Connect Care: Launch Package: Cutover

ROCKYVIEW GENERAL HOSPITAL

SOUTH HEALTH CAMPUS

AMH INPATIENT AND AMBULATORY

Resources for Prescribers: Cutover

Table of Contents:

The Inpatient Prescriber's Role at Cutover – Launch 6, Sunrise Clinical Manager (SCM) Sites

What is "Cutover"?

Cutover is a process through which key pieces of information about admitted patients are entered into Connect Care prior to launch.

What is the Prescriber's role for Inpatient Cutover?

Prescribers will be asked to complete four primary tasks for all inpatients as part of the cutover process. These occur in the pre-launch (May 1–5, 2023) and post-launch (May 6–7, 2023) periods.

Pre-Cutover/Pre-Launch

Reviewing and cleaning up patient orders (removing "stale" or outdated orders) prior to starting cutover tasks will simplify the work required.

- **Medication Orders**: Please review and "clean up" medication orders, ensuring only relevant and medically necessary orders are present in legacy systems. The medication orders will be active in Connect Care at launch (05:00 on May 6). All medication orders entered in legacy systems prior to pharmacy closure will be cutover by the pharmacy team.
- **Non-Medication Orders** • *Cutover Non-Medication Orders Report*: A report will be pulled from SCM with specifics for either inpatient or Addictions and Mental Health. To ensure accuracy and completeness, this report **must** be reviewed and signed by the prescriber.
- **NICU-Specific Report** is not available from SCM. The paper Cutover Orders Form must be filled out and signed, and will be available on unit.
- **New Admits** between May 3 and May 5 will require these forms completed; units are aware and should have copies of these forms ready.
- **Best Possible Medication History (BPMH)**: Prescribers ***must*** review/complete and sign the current paper Admission BPMH/Medication Reconciliation form ***if*** this was not already completed on admission, to ensure teams can input the information into Connect Care.

Post-Cutover/Post-Launch

Order Validation, Update in Connect Care: After launch (05:00 on May 6), ***care teams must*** review their patients' medication and non-medication orders in Connect Care, verifying that orders are accurate.

- Orders will already be active in Epic and will not need to be "signed", only reviewed.
- Corrections and additions should be entered as ***modified*** or ***new*** orders.
- Only ***one-time lab orders*** required in the first 24 hours post-launch are cut over; ensure repeating lab orders are entered into Connect Care post-launch.
- This review need not take place at launch, but should be completed as soon as possible to ensure safe and comprehensive patient care.

Keynote: Units will print Downtime Reports at 23:00 on May 5, and the reports will be retained on the patient's chart. This report should be used to compare orders entered by the cutover team and enter additional orders not yet in the system.

What if the Orders change in the 48–72 hours prior to launch?

Non-Medication Orders

- Any non-medication cutover order changes required in the 72 hours prior to launch can be updated on the Non-Medication Orders Report or within SCM up until the entering of those orders into Connect Care is complete; a comment will be entered that will add information to the patient header indicating orders have been entered into Connect Care.
- After cutover has occurred, the prescriber must enter new or changed orders into Connect Care post-launch at the time of order review.
- To avoid changes being missed, prescribers are encouraged to consider whether changes to the orders can be entered post-launch. If not, it will be vitally important for those orders to be entered by the prescriber as soon as possible post-launch.

Patient List Management

- Prescribers should ensure they have an up-to-date patient list the day before launch (May 5).
- From May 6 at 05:00, teams will have to create *provider-specific and specialty lists* by finding their patients on the individual units throughout the hospital; once patients are located, ***attach your service provider team to the patients Current Encounter Treatment Team***. After this initial list is created, it will remain in Connect Care for future use.
- Teams are encouraged to have a designate identified prior to launch to manage this.

Optional: Summary Migration

Upon launch of Connect Care, all patients in the legacy systems will be discharged. This can make them difficult to track down so, to decrease workload post-launch, it is recommended that problem lists, discharge summaries and exceptional care plans are brought over between May 4 and May 5.

Who can help?

Any member of the professional healthcare team can assist with the cutover process, but attending medical staff have the primary responsibility for ensuring that the information provided in steps 1 to 4 above is accurate and complete. Forms must be signed by team members who do not need a co-sign on their orders.

Is there anything else I need to know?

