ORIENTATION FOR NURSING FACULTY

at
MedStar Good Samaritan Hospital
&
MedStar Union Memorial Hospital

PART III

2018-2019

Revised July 2018
JAB
Medconnect News for Clinical Instructors
Medconnect Documentation

Electronic documentation was instituted at all MedStar Hospitals in 2009. In April 2013, Computerized Physician Order Entry (CPOE) was added to the electronic medical record. All instructors must attend a Medconnect II training class. Classes are offered in the summer and may be offered periodically, as needed, to orient new instructors.

An Instructor’s training guide for Medconnect is available in both computer labs.

Student Documentation
- Please review the PowerPoint on the pages in this section of the Faculty manual.
- Student documentation will be limited to better allow students to focus their assessment
- Students at MGSH will only document in the following sections of IVIEW/I&O:
  - Adult Quick View
  - Adult System Assessment
  - Adult Skin, ADL and Nutrition
  - Lines, Tubes and Drains
  - Patient Education
  - MAR

- Faculty/clinical instructors must “authenticate” (sign) all student documentation

Medication Administration – MAR available on Menu
- Instructors will communicate to the nurse caring for the patient on the unit the plan of care for the patient i.e. if a student is to administer medications
- All medication administered must be documented using the Care Mobile (MC75) for Positive Patient Identification (PPID)
  - Students will SAVE their medication and instructors will WITNESS and SIGN off on each medication
- Patient response to PRN medications and untoward responses to scheduled and STAT medication must be documented
  - Pain reassessment will be completed within 30 minutes for IV pain medication
  - Pain reassessment will be completed within 1 hour for po pain medication

Observation Patients (2 Midnights)
- Must have vital signs documented every 4 hours
- A note must be written every 4 hours
- Must be discharged within 2 midnights

Discharge Instruction
- Students must document any teaching performed in preparation for discharge
- Refer to the on-line procedure for patient discharge instructions

Documentation Remaining on Paper:
- Consent Forms
- Swallow Assessment
- Monitoring Strips
- Consults
- Physician progress notes
- ICU/CCU Documentation
Student Documentation

• Students will be allowed to view all parts of the patient’s medical record.

• Students will only document in the following sections of IView/I&O:
  – Adult Quick View
  – Adult System Assessment
  – Adult Skin, ADL and Nutrition
  – Lines, Tubes and Drains
  – Patient Education
  – MAR

Clinical Instructors must authenticate all student documentation
Student Documentation

- Student documentation in IView will be signed by the student user (just as the RN would sign with the checkmark).
- Upon student signing of documentation, each result displays with an unauthenticated icon.

- All student documentation must be authenticated by the clinical instructor.
If the student documented against a task that is tied to an activity view, the task goes to Pending Validation Status upon documentation against the task.
The Supervising Clinician/Instructor selects this Pending Validation task from their task list and they are taken to the activity view documented by the student.
There will be an icon in the top toolbar of Interactive View for the Supervising Clinician or Instructor to select to review unauthenticated results.

- Selecting the Pending Validation Task icon will open the authenticate window with the activity view data to be authenticated.
Within the Authenticate Window, the user can choose to authenticate all at one time or can Deselect All and select which items to authenticate.

To View the Result Details or Modify: Select the result within the result column and select View Result Details or Modify.

Sign
When the Supervising Clinician/Instructor selects Sign, the results are now in an authenticated status.
After the results are authenticated, the unauthenticated icon disappears and the results look like any other in IView.

You can always right click a result and select “View Result Details” and under “action List” tab see the trail of users who have edited this documentation.
October 2017 MedStar has integrated a new Infusion Management System and medical device integration system into the electronic medical record. If you did not complete training, please request an in-service at the bedside prior to initiating any infusions. A quick reference guide is below.

