

SELF-GUIDED PRACTICE WORKBOOK [N71]
CST Transformational Learning

WORKBOOK TITLE:

UNIT CLERK: MATERNITY

TABLE OF CONTENTS

| | |
|---|----|
| UNIT CLERK: MATERNITY | 1 |
| • TABLE OF CONTENTS | 2 |
| • SELF-GUIDED PRACTICE WORKBOOK | 3 |
| • Using Train Domain | 4 |
| • PATIENT SCENARIO 1 – Patient List | 5 |
| • Activity 1.1 - Set Up a Location Patient List | 6 |
| • PATIENT SCENARIO 2 – Multi-Patient Task List..... | 10 |
| • Activity 2.1 – Set up your view of the Multi-Patient Task List..... | 11 |
| • Activity 2.2 – Review MPTL functionality..... | 14 |
| • Activity 2.3 – Review Patient Tasks | 15 |
| • Activity 2.4 - Document a Patient Task as Complete..... | 17 |
| • PATIENT SCENARIO 3 – Accessing and Navigating the Patient Chart | 19 |
| • Activity 3.1 – Introduction to Banner Bar, Toolbar, and Menu | 20 |
| • Activity 3.2 – Add a Pregnancy and Antenatal Record | 22 |
| • Activity 3.3 – Introduction to Women’s Health Overview | 32 |
| • Activity 3.4 – Orders Profile | 33 |
| • Activity 3.5 – Review Order Statuses and Details | 35 |
| • PATIENT SCENARIO 4 –Conversation Launcher & PM Conversation..... | 36 |
| • Activity 4.1 – Bed Transfer: Patient Not on Tracking Shell | 37 |
| • Activity 4.2 – Bed Transfer: Patient on Tracking Shell..... | 42 |
| • Activity 4.3 – Update Patient Information | 45 |
| UNIT CLERK: RURAL ADD-ON..... | 47 |
| • Activity 1.1 – Introduction to Patient Summary..... | 48 |
| • End of Workbook | 49 |

✚ SELF-GUIDED PRACTICE WORKBOOK

| | |
|-------------------------------|---|
| Before getting started | <ul style="list-style-type: none">■ Sign the attendance roster (this will ensure you get paid to attend the session).■ Put your cell phones on silent mode. |
| Session Expectations | <ul style="list-style-type: none">■ This is a self-paced learning session.■ The workbook provides a compilation of different scenarios that are applicable to your work setting.■ Each scenario will allow you to work through different learning activities at your own pace to ensure you are able to practice and consolidate the skills and competencies required throughout the session. |
| Key Learning Review | <ul style="list-style-type: none">■ At the end of the session, you will be required to complete a Key Learning Review■ This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios. |

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 – Patient List

Learning Objectives

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

- Create a Location Patient List

SCENARIO

You arrive on the unit and begin by logging in and setting up the appropriate lists of patients that you will use throughout the day.

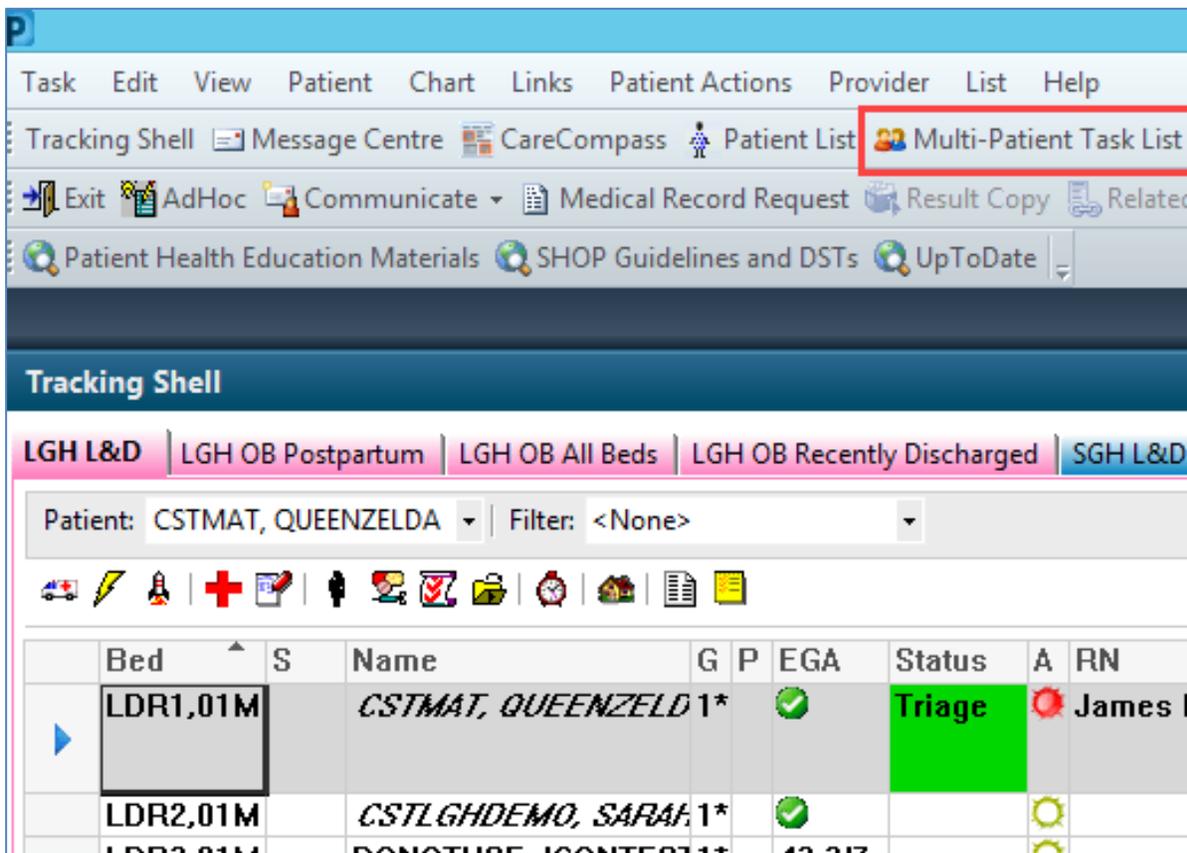
As a Unit Clerk you will be completing the following activities:

- Set-up a Location Patient List

Activity 1.1 - Set Up a Location Patient List

- 1 Once you have logged into the system you will see the **Tracking Shell**. Many of your common tasks can be done through Tracking Shell without entering the patients' charts. Take a moment to review your screen and the many buttons within the top toolbar.

Many patient-related tasks are completed through **Multi-Patient Task List (MPTL)**.



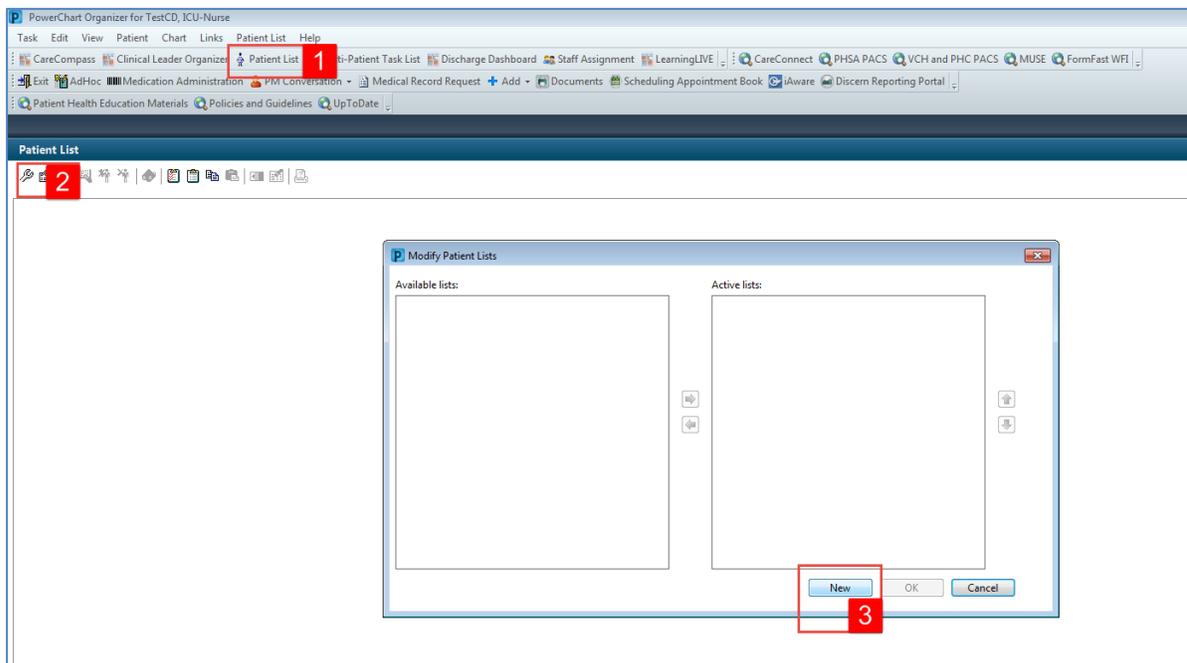
The screenshot shows the Tracking Shell interface. At the top, there is a menu bar with options: Task, Edit, View, Patient, Chart, Links, Patient Actions, Provider, List, Help. Below the menu bar, there are several icons and buttons, including 'Tracking Shell', 'Message Centre', 'CareCompass', 'Patient List', and 'Multi-Patient Task List'. The 'Multi-Patient Task List' button is highlighted with a red box. Below the menu bar, there is a toolbar with icons for 'Exit', 'AdHoc', 'Communicate', 'Medical Record Request', 'Result Copy', and 'Related'. Below the toolbar, there is a section for 'Patient Health Education Materials', 'SHOP Guidelines and DSTs', and 'UpToDate'. The main area of the interface is titled 'Tracking Shell' and contains several tabs: 'LGH L&D', 'LGH OB Postpartum', 'LGH OB All Beds', 'LGH OB Recently Discharged', and 'SGH L&D'. Below the tabs, there is a search bar for 'Patient: CSTMAT, QUEENZELDA' and a 'Filter: <None>' dropdown. Below the search bar, there is a toolbar with icons for various actions. Below the toolbar, there is a table with columns: Bed, S, Name, G, P, EGA, Status, A, RN. The table contains three rows of patient data.

| Bed | S | Name | G | P | EGA | Status | A | RN |
|----------|---|-----------------------|---|---|--------|--------|---|---------|
| LDR1,01M | | CSTMAT, QUEENZELD 1* | | | ✓ | Triage | 🚨 | James E |
| LDR2,01M | | CSTLGHDEMO, SARAH 1* | | | ✓ | | 🚨 | |
| LDR3,01M | | DONOTUSE - CONTACT 1* | | | 13-217 | | 🚨 | |

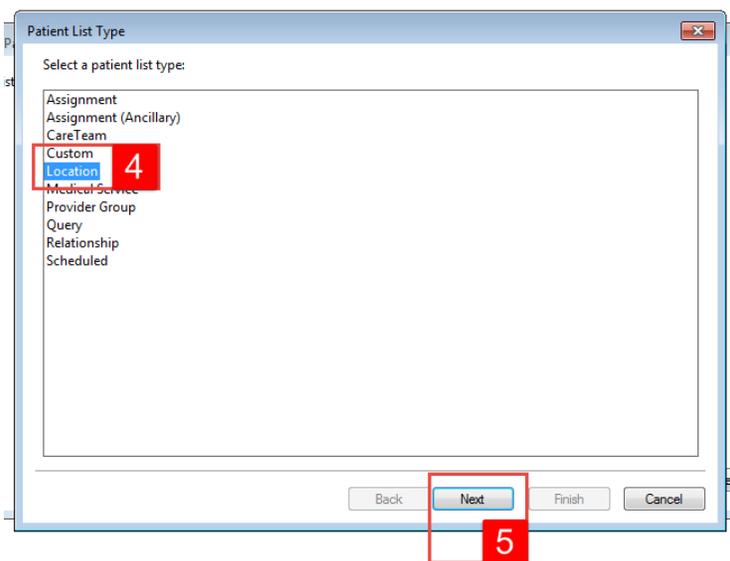
Before you can use the **MPTL** you will need to set-up a patient list. The **Patient List** can be set-up by a variety of methods. In this activity we will learn to set-up a patient list based on a specific unit/floor you select.

To set-up the **Patient List**:

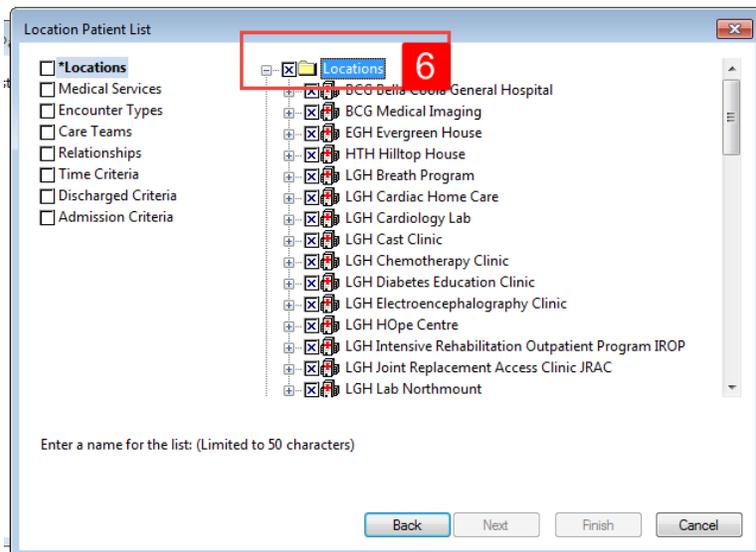
1. Select the **Patient List**  from the **Toolbar** at the top of the screen.
2. The screen will be blank. To create a location list, click the **List Maintenance** icon . When you hover over the wrench it will say List Maintenance .
3. Within the **Modify Patient Lists** window, select **New** in the bottom right corner.



