

Improving Mental Health Nursing through Electronic Health Records



Ontario Shores
Centre for Mental Health Sciences

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About Ontario Shores

We are the first Centre in Canada to go live with Meditech 6.0 Advanced Clinical System (ACS), a fully integrated EHR. As a result, we are producing trend-able patient data over multiple admissions, reducing nursing documentation time, increasing patient safety, and enhancing quality of patient care.

Ontario Shores is a leader in mental health care, providing a spectrum of specialized assessment and treatment services for people living with complex mental health issues.



Challenges

Broad Client Base

Forensic

Neuropsychiatric

Seniors

Dually Diagnosed

Youth

Outpatients

Varied processes tailored to each client group

Reliance on repetitive, narrative documentation

Move from custodial care to the Collaborative Recovery Model

Limited software solutions for Mental Health and Tertiary Care



Discussion

Paper Hybrid Electronic



Discussion

- Are you satisfied with your facilities current documentation?
- What are the common challenges you are facing with your current processes? (ex. Duplicate documentation, hard to retrieve past documentation etc.)
- What changes would you like to see in your workplace? (ex. 100% electronic, have some paper/electronic etc.)
- Do your documentation requirements ever limit/preempt patient care?
- What Mental Health nursing processes could benefit from, or be streamlined by, electronic documentation?



Discussion

Paper

- Participant responses

Hybrid

- Participant responses

Electronic

- Participant responses



Summary Panels

Conference, Toronto

33 F 03/10/1978

ADM IN WHAB3L2S01 WHA32555-A

180cm 70kg 1.89m² 21.0kg/m²

Allergy/Adv: acetylsalicylic acid

WM0000171/11

None

WH00000168

E00000179



Clinical Legal/Indicators Demographics Referrals

Problem	Curr Visit	Status	Priority	Diagnosis Date
Chest Pain	✓	Active		

Allergy/AdvReac	Type	Severity	Reaction	Status	Date
acetylsalicylic acid [From A.S.A.]	AdvReac	Intermediate	HEADACHE	Verified	03/10/11

Active Medication	Dose	Route	Freq	Start
Acetaminophen [Acetaminophen]	650 mg	PO	Q3H PRN	04/10/11
Citalopram Hydrobromide [Citalopram Hydrobromide]	40 mg	PO	NIGHTLY SCH	04/10/11
Quetiapine Fumarate [Quetiapine Fumarate]	50 mg	PO	QAMHS SCH	04/10/11
Quetiapine Fumarate [Quetiapine Fumarate]	600 mg	PO	QAMHS SCH	04/10/11
Sennosides [Sennosides]	8.6 mg	PO	NIGHTLY SCH	04/10/11
Zopiclone [Zopiclone]	3.75 mg	PO	NIGHTLY SCH	04/10/11

Home Medication	Instructions	Last Taken	Last Confirmed	Rx
Zopiclone [Imovane]	3.75 mg PO Q1H	Unknown	05/10/11	

Patient Pharmacy

Immunization	Administered	Dose Num	Age	Eligible Date	Recommended Schedule

Medical Summary	Rpt	Last Date

Health Maintenance	Comment	Last Date
Date of Hep A Vaccine	11/11/88	
Date of chicken pox or shingles vaccine	11/11/88	
Date of whooping cough (pertussis) vaccine	11/11/88	

Status Board

Select Visits

Summary

Review Visit

Notices

New Results

Clinical Panels

Vital Signs

I & O

Medications

Laboratory

Microbiology

Blood Bank

Reports

Patient Care

Notes

Refresh EMR

Orders

Amb Orders

Clinical Data

Plan of Care

Worklist

MAR

Write Note

TAR

Discharge

Summary Panels

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Clinical Legal/Indicators Demographics Referrals

Selected Visit All Visits

The information shown below applies to the selected visit.
If this is not the most recent visit, then more recent responses may exist.

