



## The SaferCare Initiative Update

### November 7, 2024

### Revised timeline, scope, and site implementation plan

In case you missed the [update](#) that was shared in the summer, here three key points you need to know:

1. **Revised project timeline and scope:** The SaferCare project timeline has been delayed, with the first go-live now planned for October 2025. The scope has been revised due to external factors that cannot be adjusted, leading to limited implementation of some project objectives.
2. **Site sequence and implementation focus:** The project will focus on implementing digital technologies in new hospital builds across four sites: Haida Gwaii (October 2025), Fort St James (November 2025), Terrace (Jan/Feb 2026), and Dawson Creek (late 2027).
3. **Phase 1 scope changes:** Selected clinical services will have limited electronic integration, maintaining hybrid paper and electronic charts. The HealthElife patient portal's advancement will be limited, and integration efforts will focus solely on Pharmanet for medication history and reconciliation.

For more information, see [FAQ SaferCare Part 1 key updates](#).

### SurgCare: Fort St. John is live!

On October 28, Fort St. John went live with digital clinical documentation in their perioperative department. On site support will be available from Oct 28-Nov 8, then remote support from Nov 9-24. This means [NH tracks](#), NH's online surgical tracking tool, is now available for patients and their families.



**Prince Rupert will be on deck next.** Most of the site preparation work is complete. Discussion is underway with project, program, and site leads for a go live date.

Northern Health Tracks 

Tracks ID

Surgery Location: Fort St. John - Fort St. John Hospita

Checked In	Pre Surgery	Surgery	Recovery	Postop Surgery	ICU	Unit/Ward	Home
		FJOR-899	FJOR-1191				

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## Interprofessional Practice Committee: introduction and summary of decisions made so far

The Interprofessional Practice Committee (IPC) is one of the key leadership groups of the SaferCare governance structure and was formed in February 2024. The purpose of the IPC is to provide guidance on design requirements for interprofessional disciplines and other workflow activities with a focus on standard use across the Cerner EHR (electronic health record) platform and related interfaces. The membership of this group covers all disciplines that will use the Cerner EHR.

### Here’s a summary of some of the decisions the IPC group has made so far:

- NH will adopt standard medication times across all facilities.
- NH will use armbands to support positive patient identification in outpatient areas such as ambulatory care and surgery.
- Combination routes (IV/IM) will no longer be ordered for medications.
- NH will no longer be doing duplicate checking for inpatient lab ordering.
- NH will allow delegation of order placement for computerized order entry to nursing and other relevant disciplines using communication types. A new policy will be created. See table below.

**Table: Computerized order entry communication types**

Communication Type	Use Case	Sent for Co-Sign
Telephone	An order is received via telephone from a provider when provider is unable to enter their own orders.	Yes
Verbal	An order received verbally from a provider, who is physically present, in an urgent or emergent situation.	Yes
Nurse Initiated Protocol (Expanded Scope past ED NIP)	To be used by nurses to place a PowerPlan or orders that are agreed to be within their scope, for example Nurse Initiated Protocols (NIP) in the Emergency Dept., OR to place orders under Nurse Autonomous scope, OR to place orders under an NH protocol. Orders are initiated without a co-sign.	No
Initiate Plan	Clinical staff activate a planned phase of a PowerPlan that is already signed by a physician.	No
Proposal	Used when a medical student or other clinical team member is proposing an order for the Most Responsible Provider (MRP).	Yes
No Co-Sign Required	An order which does not require a co-signature. Primarily used by imaging department for things like radiopharmaceuticals during imaging studies.	No



Fax	An order was written on paper, faxed, and then transcribed into the patient chart. Primarily used by locations that use scheduling in Cerner.	No
Downtime Paper	An order is being reconciled in PowerChart after a downtime.	No
Written	An order to be transcribed into a patient chart that was originally received on paper.	No
Conditional (Added with Professional Practice Endorsement)	Used by nurses to place an order in response to a conditional order signed by a physician or nurse practitioner (NP).	No

### We're a year out from the first SaferCare go live – here's what sites can do to prepare

Dajing Giids and Masset will be the first sites to go live with full SaferCare implementation in October 2025. What can other subsequent sites do to prepare for a digital clinical transformation?

#### Medical staff:

- Read about [DMO \(Dragon Medical One\)](#). Using DMO in an EHR can be a real time saver. DMO is available for NH Medical staff to use in clinics as well. So now is the time to learn and practice using DMO. Click here for instructions for [Access and Training to DMO/Dragon speech recognition](#) on [physicians.northernhealth.ca](http://physicians.northernhealth.ca).
- Coming soon: Improved ability to send a Dynamic documentation note to other recipients. This “copies to” pilot project is expected for November 2024. Stay tuned for how to get involved.

**NH staff:** training and preparedness overview will be shared soon!

#### Staff spotlight: meet Dasha Taikh, the new SaferCare Governance Coordinator

Dasha started her role October 25, 2024. As the Governance Coordinator for SaferCare, she will provide governance support for five current committees and several working groups in the SaferCare project governance framework and within the NH current decision-making pathways. Read her introduction here: [Dasha Taikh introduction letter](#).

Welcome Dasha!

