WOMEN'S & NEWBORN HEALTH PROGRAM
Policy, Protocol & Procedure

TITLE:	Intellispace Perinatal (IPN) System	**NUMBER:**	7114
Sponsor:	Director, Women's and Newborn Health Program	**Page**:	1 of 22
Approved by:	Childbirth & Prenatal Care Team	**Approval Date:** **Effective Date:**	May 28th, 2019 July 10, 2019
Applies To:	Women's and Newborn Health Program Nurses, Physicians, Midwives, Allied Health, Ward Clerks		

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PREAMBLE

Intellispace Perinatal (IPN) is a registered Class 2 medical device as per Health Canada which permits the collection of physiological data for maternal and fetal parameters and generates real time alarms for the end user in the clinical areas (Refer to Appendix B for Alarm Parameters).

Central monitoring of fetal tracings and the electronic whiteboard are utilized to provide up to the minute review of the patient status, clinical decisions making and resource management.

Electronic fetal tracings require the same clinical judgments from practitioners, as the paper fetal tracing. When fetal tracings are visible to the end user, in IPN, the tracings are already archived in the system and are the legal health record. Paper fetal tracings from the fetal monitors, are required during downtime only. The IWK utilizes the fetal health surveillance guidelines set forth by the Society of Canadian Obstetricians and Gynecologists (SOGC).

IPN system is used for the primary health record documentation for maternal assessment, ongoing clinical care and interventions and fetal health surveillance during an obstetrical patient's stay in Birth Unit (BU), Early Labour Assessment Unit (ELAU), Prenatal Special Care Unit (PSCU) and the Obstetrical Day Unit (ODU). All fetal tracings are captured, archived and interpreted in IPN.

Fetal Assessment and Treatment Centre (FATC) utilizes only the fetal archiving feature of the IPN system.

POLICY STATEMENTS

1. All health care providers or personnel, who require access to IPN, must submit a request using the IT Self Service Request process. Approval will be granted according to the User Access Permissions outlined in Appendix C.

2. All health care professionals who utilize the IPN system will receive education and training based on their specific role requirements for the IPN care areas. Following initial training, the individual user is responsible for maintaining competence in the use of IPN. Refer to Appendix D for specific roles and responsibilities.

3. All system users who document in, or access the patient's electronic record must use their own user name and password and adhere to the privacy and confidentiality standards of both the IWK Health Centre and their professional association as applicable.

4. All system users must be accountable for their role and responsibilities associated with the patient's admission, transfer, discharge, retrieval, printing, and documentation functions for the IPN System.

4.1. Licensed Practical Nurses (LPN) and Registered Nurses (RN) working on the Birth Unit, Early Labour and Assessment Unit, Prenatal Special Care Unit and the Obstetrical Day Unit, must use IPN to document the delivery of obstetrical nursing care.

4.2. Allied Health, Neonatal Intensive Care Team members, Medical and Midwifery obstetrical providers must document delivery events in fields available under the delivery pages in IPN.

5. All system users must confirm documentation on the correct patient at all times, using unique patient identifiers, or a combination of identifiers available including: Name, Date of Birth, Medical Record Number(K#), Visit Number

6. Handwriting on IPN printed forms is **not** permissible. Changes, signatures, corrections and additions to patient care documentation must be documented in the IPN system or a downtime form (as applicable).

7. Patients within the IPN application are confidential and subject to all Laws, Regulation, Legislation and IWK Health Centre Policies regarding the management (collection, use, disclosure, sharing, retention, disposal, destruction) of personal health information. Refer to *IWK Health Centre Policy #333 Privacy of Personal Health Information and Privacy Complaints Process.*

8. IPN documents related to the patient stay, must be printed when a patient is transferred to an area without IPN or when the patient is discharged from the health centre and are placed on the permanent health record.

9. End users of the IPN must manage any planned or unplanned downtime impacting the system function, using downtime procedures outlined in this document.

