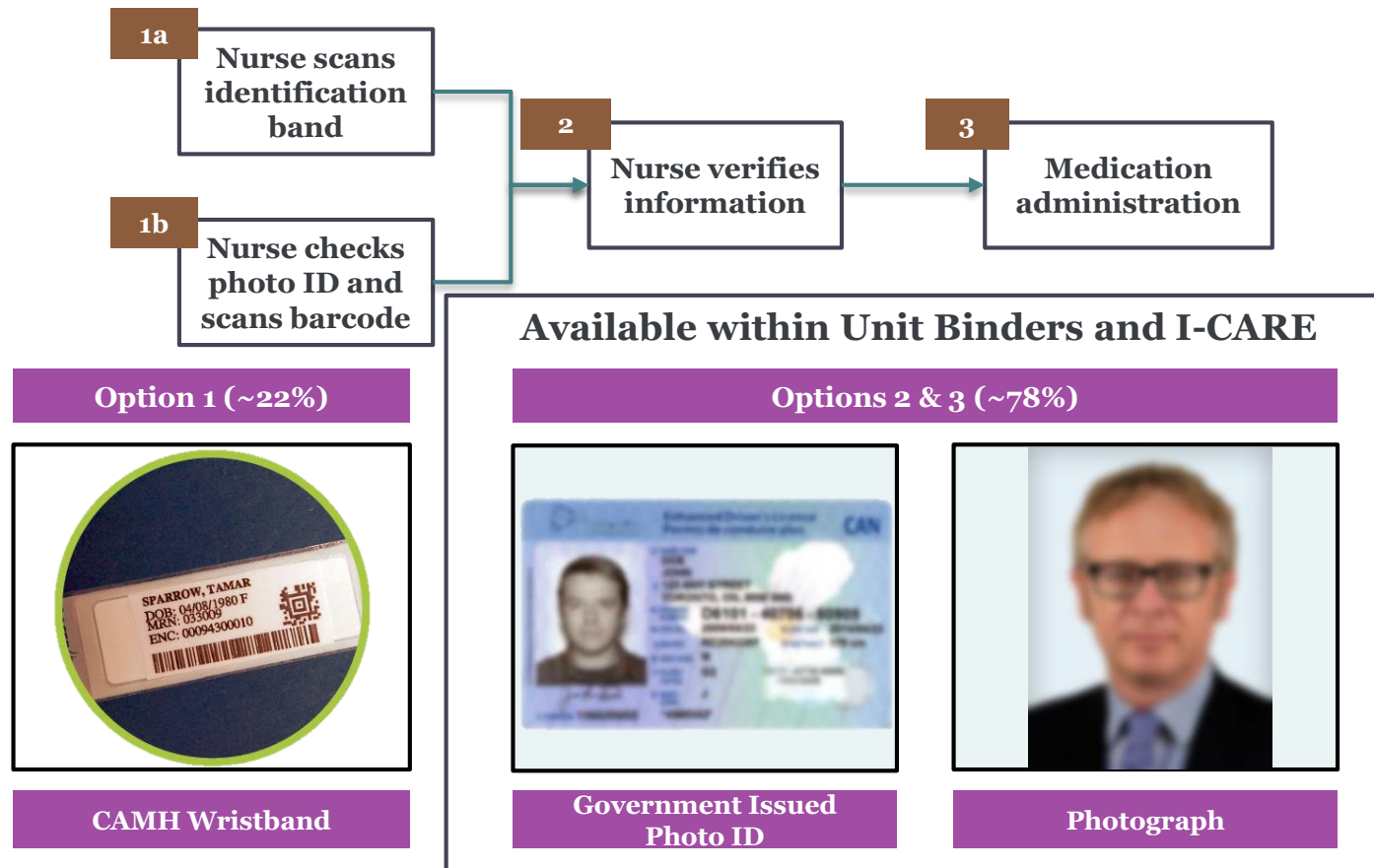
CLMA: Interventions

Evaluation of people / processes / technology barriers informed our interventions



Education and Training

Intervention 1: Patient Identification



*Strudwick, G., Clark, C., McBride, B., Sakal, M., & Kalia, K. (2017). Thank you for asking: Exploring patient perceptions of barcode medication administration identification practices in inpatient mental health settings. *International Journal of Medical Informatics*.

Intervention 1: Patient Identification in I-CARE

ZZZTEST, RYAN - 643346 Opened by Registered Nurse - Float Test User

Task Edit View Patient Chart Links Navigation Help

CareCompass Patient List Multi-Patient Task List Group Notes RAI-MH Unit Report Staff Assignment I-CARE Help Pending Blood Specimen Collection Report Observation Level External Links

Tear Off Exit Calculator Medication Administration PM Conversation Depart Medical Record Request Add Explorer Menu Documents Connecting Ontario

ZZZTEST, RYAN

ZZZTEST, RYAN
Allergies: Strawberries

Name Used: NIX... DOB: 02/12/1993 Age: 24 years Gender: Not Documen... MRN: 643346
CPR Status: N/A Isolation: N/A Loc: Acute Care U B: 4... Encounter #: 00064300... Encounter Type: Inpatient [28/08/2018 10:01]

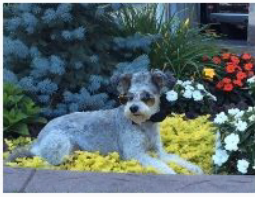
Menu

- Client/Patient Summary
- Clinical Research
- Plan of Care Summary
- Nursing Workflow
- Metabolic Health Summary
- RAI-MH Summary
- Allergies + Add
- Orders + Add
- Medication List + Add
- Task List
- MAR
- MAR Summary
- Diagnosis & Problems
- Histories
- AdHoc PowerForm
- Documentation
- Interactive View
- Notes
- Forms Browser
- Results Review- Laboratory
- Results Review- Diagnostics

Client / Patient ID Sheet


100%

Client/Patient ID Sheet




First Name: RYAN
Preferred Name: NIXON
Last Name: ZZZTEST
DoB: 02-DEC-1993
MRN: 643346

Unit: Acute Care U B
FIN: 00064300688
HCN:


643346-00064300688

Street: 100 Easy Street
City: Hamilton
Province: Ontario
Country: Canada
Postal: L8J3X5
Phone:




**PATIENT MUST BE PRESENT WITH YOU WHEN YOU SCAN BARCODE FROM HERE.
POSITIVE IDENTIFIERS MUST HAVE BEEN CONFIRMED BY CLIENT PRIOR TO SCANNING.**

CERT RNFLOATTEST | 25 September 2018 13:52 EDT


Intervention 1: Patient Engagement Strategy

"Before providing me with treatment,
be sure it's me"


The choice is yours



Option 1
CAMH
wristband



Option 2
Government-issued
photo ID



Option 3
CAMH
photograph

You have options when it comes to how your nurse identifies you before treatment. Talk to your care team about which option works best for you.

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Centre de toxicomanie et de santé mentale

© 2015 CAMH 5810 / 13206

The process of safe medication administration

Safe medication administration

Nurses will check that you are the right client by:

- scanning your wristband, or
- checking a photo or alternative photo ID, then
- asking about verifying information (e.g., date of birth, home address).

Right client **Right time** **Right medication**

Nurses will ensure you receive the right medication by:

- scanning the medication
- checking that you receive the medication at the correct time.

If there is anything else that could understand medication administration at CAMH, please speak with your care team.

