

# Electronic Health Record Update

## Island Health

Volume 8, Issue 11

October 7, 2024

**Intended Audience:** All Island Health Clinicians and Members of the Medical Staff using PowerChart and FirstNet

### Topic/Summary:

1. Update to the M2 MOST Order
2. Electronic Referral Workflow Updates
3. New Consult Orders for the 2SLGBTQIA+ Liaison Nurse
4. Pediatric Surgery Order sets placed on all Surgeon Quick Orders pages
5. Update Linked Requisition for Miscellaneous Non-Blood Specimen CPOE Order

## ~ WHAT'S NEW? ~

### 1. Update to the M2 MOST Order (Clinicians and Members of the Medical Staff at all sites)

#### Bringing Meaning to M2:

Medical Orders for Scope of Treatment (MOSTs) are a tool by which patients' **Expressed** values and preferences for care can be **Heard** and **Respected** within our healthcare system. They are not a menu of, "patient would want this, but not that"; rather, the intervention levels in a MOST represent the approach to care that aligns with a person's priorities. A MOST must be based on thoughtful conversations with people or their substitute decision makers about what really matters most to them. While only a physician or nurse practitioner can write a MOST, every clinician can play a role in patient-centred care by engaging in goals of care conversations, documenting them in Cerner and identifying the need to review or complete a MOST.

Confusion about MOST still exists amongst health care professionals, notably around "what is the scope for the M2 designation?", particularly in acute care settings. On **Tuesday October 8**, the description text for M2 in Cerner will change to read: "**M2- symptom management, less invasive approach**", with the goal of bringing more meaning to the M2 designation. This change seeks to provide clarity around M2 and guides us to engage in patient-centered "intensive caring" that promotes day-to-day quality of life, without intensive tests and treatments. Sometimes in the last phases of life, shifting focus away from invasive medicine and towards symptom control can help deepen the person's important connections and affirm a rich meaningful life, however that is defined by them.

Dr. Harvey Cochinov, a highly decorated psychiatrist who has spent his career studying dignity in healthcare, talks about the "Platinum Rule": **do unto patients as they would want done unto themselves**. When we treat patients aligned with what matters to them, we can support them through every phase of their healthcare journey, whether that be returning to wellness after an acute injury or illness or walking alongside them to demedicalize care in the last phases of life.

If you have more questions about M2 and its use in healthcare, please don't hesitate to reach out to the Expressed, Heard & Respected team (ACP & MOST) at Island Health: [most@islandhealth.ca](mailto:most@islandhealth.ca). We welcome opportunities to talk about this important level of intervention.

*Dr. Rachel Carson and the Expressed, Heard & Respected team*

**What to Expect on October 8:**

- Updated wording for the M2 intervention level.  
M2 Order Before:

\*Intervention Level:  ▾

- M1 – Supportive care & symptom mgmt
- M2 – treatment current care location only**
- M3 – treatment including transfer care
- C0 – ICU PRN. No CPR, No Intub
- C1 – ICU/Intub PRN. No CPR
- C2 – ICU/Intub/CPR PRN

M2 Order Afterwards:

\*Intervention Level:  ▾

- M1 – Supportive care & symptom mgmt
- M2 – Symptom mgmt, less invasive approach**
- M3 – treatment including transfer care
- C0 – ICU PRN. No CPR, No Intub
- C1 – ICU/Intub PRN. No CPR
- C2 – ICU/Intub/CPR PRN

- Updated reference text attached to the order to support conversations with patients about the various intervention levels. This includes adding a link to a [Patient/Family Tool for Conversations](#) document.

**Medical Orders for Scope of Treatment**

MOST (Resuscitation ... Order 04-Oct-2024 15:50 ... 04-Oct-2024 15:50 PDT, M2 –Symptom mgmt, less invasive a...

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**MOST Decision Support Tools**

MOST is completed as a result of an Advance Care Planning (ACP) and Goals of Care conversations. Consider using the Conversation Guide for ACP and Goals of Care below:

<p><b>Conversation Guide for ACP &amp; Goals of Care:</b></p> <p><i>Keep in mind that ACP is an ongoing process and may take several conversations over time</i></p> <p>Questions you can consider asking:</p> <ul style="list-style-type: none"> <li>What do you understand about your illness?</li> <li>How much information would you like about what to expect with your illness? <i>Tip: Some people like to know about how much time they have, others like to know about what to expect, others like both</i></li> </ul> <p><b>Offer to provide your view of prognosis and possible trajectory, tailored to information preferences</b></p> <ul style="list-style-type: none"> <li>Have you talked with anyone about your health goals or preferences? Do you have an advance care plan? Do you know what I mean by an advance care plan?             <ul style="list-style-type: none"> <li>if yes: discuss details.</li> <li>if no: then ask, "If medical decisions need to be made about your care and you are unable to speak for yourself, who would you want me to speak to about your wishes?"</li> </ul> </li> <li>If your health situation worsens, what are your most important goals of care?</li> <li>What are your fears or worries about the future?</li> </ul>	<p><a href="#">Patient/Family Tool for Conversations</a></p> <p><b>My Goals of Care</b></p> <ul style="list-style-type: none"> <li>My goal is to have a natural death. I want to receive care to ease pain and manage symptoms of my underlying illness. I want care provided within my current location when possible.</li> <li>My goal is to have readily reversible medical conditions treated, within my current location of care when possible. Treatment would be non-invasive and allow for a natural death. Transfer to higher level of care if comfort needs cannot be met in current location.</li> <li>My goal is to have my illness cured and/or controlled when possible. I know I may be temporarily transferred to a different care setting for tests or treatment, but I do not want to be transferred to a critical care unit.</li> <li>My goal is to have my life preserved and to have any medical problems reversed if possible. I want admission to critical care, including major or invasive procedures if offered. I would not want intubation or CPR.</li> <li>My goal is to have my life preserved. I want admission to critical care and all critical care interventions offered, including intubation if needed, but not CPR.</li> <li>My goal is to have my life preserved. I want admission to critical care and critical care interventions offered, including intubation and CPR.</li> </ul>	<p><b>MOST (doctor or nurse practitioner's order)</b></p> <ul style="list-style-type: none"> <li><b>M1</b> Supportive care, symptom management and comfort measures.             <ul style="list-style-type: none"> <li>*M stands for Medical Orders                 <ul style="list-style-type: none"> <li>Allow for a natural death.</li> <li>Life support measures will not be used if your heart stops or if you stop breathing.</li> </ul> </li> </ul> </li> <li><b>M2</b> Medical treatment within current location of care. Transfer to higher level of care if comfort needs cannot be met in current location.</li> <li><b>M3</b> Medical treatments including transfer to a higher level of care, excluding critical care.</li> <li><b>C0</b> Critical care interventions, excluding CPR and intubation.             <ul style="list-style-type: none"> <li>*C stands for Critical Care Orders                 <ul style="list-style-type: none"> <li>Attempt to extend or preserve life through aggressive treatments provided in critical care environments (e.g. ICU).</li> <li>These orders are not typically used if you are at the natural end of your life.</li> </ul> </li> </ul> </li> <li><b>C1</b> Critical care interventions including intubation, but excluding CPR.</li> <li><b>C2</b> Appropriate critical care interventions, including, CPR and intubation.</li> </ul>
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**REFLECT**

- Prognosis:** Did I talk about his/her prognosis?
- Preferences:** Did I ask about preferences for future health care?
- Goals:** Did I ask about their goals and/or values? What does he/she want to do with the time that is left?
- Substitute Decision Maker (SDM):** Do I know whom to contact if the adult cannot communicate their wishes? Or did I include the SDM if the adult

**What You Need to Know:**

This new status will display across the record in all the locations where MOST can be pulled through. This includes Banner Bar, Provider View, Handoff tab, Care Compass and more.

MOST: M2 –Symptom mgmt, less invasive approach, Ordered on: 02/10/24  
Allergies: No Known Allergies

ZYXTESTING, CPOE MG 34 yrs F  
DOB: 10 MAY 1990  
MRN: 02604959

M2 –Symptom mgmt, less invasive approach

### **MOST**

Intervention Level: M2 –Symptom mgmt, less invasive approach (02/10/24)

MOST Ordered By: Test DR, Physician Hospitalist (02/10/24)

## 2. Electronic Referral Workflow Updates (all Clinicians and Members of the Medical Staff at activated sites)

### What We Heard:

With Computerized Provider Order Entry (CPOE) activations, a method of completing and tracking outgoing electronic referrals is needed.

### What We Did:

We added an eForm component to the Table of Contents to ensure ease of access to electronic referral forms.

### What You Need to Know:

When placing an order for an electronic referral, you may be instructed to complete an associated eForm:

Decision Support  
Identified Order:  
Referral to Adult Diabetes Services, Outpatient

Reference  
Referral to Adult Diabetes Services, Outpatient

Search

CarePlan information Chart guide **Nurse preparation** Patient education Policy and procedures Scheduling information

Clinic Name: Adult Diabetes Services

Clinic	Phone	Fax
Adult Clinic, RJH	250-370-8322	250-370-8357
Diabetes in Pregnancy Clinic, VGH	250-727-4526	250-727-4168

Additional Information:  
This is an Outpatient Referral and requires a paper document to be completed and filed out. This can be found in the eForm Component either in the Table of Contents or the Provider View Workflow mPages. Please complete the following

**eForm: Adult Diabetes Services Referral**

Print OK

The eForm component can be conveniently found on the Legacy Menu and within Provider View:

Patient Information  
MAR Summary  
Medication List + Add  
Plan of Care Summary  
Sepsis Antibiotic Advisor  
**eForm**  
Transfusion Medicine Summary C...  
Historical View  
Recent Patient Medications

New Order Entry  
Discharge Plan  
Media Gallery (0)  
**eForms**  
Create Note  
Progress Note (SOAP)  
Progress Note (Vitals and Lab)

eForms  
Enter Keyword

- Orders with required eForms
- + Provider Orders
- + Administrative Scanned
- + CICAPP CYFMH Intake Referral F
- + Correspondence/Letters
- + History and Physical

**Note:** Once the eForm is completed, it must be printed and faxed to the receiving site. A copy of the completed eForm will remain in the chart under Clinical Notes and Results Review. (Reminder: some eForms may still require a signature.)

