

# IHealth Update for Medical Staff

August 2023



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

## VIDEO: Colleagues at NRGH share their experience with adopting CPOE



*Pediatrician Dr. Peter MacDougall, RN/Clinical Educator Carol Zanette and Emergency Physician Dr. Kevin McMeel talk about how adopting electronic ordering has changed practice for the better at NRGH.*

## Workflow Validation Updates

Workflow validation (WFV) sessions continue into September. Staff participating in workflow validation sessions have indicated through surveys and informal reports that the experience has been valuable, with good discussions and participants offering a regional perspective. Concerns brought forward by staff in these sessions will be prioritized, solutions will be sought, and progress will be reported back to participants. *(See FAQs below for more details.)*

Many medical staff will be invited to participate in remaining sessions. Be on the lookout for an email inviting you to join an upcoming session.

# Practice Changes: What you need to know

## Health supports best practices—Opioid and pain management

### Clarity on Range Dosing

- Historically, Island Health has had no guidance in the interpretation of range dose medication orders
- Guidance has now been incorporated into both the Medical Administration Policy and Orders Management Policy

### How Do I Do This in the EHR?

### Pain Management Module (1) and Range Doses (2)

The screenshot displays the 'Medication List' in an EHR system. The list includes various medications, with red boxes highlighting specific range dose information for several items:

- Analgesics and Antipyretics (non-opioids):** A red box highlights the category name.
- acetaminophen (Tylenol - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 500 mg to 1,000 mg, Tab, oral, QID, PRN for pain. Max acetaminophen from all sources 4,000 mg per 24 hours."
- acetaminophen (Tylenol rectal - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 650 mg to 975 mg, Supp-Rectal, rectal, QID, PRN for pain. Max acetaminophen from all sources 4,000 mg per 24 hours."
- cefecab (CefBEX):** A red box highlights the range dose: "100 mg, Cap, oral, BID."
- COX-2 Inhibitors (NSAIDs):** A red box highlights the category name.
- HYDROMORPHONE (Dilaudid inj - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 0.5 mg to 1 mg, Soln-inj, SUBCUT, Q4H, PRN for Other (See Comments) for breakthrough or procedure pain if not giving orally."
- HYDROMORPHONE (HYDROMORPH Cortine):** A red box highlights the range dose: "3 mg, Cap-CA, oral, Q2H."
- tramadol-acetaminophen (Tramadol - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 1 tab to 2 tabs, Tab, oral, Q4H, PRN for pain, may substitute 1 tab for 1 tab of acetaminophen 500 mg if required. Max 300 mg tramadol (8 tabs) per 24 hours. Max acetaminophen from all sources 4,000 mg per 24 hours."
- acetaminophen/caffeine/codone (Tylenol No 3 - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 1 tab to 2 tabs, Tab, oral, Q4H, PRN for pain. Max acetaminophen from all sources 4,000 mg per 24 hours."
- oxycodone-acetaminophen (Percocet - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 1 tab to 2 tabs, Tab, oral, Q4H, PRN for pain. Max acetaminophen from all sources 4,000 mg per 24 hours."
- oxycodone (Sufexal - RANGE DOSE):** A red box highlights the range dose: "RANGE DOSE 5 mg to 10 mg, Tab, oral, Q4H, PRN for pain."

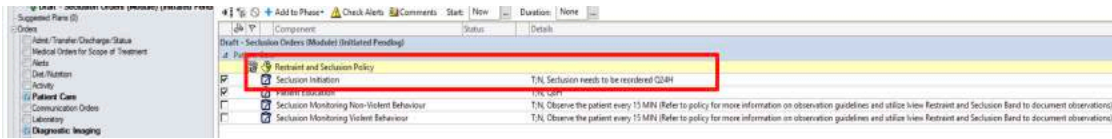
## Health supports me in best practices – restraints and seclusion

### What do I need to know?

“Orders for restraint typically expire after 24 hours. If the need for physical, mechanical, or environmental restraint continues beyond 24 hours, the attending/duty physician should reassess the patient and rewrite the order on a daily basis.” Canadian Patient Safety Institute

The screenshot displays the 'Medication List' in an EHR system, showing 'Restraint Orders (Module) (Initiated Pending)'. The list includes several orders, with red boxes highlighting specific details:

- Restraint and Seclusion Policy:** A red box highlights the category name.
- Restraint Initiation:** A red box highlights the range dose: "1 TN, Type of Restraint Wrist restraint, Reason for Restraint Imminent risk of physical harm to self, Restraints need to be reordered Q24H"
- Restraint Monitoring Non-Violent Behaviour:** A red box highlights the range dose: "1 TN, Observe the patient every 15 MIN (Refer to policy for more information on observation guidelines and utilize Inven Restraint and Seclusion Band to document observations)"
- Restraint Monitoring Violent Behaviour:** A red box highlights the range dose: "1 TN, Observe the patient every 15 MIN (Refer to policy for more information on observation guidelines and utilize Inven Restraint and Seclusion Band to document observations)"