Having to review, add and adjust orders for each of your patients the day of launch may be time consuming. Some inpatient services have chosen to schedule additional attending staff for the first day (or days) post-launch to help address these logistical concerns, while continuing to care for established and newly admitted patients.

Timelines Starting approximately	Days from launch (May 6, 2023)	What to do

April 26	−10	Make every effort to discharge/repatriate patients as appropriate, to lessen the burden of cutover activities (ongoing). Ensure BPMH documents are present, reviewed and signed on patients who are anticipated to remain post-launch.
April 30	−6	Clean up the patients' medication lists (remove all "stale" orders).

Chart Management

- **Existing in-patients** at RGH and SHC at the time of Connect Care implementation will be discharged from the Clinibase/SCM system and transferred to Connect Care at the time of cut-over.
- Only **one** Discharge Summary will be required for the patient's entire length of stay.

Charts requiring attention will appear in your Connect Care In-Basket.

- SCM will remain in edit mode for clinicians for 6 weeks post-launch to allow for necessary clean-up of legacy deficiencies.
- Outstanding deficiencies on legacy paper records, must be completed by June 19, 2023 to align with SCM decommissioning.

Documentation deficiencies that are included in the Connect Care tracking system are:

- History & Physicals
- Operative Reports
- Discharge Summaries
- ED Provider Notes

- Physicians can review and complete outstanding charts using the In-Basket notification.

- Overdue charts will be highlighted red after 24 hours for notes and 14 days for discharge summaries and can be sorted by due date for easy identification.

- Overdue charts will be reported to your Zone Clinical Department, Site Medical Director, and Medical Affairs according to **existing practices.**

For information on how to navigate the In Basket notification inbox please refer to the In Basket Best Practices Manual (albertahealthservices.ca) (see page 54 for managing chart completions)

Results Management during Cutover to Connect Care: Calgary Zone

Please be aware of ***important changes*** for ordered results that will occur over the transition period to Connect Care. You will need to take action to ensure you see some lab and diagnostic imaging results.

Please see below for specific information and actions related to your areas of practice, as there are different actions required for Inpatient/Emergency and Ambulatory areas.

INPATIENT AREAS OR EMERGENCY DEPARTMENTS:

- When the cutover happens, starting May 6, 2023, results of any **pending tests or investigations ordered in Sunrise Clinical Manager (SCM) or on a paper requisition for a patient who has been discharged**, may not be sent to Connect Care prescriber In Baskets or In Basket pools. Instead, these results will be available as they were prior to cutover.
- If results were being printed previously, they will continue to be printed. They will also be available in SCM, Connect Care and Netcare.
- After one-week from launch, newly reported cutover results for both admitted and discharged patients will be sent to prescriber In Baskets in Connect Care.
- Critical results will continue to be verbally communicated.

Keynote: Post-discharge results for patients admitted before cutover may be missed if the actions below are not taken.

! PRESCRIBERS ACTIONS REQUIRED:

Monitor in progress results for discharged patients using existing legacy methods, including paper and SCM post-discharge patient lists for one week after cutover (For example, Emergency Department Abnormal Microbiology patient lists**.)** • If a patient was an admitted patient during cutover, the SCM Calgary Historic Patient Data Viewer or paper chart should be reviewed as part of discharge planning to check for After one-week from launch, newly reported results for discharged and admitted patients will be sent to the Connect Care In Basket of the prescriber to ensure post-discharge results are not missed.

Discharge planning using the SCM Calgary Historic Patient Data Viewer OR paper chart "Collected" orders that have not yet been resulted, or orders that were not entered as needed in Connect Care as part of cutover.

In Basket routing for "new lab results" (e.g.: pathology) 1 week after launch

TIP: To improve the reliability of result delivery to In Baskets and In Basket pools, issue new Connect Care requisitions to patients for 'future' and 'standing' orders.

! PRESCRIBER ACTIONS REQUIRED:

Key Action: Monitor in progress results (for example, micro) using existing legacy methods for 1 week after cutover

Key Action: Results for lab tests ordered prior to cutover, including those given to patients on paper requisitions and standing orders, may be routed to the authorizing prescriber's Connect Care In Basket rather than an In Basket pool and/or hard copy or fax.

