



**NL Health
Services**

CorCare

CorCare: What does it mean for us?

Guidebook



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CorCare: What does it mean for us?

This guide is a tool designed to prepare you and your teams for changes that will happen as part of our CorCare implementation. This is a living document that will be updated periodically. You can expect to continue to learn more about these changes throughout training and operational readiness activities. Information within this guide is categorized by the area of work it falls into.

This guide is best understood when shared and discussed with peers and used as a resource to talk about the impact of CorCare.

What this guide is:



An introduction and review of some of the most impactful changes for select roles when we go live with CorCare. If there is content you would like us to add, connect with the team at corcare@nlhealthservices.ca.

What this guide is not:



- A process flow for a specific role or group.
- A policy document.
- An extensive document intended to cover every change, role, department or team impacted by CorCare. We recognize there will be changes occurring beyond what is listed here. If you have further questions, speak with your unit leadership.

What we are asking you to do:



Managers and operational leaders:

- Share this guide with your operational teams.
- Share during team meetings/huddles and validate their understanding.

Ask questions such as:

- Which change are you most excited or nervous about? Why?
- What provoked the most conversation? What surprised you the most?

All staff:

- Review the sections in this guide that apply to your team, as well as those that apply to other teams that you work with. This will help you understand how CorCare impacts the organization.



How does CorCare benefit us?

- CorCare enables one source of truth for real-time clinical information.
- New communication and care planning tools facilitate collaboration and sharing of documentation across areas (i.e. inpatient and ambulatory).
- Barcode scanning helps to improve the safety of care activities, such as medication administration.
- Rover application on mobile devices improves the ability to document at the bedside and on-the-go.



Communication

Transfer of Accountability (TOA)

The TOA summary pulls from the chart information essential to safe patient hand-offs all into one place. Nurses will use the TOA summary to carry out verbal TOA and document the name of the nurse who is receiving hand-off information, eliminating the need to use hand-written notes or forms.

Communication tools

Centralized communication tools such as Secure Chat and Sticky Notes in CorCare can be used across teams. Other visual notifications in the system, such as FYI flags and banners, will highlight important clinical information.



Secure Chat is CorCare's instant messaging function that is available to all users and can be accessed on a computer or Rover. Staff can use Secure Chat for protected health information and non-urgent clinical communication.



Sticky notes act like electronic post it notes. Blue sticky notes can be used 'for your information' (FYI).



Our practice advisories

Our Practice Advisories (OPA) is a decision support alert that offers suggestions based on information in the chart. It helps to flag any patient risks to support patient care and includes follow-up steps for various scenarios.

When OPA is received, be sure to review the details to determine if action needs to be taken.

Documentation and collaboration

Rover

Rover is CorCare's mobile application for nurses that will be available across select inpatient units. With Rover, nurses can review the chart, complete documentation and carry out key workflows like Barcode Medication Administration (BCMA) on-the-go. Nurses can also receive timely notifications on their Rover device and send messages to other care team members through Secure Chat. Nurses can use the camera function in Rover to take pictures of wounds and wound healing and upload these to the patient chart.

Documentation

All clinical documentation will be completed in real time in CorCare using navigators, flowsheets and progress note documentation (SOAP documentation). Nurses can access clinical documentation by logging into CorCare using a Desktop, Workstation/Computer on Wheels (WOW) or from a mobile device on Rover.

Care plans

The care plan activity is a place for nurses and other care team members to document and view interprofessional care plans for falls, pressure injury prevention, managing responsive behaviours and safety plans.

Information exchange

Care Everywhere - a secure, cloud-based network that allows health-care providers to instantly share, view, and exchange patient clinical records – This allows NL Health Services to request medical history from other health-care organizations to support client. Although the request is made when the client is admitted, records may take a few days or longer to become available depending on timing and processing.



Patient and family care

Patient education

Nurses can use a patient education activity tool in CorCare to track patient education needs. It will indicate education topics that have been covered with the patient and if follow-up is needed. The tool links directly to NL Health Services' Hi website and DynaMedex, both of which provide patient education materials.

Patient education materials provided by nurses that can be found in the Patient Education Activity tool will be accessible by the patient through MyHealthNL (powered by CorCare).

Post discharge/after visit summary (AVS)

Post discharge directions and instructions will be available through the AVS and should be printed for patients before they leave the hospital. This information is also accessible by the patient through MyHealthNL (powered by CorCare).

Patient care workflows

Barcoded Medication Administration (BCMA)

BCMA prevents medication errors with the use of barcode scanning functionality. During this process, nurses will review the electronic Medication Administration Record (eMAR) and relevant patient information on Rover, desktop or WOW before bringing medication to the bedside.

