

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>FUNCTIONAL GROUP(S)</b>	Records Management – Health
<b>KEY TERMS</b>	Electronic Medical Record, Alerts, eMR, iPM, PAS
<b>SUMMARY</b>	This procedure aims to provide a framework for the management of alerts within information systems across SESLHD. It will outline the standard procedure for flagging important patient information to facilitate decision-making and risk management.

## COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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## Alerts Management – Electronic Recording of Alerts in eMR and iPM

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### 1. POLICY STATEMENT

This procedure aims to provide a framework for the management of alerts within information systems across SESLH. It will outline the standard procedure for flagging important patient information to facilitate decision-making and risk management.

### 2. BACKGROUND

[NSW Health Policy Directive PD2025\\_035 - Health Care Records – Documentation and Management](#) requires staff to flag issues/information that require particular attention or pose a real or potential threat to the patient/client, staff, or others.

The alert functionality within the eMR and iPM State Baseline Builds (SBB) supports this documentation obligation and forms a basis for standardisation of alert terminology across NSW health. SESLHD has implemented and adheres to SBB.

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.

This procedure does not cover allergy, adverse drug reactions, clinical decision support, or medication alerts.

### 3. DEFINITIONS

**Alert:** An alert is a piece of important information about a specific patient required for the management of their care or to manage a potential or real risk/threat to the patient/client, staff, or others. Alerts will populate with a flag at the patient level within clinical information systems. Some alerts will trigger a flag on patient lists.

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

**eMR:** Electronic Medical Record; In this procedure specifically refers to the Cerner/Oracle suite of applications.

**Health Record:** A documented account, whether in hard copy or electronic form, of a patient's health, illness, and treatment during each visit or stay at a health service (or treatment by a paramedic).

Note: Health record means the same as "health care record", "medical record", "clinical record", "clinical notes", "patient record", "patient notes", "patient file", etc.

**iPM:** Patient Administration System (PAS) in which patient registration is undertaken. Registration in iPM flows through to clinical applications such as eMR.

**Mandatory alert:** An alert that is required by a particular policy or procedure, for example: High Risk Birth Alerts.

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**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'.

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

### 4. RESPONSIBILITIES

#### 4.1. All employees will:

- Comply with this procedure.

#### 4.2. Line Managers will:

- Oversee compliance to this procedure
- Ensure staff are provided adequate training and guides when appropriate
- Provide guidance on appropriateness of alerts as required.

#### 4.3. Infection Control Staff will:

- Enter, monitor, review, and cancel infection alerts in eMR and iPM as required

#### 4.4. Clinicians will:

- Enter, monitor, review, and cancel alerts in eMR as per this procedure
- Delegate and provide guidance on the management of alerts in iPM as required

#### 4.5. Administrative staff will:

- Enter, monitor, review, and cancel administrative/legal alerts in iPM and eMR as per this procedure
- Only manage other alerts in eMR and iPM only as delegated by clinical staff or management.

#### 4.6. PAS Managers will:

- Where appropriate, train Infection Control staff in the adding of iPM alerts and report extraction
- Oversee and coordinate the addition of alerts by the PAS team where required by specific policies/procedures.

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### 5. PROCEDURE

#### 5.1. Types of Alerts and associated systems

Alerts have been categorized into 5 alert types based on function, intended audience, and staff responsibilities. These types do not necessarily correspond to alert folder/s within iPM or eMR.

Alerts may be added in iPM and/or eMR depending on the type of alert and the intended audience.

Type of Alert	Definition	Example/s	System
Infection Control	Indicates a patient's infectious status. May include information on precautions required.	Multidrug-resistant organism (MRO) colonisation or infection (iPM), or Community MRSA (CMRSA) (eMR)	eMR and iPM
Medical	Specific medical conditions.	Pacemaker	eMR
Behavioural / Social	Specific social or behavioural requirements or risks related to the client/patient, staff, or others.	AVO, cognitive impairment, carer responsibilities, aggression, religious/cultural requirements	eMR
Legal and Administrative	Legal, patient registration, administrative, NDIS etc.	Guardianship board, no information to be released, advance care directive, high risk birth alerts.	iPM and/or eMR
Mobility and Access	Specific mobility issues or requirements.	Poor mobility, equipment needs, or prothesis.	eMR

#### 5.2. Entering / Adding Alerts

Staff may become aware of a risk or information that requires the addition of an alert at any time during or after a client/patient's care. The need for an alert should be based on objective evidence with consideration of the environment and circumstances with the objective of reducing risk and assisting in patient care.