Forensic Status

UNFIT RETURN TO COURT

Legal Status / Forensic

Legal Status	Fitness
Date of next ORB	01/11/11
Form Expiry Date	N/A
Index Offence	Arson
Treatment order type	
Return to court date	20/10/11
Date of last ORB	01/11/10
No contact with as per court order	

Consent

Patient capable to consent to treatment	Incapable
Patient capable to manage property	Incapable
Capable to consent to the collection/use/disclosure of PHI	Capable

Privacy Consent Directives

WISHES PRESENCE KNOWN TO VISITORS/CALLERS?	NO
CONSENT TO PROVIDE NAME/LOCATION TO SPIRITUAL ADVISOR?	NO
Verbal consent for C/U/D of PHI with CCAC	No
Patient requested restrictions on C/U/D of their PHI	

Provisional Diagnosis

Axis I	Bipolar 1 Disorder, Most Recent Episode Depressed
Axis II	

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None

WH00000168
E000000179



Activities of Daily Living
ADM IN Acct WM0000171/11
Registered 03/10/2011 20:20

	03/10/11 19:00 06:59	04/10/11 07:00 18:59	04/10/11 19:00 06:59	06/10/11 07:00 18:59
Elimination				
Toilet use	Independent (+)	Independent (+)	Independent (+)	Independent
Bladder continence	Continent (+)	Continent (+)	Continent (+)	Continent
Bowel continence	Continent (+)	Continent (+)	Continent (+)	Continent
Intervention/Activities	Not Applicable (+)	Not Applicable	Bowel moveme...	Bowel moveme...
Eating				
Eating	Prompt/Remind... (+)	Prompt/Remind... (+)	Prompt/Remind... (+)	Prompt/Remind...
Meal				
Breakfast				
Percent consumed	25%	50%		75%
Diet tolerated	Poor	Fair		Well
Dinner				
Percent consumed			50%	
Diet tolerated			Fair	
Lunch				
Percent consumed				75%
Diet tolerated				Well
Snack HS				
Percent consumed	0%			
Diet tolerated	Refused			
Sleep				
Hours of Uninterrupted Sleep	3 L	4 L		7
Sleep Symptoms	Restless	Wakes During ...		None
Daytime Naps	No	No	Yes	No
Repositioning required	No	No		
Reproductive Functions				
Menses	No (+)		No	No

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- TAR
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Plan of Care

CONFERENCE, TORONTO WH0000168 - PCS Open Chart - HIM Dept: WHA.HIM (WHM/CEL.TEST6.06F/CEL.TEST6.06F) - (T

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Overview Themes Goals Interventions

Type	Description	Status	Start Dt/Tm	Freq	Target
Thm 1	Risk and Safety	Active	03/10/11 21:11		
Goal	- Dec./abstain self-injurious activities	Active	03/10/11 21:11		
Goal	- Develop Safety Plan	Active	03/10/11 21:11		
Goal	- Manage Suicidal Ideations	Active	03/10/11 21:11		
SoC	Standard Intervention Set	Active	03/10/11 20:20		
Int	- Admission - Mental Health History	Active	03/10/11 20:20	ONCE	
Int	- Admission - Nursing Physical Assessment	Active	03/10/11 20:20		
Int	- Activities of Daily Living Assessment	Active	03/10/11 20:20	QSHIFT	
Int	- Mental Status Assessment	Active	03/10/11 20:20		
Int	- Vital Signs	Active	03/10/11 20:20	BIDX3D	
Int	- Height & Weight	Active	03/10/11 20:20	ONCE	
Int	- Waist Circumference	Active	03/10/11 20:20	Q4WK	
Int	- IP&C - Admission Assessment	Active	03/10/11 20:20	ONCE	
Int	- FRI Screening - Daily	Active	03/10/11 20:20	Q11AM	
Int	- Conference/Plan of Care/ TX Plan Review	Active	03/10/11 20:20		
Int	- Patient Story	Active	03/10/11 20:20		
Int	- Psychosocial Assessment	Complete	03/10/11 20:20	ONCE	
Int	- Sign Out Form	Active	03/10/11 20:20		
Int	- Sign In/Out Form: Contact	Active	03/10/11 20:20		
Int	- Sign In Form	Active	03/10/11 20:20		
Int	- Sign In/Out Form: Voluntary	Active	03/10/11 20:20		
Int	- Fall Risk Assessment	Active	03/10/11 20:20	ONCE	
Int	- Behavioural Profile Assessment	Active	03/10/11 20:20		
Int	- Incident Log	Active	03/10/11 20:20		
Int	- Risk Assessment	Active	03/10/11 20:20		
Int	- Risk for Suicide Assessment	Active	03/10/11 20:20		
Int	- Discharge Checklist	Active	03/10/11 20:20		
Int	- Privacy Assessment	Active	03/10/11 20:20	ONCE	
Int/Ord	- Intake and Output	Active	03/10/11 20:34	Q4HR	
Int	- MDS-MH Admission Assessment	Inactive	03/10/11 00:00	ONCE	
Int/Ord	- Observation: Constant	Active	03/10/11 20:34	Q15M	
Int/Ord	- Restraint CSM Assessment	Active	03/10/11 20:34	Q15M	
Int/Ord	- Restraint/Seclusion Monitoring	Active	03/10/11 20:34	Q1H	