Verification of medication rights and allergy checks are automated by the nurse scanning the patient's wristband and medication package. Additional documentation may be needed in associated flowsheet rows which are embedded within the eMAR window.

For high-alert medications, two nurses will be prompted to independently document double checks at the point of administration.

Dedicated medication preparation stations will be available for nurses to safely prepare and barcode medications before administration.

In long-term care homes using vendor pharmacies, BCMA is not available. Residents bar coded identifier (i.e. picture or arm band) will be scanned. Verification of medication rights and allergy checks are completed manually by the nurse administering the medications. During medication administration, nurses will review the electronic Medication Administration Record (eMAR) and relevant patient information on Rover, desktop or WOW before bringing medication to the resident.



Specimen collection

To ensure accurate identification and documentation, specimens will generally be collected by scanning the patient's wristband and specimen label. Labels will be printed just before the time of collection from mobile label printers.

The information documented during specimen collection (e.g. collection date and time) will flow directly to and be used by the lab. Missing information can result in testing delays; hence, it is vital to appropriately affix the label to each specimen.

Nurses will collect 'unit collect' orders and phlebotomists will collect 'lab collect' orders. Unit and lab collect can be changed if needed, based on the patient's condition and urgency of the order.

Blood administration

The process of administration of blood products (red blood cells, plasma, platelets) will be done electronically in CorCare using bar code scanning technology called Blood Product Administration Module (BPAM). BPAM is faster and more reliable than manual check and allows for end-to-end electronic documentation of transfusion.

Exceptions include uncross matched red blood cells, massive hemorrhage protocol and downtime transfusion.

Plasma derivatives will follow a separate scanning process like BCMA.

Centralized bed assignment process

The centralized bed assignment process applies to category A facilities only and enables the Patient Flow Team to manage the assignment of inpatient beds in collaboration units at other NL Health Services facilities. (Note: mental health and women's and children's health will be restricted to this change). With a centralized process, the Patient Flow Team will have a complete view of all the beds across any given facility. This will enable informed decision making for timely and safe patient placement and will be used parallel with the Patient Flow Team's prioritization matrix and bed spacing guidelines. This will in turn support transparency, consistency and timely bed assignment.

A bed request will trigger the Patient Flow Team to initiate the bed assignment process. This includes internal moves within a single unit. Any communication related to the request will be done through phone calls and Secure Chat.

Providers (physicians, nurse practitioners and midwives)



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How does CorCare benefit us?

- Smarter, more efficient system to enable better user experience.
- Allows access to the Electronic Patient Record (EPR) system on Apple and Android mobile phones (Haiku) or on Apple iPads (Canto).
- Shared experiences and information across all clinical areas and other organizations that use CorCare.
- All data resides in CorCare for easy access.



Data review

Chart review

A central place for providers to review existing notes and data prior to the patient visit. Clinical information can be accessed at any location on desktop or mobile device.

Chart search

Chart search is easier with personalized layouts and filters.

Patient records from other CorCare organizations are accessible with Care Everywhere.

Care planning

Ordering

Ordering is smoother and more intuitive by simplification of orders and new mobile functionalities using Haiku or Canto. Enhanced searchability for order sets or medications. Search logic allows users to find the right results, even without using the exact terms.

Navigators and therapy plans

Navigators are a predefined set of steps for a care team member to follow, built electronically into CorCare. These are based on common practice, and it is not mandatory to complete each step.

Navigators guide the activities involved in standard processes.



Practice management

Clinic flow

Clinic flow is enhanced through better visibility of patient status and location. It is possible to have visibility into patient movement (e.g. ECG, Lab, etc.) through CorCare.

Handoffs

Handoffs are integrated within CorCare and follow a standardized simplified format.

Clinical communications

Secure Chat can be used for direct communication between care team members, enhancing mobility, speed and ease of communication. Secure Chat may be accessed via Hyperspace and mobile apps Haiku and Canto. Note: secure chat is deleted after 30 days. Any clinical significant information is required to be documented in CorCare.

Results tracking

Test results follow-up is facilitated using the In Basket communication tool.

Referral management

Referrals will be triaged and scheduled in CorCare.

Documentation

Open notes

Nearly all progress notes, labs and other results are viewable by patients and families on MyHealthNL (powered by CorCare). Any note that could lead to patient harm can be withheld from the patient's MyHealthNL portal manually, using the sensitive notes feature.

Reduced paper documentation

Data is entered into CorCare once without re-transcription. Data from designated fields (e.g. vitals) can be added easily to the note without transcribing again.

Electronic documentation

Documentation with shared templates can improve efficiency. CorCare has a variety of Smart Tools that allows staff to enhance documentation from existing data in the chart.