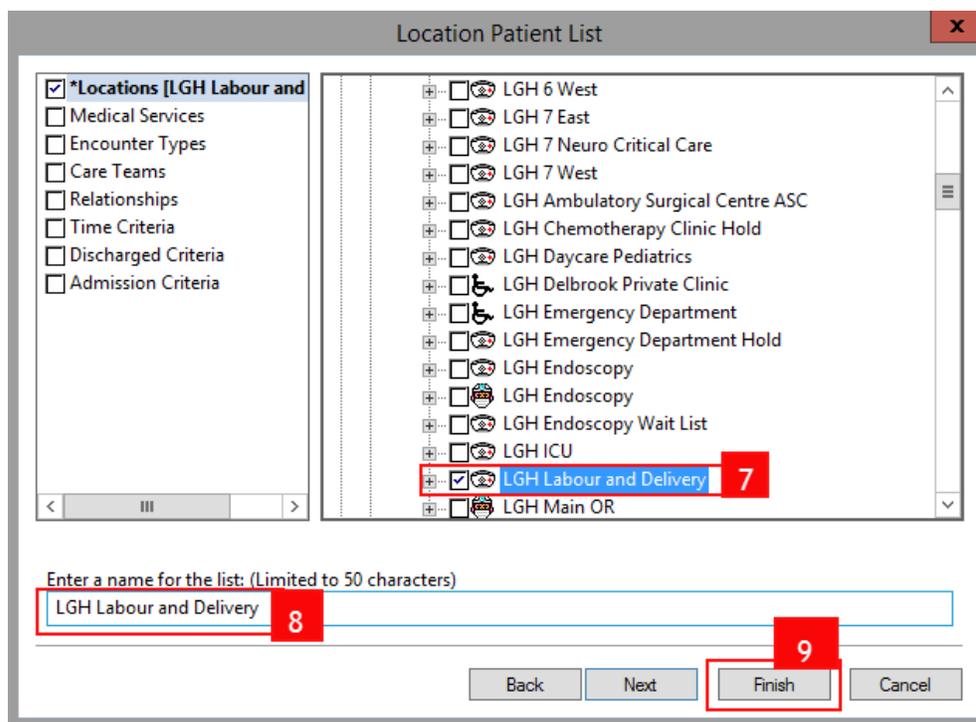
4. From the **Patient List Type** window select **Location**.
5. Click **Next**.



- In the **Location Patient List** window a location tree will be on the right hand side. Expand the list of locations by clicking on the tiny **plus** [+] sign next to **Locations**.



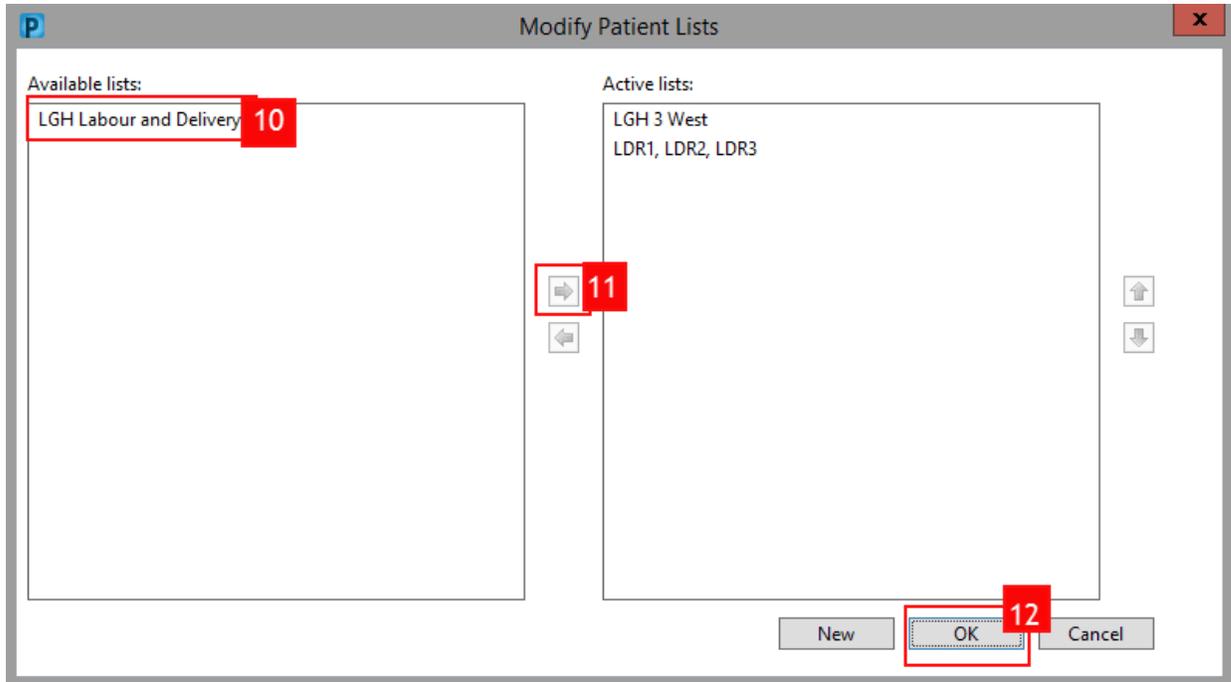
- Scroll down until you find the location assigned to you. (You may need to further expand a facility to select your specific unit. To select check the box next to the unit name.
- All patient lists need a name to help identify them. Location lists are automatically named for the location you select.
- Click **Finish**



10. In the **Modify Patient Lists** window select the **Location** list you've created.

11. Click the **blue arrow** icon  to move the **Location** to the right, under **Active Lists**.

12. Click **OK** to return to **Patient Lists**. Your Location list should now appear.



Key Learning Points

- Patient List can be accessed by clicking on the Patient List icon in the Toolbar.
- You can set up a Patient List based on location.

PATIENT SCENARIO 2 – Multi-Patient Task List

Learning Objectives

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

- Set up Multi-Patient Task List (MPTL)
- Review and complete patient tasks in MPTL

SCENARIO

In this scenario, you will use the Multi-Patient Task List (MPTL) to identify your patients and help organize your day.

As an Unit Clerk you will complete the following activities:

- Set up your view of the Multi-Patient Task List (MPTL)
- Review MPTL functionality
- Review patient tasks
- Complete patient tasks

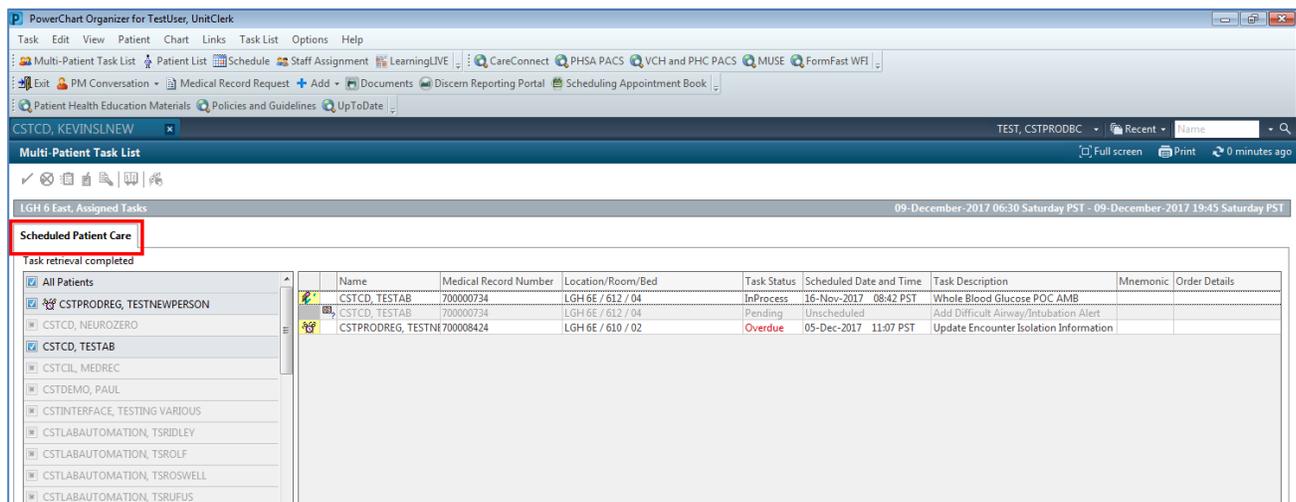
Activity 2.1 – Set up your view of the Multi-Patient Task List

- 1 The **Multi-Patient Task List (MPTL)** displays your patient list and a list of tasks associated to the patients. Tasks are activities that need to be completed for the patients. Tasks are generated by certain orders or rules in the system and show up in a list format to notify you to complete specific patient care activities. They are meant to supplement your current paper to-do list and highlight activities that are outside of regular care.

To navigate to the MPTL:

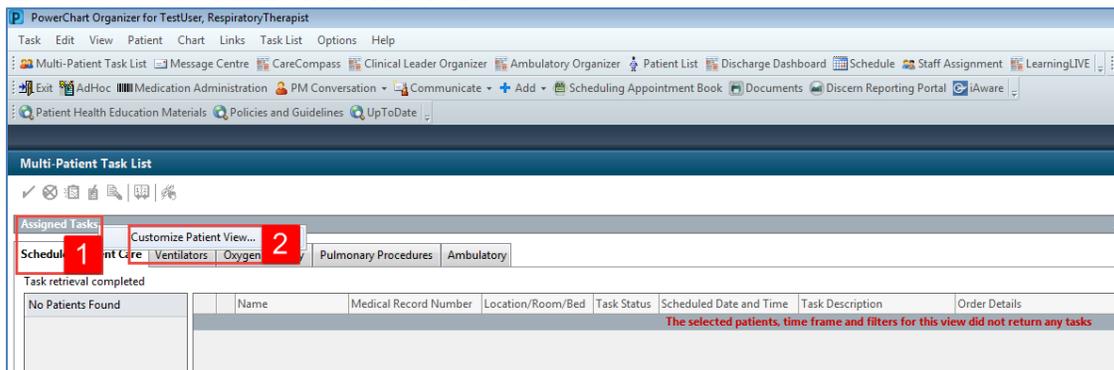
Click on the **Multi-Patient Task List**  on the tool bar

The **MPTL** for Unit Clerks has only one tab for **Scheduled Patient Care** tasks. The tab (task category) is used to group tasks.



- 2 The first time you log in, you will need to set up the **MPTL**. To do this you need to select the appropriate **Patient List** and **Time Frame** to display.

1. Right-click on **Assigned Tasks** in the grey information bar.
2. Select **Customize Patient View**

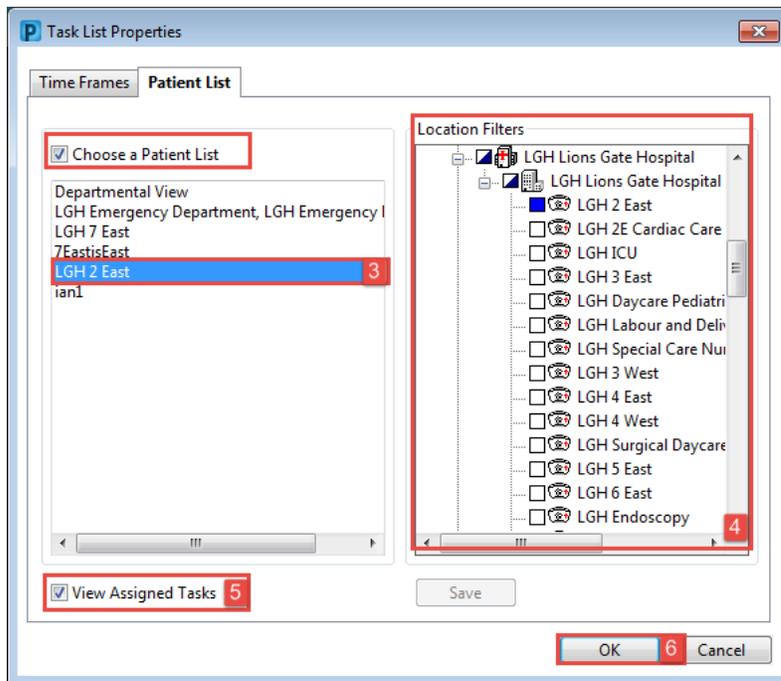


Within the **Task List Properties** window:

3. In the Patient List tab, ensure **Choose a Patient List** is selected and select the **Location Patient List** that you had previously created.

Note: Only choose locations for units you are working on. If you choose an entire hospital or too many locations, the system might not be able process all the tasks in the **MPTL**. Alternatively, you can set up several separate locations based lists.