Keynote: Prescribers must regularly monitor their Connect Care In Basket and hard copy reports, and follow-up on results as needed. Note: this may occur for one year or more because standing orders remain active for one year and patients may present old requisitions to the lab. New Connect Care requisitions for future and standing orders should be issued to patients when possible.

- If your clinic uses an active episode for In Basket pool routing, the episode should be created as soon as possible to direct results to the In Basket pool. A tip sheet for pooled In Basket Results is available, here and a demonstration is available, here. • Where result corrections currently print, they will continue to do so.
- Paperless clinics will begin receiving paper copies of corrected results starting at cutover.
- Corrections and addendums to results may still occur for up to two years.

Keynote: Paperless clinics will begin receiving paper copies of corrected results starting at cutover.

Documentation of Follow-Up

- At the time of cutover, the SCM/paper charts should be considered read-only.
- All **documentation is to be made in Connect Care** going forward from cutover, including follow-up for testing ordered prior to cutover.

Computerized Prescriber Order Entry (CPOE)

Computerized Prescriber Order Entry (CPOE) refers to the process of a medical prescriber entering orders electronically via a digital health record instead of using paper-based processes.

CPOE offers an important means by which health processes and outcomes can improve. Entered orders trigger clinical decision supports that can help avoid unsafe medications, promote best practices and improve system performance. Studies show that the move from paper to CPOE decreases common medication errors by 50% or more.

Keynote: It is an **AHS Minimum Use** expectation that all tests, interventions and medications that ***can be*** ordered in Connect Care ***must be*** ordered in Connect Care. Very few exceptions are acceptable.

Prescriber Resources for CPOE:

- Manual: Order Norms
- FAQ: Prescriber Orders
- AHS Procedure for Verbal and Telephonic Orders
- ***Alberta Health Services Medical Staff Rules (section 4.18.18)***

Keynote: In ordering – as in all other clinical activities – patient care and safety come first. If there is an urgent or emergent circumstance affecting a patient's care, verbal or telephonic orders may be appropriate and can be allowed. The details of standards, guidelines and legislation related to verbal and telephone orders are appended below. The relevant professional guidelines from nursing regulatory bodies are also included in the appendix.

CPOE Work Package:

If there are interdisciplinary teams that are having concerns, questions or challenges regarding CPOE, it is recommended that each teamwork through the CPOE Work package:

- https://insite.albertahealthservices.ca/Main/assets/cis/tms-cis-cpoe-verb-phone-orders.pdf

Prescriber Ordering Norms:

Urgent Verbal Orders: While there are variations in practice, it is important to recognize that AHS policies, professional guidelines, and legislation allow for verbal orders (whether the alternative is paper or digital) in specific situations. AHS directives are clear:

- Verbal (in-person) medication orders shall only be accepted by a healthcare professional in an emergency situation or an urgent situation where delay in treatment would place a patient at risk of serious harm, and it is not feasible for the prescriber to document the medication order (e.g., during a sterile procedure, during a resuscitation).
- Verbal medication orders shall not be accepted for chemotherapy unless the order is to hold or discontinue the medication. Authorized healthcare professionals (e.g. nurses) can take a verbal order from a physician and transcribe (enter) it onto the system.

The expectation is that the nurse can immediately inform the prescriber of any alerts or other decision supports (e.g. dosage checks) that arise during the order-transcription process.

Telephone Orders: Connect Care prescribers have easy access to the patient's chart and quick-order tools from any computer, mobile device or smart phone. The need for verbal orders given via telecommunications should be rare. However, policy allows for situations where there is urgent need and no alternative to a telephone-delivered ("telephonic") order:

- Telephonic (conveyed by telephone and/or radio) medication orders shall only be accepted by a health care professional where the authorized prescriber is not physically present to document the medication order and a delay in ordering, administering, or discontinuing the medication would compromise patient care and/or patient safety.
- A telephonic medication order shall not be accepted via voicemail.
- Telephonic medication orders shall not be accepted for chemotherapy unless the order is to hold or discontinue the medication (connect-care.ca Page 6 of 6 Connect Care Norms – Orders). Under no circumstances are text message, email or other asynchronous communications acceptable.

The expectation is that the nurse can immediately inform the prescriber of any alerts or other decision supports (e.g.: dosage checks) that arise during the order-transcription process.