Voice recognition

Using Dragon Dictation voice recognition, all information is captured electronically in real-time during a patient visit. Direct entry allows providers to finish and share documentation immediately, instead of waiting for transcriptions.

Research and analytics

Research

Clinical research participation is clearly visible to all CorCare users. The beaker icon indicates research participation. Study information is available on the summary page.

Analytics

Providers can create personalized reports. Population health management is improved by the ability to target reminders to groups of patients.



How does CorCare benefit us?

- Streamlines documentation process to improve efficiency and productivity, allowing for more focus on patient care.
- One CorCare chart improves access to information across all care settings (inpatient and outpatient) and all NL Health Services' facilities.



Viewing clinical data

Storyboard

The Storyboard provides an overview of important information about the patient (e.g. code status, allergies) all in one place. It is accessible to the left of the patient's chart.

Summary reports

Reports are built into CorCare to allow end users to view key details of a patient's story. Discipline-specific reports summarize relevant clinical data to support clinical decision making and patient care.

Documentation

Flowsheet documentation

Daily assessments and interventions will be documented as discrete data in a flowsheet format through discipline-specific navigators. Flowsheets are applicable to a select group of disciplines.

Select flowsheet rows are shared across disciplines to avoid duplicate documentation

Note documentation using SmartTools

Note templates will be available by SmartText for more efficient documentation. SmartLists and SmartPhrases can be created to pull different information into your documentation.



Communication

Receiving and managing consults

Health discipline consults will be managed through discipline-specific system lists.

Use the assign-me function to indicate that you have accepted the consult and are part of the patient's treatment team.

Secure Chat

Secure chat allows for direct communication in CorCare with treatment team members.

This platform should be used for non-urgent circumstances to supplement communication.

It is not a substitute for clinical decision making. Note: secure chat is deleted after 30 days.

Any clinical significant information is required to be documented in CorCare.



How does CorCare benefit us?

- One singular health chart.
- Computerized Physician Order Entry (CPOE) creates efficiencies in pharmacy workflow.
- Electronic Medication Administration Records (eMAR) allow transparency between nursing and pharmacy.
- Multiple internal communication tools
- Auditable tracking ability.



Clinical services

Order intervention

Pharmacists use iVents to track interventions for medication therapy. iVents are also used to document drug therapy problems and workload, which can be easily copied into progress notes.

Medication reconciliation

Electronic documentation of Best Possible Medication History (BPMH) within the patient chart can be used to generate medication orders within the medication reconciliation activity.

Patient To-Do

Pharmacists will have access to a new handoff tool called Patient To-Do. It is used to communicate the next steps for each patient and document information that needs to be readily available for the next pharmacist to take over.

Analytics

Consolidated electronic data collection allows for real-time decision making and error prevention tools and analysis.

Navigators

Navigator functionalities in CorCare streamline clinical monitoring by displaying pertinent lab results and patient information alongside documentation tools on one screen.



How does CorCare benefit us?

- MyHealthNL, *powered by CorCare*, is NL Health Services' new secure patient portal that gives patients easier access to their health information online at any time.
- Patients can create one account and view their health information from any facility.
- Enables patients to check-in digitally and provide relevant information prior to arrival.
- More customizable features to accommodate patients' personal needs.



MyHealthNL

What is MyHealthNL?

Patients above the age of 12 can sign up for a MyHealthNL account.

This will enable them to:

- access and update their health information, including medications, allergies and health concerns.
- view test results, notes and diagnoses from their hospital stay or clinic visit.
- access credible patient education materials online assigned to them by their health-care team.

Customized to patients' needs

In MyHealthNL, patients can indicate their preferred name, language, gender identity, sexual orientation and religion.

Patients can upload a photo to their MyHealthNL account.

Available languages in MyHealthNL include English, French, Spanish and Simplified Chinese

Digital arrival

Digital arrival helps patients save time and reduces the need for them to repeat their health information at multiple touchpoints along their health-care journey.



Sharing health records

Patients can allow providers outside NL Health Services to access parts of their health records, ensuring that the health information conveyed is accurate and up to date. This also eliminates the need for patients to handle hard copies of their health information.

Proxy access

Patients will be able to share their health information with their loved ones by providing them proxy access to their MyHealthNL Account.

MyHealthNL users can link multiple MyHealthNL accounts. This means that logging into their personal account also lets them view the accounts which they have proxy access to.

Health records, registration and hospital billing

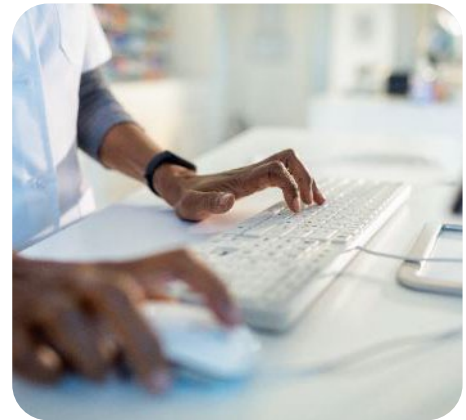


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How does CorCare benefit us?