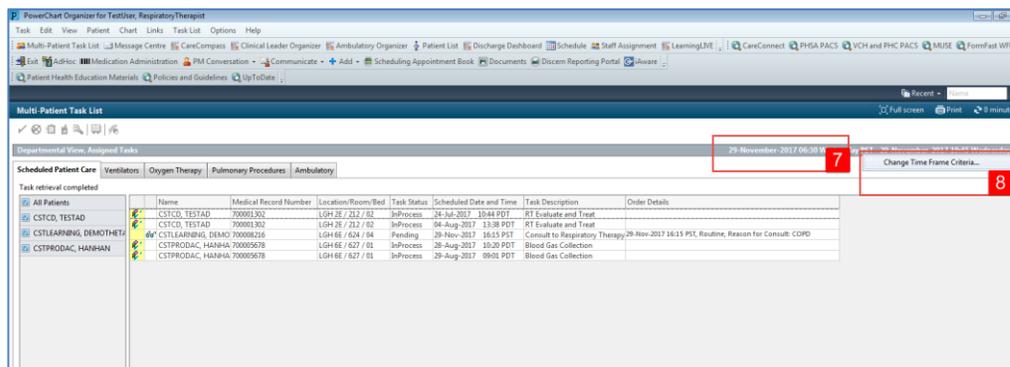
4. Ensure **View Assigned Tasks** is checked as this will ensure tasks display on your **MPTL**.
5. Click the **OK** button.



After selecting the appropriate Patient List you will set up **Defined Time Frame** for viewing tasks.

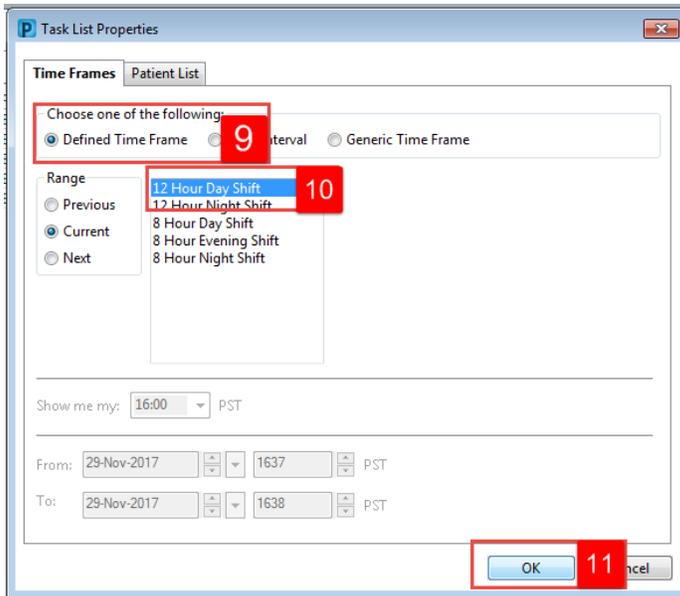
To select appropriate **Time Frame** for your MPTL:

6. Right-click the **date range** in the far right hand side of the grey information bar
7. Select **Change Time Frame Criteria**. This will open the **Task List Properties** window.



Within the **Task List Properties** window:

9. Select **Defined Time Frame** for your shift.
10. Select **12 Hour Day Shift**
11. Click the **OK** button



The **Scheduled Patient Care** tab within MPTL is now set with the correct patients and their tasks.

Key Learning Points

- The Tracking Shell is the first page you will see upon logging in. Set up a custom list to view MPTL.
- The MPTL is a tool used to display tasks for multiple patients.
- You must select the location patient list and define the appropriate time frame in order to see assigned tasks for your patients.
- Click Refresh  to ensure you can see the most current tasks.

Activity 2.2 – Review MPTL functionality

1 Now that you have set up your view of the **Multi-Patient Task List**, you will be able to review the following:

1. Task list toolbar - hover over the **icons** to discover their functions.
2. Information bar with name of the patient list (far left) and the set time frame (far right).
3. Task categories (tabs) – to group tasks.
4. Navigator window displays a list of your patients
5. List of patient tasks. Task names are displayed on the **Task Description** column.

The screenshot displays the 'Multi-Patient Task List' window in PowerChart Organizer. At the top, there is a toolbar with various icons for task management. Below the toolbar is an information bar showing 'LGH 2 East, Assigned Tasks' and a time range from '15-December-2017 06:30 Friday PST' to '15-December-2017 19:45 Friday PST'. A tab labeled 'Scheduled Patient Care' is active. On the left, a navigator window lists 'All Patients' with a scrollable list of names, including 'CSTAMBTEST, JAMIE'. The main area shows a table of tasks for the selected patient.

| Name | Medical Record Number | Location/Room/Bed | Task Status | Scheduled Date and Time | Task Description | Mnemonic | Order |
|-------------------|-----------------------|-------------------|-------------|-------------------------|-------------------------|----------------------------------|---------|
| CSTAMBTEST, JAMIE | 700006640 | LGH 2E / 206 / 01 | Overdue | 13-Dec-2017 15:05 PST | Schedule Procedure/Test | Pulmonary Function Test Complete | 13-Dec- |

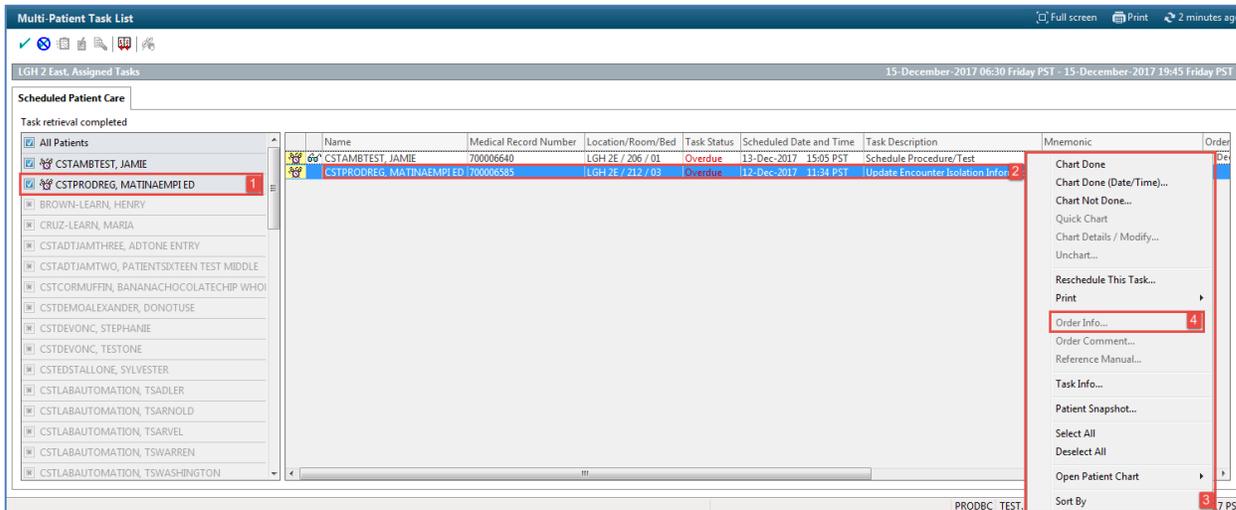
Key Learning Points

- Components of the MPTL include the Task list toolbar, Information bar, Task categories, Navigator, and List of patient tasks.

Activity 2.3 – Review Patient Tasks

1 After setting up the Multi-Patient Task List you can see the patients that are on your unit with orders or tasks associated to them. Let’s locate a patient and review one of their tasks.

1. Under the **Navigator** window with patient names, locate the correct patient, **<OB-UC, First Name>**
2. Review task(s) associated with your patient.
3. Right click on the task associated with your patient: **IP Consult to Ethicist (IP=inpatient)**



Certain orders will have **Order Information** attached to it and additional information can be reviewed by the user.

4. If that option is available, select **Order Info...** to learn more about the order.

For the following steps, please review screenshot below.

5. The **Order Information** window opens. You can click the different tabs to review the order information.

6. Click the **Exit** icon  to close the window when you finish reviewing the information.



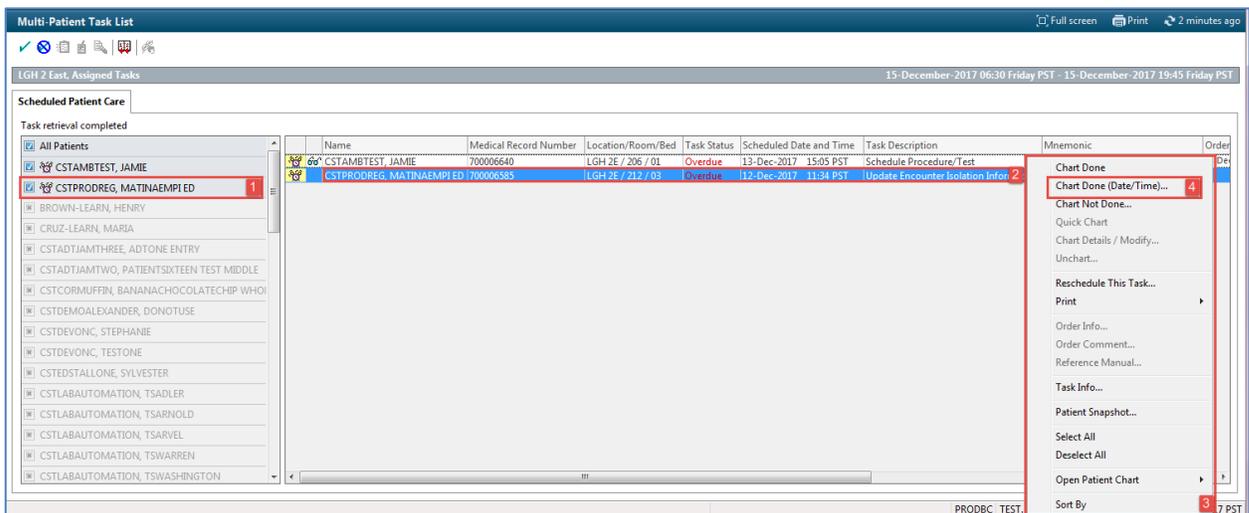
Key Learning Points

-  Certain orders or tasks will appear on your MPTL to action.
-  You can review additional information for certain orders by clicking on Order Information.

Activity 2.4 - Document a Patient Task as Complete

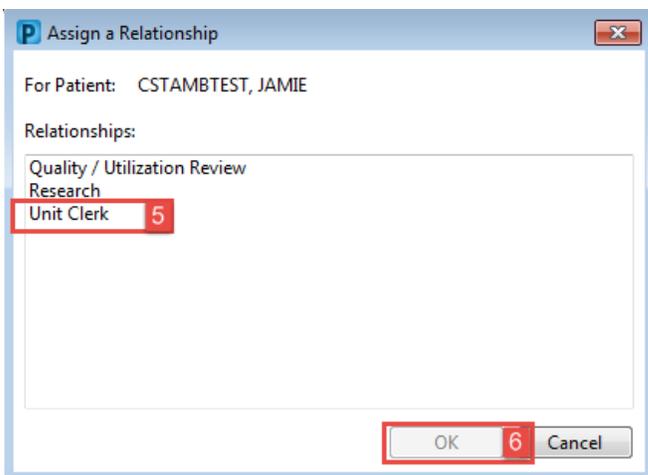
1 As you review patient tasks and complete orders, it is important to document tasks as complete. Documenting that a task has been completed will allow the task to be cleared from your **Multi-Patient Task List** and will declutter your MPTL with remaining tasks that you need to complete.

1. Under the **Navigator** window with patient names, locate the correct patient and click on **[patient name]**.
2. Review task(s) associated with your patient.
3. Right click on the task associated with your patient (**IP Consult to Ethicist**)
4. Click **Chart Done (Date/Time)...**



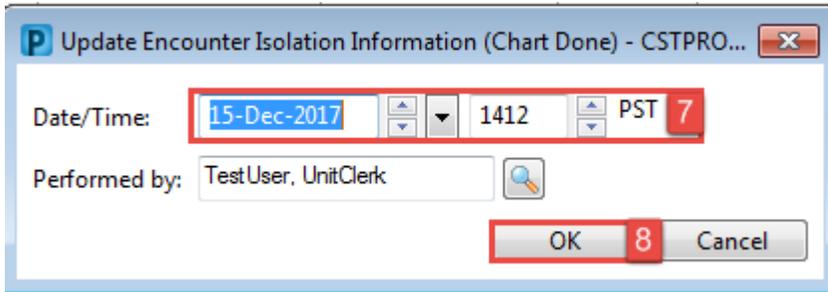
5. You will be asked to establish a relationship with the patient before you can open the patient's chart or proceed with completing a task. Select **Unit Clerk** in the **Assign a Relationship** window.

6. Click **OK**



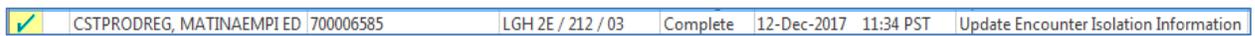
The **Chart Done** window opens.

7. Review the **Date/Time** cells in the **Chart Done** window and adjust details as needed.
8. Click **OK**



Note: The task can also be documented as Chart Not Done or Reschedule Task.

9. The task now will now have a **Chart Done** icon  next to it.



10. Click **Refresh**  near the top right corner of the screen and the task will fall off the task list.

Key Learning Points

- Document the task as Chart Done in the MPTL only after you have completed the action associated to the task.
- Click refresh after completing the task so it will fall off the task list.