Add Insert Under Detail Document Change View Reviewed Rank Utility

Restraints Panel

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None

WH00000168

E00000179

Restraints
ADM IN Acct WM0000171/11
Registered 03/10/2011 20:20

	03/10/11 21:00 21:14	04/10/11 07:30 07:44	04/10/11 10:45 10:59	04/10/11 11:15 11:29	04/10/11 16:00 16:14
Restraint Summary					
Restraint					
Edema Type	None		None	None	
Pulse Strength	Normal		Normal	Normal	
Capillary Refill	Immediate		Immediate	Immediate	
Sensation Description	Normal		Normal	Normal	
Skin Temperature	Cool		Cool	Warm	
Skin Color	Normal		Normal	Normal	
Signs of Injury Related to Restraints/Seclusion	No		No	No	
Patient Care Performed		Nutrition/Hydr... Repositioning/R... Physical Statu... Psych. Status/...			Nutrition/Hydr... Repositioning/ Hygiene/Elimir... Physical Statu... Psych. Status... Mobilization Mouth care Ongoing supp...
Left Radial					
Pulse Strength		Normal			Normal

Active Medications

Ambulatory Medications

Status Board

PCS Status Board - HIM Dept: WHA.HIM (WHM/CEL.TEST6.06F/CEL.TEST6.06F) - (TEST 6.06) - Zelsman, Jessyca (Huron, MI)

Dept: **None** Site: **Default**

PRB
14 patients as of 04/10/11 20:09

Name	Off/On Unit ▲	LOA	Contact
BURNATT,BOB	03/10/11 21:04 Signed In/Out:	Out Yes	
Pharm,Daisy	03/10/11 21:01 Signed In/Out:	Out Yes	
TARLEK,BUNNY	03/10/11 21:00 Signed In/Out:	In No	
CONFERENCE,TORO...	03/10/11 20:58 Signed In/Out:	In No	
ISLEY,ARNOLD	03/10/11 20:53 Signed In/Out:	Out Yes	
FERRYMAN,RANDAL...	03/10/11 20:52 Signed In/Out:	Out No	
PESOLA,DON	03/10/11 07:30 Signed In/Out:	In No	
MARCUS,SPARKY	03/10/11 00:45 Signed In/Out:	Out Yes	
strummer,joe	25/08/11 14:35 Signed In/Out:	Out No	
ARMOUR,JOYCE	09/08/11 13:41 Signed In/Out:	Out Yes	
BUCHANAN,CLORIS	09/08/11 11:23 Signed In/Out:	Out Yes	
SIMS,GORDON	09/08/11 08:02 Signed In/Out:	In No	09/08/11 08:01 Method of contact: Phone 09/08/11 08:01 Location during contact: build 5 level 2
CARAVELLA,JOHN ...	08/08/11 16:17 Signed In/Out:	In No	08/08/11 16:16 Method of contact: Phone 08/08/11 16:16 Location during contact: canteen
ERNHARDT,REX	08/08/11 15:28 Signed In/Out:	In No	