10. Any requested changes to IPN content will be submitted to the System Manager, to determine the scope of the change. Reasons for the requested change may include, but are not limited to:
    10.1. Best practice standards
    10.2. Legislative requirements
    10.3. Regulatory requirements
    10.4. Workflow/information management improvement.
    10.5. Patient safety

PROTOCOL

A. ELECTRONIC DOCUMENTATION

Note: It is essential that all fields are populated appropriately. Electronic fields that remain blank will indicate the assessment or element was not completed.

1. All patients should be admitted in IPN for each visit (new episode started). The admission should occur before initiating electronic fetal monitoring.

2. All entries will contain a username, date and time of the input and display.

3. The IPN system has character limitations for singular entries in documentation fields. The system will not allow the user to continue to make entries or choose from a pick list when the field is full. **The user must be aware and accountable to look at the screen to ensure entries are complete.** The user may add additional documentation for the same time, as a separate entry (Refer to Appendix E System Limitations for Documentation).

4. The IPN system has a limit of 30 000 notes per episode. When this limit has been reached, the system user will be notified by a pop up message that this limit has been reached. The episode must be closed. A new episode for the patient must be opened for documentation to continue. Refer to Appendix E System Limitations for Documentation.

5. All signatures, notes and corrections must be done within the IPN system. i.e. If a document has been printed and there is a correction or signature that must be done, the user responsible must request assistance from a Super User with Extended Privileges/System Manager to:
    a) Complete the documentation in IPN under the correct patient and episode.
    b) Reprint the corrected document for the health record as soon as possible.
    c) Discard the incomplete or inaccurate paper in the confidential shredding containers provided by the IWK Health Centre.
    d) This documentation episode must be printed and put into the patient permanent health record as soon as possible.

6. All attempts will be made to ensure electronic documentation is complete prior to closing the patient episode.

7. Late entries can be annotated in IPN for the actual time of the event. Late entries will appear in IPN, in the consecutive time sequence intended. However, there will be a system note that indicates the real time the documentation occurred. (display time and input time)

8. All fetal monitors must have fetal monitor paper loaded at all times, in case of IPN downtime. See Section C Downtime Procedures in this document.

B. PRINTING FROM IPN

1. Determine the purpose and time frame for the patient information that is required to be printed such as:
   1.1. Summary report (templates)
   1.2. Required chart forms/documents
   1.3. More detailed report
   1.4. Specific individual section for review
   1.5. Fetal graph information

   Note: The footer of each printout (not including form templates) will display the date, time, hospital name and address, medical record number (K#), visit number, patient name. The printed document will include the required form name for scanning and archiving purposes.

2. Fetal Tracings from IPN:
   2.1. **CURRENT PATIENTS**
      2.1.1. Fetal tracings on current patients will only be printed from IPN, in special circumstances at the discretion of the attending physician or charge/team leader/designate (i.e. Physician not on unit and requires a printed copy for viewing in another area that does not have access to IPN).
      2.1.2. Any fetal tracing that is printed must be shredded in the confidentiality shredding box, after it has been viewed. **Exception**: for quality review.(see archive fetal tracings)

   2.2. **ARCHIVED FETAL TRACINGS**
      2.2.1. Requests for printed archived fetal tracings must be made according to *IWK Policy #337 Access, Use and Disclosure of Personal Health Information.*
      2.2.2. Any fetal tracing that is printed, must be shredded in the confidentiality shredding box, after it has been viewed.

3. To ensure more accurate interpretation, fetal tracings should be printed on a color printer to assist in interpretation. The fetal tracings in IPN, for multiple gestations and maternal parameters, are differentiated by color.

4. **Important to NOTE: The time stamp on the printed fetal tracing from IPN annotates differently than the screen view of the fetal trace**. However, the time stamp on the printed fetal trace will correspond to the time stamp on the IPN screen.

5. To print a fetal tracing annotated with any corresponding note: Prior to printing, select the option "**fit graph range to sheet range**" under the Notes: Property section. This will

adjust the time range of the fetal tracings to the time range of the notes when you print the fetal tracings and sheets on one page.