■ PATIENT SCENARIO 3 – Accessing and Navigating the Patient Chart

Learning Objectives

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

- Access patient chart and review information including Women’s Health Overview, Orders and more

SCENARIO

After setting up the MPTL you can access your patient’s chart.

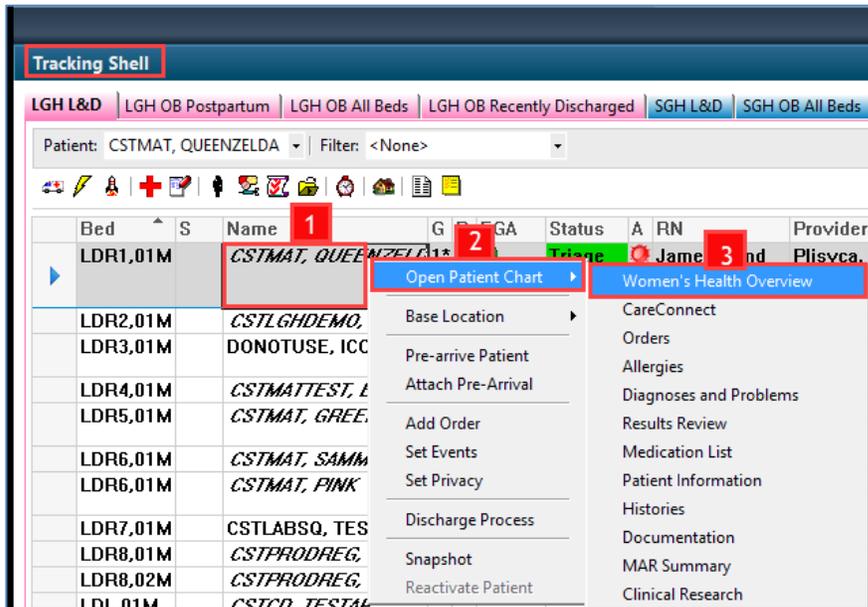
As a Unit Clerk, you will be completing the following activities:

- Review patient information
- Add a Pregnancy
- Transcribe Antenatal Record
- Review the Orders Profile

Activity 3.1 – Introduction to Banner Bar, Toolbar, and Menu

- 1 After reviewing your patient’s tasks, you will access the patient’s chart directly from **Tracking Shell**.
 1. Right click on the **patient’s name**
 2. Select **Open Patient Chart**
 3. Select **Women’s Health Overview**

You can also access the Patient Chart from the Patient List.

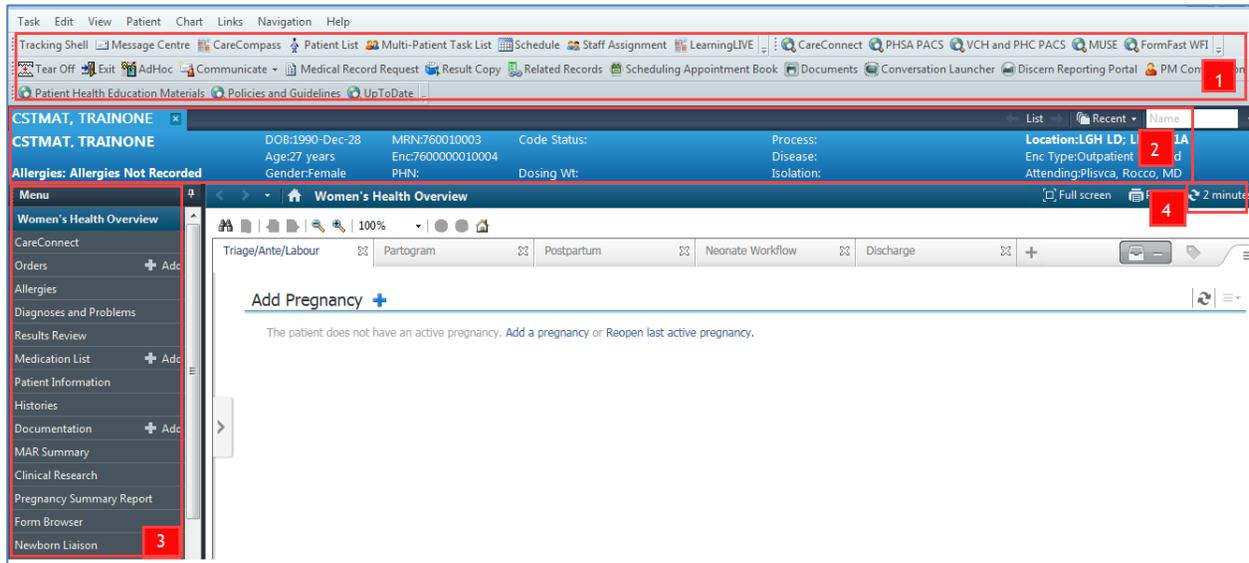


- 2 The patient’s chart is now open to the **Women’s Health Overview** page. Before we proceed any further, let’s go through an overview of the general screen.
 1. The **Toolbar** is located above the patient’s chart and it contains buttons that allow you to access various tools within the Clinical Information System.
 2. The **Banner Bar** displays patient demographics and important information that is visible to anyone accessing the patient’s chart. Information displayed includes:

- Name
- Allergies
- Age, date of birth, etc.
- Encounter type and number
- Code status
- Weight
- Process, disease and isolation alerts
- Location of patient
- Attending Physician

3. The **Menu** on the left allows access to different sections of the patient chart. This is similar to the coloured dividers within a paper-based patient chart. Examples of sections included are Orders, Medication Administration Record (MAR) and more.
4. The **Refresh** icon  updates the patient chart with the most up to date entries when clicked. It is important to click **Refresh** frequently as other clinicians may be accessing and documenting in the patient chart simultaneously.

Note: The chart does not automatically update. When in doubt, click **Refresh**



Key Learning Points

- The Toolbar is used to access various tools within the Clinical Information System.
- The Banner Bar displays patient demographics and important information.
- The Menu contains sections of the chart similar to your current paper chart.
- The patient chart should be refreshed regularly to view the most up-to-date information.

Activity 3.2 – Add a Pregnancy and Antenatal Record

- 1 Upon accessing the patient’s chart you will see the **Women’s Health Overview** page open and the **Triage/Ante/Labour** tab is selected. No pregnancy data will be shown until the patient has had a pregnancy added.

Usually it is the arrival of the patient’s pre-registration form and antenatal record that prompts the unit clerk to begin this process (at ~20 weeks gestation).

The **pre-registration** process includes:

1. Pre-registering a patient and creating a “Pre-Outpatient in a Bed” encounter (completed by main registration clerk when he/she receives patient's registration forms at ~20 weeks).
2. Attaching the BC Antenatal Record Part 1 and 2 forms from Work Queue Manager to PowerChart (completed by OB unit clerk)
3. Adding a pregnancy and modifying the EDD (completed by OB unit clerk)
4. Transcribing information from the BC Antenatal Record Part 1 and 2 to the Antenatal Record PowerForm (completed by OB unit clerk)
 - a. Obstetrical History (Section 3)
 - b. Prenatal Investigations and Results (Section 13)
 - c. Weight History (Pre-pregnant Weight and Height) (Section 14)

Let’s Add a Pregnancy:



1. Click **Add Pregnancy** to open the **Add Pregnancy** window. The information entered here would be taken from the Antenatal Record Part 1 section 4.

| <input type="checkbox"/> Yes (reaction) | | | | | | | | | | | | |
|---|-----------------------------|--------------------|----------------|---------------------------|---|---------------|----------------------------|---------------------|-------------------------|-------------------|----------------|--|
| 3. Obstetrical History | | Gravida | Term | Preterm | Abortion (Induced _____ Spontaneous _____) | | Living | Children | | | | |
| Date | Place of birth/ abortion | Hrs. in labour | Gest. age | Type of birth | Perinatal complications | | | Sex | Birth Weight | Breastfed | Present health | |
| | | | | | <div style="border: 1px solid green; padding: 5px; display: inline-block;"> BC Antenatal Record, Part 1, Section 4 </div> | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4. LMP (DD/MM/YYYY) | | Menses cycle | Contraceptives | When stopped (DD/MM/YYYY) | EDD by dates (DD/MM/YYYY) | | Confirmed EDD (DD/MM/YYYY) | 1st US (DD/MM/YYYY) | GA by US (WEEKS - DAYS) | | | |
| 5. Present Pregnancy | | 7. Medical History | | 8. Lifestyle & Social | | | | | | | | |
| No | | Yes (specify) | | No | | Yes (specify) | | Discussed | | Concerns Referred | | |

Notice that **Onset: Date** field is **yellow**, meaning mandatory. All appropriate data from the Antenatal Record would be copied here.

2. The **Add Pregnancy** window opens.
3. In the **Onset: Date** field, choose a date about 10 months ago.
 - Note: In real life, you would enter the LMP date from the BC Antenatal Record Part 1, Section 4.
4. In the **Onset Date** field, select "Use as LMP Date"
5. Ensure the **Number of Gestations = Number of Baby Labels** is correct
 - Note:** This field is defaulted to 1 = Baby A for singletons; for multiples gestations, select the appropriate number of babies.
6. Click **OK**

The screenshot shows the 'Add Pregnancy' form with the following elements highlighted by red boxes and numbered callouts:

- 2:** The 'Add Pregnancy' title bar.
- 3:** The 'Onset Date' field containing '11-Dec-2017'.
- 4:** The 'Onset Date' radio button options, with 'Use as LMP Date' selected.
- 5:** The 'Number of Gestations = Number of Baby Labels' dropdown menu, with '1 = Baby A' selected.
- 6:** The 'OK' button at the bottom right.

- After you click **OK**, you will be returned to the **Triage/Ante/Labour** tab of the **Women's Health Overview**. You will see that now more information is viewable on the page.
- To modify the EDD, scroll to the **EDD Maintenance** component and click on **Modify EDD** (highlighted in blue).

The screenshot shows the 'Women's Health Overview' page with the following elements highlighted by red boxes and numbered callouts:

- 7:** The 'Triage/Ante/La...' tab in the top navigation bar.
- 7:** The 'EDD Maintenance (1)' component header.
- 8:** The 'Modify EDD' button in the table below.

| EDD | EDD Method | EDD Date | EDD Method | Documented By | Comment |
|--------------|-----------------------|--------------|----------------|--------------------|---------|
| ✓ 17/09/2018 | Last Menstrual Period | (11/12/2017) | Ultrasound EGA | TestMAT, Nurse-OB3 | |

9. The **EDD Maintenance** window will open.
10. In the **Method** section, select Ultrasound from the dropdown list. The **Date of Method** and **EGA by Ultrasound** fields will become mandatory fields (highlighted in yellow).
11. In the **Date of Method** field, select a date about 6 months ago.

Note: In real life, you would enter the 1st US date from the BC Antenatal Record (Section 4).

12. In the **EGA by Ultrasound** field, document 8 weeks.

Note: In real life, you would enter the GA by US from the BC Antenatal Record (Section 4).

13. The **EDD** and **Current EGA** will auto-calculate. Adjust the EDD as needed in the EDD field.

14. Click **OK**

The Pregnancy Overview will now show the updated EDD and EGA.

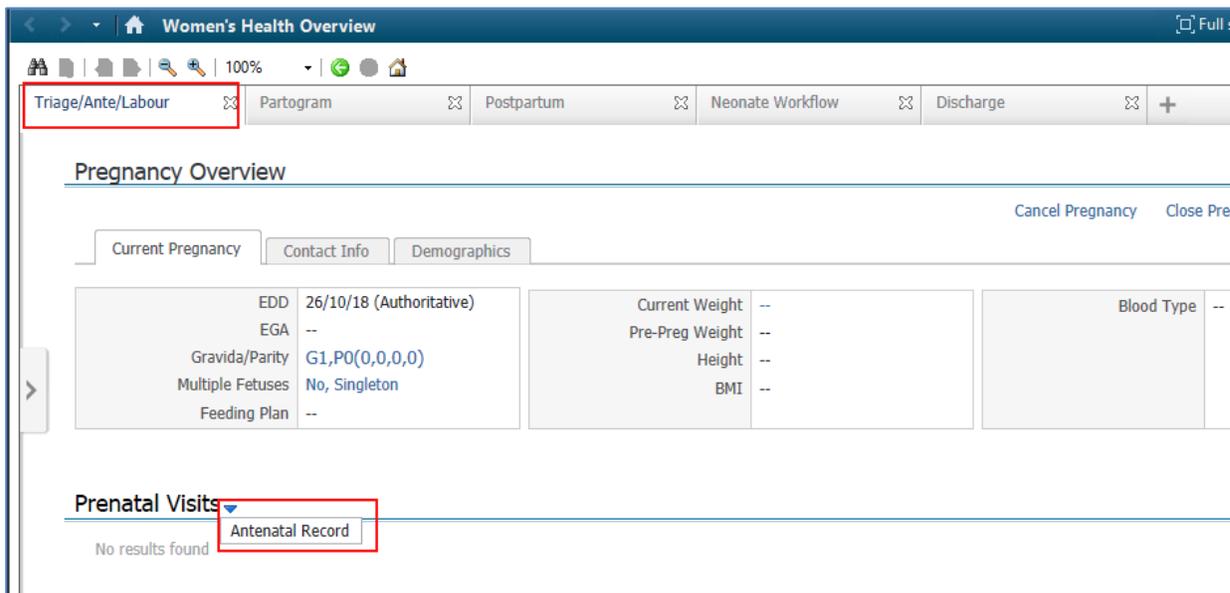
You will only need to add a pregnancy once for a patient. The pregnancy will remain active until it is closed.