Keynote: The expectation is that all Connect Care prescribers will enter the majority of orders into the clinical information system. Orders may be entered indirectly in the following situations:

- **Accommodated Orders:** In rare situations, an authorized provider may not have physical capacity to interact with the CIS. Under duty-to-accommodate, authorized and certified medical scribes may be able to enter orders on their behalf.
- **In-Person Verbal Orders:** These will be accepted in an emergency or if the situation otherwise precludes CPOE and time is of the essence (e.g.: patient needs analgesia for a broken leg and the physician is in the middle of performing a procedure).
- **Telephonic Verbal Orders:** orders relayed via telephone or radio will be accepted when the prescriber cannot be reasonably expected to access Connect Care for CPOE in the appropriate time frame (e.g.: driving in the car, scrubbed in the operation room) and an authorized provider is available to help relay and act on decision-supports.

The expectation is that the nurse can immediately inform the prescriber of any alerts or other decision supports (e.g. dosage checks) that arise during the order-transcription process.

Alberta Nursing Regulatory Bodies: Some regulatory bodies provide direction stating that verbal medication orders (including by telephone) may be accepted only in urgent or emergent circumstances. Such orders must be read back to the authorized prescriber to confirm accuracy and then accurately documented.

CPOE – Prescriber Standard Ordering Norms

	Policy Rationale:	Practical Examples where order is taken:	Prescriber Co-sign expected within:
STAT & Urgent Verbal Orders when Prescriber is IN the hospital or clinic	Where delay in treatment would place a patient at risk of serious harm, and it is not feasible for the prescriber to document the treatment order.	Examples of situations where prescriber: • In a sterile procedure • Resuscitation is in progress • Is in PPE and with a patient. • Is in the OR participating in a delivery. • Otherwise engaged such that timely access to computer is impractical	STAT orders / URGENT orders: signed ASAP, within 24 hours.
STAT & Urgent Telephone Orders when the Physician is NOT in the hospital	Where a delay in ordering, administering, or discontinuing the treatment would compromise patient care and/or patient safety.	Examples of situations where prescriber: • Is busy with patient care in clinic. • Is driving. • Is not at home or near a computer. • Is sleeping after a day shift or a night shift • Otherwise engaged such that timely access to computer is impractical	STAT orders / URGENT orders: signed ASAP, within 24 hours.
Additional Considerations	• Verbal orders are given through face-to-face interaction, while telephone orders are given over the phone. • Most orders will be placed by prescribers directly into Connect Care (e.g. during daily rounds or in clinic) but there are important caveats as described above where verbal and telephone orders are not only allowed, but absolutely required. • AHS Bylaws and Rules state that when Connect Care is being used in a facility, that prescribers are expected to use it for CPOE. Verbal orders will therefore generally be taken as exceptions: e.g. a full clinic's orders cannot be entered using verbal orders. • In person rounds is still expected as per previous practice patterns. Telephone orders will be considered related to the rationale above. • All verbal/telephone orders will require prescriber co-sign within above timeframes, and may be reviewed for appropriateness and scope of practice by AHS Management and Medical Affairs (as per the Connect Care Policy) • For further information see Ordering Norms Document from Connect Care/AHS https://manual.connect-care.ca/norms/Orders		

	0700 to 1700 Mon-Fri	1700 to 2200 Mon-Fri & Weekends 0700-2200	After 2200 to 0700 Daily

Verbal Orders when Prescriber is IN the hospital or clinic	Expectation is that prescriber does CPOE themselves: Examples of potential exceptions: • In a sterile procedure • Resuscitation is in progress • Otherwise engaged such that timely access to computer is impractical	Expectation is that prescriber does CPOE themselves: Examples of potential exceptions • In a sterile procedure • Resuscitation is in progress • Otherwise engaged such that timely access to computer is impractical	Expectation is that prescriber does CPOE themselves: Examples of potential exceptions • In a sterile procedure • Resuscitation is in progress • Otherwise engaged such that timely access to computer is impractical
Telephone Orders when the Prescriber is NOT in the hospital	The expectation is that physician will usually access CC. Examples of exceptions: • Is busy with patient care in clinic • In a sterile procedure • Driving • Otherwise engaged such that timely access to computer is impractical	The expectation is that on-call physician will access CC in a reasonable time frame. Examples of exceptions: • In a sterile procedure • Driving • Otherwise engaged such that timely access to computer is impractical	Orders needed within this time frame need to be considered in terms of urgency For requests that cannot wait until 0700 telephone orders can generally be accepted, bearing in mind that order sets or chemotherapy orders are beyond nursing scope of practice

