SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Alerts Management – Electronic Recording of Alerts in eMR and iPM
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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.

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 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 eMR.

Other precursors to the development of this procedure include:
- As part of the State Baseline Build (SBB) approach, the alerts components are a required functionality to be implemented within eMR and iPM
- The alerts lists in eMR is State Baseline Build to ensure consistency across LHDs.

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 eMR
- Entering infection alerts in eMR (NB: infection control staff in some facilities prefer to lead the data entry of these alerts)
- Notifying the dietitian 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 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 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.

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

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 eMR and iPM. Clinical alerts are recorded predominantly in 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 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 eMR will be assigned as follows:
- Infection alerts will be entered in eMR primarily by infection control staff and clinical staff
- Clinical alerts will be entered in 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.

No Cardiopulmonary Resuscitation (CPR) Alert
There is a historical alert in eMR called No Cardiopulmonary Resuscitation. Whilst a patient record may contain this alert, no new alerts of this type can be entered into eMR. These have been replaced with other alerts.

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 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 eMR must be reviewed by a clinician on each new presentation
- **Non-clinical alerts:** in 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 should 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 / administrative staff
- Should include a deactivation date.

5.6 Hybrid Records
Multiple business processes will continue to occur while there is a hybrid medical record (refer to SESLHDPR/292 Hybrid Health Care 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.

6.   DOCUMENTATION

- iPM Cheat Sheets
- eMR Quick Reference Guides

7.   AUDIT

Audits to be performed as required by specialty clinical group.

8.   REFERENCES

- NSW Ministry of Health Policy - PD2012_069 Health Care Records - Documentation and Management
- SESLHDPR/292 Hybrid Health Care Record

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
July 2018	1	Processed by Executive Services prior to submission to SESLHD Clinical and Quality Council – Major review.
August 2018	1	Endorsed by SESLHD Clinical and Quality Council
April 2020	1	Executive Sponsor updated.