Note that this "Pre-Outpatient in a Bed" encounter is to be used when the patient presents in labour. If this "Pre-Outpatient in a Bed" encounter is used and the patient is discharged home undelivered (for example, in early labour), then another "Pre-Outpatient in a Bed" encounter will need to be created for use when the patient returns for subsequent labour assessments.

Now you need to continue transcribing additional data from the BC Antenatal Record.

To continue transcribing data from the Antenatal Record, click the **blue arrow** next to **Prenatal Visits** on the Triage/Ante/Labour tab.

Text will appear which says **Antenatal Record**. Click the text.



The **Antenatal Record** window will open. Based on data from the BC Antenatal Record Part 1 and 2, Sections 3, 13, and 14, you will transcribe information into the Obstetrical History, **Prenatal Investigations and Results** and **Weight History** sections of the **Antenatal Record PowerForm**.

| 3. Obstetrical History | | | | | Gravida | Term | Preterm | Abortion (Induced _____ Spontaneous _____) | | Living | Children | | | |
|------------------------|-----------------------------|-------------------|----------------|---------------------------|---------------------------|----------------------------|---------------------|--|--|--------|----------|--------------|-----------|----------------|
| Date | Place of birth/ abortion | Hrs. in labour | Gest. age | Type of birth | | | | Perinatal complications | | | Sex | Birth Weight | Breastfed | Present health |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4. LMP (DD/MM/YYYY) | | Menses cycle | Contraceptives | When stopped (DD/MM/YYYY) | EDD by dates (DD/MM/YYYY) | Confirmed EDD (DD/MM/YYYY) | 1st US (DD/MM/YYYY) | GA by US (WEEKS + DAYS) | | | | | | |
| | | | | | | | | | | | | | | |

| | | | |
|--|-----------|--|--|
| 13. Investigations / Result | | Rubella titre | Prenatal Genetic Screening |
| ABO group | Rh factor | <input type="checkbox"/> PP vaccination indicated | Type Result |
| Antibody titre (DD/MM/YYYY) Results | | S.T.S. | Gest. diabetes screen (24–28 wks) |
| 1 | | HIV test done <input type="checkbox"/> Yes <input type="checkbox"/> No | (DD/MM/YYYY) Result |
| 2 | | HBsAg done (DD/MM/YYYY) | GBS screen (35–37 wks) |
| Rhig given (DD/MM/YYYY) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 | | <input type="checkbox"/> Negative | (DD/MM/YYYY) Result |
| 2 | | <input type="checkbox"/> Positive | <input type="checkbox"/> Copy to hospital |
| Hemoglobin | | <input type="checkbox"/> Partner/household contact | Edinburgh Postnatal Depression Scale |
| 1st 3rd | | <input type="checkbox"/> NB vaccination indicated | (28–32 weeks) |
| Urine C & S result | | Other tests (e.g. Hep C, TSH, Varicella) | (DD/MM/YYYY) Score |
| | | | Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No |

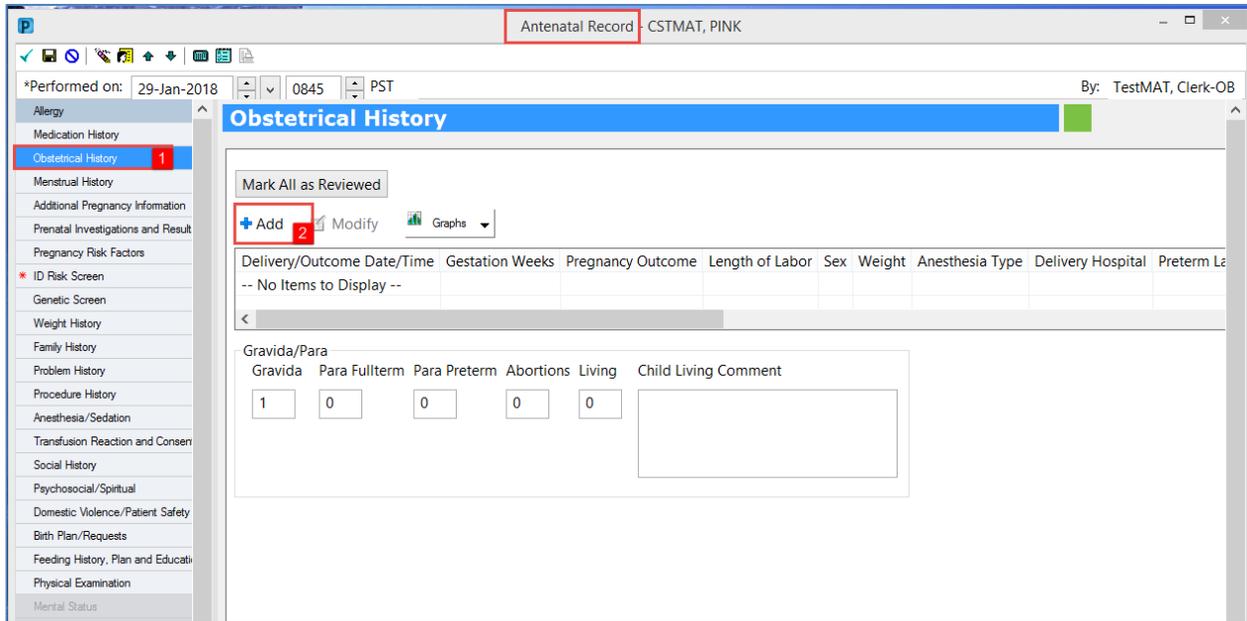
| | | | | | | | |
|----------------|--|--------------------------|-------------|------------------|----------------------------|--|-------|
| 14. Age | | Pre-pregnant weight (kg) | Height (cm) | LMP (DD/MM/YYYY) | Confirmed EDD (DD/MM/YYYY) | Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No | Breat |
| | | | | | | | Post |
| | | | | | | | Newt |

For your practice, enter the following (note not every box or field needs to be filled in)

Note: If the patient does not have any obstetrical history, you do not need to complete this section since the system will default her as a Gravida 1, Para 0 (G1P0).

Let's add the obstetrical history for a patient who is a Gravida 2, Term 1, Preterm 0, Abortion 0, Living 1

1. Click on Obstetrical History from the menu to open the section in the Antenatal Record PowerForm.
2. Click the  Add icon to add details of the obstetrical history.



3. A 'Baby A' section with mandatory fields highlighted in yellow will open. Notice that the Gravida automatically updates to '2'.

Document the following:

Delivery/Outcome Date/Time = January 31, 2016

Gestation at Birth = 40 Weeks, 0 Days

Pregnancy Outcome/Result = Vaginal

Neonate Outcome = Live Birth

4. Click **OK**.

*Performed on: 29-Jan-2018 0845 PST

Obstetrical History

0 0 0 0

Gravidity: 2, Para Fullterm: 0, Para Preterm: 0, Abortions: 0, Living: 0

Baby A

+ Add Baby

*Delivery/Outcome Date/Time: [Date], *Gestation at Birth: [Weeks] [Days], *Pregnancy Outcome / Result: [Outcome], Length of L: [hrs]

Child's Sex: [Sex], Infant's Weight: [lbs] [oz] [gms], Anesthesia Type: [Type], Delivery Hospital: [Hospital], Preterm La: [Preterm]

Mother Complications: [Complications], Fetal Complications: [Complications], *Neonate Outcome: [Outcome], Neonate Complications: [Complications], Newborn's: [Newborn's]

Father of Baby - Name: [Name], Mark as Sensitive, Comments: [Comments]

Delivery / Outcome Date must be in the past

5. The Obstetrical History will now be updated.

Next tab:

On the **Prenatal Investigations and Results** section:

Blood Type= A positive

Antenatal Record - CSTPRODREG, GORDONISSUE

*Performed on: 19-Jan-2018 1253 PST By: TestUser, Clerk-OB

Prenatal Investigations and Results

Primary OB Provider: [Provider]

Prenatal Care: less than 20 weeks, greater than 20 weeks, None

Prenatal Records Available: Yes, No

Blood Type: A negative, A positive, AB negative, AB positive, B negative, B positive, O negative, O positive, Unknown

Prenatal Genetic Screen Type: SIPS, IPS, Quad Screen, NIPT, Other

Prenatal Genetic Screen Result: [Result]

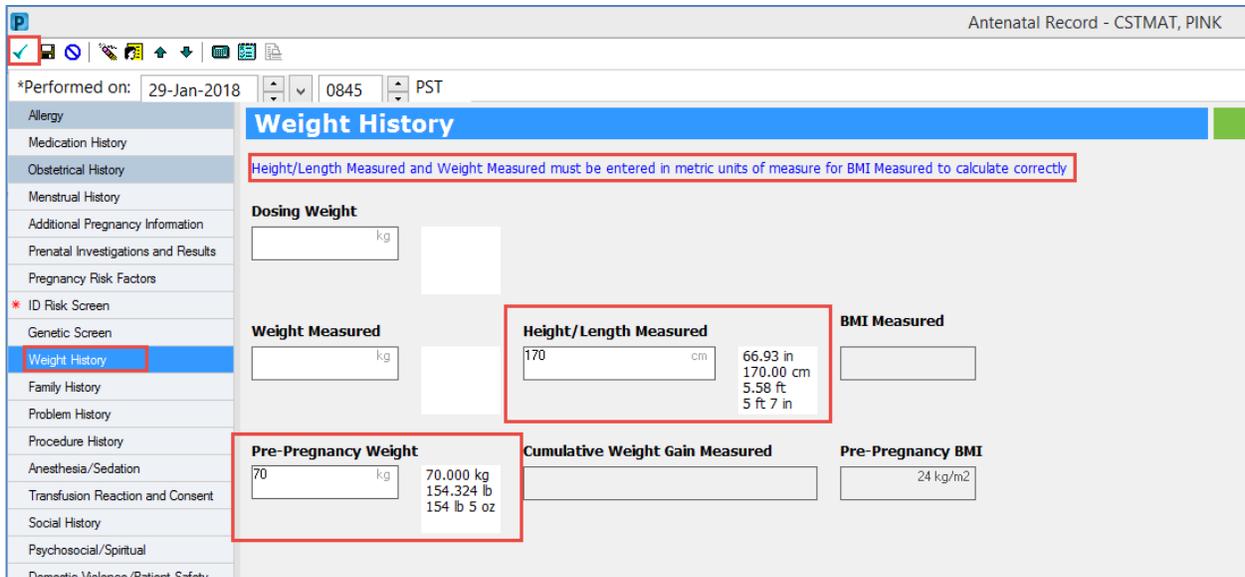
Previously Documented Transcribed Prenatal Labs: No qualifying data available.

On the **Weight History** section enter:

- **Pre-Pregnancy Weight** = 70 kg
- **Height/Length Measured**= 170 cm

*Note the automatic conversions that appear to the side.

Click the green check mark  to sign your documentation. This will return you to the **Triage/Ante/Labour** tab.



Antenatal Record - CSTMAT, PINK

*Performed on: 29-Jan-2018 0845 PST

Weight History

Height/Length Measured and Weight Measured must be entered in metric units of measure for BMI Measured to calculate correctly

Dosing Weight

Weight Measured

Height/Length Measured

170 cm

66.93 in
170.00 cm
5.58 ft
5 ft 7 in

BMI Measured

Pre-Pregnancy Weight

70 kg

70.000 kg
154.324 lb
154 lb 5 oz

Cumulative Weight Gain Measured

Pre-Pregnancy BMI

24 kg/m²

Click the **Refresh** icon . Notice the time since last refresh is displayed and will reset to 0 minutes . You will see **the Pregnancy Overview** information has updated.

Note: At ~36 weeks gestation when the provider sends in an updated copy of the BC Antenatal Records Part 1 and 2, the OB unit clerk will need to index/attach the updated record to the patient’s chart and also transcribe any new information (primarily from the Prenatal Investigations and Results section, for example, the Gestational Diabetes Screen Result) into a new Antenatal Record PowerForm. The previously transcribed data will pull through into new PowerForms.

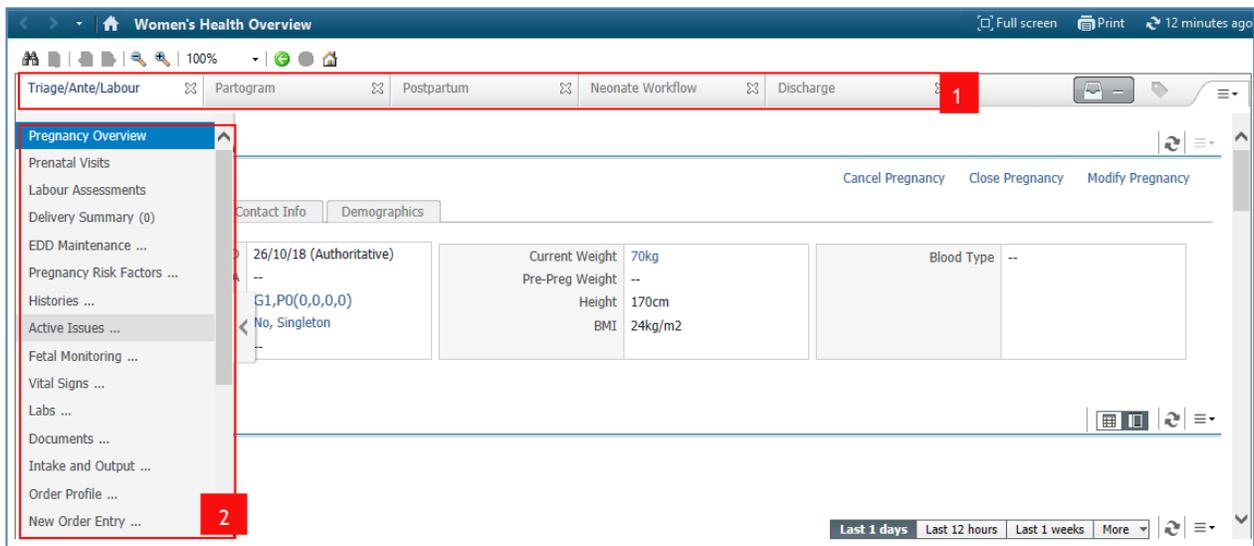
Key Learning Points

- Pregnancy related information will not display until Add a Pregnancy has been performed.
- Use data from the BC Antenatal Record to Add a Pregnancy and to transcribe information into the Antenatal Record PowerForm.

