SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Alerts Management – Electronic Recording of Alerts in eMR and iPM
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/582
DATE OF PUBLICATION	August 2022
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standard: Standard 1 – Clinical Governance
REVIEW DATE	August 2025
FORMER REFERENCE(S)	SESIAHS PD 227
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
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FUNCTIONAL GROUP(S)	Records Management – Health Medicine
KEY TERMS	Electronic Medical Record, Alerts, eMR, iPM. PAS
SUMMARY	A framework for the management of alerts recorded within information systems. The procedure outlines the standard approach for flagging information concerning a patient that alerts staff to real or potential risks.

Alerts Management – Electronic Recording of Alerts in eMR and iPM

SESLHDPR/582

1. POLICY STATEMENT

A framework for the management of alerts recorded within information systems of eMR and iPM.

2. BACKGROUND

A framework for the management of alerts recorded within information systems. The procedure outlines the standard method for flagging information concerning a patient that alerts staff to real or potential risks.

Clinical Alerts will be recorded predominantly in the eMR with infection control alerts also being recorded in iPM. Non-clinical alerts will be recorded predominantly in iPM and provided to clinical staff to review and where appropriate also enter in the eMR.

Other precursors to the development of this procedure include:

- As part of the State Baseline Build (SBB) approach, the alerts components are required functionality to be implemented within eMR and iPM.

It should be noted that this procedure only covers the electronic recording component of alerts in information systems across the LHDs.

The electronic recording of allergies is no longer included as part of this procedure. Allergies are recorded within the eMR only.

3. RESPONSIBILITIES

3.1 Clinicians are responsible for:

- Entering, monitoring and maintaining clinical alerts in the eMR;
- Entering infection alerts in the eMR (NB: infection control staff in some facilities prefer to lead the data entry of these alerts);
- Notify the Diet Office by phone where a food allergy is entered in eMR for a patient;
- Entering, end dating or delegating the entry of clinical alerts in iPM as required

3.2 Infection Control Staff are responsible for:

- Entering, monitoring and maintaining infection alerts in eMR and iPM.

3.3 Administrative Staff are responsible for:

- Entering non-clinical alerts in the eMR and iPM. NB. This does not exclude clinicians if they wish to add a non-clinical alert to allow information flow to other applications. This does not include infection control alerts which are to be entered primarily by Infection Control staff and also by clinical staff.

4. DEFINITIONS

Alert: An alert is a piece of information about a specific patient required for the management of a patient in order to minimise risk to staff, the patient concerned, other patients and the organisation. Alerts can be defined as clinical or non-clinical. Clinical alerts include for example special medical conditions and infection control. Non-clinical alerts include for example financial and security alerts. Alerts will populate with a flag at the patient level within the Clinical Information System.

Clinicians: All health care staff involved in direct care provision. This includes doctors, nurses, midwives and allied health professionals.

Open Chart alert: A pop up / prompt when opening a clinical information system that alerts a clinician / user to take an action or be aware of a situation / issue. This type of alert may or may not appear on the patients' medical record.

Problem: This is a classification that can be applied to the patient such as a diagnosis or symptom that does not flag as an 'alert'.

5. PROCEDURE

5.1 State Standards for Electronic Recording of Alerts

The eMR is based on state standards for content and structure. This is referred to as the State Baseline Build (SBB).

5.2 Alerts

Alerts are recorded electronically in both the eMR and iPM. Clinical alerts are recorded predominantly in the eMR. Non-clinical alerts are recorded predominantly in iPM with occasional duplication in eMR, for example Infection Control and Birth Alerts.

5.3 Entering Alerts

In eMR

There are a number of different types of alerts that can be entered in the eMR. These include infection alerts, clinical alerts (special medical conditions) and non-clinical alerts (including security, administration and special alerts). The Problem List is a tab in PowerChart that provides a search functionality that allows a user to search for and then select an item from a set of defined alerts (a nomenclature).

Responsibility for entering alerts in the eMR will be assigned as follows:

- Infection alerts will be entered in the eMR primarily by infection control staff and also by clinical staff.
- Birth alerts will be entered via the UPI / eIndex team as per SESLHD policy SESLHDPR/373 – Birth Alerts – At Risk Unborn Babies.
- Clinical alerts will be entered in the eMR only by clinical staff.

- Non-clinical alerts will be entered in eMR primarily by non-clinical staff. Clinical staff may enter non-clinical alerts (e.g. security alerts) where relevant.