- Improved check-in and day-of communication with patients and families.
- Digital document distribution simplified with updated fax system directly interfacing with CorCare.
- Patients can pay hospital bills via MyHealthNL for added convenience.
- Improved patient privacy and security via electronic controls of health records.



Referrals

Referral order

When a referral order is made it goes to a pool of users via In Basket to accept, reject or redirect the referral. If the referral is accepted, it then goes to a scheduling work queue to be booked.

In Basket Messaging replaces email communications with providers and care teams.

Registration

Digital arrival

Through MyHealthNL (*powered by CorCare*), patients can complete pre-registration at a convenient time for them. They can enter their relevant information such as medication, allergies and health issues. Questionnaires may also be sent by their provider for them to complete before arrival.

Patients can convey special requests to their care team in advance, such as the need for an interpreter or accommodation requests.

Communication

Patient registration information is now shared across all sites and clinics that are affiliated with NL Health Services. This helps save time for patients and registration staff.



Invitation for MyHealthNL account creation

All staff can invite and support patients in the creation of their MyHealthNL (powered by CorCare) account. Staff will also be able to send an invitation for MyHealthNL patient activation via the patient Storyboard.

Sexual orientation and gender identity (SOGI) and accommodations information

Sexual orientation, gender identity, pronouns, chosen names and accommodation needs can be collected and documented in CorCare.

Patients can offer this information to registration staff and/or clinicians to be documented. Alternatively, they can provide this information through their MyHealthNL account.

Workqueues

Patient registration

Registration staff can contact patients prior to their appointments to collect registration information.

Upon patient arrival, registration staff can also use Patient Work queues to locate upcoming and past patient appointments when collecting registration information. This will help to speed up the check-in process and keep appointments on schedule.

Appointment requests

Schedulers can use appointment request work queues to find appointment requests that need to be scheduled.

This makes scheduling appointments easier, as it informs schedulers of the required appointment details, such as the provider and visit type.



Data integrity

Release of information

Centralized disclosure tracking is visible for all teams so they may easily compile information in one place.

CorCare Care Link will be used to share pertinent patient medical information (e.g. after-visit summary, discharge summary) with other health-care providers to support patient care.

Health Information Management (HIM) professionals will be able to release records to patients via MyHealthNL (powered by CorCare) electronically, reducing paper and postage and saving time spent on retrieving and mailing records manually.

HIM staff can use workqueues to easily find their tasks compiled in these worklists.

Documenting consent to email

Registration staff continue to play an important role in documenting the patient's communication preferences in CorCare, with scripts to obtain their implied consent to reach them via email.

Coding

The coding team can find the clinical and provider documentation they need to fully complete their coding in a timely manner. The CorCare subsystem will be a key tool in ensuring data accuracy and completeness by eliminating the need to access clinical and provider documentation from several disparate systems. Accounts can be put on hold while awaiting reports/updates, and coders will be notified by the system when the report is available for them to continue to code and abstract records.

Patient identity

Patients and their caregivers should continue to reach out to health records for changes to patient identity information such as legal name, date of birth and gender markers. Limited information such as preferred name and preferred pronouns can be updated by patients and their loved ones directly in MyHealthNL (powered by CorCare). Electronic audit trails will allow for better tracking of who has accessed the patient's medical records.



Charge reconciliation

Charge capture management and charge reconciliation are important processes to ensure the accuracy and success of both statistical and billable charging in CorCare.

The billing team will use these reports for proactively reviewing and resolving charging inaccuracies to ensure billing integrity. Users will have access to run reports in system and be expected to use these reports to share any volume discrepancies, charge posting challenges or IT issues preventing effective revenue capture.

Billing will own all charge review work queues. They will be responsible for solving errors related to high-dollar and high-quantity charges, as well as service dates that are out of range.

Emergency department



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How does CorCare benefit us?

- Emergency department (ED) order sets and documentation tools are standardized across NL Health Services facilities.
- Integrated ED documentation tools are now viewable by other departments throughout the patient journey. Robust and customizable reports will be available at both the individual end-user and managerial levels.



Communication

ED track board

The ED track board gives a comprehensive overview of patient clinical parameters as well as outstanding tasks.

Inter-departmental communication

Electronic communication between ED and patient transport as well as diagnostic imaging will be done in CorCare.

Secure Chat

Users can send secure instant messages on CorCare mobile and desktop applications using Secure Chat. This facilitates easy and efficient communication between members of the care team.