Activity 3.3 – Introduction to Women’s Health Overview

1 Upon accessing the patient’s chart you will see the **Women’s Health Overview** page open. The **Women’s Health Overview** will provide views of key clinical patient information. Remember that much of the data will not be viewable until **Add a Pregnancy** has been performed.

1. There are different tabs including **Triage/Ante/Labour, Partogram, Postpartum, Neonate Workflow, and Discharge** that can be used to learn more about the patient. Click on the different tabs to see a quick overview of the patient.
2. Each tab has different components. You can navigate through these using the component list on the left side of each tab.



2 Click the **Refresh** icon . Notice the time since last refresh is displayed and will reset to 0 minutes  0 minutes ago.

Key Learning Points

-  Women’s Health Overview provides access to key information about the patient.
-  Click the Refresh icon to get the most updated information on the patient.

Activity 3.4 – Orders Profile

1 Throughout your shift, you will review your patient’s orders. The **Orders Profile** is where you will access a full list of the patient’s orders.

To navigate to the **Orders Profile** and review the orders:

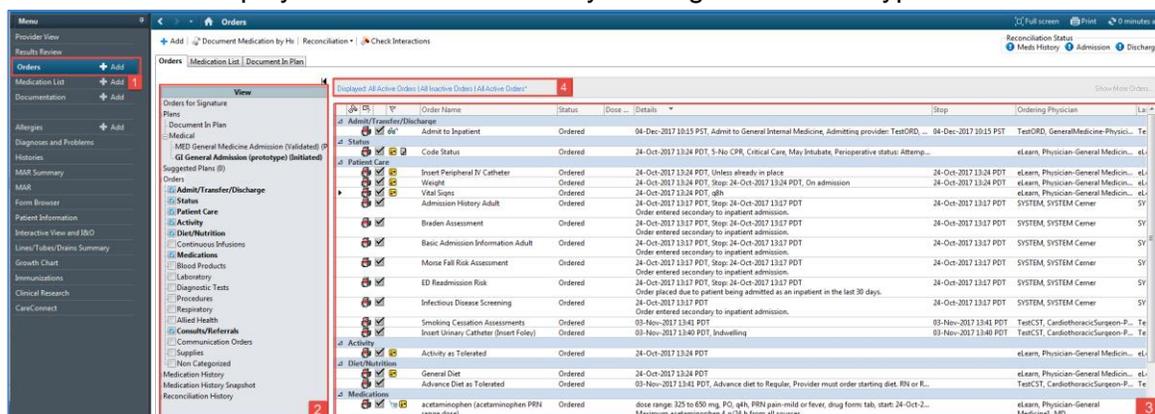
1. Select **Orders** from the **Menu**
2. On the left side of the Orders Profile is the navigator (**View**) which includes several categories including:
 - **Plans**
 - **Categories of Orders**
 - **Medication History**
 - **Reconciliation History**
3. On the right side is the **Orders Profile** where you can:
 - Review the list of **All Active Orders**

Moving the mouse over order icons allows you to **hover to discover** additional information.

Some examples of icons and their meanings are:

 -  Order requires nurse review
 -  Additional reference text available
 -  Order is part of a PowerPlan (Order Set)
 -  Order requires Pharmacy verification

4. Notice the display filter default setting is set to display **All Active Orders**. This can be modified to display other order statuses by clicking on the blue hyperlink.



The screenshot shows the 'Orders' profile in a clinical system. On the left is a 'View' sidebar with categories like Plans, Orders, Medications, and Reconciliation History. The main area displays a table of orders with columns for Order Name, Status, Dose, and Ordering Physician. A filter bar at the top indicates 'Display: All Active Orders | All Inactive Orders | All Active Orders'. A red box highlights the filter bar and the first few rows of the table.

| Order Name | Status | Dose | Ordering Physician |
|--|---------|--|--|
| Admit/Transfer/Discharge: Admit to Inpatient | Ordered | 04-Dec-2017 10:15 PST | TestORD, GeneralMedicine-Physici... |
| Code Status | Ordered | 24-Oct-2017 13:24 PDT, 5-No CPR, Critical Care, May Intubate, Perioperative status: Attemp... | eLearn, Physician-General Medicin... |
| Insert Peripheral IV Catheter | Ordered | 24-Oct-2017 13:24 PDT, Unless already in place | eLearn, Physician-General Medicin... |
| Weight | Ordered | 24-Oct-2017 13:24 PDT, Stop: 24-Oct-2017 13:24 PDT, On admission | eLearn, Physician-General Medicin... |
| Vital Signs | Ordered | 24-Oct-2017 13:24 PDT, q8h | eLearn, Physician-General Medicin... |
| Admission History Adult | Ordered | 24-Oct-2017 13:27 PDT, Stop: 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| Braden Assessment | Ordered | 24-Oct-2017 13:27 PDT, Stop: 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| Basic Admission Information Adult | Ordered | 24-Oct-2017 13:27 PDT, Stop: 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| Morse Fall Risk Assessment | Ordered | 24-Oct-2017 13:27 PDT, Stop: 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| ED Readmission Risk | Ordered | 24-Oct-2017 13:27 PDT, Stop: 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| Infectious Disease Screening | Ordered | 24-Oct-2017 13:27 PDT | SYSTEM, SYSTEM Center |
| Smoking Cessation Assessments | Ordered | 03-Nov-2017 13:41 PDT | TestCST, CardiothoracicSurgeon-P... |
| Insert Urinary Catheter (Insert Foley) | Ordered | 03-Nov-2017 13:40 PDT, Indwelling | TestCST, CardiothoracicSurgeon-P... |
| Activity as Tolerated | Ordered | 24-Oct-2017 13:24 PDT | eLearn, Physician-General Medicin... |
| General Diet | Ordered | 24-Oct-2017 13:24 PDT | eLearn, Physician-General Medicin... |
| Advance Diet as Tolerated | Ordered | 03-Nov-2017 13:41 PDT, Advance diet to Regular. Provider must order starting diet, PRN or R... | TestCST, CardiothoracicSurgeon-P... |
| acetaminophen (acetaminophen PRN range dose) | Ordered | dose range: 325 to 650 mg, PO, q4h, PRN pain-mild or fever, drug form: tab, start: 24-Oct-2... | eLearn, Physician-General Medicine, MD |

Key Learning Points

- The Orders page consists of the orders view (Navigator) and the order profile.
- The Orders View displays the lists of PowerPlans (order sets) and clinical categories of orders.
- The Order Profile displays All Active Orders for a patient and can be filtered.

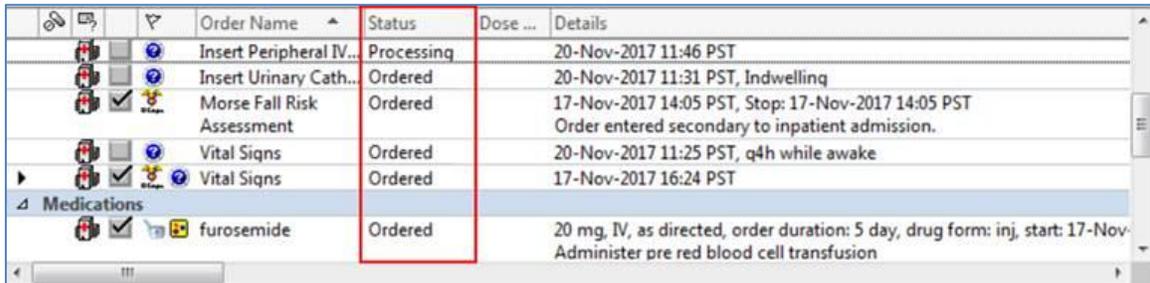
Activity 3.5 – Review Order Statuses and Details

1 In the following activity, you will only be reviewing the screenshots that are attached.

Orders are classified by status including:

Processing- order has been placed but the page needs to be refreshed to view updated status

Ordered- active order that can be acted upon



| Order Name | Status | Dose ... | Details |
|----------------------------|------------|----------|--|
| Insert Peripheral IV... | Processing | | 20-Nov-2017 11:46 PST |
| Insert Urinary Cath... | Ordered | | 20-Nov-2017 11:31 PST, Indwelling |
| Morse Fall Risk Assessment | Ordered | | 17-Nov-2017 14:05 PST, Stop: 17-Nov-2017 14:05 PST Order entered secondary to inpatient admission. |
| Vital Signs | Ordered | | 20-Nov-2017 11:25 PST, q4h while awake |
| Vital Signs | Ordered | | 17-Nov-2017 16:24 PST |
| Medications | | | |
| furosemide | Ordered | | 20 mg, IV, as directed, order duration: 5 day, drug form: inj, start: 17-Nov- Administer pre red blood cell transfusion |

Note: the start date and that orders are organized by clinical category

When new orders are placed in the chart, a nurse must acknowledge reviewing these new orders.

1. A **Nurse Review** icon  appears to the left of the order. This serves to acknowledge the order needs to be reviewed by a nurse.

Key Learning Points

-  A Nurse Review icon is visible if the nurse has not yet reviewed by the nurse.

■ PATIENT SCENARIO 4 –Conversation Launcher & PM Conversation

Learning Objectives

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

- Bed Transfer: Patient Not on Tracking Shell
- Bed Transfer: Patient on Tracking Shell
- Update Patient Information

SCENARIO

Throughout your shift, you will use the CIS to record patient transfers and discharge, amongst other activities. You will learn how to do some of these in this scenario.

As a Unit Clerk you will be completing the following activities:

- Bed Transfer: Patient Not on Tracking Shell
- Bed Transfer: Patient on Tracking Shell
- Update Patient Information

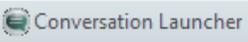
Activity 4.1 – Bed Transfer: Patient Not on Tracking Shell

- 1 You received notification from the charge nurse that a patient is being transferred from ED to your unit.

Note: The following steps are the procedure when the patient being transferred is *not already on Tracking Shell*.

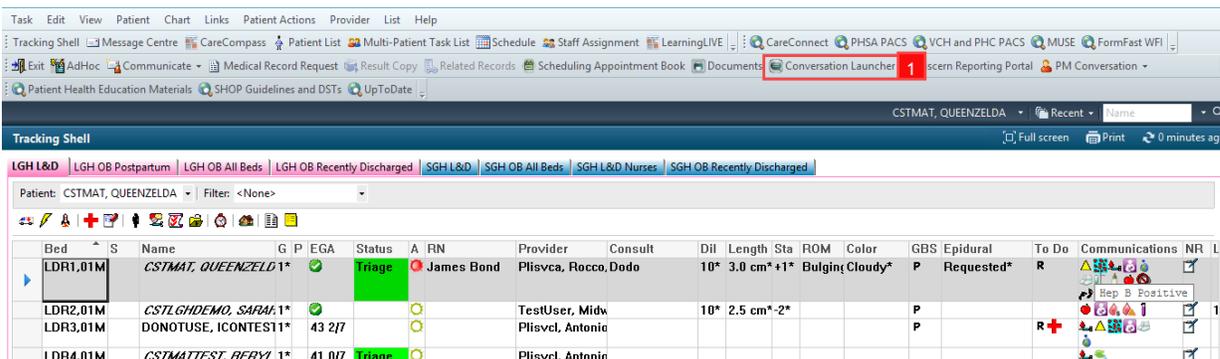
Conversation Launcher contains the majority of the conversations you will need to perform your work, including Newborn Quick Reg, Print Specimen Labels, and Register Outpatient. Some of these conversations (such as Newborn Quick Reg) are also available directly from the Tracking Shell.

Accessing available conversations from the **Tracking Shell** (when possible, ie patient is *already on Tracking Shell*) autopopulates the selected patient’s information in the conversation, whereas accessing conversations from Conversation Launcher requires you to manually search for the patient.