ORB Level	Level 4 - Hosp./Grounds
ORB Parameters	• Up to 2 hours, 0800-2100 hrs, contacts at 60 minute intervals
Last Mental Status Assessment	09/08/11 09:29 Outcome for use of privileges: Privileges Granted
Time of Next Contact/Return	09:00
Clothing Description	black hat shirt shorts and shoes
Accompanied By	self
Approved Person	
Location of Privilege Use	the rocks
Date of Return from LOA	

Mental Status Assessment

[-] Mental Status Assessment ✓

[-] Appearance

Grooming	<input type="radio"/> Neat <input type="radio"/> Overly meticulous <input type="radio"/> Unbathed <input checked="" type="radio"/> Unkempt <input type="radio"/> Malodorous
Dress	<input type="radio"/> Appropriate <input checked="" type="radio"/> Dishevelled <input type="radio"/> Clean <input type="radio"/> Unclean <input type="radio"/> Unusual
Posture	<input type="radio"/> Comfortable <input checked="" type="radio"/> Slumped <input type="radio"/> Rigid <input type="radio"/> Peculiar body posture <input type="radio"/> Slouched <input type="radio"/> Threatening
Eye contact	<input type="radio"/> Attentive <input checked="" type="radio"/> Avoidant <input type="radio"/> Staring <input type="radio"/> Fleeting

[-] Behaviour

Motor activity	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Psychomotor retardation <input type="checkbox"/> Hyperarousal <input type="checkbox"/> Psychomotor agitation <input type="checkbox"/> Enters others space/intrusive <input type="checkbox"/> Compulsive behaviors <input type="checkbox"/> Rigidity <input type="checkbox"/> Unusual or abnormal physical movements
Other or further description	
Attitude during interaction	<input type="checkbox"/> Cooperative <input type="checkbox"/> Apprehensive <input type="checkbox"/> Suspicious <input type="checkbox"/> Angry <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Guarded <input type="checkbox"/> Irritable <input type="checkbox"/> Paranoid <input type="checkbox"/> Apathetic <input type="checkbox"/> Aggressive <input type="checkbox"/> Seductive

[-] Speech

Speech	<input type="checkbox"/> No abnormality <input type="checkbox"/> Pressured <input type="checkbox"/> Echolalia <input type="checkbox"/> Aphasic <input type="checkbox"/> Unable to Assess <input type="checkbox"/> Rapid <input type="checkbox"/> Incoherent <input type="checkbox"/> Unable to speak <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Selective mutism <input type="checkbox"/> Paucity
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[-] Mood

Mood: patients statement	I don't want to be here
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[-] Affect

Affect quality	<input type="radio"/> Euthymic <input checked="" type="radio"/> Sad <input type="radio"/> Anxious <input type="radio"/> Fearful <input type="radio"/> Dysphoric <input type="radio"/> Elated <input type="radio"/> Angry <input type="radio"/> Irritable
Affect range and intensity	<input type="checkbox"/> Flat <input checked="" type="checkbox"/> Blunted <input type="checkbox"/> Normal <input type="checkbox"/> Expansive <input type="checkbox"/> Labile <input type="checkbox"/> Constrictive
Affect congruency to content	<input checked="" type="radio"/> Yes <input type="radio"/> No
Affect congruent to mood	<input checked="" type="radio"/> Yes <input type="radio"/> No

Mental Status Assessment

Thought Process

Thought process	<input type="checkbox"/> Unable to assess <input type="checkbox"/> Goal directed <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations	<input type="checkbox"/> Flight of ideas <input type="checkbox"/> Incoherence <input type="checkbox"/> Word salad <input type="checkbox"/> Clang associations <input type="checkbox"/> Neologisms	<input type="checkbox"/> Confabulation <input type="checkbox"/> Perseveration <input type="checkbox"/> Thought blocking <input checked="" type="checkbox"/> Concrete
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Thought Content

