

Nurses & Informatics: Transforming Healthcare Conference

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Innovative Informatics Solutions in the Emergency Room



**When the Information
Highway meets the Crash
Cart**



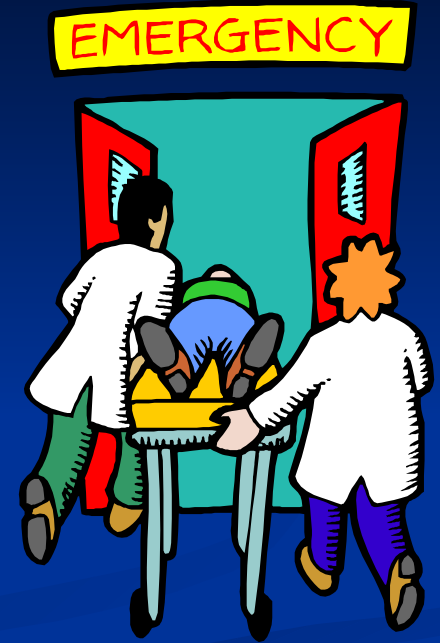
Guiding Principles

- Keep it simple
- Know your business



Keep it Simple

- Minimal Typing
 - Computer Literacy
 - Age of Users
- Dynamic and chaotic environment
 - Time Constraints
 - Access Points



Know your Business

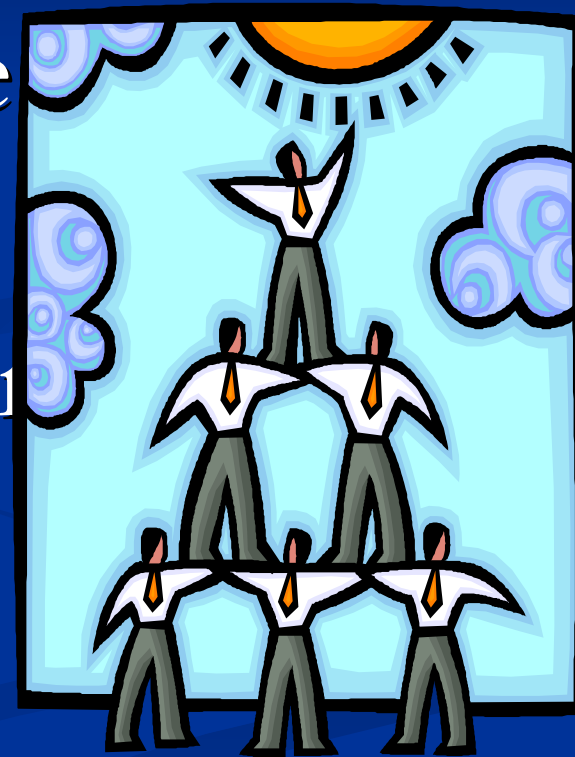
What are the Issues?

- 4 unique emergency departments
- Attain emergency department standards of care
- Increased patient complexity, acuity, and LOS
- Decreased throughput = Increased wait times

Heightened risk for adverse outcomes

What were our goals?

- Introduce an EHR that would:
 - Improve standard of care
 - Improve throughput
 - Improve client satisfaction
 - Improve efficiencies



What did we Implement?

- Electronic triage and tracking

Or... In the words of nurses

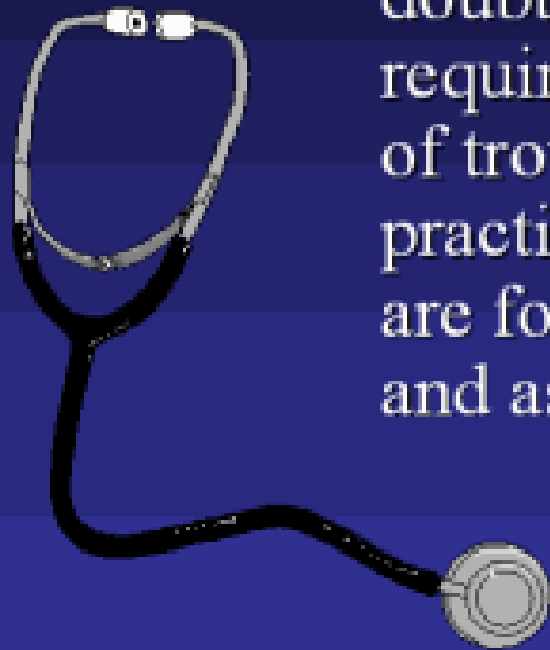
“Computers”!!