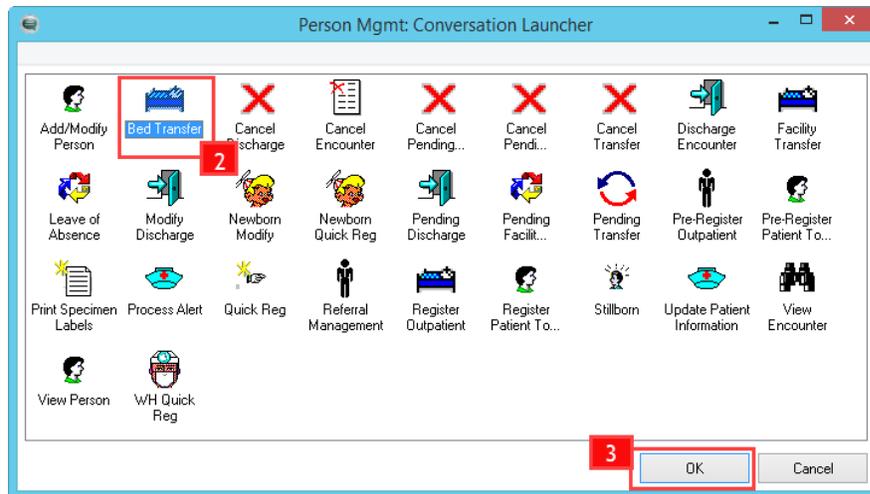
You will use **Conversation Launcher**  to enter a **Bed Transfer**.

You will need to locate the patient in ED using **Conversation Launcher**. This is located in the toolbar above Tracking Shell.

1. Click **Conversation Launcher**. The window will open.

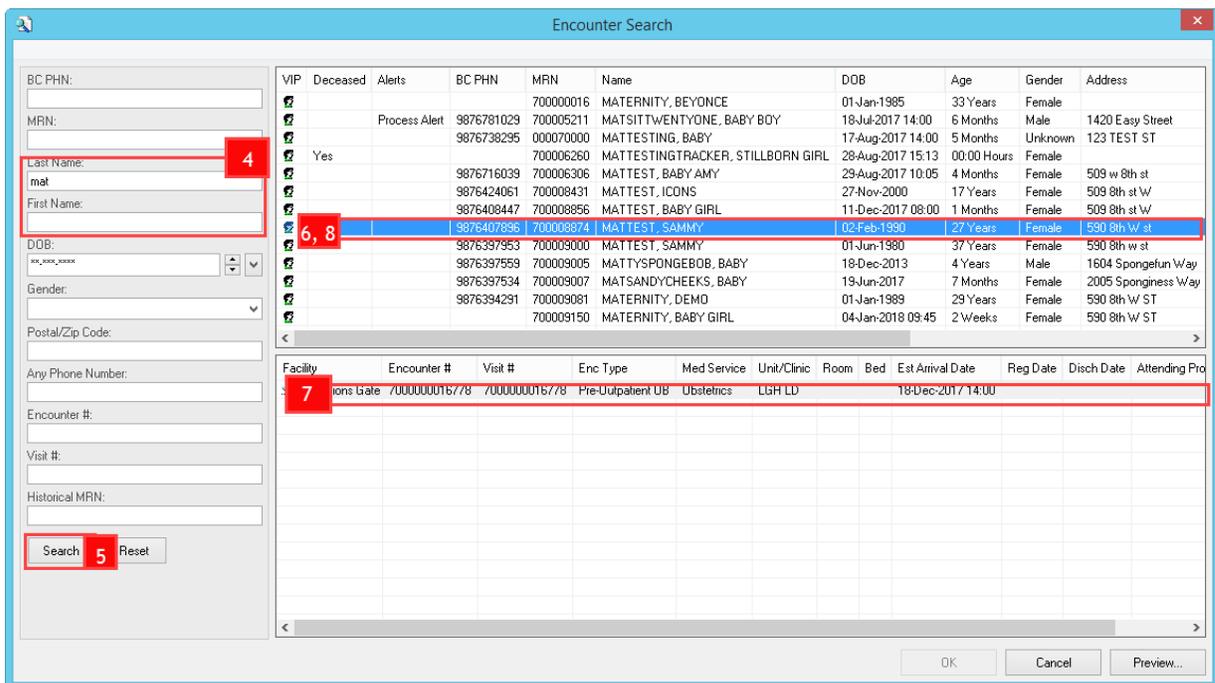


2. Click **Bed Transfer**
3. Click **OK**



4. The **Encounter Search** window will open. Search for **<OB-UC-ED, First Name>** by typing in their name.
5. Click **Search**
6. Click on the name of the correct patient and verify MRN number to ensure correct patient.
7. If a patient has more than one encounter in their file, the correct encounter may need to be selected.
8. After ensuring the correct encounter is selected, double-click the patient's name.

Note: Due to limitations in the training environment, not all new changes in the software can be reflected immediately. In the future, rather than double-clicking the patient's name, you will be selecting the correct encounter and clicking the OK button.



1. The **Bed Transfer** window will open. Yellow fields are mandatory. Please enter:
 - **Medical Service**= Obstetrics
 - **Unit/Clinic**= LGH LD
 - **Attending Provider**= Plisvcl, Antonio (begin typing and it will auto-complete)
 - **Acommodation Reason**= Equipment in Room
2. Click **Bed Availability**. The window will open.

The screenshot shows the 'Bed Transfer' window with the following data and highlights:

- Medical Record Number:** 700007753
- Encounter Number:** 700000012700
- Full Name:** EDCSTTEST, LUANNE
- Date of Birth:** 06-Feb-1994
- Age:** 23Y
- Gender:** Female
- BC PHN:** 9876502459
- Current Encounter Information:** Encounter Type: Emergency, Medical Service: Emergency
- Current Location Data:** Facility: LGH Lions Gate, Building: LGH Lions Gate, Unit/Clinic: LGH ED Hold, Room: ACWR
- Current Physician Information:** Attending Provider: Plisvcl, Antonio, MD (highlighted with a red box and '1'), Admitting Provider: Plisvcl, Dillon, MD
- New Encounter Information:** Encounter Type: Inpatient, Medical Service: Obstetrics (highlighted with a red box and '1')
- New Location Data:** Building: LGH Lions Gate (highlighted with a red box and '1'), Unit/Clinic: LGH LD (highlighted with a red box and '1'), Room: (highlighted with a red box and '2')
- Accommodation Reason:** Equipment in Room (highlighted with a red box and '1')

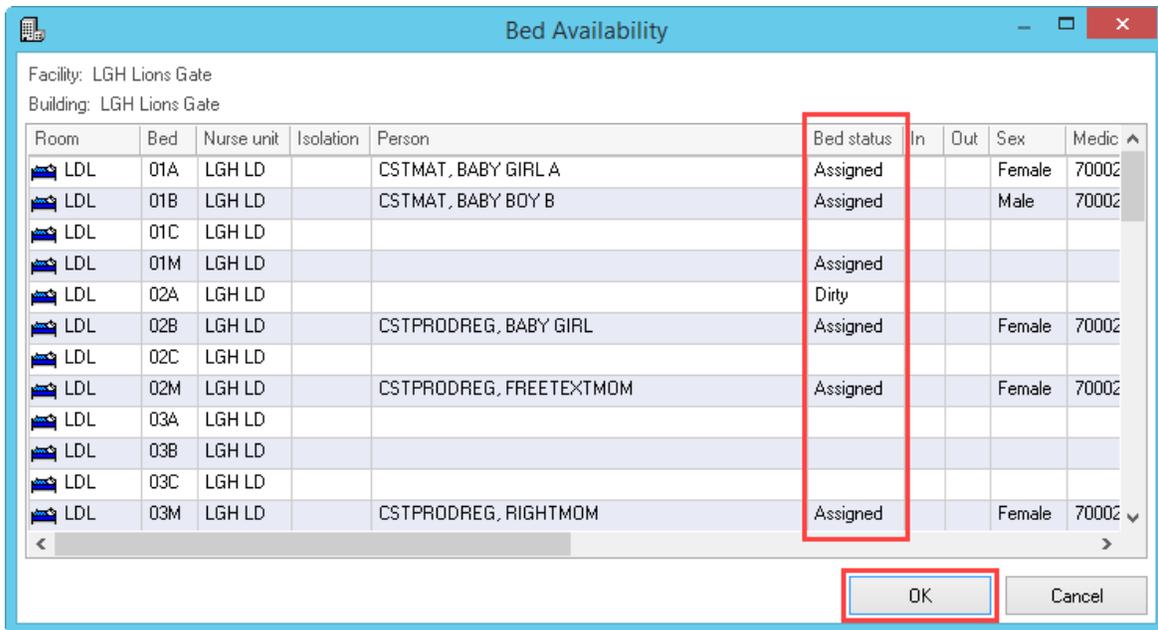
Buttons at the bottom: Complete, Cancel

Status bar: Ready P0783 TEST.OBCLERK 24-Jan-2018 12:46

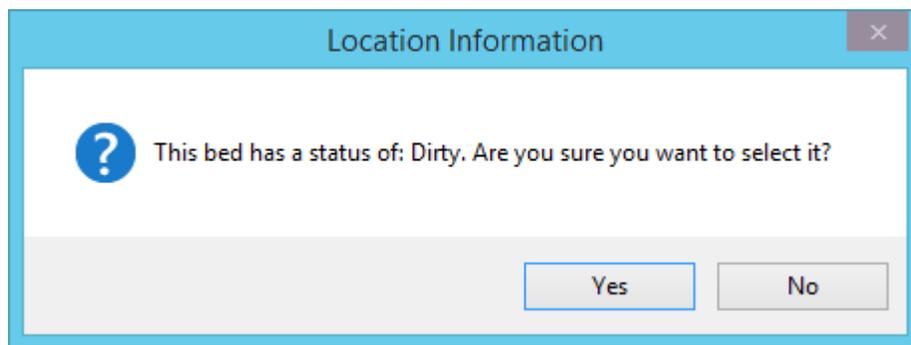
3. Select a bed that is either **Available** or **Dirty**. Click **OK**.

Bed Types:

- M = Mom bed
- A = Baby A bed
- B = Baby B bed
- C = Baby C bed



If you selected a bed that is listed as Dirty, you will get a **Location Information** window asking you to confirm the selection. Click **Yes**.



You will now be returned to the Bed Transfer window. Note that the **Room** and **Bed** mandatory fields are now filled in. Now you need to complete the transfer.

1. Enter the following:
Transfer Date: type "T" as a shortcut for *Today*
Transfer Time: type "N" as a shortcut for *Now*
2. Click **Complete**

New Location Data

Building: LGH Lions Gate Unit/Clinic: LGH LD Bed Availability: Room: LDL

Bed: 02A Accommodation: Ward Accommodation Reason: Equipment in Room

Current Physician Information

Attending Provider: Plisvcf, Antonio, MD Admitting Provider: Plisvcf, Dillon, MD

Transfer Information

Transfer Date: [masked] Transfer Time: 13:08 Bed Transfer User Name: TestUser, Clerk-OB

1 2 Complete Cancel

Ready P0783 TEST.OBCLERK 24-Jan-2018 13:08

The patient will now be viewable from the Maternity Tracking Shell.

Key Learning Points

- Use Conversation Launcher from the Tracking Shell toolbar to transfer patients that are not on Tracking Shell yet

Activity 4.2 – Bed Transfer: Patient on Tracking Shell

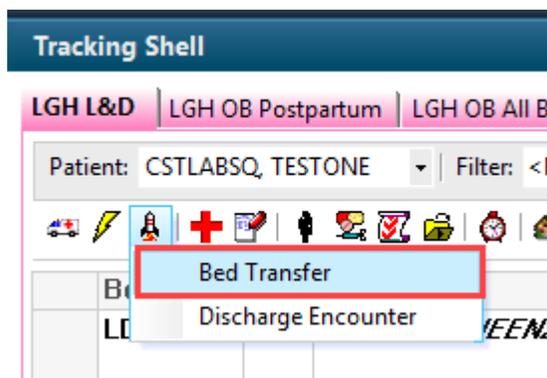
1 You are informed that your first patient **<OB-UC, first name>** needs to be moved to another bed on your unit due to isolation precautions. As this patient is currently on Tracking Shell, you can do this

from **Conversation Launcher**, the **rocketship** icon 

The **rocketship** can accomplish two tasks: Bed Transfer and Discharge Encounter.

To begin, locate your assigned patient in Tracking Shell and click their name to select.

Click the **rocketship** and select **Bed Transfer**.



4. The **Bed Transfer** window will open. Yellow fields are mandatory. As you did before for a patient not on Tracking Shell, please enter:
 - **Medical Service**= Obstetrics
 - **Unit/Clinic**= LGH LD
 - **Attending Provider**= Plisvcl, Antonio (begin typing and it will auto-complete)
 - **Acommodation Reason**= Equipment in Room
5. Click **Bed Availability**. The window will open.