If you have questions, concerns or comments, please contact the Client Services team at CAMH, please call the Client Services line at 416-595-4501 ext. 32223. E-mail: client_relations@camh.ca

Deposited as required.

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Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

What is "safe medication administration"?

This is the process that involves your health care team making sure that you get the right medication, in the right amount, at the right time.

Why is safe medication administration important?

Practicing safe medication administration ensures that you receive the medication that has been prescribed for you. It means that you do not receive the wrong medication, the wrong dose, or are given the medication at the wrong time.

How do nurses make medication administration safe?

Nurses will scan medications that have been ordered by your physician or nurse practitioner. They will also make sure that you are the correct recipient for that medication. This is done by scanning your wristband or referencing a photo of you, as well as checking other verifying information (e.g., your date of birth).

What choices do I have so the nurse can correctly identify me?

Wristbands are offered to all CAMH clients as a way to identify you while you are here. Some people find wearing a wristband to be uncomfortable, so you can use a photo ID that you already have (e.g., health card, driver's license, age of majority card), or have a photograph taken (with your consent) at the hospital. Proper identification is required before you receive medication from your health care team, as well as before any other treatment or procedure you get while in hospital.

If you are concerned about your medication and how you are identified, please do not hesitate to speak to your nurse or care team.



*Reisdorfer, E., Warnock, C., Kalia, K., Sulkers, H., Clark, C., & Booth, R. (In Press). The effect of barcode medication administration on medication errors, and factors associated with its use that contribute to patient safety: An integrative review. *Journal of Nursing Care Quality*.

Intervention 2: Leveraging Data

High-Level Information

CLMA rates included in weekly *Key Priorities Dashboard* sent to Unit Managers

[illegible]

Detailed Information

Detailed CLMA *Weekly Communication* sent to Unit Managers

[illegible]

Intervention 2: Acknowledging Results



***SVP and Chief Clinical Officer, and VP of
Complex Care and Recovery present an
achievement certificate to Unit 1-4 for
their success on medication
administration scanning rates***



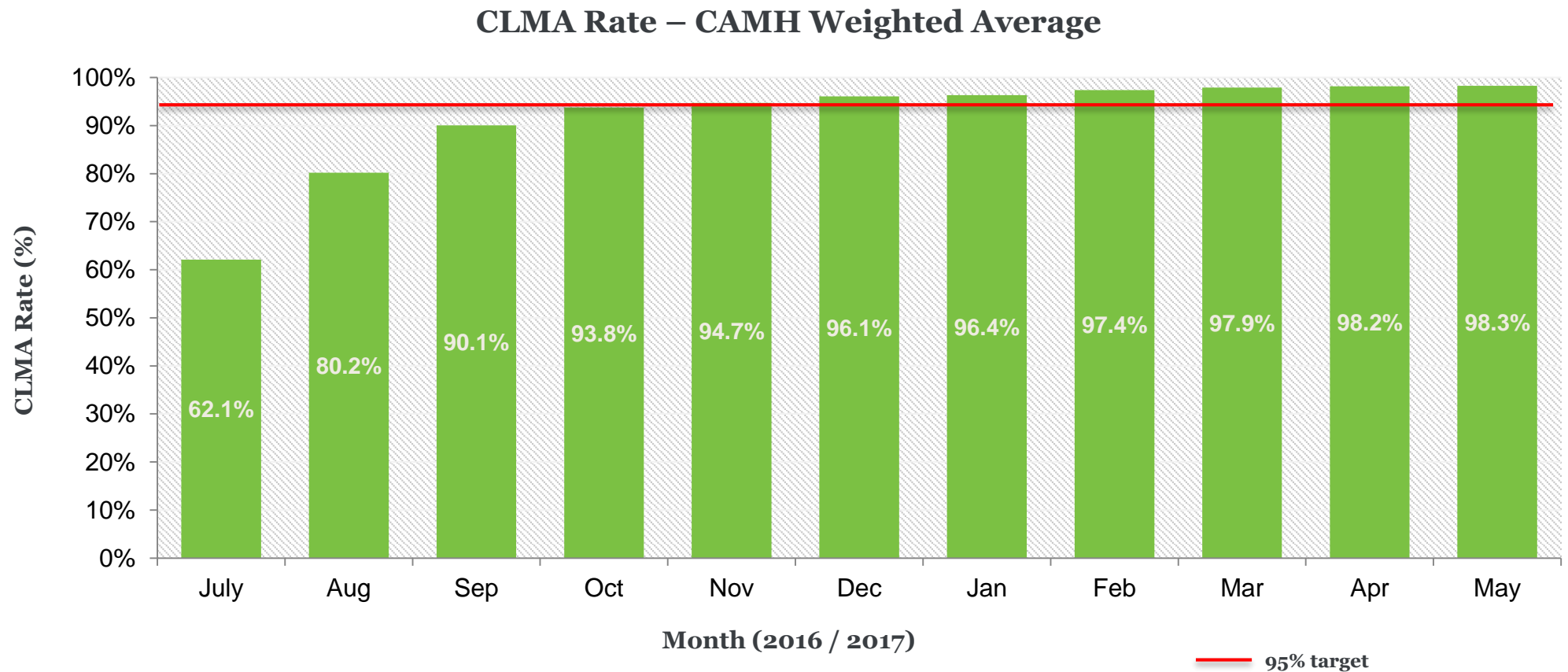
Intervention 3: Targeting Specific Medications

3a **High-alert:** medications requiring independent double check
e.g.: insulin, clozapine, paliperidone

3b **High-volume:** medications administered frequently e.g.:
nicotine, loxapine, lorazepam

3c **Patient's own:** non formulary e.g.: natural / herbal
supplements; developed generic barcode attached to order

CLMA: Results









Data Source: Discern Analytics

Computerized Provider Order Entry (CPOE)

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CPOE at CAMH

Goal: Ordering provider places order directly into I-CARE 90% of the time

CPOE		Non-CPOE	
	Scope of practice		Telephone orders
	Medical directive		Verbal orders
	Post downtime order entry		Cosign required

CPOE - Sharing Data

CPOE Monthly Communication sent to the Medical Directors and Discipline Chiefs

To: Dr. Sandy Simpson
CC: Dr. Patricia Cavanagh, John Strauss, Heather Sulkers, Tamar Frank

Below and attached, please find your inpatient Computerized Provider Order Entry (CPOE) rates, along with the rate of the physicians who report to you, highlighting performance for the month of December. Please leverage this information to inform those physicians reporting to you of their individual CPOE rates.

The average CAMH CPOE rate for this reporting period was 94.65%.

If you have any questions, or are interested in additional information pertaining to Computerized Provider Order Entry, please reach out to Tamar Frank at tamar.frank@camh.ca or ext. 30261.

Please inform us of any physician assignment changes so we can follow-up with the appropriate supervisors. Thanks to you and your team for the continued support and efforts in ensuring we achieve the goal of 90% CPOE rates across CAMH.

