

EMR update

July 2021

For leaders to share with their team

‘to create exceptional experiences for patients and staff through an integrated medical record’

Where are we?

- Workshop 2 started May 31 - will finish on 23 July
- Great involvement and participation – thank you!
- Working hard on gathering requirements with SMEs and building our EMR...



Our SMEs are letting us know...

The workshop(s) was a valuable use of my time.



The project is on track to achieve benefits.



I feel prepared to use and/or support these workflows.



This workflow(s) will decrease my workload.

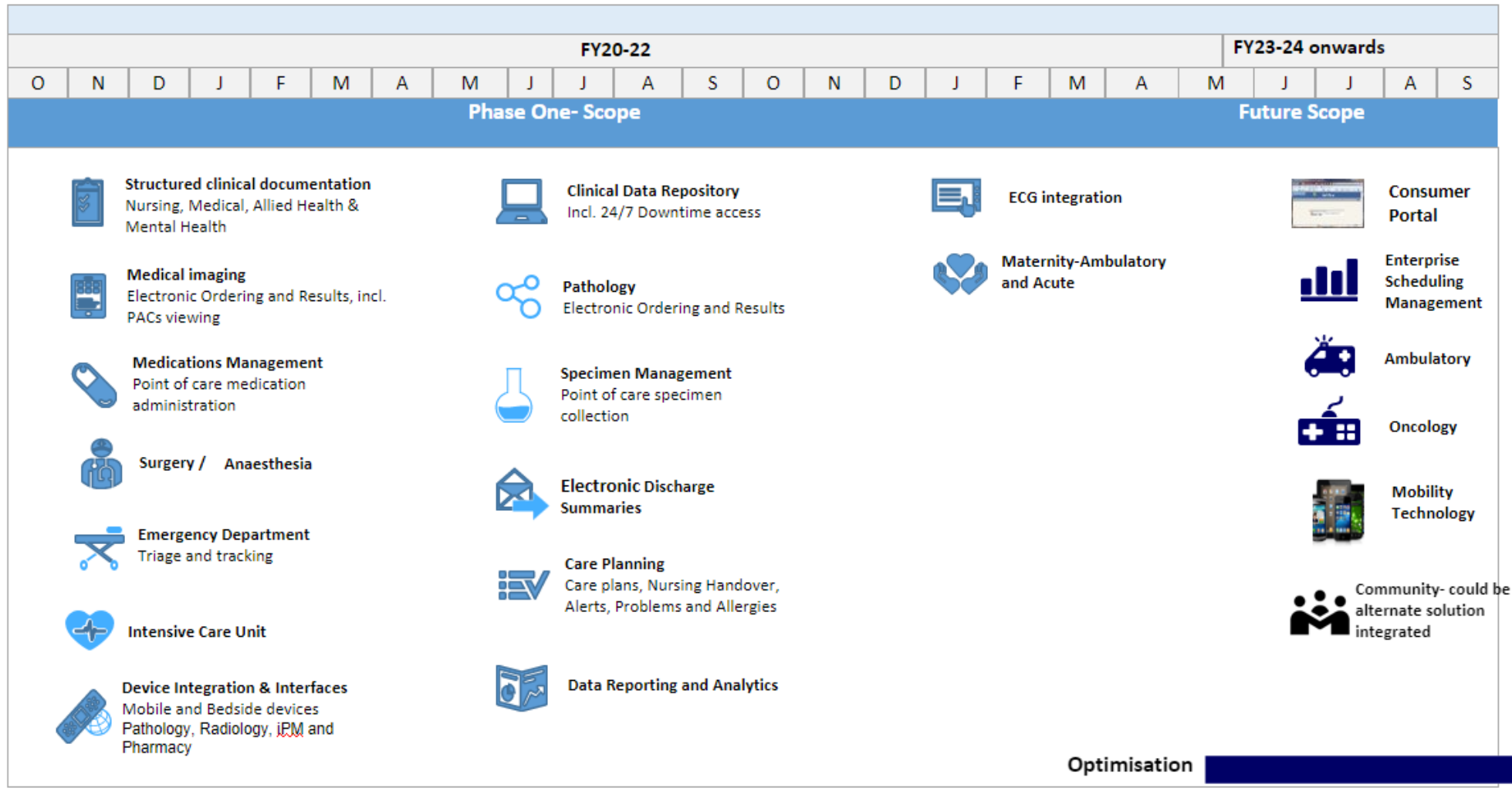


The positives of these workflows will outweigh the negatives.



Overall rating: 4.24 stars

These modules will be in our EMR...



The biggest changes for us



Point of Care Devices
(WOW)



Medication management
Inpatient setting (+/OP)



Barcode scanning
Wristbands + medications



Clinical Communication +
task management



Real-time
patient data



Clinical documentation
Inpatient setting



Ordering for clinicians
Inpatient setting (+/OP)



Decision support



Care assessment &
planning



Orders and results for rad
+ path



Specimen collection



Internal electronic
referrals



Clinical monitoring
Through integrated devices



ECG integration



Reporting & analytics

Who will (+won't) document in our EMR?