Bed Transfer

Medical Record Number: 700007753 Encounter Number: 7000000012700 Full Name: EDCSTTEST, LUANNE Date of Birth: 06-Feb-1994

Age: 23Y Gender: Female BC PHN: 9876502459

Current Encounter Information
Encounter Type: Emergency Medical Service: Emergency

Current Location Data
Facility: LGH Lions Gate Building: LGH Lions Gate Unit/Clinic: LGH ED Hold Room: ACWR

Bed: Accommodation: Accommodation Reason: Patient Accom Requested:

New Encounter Information
Encounter Type: Inpatient Medical Service: **Obstetrics** (1)

New Location Data
Building: LGH Lions Gate Unit/Clinic: **LGH LD** (1) **Bed Availability** (2) Room: Accommodation Reason: **Equipment in Room** (1)

Current Physician Information
Attending Provider: **Plisvcl, Antonio, MD** (1) Admitting Provider: Plisvcl, Dillon, MD

Transfer Information
Transfer Date: Transfer Time: Bed Transfer User Name:

Complete Cancel

Ready P0783 TEST.DBCLERK 24-Jan-2018 12:46

1. Select a bed that is either **Available** or **Dirty**. Click **OK**.

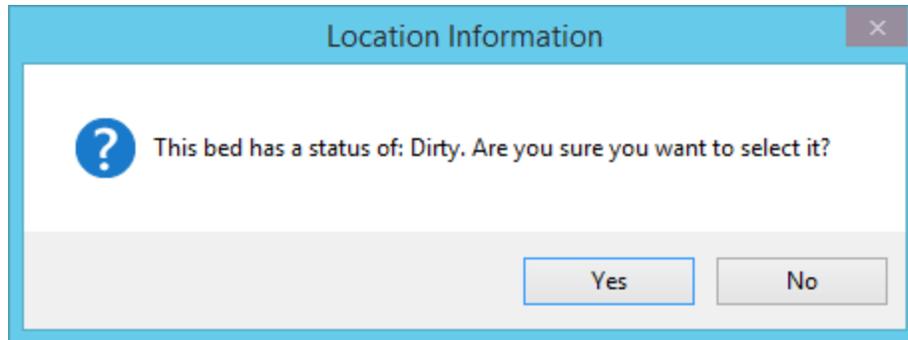
Bed Availability

Facility: LGH Lions Gate
Building: LGH Lions Gate

| Room | Bed | Nurse unit | Isolation | Person | Bed status | In | Out | Sex | Medic |
|------|-----|------------|-----------|-------------------------|------------|----|-----|--------|-------|
| LDL | 01A | LGH LD | | CSTMAT, BABY GIRL A | Assigned | | | Female | 70002 |
| LDL | 01B | LGH LD | | CSTMAT, BABY BOY B | Assigned | | | Male | 70002 |
| LDL | 01C | LGH LD | | | Assigned | | | | |
| LDL | 01M | LGH LD | | | Assigned | | | | |
| LDL | 02A | LGH LD | | | Dirty | | | | |
| LDL | 02B | LGH LD | | CSTPRODREG, BABY GIRL | Assigned | | | Female | 70002 |
| LDL | 02C | LGH LD | | | Assigned | | | | |
| LDL | 02M | LGH LD | | CSTPRODREG, FREETEXTMOM | Assigned | | | Female | 70002 |
| LDL | 03A | LGH LD | | | Assigned | | | | |
| LDL | 03B | LGH LD | | | Assigned | | | | |
| LDL | 03C | LGH LD | | | Assigned | | | | |
| LDL | 03M | LGH LD | | CSTPRODREG, RIGHTMOM | Assigned | | | Female | 70002 |

OK Cancel

If you selected a bed that is listed as Dirty, you will get a **Location Information** window asking you to confirm the selection. Click **Yes**.



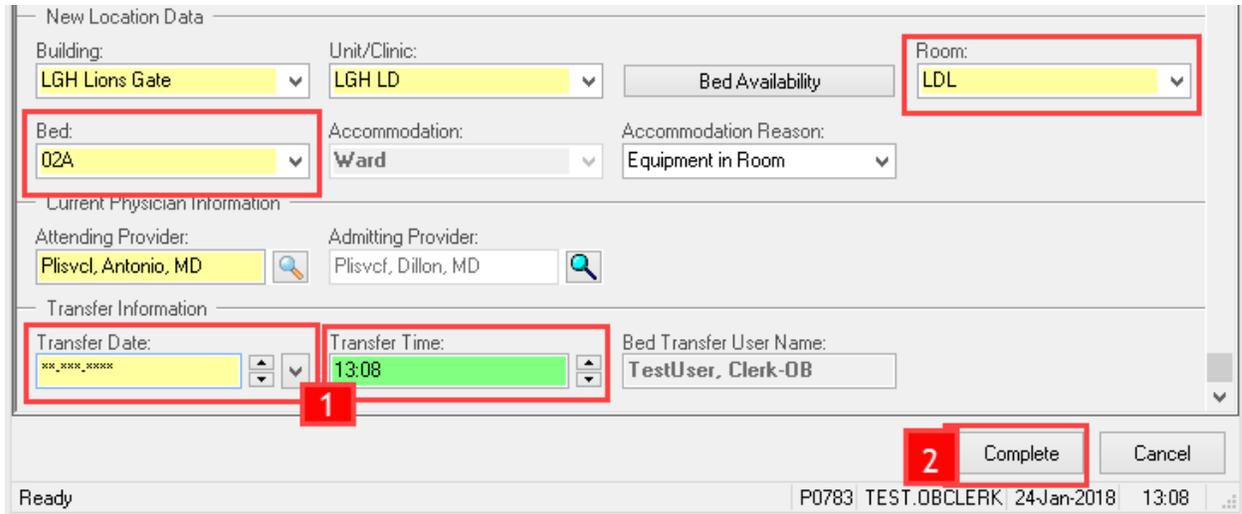
You will now be returned to the Bed Transfer window. Note that the **Room** and **Bed** mandatory fields are now filled in. Now you need to complete the transfer.

3. Enter the following:

Transfer Date: type “T” as a shortcut for *Today*

Transfer Time: type “N” as a shortcut for *Now*

4. Click **Complete**



Click **Refresh** . The patient location will be updated on the Maternity Tracking Shell.

Key Learning Points

- Use the rocketship from the Tracking Shell toolbar to transfer patients that are on Tracking Shell

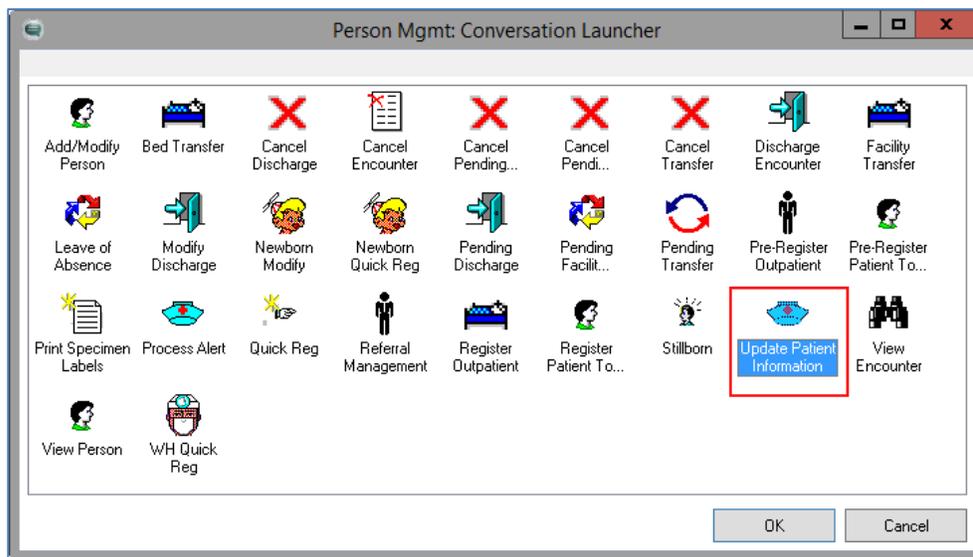
Activity 4.3 – Update Patient Information

- 1 During the patient journey, patient can have a changeover of attending physician, medical service, isolation status and such.

Some of this information will display on the banner bar and you will need to update this information so that other clinicians or departments are aware of any changes. In this activity, we will learn how to update the isolation precaution for a patient but note that this same Conversation (Update Patient Information) can be used to update the Attending Physician and Medical Service.

From the Patient Chart, do the following:

1. Click **Conversation Launcher**  in the **Toolbar**.
2. Select **Update Patient Information**.



The **Encounter Search** window opens.

- Type your patient’s first and last name and click the **Search** button.
- Click the appropriate encounter and click the **OK** button.

The **Update Patient Information** window opens.

3. Click the **Encounter Information** tab
4. From the **Isolation Precautions** dropdown, select **Contact Plus**.
5. Yellow fields are mandatory fields that need to be entered. Review any yellow fields and click **Complete**.

Document Selection window opens.

6. Click **OK** if no new specimen labels are needed.

| Document | Printer | Copies |
|--|--------------|--------|
| <input checked="" type="checkbox"/> Lab Blood Specimen Label | 590_1stfl_t8 | 1 |
| <input checked="" type="checkbox"/> Lab Non-Blood Specimen Label | 590_1stfl_t8 | 1 |

Do not print documents

Edit OK 6

Key Learning Points

- Isolation Precautions are updated via the PM Conversation in the toolbar.
- Isolation Precautions can be located in the Encounter Information tab of Update Patient Information.

SELF-GUIDED PRACTICE WORKBOOK
CST Transformational Learning

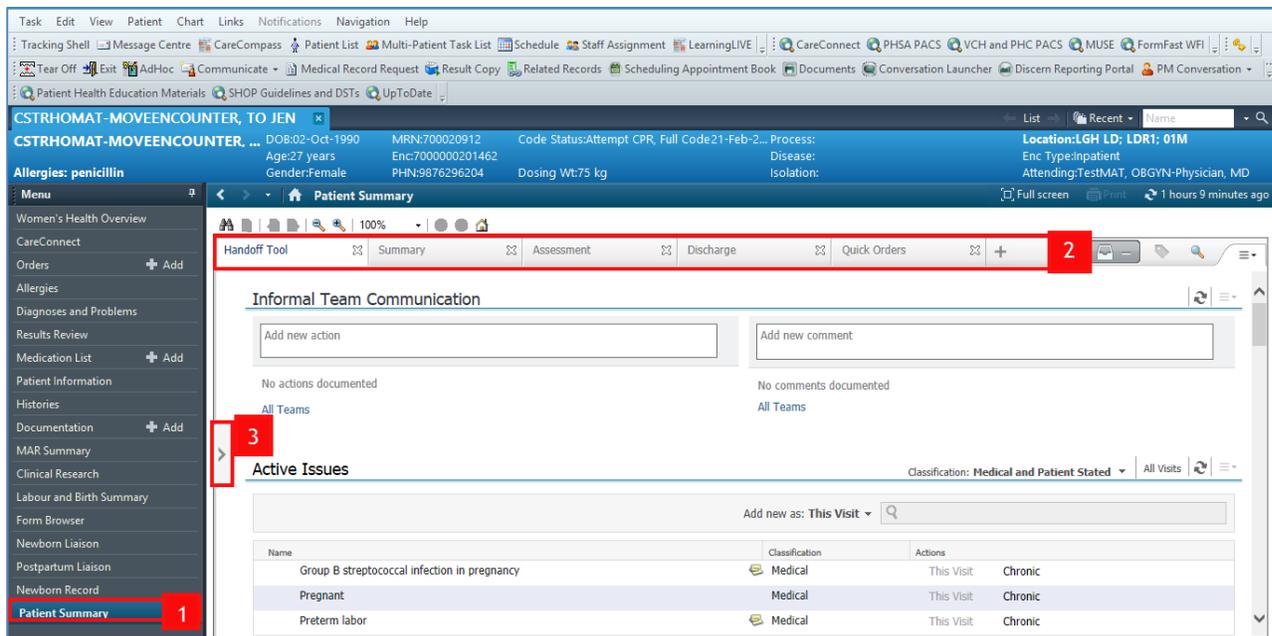
WORKBOOK TITLE:

UNIT CLERK: RURAL ADD-ON

Activity 1.1 – Introduction to Patient Summary

1 Like Women’s Health Overview, the **Patient Summary** will provide views of key clinical patient information. **Patient Summary** is meant for the majority of patients you will encounter whereas Women’s Health Overview is primarily for maternity patients including some newborn documentation used in Labour and Delivery.

1. Patient Summary is located on the **Menu**.
2. There are different tabs including **Handoff Tool**, **Summary**, **Assessment**, and **Discharge** that can be used to learn more about the patient. Click on the different tabs to see a quick overview of the patient.
3. The **Handoff Tool** tab and **Discharge** tab have navigation menus which can be expanded to quickly locate components on the page. To access those menus, click the arrow button.



The screenshot shows the Patient Summary interface. The patient information bar at the top includes: CSTRHOMAT-MOVEENCOUNTER, TO JEN; DOB: 02-Oct-1990; MRN: 700020912; Code Status: Attempt CPR, Full Code 21-Feb-2...; Location: LGH LD: LDR1: 01M; Enc Type: inpatient; Attending: TestMAT, OBGYN-Physician, MD. The left sidebar menu has 'Patient Summary' highlighted with a red box and a '1' callout. The main content area has tabs for 'Handoff Tool', 'Summary', 'Assessment', and 'Discharge', with 'Summary' selected. A red box highlights these tabs with a '2' callout. Below the tabs is the 'Informal Team Communication' section with 'Add new action' and 'Add new comment' fields. Below that is the 'Active Issues' section with a table of issues. A red box highlights the right arrow icon in the 'Active Issues' section with a '3' callout.

| Name | Classification | Actions |
|--|----------------|--------------------|
| Group B streptococcal infection in pregnancy | Medical | This Visit Chronic |
| Pregnant | Medical | This Visit Chronic |
| Preterm labor | Medical | This Visit Chronic |

2 Remember to **Refresh**  to view the most up to date information.

Key Learning Points

- Patient Summary provides access to key information about the patient.
- Click the Refresh icon to get the most updated information on the patient.

End of Workbook

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