

**SELF-GUIDED PRACTICE WORKBOOK [N58]**  
CST Transformational Learning

WORKBOOK TITLE:

**Nursing: Infection Control Practitioner**

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## # SELF-GUIDED PRACTICE WORKBOOK

<b>Duration</b>	<b>4 hours</b>
<b>Before getting started</b>	<ul style="list-style-type: none"> <li>■ Sign the attendance roster (this will ensure you get paid to attend the session)</li> <li>■ Put your cell phones on silent mode</li> </ul>
<b>Session Expectations</b>	<ul style="list-style-type: none"> <li>■ This is a self-paced learning session</li> <li>■ A 15 min break time will be provided. You can take this break at any time during the session</li> <li>■ The workbook provides a compilation of different scenarios that are applicable to your work setting</li> <li>■ Work through different learning activities at your own pace</li> </ul>
<b>Key Learning Review</b>	<ul style="list-style-type: none"> <li>■ At the end of the session, you will be required to complete a Key Learning Review</li> <li>■ This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> </ul>

## Using Train Domain

You will be using the train domain to complete activities in this workbook. It has been designed to match the actual Clinical Information System (CIS) as closely as possible.

Please note:

- Scenarios and their activities demonstrate the CIS functionality not the actual workflow
- An attempt has been made to ensure scenarios are as clinically accurate as possible
- Some clinical scenario details have been simplified for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- Follow all steps to be able to complete activities
- If you have trouble to follow the steps, immediately raise your hand for assistance to use classroom time efficiently
- Ask for assistance whenever needed

## PATIENT SCENARIO 1 – Access and Set-up

### Learning Objectives

At the end of this Scenario, you will be able to:

- Log on to PowerChart and access the Infection Prevention (IP) Worklist
- Utilize the IP Worklist to easily identify and prioritize patients with infection risk for follow up
- Utilize order entry for isolation precautions
- Understand how to enter and modify isolation and disease alerts within PM Conversation
- Navigate individual patient charts and access components
- Use ARO/CDI Case Identification Reporting tools

### SCENARIO

[Patient A] is a 78 year old woman who has been admitted to a medicine unit for several days with abdominal pain, generalized weakness, nausea, vomiting, and weight loss. She has been diagnosed with an acute flare up of her ulcerative colitis.

Over the last day, she has had an increased frequency of watery diarrhea that has prompted the nursing staff to collect samples for suspected *C. Difficile* that has yielded a positive result this morning. The patient had already been placed on contact precautions due to previous ARO history that was noted during Infectious Disease Risk Screening on admission. However, the staff has not updated isolation to Contact Plus since suspecting *C. Diff.*

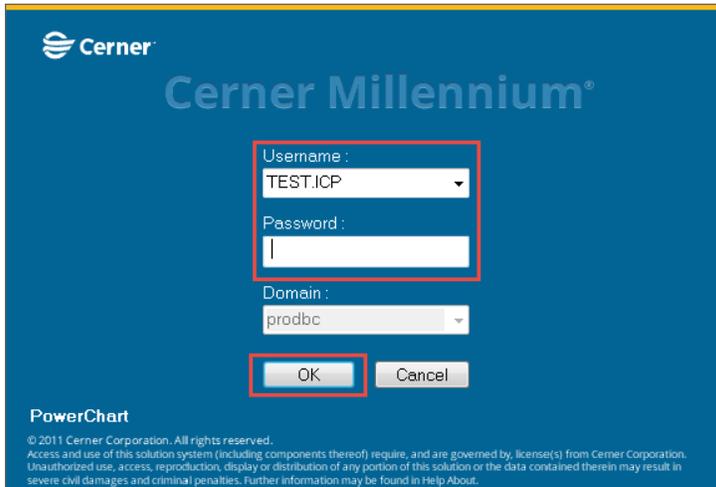
As an Infection Control Practitioner, you will be completing the following 8 activities:

- Access the Worklist and familiarize yourself with common functions and definitions
- Locate the patient and review findings that trigger them to be added to your Worklist
- Add and remove patients from Needs Assessment lists and Ongoing Assessment lists
- Use Clinical Leader Organizer to sort patient lists
- Access Single(Individual) Patient Chart view to review results, orders, histories, and documentation
- Familiarize yourself with Results Review
- Create a new order for isolation precautions
- Familiarize yourself with, and update, isolation alerts
- Use Infection Confirmation Discern Advisor to record and input event into Infection Control Database

## Activity 1.1 – Access Worklist and Review Functions

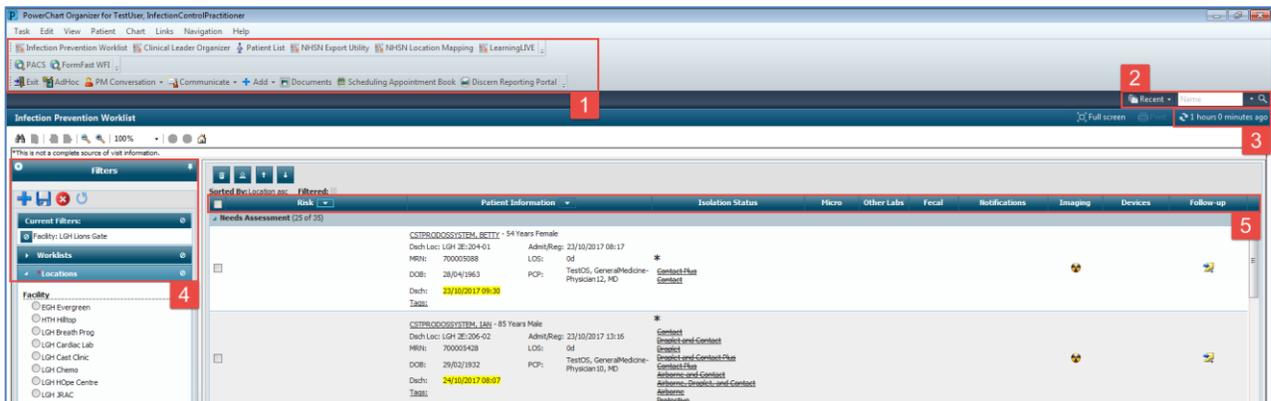
### 1 Log In

Log in to the Clinical Information System (CIS) with the provided Username & Password.



### 2 Infection Prevention Worklist

After logging on, as an ICP, your landing page will be the **Infection Prevention Worklist**. Note the different components and sections that will frequently be used in your daily workflow.



1. **Toolbar** – Contains links to various applications and tools within the CIS. ICP will frequently use Infection Prevention Worklist, Clinical Leader Organizer, and Reporting Portal.

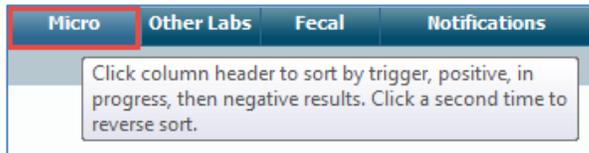
2. **Patient Search** – Users can quickly search for individual patients by name or MRN using this function.

3. **Refresh** – Clicking here will refresh the page currently displayed on screen with any updated information in real time. Note the time since last refresh is displayed for user reference.

4. **Worklist Filters** – Users can selectively filter locations to create worklists of relevant patient care areas.

5. There are several categories used to filter and organize patients that have either: triggered infection prevention criteria, have positive results, negative results, or in progress results for that particular category.

Users can use their mouse pointer and “**hover to discover**” details about each category by holding their pointer over the category header.



i. **Risk column:**

The Risk column has the ability to display HAI alerts, AROs, and Reportable conditions.

ii. **Isolation Status column:**

Any change to isolation status is considered a **Qualifying Event** and will trigger the patient to the ICP Worklist. Canceled isolation orders appear in **strike-through font**.

iii. **Micro column:**

When a patient is already on the worklist, certain microbiology, serology, labs, and fecal results will show icons on the worklist. Positive Microbiology tests display on the ICP Worklist with the following icon. 

Positive results are defined by the presence of the “Positive” indicator on the result.

Negative tests will display the following icon. 

Tests that are still pending or in progress will display the following icon. 

iv. **Other labs column:**

Positive Serology/Immunology or other general lab tests display on the ICP Worklist with the following icon. 

Negative tests will display the following icon. 

Tests that are still pending or in progress will display the following icon. 

v. **Fecal column:**

Positive Serology/Immunology or other Gen Lab tests that are categorized as fecal tests display on the ICP Worklist with the following icon.  

Negative tests will display the following icon.

Tests that are still pending or in progress will display the following icon. 

**vi. Notification:**

The Worklist will display a clipboard icon  to represent Infection Control notifications.

Infection Control notifications can include consult orders, certain documentation and ordering of certain tests.

**vii. Imaging column:**

If a patient has an order or undergone diagnostic imaging, this column will display a radiation icon 

**viii. Devices column:**

If a patient has any active lines, tubes, or drains, this column will display a device icon. 

**ix. Follow-up column:**

If a patient has a reference note for follow-up placed on their Worklist profile, this column will display a sticky note without a plus sign.  Sticky note icons with a plus sign mean no note has been created on the patient and you are able to add a Follow-up note. 

**Note:** Many triggers will automatically bring a patient to the ICP Worklist; however, it is important to remember that **positive laboratory results won't automatically place a patient on your Worklist.**

ICPs will continue their current state of using printed reports to review new laboratory results that they need to be aware of.

Below is a list of all **Qualifying Events:**

**Orders and Tests:**

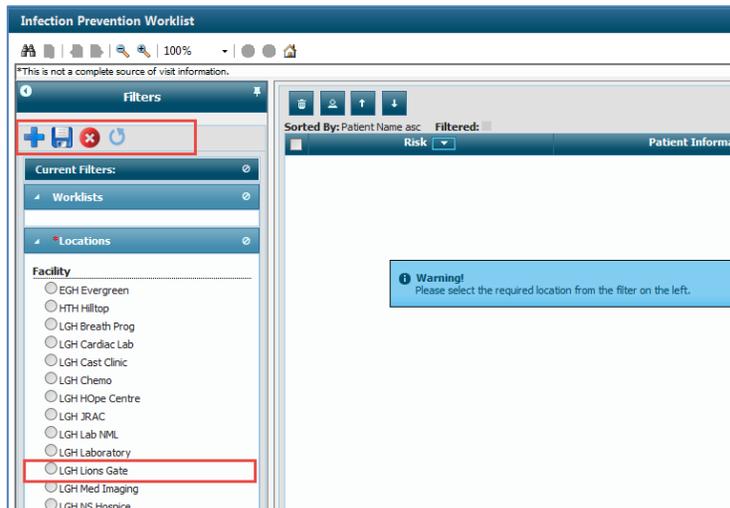
Adenovirus/Rotavirus Antigen Stool BCCDC	Measles Virus Antibody IgM
Adenovirus NAT	Mumps Virus Antibody IgG
Clostridium difficile Toxin Stool	Mumps Virus Antibody IgM
Creutzfeldt-Jacob Disease (CJD)	Mycobacteria (AFB) Blood Culture
Ed Consult to Infection Control Practitioner	Mycobacteria (AFB) Culture
Ed Consult to Infectious Diseases	Norovirus NAT
Francisella tularensis Antibody	Pertussis NAT BCCDC
Hantavirus antibody	Rabies Virus Antibody
Hantavirus NAT	Respiratory syncytial Virus NAT CWH
Influenza Virus A NAT	Rubella Virus Antibody IgG
Influenza Virus B NAT	Rubella Virus Antibody IgM
IP Consult to Infection Control	Varicella Zoster Virus Antibody IgG

Practitioner	
Measles Virus Antibody IgG	Varicella Zoster Virus NAT
<b>Documentation of Risk Factors:</b>	
<b>Qualifying Event</b>	<b>Actions within CIS</b>
Healthcare outside of Canada within the last year	Contact Precautions, ICP Worklist
Household contact with known CPO in the last year	Contact Precautions, ICP Worklist
“History of AROs”	Contact Precautions, ICP Worklist
“History of CPO”	Contact Precautions, ICP Worklist
Active Pulmonary TB	Airborne Precautions, ICP Worklist
“Diarrhea”	Contact Plus Precautions, ICP Worklist
Exposure to Measles	Airborne and Contact precautions, ICP Worklist
Exposure to Mumps	Droplet precautions, ICP Worklist
Exposure to Chicken Pox	Airborne and Contact precautions, ICP Worklist
Recent Exposure to TB	Airborne Precautions, ICP Worklist

3

**Create Custom Worklists**

Your Worklist will initially be blank. Now is the time to create custom Worklists for daily use.



User-defined Worklists can be created based on your defined workflow. Examples would include ARO by location, all reportables, possible Health Care Associated Infections, or specific locations. These user-defined Worklists can be saved and reused by the user

**Note:** Saved Worklists cannot be proxied to other users and are only available to the user who creates them.

**4 Create a Facility-Wide Worklist**

Begin by creating a broad Worklist of the entire facility Lions Gate Hospital.

1. Choose **LGH Lions Gate** from the Locations menu on the left hand side. The **Current Filters** box will populate with filters that you are adding to the custom Worklist.
2. Click on the **Save List** symbol to create this new list with the one filter you have chosen.



3. Enter the name "LGH" for the list when prompted and tick box beside the **Default** option to make this your default Worklist when opening PowerChart.
4. Clicking **Generate List** will now populate your Worklist screen with all patients that have Qualifying Events or "triggers" for infection control review within the filters you have chosen.



**5 Create a More Specific Worklist**

Regularly, you may need to create Worklists that are specific to certain wards or areas within a facility. Within the Infection Prevention Worklist view, you can create custom lists that filter locations.

1. To create a more specific Worklist, begin by clicking the **New List** icon. Note that the **Current Filters** clear.



2. Choose "LGH Lions Gate" Facility from the **Locations** list first. Note the red asterisk for a required field.



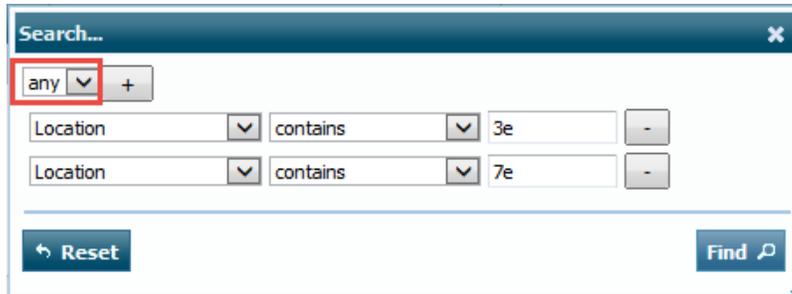
3. Select **Find Records** located along the bottom left of the Worklist page. The user will then be able to filter the ICP worklist based on information available in the **Patient Information** worklist columns.



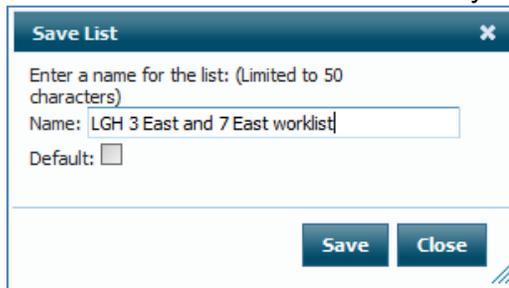
4. Choose criteria **Location** from the drop down menu to **contain** the term "3E"
5. Click the plus symbol to add another filter criteria
6. Choose **Location** and **contains** "7E".

When selecting criteria, pay attention to the **All/Any** dropdown. "All" is more exclusive, "Any" is more inclusive.

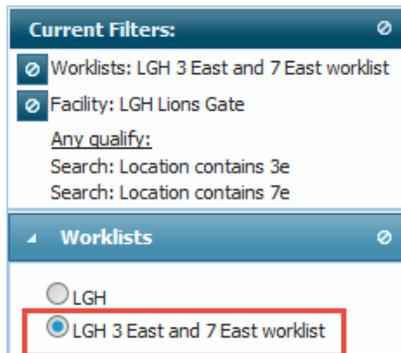
The "Any" in this example means that **either** criteria can be **True**. In order for a patient to qualify, they can be on either floors 7 East or 3 East.



7. Choose the **Save List** icon and title your new list “LGH 3 East and 7 East worklist”



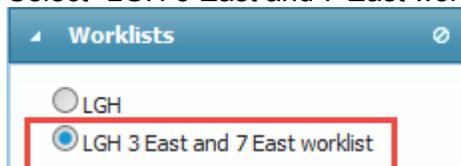
You now have multiple custom Worklists to choose from when searching for specific patient criteria.



## 6 Delete a Worklist

If a worklist is unneeded, you can remove it from your Worklists

1. Select “LGH 3 East and 7 East worklist” by clicking the radio button beside it.



2. Click on the **Delete List** icon. Ensure this is the correct list to remove by reviewing the list title in the prompt window and choose **OK**.



### **Key Learning Points**

- **Worklist** will be your landing page.
- “Hover to discover” when unsure of icons, buttons, or categories.
- You can create multiple Worklists based on what information you want to filter.
- General Worklists can also be reorganized by different categories by clicking the title/header of each column.

## Activity 1.2 – Clinical Leader Organizer

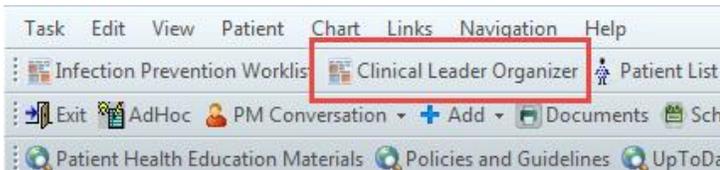
Another option for organizing your patient workload is by accessing the **Clinical Leader Organizer** page. This page allows users to create patient lists based on clinical areas that you may be assigned to.

Similarly, to your other Worklist view, the patients can be organized and viewed based on various attributes such as length of stay, isolation precautions in place, use of ventilators, or readiness for discharge.

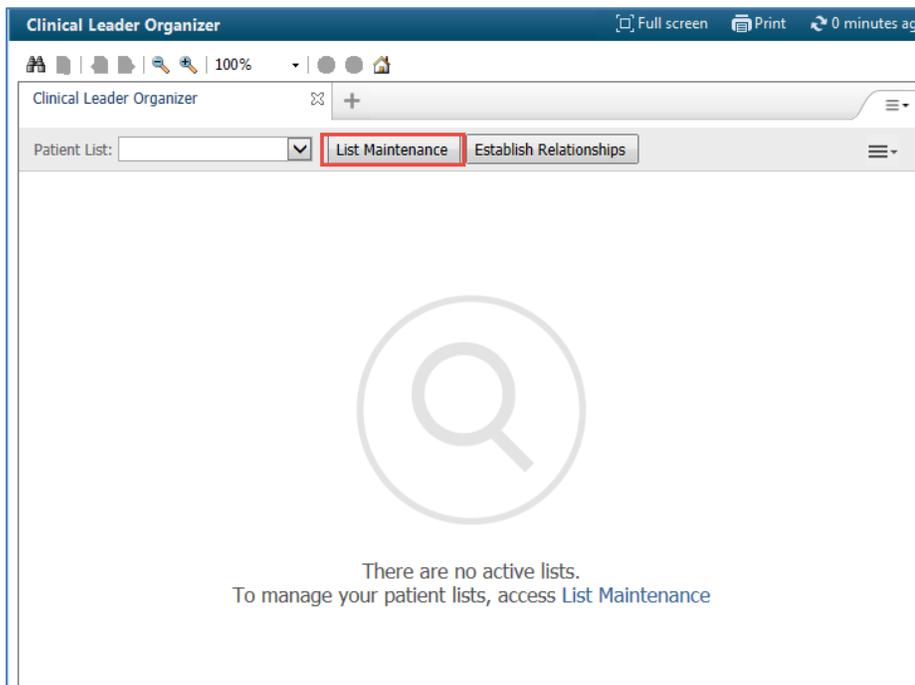
**Note:** These lists will show all patients within the location chosen, not just patients who have triggered an event like the Infection Prevention Worklist.

### 1 Accessing the Organizer and Creating Lists

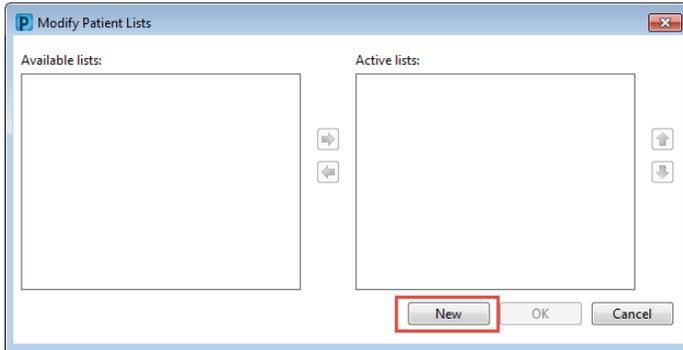
1. Navigate to the Tool Bar at the top of your screen and click on Clinical Leader Organizer to open the new page.



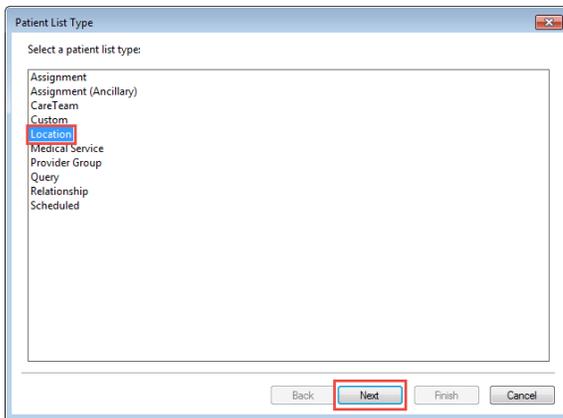
2. To create your own custom patient list based on ward specific locations, click on **List Maintenance**.



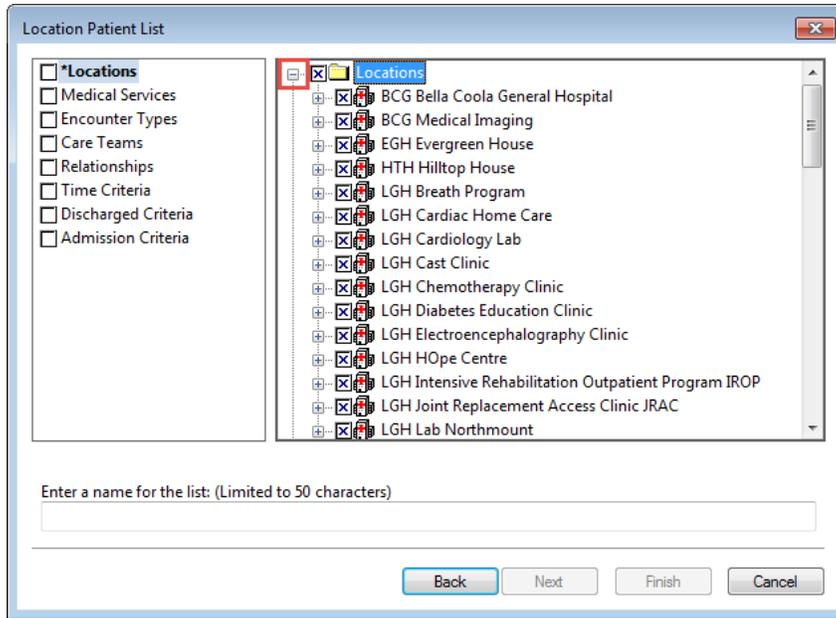
3. Click on the **New** button to create a new list.