Reporting Period

December 01 - December 31, 2016

CAMH CPOE Rate (%)

Average across all inpatient units

94.65%

Personnel Name

Alina Isif, MD, FRCP
Ian Swayze, MD, FRCP
Jonathan Rootenberg, MD, FRCP
Kiran Patel, MD
Lisa Ramshaw, MD, FRCP
Mark Pearce, MD, FRCP
Maym Choptiany, MD, FRCP
Nathan Kolla, MD, FRCP
Peter Collins, MD, FRCP
Robert Monaster, MD, FRCP
Scott Woodside, MD, FRCP
Shahen Darani, MD, FRCP
Shi-Kai Liu, MD, FRCP
Steven Cohan, MD, FRCP
Sumesta Chatterjee, MD, FRCP
Treena Wilkie, MD, FRCP

CAMH CPOE Rate (%)

Total # of Orders

CPOE Rate (%)

Telephone Orders (#)

Reporting Period

December 01 - December 31, 2016

CAMH CPOE Rate (%)

Average across all inpatient units

94.65%

Individual Personnel CPOE Rates

Personnel Name	Total # of Orders	CPOE Rate (%)	Telephone Orders (#)	Verbal Orders (#)	Co-Sign Required (#)
Alina Isif, MD, FRCP	244	100.0%	0	0	0
Ian Swayze, MD, FRCP	90	100.0%	0	0	0
Jonathan Rootenberg, MD, FRCP	180	100.0%	0	0	0
Kiran Patel, MD	350	100.0%	0	0	0
Lisa Ramshaw, MD, FRCP	34	100.0%	0	0	0
Mark Pearce, MD, FRCP	50	100.0%	0	0	0
Maym Choptiany, MD, FRCP	93	100.0%	0	0	0
Miaah Patel, MD	46	100.0%	0	0	0
Nathan Kolla, MD, FRCP	223	99.1%	0	0	2
Peter Collins, MD, FRCP	11	100.0%	0	0	0
Robert Monaster, MD, FRCP	135	100.0%	0	0	0
Scott Woodside, MD, FRCP	279	99.3%	0	0	2
Shahen Darani, MD, FRCP	147	100.0%	0	0	0
Shi-Kai Liu, MD, FRCP	141	97.9%	0	0	3
Steven Cohan, MD, FRCP	84	100.0%	0	0	0
Sumesta Chatterjee, MD, FRCP	61	100.0%	0	0	0
Treena Wilkie, MD, FRCP	105	99.4%	0	0	1

Definitions

CPOE: Computerized Provider Order Entry
Ordering provider places order directly into I-CARE

CAMH CPOE Rate (%): Average CPOE rate across all inpatient units
Calculation: (# of CPOE orders / all orders (CPOE & Non-CPOE))

Total # of Orders: # of orders (CPOE and Non-CPOE) placed by provider

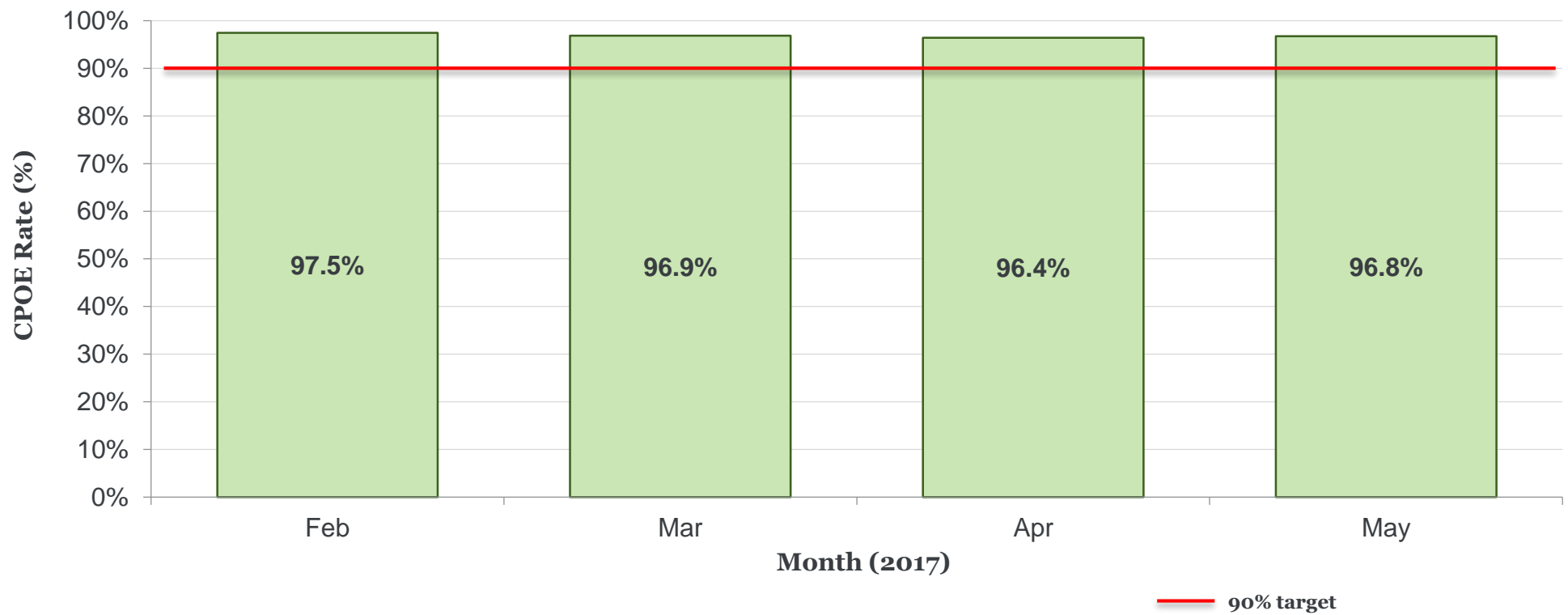
CPOE Rate (%): % orders entered into I-CARE that fall within one of the following categories: scope of practice (supported by policy), medical directives, orders entered post downtime
Calculation: Total # CPOE / Total Orders x 100

Telephone Orders (#): # of orders entered into I-CARE with an assigned communication type of telephone order
Note: Telephone orders should only be placed in an emergency/STAT situation



CPOE Rates

CPOE Rates – CAMH Inpatient



Data Source: Cerner LightsOn

Data-Driven Care

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Demonstrating Use of Data Analytics : Case Studies



Clinician Engagement

1. CLMA & Alerts Data Review

2. Monitoring Protocol for Clozapine-induced Myocarditis

3. Non-OHIP Billing Process

Case Study: Monitoring Protocol for Clozapine-induced Myocarditis

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Overview of Clozapine

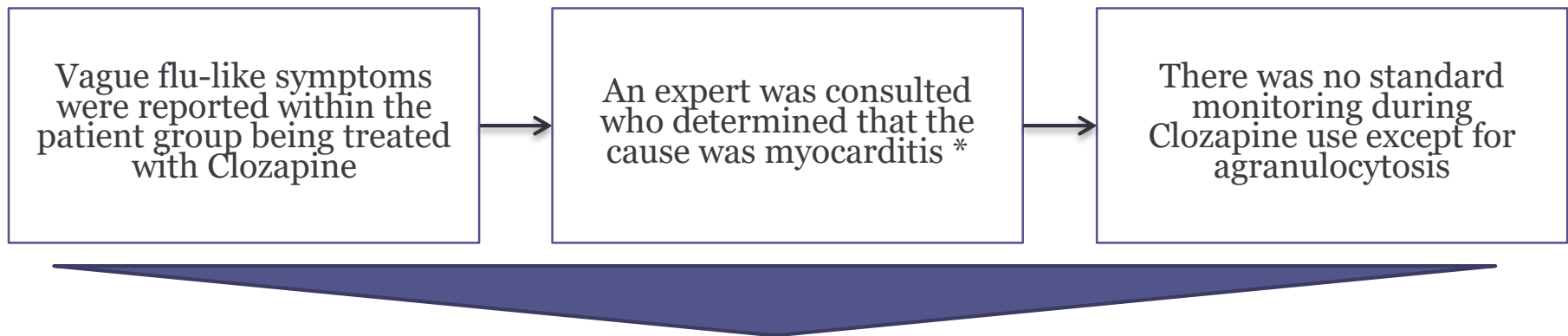


- 25-30% of all individuals with schizophrenia meet criteria for treatment resistance (Remington 2010)
- Clozapine is the only antipsychotic with proven efficacy (Remington, Addington et al. 2017)
- Substantial side-effects