Resuscitation documentation

CorCare-based tools to document significant events will be captured in specialty narrators. These include code, stroke, STEMI and trauma.

After-visit summary

ED staff can print an after-visit summary (AVS) for patients to take home. This provides the patient's visit summary and discharge instructions.



Patient flow

Admission to inpatient

Admit to Inpatient is the admission order to an inpatient unit that is entered by the admitting physician.

The order will automatically create a bed request for bed planners to start finding a bed for the patient. This will facilitate quicker admission from the ED.

Ready to move

The ED nurse marks a patient ready to move to indicate a patient is clinically and physically ready to move to their next destination.

Transfer centre

NL Health Services' providers can initiate the direct admission or interfacility transfer process by placing an order to create a transfer centre request. This will provide early visibility and information to patient flow and ED teams about incoming patients.

Patient safety

Medication and specimen barcode scanning

Positive Patient ID (PPID) barcode scanning is used for blood and lab collection, as well as medication administration.



How does CorCare benefit us?

- MyHealthNL (powered by CorCare) gives patients access to their health information and supports them in being active participants in their care.
- Patient referrals and scheduling processes are streamlined within an integrated system and easily visible to the patient and the care team.
- Automatic appointment reminders reduce mailing, reminder calls and no-shows.
- Documentation requirements are in a single view, making in-visit charting easier.
- New communication tools such as In Basket allow for seamless sharing of information with other clinics and inpatient services.
- Save time by using letter templates and SmartSets. SmartSets are customizable visit templates for diagnoses and orders.



Referrals

Incoming referrals

Schedulers and surgery coordinators use In Basket to communicate and manage referral-related tasks. More information about In Basket can be found on page 24 under communication and documentation.

A clinician with access to the clinic's referral triage pool can triage internal referral requests sent directly to the clinic. They can accept, reject, or request more information from the referring provider.

After the referral is accepted, it is sent to a scheduling work queue for the appointment to be scheduled.

NL Health Services' internal referrals can be sent directly to a specific provider, rather than to the general referral triage pool.



Clinic visits

Clinic schedule

The schedule screen lists the patient's location, status as well as high level demographic information. Staff can review reports and get updated information about their patients, as well as manually update their location and status to let other clinic staff know where the patient is in their clinic visit.

When a patient changes locations, staff will be able to manually update their location to accurately capture where they are.

A visual cue on the schedule indicates that an order for in clinic medication administration or Point of Care (POC) testing has been placed and requires action. The Medication Administration Record (MAR) is accessible directly from the clinic schedule view on the visit order tab.

Clinical schedule views can be customized to suit the individual clinic's needs. Clinicians can view their individual schedule and see the entire clinic's roster for the day. In MyHealthNL, patients can see when their cases have been scheduled, reducing telephone calls.

Patient check-in

Patients can complete pre-registration activities before their visit, at a time convenient for them via e-check in. They can also enter information such as medication, allergies and health issues, or complete questionnaires to help make visits more efficient.

Patients can be checked in for multiple visits on the same day at registration and care team members can easily tell who is checked in.

Patient rooming and chart documentation

Nursing and health disciplines gather clinical information in a process called rooming. Patients' medical, surgical, family and social history, allergies and medication review is documented during the rooming process.

Standardization of patient history capture decreases duplicative work and helps you to easily identify if any information is missing.

Team members can easily see and access past visits to help with rooming and documentation.



Case request

Case requests can easily be done from CorCare for those needing to book operating room procedures.

Preparing and pending orders

Orders can be pended for provider sign off using SmartSets or a specialty preference list. Once pended, the provider can make changes to the order before they sign. Referral orders have been built for each specialty.

Multidisciplinary clinic visits

Clinicians can quickly and easily change the context within CorCare to access and document relevant history questions specific to each clinic.

Communication and documentation

In Basket

In Basket is CorCare's communication hub, where users can send and receive messages and work through tasks. Staff can quickly complete tasks by marking a message as done or reviewed, or by following up in other ways.

There will be three main In Basket pools at NL Health Services: Nursing and health disciplines, clerical and admin and referral triage. Clinic managers will populate each pool based on individuals working at each clinic. New staff can be easily added.

A pool is a group of people who receive a single message that requires action from any one person in the group. When one person in the pool completes the task and marks the message as done, the message disappears from all other pool members' In Baskets. It is a major CorCare functionality that staff will use daily to keep track of tasks.

Pended orders are routed to and from providers via In Basket for signature. New medications can be pended by nurses if they are on the CorCare preference list, which is determined at the specialty-level.



In Basket files incoming messages into specific folders, helping receivers to sort and view messages and tasks appropriately.