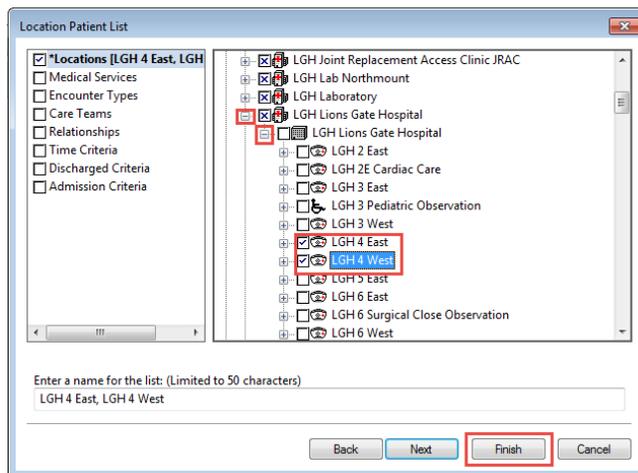
4. Select **Location** from the **Patient List Type** window and click **Next**.



5. Click the plus icon beside the **Locations** folder to expand all locations underneath. Scroll down to **LGH Lions Gate Hospital**



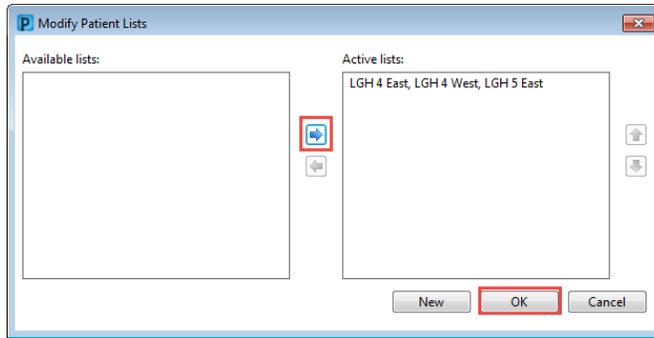
- Expand the **LGH Lions Gate Hospital** location and then expand the **LGH Lions Gate Hospital** subsection to reveal a location list of the wards within Lions Gate Hospital.



- Click on the check box next to **LGH 4 East** and **LGH 4 West** wards to include them in your custom patient list.
- Enter a name for the list, if you want to change it from the default name, and then click **Finish**.

The **Modify Patient Lists** window will now contain your newly created list.

- Select your new list and click the arrow icon to transfer it from **Available Lists** to the **Active Lists**, and then click **OK**.



2

### Establishing a Relationship

Now that you have created a custom Patient List, the Clinical Leader Organizer page should be populated with a list of patients that are currently admitted to the wards you chose in your list.

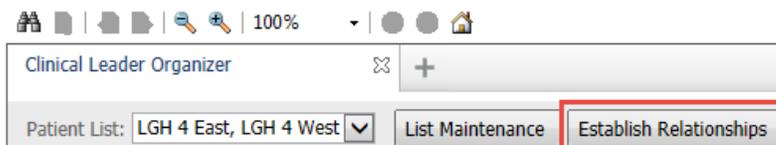
Other than patient names, however, you will not see any patient information because you have not established relationships with these patients.

Location	Patient	Visit
LGH 4W 419 - 03	CSTSNPACDEMO, ST...	52 yrs F No Relationship Exists
LGH 4W 4WL - 05	*CSTPRODMED, SIT...	57 yrs M No Relationship Exists
LGH 4W 409 - 01	*CSTCD, VITALSIGN...	40 yrs F No Relationship Exists
LGH 4W 405 - 02	CSTWGADT, ADMIT	71 yrs M No Relationship Exists

When viewing confidential patient information, the Clinical Information System (CIS) requires you to create a relationship.

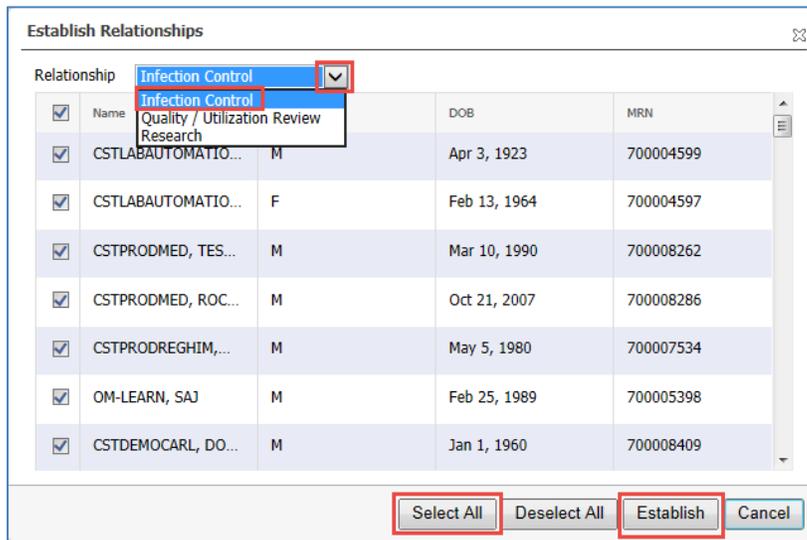
- Additional step for ensuring patient privacy and correct patient selection.
- Depending on your role, relationships can last for an encounter (ex. consulting providers), a shift (ex. bedside nurse), or even be a lifetime relationship (ex. general practitioner).

1. To establish relationships with all patients within you Patient List, click **Establish Relationships**.



2. The **Establish Relationships** window will appear. Choose **Infection Control** relationship from the drop down list

3. Click on the **Select All** button and then click the **Establish** button.

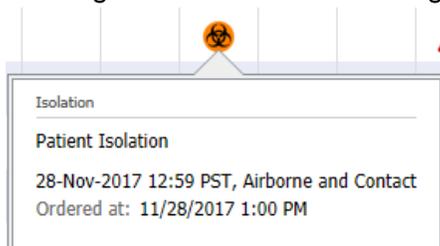


3

**Navigating the Clinical Leader Organizer**

Now that you have a list with the wards you desire and have established relationships with the patients, you will be able to see their location, visit length of stay as well as several informational categories represented by alert icons.

1. Hover to discover on each category's heading to read the full name of what information is contained within.
2. Clicking once on an icon will bring up important patient information about that topic.

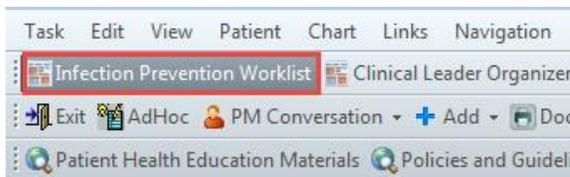


3. The patient list can be reorganized by clicking on the category headings.

**Categories and their icons:**

- Skin Integrity – Numeric value from the Braden Scale entered by bedside staff
- Catheter - 
- Suicide - 
- Elopement - 
- Isolation - 
- Discharge - 

- Telemetry - 
  - High Risk - 
  - Fall – Numeric value from the Falls Risk scoring tool entered by bedside staff
  - Restraints - 
  - Central Line - 
  - Oxygen Therapy -  O2
  - Ventilator - 
  - Airway - 
  - Non-invasive Ventilation – Numeric value listing forms of non-invasive ventilation
  - Diet - 
  - Pending Transfer – Numeric value for number of transfer requests have been ordered
4. Click on the **Infection Prevention Worklist** button within the Tool Bar to return to your Worklist view.



### Key Learning Points

-  **Clinical Leader Organizer (CLO)** is a different way to view patients based on their location
-  **CLO** shows all patients in a location, not just those who have triggered an event
-  Custom **Patient Lists** can be created based on your assigned areas of work
-  Patient Lists can be reorganized by category
-  Clicking on icons will reveal important patient information about the related category

## Activity 1.3 – Locating Patient and Reviewing in Worklist View

### 1 Reviewing Patient Details

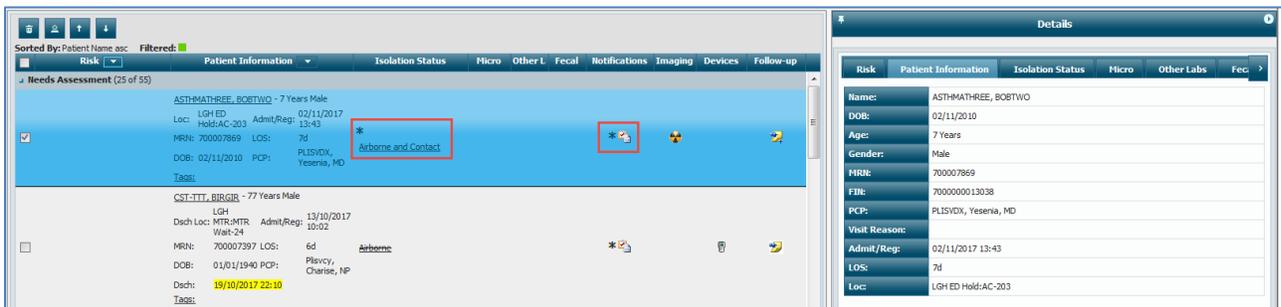
Within the Worklist page, you can review the details of the triggers or **Qualifying Events** that cause [Patient A] to appear on the Worklist.

**Note: Certain icons have asterisks beside them. These are the Qualifying Events that caused the patient to populate on the Worklist.**

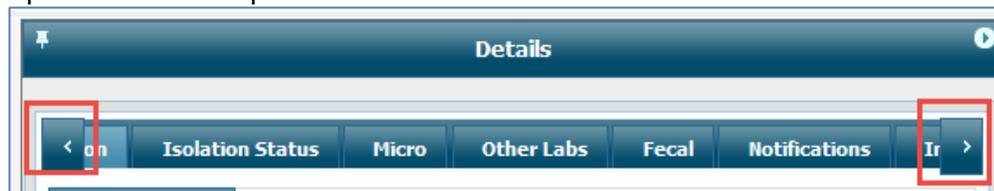


- To review the details behind the icons that appear on the Worklist, highlight the patient's row to open the **Slide-out panel** on the right side of the Worklist. Do this by clicking in any of the "white" space or checking the box under the **Risk Assessment** column.

Clicking directly on an icon will not cause the **Details** panel to appear.



- Once the **Details** panel appears, click on the icons to review specific results. This will cause the correct tab of the slide-out panel to appear. You may also use the left and right arrows at the top of the slide-out panel to move between the tabs.



- Click through the **Details** tabs to briefly review the infection control-relevant information currently collected for [Patient A].

 **Key Learning Points**

- Open the **Details** panel by clicking the white space within the desired patient's row of information.
- Click on individual icons to jump to that section of the **Details** window.

## Activity 1.4 – Needs Assessment and Ongoing Assessment Lists

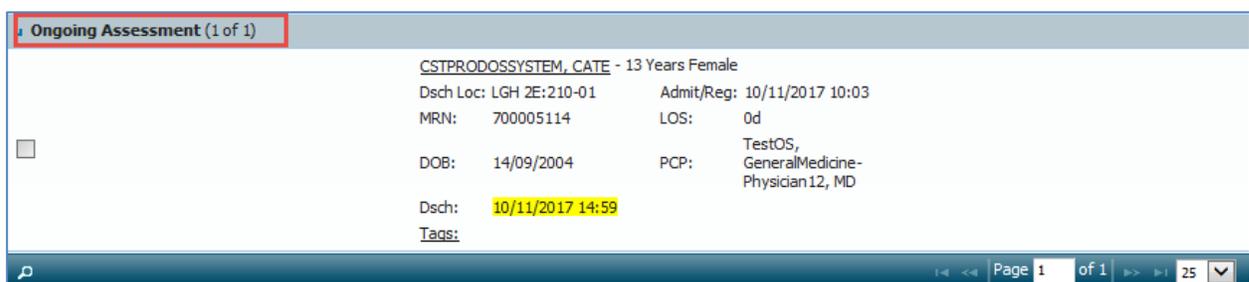
Now that you have decided to continue following the patient, you will move them from the current section of your Worklist, **Needs Assessment** to **Ongoing Assessment**.

Patients that appear on your Worklist initially start on your **Needs Assessment** list. This is because not every patient with a Qualifying Event may need continuous, ongoing assessment from an ICP. All patients will initially appear on the Needs Assessment list regardless of whether they automatically were added based on triggering events or manually added. Moving patients to **Ongoing Assessment** will help both you and other practitioners that share the worklist to keep track of patients who have already been assessed but need follow-up.

### 1 Add patient to Ongoing Assessment Worklist



1. Locate your patient in the **Needs Assessment** section of the Worklist and either click on the “white” space on their row or click the check box to the far left of their row.
2. If you want to move multiple patients at once to the **Ongoing Assessment** section, repeat the above process for all desired patients. This scenario only requires [Patient A] to be selected.
3. Click the down arrow icon  located above the patient list to move [Patient A] to the **Ongoing Assessment** section.
4. **Ongoing Assessment** section is now populated with the selected patients. Scroll down the patient list to find the new section.



5. If a patient is moved in error, simply select the patient and click the up arrow icon  to move back to the **Needs Assessment** section.
6. Patients can also be removed from the **Worklist** completely if no longer needing to be followed or assessed. Click the checkbox beside the desired patients who you want

remove from your worklist. Once all selected, click the garbage can icon to remove them from your list.



7. If you need to view patients that have been removed, click on the head and shoulders silhouette icon to add a section to your worklist under **Needs Assessment** and **Ongoing Assessment**, titled **Removed**.



Removed patients can be re-added to **Needs Assessment** and **Ongoing Assessment** sections using the up and down arrow icons if they were removed in error.



### Key Learning Points

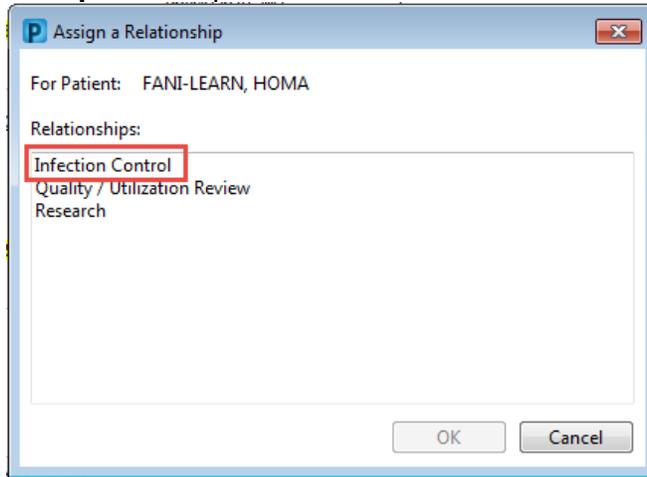
- Use the up and down arrow icons to move selected patient, or patients between Needs Assessment and Ongoing Assessment sections of the Worklist
- Removed patients can be viewed by clicking the head and shoulders silhouette icon. These patients can be brought back to the Assessment sections using the up and down arrow icons if removed in error.

## Activity 1.5 – Single Patient Chart View

Now that [Patient A] has been identified as needing continued assessment and intervention from an Infection Control Practitioner, it is time to open a more detailed and focused view of their chart.

### 1 Assign a Relationship

1. Click on the patient’s name within the Work List. This will prompt you to create a **Relationship** with the patient.



When opening a patient chart, the Clinical Information System (CIS) requires you to create a relationship.

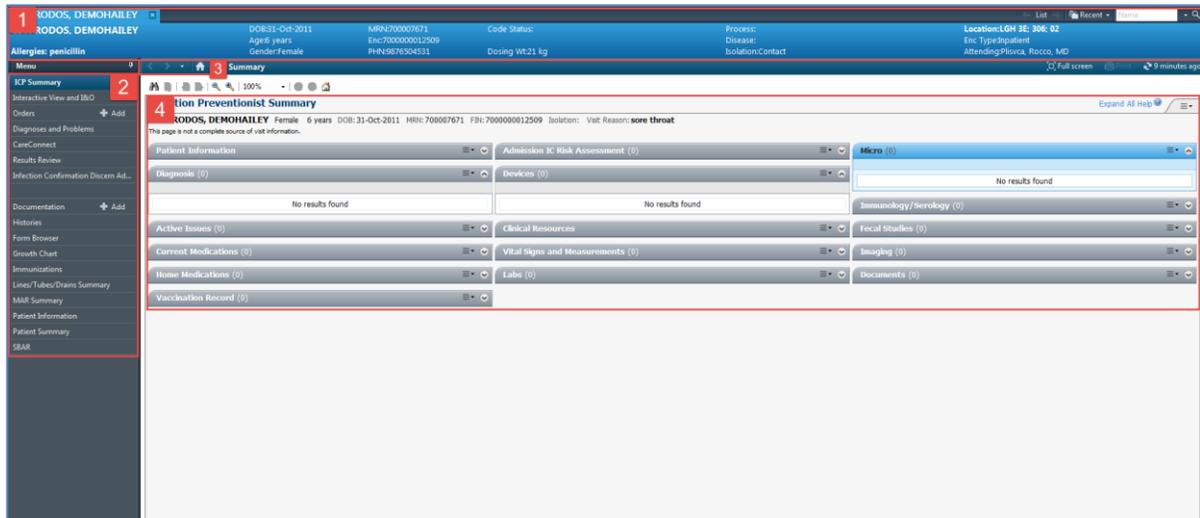
- Additional step for ensuring patient privacy and correct patient selection.
- Depending on your role, relationships can last for an encounter (ex. consulting providers), a shift (ex. bedside nurse), or even be a lifetime relationship (ex. general practitioner).

Choose **Infection Control** and click **OK** to open the patient chart.

**2 Access Single Patient Chart View**

Once the patient chart is opened, your landing page is the patient’s **ICP Summary** page. Take a moment to familiarize yourself with the components and “hover to discover” as needed.

Some components will become familiar throughout using PowerChart, such as the **Task Bar**, **Patient Search**, and **Refresh** button.



1. **Patient Banner Bar** – This displays patient demographics and other important information such as allergies, disease alerts, isolation precautions, and encounter information.

**Note:** Several sections of the **Banner Bar** can be clicked on as links to more detailed information that does not require you to change pages or views to see.

Move your mouse pointer over each piece of information contained in the Banner Bar and note when the pointer changes from an arrow icon  to a hand icon .

This means the piece of information is interactive and can be clicked on for a snapshot of convenient information.

2. **Menu** – This displays various components of the patient chart that you may need to access to review or add to. It can be collapsed or expanded by clicking the push pin icon along the **Menu** heading. 
3. **Navigation** buttons – Click on these icons to either navigate to the page last viewed, or back to the landing page (**ICP Patient Summary** page). 
4. **Pages** – This displays the information from the page currently chosen from the Menu. These views can be either summary views of aggregate information to help the user such as microbiology results, or workflow views designed for data input such as progress notes.

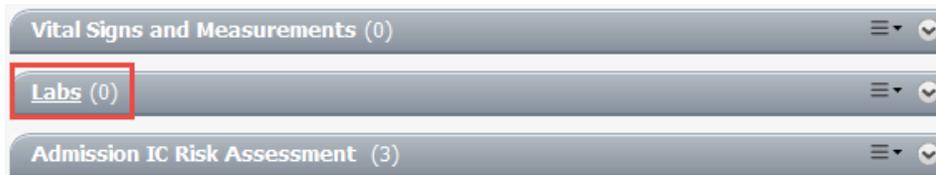
**Note:** **Pages** accessed through the **Menu** will be explored in Scenario Two.

Below the Banner Bar, note the **Refresh** icon  and timer showing how long ago the information on your screen was last updated. Refresh pages regularly and after completing tasks to ensure that your entries are up to date.

### 3 Review Findings

On the **ICP Summary** page, you will notice several components relevant to [Patient A]’s need for assessment. Different pages within PowerChart can either be used for reviewing information or for completing work-related tasks. These are referred to as **Summary views** or **Workflow views**. Since ICP Summary is a summary view not a work view, the components on this page are used to review patient information.

Additional charting and documentation is not available on this page, however, component headings may be interactive that can be clicked on to send the user to workflow-related pages.

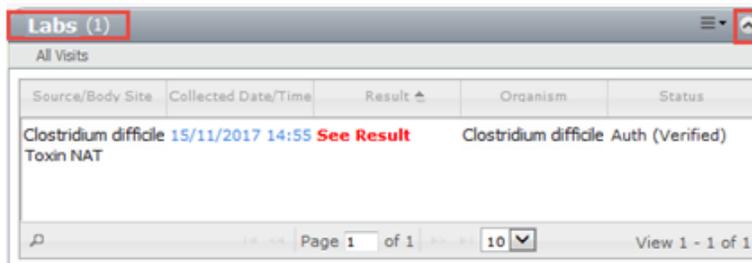


For example, clicking on **Labs** heading will send you to the **Results Review** page. Hover to discover over each heading to see where you will be redirected to.

1. Many of these components will be self-explanatory as you navigate through them. Take a minute to click on the drop down arrow to expand each component and view any additional information on [Patient A] that may be available. These components are collapsible and expandable to reduce cluttering the screen.



2. Under the **Labs** component, a new microbiology result for C. Difficile is visible; however this view provides limited information regarding the result as it is designed only to be a summary, or jumping off point for further investigation.



As an ICP, you can further review results by utilizing the **Results Review** page.

### **Key Learning Points**

- **ICP Summary** is your landing page for ICP.
- **Banner Bar** provides an important snapshot of patient demographics and alerts. Some sections on the Banner Bar are interactive.
- **Menu** contains all the page views of the patient chart that are available to your clinical role. Different staff can have different Menu pages for the same patient.
- Pages can be summary or workflow based, meaning they can be strictly informational (ex. lab results) or can be used to carry out a task (ex. order entry).
- Many components on pages are expandable and collapsible to manage screen space.