Side Effect	Prevalence
Agranulocytosis	Rare (<1%)
Constipation	More common
Myocarditis	More common

- **CAMH houses the largest clozapine clinic in North America (~750 patients)**
- **Goal to double volume over a 5-year period**

Problem Identification



The implementation of I-CARE presented an opportunity to standardize and enforce adherence to monitoring protocols

* Clozapine-induced Myocarditis is a **potentially fatal yet likely under diagnosed complication of Clozapine therapy**

Interventions

- 1 Included Myocarditis monitoring protocol **into Clozapine policy** (Oct. 2014)
- 2 Integrated Myocarditis monitoring protocol **into I-CARE order sets** (Dec. 2014)
- 3 Reinforced education with cardiology expert (Apr. 2015); monitoring protocol elements made **mandatory within I-CARE order sets** (Jun. 2015)

Medications		
Treatment: initial dose of Clozapine only:		
<input checked="" type="checkbox"/>	cloZAPine	12.5 mg, Oral, Form: Tab, q...
Laboratory Services		
Reassess client/patient after 6 months.		
<input checked="" type="checkbox"/>	CBC	T+7;N, Whole Blood, Routin...
<input checked="" type="checkbox"/>	C-Reactive Protein (CRP)	T+7;N, Serum, Routine Coll...
<input checked="" type="checkbox"/>	Troponin I (High Sensitivity)	T+7;N, Serum, RT Collect, q...
Order a cloZAPine Level (plasma concentration) AT LEAST 5 days after reaching doses (when maintaining at) 300 mg, 400 mg and 500 mg, and AT LEAST 5 days after every dose increase past 500 mg.		
<input type="checkbox"/>	Clozapine Level	T;N, Plasma, Routine Collec...
Consults/Referrals		
<input checked="" type="checkbox"/>	Request to Dietitian	T;N, Routine, Reason: Const...
<input checked="" type="checkbox"/>	Request to Pharmacist	T;N, Routine, Reason: Const...

Clozapine Care

New Clozapine patients receive:

Pre-initiation

- Baseline ECG, CRP, and Troponin
- Identification of pre-existing cardiac disease

Post-initiation

- Weekly clinical assessments
- CRP and Troponin monitoring x 4 weeks
- Regular Agranulocytosis monitoring

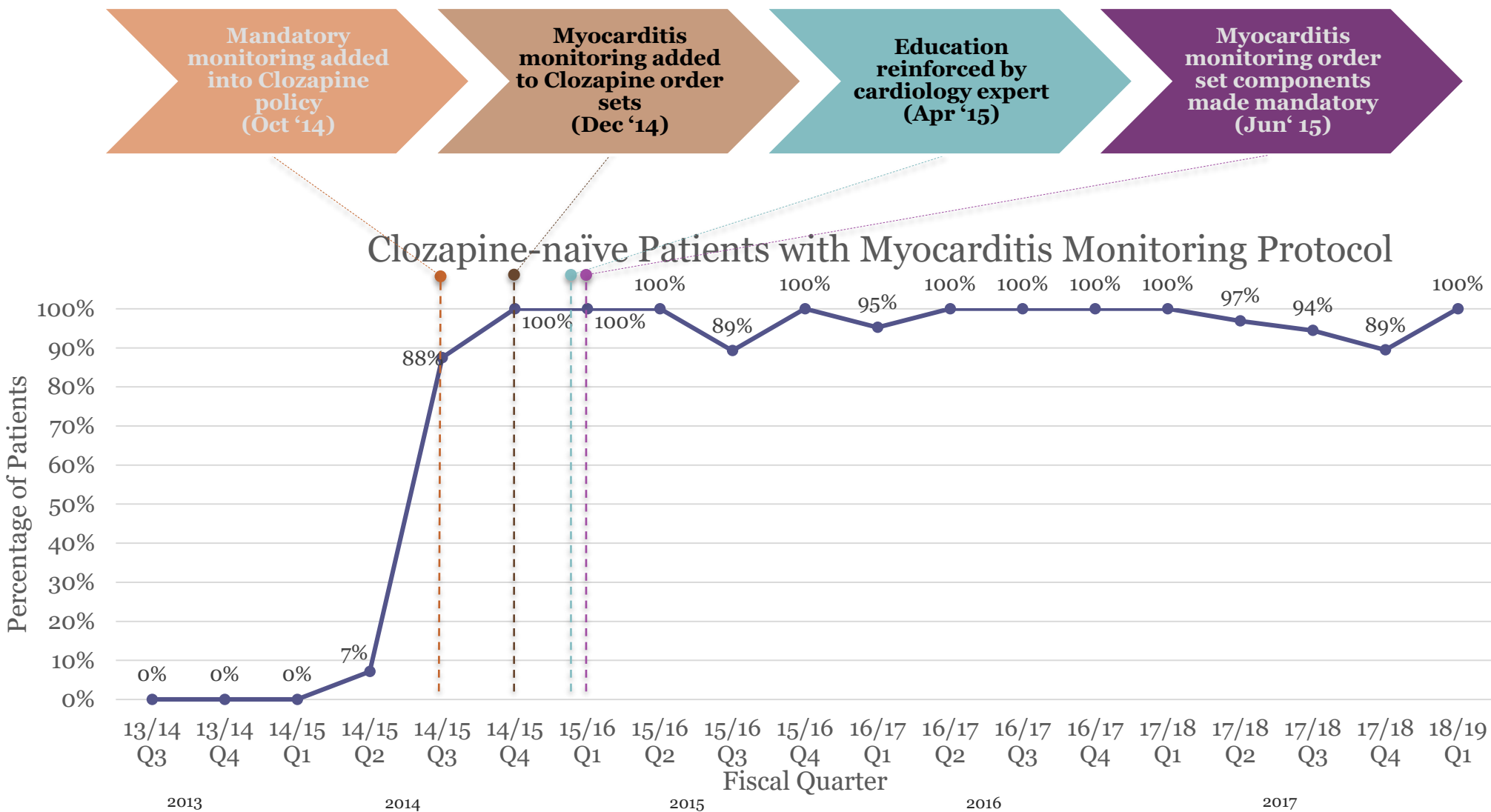
Component	Status	Dose ...	Details	Order Com...
cloZAPine Initiation Simple (NO Titration) Order Set (Initiated Pending)				
Assessment & Monitoring				
Before prescribing, the MD must receive confirmation from CSAN that the client/patient has been approved to receive cloZAPine. The client/patient must have an active CSAN number before the first prescription is entered. Contact the cloZAPine Program Site Coordinator or phone CSAN at 1-800-267-2726. See cloZAPine policy section 6.2.				
<input type="checkbox"/> Vital Signs Order Set				
<input type="checkbox"/> Metabolic Monitoring Order Set				
<input checked="" type="checkbox"/> Bowel Care Order Set for CLOZAPINE clients	* Initiated Pen...			
<input checked="" type="checkbox"/> Bowel Monitoring		T;N, Routine, qAM and qHS		Alert MD/N...
Medications				
Treatment: initial dose of Clozapine only:				
<input checked="" type="checkbox"/> cloZAPine		12.5 mg, Oral, Form: Tab, qHS, First Dose: T;2100		
Laboratory Services				
Reassess client/patient after 6 months.				
<input checked="" type="checkbox"/> CBC		T+7;N, Whole Blood, Routine Collect, q1wk		
<input checked="" type="checkbox"/> C-Reactive Protein (CRP)		T+7;N, Serum, Routine Collect, q1wk for 4 week(s)		
<input checked="" type="checkbox"/> Troponin I (High Sensitivity)		T;N, Serum, RT Collect, q1wk for 4 week(s)		
Order a cloZAPine Level (plasma concentration) AT LEAST 5 days after reaching doses (when maintaining at) 300 mg, 400 mg and 500 mg, and AT LEAST 5 days after every dose increase past 500 mg.				
<input type="checkbox"/> Clozapine Level		T;N, Plasma, Routine Collect, Once		
Consults/Referrals				
<input checked="" type="checkbox"/> Request to Dietitian		T;N, Routine, Reason: Constipation prevention/management		
<input checked="" type="checkbox"/> Request to Pharmacist		T;N, Routine, Reason: Constipation prevention/management		