**For more information, please follow the links below:**

Nursing/Clinicians:

- [Initiating Referral Orders - Clinicians](#)
- [Completing Referral Process with eForms - Clinicians](#)
- [Managing Referral Orders - Clinician](#)
- [Printing and Sending eForms](#)

Nursing Unit Assistants:

- [Managing Referral Order Tasks - NUA](#)
- [Printing eForm from eForm Component - NUA](#)

Providers:

- [Ordering Electronic Referrals and eForms](#)

### 3. [New Consult Orders for the 2SLGBTQIA+ Liaison Nurse](#) *(all Clinicians and Members of the Medical Staff at RJH & VGH sites)*

#### What We Heard:

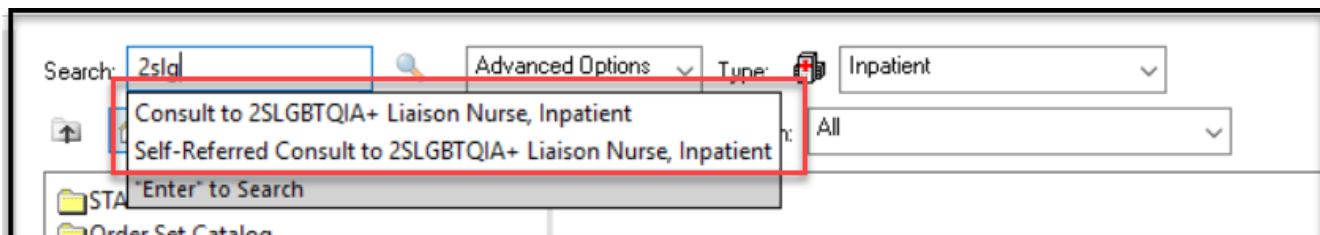
There is a need for an electronic order to request a consult from the 2SLGBTQIA+ Liaison Nurse

#### What We Did:

We created a Provider placed 2SLGBTQIA+ consult order, and a self-referred 2SLGBTQIA+ consult order that can be placed by any Nurse without a provider cosign.

#### What You Need to Know:

Either of these two orders can be placed to request a consult from the 2SLGBTQIA+ Liaison Nurse. Providers should use the 'Consult to 2SLGBTQIA+ Liaison Nurse, Inpatient' order, and nurses should use the 'Self-Referred Consult to 2SLGBTQIA+ Liaison Nurse, Inpatient' order.



### 4. [Pediatric Surgery Order sets placed on all Surgeon Quick Orders pages](#) *(all surgeons at activated sites)*

#### What We Heard:

Surgeons were having trouble finding or were not using pediatric order sets.

#### What We Did:

We have created an Order Set PEDIATRIC folder on all the surgeon specific quick orders pages and placed all pediatric surgery order sets here.

**Order Sets** [Menu]

**Order Sets PEDIATRIC** [Menu]

- PED Surgery Pre-Op (Day of Surgery) PED Surgery Pre-Op (Day of Surgery)
- PED Surgery Post-Op (Multiphase) PED Surgery Post-Op (Multiphase)
- PED Surgery Admission PED Surgery Admission
- NICU Post-Op (Multiphase) NICU Post-Op (Multiphase)

**What You Need to Know:**

Please use these pediatric surgery order sets for anyone age 17 years minus one day.

**5. Update Linked Requisition for Miscellaneous Non-Blood Specimen CPOE Order (all Clinicians and Members of the Medical Staff at activated sites)**

**What We Heard:**

The Miscellaneous Non-Blood Specimen order is used to send out orders that are unavailable to order via CPOE. Reference text generated by this order directs users to write the order on a paper requisition and send it to lab with the specimen. Previous reference text linked to a requisition used for blood specimens, which was confusing.

**What We Did:**

Updated the link within the Miscellaneous Non-Blood Specimen order to direct to the Urine, Fluid, Stool and Stones IP Requisition.

**What You Need to Know:**

Complete the linked form for all Miscellaneous Non-Blood Specimen orders placed via CPOE.

**LABORATORY REQUEST**  
**URINE, FLUID, STOOL, STONES**

PATIENT NAME  
LOCATION  
MRN #  
PHONE  
BIRTHDATE

ORDERING PHYSICIAN: \_\_\_\_\_  
REQUIRED FIELD. Print first and last name clearly; include middle initial

COPY OF RESULTS TO: \_\_\_\_\_

*All Red areas MUST be completed by the requestor*

**Link to EHR Updates:**

<https://intranet.islandhealth.ca/ihealth/Documents/Forms/Time%20Ordered.aspx>

**NEED HELP?**

The Clinical Service Desk (NTT) and Clinical Informatics team are prepared to help with any questions or concerns regarding the update.

**The CSD is available 24/7, seven days a week at 18777, option 3**