## Activity 1.6 – Results Review

Relevant labs, pathology, and microbiology can quickly be viewed directly within the ICP Summary view, which may be enough for some patient chart reviews; however, as an ICP you may wish to use a more in-depth page available to review results.

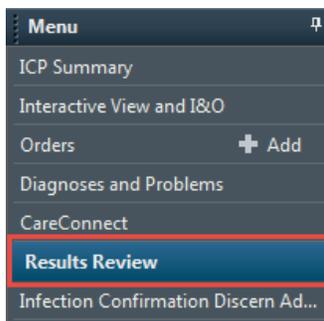
**Results Review** provides ICP with more detailed information regarding:

- Labs
- Pathology
- Microbiology (will be discussed in Scenario Two)
- Transfusion
- Diagnostics
- Vital Signs and key clinical documentation

1

### Results Review

1. Click on the **Results Review** component under the **Menu**.



2. Click on the **Lab – Recent** tab located along the top of the **Results Review** page.

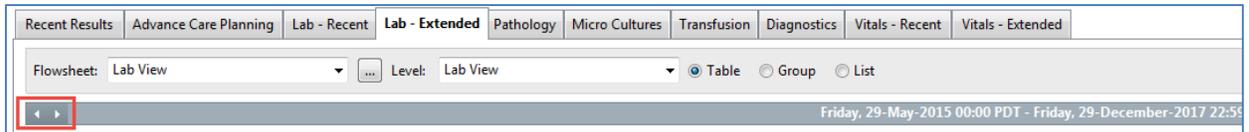
The screenshot shows the 'Results Review' interface. At the top, there are tabs for 'Lab - Recent' (selected and highlighted with a red box), 'Lab - Extended', and 'Pathology'. Below the tabs, there are filters for 'Flowsheet: Lab View' and 'Level: Lab View'. The main area displays a table of laboratory results for the period 'Showing results from (18-Sep-2017 - 23-Nov-2017)'. The table has columns for 'Lab View' and several time periods: '23-Nov-2017 00:00 - 23:59 PST', '20-Nov-2017 00:00 - 23:59 PST', '24-Oct-2017 00:00 - 23:59 PDT', '05-Oct-2017 00:00 - 23:59 PDT', and '04-O'. The table lists various tests such as 'Norovirus NAT Specimen', 'Clostridium difficile Toxin Specimen', and 'Viral Serology and Molecular' tests. A red box highlights the result 'Positive \* (1)' for 'Clostridium difficile Toxin NAT' in the '24-Oct-2017 00:00 - 23:59 PDT' column.

Lab View	23-Nov-2017 00:00 - 23:59 PST	20-Nov-2017 00:00 - 23:59 PST	24-Oct-2017 00:00 - 23:59 PDT	05-Oct-2017 00:00 - 23:59 PDT	04-O
Norovirus NAT Specimen					
Norovirus NAT					
Clostridium difficile Toxin Specimen			Feces		
Clostridium difficile Toxin NAT			Positive * (1)		
<b>Viral Serology and Molecular</b>					
Cytomegalovirus NAT Specimen	Cerebrospinal fluid	Cerebrospinal fluid			
Cytomegalovirus NAT (Non-blood) CWH	Negative *	Positive * (1) (C)			
Enterovirus NAT Specimen	Cerebrospinal fluid	Cerebrospinal fluid			
Enterovirus NAT CWH	Negative *	Positive * (1)			
Epstein Barr Virus NAT Specimen	Cerebrospinal fluid	Cerebrospinal fluid *			
Epstein Barr Virus NAT (Non-blood) CWH	Positive * (1) (C)	Positive * (1)			
Herpes Simplex NAT Specimen	Cerebrospinal fluid	Cerebrospinal fluid			
Herpes Simplex 1 NAT CWH	Negative *	Positive * (1) (C)			
Herpes Simplex 2 NAT CWH	Negative *	Negative * (1) (C)			
Herpes Simplex Specimen				Mouth [2]	
Herpes Simplex 1 DFA				Negative * [2] (1)	
Herpes Simplex 2 DFA				Positive * (1) [2] (1)	

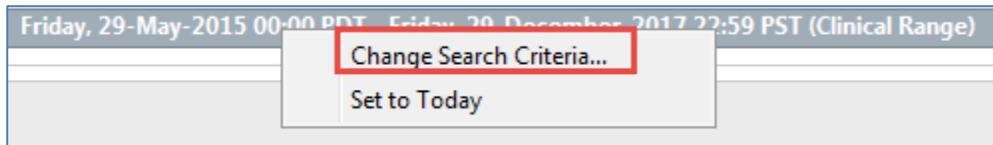
This displays a more complete view of any recent laboratory results than what is seen in the **ICP Summary** page

## 2 Adjusting Date Ranges

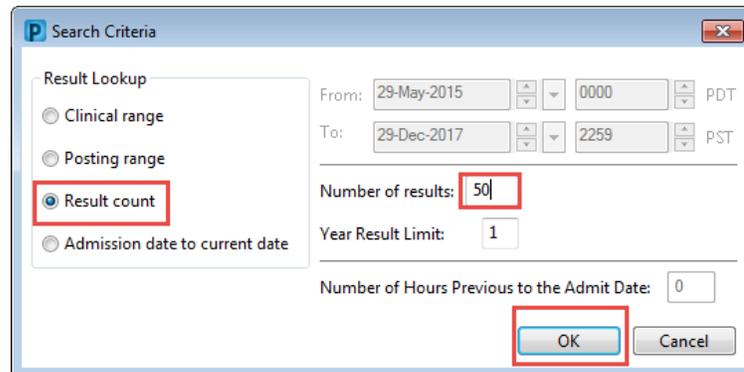
1. Date ranges for each result tab are set to default time spans. Click on the arrow icons  to the left of the date header to adjust the range of results appearing on your screen. The arrows will only adjust the start date of the range, while the end date will stay constant.



2. To create custom date ranges for viewing, right-click on the date bar and select **Change Search Criteria**.



3. In the Search Criteria window, choose **Result Count** for **Results Lookup** and set the **Number of Results** to 50. Click **OK**.



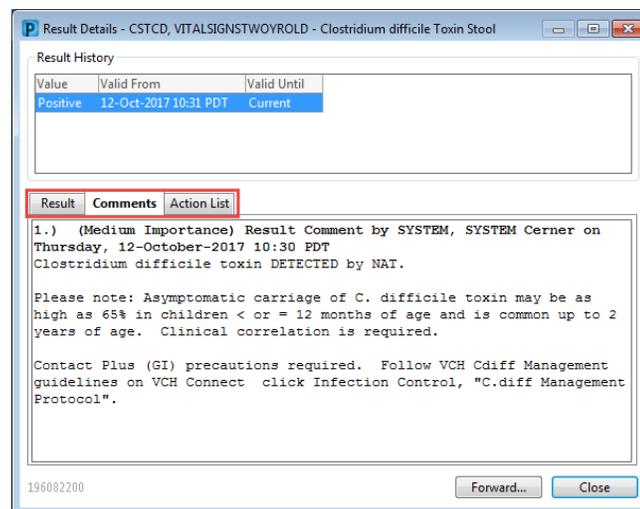
### 3 Results Details

Additional results details can be explored including comments associated with the result (ex. specimen criteria) and actions (ex. who performed the testing).

1. Choose [Patient A]'s C. Diff result and double-click the cell within the results table.

Showing results from (18-Sep-2017 - 23-Nov-2017) <a href="#">Show more results</a>		
Lab View	24-Oct-2017 00:00 - 23:59 PDT	20-Nov-2017 00:00 - 23:59 PST
Norovirus NAT Specimen		
Norovirus NAT		
Clostridium difficile Toxin Specimen	Feces	
Clostridium difficile Toxin NAT	Positive * (!)	
<b>Viral Serology and Molecular</b>		
Cytomegalovirus NAT Specimen		Cerebrospinal fluid
Cytomegalovirus NAT (Non-blood) CWH		Positive * (!) (C)

2. Within the **Results Details** window, navigate through the tabs to review the **Comments** and **Actions List**.



3. Click **Close** to return to Results Review.

Lab results may have additional characters or colours added to them to denote extra information:

- Critical values are in **bright red** and have an exclamation point (!) **32.4 mmol/L (!)**
- High values are in **orange** and have an (H) **18.5 mmol/L (H)**
- Low values are in **blue** and have an (L) **3.1 mmol/L (L)**
- Positive results are in **bright red** and have an exclamation point (!) **Preliminary Positive \* (!)**
- Abnormal results are in **dark red** and have an (A) **Indeterminate (A)**
- Results with a comment in the Details window have an asterisk (\*) **Bronchoalveolar lavage \***
- Results that have been corrected have a (C) **Negative \* (C)**

 **Key Learning Points**

-  **Results Review** provides you with a more in-depth collection of lab and diagnostic results.
-  Double-click on a result to open the **Result Details** window.

## Activity 1.7 – Order Entry

[Patient A] has resulted positive for C. Difficile, but upon review, has not had isolation precautions updated for Contact Plus by the nursing staff as they forgot because she was already on a form of isolation to begin with.

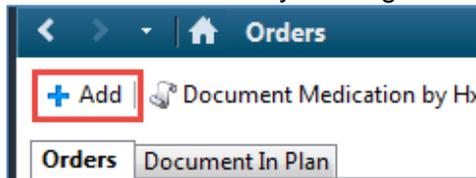
As an ICP, you notice this issue and decide to add the appropriate isolation orders.

**Note:** New isolation orders will automatically update the **Isolation Alert** within the Banner Bar; however, this is simply for a quick viewing reference. This does not activate any further downstream processes. Isolation status must be updated in **PM Conversation** and will be discussed in the next activity.

1

### Create a New Order for Patient Isolation

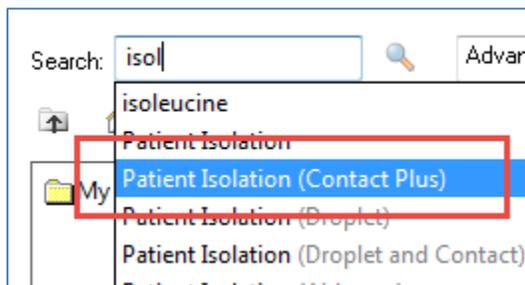
1. To access a patient's orders, navigate to the **Menu** and click on the **Orders** band. This will bring up the current active orders.
2. Create a new order by clicking the **Add** icon in the upper-left corner of the **Orders** page.



3. A new **Add Order** window will appear. Within the search box, begin to type "Isol". The search function is equipped with predictive text and will attempt to autofill the remainder of the work. If unsure of an order sentence, try typing only the start of a key word to see suggestions.

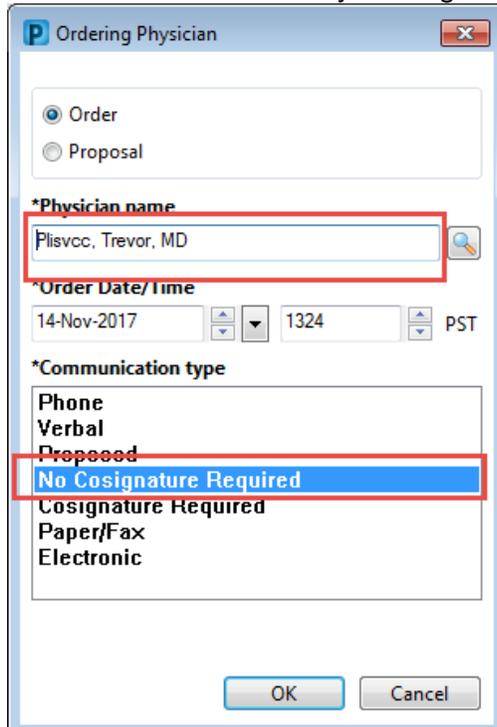
**Note:** Make sure to read the full order sentence to verify it is the correct order, as there may be several similar orders.

4. Click on **Patient Isolation (Contact Plus)**.



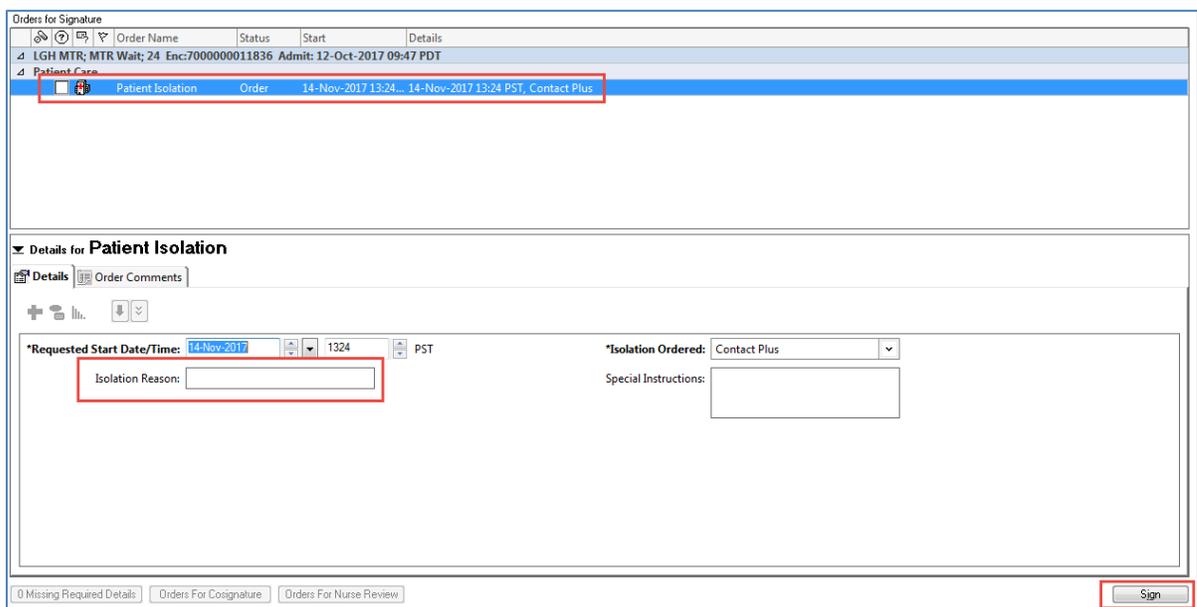
5. You will now need to complete the **Ordering Physician** prompt. Choose the appropriate communication type according to the situation. In this scenario, no cosignature is required under the ICP scope of practice to place an isolation order.

6. Enter the attending physician. If unsure of spelling or multiple matches with the same last name, use the search function by clicking the magnifying glass. 

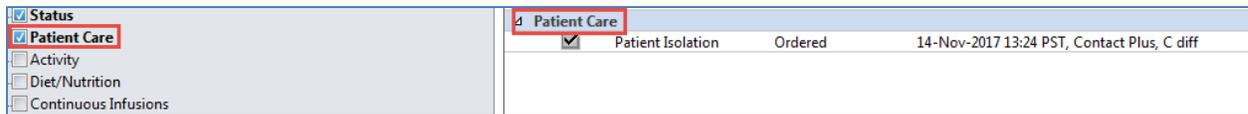


7. Click **Ok**. If placing another order, you would continue this sequence of events. Since we are only entering one order, you will close the **Add Order** window, returning you to **Orders** page.

## 2 Review Order Details and Sign



8. Navigate to the new patient isolation order sentence and click on it to bring up **Order Details**.
9. Review the details of the order. Note all required fields have an asterisk beside them. **Isolation Reason** is not required, but will be very useful to populate. Free text “C. Diff” into the **Isolation Reason** box.
10. Click **Sign**.
11. Remember to **Refresh** the patient chart.  34 minutes ago



The new isolation order will be visible under the **Patient Care** header of the orders.

**Common Icons for Orders:**

-  - The order is part of a PowerPlan (order set)
-  - This order is yet to be reviewed by a nurse
-  - This order is yet to be reviewed by a pharmacist
-  - This order is due to be renewed
-  - This order is available to be scheduled as an appointment

Additional information about most icons can be viewed by using the “hover to discover” ability.

 **Key Learning Points**

-  The **Order** search function has predictive text and will attempt to automatically bring up order options as you type. If unsure of an order sentence, try typing in key words, or only partial words to see results.
-  Not all **Order Details** fields are required to place an order. Make sure to review all fields to determine if appropriate to fill them out.

## Activity 1.8 – Isolation Alerts

Now that [Patient A] has an isolation order for Contact Plus, the **Isolation Alert** attached to their chart must be reviewed and updated.

Updating isolation status creates downstream processes for other professions to be alerted of patient isolation such as housekeeping or bed-cleaning teams.

The unit clerk associated with the patient’s location will also receive a task alert to complete an Isolation Alert and typically complete this task; however, it is important to know how to do this as you may wish to place an alert as soon as possible in some cases.

**Note:** You will notice the Banner Bar has been updated automatically. This helps communicate isolation precautions to bedside staff.

Along the **Banner Bar** that there are three categories that can be populated with important information. [Patient A] has the **Isolation** category displaying active isolation for Contact precautions and needs to be updated to Contact Plus.



- **Process** - Things of special note to clinical and other staff like violence risk, falls, risk, or difficult airway. **This is a multi-select list and will follow patient charts across encounters.**
- **Disease** - A coded list of diseases that only ICP can add to or remove. **This is a multi-select list and will follow patient charts across encounters.**
- **Isolation** – Isolation types that stem from isolation orders. **This is single-select list and will not follow a patient across encounters.**

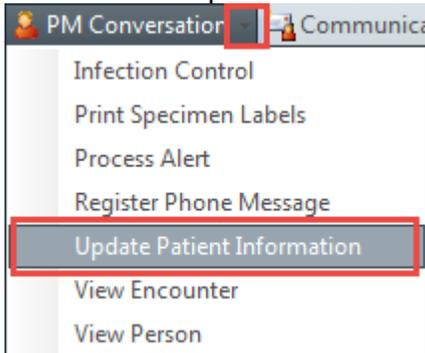
1

### Review Current Isolation Alerts and Update

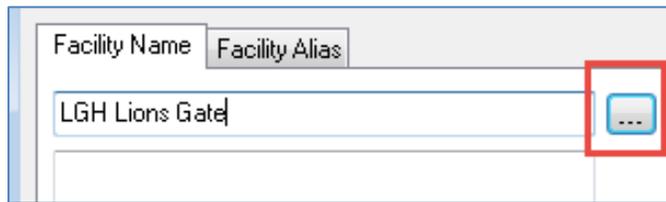
1. Locate **PM Conversation** from the **Task Bar** In the upper-left corner of the screen.



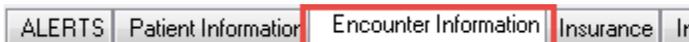
2. Click on the drop down arrow and choose **Update Patient Information** from the list.



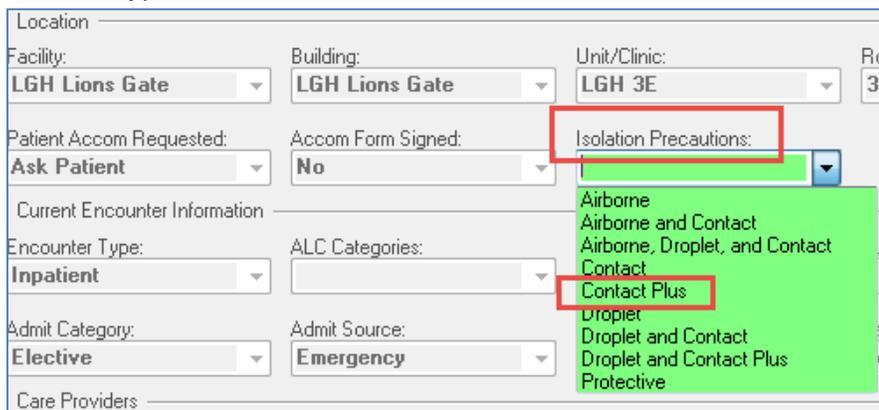
3. Type “LGH Lions Gate Hospital” into the search box for facility name and click on the three dots icon to find the facility name from the facilities list.



4. Choose **LGH Lions Gate Hospital** and click **OK**.  
This will open up the Patient Information window in **PM Conversation**. **PM Conversation** is a section of the CIS that is used for Patient Management (PM) and contains information regarding demographics, encounter information, alerts, patient contacts, etc.
5. Locate and click on the **Encounter Information** tab to access patient information unique to this particular encounter. **Encounter Information** is dynamic and data entered here will not automatically populate the next time a patient comes back to a facility.



6. Locate the **Isolation Precautions** field and click on the drop down arrow to view the list of isolation types.



7. Choose **Isolation Plus** and then click **Complete** to update Isolation Alerts. Note the update on the patient **Banner Bar**. If more than one Isolation Alert is needed, make sure to choose the option that contains all forms of precautions/the highest level of precaution.

**Note: Isolation Precautions** can be updated by all clinical and administrative staff. It is a shared task typically completed by the unit clerk.

### Key Learning Points

- **Isolation Alerts** are single-select and will not follow a patient across encounters.
- If a patient is on more than one type of isolation, make sure to choose the option that contains all forms of precautions/the highest level of precaution.
- **Isolation Precautions** can be updated by all clinical and administrative staff. It is a shared task typically completed by the unit clerk.

## Activity 1.9 – Infection Confirmation Discern Advisor

As the ICP, you have confirmed that [Patient A] is positive for C. Difficile and needs their information reported to the Infection Control Database

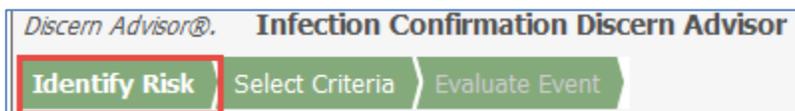
Accessing the **Infection Confirmation Discern Advisor** will guide the ICP through charting a health care associated infection event. Based on positive cultures, labs, lines inserted, surgical procedures, signs and symptoms, and event details, a specific event is derived.

Additional information not included in the Advisor report may be needed for your reporting requirements. This information will be collected through other collateral information and clinical decision making.

### 1 Access Infection Confirmation Discern Advisor

1. With the patient chart open, click on the the **Infection Confirmation Discern Advisor** component under the **Menu**.

Begin by navigating through the **Identify Risk** section.



The **Identify Risk** section allows you to evaluate infection risks based on the following factors:

- Positive cultures
- Laboratory results
- Wound documentation
- Lines, tubes, and drains
- Surgical procedures

Each item selected on the **Identify Risk** section contributes to the confirmation of an infectious event.

2. Under **Quick Add**, click the radio button to add a new event
3. Use the drop down menu under **Event Type** and select **GI**.
4. Note that the **Event Date** is a required field. It will be populated with the date of the positive culture selected in the next section.

