CRIS "Hot Spots" and Progress Report 8/22/04 2:00pm

Yeah!!!!!! We've been "live" since 0800 this morning. Everyone has been doing an outstanding job. On behalf of the CRIS Nursing Team and the Exec Group, I thought I would send out a progress report. As we anticipated, we've identified systems and process issues since going live. This is a good thing! Cheryl Fisher has done a nice job of summarizing the major issues in the update below.

Please continue to let us know about issues you've encountered. You can do so a number of ways; 1. Call the CRIS Hotline 301-496-8400; 2. Report it to the DCRI CAFÉ staff assigned to your unit; or 3. Let the AC know. As we get answers to the things that you've identified we'll get them out to you.

We'll send this type of information out regularly. Let us know if it is helpful.

Thanks everyone, we have been up on the system since 8am this morning. Several issues and tips have been identified to help you along the way.

1) Transfers–There are two types of transfers (i.e. a medical transfer) or an administrative transfer (i.e. a unit closes).
   - A change in clinical condition requires a medical order to transfer the patient. Due to a system problem, the administrative coordinator will need to be notified to have the patient transferred via the MIS system into the new location.
   - Administrative transfers takes place when units combine. The following process should be followed:

     - Print a patient list from CRIS and identify which patients will be transferred to a particular unit (specify the unit).
     - Give the list to the Administrative Coordinator to take to admissions
     - The nurse will call admissions when the patient is ready to be transferred from the sending unit
     - Admissions will call the nurse when the patient has been transferred in the MIS system to the receiving unit

3) Remind physicians that future orders should be entered as Future Outpatient/Pre Admit orders for any future patient visits. Otherwise they will appear as active orders and then complete when the patient changes to an Inpatient status.

3) Document Past due medications as "Mark as Done". Otherwise they will continue to appear on the paper worklist as Overdue and continue to appear in RED as Overdue on the online worklist.

4) Midnight is (0000) on the 24 hour clock or the first second of the day. On the NPO order form if Midnight is selected, the DATE changes to tomorrow but this is not being noticed by physicians entering orders for patients to be NPO tonight. Please have physicians take careful notice of the date on the order form when NPO at Midnight is being ordered.

5) For the AM lab draws, phlebotomy will bring bar code labels up to the floor. If the nurse draws an am specimen prior to the labels arriving to the unit she/he should use an admission label on the specimen and send an order requisition.

6) Not all meds are showing up on the worklist. Be sure to let your DCRI support person know this if it is happening. The pharmacy is verifying new med orders as quickly as possible but will need some leniency while catching up from extended downtime.

7) Nursing worklist has been turned off inadvertently instead of the hourly meds due list. This should be corrected by the next CRIS issues update. The worklist should print when the medical care plan prints prior to each shift.

More to come!!!