Troponin lab test

CRP lab test

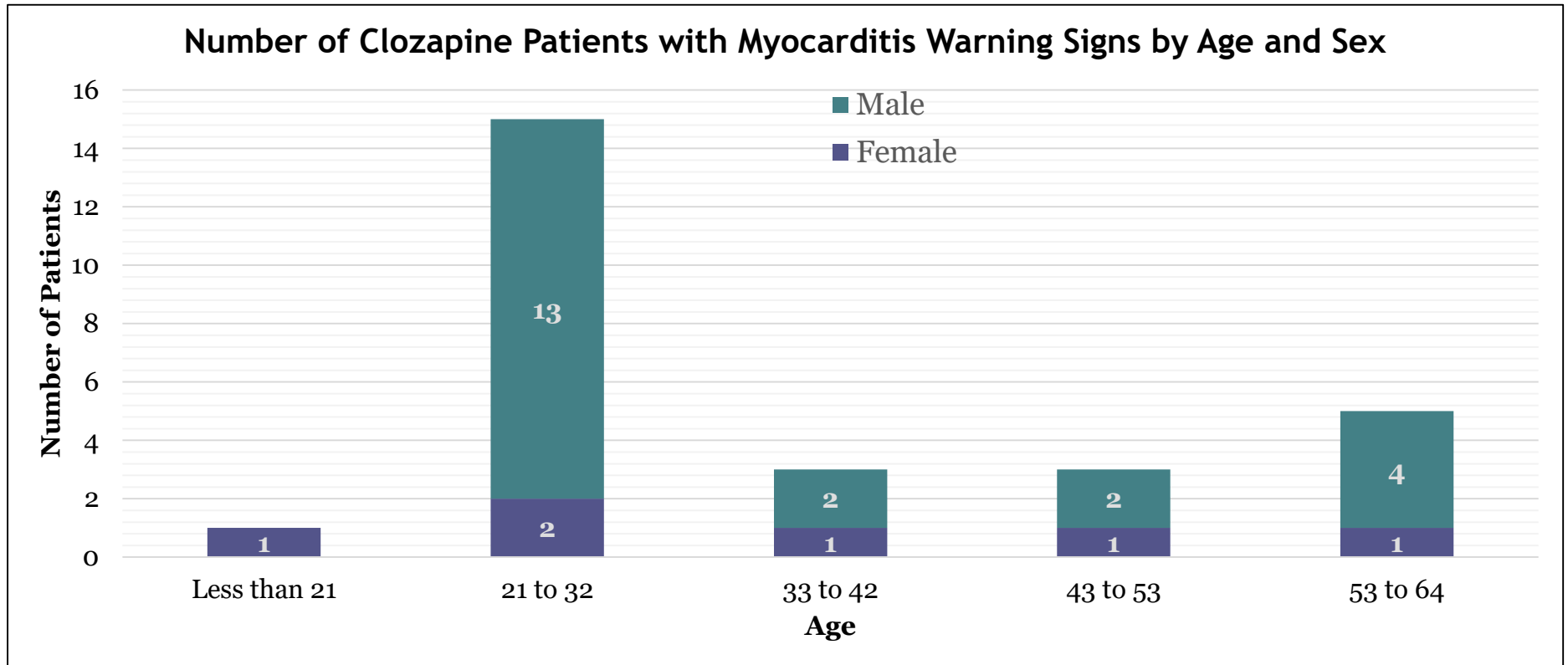
4 week duration

Order Set Compliance



*310 total patients

Myocarditis Warning Signs - Prevalence



>55% of patients showing early warning signs of Myocarditis were 21-32 years of age; 50% were young males

Patient Impact

Discontinued Clozapine for 27 patients showing early warning signs of myocarditis, which could lead to death



Able to measure the true incidence (7.6%) of Clozapine-induced myocarditis; 27 patients removed from Clozapine due to warning signs



Clinicians are able to more easily screen for Clozapine associated Myocarditis



Developed guidelines for Clozapine cessation and reintroduction



CAMH is locally leading the way for Clozapine-induced myocarditis monitoring and we expect uptake on a regional and national level after publishing

Success Factors



HIMSS Stage 7 - Success Factors



Robust project management framework



Senior Leadership support



HIMSS Stage 7 as an outcome



Conduct a mock visit



Leverage data

Clinician engagement +++

Questions?