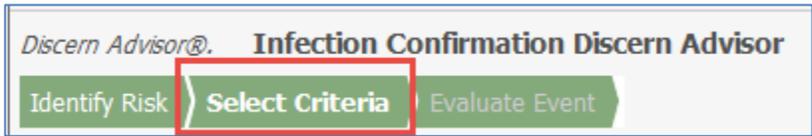
5. Select the C. Difficile stool culture from the **Labs for Advisors** section by checking the box to the left of the culture associated with the infection.

Microbiology (0)			
Labs for Advisors (2) <input checked="" type="checkbox"/>			
28/07/2017 - 02/11/2017			
HAI/CAI	Test	Collect D/T	Results
<input checked="" type="checkbox"/>	Clostridium difficile Toxin NAT	24/10/2017 01:00	Positive

**Note:** The **Event Date** at the top of the page is automatically updated to the collection date of the culture. This **Event Date** reflects the qualifying culture from which the **Window of Infectivity** is based. This becomes the **Place Holder** for finding additional qualifying infection criteria.

6. As no other sections are pertinent to this case report, navigate past the remaining sections. If you want to save your progress without completing the advisor, click **Save**. In this instance, click **Next**.

## 2 Complete Select Criteria Section



The **Select Criteria** section allows you to evaluate and correlate clinical charting with the positive culture, line insertion, or surgical procedure.

Responses selected in the **Select Criteria** section are used to calculate the specific event on the **Evaluate Event** section. This section flexes to display different subsections based on the event type.

1. While reviewing [Patient A]’s chart, you note elevated temperature, nausea and vomiting, abdominal distention with pain on palpation, and diarrhea. Click on the box beside appropriate **Signs and Symptoms** that are relevant for reporting.

**Select Criteria**

4 Signs and Symptoms (G) 01/12/2017

<input type="checkbox"/> Abscess <input type="checkbox"/> Heat <input type="checkbox"/> Dysuria <input type="checkbox"/> Apnea <input type="checkbox"/> Hypotension <input checked="" type="checkbox"/> <b>Fever</b> <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypothermia <input type="checkbox"/> Effluent aspirate <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input checked="" type="checkbox"/> <b>Vomiting</b> <input type="checkbox"/> Erythema or redness <input checked="" type="checkbox"/> <b>Nausea</b>	<input type="checkbox"/> Suprapubic Tenderness <input checked="" type="checkbox"/> <b>Abdominal distention</b> <input type="checkbox"/> Swelling or inflammation <input checked="" type="checkbox"/> <b>Pain or tenderness</b> <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Drainage or material <input type="checkbox"/> New onset/change in sputum, increased secretions or suctioning <input checked="" type="checkbox"/> <b>Diarrhea</b> <input type="checkbox"/> Occult or gross blood in stools (with no rectal fissure) <input type="checkbox"/> Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected) <input type="checkbox"/> Surgical evidence of pneumatosis intestinalis with or without intestinal perforation <input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam <input type="checkbox"/> Other signs and symptoms
--	--

2. Review the **Laboratory and Diagnostics** subsection and click the box beside **Positive Culture of Pathogen**.

Positive Culture of Pathogen

Positive Culture of common commensals

Other Positive laboratory tests

> 15 colonies cultured from IV Cannula tip using semiquantitative culture method

3. While reviewing the chart, you noticed the attending physician has recorded C. Difficile in [Patient A]'s diagnosis and has also started them on oral Vancomycin, the appropriate antibiotic therapy. Under **Clinical Diagnosis**, click the box beside **Physician diagnosis of this event type** and **Physician institutes appropriate antimicrobial therapy** if required to qualify this as a CDC Event.

4 Clinical Diagnosis (GI) 01/12/2017

Physician diagnosis of this event type

Physician institutes appropriate antimicrobial therapy ‡

‡ Per Organ/space specific site criteria

4. Click **Next** when all appropriate criteria have been selected.

### 3 Complete Evaluate Event Section

Discern Advisor®. Infection Confirmation Discern Advisor

Identify Risk > Select Criteria > Evaluate Event

The **Evaluate Event** section provides you with additional details to finalize the specific event for reporting or internal tracking and add notes for clarification.

1. Select the location the event occurred. The **Location of Event** subsection automatically defaults to the location the [Patient A] was registered to during the **Event Date**. However, this can be changed manually if needed.
2. Navigate through **Event Details**. Click the radio buttons that correspond with: **Secondary Bloodstream Infection: No, Patient Died: No, Post Procedure: No**.

4 Event Details (GI)

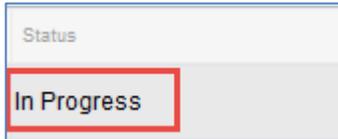
Secondary Bloodstream Infection ?  Yes  No

Patient Died  Yes  No

Post Procedure  Yes  No

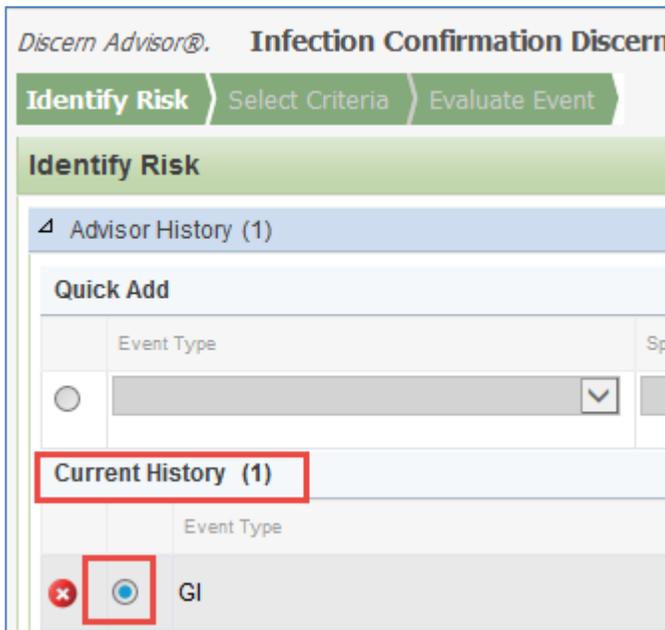
**NOTE: Event Details** are not all mandatory fields to complete. **Any detail with an asterisk is required to be completed.**

3. Specify Event can be left blank if not applicable. This is not a mandatory field, but may be used to add additional classification details for reporting.
4. Under subsection **Title**, create a title for the event that conforms to facility recommendations. Title this event “CDI [Patient A] 2017” in free-text.
5. Any additional comments can be added in the final **Comments** subsection. Leave this section blank.
6. Click on the **Save** button. A green message box indicating the advisor has been saved will appear. Clicking the **Save** button will put the Advisor in an **In Progress** status.



**Note:** **In Progress** events allow users to modify any field that may need additional information or correction upon review.

7. Look at the advisor you saved by accessing the **Current History** on the **Identify Risk** section of the Advisor. Click on the radio button next to the Advisor that was saved to load Advisor details previously filled out.

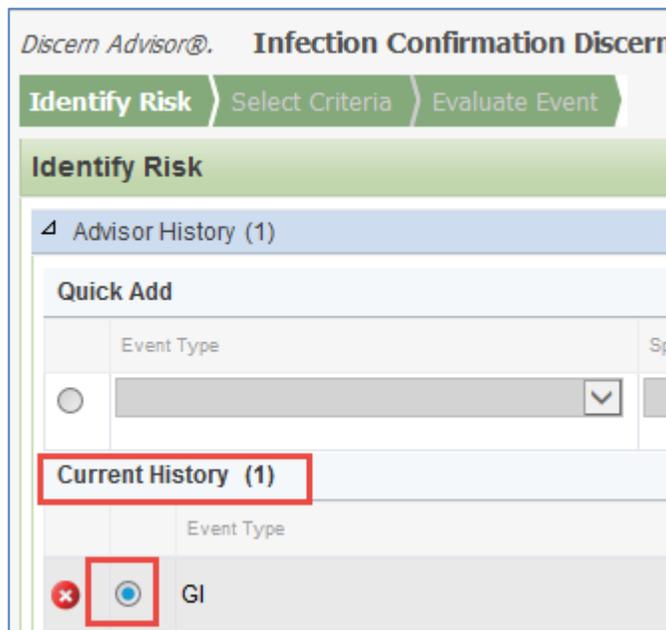


8. Click on the **Sign** button at the bottom of the screen to complete the Advisor. The Advisor will show a Status now of Complete in the Current History section.



**Note:** If any required documentation is not completed, a message will display indicating that a required element needs to be completed prior to **Signing**.  
Once the Advisor is completed, only the **Event Details**, **Title** and **Comments** can be modified when the Advisor is opened for viewing.

The details of the completed Advisor event can now be reviewed by clicking the radio button next to the event under **Current History**.



The report details can now be printed or reviewed within the system for manual input into the correct Infection Control Database.

### Key Learning Points

- **Infection Confirmation Discern Advisor** will guide the ICP through charting a health care associated infection event and can be used for future reporting.
- **Event Date** information will automatically populate with the date from the positive lab or microbiology culture.
- Saving the Advisor places it in an **In Progress** status. Users can still modify all fields of the Advisor at this time.
- Signing the Advisor places it in a **Complete** status. Once signed, only the **Event Details**, **Title** and **Comments** fields can be modified.

## PATIENT SCENARIO 2 – Access and Set-up

### Learning Objectives

At the end of this Scenario, you will be able to:

- Manually add patients to your Worklist from a printed report
- Interact with Disease Alerts
- Access CareConnect for patient review
- Access patient antibiograms for patient review
- Create orders for disease diagnostics
- Use the Infection Confirmation Discern Advisor to record ARO events

### SCENARIO

[Patient B] is a 67 year old male living in an assisted care facility with paraplegia and is confined to a wheelchair. Recently, he came through the ED with concerns of aspiration pneumonia as he is regularly fed through a PEG, but occasionally chooses to eat at-risk. His sputum culture has returned a positive result for *Streptococcus pneumoniae* and he has been started on Ceftriaxone 1 gm q12h. Due to his Infectious Disease Risk Screening, [Patient B] had swabbing for AROs completed. Now on a medical ward, a result has returned positive for MRSA of the nares.

Through chart review and collateral information, you also discover the patient has a sacral wound. Neither the PEG nor wound was swabbed initially as they were undiscovered by the admitting RN.

As an Infection Control Practitioner, you will be completing the following 6 activities:

- Locate the patient, review Qualifying Events, and add to Ongoing Assessments list
- Review Isolation orders and Isolation Alerts
- Familiarize yourself with, and update Disease Alerts
- Access Single Patient Chart View to review additional results, orders, histories, documentation, and CareConnect
- Create new orders for swabbing
- Use Infection Confirmation Discern Advisor to record and input ARO event into Infection Control Database

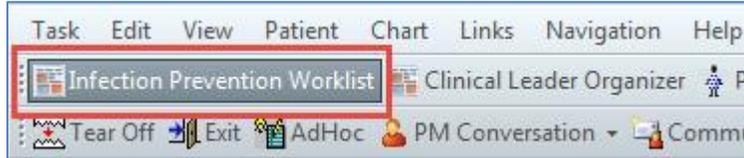
## Activity 2.1 – Manually Add Patient to Worklist

You may wish to investigate patients that don't always automatically populate in your Worklist within the CIS. If a patient appears on an external printed report such as your Significant Findings list, you can manually add them to the Infection Prevention Worklist.

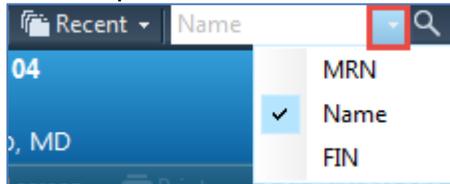
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### Search For a Patient

1. To return to your **Infection Prevention Worklist** launch page, navigate to the **Task Bar** at the top left of the screen and click on **Infection Prevention Worklist**.



2. Review the Worklist filters in the left-hand column. Ensure that you are on the correct worklist "LGH."
3. Recall from **Activity 1** that patients who trigger certain Qualifying Events will automatically appear on your Worklist (as long as they fit any custom list parameters or filters you have applied).  
[Patient B] is not currently on your Worklist because MRSA results do not automatically trigger a Qualifying Event. Instead, you were notified about [Patient B] from your daily printed report (ex. Significant Findings Report) or a phone call.
4. Navigate to the patient search box and click on the drop down arrow to open a list of search options.



5. Choose **Name** and type "Patient B" into the search box.



6. An **Encounter Search** window will pop up. Enter "Patient B first name" in to the **First Name** box and click **Search** to narrow the results.
7. Select [Patient B] from the list, noting the correct MRN, birthdate, PHN, etc.

8. Select the correct **Encounter** from the section below.

The screenshot shows the 'Encounter Search' window. On the left, there are search filters for BC PHN, MRN, Last Name, First Name, DOB, Gender, Postal/Zip Code, and Any Phone Number. The main area contains a table of patient information and a table of encounters. The 'Encounter #' column in the encounters table is highlighted with a red box.

VIP	Deceased	Alerts	BC PHN	MRN	Name	DOB	Age	Gender	Address
		Disease Alert	9876541357	700007361	CST-TTT, ANTONIO	04-Jan-1946	71 Years	Male	590 W 8th Av
			9876541239	700007370	CST-TTT, ARTTU	12-Jan-1941	76 Years	Male	590 W 8th Av
			9876541199	700007374	CST-TTT, BERNARD	15-Jan-1950	67 Years	Male	590 W 8th Av
			9876540839	700007397	CST-TTT, BIRGIR	01-Jan-1940	77 Years	Male	590 W 8th St
		Process Alert	9876503167	700007713	CST-TTT, BLOGGENS	24-Oct-1974	43 Years	Male	123 Main St
			9876541056	700007378	CST-TTT, DEANNE	18-Jan-1942	75 Years	Female	590 W 8th Av
			9876540996	700007383	CST-TTT, DEEPIKA	02-Feb-1951	66 Years	Female	590 W 8th Av
			9876541318	700007365	CST-TTT, FENG	06-Jan-1946	71 Years	Male	590 W 8th Av
			9876541253	700007368	CST-TTT, GABRIELLA	11-Jan-1946	71 Years	Female	590 W 8th Av
			9876541031	700007380	CST-TTT, GARFIELD	21-Jan-1937	80 Years	Male	590 W 8th Av
			9876541292	700007366	CST-TTT, ISLA	08-Jan-1946	71 Years	Female	590 W 8th Av
	Yes		9876541181	700007376	CST-TTT, ISMAIL	16-Jan-1951	66 Years	Male	590 W 8th Av
			9876541024	700007381	CST-TTT, JACKLYN	22-Jan-1944	73 Years	Female	590 W 8th Av

Facility	Encounter #	Visit #	Enc Type	Med Service	Unit/Clinic	Room	Bed	Est Ar
LGH Lions Gate	7000000012222	7000000012289	Outpatient	Respirology	LGH PF Lab	Exam Room 2		19-Oct
LGH Lions Gate	7000000011990	7000000012057	Inpatient	General Internal Medicine	LGH MTR	MTR Wait	19	
LGH Lions Gate	7000000011791	7000000011858	Inpatient	Hospitalist Medicine	LGH MTR	MTR Wait	45	

**Note:** Patients can have more than one active encounter at a time, so be sure to select the correct one from the list. For example, an inpatient can also have a second active encounter for recurrent rehabilitation appointments.

9. Create a relationship with the patient to open the chart.

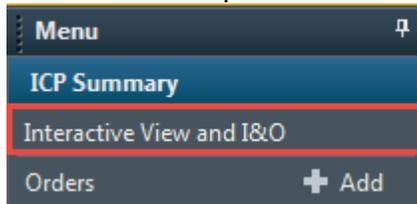
**Note:** If you have not closed other patient charts, you will notice the chart is still open. This is indicated by a tab with the patient name appearing above the worklist.

The screenshot shows the 'PowerChart Organizer for TestUser, InfectionControlPractitioner' window. The menu bar includes Task, Edit, View, Patient, Chart, Links, and Navigation. Below the menu, there are several tabs: 'Infection Prevention Worklist', 'Clinical Leader Organizer', 'Exit', 'AdHoc', 'PM Conversation', and 'Communicate'. A red box highlights a tab labeled 'CSTINTEGRATION, EVSCOMPASSONE'. Below the tabs, the 'Infection Prevention Worklist' is visible, and the status bar at the bottom shows a 100% zoom level.

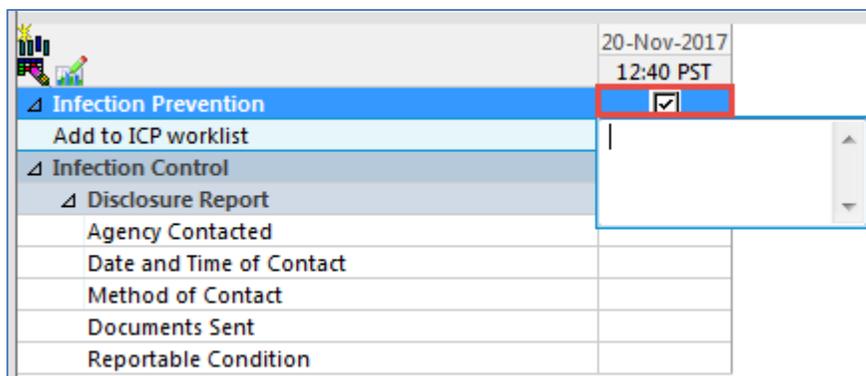
**2 Interactive View**

**Interactive View**, or **iView**, is typically used for patient charting similar to flowsheets that would be found in paper charts. Several sections remain accessible for ICP such as lines and devices, or vital signs and infusions. These sections can be edited and filled in to add to the patient chart; however, as an ICP, you will most likely not need to enter this data.

1. Click on the component **Interactive View and I&O** under the **Menu**.

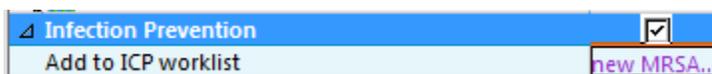


2. Click on the component header **Infection Prevention** to bring up the ICP exclusive section of **iView**.
3. Double click on the box under the current time column to chart. Place a checkmark in the box associated with **Infection Prevention** row.



This will automatically activate the next box below it, titled **Add to ICP worklist**.

4. In the **Add to ICP worklist**, type in “new MRSA result” as a free-text entry and press **Enter**.



The text becomes purple. This signifies that the category has an entry, but has not yet been signed.

- When all desired categories have been filled in **iView**, your new chart entries can be signed by navigating to the top of the **iView** page and clicking the check mark icon to sign.



Your entries will now change the text colour to black and a new current time column will appear for documenting new information.

	20-Nov-2017
	12:48 PST 12:40 PST
Infection Prevention Add to ICP worklist	new MRSA...

**Note:** Clicking the check mark icon is the electronic equivalent of signing a document.

- Navigate back to worklist. When a patient is added manually, there is a small delay in the system. It can take up to 5 minutes for a manually added patient to appear in your Worklist.

3

**Review Patient Details**

- Click on the “white” space within [Patient B]’s row of information to open the slide-out **Details** panel.
- Briefly navigate through each category within the **Details** panel and note the positive MRSA culture under **Micro**.

Details			
Risk	Patient Information	Isolation Status	Micro
<b>Patient:</b>	CSTTHREETHREEJONES, SITTWOADAM		
<b>MRN:</b>	700007735		
<b>DOB:</b>	10/09/1959		
<b>Test:</b>	MRSA Culture		
<b>Source/Body Site:</b>	Nares (S. aureus only)/None found		
<b>Collected Date/Time:</b>	25/10/2017 09:40		
<b>Organism:</b>	Methicillin Resistant Staph aureus		
<b>Status:</b>	Auth (Verified)		
<b>Result:</b>	<b>POS</b>		

4

**Move to Ongoing Assessment**

1. Prior to fully accessing the patient chart, you may already know that certain patients will need continued assessment and monitoring from an ICP stand point. Move [Patient B] to the **Ongoing Assessment** section of your Worklist as you had done previously.
2. Click on the box to the far left of the patient row to select the patient.
3. Click on the down arrow icon to move the selected patient(s) to the **Ongoing Assessment** list.



4. Click on [Patient B]’s name under the **Patient Information** column to open the **Single Patient Chart View**.

<b>CST-TTT, ISMAIL</b>	66 Years Male
Dsch Loc: Lions Gate Hospital	Admit/Reg: 13/10/2017 15:50
MRN: 700007376	LOS: 5d
DOB: 16/01/1951	PCP: Plisvcy, Charise, NP
Dsch: 19/10/2017 12:01	
Tags:	

**Key Learning Points**

- You can navigate back to the **Infection Prevention Worklist** without having to close a patient chart. You can navigate back by clicking on the appropriate tab with the desired patient’s name
- Patients can be added to the **Ongoing Assessment** section of the Worklist prior to reviewing the full chart if deemed clinically correct to do so
- Not all categories in the **Details** view may contain **Qualifying Events** that trigger a patient to be on the Worklist
- Manually adding a patient to the Worklist has a small delay and may take up to 5 minutes for the patient to appear in your **Needs Assessment** section
- Clicking the check mark icon to sign charting is the electronic equivalent of your signature

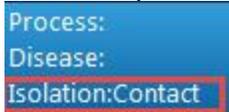
## Activity 2.2 – Review Isolation Orders and Isolation Alerts

Before familiarizing yourself with more in depth components of the patient chart and reviewing additional patient information, [Patient B]’s isolation orders and **Isolation Alerts** should be reviewed for accuracy.

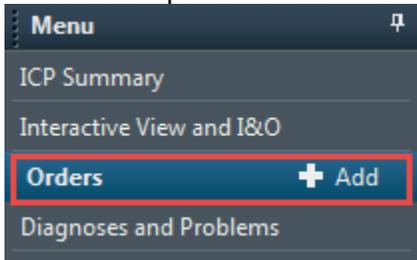
1

### Review Orders and Alerts

1. Within the **Banner Bar**, review that the **Isolation Alert** is correctly populated with “Contact” precautions.



2. Verify that an order for contact isolation has also been properly placed by navigating to the **Orders** component under **Menu**.



3. Verify that **All Active Orders** are being displayed and confirm that [Patient B] has an active order for contact isolation.

Displayed: All Active Orders   All Active Orders						Show More Orders...
	Order Name	Status	Dose ...	Details	Last Updated	Ordering Physician
<input checked="" type="checkbox"/>	OB Steroids - Betamet...	Future (O...		*Est. 09-Nov-2017 +/- 2 day, Routine, Reason: Injection #2, Schedule patient in 12 Hours, Order for f...	08-Nov-2017 15:10 P...	TestOS, GeneralMedicine-Physician3...
<input checked="" type="checkbox"/>	Patient Isolation	Ordered		10-Nov-2017 12:16 PST, Contact	10-Nov-2017 12:37 P...	TestOS, GeneralMedicine-Physician3...
<input checked="" type="checkbox"/>	Infectious Disease Screening	Ordered		23-Oct-2017 10:09 PDT Order entered secondary to inpatient admission.	23-Oct-2017 10:09 PDT	SYSTEM, SYSTEM Center

Note that the order **Status** is “Ordered.” Other statuses for orders can include: future order, a proposed order, or pending.