## IHealth supports me in managing verbal orders

### Orders Management Policy: Verbal Orders

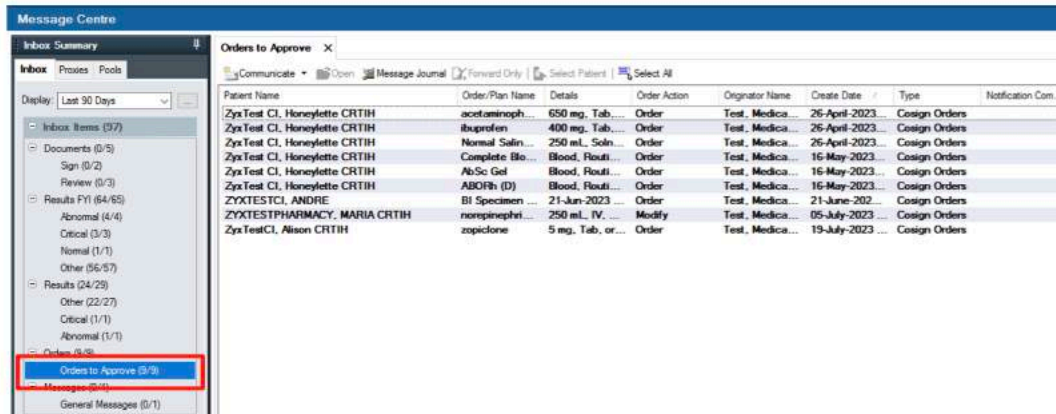
Verbal orders are prone to errors. They are acceptable only in situations where no other reasonable alternative exist, and the best interest of the patient is to expedite ordering.

### Practice Change: What's new?

- In telephone orders, the ordering prescriber must give the verbal order directly to clinical staff authorized to receive the order.
- Do not relay the order through a third party, leave a voice mail, text or message with answering services.
- Both parties must remain on the phone until they have addressed all relevant information and alerts, and documented the order on the electronic health record (EHR).
- Use a read-back process to validate the accuracy of the order.
- The ordering prescriber must be signing verbal orders within 24 hours of dictating the order.
- Signing verbal orders in the Message Centre in the EHR.

### Verbal Orders and Signing Orders

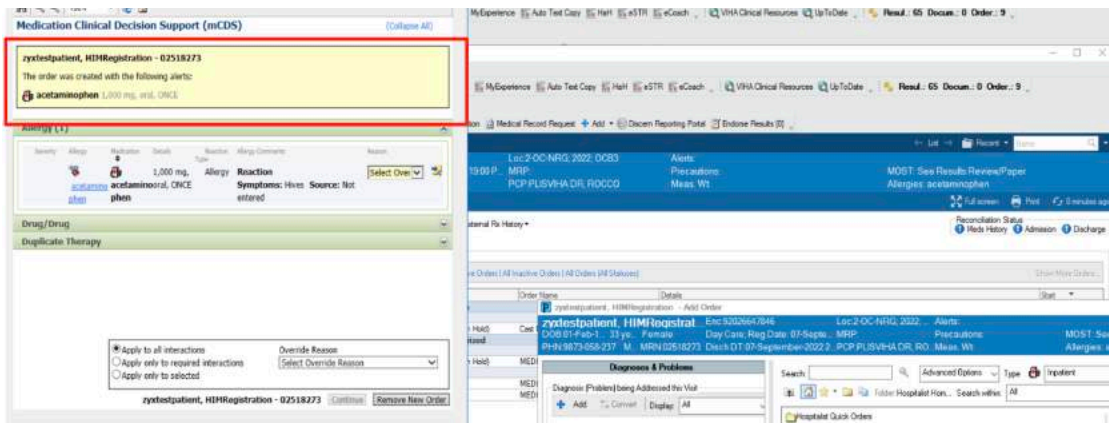
- How do I do this in the EHR?



## IHealth supports me with real-time clinical decision support

Clinical Decision Support – Interruptive alerts – are activated when an event occurs (Example: drug-allergy interaction)





## FAQs

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

### **Q: What happens to concerns brought forward at workflow validation sessions?**

**A:** Concerns brought forward by medical staff at workflow validation sessions are logged in IHealth's tracking system (known as Jira), reviewed by the IHealth team, and brought forward to the appropriate subject matter expert (SME) and working groups, which includes the participation of IHealth Specialty Leads. Working groups then address concerns through:

- prioritizing the concern
- finding a solution
- reporting progress to workflow validation participants

### **Q: When will registration for training occur?**

**A:** Registration for facilitated virtual classroom sessions will take place in September. Also that month, registration for facilitated workflow reviews will begin.

### **Q: When will training occur?**

**A:** Current proposed dates in 2023 are as follows:

- E-learning begins October 23
- Facilitated virtual classroom sessions begin November 6
- Facilitated workflow reviews begin November 20

## Drop in to Engagement Labs at RJH and VGH

Visit the Engagement Labs for Medical Staff at VGH (S275) and RJH (Royal Block 203) for a quick demo, to ask questions, and learn more about the upcoming activation. Engagement Labs are currently open Wednesdays from 1 to 3 p.m.

## Connect with us!

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

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