Alert notification / identification may also form part of department/service procedures, such as the:

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- Admission Process for inpatients (Note that the Referral for Admission Form (RFA) must be signed by the AMO or delegate to be valid before alerts are added by administrative staff).
- Triage process for emergency patients
- Assessment process for non-admitted patients.

Where an alert relates to legal paperwork, such as a court order, it is best practice to sight the paperwork before adding the alert. A copy of the paperwork should be added to the medical record where relevant for clinical or safety purposes.

### 5.2.1. Responsibility for adding alerts

Type of Alert	System	Staff role
Infection Control	eMR and iPM	Mainly Infection Control staff, but may also be added by, or under the guidance of, other clinicians. Some infection control alerts may be automatically added within the system upon positive test results.
Medical	eMR	By, or under the instruction of, clinicians
Behavioural / Social	eMR	By, or under the instruction of, clinicians
Legal and Administrative	iPM and/or eMR	Administrative staff or clinicians. The UPI Team, Digital Health enter High Risk Birth Alerts*.
Mobility and Access	eMR	By, or under the instruction of, clinicians

\*As per [SESLHDPR/373 – Birth Alerts – At Risk Unborn Babies](#)

### 5.3. Adding an alert

Alerts should be added to eMR as soon as possible after the staff member has been made aware of the risk and/or information.

When entering alerts in either iPM or eMR, they should only be entered in the approved specific alerts sections of the system to ensure they are easily accessible by all staff. In iPM, alerts are to be added to [“Patient Alerts”](#). In eMR, alerts are added within the [“Diagnosis, Alerts and Problems”](#) section.

Staff should not change the name of the alert when entering an alert. The alerts employ a standardised wording across NSW Health, changing this may create another risk. Generic alerts, such as “Other” exist for these cases. See Section 5.6 for information on requesting new alerts in eMR.

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### 5.3.1. Consultation with the patient

Where possible, practicable, and safe, patients should be notified about or consulted with about the adding of alerts to their health record.

Exceptions to this will most likely be for behavioural or legal alerts where consulting with the patient/client may increase risk to any persons involved. In these cases, a decision may be made to not consult the patient/client before the addition of an alert to their record.

However, patients/clients do have a right to request access to their health information and including them in the consultation process may resolve future issues.

### 5.3.2. Additional Information / Comments for alerts

Additional information or comments can be added for alerts in both iPM and eMR. Staff should ensure the comments:

- Use appropriate, factual, and non-judgmental language
- Provide information that will be useful to staff in managing the care or particular risk in the future
- Are as short and succinct as possible
- Reference a specific note or document (type and date) where more information can be found if required
- Do not include a history of the risk/alert or full management plan.

### 5.4. Monitoring and Reviewing Alerts

The monitoring and review of alerts is vital to ensure that correct and relevant alerts are available to staff when required. Further, NSW Health organisations have an obligation to ensure health information within a patient/client record is relevant, accurate, up to date, complete, and not misleading.

Existing alerts may be modified to reflect updated information. This typically means adding a new comment to the alert.

Type of Alert	System	Staff role
Infection Control	eMR and iPM	Infection Control Alerts will be monitored by infection control staff. A report is available within iPM and eMR to assist with this process.
Medical	eMR	Clinical staff should review alerts on each new presentation to a service.  Where a patient/client has a prolonged admission or community health encounter, additional reviews may be required.

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Type of Alert	System	Staff role
Behavioural / Social	eMR	Clinical staff should review alerts on each new presentation to a service. Where a patient/client has a prolonged admission or community health encounter, additional reviews may be required.
Legal and Administrative	iPM and/or eMR	Most administrative alerts do not require regular monitoring as they tend to be lifelong in nature. Reviews should take place as required or directed.
Mobility and Access	eMR	Clinical staff should review alerts on each new presentation to a service. Where a patient/client has a prolonged admission or community health encounter, additional reviews may be required.

#### 5.5. Updating the Status of Alerts

Alerts should be end dated or their status changed when they are no longer applicable or appropriate for the patient's present circumstances or they have been identified as being entered in error. They should not be automatically updated at the conclusion of care unless they are no longer required.

The staff member updating the status of an alert does not necessarily need to be the same person who added the alert, nor do they need to be from the same team/service. They only need to be able to adequately assess whether the alert is still required or not.