camh
mental health is health

Appendix

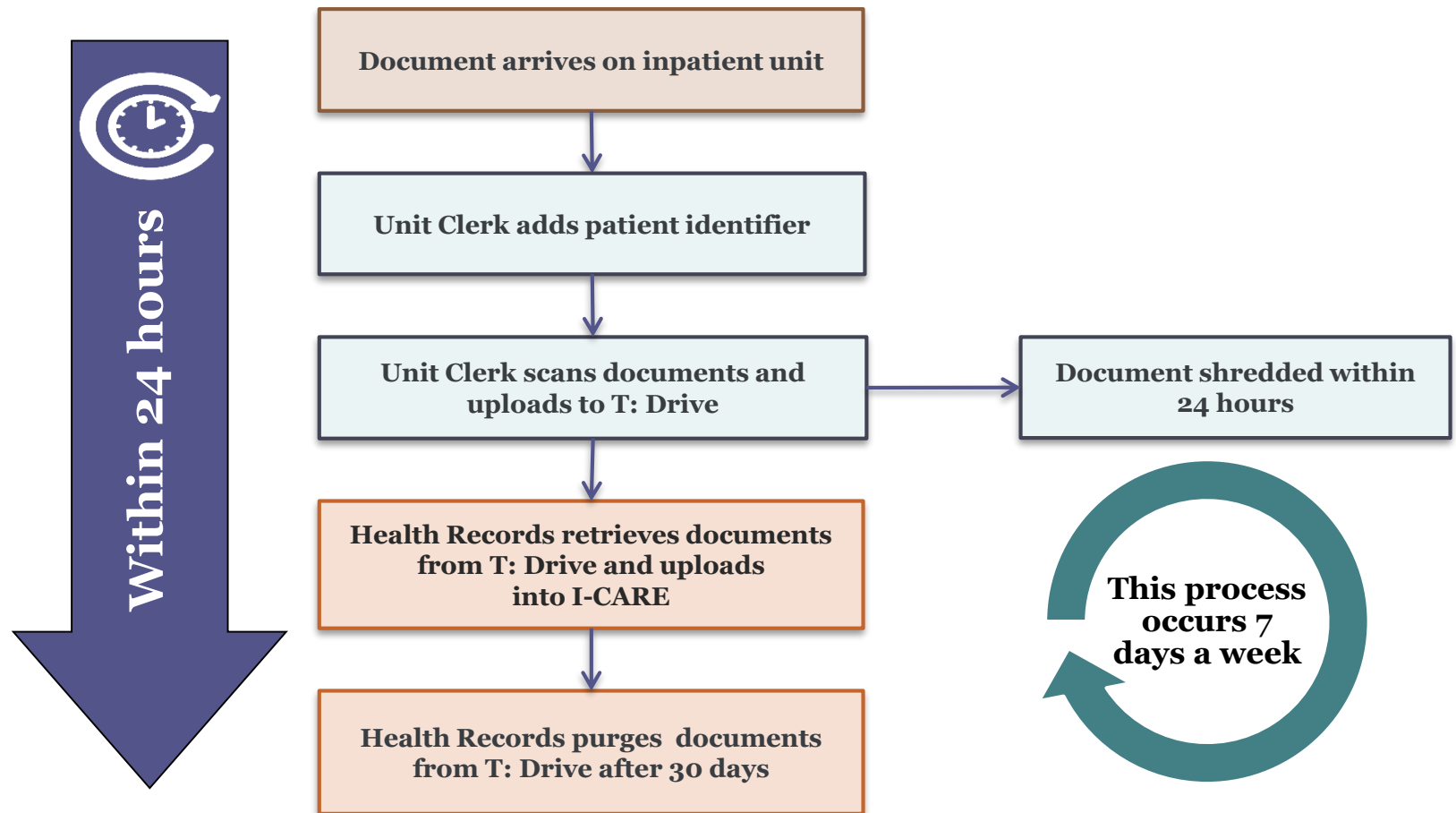


Document Scanning

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Document Scanning

GOAL: upload clinically relevant documentation within 24 hours of receipt / creation

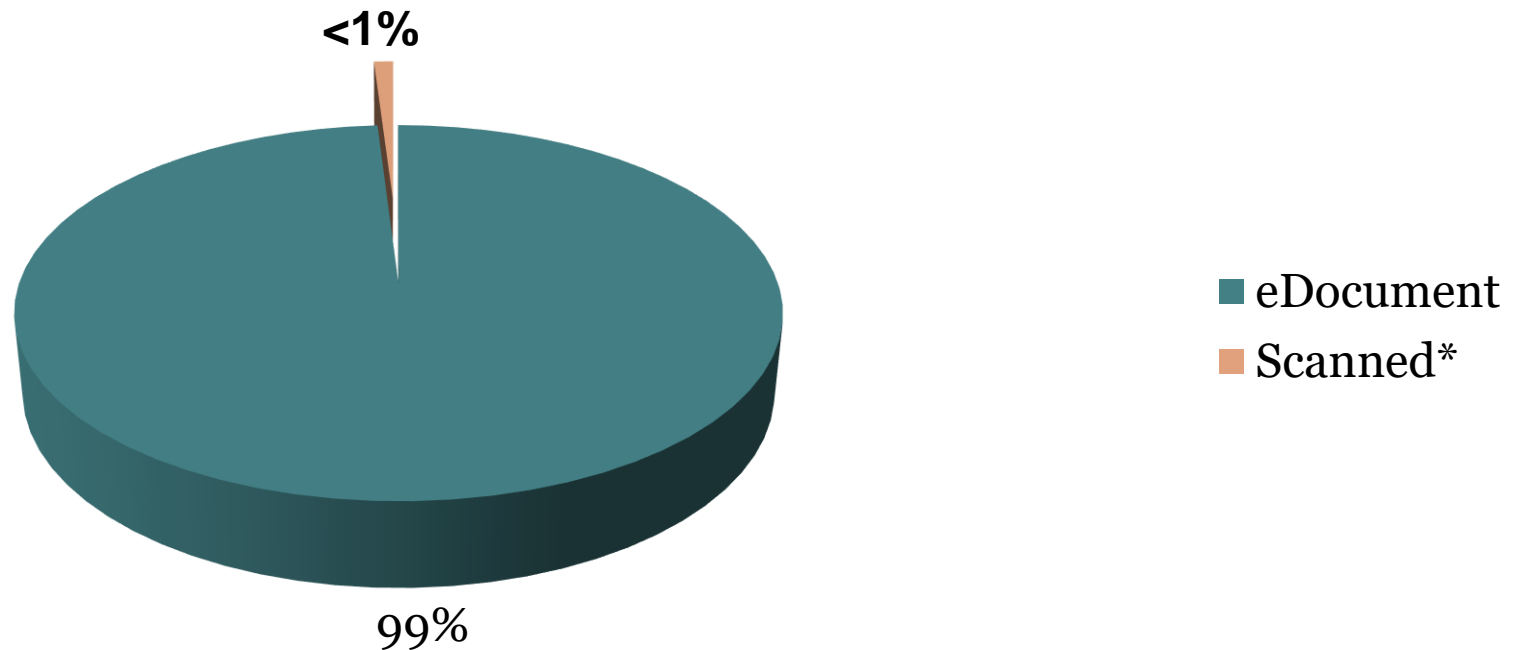


Document Scanning

GOAL: less than 2% of clinical documentation created outside I-CARE

Inpatient Clinical Documentation

(Jan 2016 – Apr 2017)




**Clinically relevant scanned documentation created by CAMH*

Other Documentation

Physical Patient Charts on Unit:

- Paper copies of Legal Forms must be retained permanently
- Paper copies of consent forms
- Requisitions and accompanying documents for external appointments

 Ministry of Health

Form 1
Mental Health Act

Application by Physician for Psychiatric Assessment

Please note that there is a print button at the end of the form.
This form will only print once all mandatory fields are completed.