- Best results will be realized when medical and operational leaders collaborate and have a mutual understanding of the benefits and challenges of CPOE
- Phone calls that interrupt clinics can be disruptive to prescribers and they may not have ready access to Connect Care in their private clinics
- Prescribers will be considerate of nursing and operational staff as having them place a verbal order can be a complicated workflow.
- Most requests that are important enough to require a phone call meet criteria for a nurse to take a telephone order. This is especially true overnight.
- In general , the mobile applications have much less functionality than the full version of Connect Care. For example, order sets (e.g. admission orders) cannot be placed from an iPhone or iPad.
- Chemotherapy must be ordered by the prescriber.
- Prescribers have a duty to cosign verbal and telephone orders within 24 hours

In System Communications with Prescribers

Connect Care offers multiple communication methods between members of the healthcare teams.

- **More Information:** Connect Care Manual - Communications (connect-care.ca)

However, if it is not clear which communication method will be used, users risk missing important messages or assume the burden of monitoring all the possible methods. With the benefit of experience from the five previous launches, CMIO recommends prescribers adopt the following communications pact with nursing and allied health at launch.

Inpatient Setting:

1. Urgent issues – continue present method (primarily pager and cellphone).
2. Non-urgent issues – Sticky Note to the MRHP – visible in a patient list column (tip sheet on adding column to your patient list below).

Outpatient Setting:

- Urgent Issues – continue present method (primarily pager and cellphone).
- Non-urgent issues – Inbasket messaging – configuration of notifications available as personalization of Haiku app >> Notifications >> Settings >> Staff message.

In Basket:

- **More information: In Basket:** tms-cis-inbasket-best-practices-manual.pdf (albertahealthservices.ca)

Secure Chat:

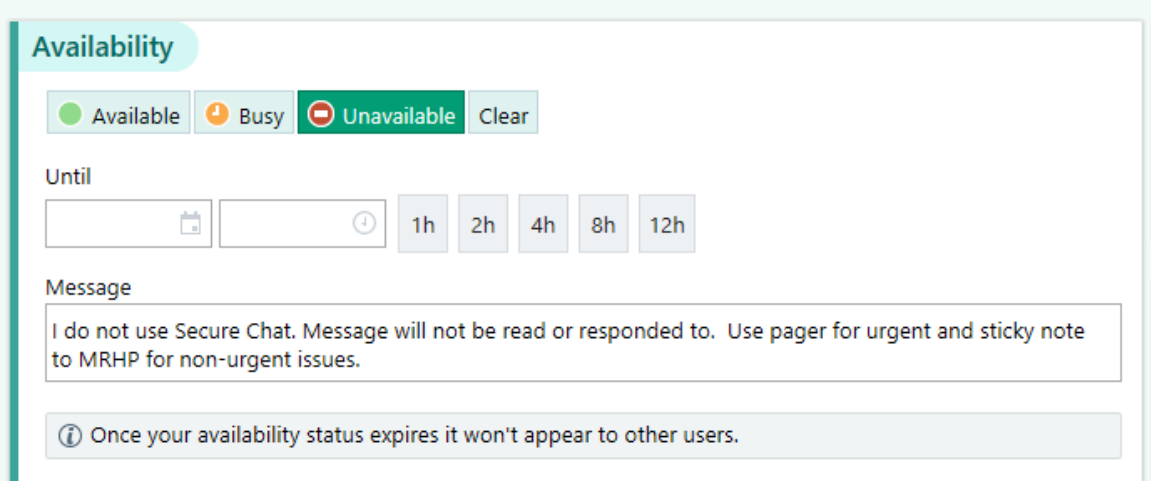
It is recommended that secure chat not be used upon launch except where teams have made explicit arrangements. Update your availability within the secure chat activity with the following standardized messages.

Inpatient version:

"I do not use Secure Chat. Message will not be read or responded to. Use pager for urgent issues and sticky note to MRHP for non-urgent issues."