The order **Details** display the type of isolation and the time/date it was entered.

If any part of the order sentence or information appears incomplete, “hover to discover” the remainder of the information.

### Key Learning Points

- Patient alerts can be quickly and easily viewed in the **Banner Bar**
- The **Orders** page can display active orders as well as past orders for review. Ensure that active orders are on display when you are reviewing a patient chart for up to date information.

## Activity 2.3 – Disease Alerts

Recall from Scenario One that the **Banner Bar** displays several alerts for quick reference: Process, Disease, and Isolation.

In Scenario One, the importance of **Isolation Alerts** and how to edit them were reviewed.

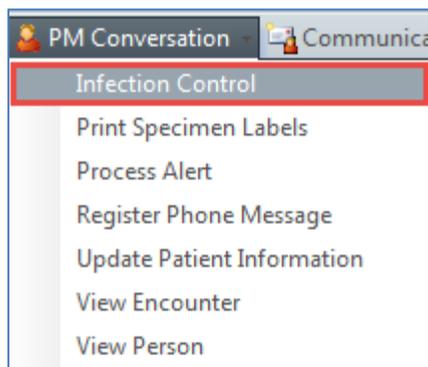
**Isolation Alerts** stem from isolation orders. They are populated from a single-select list (choose one option only) and do not follow patients across encounters. They can be accessed and updated by most clinical and administrative staff.

1

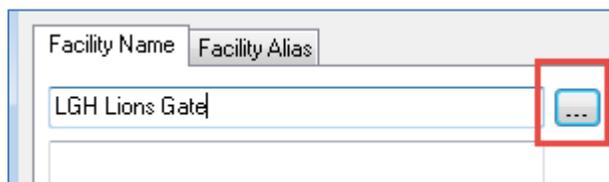
### Create Disease Alerts

**Disease Alerts** are populated from a coded list of diseases that only ICP can add to or remove. This is a multi-select list (choose as many as apply) and will follow patient charts across encounters. This ensures that alerts do not vanish for communicable diseases that may not be resolve between encounters.

1. As [Patient B] has a new, positive result for MRSA, it is up to the ICP to add a **Disease Alert** to the chart. Unlike **Isolation Alerts**, these can only be accessed by ICP.
2. Navigate up to **PM Conversation** in the **Tool Bar** and click on the drop down arrow to show the list of options.
3. Click on **Infection Control**.



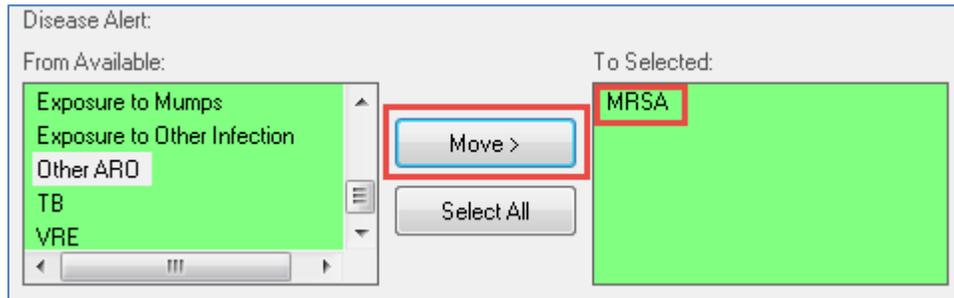
4. Similarly, to **Update Patient Information**, select the correct facility by typing “LGH Lions Gate Hospital” and clicking the three dots icon.



5. This will open the **Infection Control** conversation window, displaying a blank **Disease Alert** box. Click on the box to activate the list of diseases.



6. Scroll down the list and find "MRSA."
7. Click on "MRSA" to highlight the selection and click the **Move** button to move it to the **To Selected** diseases box.

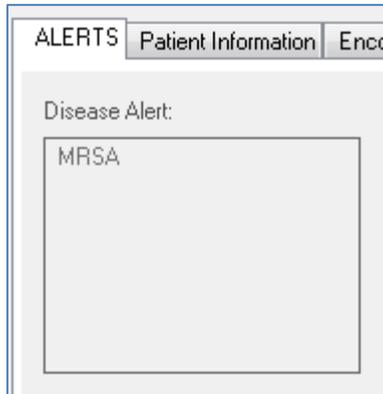


8. This can be repeated for as many diseases as relevant for the patient.
9. If a disease is accidentally selected, highlight it in the **To Selected** box, and click the **Move** button, to move it back to the **From Available** box.
10. Click the **Complete** button when done.
11. Note that the **Disease Alert** in the **Banner Bar** is still vacant. Make sure to refresh the page to update any changed information since the last refresh.  53 minutes ago

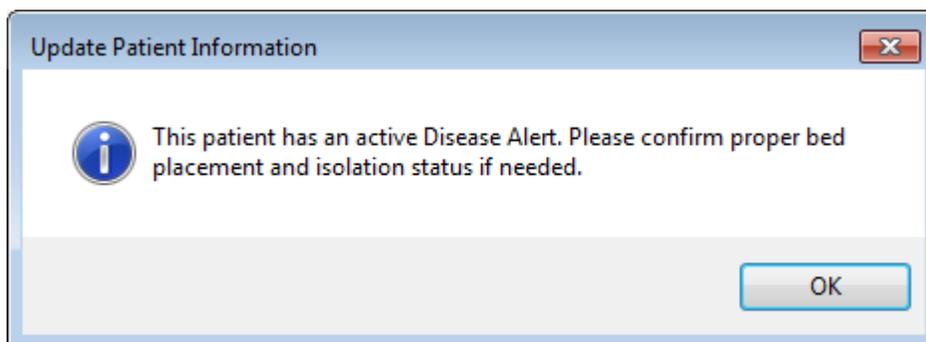
12. The new **Disease Alert** will now be displayed.

Process:  
Disease:MRSA  
Isolation:Contact

**Note:** In **PM Conversation** pages such as **Update Patient Information**, or during registration, other staff will be able to view **Disease Alerts**, but the box will remain greyed-out and cannot be edited. This is a function of ICP only.



13. The addition of a **Disease Alert** will now bring up an alert window any time patient information is attempted to be updated. This ensures all parties are aware of need for isolation precautions if a patient is being moved or transferred.



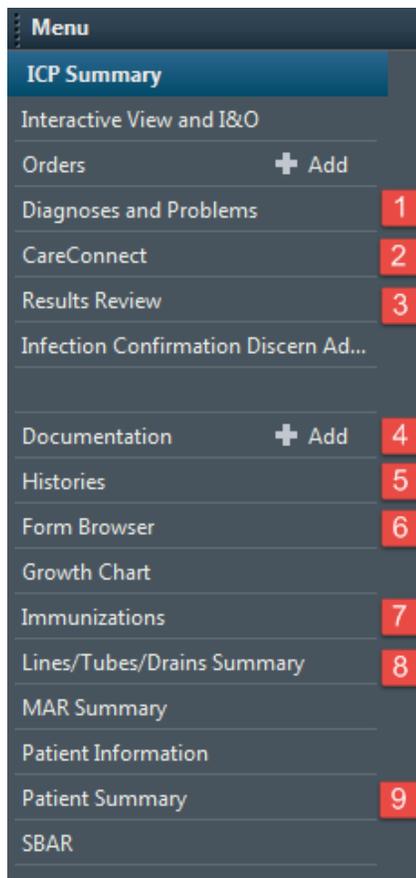
### Key Learning Points

- Disease Alerts are multi-select and can only be edited by ICP
- Disease Alerts will create additional alert windows when staff attempt to move or transfer patients as a safety feature to ensure proper isolation precautions are taken
- Remember to refresh pages after updating a chart to see changes

## Activity 2.4 – Navigating ICP Chart Components and Collecting Collateral Information

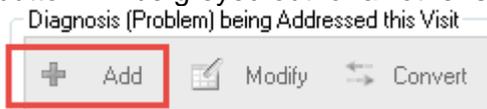
As an ICP, a large part of your workflow when investigating a patient is collecting collateral information to make informed decisions on patient care. Within the Single Patient Chart view, there are several sections of the chart that are key for reviewing additional patient information.

With [Patient B]’s new diagnosis of MRSA, you have decided to investigate and collect more information on him for patient care and reporting purposes. Navigate through the chart components as they are discussed in this activity.



1

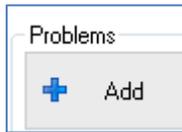
**Diagnoses and Problems** page contains the diagnoses for the patient’s current visit as well as chronic problems. The ability to add diagnoses is only functional for providers and the add button will be greyed out for all other staff.



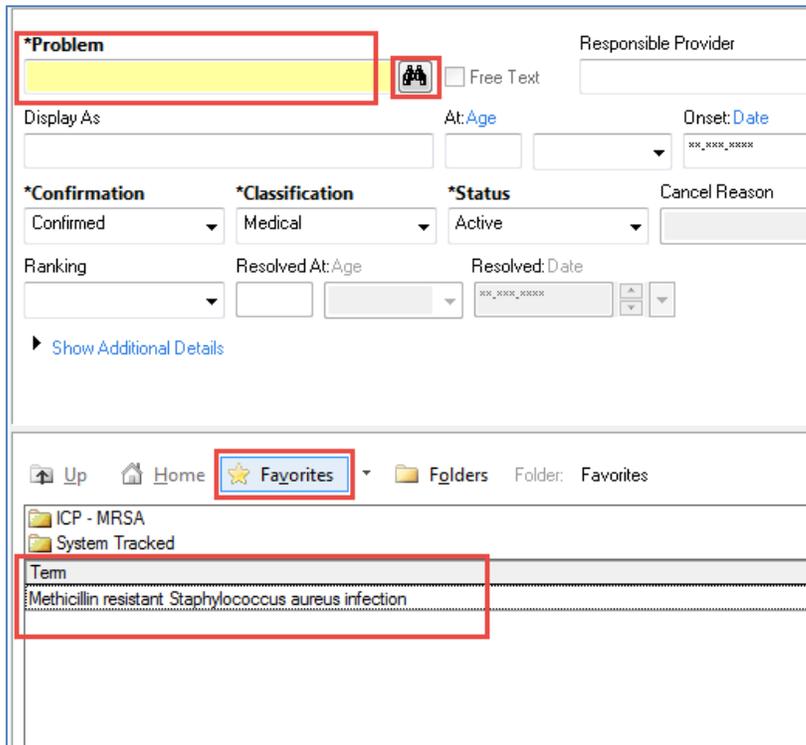
**Diagnoses and Problems** can be sorted to show active issues, inactive issues (resolved), or both. This is done by clicking the **Display** drop down menu and selecting the appropriate filter.



Problems can be added by other clinical staff by clicking the add button



The Add Problems page will appear, allowing you to use the search box to find prepopulated health issues by typing a problem and clicking the binoculars icon.



The **Favorites** section can be populated to allow ICP to quickly add certain infections to a patient's problems list.

2

**CareConnect** is accessible as a resource for collecting collateral information on patients. This is a patient-centric electronic health record (EHR) that provides caregivers with integrated clinical information such as diagnostic imaging, laboratory results, consultations, and narrative charting from various provincial databases.



This is a view-only resource.

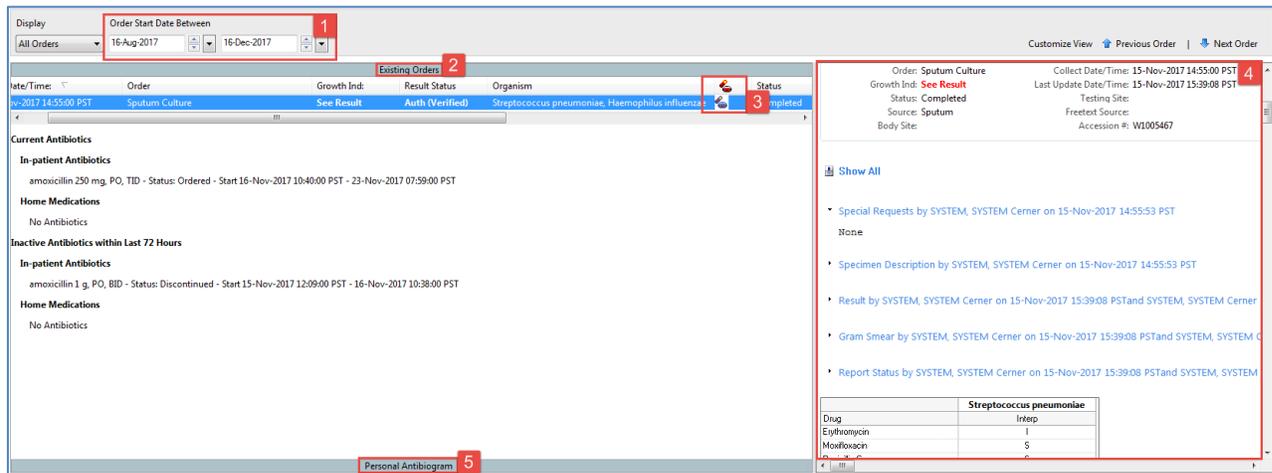
3

**Results Review** page contains results from various sources such as:

- Lab
- Pathology
- Microbiology
- Transfusion
- Diagnostics
- Vitals
- Advanced Care Planning

For [Patient B], the **Micro Cultures** section should be investigated.

1. Click on the **Micro Cultures** tab to open the section, displaying a more complete view of any microbiology results.



1. Dates for viewing microbiology specimens can be adjusted for desired ranges
2. **Existing Orders** subsection displays the current microbiology orders. When the order is clicked on, antibiotic information is displayed.
3. The pill and petri dish icon indicates that susceptibility results have been documented for this order.
4. When an order is clicked on, a **Specimen Information** window appears. This window contains information such as specimen description, susceptibility results, and gram smear results. Clicking on the order a second time will close the **Specimen Information** window.
5. **Personal Antibigram** allows you to view a patient's susceptibility results for one or multiple specimens at a single view.

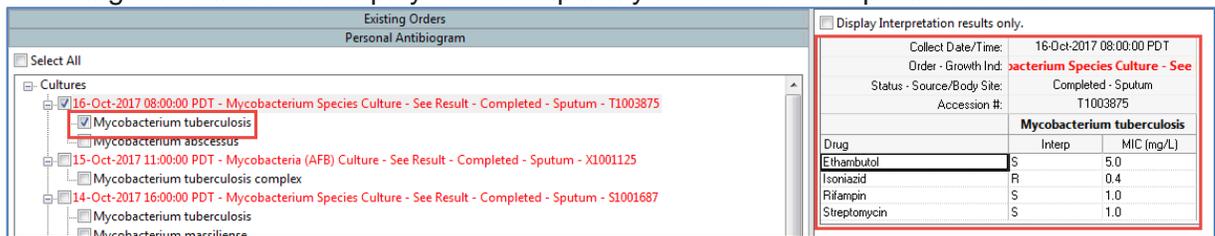
Personal Antibigram

Click on this band to expand the subsection.

The list of qualified culture orders with susceptibility results is displayed. When available, each qualified order row displays the following:

- Collection Date and Time
- Order Name
- Susceptibility Result
- Status
- Source
- Body Site
- Accession Number

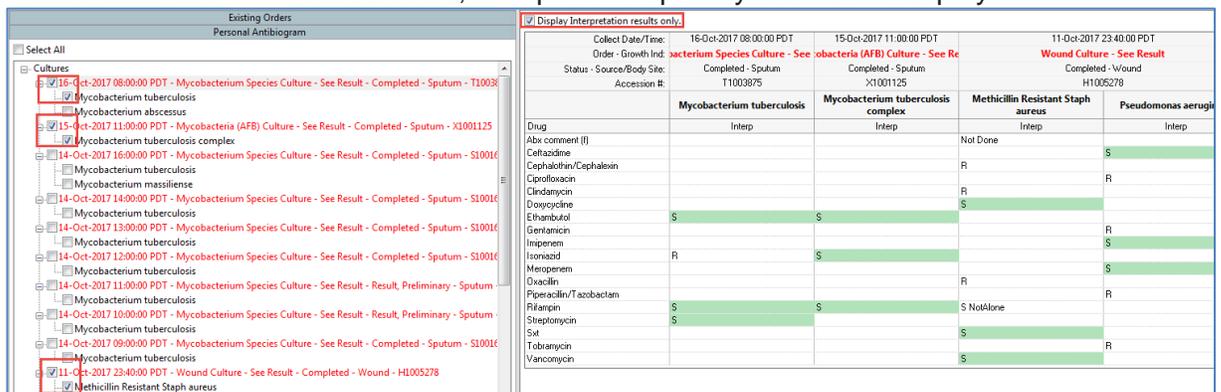
Selecting one culture will display the susceptibility results for that specific culture.



The screenshot shows the 'Existing Orders' window with 'Personal Antibigram' selected. A tree view on the left shows 'Cultures' with '16-Oct-2017 08:00:00 PDT - Mycobacterium Species Culture - See Result - Completed - Sputum - T1003875' selected. The right pane displays the 'Display Interpretation results only' window for this culture.

Mycobacterium tuberculosis		
Drug	Interp	MIC (mg/L)
Ethambutol	S	5.0
Isoniazid	R	0.4
Rifampin	S	1.0
Streptomycin	S	1.0

If more than one culture is selected, multiple susceptibility results will display.



The screenshot shows the 'Existing Orders' window with multiple cultures selected. The right pane displays the 'Display Interpretation results only' window for these cultures.

Drug	Mycobacterium tuberculosis	Mycobacterium tuberculosis complex	Methicillin Resistant Staph aureus	Pseudomonas aeruginosa
Abx comment (I)	Interp	Interp	Not Done	Interp
Ceftazidime				S
Cephalothrin/Cephalexin			R	R
Ciprofloxacin			R	
Clindamycin			S	
Doxycycline				S
Ethambutol	S	S		
Gentamicin				R
Imipenem				S
Isoniazid	R	S		
Meropenem			R	S
Oxacillin				R
Piperacillin/Tazobactam			S Not done	
Rifampin	S	S		
Streptomycin	S			
Sst			S	
Tobramycin				R
Vancomycin			S	

Clicking on the **Display Interpretation results only** check box will remove the dilution results for antibiotics in the susceptibility window, making the layout easier to read.

The list of displayed cultures is sorted by collection date and time in reverse chronological order.

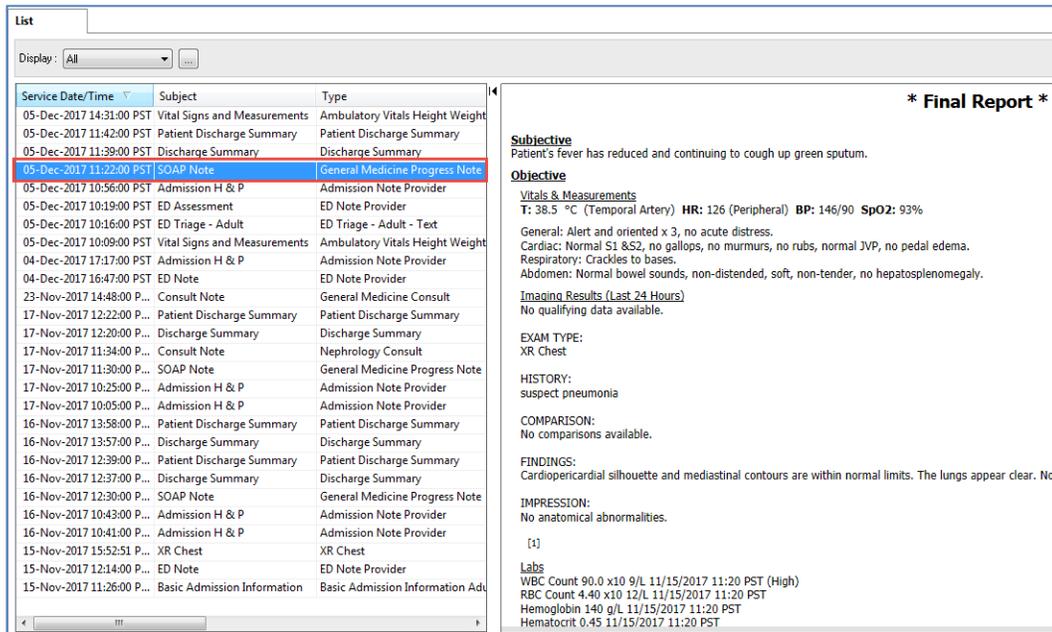
To view a full report for a selected culture, double-click the order's row.

4

**Documentation** page is a collection of all documents created on the patient for this encounter.

Additional documents can be added by clicking the **Add** icon  and selecting the appropriate template from the list. While creating documentation within the patient chart is not a frequent Infection Control Practitioner function, it will be useful to know how to do this for future reference.

1. Click on the inpatient progress note created by the attending physician for [Patient B]. This will open the note within the **Documentation** page for easy viewing.



The screenshot shows a 'List' window with a table of documents. The selected document is a SOAP Note from 05-Dec-2017 11:22:00 PST, General Medicine Progress Note. The right pane displays the content of this note, including subjective, objective, and lab information.