6. Auto charted data (information that is recorded from fetal monitor i.e. blood pressure, maternal heart rate and sPO2) that is non validated (unacknowledged) will appear in italics until acknowledged by the end user.

7. Reprinting of patient information may be required to provide an amended or corrected document for the permanent health record

8. Determine the time frame/range required or how much of the patient episode is required. You can choose from the following:
    a) **All** - print all data from this episode.
    b) **Custom** - select your own time period. You specify the start and the end date and times.
    c) **x hours** - prints the number of hours of data starting at the date and start time you specify.
    d) **x months** - prints the number of months of data starting at the date and time you specify (statistics only).

C. DOWNTIME PROCEDURES

FETAL TRACINGS

1. When IPN fetal trace archiving is unavailable, a paper fetal tracing must be generated and retained as the legal health record. See Below for steps.

PAPER FETAL TRACINGS FROM THE FETAL MONITOR (See Printing from IPN)

1. The first page of each separate piece of paper fetal tracing (regardless of length) must include the following indicators and associated documentation:
    a) Patient Name, first and last
    b) Medical Record Number (K00…)
    c) Date
    d) Room number
    e) RN/LPN Signature: confirming the identity of fetal tracing.

2. The fetal monitor will automatically print items a) through d), as assigned in IPN, on the paper fetal tracing upon activation of the fetal monitor.

3. If any item(s) a) through e) do not appear on the paper fetal tracing, ensure the patient is admitted to IPN and manually document the above on the paper fetal tracing.

4. For mobile fetal monitor connections, please ensure the fetal monitor is assigned to the correct patient.

5. The RN/LPN signature acknowledges items a) through d) are correct. To assess unique patient identifiers for accuracy, items a) through d) will be checked against the patient's armband or confirmed with the patient if armband unavailable, by the patient's nurse, at the time the paper fetal tracing is initiated or as soon as possible.

FOLLOWING PATIENT TRANSFER/DISCHARGE

1. **RN/LPN:**
   - 1.1. Confirm items a) through e) as listed above are present on all pieces of paper fetal tracings and that it corresponds to the correct stamped/labeled patient brown envelope.
   - 1.2. Place all paper fetal tracings in brown patient envelope stamped with the correct unique patient identifiers such as the addressograph or bar coded generated patient label.
   - 1.3. Record the date(s) and associated number of patient specific paper fetal tracings on the brown envelope.
   - 1.4. Submit envelope to ward clerk or delegate for a quality check. This quality check includes assessing for items 1) through 5) as listed above for accuracy on the paper fetal tracing. It also includes a quality check for accuracy of the information captured on the outside of the brown envelope. Any discrepancies are to be brought to the attention of the RN/LPN involved immediately to ensure prompt follow up occurs with the paper fetal graph and associated documentation. If the nurse involved is not available at the time the discrepancy is identified by the ward clerk/delegate, attention will be brought to the team leader/charge nurse/clinical leader to ensure follow up will occur for proper identification of the paper fetal graph as soon as possible.
   - 1.5. All obstetrical patients must have a brown envelope including those who are undelivered, or delivered regardless of gestational age. If there are no paper fetal tracings, the reason will be noted on the front of the brown envelope. For example, doppler auscultation only, IPN capture only, fetal demise etc. The reason must be clearly identified. **NOTE:** ***Patients who present postpartum do not require a brown envelope as fetal health surveillance is no longer a care requirement.***
   - 1.6. On the front of the brown envelope it will be clearly identified either by use of a stamp or hand written documentation as to which department(s) the patient was monitored i.e. ELAU, BU, FATC, ODU or PSCU.
   - 1.7. The brown envelope documentation will include the following:
     a) Patient identification information, including first and last name, date of birth, health card number and medical record number (K#).
     b) Date transfer/departure/discharged)
     c) Status (delivered/undelivered)

d) Room number(s)
e) Number of separate pieces of graph present in brown envelope. The number of paper fetal tracings from ELAU and Birth Unit will be counted and documented separately.

