

Implementation of an Electronic ECG System

Frequently Asked Questions

Will this change mean that there will be no more paper ECG's?

All ECG workflow will become electronic and the official record will be digital. However, ECG carts will still contain paper. If an ECG is performed in a trauma bay, a paper strip would still be available for review, to avoid physicians going to a computer station mid-treatment. The paper would contain confidential information & shredded appropriately.



When will this be happening? (Timelines)

Fall 2018. All ECG carts will be digitally converted by the end of November. Sites will be contacted as the paperless rollout plan is implemented.

Will this be the same process currently used for radiologists (Front end dictation, able to view, document and read report electronically?)

Yes, the workflow used by radiologists is available. There are also unique dictation options that will be reviewed with stakeholders to select the best options that fits ECG reporting.

Will physicians be able to access the ECGs from a Tap & Go Machine?

Yes, Tap & Go will allow entry into a workstation to view ECGs

Once ECGs are electronic, will nursing or other users that do not currently do Dept/Order/Entry (DOE) start the DOE process?

We are currently business process mapping the current state. Stakeholders will be involved to determine the future state, which will involve nursing or other staff using DOE as a quality improvement step to reduce errors.

When the final document (report) is available, where will I see the actual ECG?

ECG's will be available to view in PACS system, PowerChart & we are working to incorporate into external EMR's.

How is the project team going to support sites during the transition? Example: what will the transition look like at the site level when these upgrades are being implemented and what will the support look like?

Site visits are being planned with Hands-On training (regional educators, PACS team, AGFA applications) and eLearning hub videos. Resource availability will determine how fast sites can be visited. Business Process Mapping with stakeholder input will determine how sites are affiliated, and best places to concentrate upgrade and training efforts.

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How will a physician be notified that an ECG strip is available in PowerChart (preliminary report)? Also, will there be a notification process when the report is available from the Internists?

Essentially, PowerChart will treat ECG's the same as any other lab or imaging modality. The system can be designed with preliminary and final reports. We can replicate any current notifications used for imaging or labs performed.



How will we be communicating to Chiefs of Staff to organize the implementation schedule? Will Chiefs of staff be engaged with the organization of the implementation planning?

There will be a general implementation schedule communication that reaches all Chiefs of Staff, and the facilities will be contacted directly when there is a schedule in place.

How will we ensure visiting specialists receive this access and training when they come from outside the Health Authority?

eLearning videos and one-on-ones from a site super-user if necessary. There will also be ITS staff available for questions if necessary.

How will we communicating with Lab Techs and Nurses?

Individuals will receive necessary communication, schedule for training and deployment as well as any documentation necessary for training from Chief Tech or Head Nurse.

Will the new machines link up with Cerner, and decrease amount of patient data that needs to be manually entered into the machine? & will this new system decrease labelling errors?

Yes, all ECG carts will be linked to Cerner for Patient Worklist (& have wireless capabilities for transmission). The ECG carts will be capable of using a demographic worklist that reduces/eliminates labelling demographic errors.

For More Information and Questions:

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