Facility: _____

Name of physician: _____ (print name of physician)

Physician address: _____ (address of physician)

Telephone number: () _____ Fax number: () _____

On: 13/Feb/2017 I personally examined: _____ (date) (print full name of person)

whose address is: _____ (home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days.
In deciding if a Form 1 is appropriate, you must complete either Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act
Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

☐ has threatened or is threatening to cause bodily harm to himself or herself

☐ has attempted or is attempting to cause bodily harm to himself or herself

☐ has behaved or is behaving violently towards another person

☐ has caused or is causing another person to fear bodily harm from him or her; or

☐ has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations: _____

Facts communicated to me by others: _____


The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

☐ serious bodily harm to himself or herself,

☐ serious bodily harm to another person,

☐ serious physical impairment of himself or herself

 Centre for Addiction and Mental Health

CLOSE/CONTINUOUS OBSERVATION

Client/Patient Name: _____ (last name, first name) Health Record #: _____

Unit/Clinic/Service: _____ Date: _____ (dd/mm/yyyy) Room #: _____

Client/Patient ID Label

	2400	0015	0030	0045	0100	0115	0130	0145	0200	0215	0230	0245	0300	0315	0330	0345	0400	0415	0430	0445	0500	0515	0530	0545
Place																								
Observation																								
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Observation																								
Initials																								

Initials Log

Print Name	Signature	Initials	Print Name	Signature	Initials	Print Name	Signature	Initials

LEGEND (specify if "other")
Place: Bedroom (B), Bathroom (BR), Dr's office/interview room (DO), Lounge (L), Off Floor-Accompanied (O), Seclusion Restraint (SR)
Observation: Awake (A), Resting (R), Sleeping (S)

Page 1 of 1 – Close/Continuous Observation
FO198-20130201
Chart Tab: Monitoring Forms

* Close / Continuous Observation forms are environmental scans completed on paper and subsequently scanned into I-CARE – deemed non-clinically relevant

External Appointments


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External Appointments



GOAL: I-CARE source of truth for all external appointment information; eliminate appointment books






Clinician enters “Arrange external appointment” order in I-CARE

Orders for Signature

	Order Name	Status	Start	Details
Acute Care U A: 526; A	Encounter #:00064300120	Admit: 03/01/2017 14:21		
Patient Care				
	Arrange External Appointm...	Order	08/02/2017 19:16	08/02/2017 19:16 EST, Routine

Details for **Arrange External Appointment**

 **Details**  Order Comments

*Date/Time: 08/02/2017 1916 EST

*Priority: Routine

*Clinic/Consultant/Diagnostic Centre:

*Exam Type:

Reason:

Special Instructions:

Contact Information:

External Appointments

Completing the task & charting details will trigger PowerForm completion

Appointment Requests

Task retrieval completed

☒ All Patients

- ☐ CHARTMAXIDENTFOUR, LINO
- ☐ CHARTMAXIDENTONE, JENNY
- ☐ CHARTMAXIDENTTHREE, ADAM
- ☐ CHARTMAXIDENTTWO, FABIO
- ☐ CHU THREE, COLIN
- ☒ CHU TWO, COLIN
- ☐ CHU, COLIN
- ☐ COMPUTRITION, FIRST
- ☐ COMPUTRITION, IRENA
- ☐ COMPUTRITION, TEST
- ☐ EDUCATE, LOUISE

Location/Room/Bed	Name	Scheduled Date and Time	Task Status	Task Description	Mnemonic	Order Details
Geriatric UnitB / 3225 / 1	CHU TWO, COLIN	25/11/2016 11:38	InProcess	Arrange External Appointment Note		
Med Withdrawal / 24 / 57	TEST. BUMBLEBEE	16/01/2017 09:04	Pending	Arrange External Appointment Note	Arrange External Appointment	16/01/2017 09:04:00

- Chart Done
- Chart Done (Date/Time)...
- Chart Not Done...
- Quick Chart
- Chart Details...
- Unchart...
- Ad Hoc Charting...
- Reschedule This Task...
- Print

External Appointments can be viewed from a multi-patient task list by:

- Unit Clerks
- Information Specialists
- Nurses
- Social Workers
- Hospitalists / Nurse Practitioners

External Appointments

Audit trail & textual rendition will be maintained in the patient's health record

January-09-17 - January-16-17 : 1 out of 1 documents are accessible. (Date Range) In Error Documents Filtered

PowerForm Textual Rendition Notes
Referral/Intake
Arrange External Appointment - Text
16/01/2017 09:41 EST Unit Clerk Test User

Arrange External Appointment Note Entered On: 16/01/2017 09:53 EST
Performed On: 16/01/2017 09:41 EST by Unit Clerk Test User

External Appointment Booking
Unit at time of Assessment: Med Withdrawal

Appointment Type: Speech Language Pathology
Appointment Date/Time: 25/01/2017 10:00 EST
Transportation Required: Yes
Level of Escort Required: Yes
Agency Name: SLP
Contact Number: 902-567-9076
Comments/Info related to appointment booking: Please ensure client has breakfast before he leaves for his appointment

Unit Clerk Test User - 16/01/2017 09:41 EST

Result Type: Arrange External Appointment - Text
Result Date: 16 January 2017 09:41 EST
Result Status: Auth (Verified)
Result Title/Subject: Arrange External Appointment Note
Performed By: Unit Clerk Test User on 16 January 2017 09:41 EST
Verified By: Unit Clerk Test User on 16 January 2017 09:41 EST
Encounter info: 00064300017, CAMH, Inpatient, 18/10/2016 -

Internal & External Appointment Planning

Explorer Menu Report prints upcoming patient appointments within 72 hours for each unit

Room	Bed	Patient Name	Age	Sex	Attending Phys	MRN	ENC NBR	IP_ADM_DATE	LEAVE DATE	L
TEMP	1	MOTORHEAD, LEMMY	68Ye	M	John Strauss,	943071	94300102	22/02/16	25/05/16	M
		UPCOMING APPOINTMENTS:	1st Episode Initial Appt					APPT DATE_TIME: 15/06/16 15:		
		UPCOMING APPOINTMENTS:	1st Episode Initial Appt					APPT DATE_TIME: 15/06/16 17:		
		UPCOMING APPOINTMENTS:	1st Episode Initial Appt					APPT DATE_TIME: 15/06/16 15:		
TEMP	2									

Qualifiers:	
<u>Internal Appointments</u>	<u>External Appointments</u>
Date	Date
Time	Time
Appointment Type	Appointment Type
Location	Agency Name
Duration	Appointment Status

Hospitalist Referrals

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Hospitalist Referrals

Goal: Eliminate paper referral books; streamline Hospitalist workflow; maintain audit trail

Clinician enters “Hospitalist Referral” order in I-CARE

DOB: 30/11/1978 Age: 38 years Gender: Female MRN: 643056 Attending MD: Andrew Smith, M...
PR Status: N/A Isolation: N/A Loc: MoodAnx ... Encounter #: 00... Encounter Type: Inpatient [30/11/2016 12:57]

Search: [] Starts with [] Advanced Options [] Type: [Inpatient]
Folder: [] Search within: [All]

Referral to Hospitalist

Order Sentences

Order sentences for: Referral to Hospitalist

- (None)
- T;N, Reason: Requires assessment
- T;N, Reason: Admission: Provide primary care to client, SBAR Details: N/A
- T;N, Reason: Transfer: Provide primary care to client, SBAR Details: N/A

Reset OK

Hospitalist Referrals

Referral order displays on Hospitalist Multi Patient Task List

Multi-Patient Task List

Full screenPrint8 minutes ago

Mood & Anxiety Unit, Assigned Tasks

(no time frame defined)

Referral Requests

Task retrieval completed

☒ All Patients

☐ MOTOR, HEAD

☐ TEST, MAUIPATRICK

☒ TEST, UZMATTRANSFER

☐ TESTTWO, PATRICK

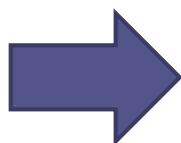
	Location	Name	Scheduled Date and Time	Task Status	Task Description	Mnemonic	
	Mood&Anx Unit	TEST, UZMATTRANSFER	14/12/2016 08:18	Pending	Referral to Hospitalist	Referral to Hospitalist	14

CERT MDHOSPTEST 14 December 2016 08:42 EST

Hospitalist Referrals

Hospitalist manages referral from Multi Patient Task List

Hospitalists
CHARTS
DETAILS on
task which
triggers a
PowerForm,
creating an
audit trail for
referral order



Request to Hospitalist Form - TEST, UZMATTRANSFER

*Performed on: 14/12/2016 1353 EST By: Physician - Hospitalist Test User

Request to Hospitalist

Unit at time of Assessment Mood&Anx Unit

Active Referral Order Details x 2weeks

Medical Issues (referred to Hospitalist)
Referral to Hospitalist - Ordered
-- 14/12/2016 08:18:00, Routine, Reason: Requires assessment, SBAR Details: Diabetes & Blood Pressure management advice

Requested by Uzma Haider

Action

☐ Accepted ☐ Declined ☐ Admission Noted ☐ Transfer Noted ☐ Client Declined

Documentation audit trail available in patient chart

List

Display : All ...