A Computer in the Exam Room?

“That it will ever come into general use, notwithstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble, both to the patient and to the practitioner because its hue and character are foreign and opposed to all our habits and associations.”

from The London Times in 1834
*Commenting on ...
the “stethoscope”*



Cutting Edge Solutions

- Acuity Reassessment Timers
- Secure Acuity
- Enhanced communication
- Incorporation of alerts
- Mental Health Innovations
- Point in Time Reporting



Acuity Reassessment Timers

- Based on Canadian Triage Acuity Scale
- 5 categories



Level	Color	Acuity	Timer
1	Red	Resuscitative	Immediate
2	Orange	Emergent	Care 15 minutes
3	Yellow	Urgent	30 minutes
4	Green	Less Urgent	60 minutes
5	Grey	Non Urgent	120 minutes

Waiting Room Reassessment Timers

VGH All Beds	V-Reg	V-Waiting Rm	V-Trauma	V-Area A	V-Area B	V-Area C	V-Area 2	V-Nurse Assess	V-MD Assess	V-Await Admit	V-In Pt	V-Ckout	V-Provider
All beds (7/7)											Patient Name: Pm Jacqui, Betty Sara		
Cubicle	Patient Name	Age	Events	**A**	Comment	Emergent	Urgent	Less Urgent	Non Urgent	Visit Reason			
WR	fnbev, Events	47 years				Start				Chestpain			
WR	pmLaura, Jennifer M	10 years					Start			MVA			
WR	fnCara, One Dawn	35 years						Start		Painful Right An			
WR	FnDuck, Donald	17 years					Start	Cancel		Sore Throat			
▶ THold 1	Pm Jacqui, Betty Sa	25 years		A					Start	sore right ear			
THold 2									Cancel				
WR 2									Complete				
									Start				
									Request				

Secure Acuity

- Victims of violence
 - Gang, Domestic, Sexual Assault, Child Abuse
- High profile public figures

	VGH All Beds	V-Reg	V-Waiting Rm	V-Trauma	V-Area A	V-Area B	V-Area C	V-Area 2	V-Nurse Assess	V-MD Assess
All beds (7/7)										
										Patient Name
	Cubicle	Patient Name	Visit Reason	Events	**A**	Rad	ED Nurse	ED Physician		
	C,12									
▶	C,13		Reported sexual assault							
	C,14		Fnbev, Anne							
	C,15		Assign Tag...							
	C,16		Unassign Tag...							
	C,17	fntest, test three								

Enhanced Communication

- ARO/Violence Alerts
- Involuntary status

FirstNet Triage Registration

Medical Record Number: 9975889 | Last Name: Rubble | First Name: Betty

Gender: Female | Birth Date: 28-Feb-1939 | Age: 66Y

ALERTS:

DISEASE ALERT

MRSA-ARO

PROCESS ALERT

ENCOUNTER INFORMATION

Encounter Type: Emergency | Arrive Date: 24-Aug-2005 | Arrive Time: 14:21

Encounter Comment: Is this patient to see a certain physician? (Please enter the physician's name)

Family Physician: How, Benjamin Kenneth | Building: MAIN | Nurse: Ambulatory ER-R

Gender: Female | Age: 66 years | Loc: F2; 20
MRN: 9975889 | DOB: 28-Feb-1939 | Allergi

Alias Information

Type	ALIAS	ALIAS POOL DIS
Medical Record N...	9975889	Health Vision Med
Provincial Health ...	4564-575-687	BC HCN Alias Pool

End of Life Care

Religion: |
Executor's Name: |
Executor's Home Phone: |
Deceased: |

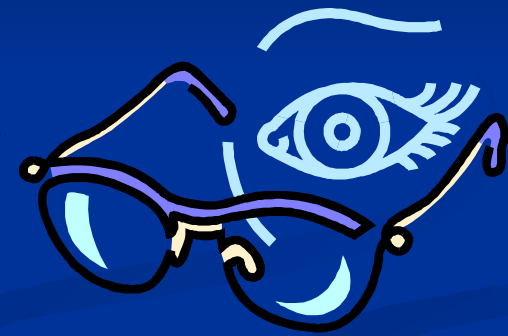
Special Instructions

Pacemaker?: |
Disease Alert: | MRSA-ARO

“At a Glance”

Patient and Departmental Status

- Transparency cross-site
- Admitted patient volume
- Departmental acuity
- Diagnostics
- Nursing and physician tasks
- Occupancy