Service Date/Time	Subject	Type
05-Dec-2017 14:31:00 PST	Vital Signs and Measurements	Ambulatory Vitals Height Weight
05-Dec-2017 11:42:00 PST	Patient Discharge Summary	Patient Discharge Summary
05-Dec-2017 11:39:00 PST	Discharge Summary	Discharge Summary
05-Dec-2017 11:22:00 PST	SOAP Note	General Medicine Progress Note
05-Dec-2017 10:56:00 PST	Admission H & P	Admission Note Provider
05-Dec-2017 10:19:00 PST	ED Assessment	ED Note Provider
05-Dec-2017 10:16:00 PST	ED Triage - Adult	ED Triage - Adult - Text
05-Dec-2017 10:09:00 PST	Vital Signs and Measurements	Ambulatory Vitals Height Weight
04-Dec-2017 17:17:00 PST	Admission H & P	Admission Note Provider
04-Dec-2017 16:47:00 PST	ED Note	ED Note Provider
23-Nov-2017 14:48:00 P...	Consult Note	General Medicine Consult
17-Nov-2017 12:22:00 P...	Patient Discharge Summary	Patient Discharge Summary
17-Nov-2017 12:20:00 P...	Discharge Summary	Discharge Summary
17-Nov-2017 11:34:00 P...	Consult Note	Nephrology Consult
17-Nov-2017 11:30:00 P...	SOAP Note	General Medicine Progress Note
17-Nov-2017 10:25:00 P...	Admission H & P	Admission Note Provider
17-Nov-2017 10:05:00 P...	Admission H & P	Admission Note Provider
16-Nov-2017 13:58:00 P...	Patient Discharge Summary	Patient Discharge Summary
16-Nov-2017 13:57:00 P...	Discharge Summary	Discharge Summary
16-Nov-2017 12:39:00 P...	Patient Discharge Summary	Patient Discharge Summary
16-Nov-2017 12:37:00 P...	Discharge Summary	Discharge Summary
16-Nov-2017 12:30:00 P...	SOAP Note	General Medicine Progress Note
16-Nov-2017 10:43:00 P...	Admission H & P	Admission Note Provider
16-Nov-2017 10:41:00 P...	Admission H & P	Admission Note Provider
15-Nov-2017 15:52:51 P...	XR Chest	XR Chest
15-Nov-2017 12:14:00 P...	ED Note	ED Note Provider
15-Nov-2017 11:26:00 P...	Basic Admission Information	Basic Admission Information Adu

**\* Final Report \***

**Subjective**  
Patient's fever has reduced and continuing to cough up green sputum.

**Objective**

**Vitals & Measurements**  
T: 38.5 °C (Temporal Artery) HR: 126 (Peripheral) BP: 146/90 SpO2: 93%

General: Alert and oriented x 3, no acute distress.  
Cardiac: Normal S1 & S2, no gallops, no murmurs, no rubs, normal JVP, no pedal edema.  
Respiratory: Crackles to bases.  
Abdomen: Normal bowel sounds, non-distended, soft, non-tender, no hepatosplenomegaly.

**Imaging Results (Last 24 Hours)**  
No qualifying data available.

**EXAM TYPE:**  
XR Chest

**HISTORY:**  
suspect pneumonia

**COMPARISON:**  
No comparisons available.

**FINDINGS:**  
Cardiopercardial silhouette and mediastinal contours are within normal limits. The lungs appear clear. No

**IMPRESSION:**  
No anatomical abnormalities.

[1]

**Labs**  
WBC Count 90.0 x10 9/L 11/15/2017 11:20 PST (High)  
RBC Count 4.40 x10 12/L 11/15/2017 11:20 PST  
Hemoglobin 140 g/L 11/15/2017 11:20 PST  
Hematocrit 0.45 11/15/2017 11:20 PST

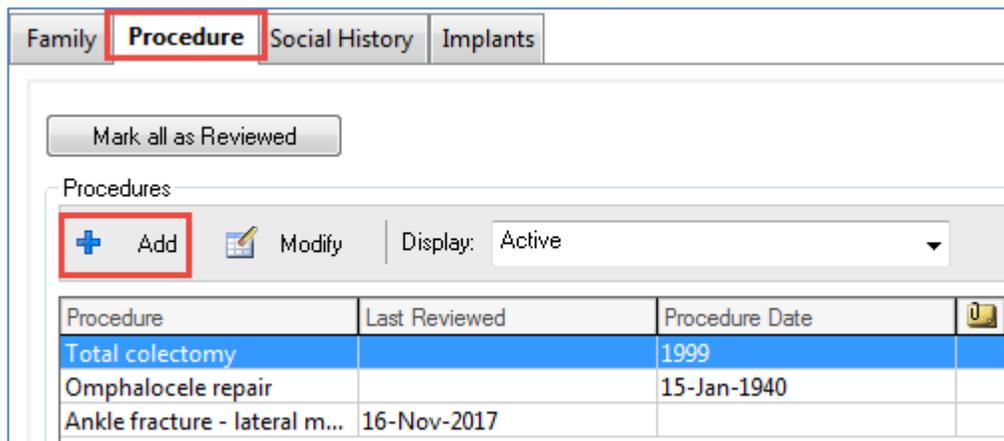
**Note that a sacral wound present on admission was discovered, yet was not recorded in the ER notes, nor swabbed for MRSA on intake.**

5

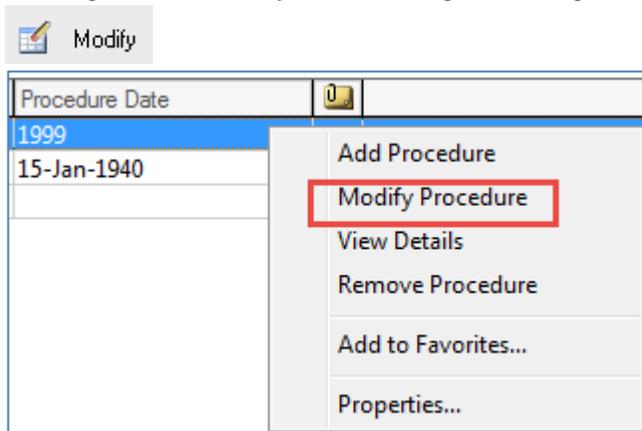
**Histories** page provides users with patient history under four categories:

- Family
- Procedure
- Social
- Implants

As an ICP, you have the ability to add to each **Histories** category if important historical information is uncovered during your review of the patient. You can add to a patient history by clicking on the appropriate tab and then clicking the **Add** button.



If history is incorrectly recorded, you can also modify it by either highlighting the entry and clicking on the **Modify** button or right-clicking on the entry and choosing **Modify**.

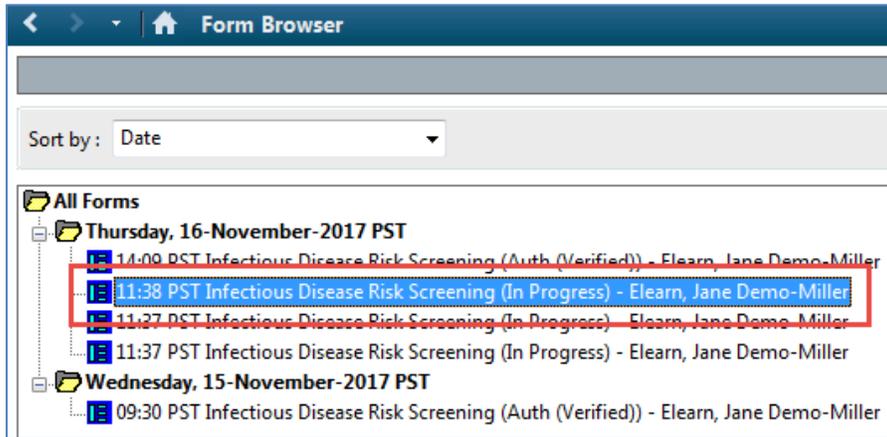


**Note: Procedures** and **Implants** will automatically populate using information from other staff directly updating these sections either during the current encounter or from previous historical encounters.

6

**Form Browser** page allows you to access and view all **PowerForms** that have been filled out for [Patient B].

Double-click the title of a **PowerForm** you wish to view to bring up the form in its original structure.



For example, double click on [Patient B]’s **Infectious Disease Risk Screening PowerForm** to view it in the same format the caregiver did when filling it out.

**Infectious Disease Risk Screening**

ARO: Antibiotic-Resistant Organisms including MRSA or VRE  
CPO: Carbapenemase-Producing Organisms

MRSA: Methicillin Resistant Staphylococcus Aureus  
VRE: Vancomycin Resistant Enterococcus

**Do you have any risk factors for AROs?**

<input type="checkbox"/> None	<input type="checkbox"/> Chemotherapy within the last year	<input type="checkbox"/> Household contact with known CPO in the last year
<input type="checkbox"/> Healthcare in Canada within the last year	<input type="checkbox"/> Intravenous drug use in the last year	<input type="checkbox"/> Unable to obtain
<input checked="" type="checkbox"/> Healthcare outside Canada within the last year	<input type="checkbox"/> Incarceration in the last year	
<input type="checkbox"/> Dialysis within the last year	<input type="checkbox"/> Homelessness or in shelter in the last year	

Healthcare includes medical/surgical procedures, overnight stays, chemotherapy, dialysis, or other care specified by organizational practices.

**If any risk is identified for AROs, the patient may need ARO screening swabs to be ordered and performed. Please refer to site-specific guidelines to determine which tests need to be completed.**

7

**Immunizations**

The **Immunizations** page is used to view, add, and modify historical immunizations as well as viewing future forecasted immunizations.

Some immunizations that are either given in hospital or are high priority to document may be populated in this page view.

If a patient is a child, the childhood immunization schedule will be provided for reference within the **Immunizations** view. You can hover to discover dosing intervals and the child's current age range will be highlighted in yellow for reference.

	0 mo	2 mo	4 mo	6 mo	12 - 14 mo	15 mo	16 - 17 mo	18 mo	19 - 20 mo	21 mo - 3 yr	4 yr	5 - 6 yr	7 - 18 yr
Hepatitis B	He...	Hep B Dose 2					Hep B Dose 3						
DTaP		DTaP Dose 1	DTaP Dose 2	DTaP Dose 3			DTaP Dose 4						DTaP Dose 5
Hib		Hib Dose 1	Hib Dose 2	Hib Dose 3			Hib Dose 4						
Polio		IPV Dose 1	IPV Dose 2				IPV Dose 3						IPV Dose 4
Influenza													
Hepatitis A							Hep A Dose 1			Hep A Dose 2			
MMR							MMR Dose 1						MMR Dose 2

If a patient has future immunizations scheduled, they will appear in the **Future Immunization Schedule** field.

Vaccine	Due Date				
DTaP	#1: 28-Apr-2015	#2: 27-Jun-2015	#3: 26-Aug-2015	#4: 25-Aug-2016	#5: 25-Aug-2019
Hepatitis A	#1: 27-Feb-2016	#2: 25-Aug-2016			
Hepatitis B	#1: 27-Feb-2015	#2: 28-Apr-2015	#3: 20-Aug-2016		
Hib	#1: 28-Apr-2015	#2: 27-Jun-2015	#3: 26-Aug-2015	#4: 27-Feb-2016	
Influenza	#1: 01-Aug-2017	#1: 29-Aug-2017			
MMR	#1: 27-Feb-2016	#2: 25-Feb-2021			
Polio	#1: 28-Apr-2015	#2: 27-Jun-2015	#3: 26-Aug-2015	#4: 21-Feb-2019	
Varicella	#1: 27-Feb-2016	#2: 26-Feb-2019			

Past immunizations that have been charted within the CIS will appear within the **Previous Immunization** field.

Vaccine	Contraindicated	Admin Date
diphtheria/tetanus/pertussis (DTaP) ped		01-Mar-1948
Hepatitis A		#1: 01-May-1949
Hepatitis B		#1: 01-Jan-1947
hepatitis B pediatric vaccine		01-Mar-1948
Preventive Care: HPV Vaccine		#1: 01-Jan-2016

To add an immunization to the patient's **Previous Immunization** record, click on the **History** button.

**Note:** Adding immunizations is a shared task. Bedside clinical staff are able to document immunization history.



Within the **Immunization Details, Historical Entry** window, click the **Add to Selections** button and choose the appropriate immunization from the list.

**Source of Historical Info** and **Estimated Administration Date** are required fields and must be filled in before the form can be charted.

Once all relevant fields are completed, you can click the **Chart** button to add to the **Previous Immunizations** section of the Immunizations view.

Immunization Details, Historical Entry, CST-TTT, BIRGIR, MRN: 70007397

**Selected**

Ready	Immunization	Site	Product
	smallpox vaccine		

**Document Immunization Administration**

History

\*Source of Historical Info: [Dropdown menu]

Dose#: 0

\*Estimated Administration Date: [Calendar]

History Location/Person: [Text field]

\*Immunization: smallpox vaccine

Vaccines For Children Status: [Dropdown menu]

Product: [Text field]

Funding Source: [Dropdown menu]

Vaccine Information Statement: [Text field]

VIS Published: [Dropdown menu]

VIS Given: [Dropdown menu]

Dose: [Text field] Unit: [Text field]

Route: [Dropdown menu]

Site: [Dropdown menu]

Manufacturer: [Text field]

Lot Number: [Text field]

Expiration Date: [Text field]

Immunization Type: [Dropdown menu]

Travel Destination: [Text field]

Exception: [Text field]

Patient tolerance notes: [Text field]

**Chart** **Cancel**

8

**Lines/Tubes/Drains Summary** page provides you with a summary view of any invasive lines, tubes, or drains that are both currently in situ or discontinued within the last 30 days. The summary page contains useful information such as:

- Type and location
- Insertion/discontinuation date and time
- Duration of insertion period
- Indications for use
- Site appearance

Discontinued (3)									
Last 30 Days									
Lines (1)									
Peripheral IVs (1)									
Type	Description	Location	Discontinued DT	Duration	Unit Origin	Removal Reason	Details	Site Exam	
Peripheral IV Catheter	Type: Peripheral 20 gauge	Left, Cephalic vein	20/11/2017 22:45	5 Days: 12 Hrs: 27 Mins	LGH Liens Gate   LGH 7E   720   01	--	--	--	Discontinued due to discharge.

This information is “pulled forward” and populated from charting that is completed by caregivers and is only as complete and up to date as the charting that has been done by

bedside staff.

**Note that [Patient B] has a PEG tube for feeding that was not initially recorded in the ED. It has not been swabbed for MRSA on intake.**

9

**Patient Summary** page contains a view similar to what nursing and other bedside caregivers use. This page contains several different components that are available under the **Menu** and have already been explored within this workbook. The **Patient Summary** page simply aggregates several pages and components into a more compressed view.

Continue to explore other pages under the Menu to see what additional information is available for patients under your care.

### Key Learning Points

- Clinical staff can add **Problems** (chronic medical history), but only providers can add **Diagnoses**.
- Clicking on the **Personal Antibiogram** band allows you to view a patient's susceptibility results for one or multiple specimens at a single view.
- As an ICP, you have the ability to add to each **Histories** category if important historical information is uncovered during your review of the patient.

## Activity 2.5 – New Order Entry For ARO Cultures

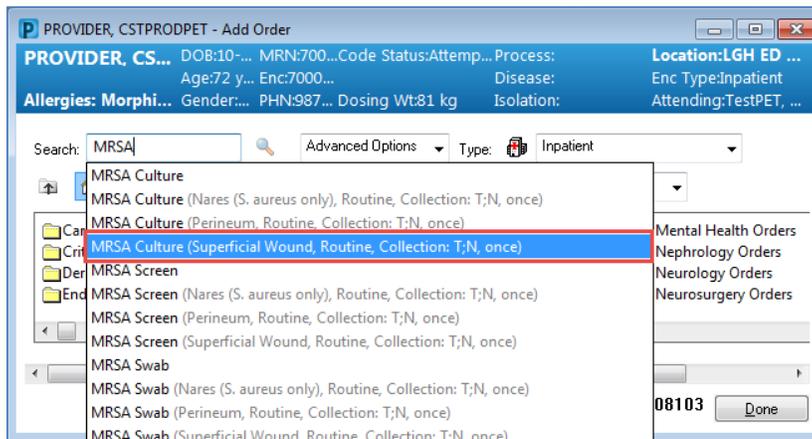
After reviewing the patient chart and CareConnect for additional patient information, it was discovered that both a long term feeding tube and a sacral wound were pre-existing. However, neither was noted on admission when routine ARO swabs were taken.

### 1 Add Orders

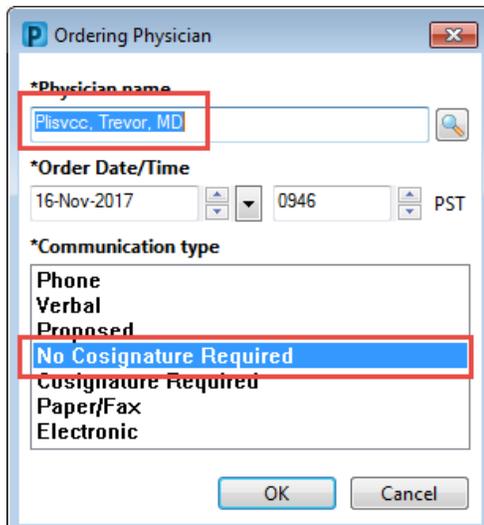
As an ICP, you can easily enter orders for new swabs to be taken. These orders will then appear as new tasks to the bedside staff assigned to [Patient B] to be carried out.

1. Similarly to entering orders for isolation precautions, you will start by locating the **Orders** component under the **Menu** and clicking on it.
2. Click the **Add+** button. **+ Add** The **Add Order** window will appear.
3. In the **Search** box, begin to type the keyword “MRSA.” Recall that this search has predictive text and will begin to populate potential order sentences as you type.

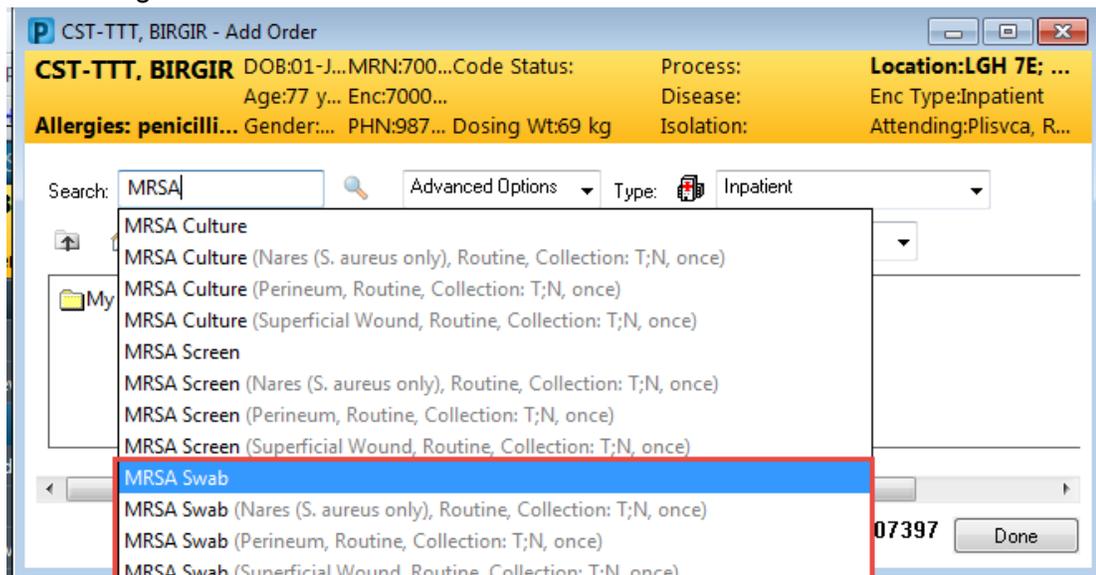
**Note:** Several different keywords can sometimes bring up the same order options. Try “swab” or “screen” to see similar results. If no results appear, check spelling or consult a colleague.



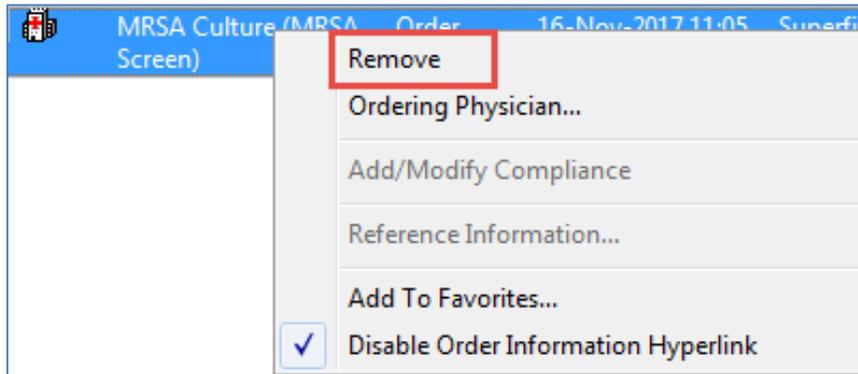
4. Click on the order sentence “**MRSA Swab (Superficial Wound, Routine, Collection: T;N, once)**” to choose the correct order sentence for the sacral wound swab.
5. Complete the **Ordering Physician** window that pops up as you have done before when creating isolation orders in Scenario One.



6. Since we are entering two orders this time, do not close the **Add Order** window. Search “MRSA” again.



7. The PEG tube does not have a prewritten order sentence for the source site. Choose “MRSA Swab.”
8. Close the **Add Order** window by clicking the **Done** button.
9. If an order still waiting for signature was entered in error, right-click on the order sentence, and choose **Remove**.



**Note:** One of the new orders has a blue icon with a white X through it, while the other doesn't. This means that the order sentence is missing required fields.



The "Superficial wound" order sentence contained:

- specimen type
- collection priority
- frequency
- date

The PEG site did not have this information prepopulated. As an ICP, there will also be fields that are not required that you will want to fill out for accuracy anyhow.

**Note:** Since required fields remain empty, you will notice a "Missing Required Details" button on the bottom of the **Orders** page.



You will not be able to sign the orders without correcting this error. If you are unsure of what required field is missing, you can click the Missing Required Details button to bring you to the order **Details** that contain the missing field.

**2 Enter Order Details**

1. Click on the “MRSA Swab” order sentence to bring up **Details**.

2. Begin by entering the required fields. These are the **bolded categories with asterisks**.
  - Choose a **Specimen Type** – since there is no specimen type for a PEG, choose **Other**
  - The **Collection Priority** will be “Routine”
  - The **Frequency** will only be “once”
  - The **Collection Date/Time** will be the current time
  
3. Take note of other important categories available to fill out.
  - **Collected** category should be marked as “No” as the bedside staff have not yet obtained a swab.
  - **Unit Collect** should be marked as “Yes” since the expectation is that the bedside staff will collect the swab, not lab.
  - The **Body Site** drop down list is useful when selecting a swab site that was not part of a default order sentence (like a PEG tube in this scenario). Choose “Gastrostomy site” from the list.
  - No additional **Special Requests** are needed, so this can be left blank.
  - This is not an **Order for Future Visit**, so this category should be marked “No.”
  
4. Complete the sacral wound swab order by adding additional details to fields not already automatically populated by the order sentence.
  - Choose “Sacrum” from the **Body Site** drop down list.
  - Free text “Sacral Wound” in **Specimen Description**.

- Note that the **Missing Required Details** icon beside the PEG site order is now gone and the Missing Required Details button at the bottom of the page is now greyed out.



- Click **Sign** to submit these orders.



You will now see these new orders under the **Laboratory** section of the **Orders** page.