2. Brown envelopes will be given to the ward clerk or delegate, and a second quality check of the documentation is assessed for accuracy and completion as noted in item 4 above.

2.1. Any corrections need to be brought to the attention of the nurse(s) and/or physician(s) and should be made as soon as possible by the appropriate care provider.

2.2. The nurse and/or physician(s) caring for the patient at any time during the paper fetal tracing activity must make any corrections on this health record as per *IWK Health Centre Policy # 133 Minimum Documentation Standards,* using strike through, error, initial and date the wrong capture and edit to ensure the correct capture is documented with date, time of the late entry being made.

3. **Ward Clerk(s):**

3.1. The ward clerk or delegate will record the number of pieces of paper fetal tracings as a total on the top right hand corner of the envelope and initial the top right hand corner of the brown envelope indicating that the second quality check is completed. **NOTE:** Birth Unit undelivered envelopes also require documentation on the top left hand corner as LDRU undelivered (LDRU is the current mnemonic for Birth Unit in MEDITECH).

3.2. Prior to delivery of the paper fetal tracings to the Health Records Department the following will occur by the ward clerk:

3.2.1. **Birth Unit (BU)**

a) After midnight (2400) each night, staff in the Birth Unit, or in whatever unit that is assessing envelopes (i.e. ELAU) will print the “previous day’s births for Birth Unit” from a report in the MEDITECH System.
b) The ward clerk will ensure all brown envelopes have been received for this time period for the identified patients.
c) The ward clerk will prepare a bundle of the brown envelopes for that 24 hour period utilizing the printed MEDITECH list as a quality check.

3.2.2. **Early Labour Assessment Unit (ELAU)**

The Ward Clerk:

a) Prints “clinical outpatient daily location list by name” from the MEDITECH System
b) Ensures all brown envelopes have been received for the 24 hour time period
c) Prepares a bundle of brown envelopes within the specific 24 hour time period utilizing the printed list as a quality check.

3.2.3. **Prenatal Special Care Unit (PSCU)**

a) To ensure quality checks are completed in a timely fashion all paper fetal graphs will be checked upon initiating the paper fetal tracing, commencement and prior to placing the paper fetal tracing in the brown envelope to be stored at the nursing station until the patient is transferred or discharged.

b) Once the patient is transferred or discharged from the unit the brown envelope is checked for contents inside and out for accuracy and initialed in the top right hand corner that the quality check is complete indicating all contents inside are accurately reflected. These are then sent to Health Records.

3.2.4. **Obstetrical Day Unit (ODU) and Fetal Assessment Treatment Center (FATC)**

a) To ensure quality checks are completed in a timely fashion all paper fetal graphs will be checked upon initiating the paper fetal tracing, commencement and prior to placing the paper fetal tracing in the brown envelope.

b) Once the patient visit is complete the brown envelope and associated tracings are checked for documentation as outlined above. The brown envelope is initialed in the top right hand corner indicating the quality check is complete, and all contents inside are accurately reflected. These are then sent to Health Records.

MEDITECH DOWNTIME PROCEDURES

Scheduled or Unscheduled Downtime of MEDITECH (HIS) System when IPN is Still Available.

1. All fetal monitors in clinical areas must have fetal monitor paper loaded at all times

2. **In Event of a Downtime greater than 20 minutes**
   - 2.1. All active cases will have their care documented on paper for the remainder of the patient's stay.
   - 2.2. The clinical areas will be informed when the system is reestablished and operational for use.
   - 2.3. All patients who arrive **after** the system is operational will have their care documented electronically.

3. **Scheduled Downtime of IPN System:** The system will be unavailable for the shortest period possible. All attempts will be made to minimize any disruption in the clinical areas.

3.1. System Administrator (IT)/System Managers will notify IPN users of a scheduled downtime, and the anticipated length of time in advance (at least 24 hours) when possible. This information will be communicated via Manager, Clinical Leader, Team Leader and/or designate through email, phone call, poster, and/or face to face communications.