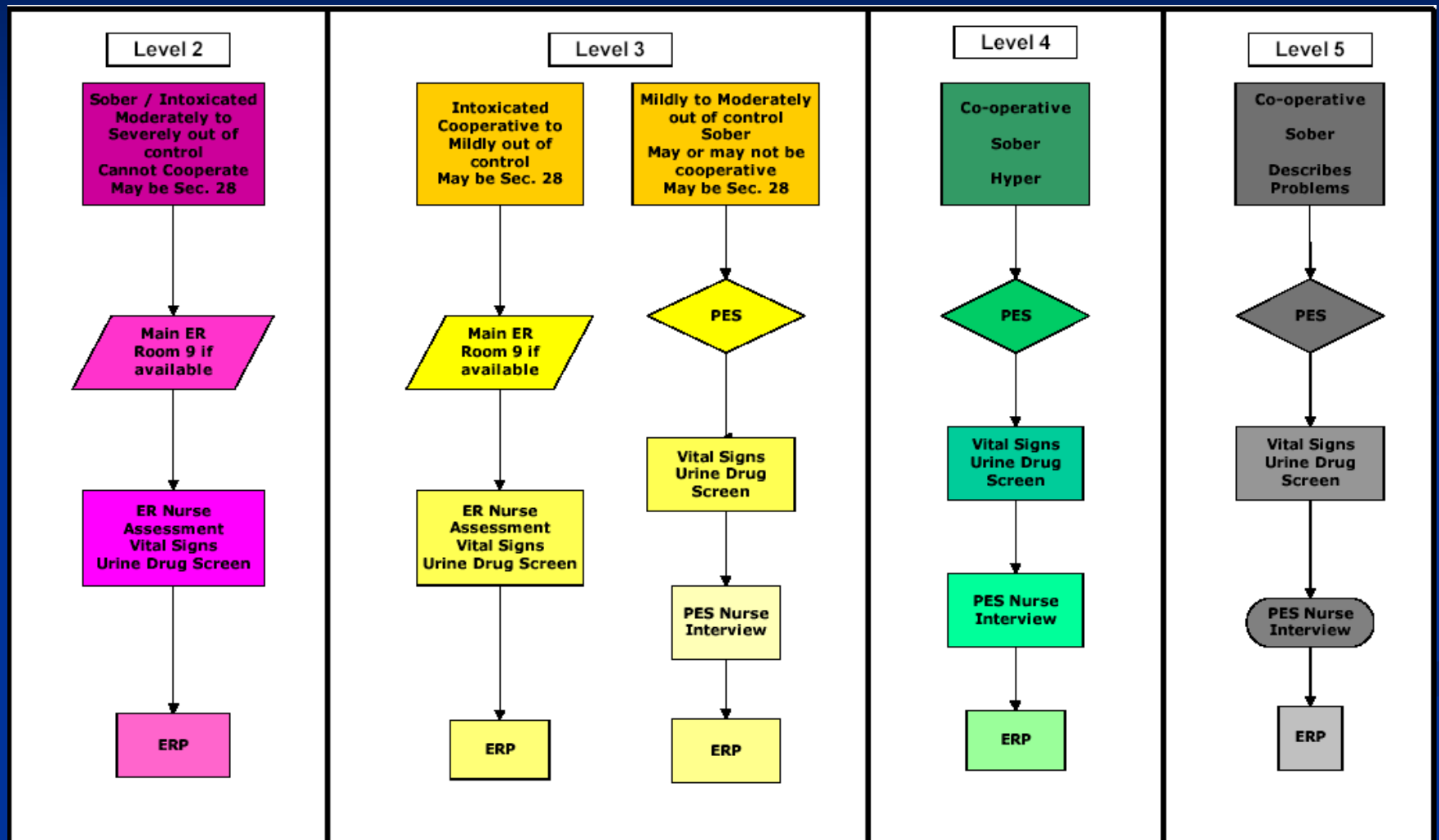


Mental Health Innovations

- Opened psychiatric emergency service 2004
- Psychiatric specific encounters
- Mental health and emergency partnerships that provide a framework for care and supports best practice initiatives



Psychiatric Triage Protocols



Reporting

- **Point in time**

- Infection control
- Critical incident follow up
- Client Relations
- Staff exposure



Bouquet

We would like to take this opportunity to thank all of our colleagues for their involvement and dedication to this project...

Coming together is a beginning, staying together is progress, and working together is success.

--Henry Ford



Questions???



Thank-you!