**Request to Hospitalist Form Entered On: 14/12/2016 13:56 EST
Performed On: 14/12/2016 13:53 EST by Physician - Hospitalist Test User**

Request to Hospitalist
Unit at time of Assessment : Mood&Anx Unit

Active Referral Order Details x 2weeks : Medical Issues (referred to Hospitalist)
Referral to Hospitalist - Ordered
-- 14/12/2016 08:18:00, Routine, Reason: Requires assessment, SBARDetails: Diabetes & Blood Pressure management advice

Requested by: Uzma Haider
Action: Accepted
Action: Blood Pressure & Diabetes management explained

Physician - Hospitalist Test User - 14/12/2016 13:53 EST

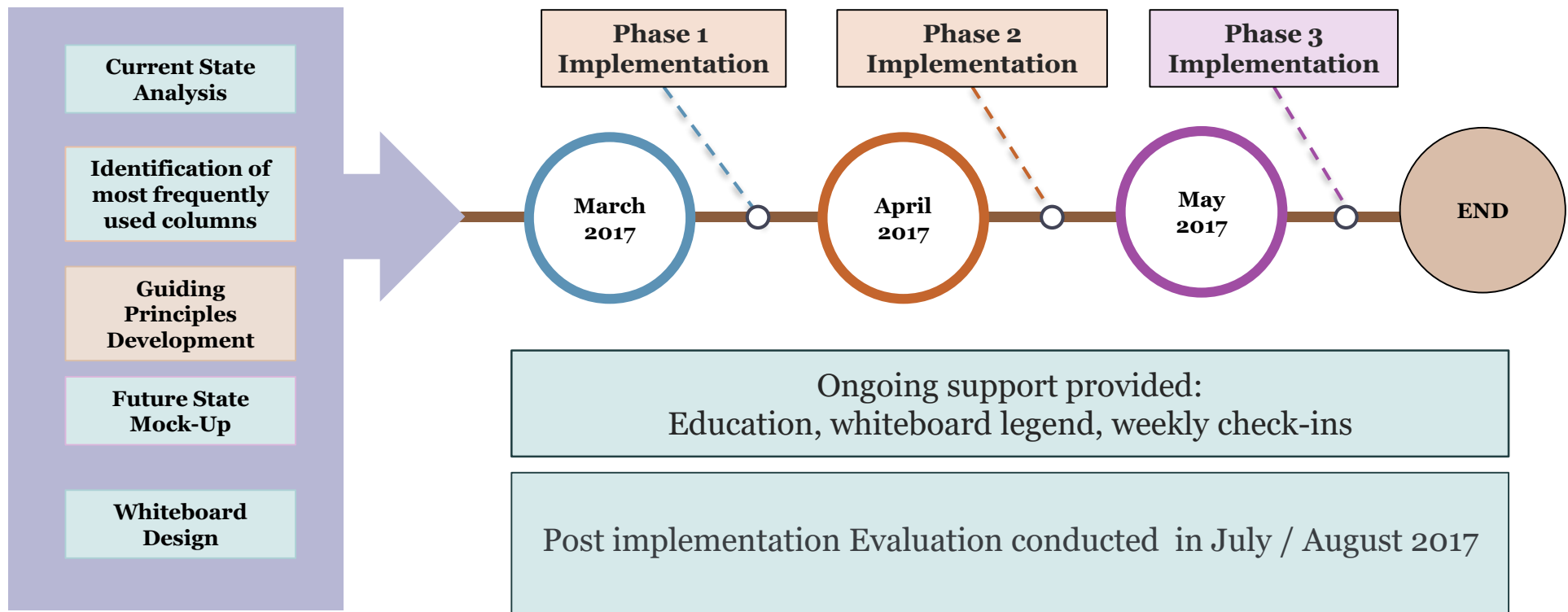
Result Type:	Request to Hospitalist Form - Text
Result Date:	14 December 2016 13:53 EST
Result Status:	Auth (Verified)
Result Title/Subject:	Request to Hospitalist Form

Electronic Whiteboards

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Electronic Whiteboard Design & Implementation

Goal: Eliminate manual whiteboards; I-CARE source of truth for electronic whiteboards



Electronic Whiteboard Overview

BED	CLIENT	LOS	MRP	SW	AX RESULTS	RISK FLAGS	STATUS	PASSES	OBS	APPTS	ADT	COMMENTS
100 A	ALEX H. (110032) ***Tony	8d	JR	TF			Vol	Indirect				
100 B	James Smith (348990)	364d	JR	AB	DASA -4 SRA-High Falls- Yes EpiPen No CPR		Vol	None	SR		EDD - 05/12/17	RAI Due Oct 29
101 A	C A (227398)	14d	JR	TF	A&C EpiPen DASA - 7 Diet = Mod		F33	None	MR	Yes		
101 B	FIONA M. (234959)***Apple	1y 60d	KJ	AB	DASA = none Thc		F1 05/29	Escorted***	CO		F-ULOA	Primary Nurse: YP
101 C	B B (235555)	12d	KJ	TF	C DASA - 3 Etoh		F48 05/29	A***		Yes		
102 A	POLLY M. (900021)	21d	KJ	AB	DASA - 4 SRA-Mod		F3 06/08	UA***				Transfer ACU
102 B	RANDALL R. (456723)*** Randy	3d	BL	TF	Dr&C DASA - 5		F3 06/08	UA				
102 C	K P (217737)	4d	BL	AB	DASA - 7		Vol	Indirect	Q15		I-ULOA	%% #13#
103 A	Troy Talbot (232222)	17d	BL	TF	DASA - 4 SRA-Mod		NCR	UA			EDD - 05/13/17	

Ax Results

Falls = Yes

A&C

Dr&C

C

DASA = (score)

SRA = Mod / High

Diet = Mod

Substances

Proposed Risk Flags	Approved Risk Flags	Risk Flag
P-		"Aggression/Violence Risk"
P-		"Sexual Aggression Risk"
P-		"Wepons Risk"
P-		"Letter of Trespass"
P-		"I-ULOA Risk"
P-		"Arson Risk"

Status

Vol

MHA Form Name

MHA Form Expiry Date

F33

CTO & Expiry Date

Forensic Status

ALC

Let's Talk Informatics has been certified for continuing education credits by;

- College of Family Physicians of Canada and the Nova Scotia Chapter for 1 Mainpro+ credit.
- Digital Health Canada for 1CE hour for each presentation attended. Attendees can track their continuing education hours through the HIMSS online tracking certification application, which is linked to their HIMSS account.

Thank you for attending this event.