3.2. 30 minutes prior to the downtime IPN users will:
- 3.2.1. Print all active health record documents
- 3.2.2. Close the episode as required for downtime greater than 20 minutes
- 3.2.3. Maintain a log of all patients on the unit during the downtime.(ward clerk, Team Leader or designate)
- 3.2.4. Revert to paper documentation
- 3.2.5. Make a notation of the downtime in the permanent health record
- 3.2.6. Turn on the fetal monitor paper printing function
- 3.2.7. Refer to the above section on Quality Practice for Paper Fetal Tracings

3.3. Once the system is up and running, all existing patients remaining on the unit must be entered in bed locations by the Ward Clerk/designate. Archiving will resume in the IPN system.

4. **Unscheduled Downtime of IPN System:**

4.1. For an Unscheduled Downtime of the IPN System refer to the IPN Decision Making Tree Appendix E.

D. IPN Change Request Process

1. Preliminary consultation must occur with the IPN System Manager(s) when a change is required within the IPN system.

2. Identify, review, and document potential impacts and all stakeholder groups. Consensus must be achieved with the stakeholders group, in writing, prior to submission by the request or/designate.

3. Change requests must be submitted to the IPN System Manager(s), who may activate or suggest the individual submit a ticket for the request via the Nova Scotia IT Self – Service System.

4. Final approval for the proposed change may be required from the Women's and Newborn's Health Program Childbirth Care Team based on the scope/significance of the change

5. Once the request has been approved, a time line will be outlined for development and testing. The IPN System Manager(s) will collaborate with the requestor/designate to

design and test the request in the test environment prior to implementing changes in the production environment.

6. Upon completion of testing, the IPN System Manager will send the requestor an email requesting confirmation to move the change to the production environment.

7. Once confirmation is received, a change date will be determined and the change will be implemented.

REFERENCES

College of Registered Nurses of Nova Scotia & College of Licensed Practical Nurses of Nova Scotia (2017). Documentation Guidelines for Nurses. Retrieved on May 5th, 2019 from https://crnns.ca/wp-content/uploads/2017/12/Documentation-Guidelines-for-Nurses-Final.pdf

Philips (2008) OB TraceVue Installation and Service Manual Rev. F.00.10 Retrieved on May 5th, 2019 from http://incenter.medical.philips.com/doclib/enc/fetch/2000/4504/577242/577243/577247/582636/582882/OB_TraceVue_Rev._F.00.10_Installation_and_Service_Manual_453564115251_(ENG).pdf

Rouge Valley Health System (2009). Patient Admission, Transfer, and Discharge in the OB TraceVue Electronic System Policy #MNIPN1. Maternal Newborn Services Policy Manual.

Rouge Valley Health System (2009). Change Control Access in the OB TraceVue Electronic System Policy #MNIPN2. Maternal Newborn Services Policy Manual.

Service Level Agreement:
Refer to Service Level Agreement (SLA) for IPN Information Technology, Biomedical Engineering, System Manager (2012)

RELATED DOCUMENTS

Policies

IWK Health Centre Policy #333 Privacy of Personal Health Information and Privacy Complaints Process.
IWK Health Centre Policy #337 Access, Use and Disclosure of Personal Health Information.
IWK Health Centre Policy #1003.1 Minimum Documentation Standards for Health Care Providers
IWK Health Centre Policy #123.1 “Do Not Use” Dangerous Abbreviations, Symbols and Dose Designations and Accepted Abbreviations for Ordering and Documentation of Medications.

