

## Top changes for clerical staff when Computerized Provider Order Entry (CPOE) is live at their site\*:

**Unit clerks / nursing unit assistants will see these changes when they start using CPOE:**

### Admission:

1. Perform less chart preparation and management, as orders and documentation move to Cerner.
2. No longer need to transcribe orders as orders will be entered and processed electronically by medical staff via CPOE.
3. Assist with making the chartlet by putting together paper charts.

### Ongoing:

Use the Care Compass task list to review applicable orders or tasks. Continue using Care Capacity Management to move a patient. Assist with transfers for patients that require diagnostic procedures. Maintain process alerts and patient demographics. Enter orders to send meals from the kitchen.

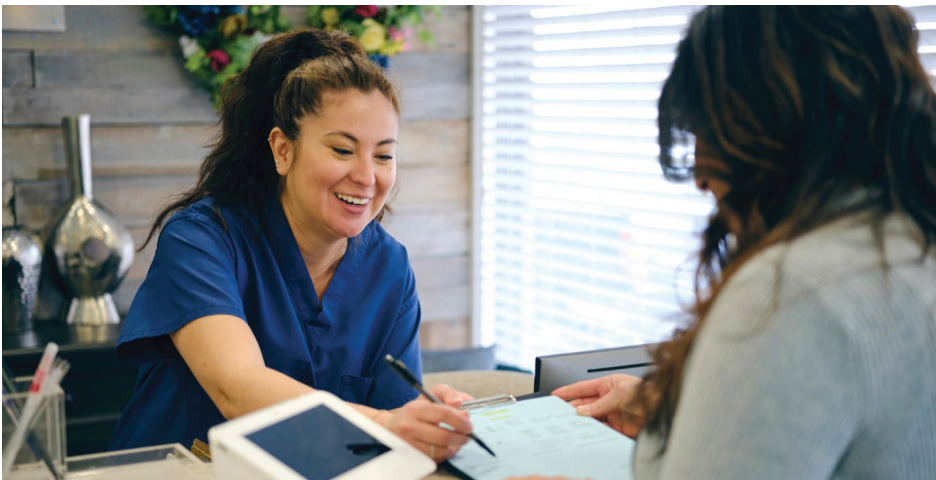
### Discharge/Death:

Discharge patients in Care Capacity Management (CCM). Print discharge printouts or documentations from nursing or medical staff and fax discharge documents. Manage paper death documentation such as Death Certificates and Record of Death, communicating with Registration departments to have a morgue encounter created.

*\*More comprehensive workflow changes, based on specific roles and/or specialties, will be covered in engagement and training activities.*



Clinics will follow the encounter strategy as determined in collaboration with the site. This may require creating a new encounter for every visit for some clinics and may be different from the current state registration practices.



Scan the QR code for digital version

## Scheduling clerks will also see these changes with CPOE:

1. Book appointments electronically. Note: Some requests from internal medical staff will come electronically to a request queue that scheduling clerks will manage.
2. Scheduling requests can be submitted to be triaged (if applicable), prioritized, and the scheduling completed.
3. All appointments scheduled within the EHR will require an associated encounter.
4. Some areas will index electronic documents rather than receive and process paper faxes.
5. Manage referrals electronically and create an encounter at time of referral intake.
6. Check in patients electronically from the Scheduling Appointment Book, which will launch PM Office in Cerner. This is where clerks complete the registration process.
7. Some areas will use Message Centre as a tool to communicate with care team members (e.g. providers, nurses etc.). Communication can be sent to a group (pool) or individually. For example: Clerks have a group (pool) in Message Centre that they monitor, which works like email.

## Medical imaging clerks will also see these changes with CPOE:

1. Use specially designed queues where outpatient orders are placed by medical staff via CPOE are directed and where the request can be submitted to be protocolled, prioritized, and the scheduling completed.
2. Use the Scheduling Appointment Book application to schedule in modality specific scheduling templates.
3. Use a specially designed Inpatient Appointment type as a place holder for inpatient exams.
4. Have a requisition print in MI for all inpatient and outpatient orders once placed by the ordering Provider, except outpatient XR orders (these will print at the ordering location but may be sent to MI).
5. Specify the need for sedation, based on the radiologist's protocol, when scheduling IR appointments.
6. Use the Department Order Entry application to activate future XR orders and to place Duplication orders for creating digital copies of the report to be sent out as requested.



Scan the QR code for digital version