NH employees working at inpatient sites will document in our EMR:

- Nursing and midwifery staff, incl. students + agency
- Allied health staff
- Medical staff including junior, seniors + students
- Clerical and health information services staff
- Research staff
- Clinical data reporting and informatics staff
- Maternity outpatient services staff
- Certain NH staff working in satellite sites including palliative care at Heritage Gardens (if on NH network)
- North West Mental Health Services in inpatient areas
- Hospital in the home (HITH) staff, including maternity in the home
- Satellite dialysis staff

Who will not document in our EMR (may view a patient's record):








- NH staff working in ambulatory services in the community
- North West Mental Health Service outpatient services community
- Residential care services (Ian Brand Residential Care will not view EMR)
- Staff working in outpatient clinics (may view a patient's record + order pathology and radiology)
- Outsourced Radiology services
- Kilmore hospital staff
- Transition Care Package (TCP) bed based staff
- Geriatric Evaluation and Management (GEM) at Residential Care (GEM at Resi)

EMR equipment and devices








- WOWs (Nursing, Medical and Phlebotomy)
- Desktop and wall mount computers
- FollowMe Desktop VDA
- Barcode scanners
- Pathology label printers
- ID wristband printers
- Dedicated downtime laptops
- Large screen tracking displays
- Anaesthetic laptops
- Multifunctional printers






What's changing for our clinical systems?

System	Function	How will this system relate to our EMR?
	iPharmacy	Integrate to EMR. iPharmacy for dispensing, EMR for medication management.
	iPM – Source of truth for patient demographics (and AH statistics)	Integrate to EMR.
	Endoscopy results	Results PDF sent to EMR.
	Radiology imaging system	Integrate to EMR.
	Pathology information System	Integrate to EMR.
	Xcelera (cardiology)– reporting	Cardiology reports to EMR.
	Synapse - PACS	Integrate to EMR.

What's changing for our clinical systems?

System	Function	How will this system relate to our EMR?
 CPF	Scanned medical record	Not integrated to EMR however will launch from hyperlink in EMR. Will become an archived scanned medical record.
	EDIS Emergency management	To be replaced by EMR.
	Healthpower – referrals, nursing handover, allied health statistics	To be replaced by EMR. (Allied health statistics in iPM)
	Medtasker	Not integrated to EMR. Clinical information to be documented in EMR
	BOS – Birthing Outcome System	To be replaced by EMR.

What's changing for our clinical systems?

System	Function	How will this system relate to our EMR?
	Charm - oncology	No change. No integration to EMR.
	Q Flow for clinic registration	No change. No integration to EMR.
	HMS – Community patient administration	No change. No integration to EMR.
	Transcription	No change. No integration to EMR.
	Delegate – patient diet	No integration to EMR. Diet allergies will no longer be in IPM and will be in EMR.

High priority workflows - examples

Real Time Documentation	Documenting patient information in near real time is essential for quality of patient care.
Patient Search	One source of truth for clinical information in the EMR. Less time spent looking for information and less risk of missing information.
Anaesthetic chart	Chart layout and function will be different in EMR. Early exposure essential and repeated practice after training needed for successful adoption.
Handover	New handover process will heavily rely on real time documentation. New handover documentation will be in EMR.
Encounter management	Address current encounter creation and management inconsistencies prior to go-live to align process to policy.
Tracking Board	Access patient's chart through and EMR Tracking Board instead of paper.
Patient ready for discharge	Could be a delay in getting patient discharged if there isn't a notification to care team about criteria and patient ready for discharge.
Fluid Balance	Fluid balance will start at the same time across entire organisation.
Care Planning	Documentation in the EMR will be in various areas of the nursing admission workflow.
Endorse results	Ordering doctor will need to endorse the result within EMR to document they have reviewed the result.
Anaesthetic medications	Medication with doses will be built to show what was given. High risk to ensure everyone understands how to document meds given and understand what's been administered.

EMR Champions feedback

2. About me:

[More Details](#)

Strongly disagree Disagree Neither agree or disagree Agree Strongly Agree



3. About this session:

[More Details](#)

Strongly disagree Disagree Neither agree or disagree Agree Strongly Agree



'Looking forward to learning more.'

'Looking forward to face-to-face session!'

'Great work!'

'Thanks for the gentle entry. Looking forward to working with team to support researchers with EMR in research sector.'

'The webpage is a fabulous idea in getting capturing the clinical staffs attention easily accessible, etc. and communicating the change that will be coming, this would decrease staff anxiety resistance towards another change.'

'Looking forward to working with the EMR team.'

'Looking forward to learning to use the new EMR system and implementing it on the wards.'

Stay in touch

If you have any questions or feedback, please email:

NH-EMRQuestions@nh.org.au

Visit our EMR website at

<https://emr.nh.org.au/>