Patient encounters

An encounter in CorCare is a clinical contact, such as an office visit, an admission or a telephone conversation. When more than one assessment or procedure takes place during a visit, it is still considered one encounter.

Most note types are considered encounters: refill and medication, letters, documentation, telephone, etc. An encounter must be closed after the action is completed or it remains in the initiator's In Basket. Consistency in encounter documentation improves data quality and patient outcome analysis.

During telephone encounters, staff can document by selecting the reason for the call from a list, pull in demographic information and note any action taken and follow ups.

Templates for SmartPhrases, patient instructions, etc. can be shared between teams.



How does CorCare benefit us?

- Patient scheduling is completed in one system.
- Easier order management process
- Access to patient chart as single source of truth.



Scheduling

Consent and history

Prior to the exam, patient consent and relevant history is collected as appropriate in communication with the patient, social worker or the family. Historical information is stored centrally for all care team members.

Scheduling exams

Outpatient exams will be scheduled by clerical staff or booking clerks across all modalities after protocolling by a radiologist if needed. Inpatient exams are initiated and ordered within CorCare by the most responsible physician. Inpatient and emergency orders will be added onto the schedule by technologists or flow coordinators.

All exams, including walk-ins, will be added to the schedule providing scheduling visibility to radiology staff.

Patient care

Patient chart review

The patient chart is reviewed to verify the type of exam scheduled for patient.

Exam

Patient exams results are shared with the ordering provider in CorCare or in some cases sent via CorCare Care Link to the referring provider. Patients will also be able to access their results and appointment information via MyHealthNL (powered by CorCare).



Contrast ordering and administration

Technologists will be responsible for documenting the administration of contrast in CorCare. To do so, a contrast order needs to be placed by the technologist within the begin exam navigator. The technologist will then be able to administer the contrast utilizing the meds admin section of the end exam navigator.

Actionable findings

Urgent findings and associated recommendations will be documented by the radiologist in CorCare for any radiology report that contains a finding. This allows for ease of follow up care by referring providers, such as placing a follow up imaging order, as well as communication between radiology and referring providers.

Discrepancies

A difference between radiological findings and other medical data or interpretations. E.g. when an emergency department physician, resident, or fellow provides a preliminary read (wet read) that the staff radiologist disagrees with. Discrepancy findings will be documented in CorCare.

Label generation for biopsy/specimen

Technologists will now be responsible for generating specimen/biopsy labels for the exams. They will place the order for the specimen within CorCare. The label will then be printed at technologist workstations. Label generation will no longer need to go through registration.

Requisition transcription

An order is required to schedule an imaging appointment in CorCare. All imaging exams must be ordered electronically via CorCare or CorCare Link, except for X-ray exams which can be ordered via paper by external physicians. Clerical staff must transcribe any externally received paper X-ray requisitions into CorCare through ancillary orders. Clerks will scan in the external requisitions, so they are available for technologists and radiologists to view in the system.

Communication

Exam review and verification

Exam results are visible in CorCare and will be verified with providers in the system.



Add-on exams

Add-on exams are discussed and communicated with relevant clinical teams, such as nurses. Communication can be completed using In Basket messaging in CorCare.

Patient location

Patient location or clinic (e.g. orthopedic) and status (e.g. imaging complete) during exam is communicated in CorCare to relevant clinical teams.

Administration

Patient registration

Validation and updating patient registration and insurance information occurs at registration.

Charge processing

Professional fees are triggered once the exam reaches 'final' status. Professional fees triggering in CorCare will continue to be acted upon in downstream systems to be sent to the Medical Care Plan (MCP).

Data consolidation

Data, such as exam volumes from Radiant, are provided through easily accessible dashboards. These dashboards can be used to help with forecasting.

Radiant is an CorCare module used to order, schedule and perform imaging procedures.



How does CorCare benefit us?

- Lab orders now incorporate clinician questions, reducing the number of corrections downstream in the lab.
- Specimens are labeled at bedside, decreasing risk of confusion or error in transcription and communication.
- Built-in scanning for ID bracelet and sample label in collection process improves patient safety.



Pre-analytical

Order receiving

Lab requests are received electronically from ordering providers who complete clinician questions to illustrate the tests they want to have completed.

Specimen collection

Orders entered electronically by a clinician will automatically fall on a unit worklist (to be collected by nurse) or phlebotomy worklist (to be collected by lab). Nurses and phlebotomists can change orders from unit to lab collection as needed for collection. Phlebotomists will collect specimens using Rover devices and mobile printers to facilitate accurate and timely collection.

Positive patient identification (PPID)

Positive patient identification (PPID) is integrated with the blood draw process for patient ID band scanning. This provides automated documentation in the patient chart as an extra layer of protection to make sure the right sample is collected from the right patient at the right time.