In iPM

- The notification of alerts is part of the Admission Process for inpatients, the triage process for Emergency Department patients, and the Assessment process for Non Inpatients.
- Alerts must be authorised and should, in general, be entered by Clinical Staff or by administrative staff under the direction of clinical staff.
- Alerts recorded in a Referral for Admission Form. The Admission Form must be signed by the Admitting Medical Officer or delegate to be valid, should be transcribed and entered into the Alerts system by Staff in the Bookings/ Admission Office.
- If additional information on an alert is required it can be entered in the 'free text fields'

5.4 Monitoring Alerts

In eMR

- **Infection Control Alerts:** in the eMR are monitored and maintained by infection control staff. A report was developed for infection control staff to facilitate ongoing monitoring of infection control alerts entered daily in PowerChart.
- **Clinical Alerts:** Treating clinicians remain responsible for the oversight and management of clinical alerts relating to their patients. Clinical alerts in the eMR must be reviewed by a clinician on each new presentation.
- **Non-clinical alerts:** in the eMR are monitored and maintained by administrative staff, however clinicians may also monitor non-clinical alerts for appropriateness.

In iPM

- **Infection Control Alerts:** in iPM are monitored and maintained by infection control staff using existing reports.
- **Non-clinical alerts:** in iPM are monitored and maintained by administrative staff, in consultation with clinical staff if appropriate.

5.5 Changing the Status of Alerts (including cancelling)

In eMR

The eMR provides the functionality to change the status of an alert in the field 'life cycle status'. The available options are:

- Active (default)
- Inactive
- Resolved
- Cancelled: It is mandatory to enter a reason for the cancelled entry in the 'reason' field (from the drop down list). The alert is not deleted completely but appears with a 'strike through' and a cancelled reason is entered. The cancelling of clinical alerts must be performed by a clinician, non-clinical alerts by administrative staff or clinician as appropriate.

In iPM

An alert may be deleted or end dated in iPM.

Deletion of an alert should only occur when the alert was entered in error.
End dating of an alert:

- Should only occur when it is no longer current/required, when the verification process proves the alert to be unjustified.
- Can be carried out by a clinician/Admin staff.
- Should include a deactivation date.
- Some alerts MUST not be cancelled or end-dated by administrative or junior staff without relevant clinical discussion e.g. cross specialty / service.

5.6 Hybrid Records

Multiple business processes will continue to occur while there is a hybrid medical record (refer to the Hybrid Medical Record Policy). There may still be occasions where alerts need to be recorded on paper charts – however, the source of truth for alerts will be the eMR and iPM applications.

5.7 Distribution of alerts to external parties

Some alerts require discretion as to the clinical relevance of the alert for ongoing patient care. Medical Discharge Summaries will include alerts at the discretion of the clinician completing the discharge summary. The view of the LHD is that clinicians must add in the alerts on commencement of the eDRS, they should not be included by default due to the risk of inappropriate and non-end dates alerts being sent to external parties. This incorporates Emergency, Inpatient and Community.

All alerts will be included for subpoenas and other medico-legal requests including end dates and in-errored alerts however general internal alerts will only be included where clinically relevant.

6. DOCUMENTATION

- IPM Cheat Sheets http://seslhnweb/iPM/Training_UserGuides/CheatSheets.asp
- eMR Quick Reference Guides http://sesinet.lan.sesahs.nsw.gov.au/sites/eMR/SitePages/PowerChart%20Home.aspx

7. AUDIT

Audits to be performed as required by specialty clinical group.

8. REFERENCES

- NSW Ministry of Health Policy Directive PD2021_069 - Health Care Records – Documentation and Management

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
3 April 2017	0	Content duplicated from former SESIAHS PD 227
2 June 2017	0.1	Lee Speir – initial review
27 September 2017	0.2	Reviewed: SESLHD Health Records and Medicolegal Working Party
24 October 2017	0.3	Approved: SESLHD Health Records and Medicolegal Working Party
24 January 2018	0.4	Incorporated feedback into procedure Reviewed and Approved: SESLHD Health Records Steering Committee
March 2018	0.5	Leonie Patterson- final review and response to feedback and updates to procedure
June 2018	0.5	Approved: SESLHD Health Records and Medicolegal Working Party
June 2018	0.5	Endorsed by Mark Shepherd, Director Programs and Performance
April 2022	0.6	Major review: Updated by the Health Records and Medico-Legal Committee and Joint ISLHD/SESLHD Alerts Working group
June 2022	1	Incorporated feedback into procedure following Draft for Comment period. Reviewed and Approved: SESLHD Health Records Steering Committee. Approved by Executive Sponsor.
August 2022	1	Approved by Clinical and Quality Council.