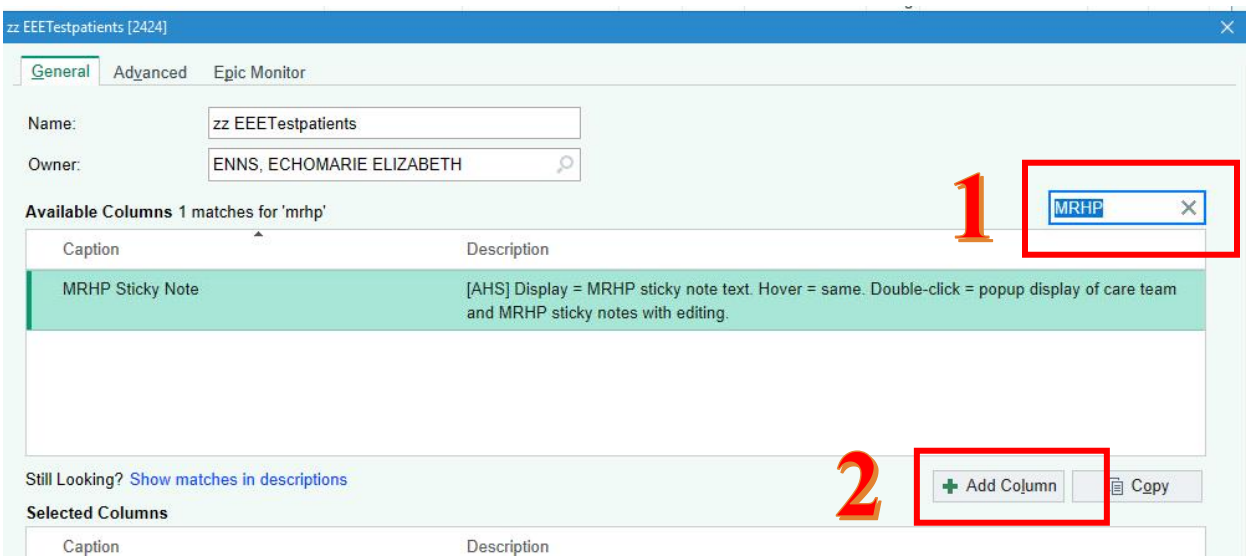
Outpatient version:

"I do not use Secure Chat. Message will not be read or responded to. Use pager for urgent issues and Inbasket for non-urgent issues."



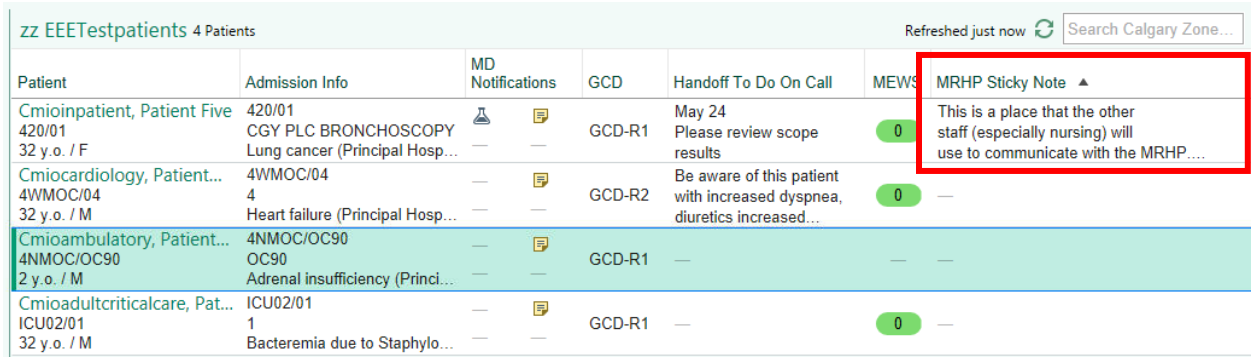
How to add a column to your patient list to display the Sticky Note to MRHP:

1. Right click on the patient list folder name.
2. Select 'properties'
3. Type 'MRHP' into the search box of Available Columns (below)
4. Click ' + Add Column', then Accept.



MRHP Sticky Note:

- The MRHP Sticky Note will display the message; double clicking will bring up the full message, allowing you to click the 'comments' hyperlink to clear the message once it is addressed.



- MRHP Sticky Note details (if populated) will appear in yellow on the Summary page in the Patient Chart