PPID is required for all specimen collection except in the OR.

External sample receiving

Received community samples for processing are accessioned and given labels printed in labs. This is the current state for paper requisitions. External sites that use CorCare Care



Link will place orders directly, allowing lab users to receive the orders and relevant information directly in the system.

CorCare Care Link is a web-based portal that gives community partners select access to NL Health Services' patient database and functionalities.

Shared samples

When two labs share a sample, a process for identifying these samples is required. Collectors are responsible for labeling for multiple tests and departments as needed.

Add-on samples can be ordered using the prompt in CorCare to print and add labels to additional samples. Different labels indicate additional tests.

Labs will receive an In Basket message to approved add-on requests for lab specimens.

Analytical

Test resulting

Test resulting is completed directly in CorCare without the need to manually release results in the data innovations middleware. Once results are finalized, providers and users will be able to view results in CorCare as applicable.

Dashboard and pending samples

A dashboard in CorCare monitors and alerts turnaround time of samples. The outstanding lists tab shows pending samples to be resultated.

Label creation and logging

Labels for samples are printed by the collector from CorCare, placed precisely by the collector, and used by lab instruments for automated reading. Completed samples are logged directly into CorCare without having to print a second label.

Specimen tracking systems help teams communicate sample locations. Storage Tracking (post-analytical) in Cerner and Tube Tracker (pre-analytical) functionalities are available in CorCare and can be tracked via dashboard.



Labels must be positioned correctly on the tube and in the correct order by the collector (where there are multiple labels required) for instrumentation.

Any errors in labeling will result in significant rework to reprint and relabel prior to being run in the analyzers.

Post-analytical

Transcription and documentation

SmartText and SmartPhrases are used for efficient, standard documentation and formatting of results across all areas.

SmartTexts are standard templates or blocks of texts used to write routine patient instructions and other types of documentation.

Any errors in labeling will result in significant rework. SmartPhrases allow you to type a few characters that will automatically expand to a longer phrase, paragraph, or template to reprint and relabel prior to being run in the analyzers.

Results analysis

Critical lab results that require a phone call to the patient care team require documentation in the CorCare communication log to proceed with result validation.

Results review

Test results are stored as discrete values which allow care team members, patients and families to see how results have changed over time, and the easier interpretation of trends.

Specimen cancellation and reordering

If testing cannot be performed, the lab technician contacts the provider via phone to ask if the test should be routed for re-collection.

If unable to reach the provider to receive recollection approval, the lab technician cancels the test. Specimen cancellation is then communicated to provider via In Basket.

In Basket is CorCare's communication hub, where users can send and receive messages and work through tasks.



How does CorCare benefit us?

Order management

Streamlined orders

No more paper orders: faster, more accurate orders; creating and managing chemotherapy orders is faster and more reliable.

Pre-built protocols

Pre-built protocols reduce workload, minimize errors, and free up more of your time to focus on patient care.

Personalized treatment plans

Treatment plans can be easily customized to meet individual patient needs, as protocol changes can be propagated forward.

E.g. If a physician prescribes a dosage that is higher than the default dose, this can be applied to all future treatment cycles by simply clicking a check box without having to manually update each treatment cycle.



Patient safety

Automatic checks

CorCare automatically checks for potential drug interactions, dosing errors, and other safety concerns in real-time. This feature helps to detect issues before they affect patient care, ensuring treatments are as safe and effective as possible.

Dosage tracking

Staff will be able to track lifetime dosages of specific chemotherapy medications. If a patient has received treatment previously, this can be easily updated in the patient chart to track the cumulative dosage of medication.



Patient access

MyHealthNL

Through MyHealthNL (powered by CorCare), patients can access their notes and medication lists. This empowers patients to manage their own health and reduces the burden of care on staff.

Patients can also input self-reported assessments, which will flow directly into the patient's chart, reducing the time spent on transcribing paper copies.

Visits

Medication preparation

Pharmacists can use the advance prep functionality to review orders for patients before their appointments. This will ensure that medication is already prepared when the patient needs it, reducing waiting times for patients and staff.

Patient tracking

Clinic schedules will allow you to easily track the patient journey, including where they are within the organization.



How does CorCare benefit us?

- Improved communication with clinical teams. E.g. You can now receive alerts for emergency department admissions and In Basket notifications regarding visit cancellations, research results and recruitment notifications.
- Increased awareness by clinical teams of clinical research participation and research flags.
- Research orders will be pended by clinical research personnel.
- Research orders must be signed for this to be actionable.



Study start-up

Study intake and creation

Study teams will have to complete a ServiceNow ticket and the study intake form for a study record to be built in CorCare.