Medconnect 3 Infusion Management and BMDI
Quick Reference Guide

Key Points
- iAware serves as a dashboard that aggregates data from multiple sources into new views. Information presented in these views allows rapid review and timely clinical decision making.
- Infusion volumes from the Alaris pump appear 5 minutes after the hour (volume data). Anytime you titrate a medication, the rate change will display immediately.
- Bolus out of scope if Rates 1000/hr. RN must enter volume infused manually (go to iView I/O right click “Enter Result”)

Opening IAWARE
- Logon to Powerchart
- Enter your login and password
- Search patient and open chart
- Find IAWARE icon under the organizational Tool Bar if not visible
  - Click on down arrow on far right, select “Add or Remove” > slide to “Customize”
  - A pop up box appears allowing you to customize
  - Customize by left clicking on iAware icon (hold left click) and drag iAware icon to new location (in front of Medication Administration Wizard) so it will be visible

Note: Your customized banner bar will save for future sign ons.

Note: When you choose iAware from PowerChart, it opens that patient in iAware, if you change the patient in PowerChart, it will not automatically change in iAware. Make sure you always are documenting in the correct right patient EMR.

Note: To access multiple patients in iAware first, you need to create and save Mylist.
- Go to MyList (upper Left corner icon) and type “GSH” and search for your unit
  - find “Encounters”
  - Save list (upper right)
Programming a Primary Infusion:
- Open Medication Administration Wizard (MAW) or log into MC75
- Scan patient armband
- Scan medication barcode for NS
- **If using MC75:** choose begin bag from “Add IV events” dropdown
- Complete required fields
- **If using Scanner** - Press “Program” button
  - Ready to scan message will appear
- Scan yellow sticker on pump channel
- Command line changes to “Programmed. Waiting confirmation”
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green appears in Medconnect - Click Ok and Sign

*Note:* pump door must be closed to scan
*Note:* Starting the pump does not sign off the medication (and vice versa, signing off the med does not start the pump).
*Note:* If the “Volume to be Infused” needs to be changed, you must do it after the order is signed off. If the rate or VTBI does not match the order, that field will turn Red and display “Pump and Program Do Not Match.”

Programming a Secondary Infusion:
- To perform a secondary infusion, a primary infusion must be running.
- Open Medication Administration Wizard (MAW) or log into MC75
- Scan patient armband
- Scan medication barcode
- Complete required fields
- Press program button
- Scan the pump
- **Press the secondary button on the pump!!!**
- NOTE: If the secondary button is not pressed, you will restart the primary.
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green in Medconnect - Click Ok and Sign

Programming Subsequent Medication Administration
Subsequent bags for the same order
- Open Medication Administration Wizard
- Scan patient armband
- Scan medication barcode
- Complete required fields
- Click Program button
- **Before you scan the pump, press Pause on the channel to reset your Volume**
- Scan the pump channel, “Programmed – waiting confirmation”
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green appears in Medconnect-Click Ok and Sign

**Programming a Titratable Medication**
- Open Medication Administration
- Scan the wristband
- Scan the medication
- Complete required fields
- Click Program
- Scan channel
- Verify dose and rate
- Start pump

*Note:* For titratable the volume and dose appear in yellow
- Sign Med Administration form
- Open iAware and view medication bag start

**Dose Titration**
- Perform a Verbal PPID
- Make a rate change
- Open iAware
- Sign Rate change

*Note:* If medication needs a witness go back to MAR. Find the verified rate change on the MAR ([Right click, select modify to add a witness](#))

**DIASSOCIATION:**

*Important:* If devices are not dissociated and attached to another patient, information from the new patient will flow into the previous patient’s chart until it is associated to a new patient.

Disassociate when transferring, discharging or sending to **out of scope area.**
Even when you choose New Patient on pump, it does not disassociate unless you associate to new patient. **It is responsibility of RN caring for patient who is leaving scope to dissociate! Don’t forget look at data and sign off before dissociating.**

**Open iAware:**
- Go to “Infusion Management”
- Go to “Patient Device Association”
- Click on “Select All”
- Click Disassociate button
- Can also disassociate medication by checking red X

**Key Features in I Aware**
Subsequent bags for the same order
- Signed Data
  - Gray=value is the same as the previous signed results
  - Black=different from previous results
- Unsigned data Purple = unsigned data
  - **Volume can NOT be seen in IView until it is signed in I Aware**
  - You must sign “volume infused” for each hour it was infusing