Laboratory		
<input type="checkbox"/>	MRSA Culture (MRSA Swab)	Processing
<input type="checkbox"/>	MRSA Culture (MRSA Swab)	Processing

- Click on the **Refresh** button and note the change from **Processing** status to **Ordered (Pending Collection)** status.

Laboratory		
<input checked="" type="checkbox"/>	MRSA Culture (MRSA Swab)	Ordered (Pending Collection)
<input checked="" type="checkbox"/>	MRSA Culture (MRSA Swab)	Ordered (Pending Collection)

### Key Learning Points

- Order sentences can be accessed from several different keywords. Make sure to spell terms correctly for correct results.
- Often common orders have full sentences that complete required details of the order already. If orders do not have full sentences, you can complete details in the **Details** portion of the **Orders** screen
- The **Missing Required Details** button will take you to the correct order Details section to complete the missing information.
- Refresh** page after signing orders to see updated information on the Orders page.

## **Activity 2.6 – Infection Confirmation Discern Advisor for ARO Event**

As the ICP, you have confirmed that [Patient B] is positive for MRSA and needs their information reported to the Infection Control Database

**Real workflow and practices will dictate that you would wait for results of MRSA swabs on the two new sites that were tested in the previous activity; however this mock scenario limits the ability to create additional positive results for swabs that were only just entered. Therefore this activity will be completed with only the original MRSA positive result of [Patient B]’s nares.**

**This activity is similar in functionality to completing the Discern Advisor for C. Difficile in Scenario One.**

The steps for completing this task for an ARO Event are provided below, but **you may wish to simply review these steps instead of completing them again.**

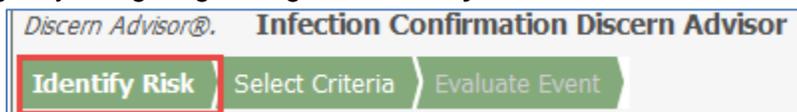
### **1 Identify Risk**

Recall utilizing the **Infection Confirmation Discern Advisor** previously for CDI results reporting. The process of using the Advisor for Antibiotic resistant organisms, C. Difficile Infections, Health Care Associated Infections, and other Reportable Communicable Diseases is similar, with few variations in fields and data input. The functionality of the Advisor remains the same.

The **Infection Confirmation Discern Advisor** guides the ICP through charting a health care associated infection event. Based on positive cultures, labs, lines inserted, surgical procedures, signs and symptoms, and event details, a specific event is derived.

1. With the patient chart open, click on the the **Infection Confirmation Discern Advisor** component under the **Menu**.

Begin by navigating through the **Identify Risk** section.



The **Identify Risk** section allows you to evaluate infection risks based on the following factors:

- Positive cultures
- Laboratory results
- Wound documentation
- Lines, tubes, and drains
- Surgical procedures

Each item selected on the **Identify Risk** section contributes to the confirmation of an infection event.

2. Under **Quick Add**, click the radio button to add a new event
3. Use the drop down menu under **Event Type** and select **General**.
4. Note that the **Event Date** is a required field. It will be populated with the date of the positive culture selected in the next section.
5. Select the MRSA nares culture from the **Microbiology** section by checking the box to the left of the culture associated with the infection.
6. Enter a **Pathogen Number** for each of the organisms isolated in the culture.
7. As no other sections are pertinent to this case report, navigate past the remaining sections. If you want to save your progress without completing the advisor, click **Save**. **In this instance**, click **Next**.

## 2

**Select Criteria**

The **Select Criteria** section allows you to evaluate and correlate clinical charting with the positive culture, line insertion, or surgical procedure.

Responses selected in the **Select Criteria** section are used to calculate the specific event on the **Evaluate Event** section. This section flexes to display different subsections based on the event type.

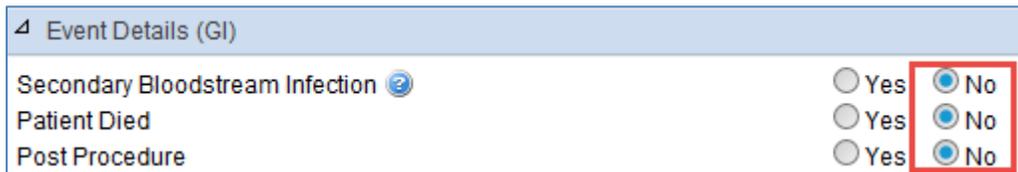
1. While reviewing [Patient B]'s chart, you note elevated temperature, cough, and new onset sputum. Click the boxes beside appropriate **Signs and Symptoms**.
2. Review the **Laboratory and Diagnostics** subsection and click the box beside **Positive Culture of Pathogen**.
3. While reviewing the chart, you noticed the attending physician has recorded MRSA in [Patient B]'s diagnosis. Under **Clinical Diagnosis**, click the box beside **Physician diagnosis of this event type**.
4. Click **Next** when all appropriate criteria have been selected.

**3 Evaluate Event**

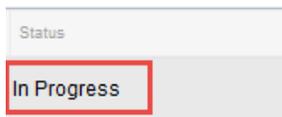


The **Evaluate Event** section provides you with additional details to finalize the specific event for external reporting or internal tracking and add notes for clarification.

1. The **Location of Event** subsection automatically defaults to the location the [Patient B] was registered to during the **Event Date**.
2. Navigate through **Event Details**. Click the radio buttons that correspond with:
  - **Secondary Bloodstream Infection: No**
  - **Patient Died: No**
  - **Post Procedure: No**



3. Choose **MDRO colonization** for “general” under **Specify Event**.
4. Under subsection **Title**, create a title for the event that conforms to facility recommendations. Title this event “MRSA [Patient B] 2018” in free-text.
5. Any additional comments can be added in the final **Comments** subsection. Leave this section blank.
6. Click on the **Save** button. You will be taken back to the initial Advisor page with your event visible under the **Current History** heading. Clicking the **Save** button will put the Advisor in an **In Progress** status.



**Note: In Progress** events allow users to modify any field that may need additional information or correction upon review.

## 4

**Review and Sign Advisor Entry**

1. Look at the advisor you saved by accessing the **Current History** on the **Identify Risk** section of the Advisor. Click on the radio button next to the Advisor that was saved to load Advisor details previously filled out.
2. Click on the **Sign** button at the bottom of the screen to complete the Advisor. The Advisor will show a Status now of Complete in the Current History section.



**Note:** If any required documentation is not completed, a message will display indicating that a required element needs to be completed prior to **Signing**. Once the Advisor is completed, only the **Event Details, Title** and **Comments** can be modified when the Advisor is opened for viewing.

The details of the completed Advisor event can now be reviewed by clicking the radio button next to the event under **Current History**.

The report details can now be printed or reviewed within the system for manual input into the correct Infection Control Database.

 **Key Learning Points**

- **Infection Confirmation Discern Advisor** will guide the ICP through charting a health care associated infection event and can be used for future reporting.
- **Event Date** information will automatically populate with the date from the positive lab or microbiology culture.
- Saving the Advisor places it in an **In Progress** status. Users can still modify all fields of the Advisor at this time.
- Signing the Advisor places it in a **Complete** status. Once signed, only the **Event Details, Title** and **Comments** fields can be modified.

## PATIENT SCENARIO 3 – Contact Tracing

### Learning Objectives

At the end of this Scenario, you will be able to:

-  Utilize Follow-up notes for communication
-  Document Disclosure Reporting to external agencies
-  Navigate Discern Reporting Portal to generate reports

### SCENARIO

[Patient C] is an 21 year old man that presented with high fever, dehydration, and rash that covers his face and trunk over the last 3 days. Yesterday, he developed photosensitivity, increased lethargy, and a stiff neck, prompting his roommates to bring him to hospital. The patient needed intravenous therapy and monitoring for concerns of encephalitis, so he was admitted. Suspecting measles, the attending provider has ordered measles virus acute serology just prior to you coming on shift. [Patient C]'s **Infectious Disease Risk Screening** PowerForm was completed, but did not have any risk factors to automatically trigger any isolation orders or alerts.

As an Infection Control Practitioner, you will be completing the following 6 activities:

-  Review patient from Worklist and add a Follow-up sticky note to the patient chart
-  Place an order for isolation
-  Place an Isolation Alert
-  Document disclosure reporting to relevant agencies through iView
-  Generate a Contact Tracing Report
-  Generate an Isolation Report

### **Activity 3.1 – Review Patient From Worklist and add Follow-up Note**

An order for measles serology is a test that will trigger a **Qualifying Event**, adding a patient directly to your **Worklist**, even if results are still pending.

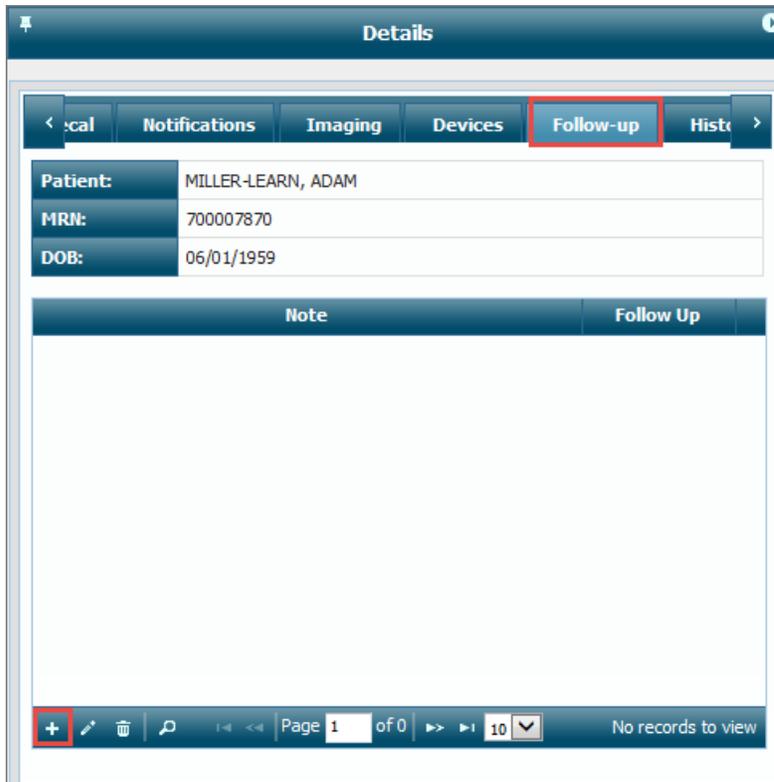
To review, tests and orders that will automatically trigger a **Qualifying Event** are:

Adenovirus/Rotavirus Antigen Stool BCCDC	Measles Virus Antibody IgM
Adenovirus NAT	Mumps Virus Antibody IgG
Clostridium difficile Toxin Stool	Mumps Virus Antibody IgM
Creutzfeldt-Jacob Disease (CJD)	Mycobacteria (AFB) Blood Culture
Ed Consult to Infection Control Practitioner	Mycobacteria (AFB) Culture
Ed Consult to Infectious Diseases	Norovirus NAT
Francisella tularensis Antibody	Pertussis NAT BCCDC
Hantavirus antibody	Rabies Virus Antibody
Hantavirus NAT	Respiratory syncytial Virus NAT CWH
Influenza Virus A NAT	Rubella Virus Antibody IgG
Influenza Virus B NAT	Rubella Virus Antibody IgM
IP Consult to Infection Control Practitioner	Varicella Zoster Virus Antibody IgG
Measles Virus Antibody IgG	Varicella Zoster Virus NAT

<b>Qualifying Event</b>	<b>Actions within CIS</b>
Healthcare outside of Canada within the last year	Contact Precautions, ICP Worklist
Household contact with known CPO in the last year	Contact Precautions, ICP Worklist
“History of AROs”	Contact Precautions, ICP Worklist
“History of CPO”	Contact Precautions, ICP Worklist
Active Pulmonary TB	Airborne Precautions, ICP Worklist
“Diarrhea”	Contact Plus Precautions, ICP Worklist
Exposure to Measles	Airborne and Contact precautions, ICP Worklist
Exposure to Mumps	Droplet precautions, ICP Worklist
Exposure to Chicken Pox	Airborne and Contact precautions, ICP Worklist
Recent Exposure to TB	Airborne Precautions, ICP Worklist

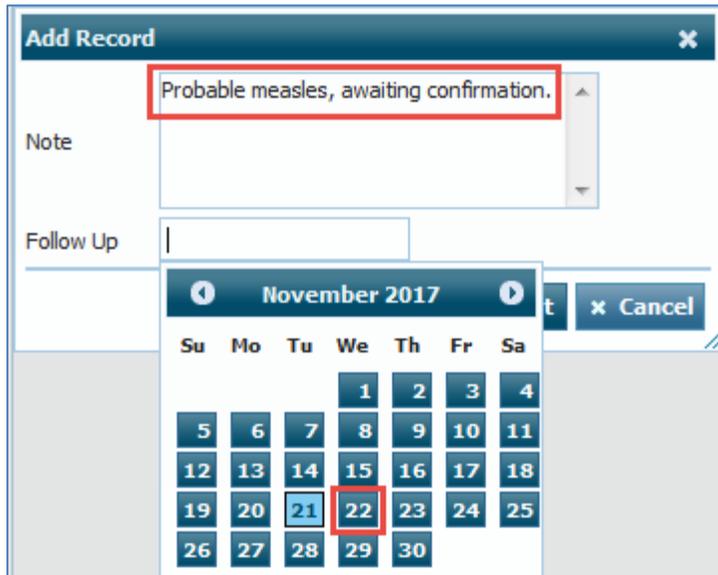
1 **Add Follow-Up Note**

1. Locate [Patient C] on the **Worklist** under the **Needs Assessment** section and click on the “white” space in their row to open the **Details** panel.
2. Click on the sticky note icon under the **Follow-Up** column to jump to the **Follow-Up** section in the **Details** panel. 
3. Click on the + icon in the bottom left corner of the **Details** panel to create a new note.



4. A new **Add Record** window will pop up. In the **Note** box, add the notation “Probable measles, awaiting confirmation.”

- Click on the **Follow Up** box to bring up a calendar and click on tomorrow's date to add a follow-up date.



- Click the **Submit** button to add the note. The sticky note icon will now appear different, removing the "+" symbol from the icon,

signifying that there are now notes attached to the patient.



Use **hover to discover** to see the date the note was placed as well as the note content.

This note will now be visible when conducting a review of [Patient C]'s **Details** panel.

Note	Follow Up
Probable measles, awaiting confirmation.	22/11/2017

Notes created with errors, or no longer needed can be edited or deleted by clicking either the pencil or trashcan icons below the **Follow-up** notes section.



**Note:** Sticky notes are a simple communication tool among ICPs.

## 2 Move to Ongoing Assessment

Now that you have added a note for follow-up, you have also decided to move [Patient C] to your **Ongoing Assessment** list as you have done previously.

- Click on the box to the far left of the patient row to select the patient.
- Click on the down arrow icon to move the selected patient(s) to the **Ongoing Assessment** list.



3. Now that you are ready to review the full chart, click on [Patient B]'s name under the **Patient Information** column to open the **Single Patient Chart View**.

<u>CST-TTT, ISMAIL</u>	66 Years Male
Dsch Loc: Lions Gate Hospital	Admit/Reg: 13/10/2017 15:50
MRN: 700007376	LOS: 5d
DOB: 16/01/1951	PCP: Plisvcy, Charise, NP
Dsch: 19/10/2017 12:01	
<u>Tags:</u>	

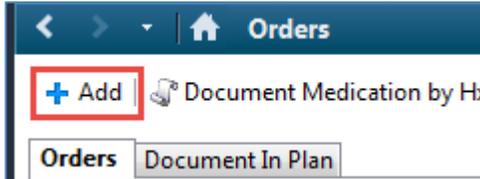
### Key Learning Points

- **Follow-up Notes** are a good tool for communication between infection control practitioners.
- Patients with **Follow-up Notes** on their Worklist profile will display the sticky note icon **without** a plus sign.
- **Hover to discover** the note content without having to open the **Details** slide-out window.

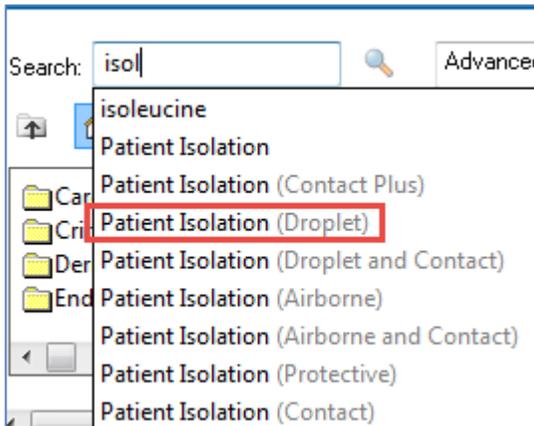
## Activity 3.2 – Place an Order for Patient Isolation

1 [Patient C] is currently waiting for his measles serology results, but needs to be placed on droplet isolation per facility policy. Recall how to place orders from Scenario One.

1. Navigate to the **Menu** and click on the **Orders** band. This will bring up the current active orders.
2. Create a new order by clicking the **Add** icon in the upper-left corner of the **Orders** page.



3. A new **Add Order** window will appear. Within the search box, begin to type “Isol”.  
**Note:** Make sure to read the full order sentence to verify it is the correct order, as there may be several similar orders.
4. Click on Patient Isolation (Droplet).



5. Complete the **Ordering Physician** prompt.
  - Physician name: [use Attending Physician in Banner Bar]. If unsure of spelling or multiple matches with the same last name, use the search function by clicking the magnifying glass. 
  - Communication type: No Cosignature Required
6. Click **OK**

**Ordering Physician**

Order  
 Proposal

\*Physician name  
Plisvcc, Trevor, MD

\*Order Date/Time  
14-Nov-2017 1324 PST

\*Communication type  
Phone  
Verbal  
Proposed  
**No Cosignature Required**  
Cosignature Required  
Paper/Fax  
Electronic

OK Cancel

7. Navigate to the new patient isolation order sentence and click on it to bring up **Order Details**.

Orders for Signature

Order Name	Status	Start	Details
LGH 7E; 7EL; 04 Enc:7000000013481 Admit: 14-Nov-2017 11:05 PST			
<b>Patient Isolation</b>	Order	21-Nov-2017 15:40... 21-Nov-2017 15:40 PST, Droplet, probable measles	

**Details for Patient Isolation**

\*Requested Start Date/Time: 21-Nov-2017 1540 PST

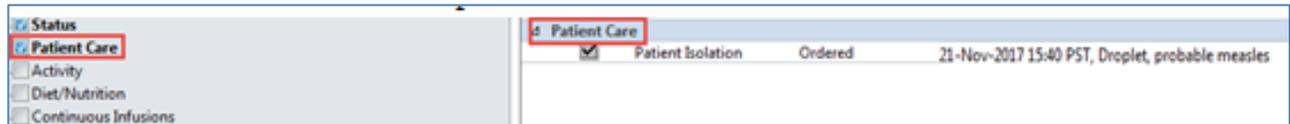
\*Isolation Ordered: Droplet

Isolation Reason: probable measles

Special Instructions:

0 Missing Required Details Orders For Cosignature Orders For Nurse Review **Sign**

8. Review the details of the order. Free text “Probable measles” into the **Isolation Reason** box.
9. Click **Sign**.
10. Remember to **Refresh** the patient chart.  34 minutes ago



<input checked="" type="checkbox"/> Status	<input checked="" type="checkbox"/> Patient Care
<input type="checkbox"/> Activity	
<input type="checkbox"/> Diet/Nutrition	
<input type="checkbox"/> Continuous Infusions	

<input checked="" type="checkbox"/> Patient Care			
<input checked="" type="checkbox"/> Patient Isolation	Ordered		21-Nov-2017 15:40 PST, Droplet, probable measles

The new isolation order will be visible under the **Patient Care** header of the orders.

### Key Learning Points

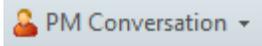
- The **Order** search function has predictive text and will attempt to automatically bring up order options as you type. If unsure of an order sentence, try typing in key words, or only partial words to see results.
- Not all **Order Details** fields are required to place an order. Make sure to review all fields to determine if appropriate to fill them out.

### Activity 3.3 – Place an Isolation Alert

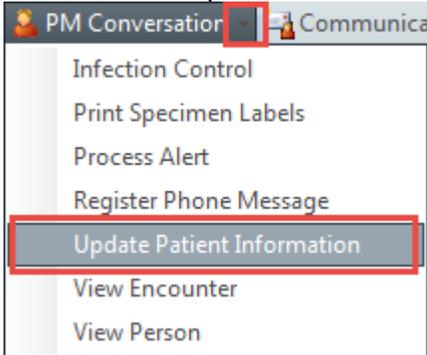
Now that an isolation order for droplet precautions has been created, you need to update the patient chart with a relevant **Isolation Alert** to communicate precautions to staff that open the [Patient C]'s chart.

1 Recall the steps to placing an **Isolation Alert** from Scenario One.

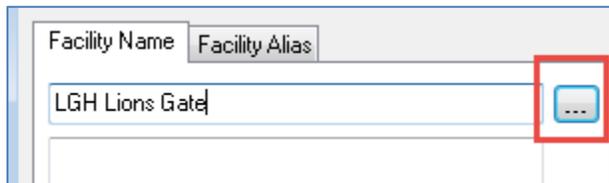
1. Locate **PM Conversation** from the **Task Bar** In the upper-left corner of the screen.



2. Click on the drop down arrow and choose **Update Patient Information** from the list.



3. Type "LGH Lions Gate Hospital" into the search box for facility name and click on the three dots icon to find the facility name from the facilities list.



4. Choose **LGH Lions Gate Hospital** and click **Ok**.

This will open up the Patient Information window in **PM Conversation**.

Recall that **PM Conversation** is a section of the CIS that is used for Patient Management (PM) and contains information regarding demographics, encounter information, alerts, patient contacts, etc.

5. Click on the **Encounter Information** tab to access patient information unique to this particular encounter. Remember that **Encounter Information** is dynamic and data entered here will not automatically populate the next time a patient comes back to a facility.



6. Locate the **Isolation Precautions** field and click on the drop down arrow to view the list of isolation types.

The screenshot shows a patient record form with the following fields: Building (LGH Lions Gate), Unit/Clinic (LGH 7E), Room (7EL), Accom Form Signed (No), and Attending Provider (Plisyca, Rocco, MD). A dropdown menu for 'Isolation Precautions' is open, listing options: Airborne, Airborne and Contact, Airborne, Droplet, and Contact, Contact, Contact Plus, Droplet (highlighted with a red box), Droplet and Contact, Droplet and Contact Plus, and Protective.

7. Choose “Droplet” and then click **Complete** to update Isolation Alerts. Note the update on the patient **Banner Bar**.