Recruitment and enrollment

Research identification

A flag is placed on a patient's storyboard to indicate that they are enrolled in a study.

Approaching and enrolling

Reporting and SlicerDicer functionalities make it easier to identify patients who may be eligible to participate. Patients can indicate their interest to participate in research studies through MyHealthNL (powered by CorCare). Patients who have indicated their interest and those who have not yet made an indication may be contacted for recruitment through MyHealthNL. These tools may enhance recruitment of patients and families, giving them more opportunities to participate in research studies.

SlicerDicer is a self-service reporting tool that provides users with intuitive and customizable data exploration abilities.



Ordering workflow

Research orders are pended in CorCare and are routed to a specific provider for signature. The Beaker icon is a visual reminder to the clinical team that orders are for research.

Visits

Patient visit

Research staff will associate patient encounters with research studies. Research documentation for notes, flowsheets, specimen collection, etc. will be recorded in CorCare.

Adverse events

Adverse events can be documented in CorCare in the research record.

Lab review

Teams will have the option to view all research-related results or only abnormal ones in CorCare. Teams can choose to route results to the principal investigator, research coordinator or other research contacts, set at study level.

Research and MyHealthNL

In MyHealthNL, patients can view their consent form, answer questionnaires or sign additional consent forms as required.

Data

Monitor workflow

Study team releases patient records to monitors using CorCare Care Link for a minimum of one day, up to a maximum of five days. Study teams will request access to get monitors accounts for CorCare Care Link.

Charge review and reconciliation

Charges captured in CorCare for patients enrolled in a study are reviewed by the research team.

CorCare Care Link is a web-based portal that gives community partners select access to the patient database and functionalities.



How does CorCare benefit us?

- Improves scheduling and reduces transcription errors with the introduction of electronic case requests.
- Improved collaboration across multi-disciplinary teams using Procedure Pass which automatically generates tasks based on clinical decisions. Tasks assigned and progress will be visible to all multi-disciplinary team members. Lines, drains and airways are documented on avatars within CorCare, allowing for easy sharing across departments.
- Research orders must be signed for this to be actionable.



Scheduling

Electronic case request

A case request is a request for time in the operating room (OR) and outlines key details of the case such as the patient, OR location, and procedure.

Providers will now be able to view their preference cards while placing a case request and save favorite common case types to streamline the process. Case requests will be shared with team members.

Procedure pass

Procedure pass is a tool for auto-generated tasks across multidisciplinary teams. Based on the clinical decisions, tasks are initiated based on the workflow (i.e. required labs, documents, and periop preparation tasks, etc.). The entire team can see each person's task and their progress.

Pending cases that need to be scheduled are visible to the periop team.

Integration into one system reduces the number of transcription errors and improves efficiency of surgery scheduling.



Continuity of care

Phases of care

Orders in all procedural ancillaries use phases of care, which indicate at what stage of the patient's perioperative journey should orders be acted upon (e.g. pre-procedure, intraprocedural, PACU/recovery), including patients that move between service lines

Status board

Status board allows for real time visibility of patient's case progress status and care.

Periop supply chain

Supply/Implant workflow

Supplies are interfaced directly into CorCare and will provide end-users ability to document about them all within CorCare.

Supplies which are documented on will report on actual and predictive usage, costing, and recall data for implantables, requiring less manual intervention for material management team.

Optime and anesthesia

Documentation

A patient's anesthesia chart can be opened by multiple users simultaneously. Anesthesia computers in the OR utilize touch-enabled screens for anesthesia documentation that will be easier and more efficient.

On-the-go

Physicians and nurse practitioners will be able to access CorCare platforms on mobile phones and iPads using Haiku and Canto.



Operating room

Supply scanning

Nurses use a barcode scanner to scan supplies used for a patient. The scanned supplies are automatically documented in the patient's chart.

One-step medications

Medications given in the OR can be seen on the Medication Administration Record (MAR) for other clinical staff to see.

Electronic specimen records

Electronic specimen records in the OR generate an order to the lab and a label for the specimen. No more handwriting lab slips and labels.

Avatar

Documentation of lines, drains and airways (LDAs) are shared in a central location in CorCare with other care teams and with added specificity, using the LDA Avatar.

OR dashboard

OR leaders may quickly select and access relevant activities and reports, such as on time starts and previous month volumes, by location or other key surgical metrics.

Recovery

Flowsheets

Flowsheets in CorCare allow for documenting assessments over time throughout a patient's recovery care.



Quick links to resources

- Project Connect page on NL Health Services' website
- Project Connect forum demonstrations
- Project Connect newsletter
- CorCare essentials (EPR newsletter for providers)
- Manager speaking notes
- Frequently asked questions

Have a question?

Connect with the team at corcare@nlhealthservices.ca