Thought content	<input type="checkbox"/> Unable to assess <input type="checkbox"/> Homicidal ideation <input checked="" type="checkbox"/> Suicidal ideation <input type="checkbox"/> Ideas of reference <input type="checkbox"/> Preoccupation <input type="checkbox"/> Thought broadcasting <input type="checkbox"/> Intrusive thoughts or flashbacks <input type="checkbox"/> Magical thinking <input type="checkbox"/> Thought insertion <input type="checkbox"/> Poverty of content	<input type="checkbox"/> Thought withdrawal <input type="checkbox"/> Statements of hopelessness <input type="checkbox"/> Made Negative Statements <input type="checkbox"/> Self-depreciation <input type="checkbox"/> Expressions of guilt or shame <input type="checkbox"/> Inflated self worth <input type="checkbox"/> Obsessions <input type="checkbox"/> Anxious complaints <input type="checkbox"/> Fears/phobias <input type="checkbox"/> Repetitive health complaints
Thought content: Comments		
Delusions	<input type="checkbox"/> Control <input type="checkbox"/> Persecution <input type="checkbox"/> Nihilistic <input type="checkbox"/> Religious <input type="checkbox"/> Somatic <input type="checkbox"/> Grandiose	

Perceptual Disturbances

Perceptual disturbances	<input type="checkbox"/> Auditory hallucinations <input type="checkbox"/> Tactile hallucinations <input type="checkbox"/> Gustatory hallucinations	<input type="checkbox"/> Command hallucinations <input type="checkbox"/> Visual hallucinations <input type="checkbox"/> Olfactory hallucinations	<input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealisation <input type="checkbox"/> Illusions
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Sensorium and Cognition

Alertness	<input type="radio"/> Alert <input type="radio"/> Lethargic <input checked="" type="radio"/> Drowsy <input type="radio"/> Stuporous
Orientation	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time
Concentration	<input type="radio"/> Attentive <input type="radio"/> Hypervigilant <input checked="" type="radio"/> Distractible <input type="radio"/> Limited
Short memory impairment	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:
Procedural memory impairment	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:

Mental Status Assessment

Insight/Impulse Control/Judgment

Insight into plan of care Yes No Partial

Comment:

Impulse Control Good Intact Impaired Poor

Judgement Congruent to situation Impaired

Symptoms Checklist

Other mood disturbance indicators Increase sociability Racing thoughts Decreased energy

Hyper-sexuality Changes in appetite Sleep disturbance

Negative symptoms Anhedonia Loss of Interest Reduced Interaction Lack of motivation

Mental Status Current Risk

Risks

No imminent risk(s) or risk(s) mitigated

Self-injurious behaviours

Wandering

Sexual violence or assault as a perpetrator

Falls

Choking

Suicidal ideations

Substance use

Reckless behavior

Fire hazards

Non-adherence to medication

Delirium

Violence or aggression to others

Violent ideations

AWOL attempts or threats

High risk sexual behaviour

Harassment of others

Seizures

Other risks

Outcome for use of privileges

Privileges Granted Hold

Notify Charge Nurse and or Interprofessional Team if held

Prevention of any concerns or risks identified

Medications Yes No

Protective factors Yes No

Plan of Care Yes No

Prevention comments

Medication Administration in Mental Health

- Med carts kept in Med rooms
- Wrist bands
- 2 – week depot injections
- Medication refusal
- Combined acute physical health/chronic mental health issues
- Heavy reliance on PRNs



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Include: Active STAT/ONE IVs PRNs Pending Discontinued