Type of Alert	System	Staff role
Infection Control	eMR and iPM	Infection Control Alerts will be updated by infection control staff. A report is available within iPM and eMR to assist with this process.
Medical	eMR	By, or under the instruction of, clinicians
Behavioural / Social	eMR	By, or under the instruction of, clinicians
Legal and Administrative	iPM and/or eMR	Administrative staff or clinicians. The UPI Team, Digital Health will update High Risk Birth Alerts* when appropriate.
Mobility and Access	eMR	By, or under the instruction of, clinicians

\* As per [SESLHDPR/373 – Birth Alerts – At Risk Unborn Babies](#)



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eMR	
Status	When to use
Active	Alert is currently active and required. When an alert is added, it defaults to “active” status.
Inactive	Alert may still be applicable or appropriate but is not an active risk.
Resolved	Alert no longer applicable or appropriate for the patient’s present circumstances.
Cancelled	Alert entered in error (either at time of entry or in hindsight). eMR will require a reason to be entered when cancelling an alert.

iPM	
Option	When to use
End Alert	Alert no longer applicable or appropriate for the patient’s present circumstances. End-date must be added*
Delete	Alert entered in error (either at time of entry or in hindsight).

\*Note: May be set to a future date, however, this is only recommended for certain alerts with explicit time frames, such as High-Risk Birth Alerts.

**5.6. Inclusion of eMR alerts in patient documents**

Some alerts require discretion as to the clinical relevance of the alert for ongoing patient care or the safety of the patient/others.

Within the eMR, some documents have the option of auto-populating alerts. In general, clinicians are trained to have all “Problems, Past History, & Alerts” selected to be included within documents. Clinicians should take care to review this list when creating a document which offers this functionality and deselect any individual alerts that are particularly sensitive or may increase the risk of harm to the patient or others. This incorporates documentation for all encounter types.

Where a request for health records has been made via the Health Information Unit, all alerts will be included as part of the XR Charting process. This includes not only active alerts, but also those that have been end-dated or cancelled.

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### 5.7. Request new alerts within iPM or eMR

Where a need for a new alert has been identified at a District level, a request should be logged to the iPM or eMR teams within Digital Health via [SARA](#). It will then be reviewed by relevant committees across SESLHD and ISLHD.

### 6. SUPPORTING DOCUMENTATION

- [iPM Quick Reference Guides](#)
- [eMR Quick Reference Guides](#)
- [eMR Alerts List](#)

### 7. AUDIT

Audits to be performed as required by specialty clinical group.  
Reports available in both iPM and eMR to assist staff in these processes where required.

### 8. REFERENCES

- [NSW Health Policy Directive PD2025\\_035 - Health Care Records – Documentation and Management](#)
- [SESLHDGL/074 - Clinical Documentation in Mental Health](#)
- [SESLHDGL/077 - Advance Care Planning](#)
- [SESLHDPR/223 - Discharge Summary Completion Standards](#)
- [SESLHDPR/292 - Hybrid Health Care Records](#)
- [SESLHDPR/336 - Documentation in the Health Care Record](#)
- [SESLHDPR/490 - Patient Registration – Patient Administration System \(PAS\)](#)
- [SESLHDPR/643 - Advance Care Planning Documents – Uploading into the Patient Electronic Medical Record \(eMR\)](#)
- [CEC Infection Prevention and Control Practice Handbook](#)

### 9. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
April 2017	0	Content duplicated from former SESIAHS PD 227
June 2017	0	Lee Speir – initial review
September 2017	0	Reviewed: SESLHD Health Records and Medicolegal Working Party
October 2017	0	Approved: SESLHD Health Records and Medicolegal Working Party
January 2018	0	Incorporated feedback into procedure Reviewed and Approved: SESLHD Health Records Steering Committee
March 2018	0	Leonie Patterson- final review and response to feedback and updates to procedure
June 2018	0	Approved: SESLHD Health Records and Medicolegal Working Party

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Date	Version	Version and approval notes
June 2018	0	Endorsed by Mark Shepherd, Director Programs and Performance
April 2022	1	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.
5 December 2025	2.0	Major review: incorporated feedback to include more detail to assist staff. Updated and endorsed by the Health Records and Medico-Legal Committee. Endorsed by PAS User Group. Approved by SESLHD Patient Safety and Quality Committee and Chief Executive.