**Note: Isolation Precautions** can be updated by all clinical and administrative staff. It is a shared task typically completed by the unit clerk.

 **Key Learning Points**

- **Isolation Alerts** are single-select and will not follow a patient across encounters.
- If a patient is on more than one type of isolation, make sure to choose the option that contains all forms of precautions/the highest level of precaution.
- **Isolation Precautions** can be updated by all clinical and administrative staff. It is a shared task typically completed by the unit clerk.

## Activity 3.4 – Document Disclosure Reporting to Relevant Agencies

As an ICP, part of your regular workflow is disclosure reporting of certain conditions to relevant agencies.

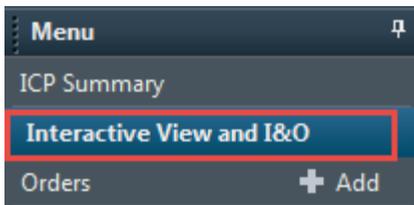
While the act or function of disclosure reporting will not change from the current state, you will be able to document that you contacted the appropriate agencies through the CIS.

**To avoid accessing a new patient for this activity, you will pretend that [Patient C] has received a positive result for measles.**

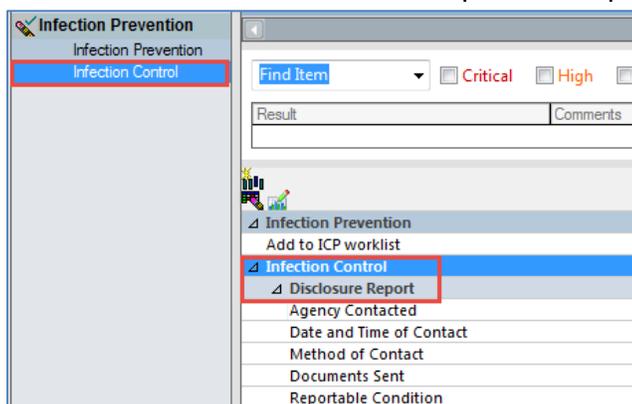
1

### Disclosure Reporting

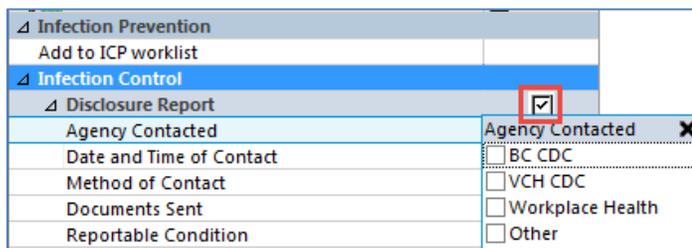
- Under **Menu**, click on **Interactive View and I&O**.



- Click on the **Infection Control** component to open **Disclosure Report** on the page.



- Double-click on the **Disclosure Report** row to begin documenting the subsections associated with it.



- Click on the boxes to choose all relevant agencies you reported to (BC CDC), then press Enter.

- Free text in today's date into the **Date and Time of Contact** box, then press Enter.

Date and Time of Contact	21NOV2017 @1007
Method of Contact	
Documents Sent	
Reportable Condition	

- Under **Method of Contact**, click the box for **Telephone call**, then press Enter.

Method of Contact	Method of Contact <span>✕</span>
Documents Sent	<input type="checkbox"/> Facsimile transmission
Reportable Condition	<input type="checkbox"/> Letter
	<input type="checkbox"/> Secure electronic transmission
	<input checked="" type="checkbox"/> Telephone call
	<input type="checkbox"/> Other

- Under **Documents Sent**, choose Lab results, then press Enter.

Documents Sent	Documents Sent <span>✕</span>
Reportable Condition	<input type="checkbox"/> Consultation report(s)
	<input type="checkbox"/> Data spreadsheet(s)
	<input type="checkbox"/> Diagnostic result(s)
	<input type="checkbox"/> Discharge summary
	<input type="checkbox"/> History and physical
	<input checked="" type="checkbox"/> Lab result(s)
	<input type="checkbox"/> Operative report(s)
	<input type="checkbox"/> Patient demographic summary
	<input type="checkbox"/> Specialized reporting form(s)
	<input type="checkbox"/> Treatment summary
	<input type="checkbox"/> Other

- Scroll through the alphabetical list under **Reportable Conditions** and then choose **Measles**.
- Navigate to the top of the page and click the checkmark icon to sign the document. Note the text within the boxes you have populated will now change from purple to black to illustrate that the content is now signed for.

The screenshot shows the 'Infection Prevention' software interface. On the left, a navigation pane shows 'Infection Prevention' and 'Infection Control'. The main window displays a 'Disclosure Report' for 'Measles'. The report includes the following fields:

Agency Contacted	BC CDC
Date and Time of Contact	Nov 21
Method of Contact	Telephone ...
Documents Sent	Lab result(s)
Reportable Condition	Measles

The 'Disclosure Report' checkbox is checked. The top of the window shows a search bar and filters for 'Critical', 'High', 'Low', and 'Abr'. The date and time are 22-Nov-2017 12:26 PST.

You have now documented that you sent a disclosure report to the relevant agencies.

## Key Learning Points

-  You are still able to edit all fields you have entered information into until you click the **Sign** button. Fields with purple text are still able to be modified, fields with black text have been signed for.

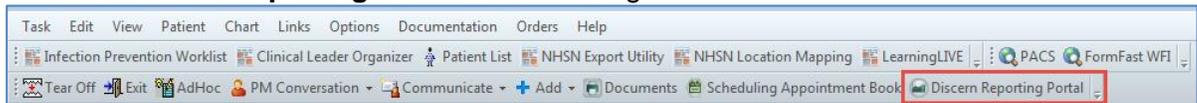
## Activity 3.5 – Generating Reports for Export to Infection Control Databases

Cerner’s ICP profiles come equipped with **Discern Reporting Portal** to provide the ICPs with results for infection surveillance, prevention, and reduction activities.

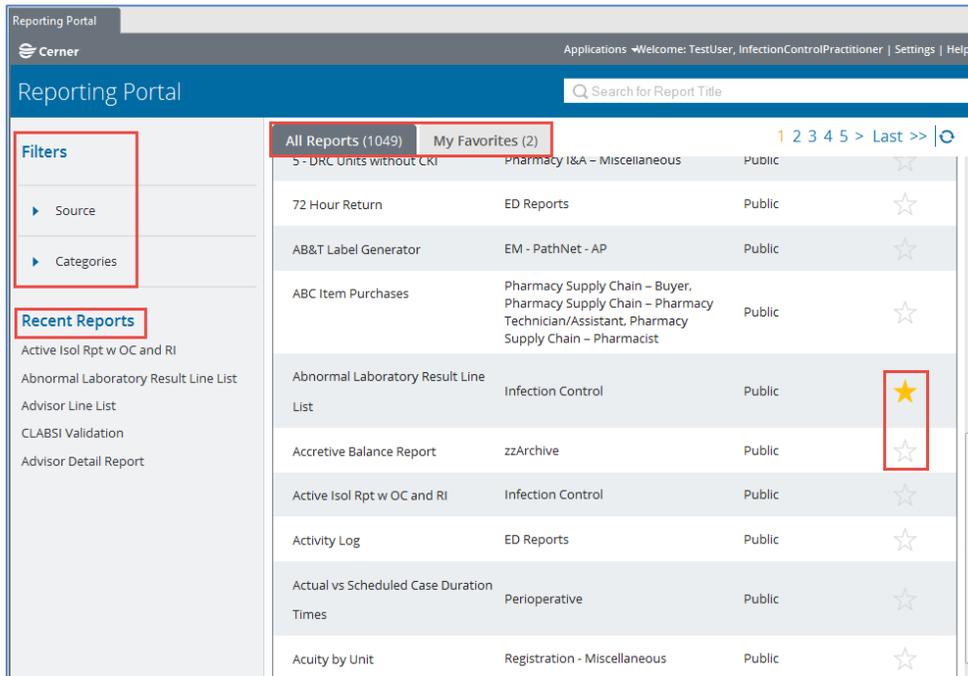
These reports provide the ICP with the information needed for reporting to provincial, federal, and local authorities as well as to maintain compliance with healthcare regulations, rules, and requirements.

### 1 Discern Reporting Portal

1. Click on **Discern Reporting Portal** located along the **Toolbar**.



**Note:** This page may take a while to load, this is normal.



Familiarize yourself with the major components of the Reporting Portal:

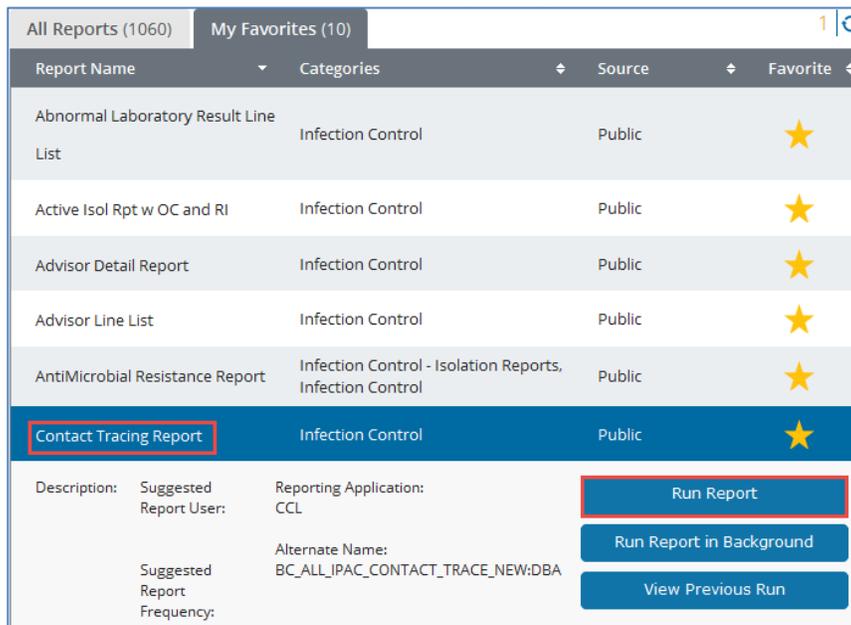
- Reports can be filtered by either **Source** (such as public reports, or personally created report templates) or by **Categories** (such as scheduling, radiology, or infection control). More than one category can be chosen to filter the reports list.
- **Recent Reports** display the last 5 reports selected for quick access of commonly opened reports.
- **Report Tabs** display **All Reports** that fit the filters you selected as well as **My Favorites** reports that have been selected by you to always be short-listed in this tab.
- **Favorite** stars indicate if a report has been added under **My Favorites** tab. A report can be made a favourite by clicking the greyed out star, turning it gold.

## 2 Contact Tracing Report

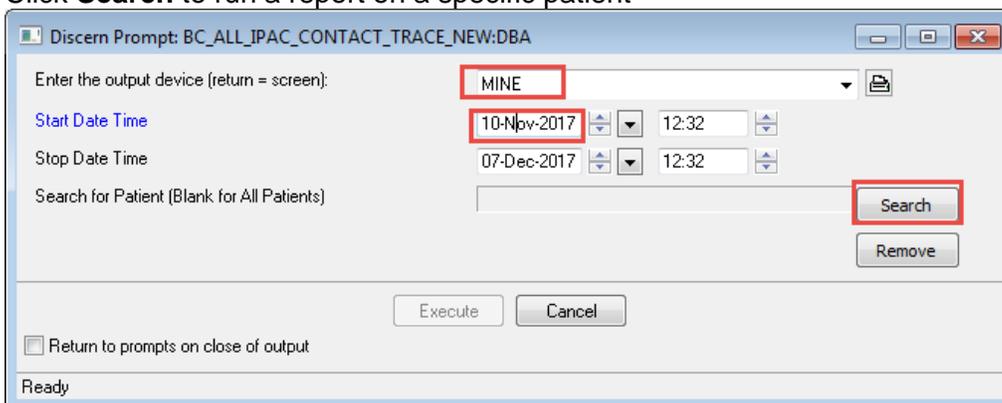
The purpose of the **Contact Tracing Report** is to identify source patient locations and calculate duration of roommate exposure to a communicable disease.

The calculation is done by overlapping the source patient location and timeframe with each roommate timeframe.

1. Click on the search bar and type in **Contact Tracing Report**. The report list will update results as you type.
2. Click **Run Report** to bring up the reporting parameters window.



3. The Contact Tracing Report will request an output device. The default option is your screen.
4. Choose a start date corresponding with your patient’s admission date and leave the end date as today’s date.
5. Click **Search** to run a report on a specific patient



- Enter [Patient C] into the **Person Search** window and select the correct encounter, then click **OK**.

Person Search

BC PHN: \_\_\_\_\_  
MRN: \_\_\_\_\_

Last Name: **cst-itt**  
First Name: **birgir**

DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_  
Any Phone Number: \_\_\_\_\_  
Encounter #: \_\_\_\_\_  
Visit #: \_\_\_\_\_  
Historical MRN: \_\_\_\_\_

Search    Reset

VIP	Deceased	Alerts	BC PHN	MRN	Name	DOB	Age	Gender	Addr
			3876540833	700007397	CST-TTT, BIRGIR	01-Jan-1940	77 Years	Male	530

OK    Cancel

- Review your search parameters and then click **Execute** to generate the report.

Discern Prompt: BC\_ALL\_IPAC\_CONTACT\_TRACE\_NEW:DBA

Enter the output device (return = screen): MINE

Start Date Time: 01-NOV-2017 12:27  
Stop Date Time: 07-Dec-2017 12:27

Search for Patient (Blank for All Patients): CST-TTT, BIRGIR

Search    Remove

Execute    Cancel

Return to prompts on close of output

Ready

The **Contact Tracing Report** contains several key pieces of information to assist in tracking communicable disease spread and exposure:

- All locations that [Patient C] has spent time in as well as all patients that have been in contact with them.
- How long another patient was exposed to [Patient C].
- If the exposed patient has also moved units or beds, the report will show where they have been relocated to.
- If [Patient C] has been discharged or a patient who was exposed to them is discharged, this report will track this information and will also indicate if they have future orders (such as upcoming appointments).

PATIENT_ENTERED_IN_SEARCH	PATIENT_NAME	GUID	ENCNTR_ID	MRN	UNIT	ROOM	BED	EARLIEST_EXP_TIME	LAST_EXP_TIME	TOTAL_TIME_EXPOSED	DISEASE_ALI	ISOLATION_ALERT	DIAGNOSIS
1	CST-TTT, BIRGIR	1	96960937.00	700007397	LGH PF Lab	Exam Room 3		10-NOV-2017 12:32	07-DEC-2017 12:32	648 hours 0 mins			
2	CST-TTT, BIRGIR	2	96966630.00	700007397	LGH 7E	7EL	04	14-NOV-2017 11:07	07-DEC-2017 12:32	553 hours 24 mins		Droplet	Pneumonia
3	CSTDEMOJOSH, DONOTDIS	3	96960377.00	700007482	LGH 7E	7EL	03	14-NOV-2017 11:07	07-DEC-2017 12:32	553 hours 24 mins			Seizure
4	CSTFROMMI, LGH-SEVEN-	4	96961160.00	700007591	LGH 7E	7EL	06	14-NOV-2017 11:07	07-DEC-2017 12:32	553 hours 24 mins			
5	VFPNROWN, LGHA	5	96961292.00	700007610	LGH 7E	7EL	05	14-NOV-2017 11:07	07-DEC-2017 12:32	553 hours 24 mins			
6	CST-TTT, GARFIELD	6	96966591.00	700007580	LGH 7E	7EL	02	14-NOV-2017 11:07	05-DEC-2017 12:30	505 hours 22 mins			
7	WHITE-LEARN, SUSAN	7	96972249.00	700004972	LGH 7E	7EL	02	05-DEC-2017 12:31	07-DEC-2017 12:32	48 hours 0 mins			

### 3 Creating Isolation Report with Order Comments and Reason for Isolation

The **Isolation Report** shows active isolation orders as well as the reason for isolation and order comments. It is sorted by patient location to increase customization and ease of navigating each report.

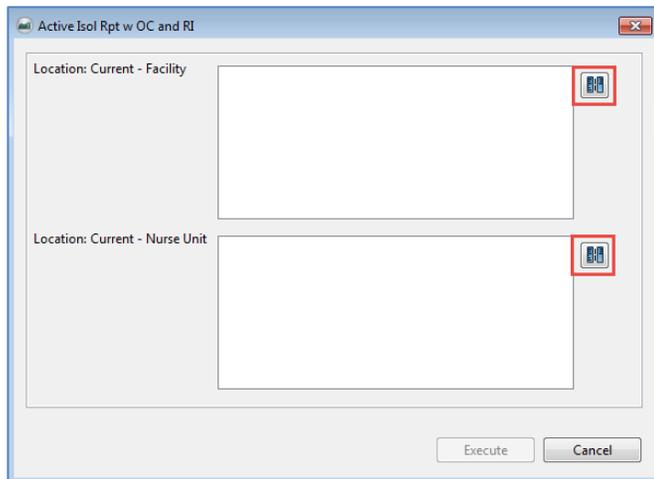
The Isolation Report allows you to group patients in summary for such tasks as rounding on patients, follow-up with attending providers, or reviewing patient care with Patient Care Coordinators.

1. Click on the search bar and type in **Active Isol Rpt with OC and RI**. The report list will update results as you type.
2. Click **Run Report** to bring up the reporting parameters window.

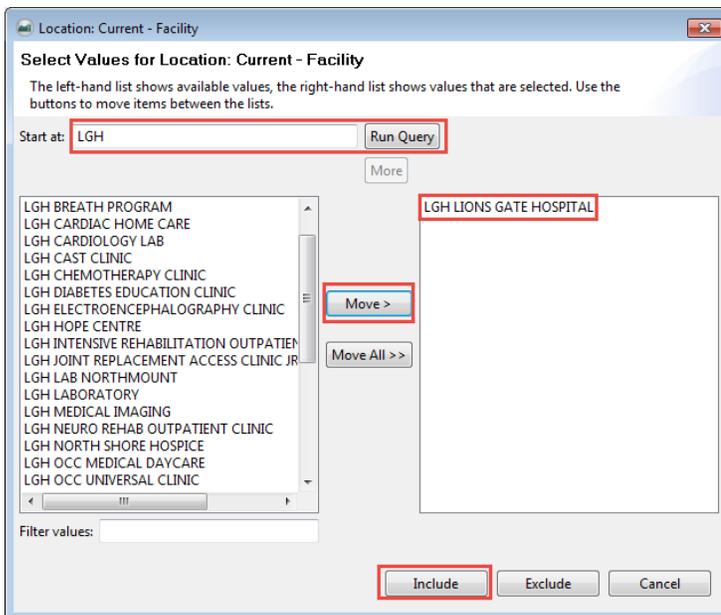


Each report will have differing fields from which to select in order to return the information you desire and for the timeframe you want.

Each field will have a button to the right of the parameter field. Clicking on that button will bring up the available options for the section.

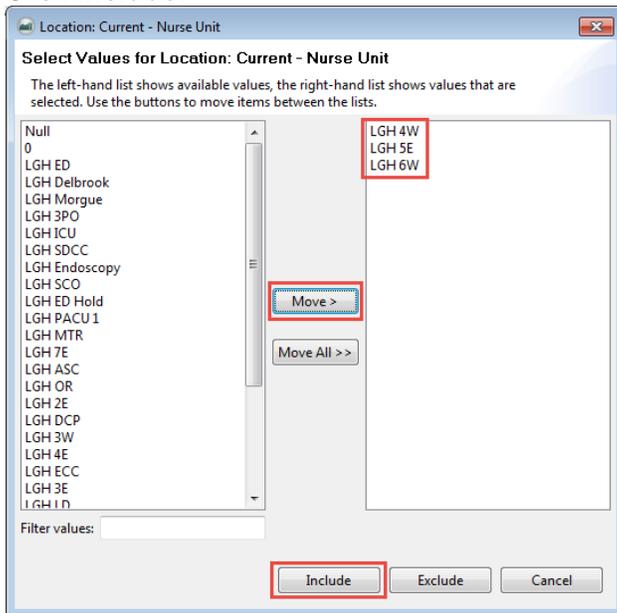


3. Click on the button to the right of the **Location: Current – Facility** field to bring up facility parameters.
4. Type in “LGH” into the search box and click **Run Query** to populate the results field to the left.
5. Scroll down to find **LGH LIONS GATE HOSPITAL** and select it, then click the **Move>** button to populate the the selection field to the right with your choice.
6. Click **Include**.

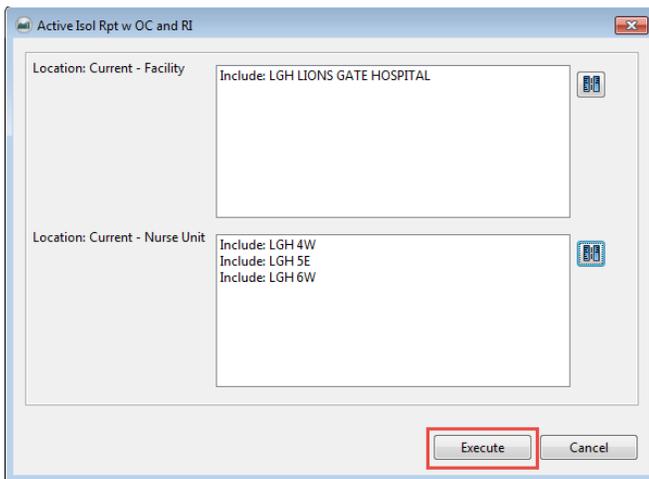


7. Click on the button to the right of the **Location: Current – Nurse Unit** field to bring up the unit parameters.
8. Select **LGH 4W** from the results field and click on the **Move>** button to add your choice to the selection field on the right.
9. Add **LGH 5E** and **LGH 6E** to your selection field as well.

10. Click **Include**.



11. Now that you have your report parameters selected, click **Execute**.



**Note:** Depending on the extent of your report content, this can take up to several minutes

**4 Reading the Isolation Report**

The **Isolation Report** will group patients together by location and includes patient demographics as well as type of isolation, date isolated, reason for isolation, and any additional order comments.



If you wish to add or modify locations included on the report, click the **Change Runtime Prompts** button and repeat the location adding/removing steps.



**Key Learning Points**

- **Discern Reporting Portal** provides ICPs with results for infection surveillance, prevention, and reduction activities.
- Reports can be added to **My Favorites** by clicking the star icon beside them.
- **Contact Tracing Report** is used to identify source patient locations and calculate duration of roommate exposure to a communicable disease.
- **Isolation Report** shows active isolation orders as well as the reason for isolation and order comments.

## End Book One

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review.