Forms

Birth Record Form # RCP-04
IPN Birth Record Form # IWKBRIPN

Obstetrical Partogram Form# IWKPA
Intake and Output Form #IWKINOU
IPN Intake and Output Form #IWKINOUIPN
Maternal Nursing Assessment Form #IWKMANU
Maternal Reassessment Form #IWKMANURE
IPN Maternal Assessment Form #IWKMANUIPN
Blank Medication Administration Record Form #IWKBLME
IPN Medication Record Form #IWKBLME
IPN Alert Record IWKALERTOBTV

APPENDIX (ES)

Appendix A: Definitions

Appendix B: Alarms

Appendix C: User Access Permissions

Appendix D: Roles & Responsibilities

Appendix E: System Limitations for Documentation

Appendix F: Unscheduled Downtime Decision Making Tree

APPENDIX A
Definitions

Intellispace Perinatal (IPN): An electronic clinical documentation and surveillance system which archives and stores all patient information captured within the application and generates real time patient alarming. Refer to Appendix B.

Episode(s): Each registered patient visit is an “episode”. A pregnancy record consists of the number of episodes of that pregnancy and immediate postpartum period.

- Open Episode: Documentation and/or collection of physiology data is actively being collected in the IPN System.
- Closed Episode: The episode has been closed to data collection upon the departure of the patient from an IPN area to a non IPN area.
- Retrieved Episode: A previously closed episode is accessed for review (View Only)
- Episode Open for Correction: A previously closed episode has been accessed for correction. This requires Super User access or higher.

Super User an IPN super user is a designated clinical staff person in an IPN area/department who has additional responsibilities to support end users with the front line needs for IPN, in addition to the IPN System Administrator and System managers (i.e. Team leader, Charge Nurse, Clinical Leader). For details of roles and responsibilities see Appendix D.

Audit Trail: A system or patient specific list of entries

Fetal Tracing: a graphical representation of fetal health surveillance information when utilizing an electronic fetal monitor (EFM). This may be in an electronic or paper format. There may be other information displayed on the tracing depending on the configuration of the EFM including alarm notes, fetal monitor status, vital signs, assessment notes, medication notes, fluid balance, system notes, and normal range for fetal heart rate.

Current Screen: The immediate screen display in IPN.

Flow Chart (AP/IP) (PP): antepartum (AP) intrapartum (IP) postpartum (PP) flow charts properties consist of physiological data collection, and assessment documentation.

Note List - a separate list containing all available note categories including alarm notes, fetal movement status, vital signs, assessment (AP/IP), assessment (PP), medications, vaginal examination, intake/output, contractions, fetus notes, events/remarks, system

User Matrix: A document which outlines user roles and level of access to the IPN System.

Downtime: Scheduled downtime is a planned time the system will not be available. This is used to complete maintenance or upgrades. Users are notified in advance. Unscheduled downtime is an unexpected period of time when the application is unavailable.

Hospital Information System (HIS): For the IWK Health Centre, this system is MEDITECH.

Statistics - a report that contains data generated automatically from the database and is displayed in a pre-designed Microsoft Excel spreadsheet.

APPENDIX B

Alarms

IWK Basic Alarming IPN

Fetal Alarms

Very High Alarm Threshold	190 bpm for 300 seconds
High Alarm Threshold	160 bpm for 300 seconds
Low Alarm Threshold	110 bpm for 150 seconds
Very Low Threshold	90 bpm for 150 seconds
Signal Loss Alarm	Loss of 25% of Trace within 5 minutes
Alarms will reactivate (after initial alarm)	after 5minutes of persistent alarm condition

Maternal Alarms

BP Systolic Upper Limit	160
BP Systolic Lower Limit	90
BP Diastolic Upper Limit	90
BP Diastolic Lower Limit	50
BP Mean Upper Limit	110
BP Mean Lower Limit	60

