

## CRIS “Hot Spots” and Progress Report 8/23/04 2:00pm

1. We know that the primary problems that occurred overnight and throughout the day related to printing. Either you got too much paper, too little paper, or the content was unreadable. In order to narrow the cause of this phenomenon the following decision has been made:

- Starting this evening there will be **no** automatic print outs.
- You will be able to print out **on demand** the following reports: Medical Care Plan, Nursing Unit Worksheet; Medication Due Worklist
- We will distribute the instructions for how to request these reports in the next few hours.
- If after reading the instructions you encounter difficulty – please call your CRIS CAFÉ
- Please assign someone to request the printouts for the oncoming shift

2. Other printing issues:

- a. Orders are printing in wrong locations (this is a technical issue and is being corrected)
- b. Concern that lab requisitions for morning labs were not printing out. Actually this isn't the case – they printed **when** the order was entered. So most likely they got lost in the reams of printouts **or** the unit needs to tweak the process for saving lab requisitions.

3. So while we're on lab issues....

### a. **Outpatient** =

1) ISSUE – additional lab orders. When tests are ordered to be drawn in phlebotomy in addition to previously ordered tests, please alert OP Phlebotomy by calling them. This will decrease missed opportunities to collect a specimen or avoid sticking a patient twice.

2) ISSUE – Phlebotomy cannot determine from the Order Requisition when a lab is to be drawn. Please be sure to fill in the date of the scheduled collection.

3) ISSUE – patients arriving in phlebotomy to have labs drawn without bar code labels or order requisitions.

1. All orders placed as Future Outpatient/Pre-Admit will be released by phlebotomy. Phlebotomy will generate the lab requisitions and the bar code labels.

2. If orders are placed as Today Outpatient/Current Inpatient, carefully select where the patient's specimen is to be drawn so that the bar code label prints at the collection site.

3. If bar code labels for Today Outpatient/Current Inpatient lab orders are misdirected and print at a site remote from the collection site (i.e., if labels print in the OP clinic and you really wanted them to print in OP Phlebotomy where the collection will occur), make arrangements to have the labels and the requisition delivered to OP Phlebotomy. Before your patient leaves the OP Clinic, check for Order Requisitions and Bar Code labels. Hand today's scheduled requisitions and labels to your patient on their way to Phlebotomy.

### b. **Inpatient**

1) ISSUE – Bar Code labels did not arrive to the PCUs at the anticipated time. RESOLUTION –

1. Review the poster entitled, "Laboratory Specimen Collection." Directions for how to prepare for the a.m. draws are described in the "Early A.M. Blood Specimen Collection Process."

2. A phlebotomist will arrive to a PCU at approximately the same usual time with Bar Code labels for all a.m. lab draws. If clearly communicated on the usual morning worksheet, the phlebotomist will label all a.m. specimen tubes with Bar Code labels, including research tubes.

3. Phlebotomy will call 2W and 12E at ~ 0500 to determine if bar code labels should be "tubed" to the PCUs to facilitate timely nurse-draws.

4. Phlebotomy will continue as usual to call those PCUs (e.g., 9W, 13W) to determine if they need labels and/or a phlebotomist.

5. Remember that admission labels can be used **but must** be accompanied by a lab requisition sheet.

6. For labs that are drawn daily and a requisition sheet is not available you can draw the lab, label it with an admission label and leave it for the phlebotomists to either re-label with the Bar Code **or** place the specimen **with** bar code label in the specimen collection bag.

2) ISSUE – bar code labels placed incorrectly. Please be sure to place bar code label on tube with patient's last name under edge of cap and directly over manufacturer's label. Labels should be applied smoothly and without wrinkles.

#### 4. **Order entry issues**

- a. Some pre-admit orders disappeared when the patient status changed from Outpatient to Inpatient status (this was technical and is being evaluated).
- b. Some out patient orders were entered as Today Outpt/Current Inpt over the weekend and the "active" orders printed requisitions in the outpatient areas. Under this session type, the order cannot be released when the patient arrives. Additionally the phlebotomist cannot release the hold orders when the patient arrives in phlebotomy. The CRIS team will get the word out to the docs about the best way to put in future orders.
- c. Some Future Outpatient/Pre-Admit order that were entered correctly did not have instructions as to when to release them. Therefore it was not clear to phlebotomy which orders to release. Again, please direct the prescribers to the CAFÉ assigned to your area for assistance with order entry.

5. **Computer access issues.** Some staff have had difficulty accessing the system. Some nurses are requiring their password to be reset. This can be done in DCRI until 1am tonight (8/24). There will not be anyone available after that until 7am. Some staff are experiencing difficulty because of the level of security attached to their code. ( i.e. RSAs have been unable to view all their necessary screens). Contact the CRIS Support Desk at (496-8400) to assist with this.

6. **Please note**, the messenger and escort service requisition does not have a field for the nurse to enter the time the patient is to be picked up. We need you to enter this info along with isolation status and a request for a wheel chair if one is needed in the special instructions type in box.

7. **General information** was not transferred from the old MCP to the new. This means that you will need to enter information related to **blood transfusion consents and advanced directives** into CRIS. Remember that the blood transfusion consent must be checked and on the chart prior to the administration of blood products. Listing that the patient has

current blood transfusion consent does not eliminate the need to do so. Advanced Directive need to be verified with each admission. .

8. Because CRIS and the new Admission Travel and Voucher (ATV) came up at the same time, some people think that the ATV is part of the CRIS system. It isn't. It needs to be accessed via Citrix. Then go to Internet Explorer and type in <http://atv.cc.nih.gov>.

9. **Medication Reordering** - Please remember that you can replace a medication that is missing or has been dropped by using the Med/IV service request. This notifies the pharmacy that they need to replace the medication. **Do NOT re-order the medication.**

Again, everyone is doing a terrific job! Thanks!