Start	Medication (Route)	Time	Mon Oct 3	TODAY Tue Oct 4
04/10/11 21:00	QUETiapine 50 mg PO QAMHS SCH Trade: SEROquel Rx#: U000000335 M SI Give: 2 TABLETS/25 mg	08:00 21:00		50 mg 20:05
04/10/11 21:00	QUETiapine 600 mg PO QAMHS SCH Trade: SEROquel Rx#: U000000336 M SI Give: 2 TABLETS/300 mg	08:00 21:00		600 mg 20:06
04/10/11 21:00	Citalopram 40 mg PO NIGHTLY SCH Trade: CeleXA Rx#: U000000334 M SI Give: 1 TABLET/40 mg	21:00		40 mg 20:04
04/10/11 21:00	Sennosides 8.6 mg PO NIGHTLY SCH Trade: Senokot Rx#: U000000339 M SI Give: 1 TABLET/8.6 mg	21:00		8.6 mg 20:06
04/10/11 21:00	Zopiclone 3.75 mg PO NIGHTLY SCH Trade: Imovane Rx#: U000000337 M SI Give: 1 HALF-TABLET/3.75 mg	21:00		3.75 mg 20:06
04/10/11 16:30	Acetaminophen 650 mg PO Q3H PRN Trade: Tylenol Rx#: U000000338 M SI Give: 2 TABLETS/325 mg Label Comments: MAXIMUM ACETAMINOPHEN DOSE SHOULD	PRN Last Admin		650 mg 18:00

Discussion – Community

- What are your current documentation processes for outpatient documentation?
- What challenges do you face with outpatient documentation?
- What privacy issues do you face in the community?
- How could an EHR improve your documentation in the community?



Measured Success

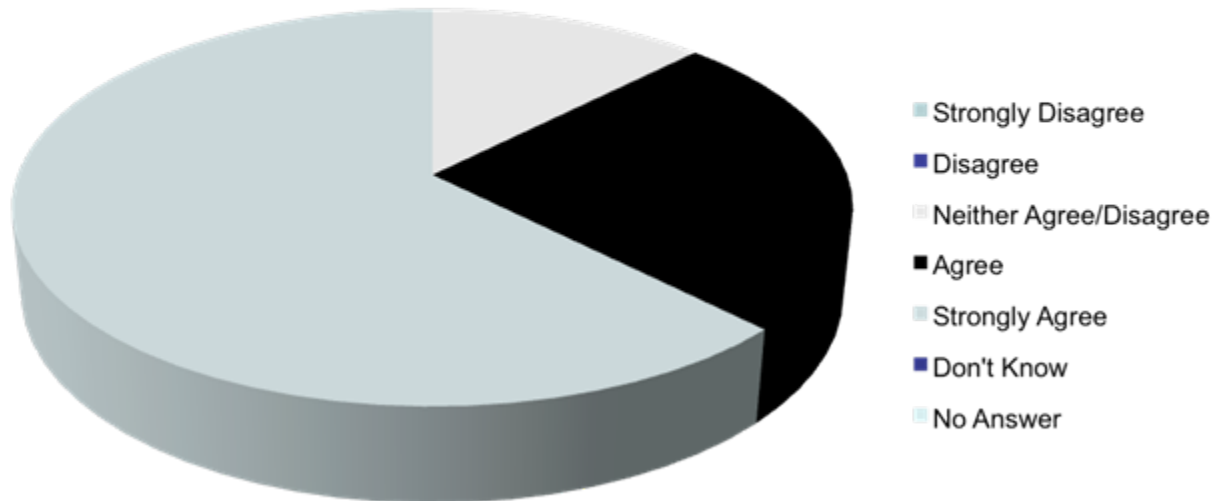
- 100% utilization of EHR by all clinical staff
- 40% utilization of order sets at time of admission
- 100% utilization of Physician admission assessment template at time of admission
- 70% completion of clinical risk appraisal at time of admission
- 90% meds administered through closed-loop med administration process
- 95% of all orders are entered by Physicians using CPOE



Measured Success

Physician Survey

Interprofessional documentation has become more clinically useful, easier to read and more accessible in the electronic environment



Lessons Learned

- Effective communication & engagement of Physicians was key enabler of success
- Ability to make quick decision in collaboration with Professional Practice
- Quick turnaround for changes required during implementation
- Needed to train others on PCM/OM
- Use of special request orders
- Need to enforce decisions made about system use
- Users who self-identified as having minimal computer skills were successful
- No Physician attrition