APPENDIX C

User Access Permissions

IWK Role	System Permissions
Physician	Read, Write, Retrieve Records, Acknowledge Alarm Settings, Print
Midwife	Read, Write, Retrieve Records, Acknowledge Alarm Settings, Print
Nurse (RN, LPN, CNS, AP)	Read, Write, Retrieve Records, Acknowledge Alarm Settings, Print
Anesthesia Assistant	Read, Write, Retrieve Records, Print
Student	Read, Write, Retrieve Records
Ward Clerk	Read, Write, Retrieve Records, Print Records
IT	System/Server Access for Function only, No direct patient information access
Allied Health	Read , Write, Print
Social Work	Read , Write
Spiritual Care	Read , Write
Health Records	Read, Retrieve Records, Print Records
Coding and Classification	Read, Retrieve Records
Research	Read, Retrieve Records
Other	May be provided based on user role in collaboration with System Manager and IT
Super User with Extended Privileges	Read, Write, Retrieve Reports, Print Records, Change/Acknowledge Alarms, Open Episodes for Correction , Assign Permanent Fetal Monitors
System Manager	Read, Write, Configuration, Retrieve, Print, Change/Acknowledge Alarms, Open Episodes for Correction , Run Statistical Report, Assign Permanent Fetal Monitors

APPENDIX D
Roles and Responsibilities

IPN System Administrator(s)
Information Technology Technical Analyst

A minimum of 2 System Administrators are recommended.
The IPN System administrator is responsible for the following:

- The administration of IPN system servers, workstations and network infrastructure.
- Protecting and maintaining system components
- Addressing operating system errors and network devices and if required, seeking assistance from the vendor or other stakeholders
- Performing back up of system information
- Managing the archive process of patient information
- Using IPN support tools
- Ensuring printer availability and function
- Providing support tools as required for system users.
- Provide user access: Security Levels – User Profile assignment: System Manager, Super User (extended rights) End users based on clinical role.
- Supporting expansion of the application
- Application Support –IM/IT – available via assystNET- Nova Scotia IT Self- Service

IPN System Managers

Clinical Staff (A minimum of 2 System Managers are recommended)
The IPN System Managers are responsible for the following:

- Maintaining and developing application components including form development.
- Configuring – updating the system with any requests on a quarterly basis or updates as required for patient safety/quality of care. Refer to Change Control Process
- Managing alert settings
- Assigning user profiles in conjunction with clinical managers/delegates.
- Providing leadership for interprofessional training and ongoing policy & procedure development
- Supporting the monitoring of patient audit trails.
- Monitoring system audit trails, configuration of data audit trails routinely or as the need for safety of patient care requirements.
- Auditing of documentation.
- Addressing documentation, clinical and system issues as required.
- Liaising with Professional Practice Chief, Health Records, Privacy Manager, Quality & Patient Safety, Risk & Legal and others as deemed required. i.e., Changes in the value table editor (VTE), word form fields.
- Supporting the retrieval process of archived data in conjunction with Information Technology and Health Records.

- Providing support tools as required for system users.

IPN Super Users

Designated Clinical Staff

The IPN super users in conjunction with the system managers and administrators are responsible for the following:

- Acquiring requisite IPN knowledge and skills in order to provide adequate support to end users.
- Providing first line support in the department during initial implementation and on an ongoing basis.
- Assisting with identifying opportunities for system redesign to enhance workflow and information exchange.
- Participating in auditing processes as per designated by the system managers or administrators.
- Providing feedback from system users to system managers and administrators.
- Promoting education, communication, standards, practice and documentation compliance with use of the IPN system.

IPN Super Users with Extended Privileges

- As above
- Adding to the Value Table Editor
- Adjusting fetal alarm settings
- Reassigning permanent fetal monitor locations as needed

IPN Clinical Users

Staff & Physicians

The IPN clinical users are responsible for the following:

- Achieving training and maintaining competency to use the IPN system
- Adhering to policies, procedures, guidelines and professional documentation standards
- Reporting any issues to an IPN System Manager
- Trouble shooting and reporting issues as they arise
- Filing Safety System (SIMS) reports as appropriate
- Providing feedback to IPN System Managers

IPN Biomedical Engineering

Biomedical Engineering Technologist

The IPN Biomedical Engineering Technologist is responsible for the following:

- Providing support for bedside devices when equipment issues arise. i.e., fetal monitors and accessories

- Ensuring bedside devices meet all relevant standards and legislated safety requirements
- Other tasks as required

APPENDIX E

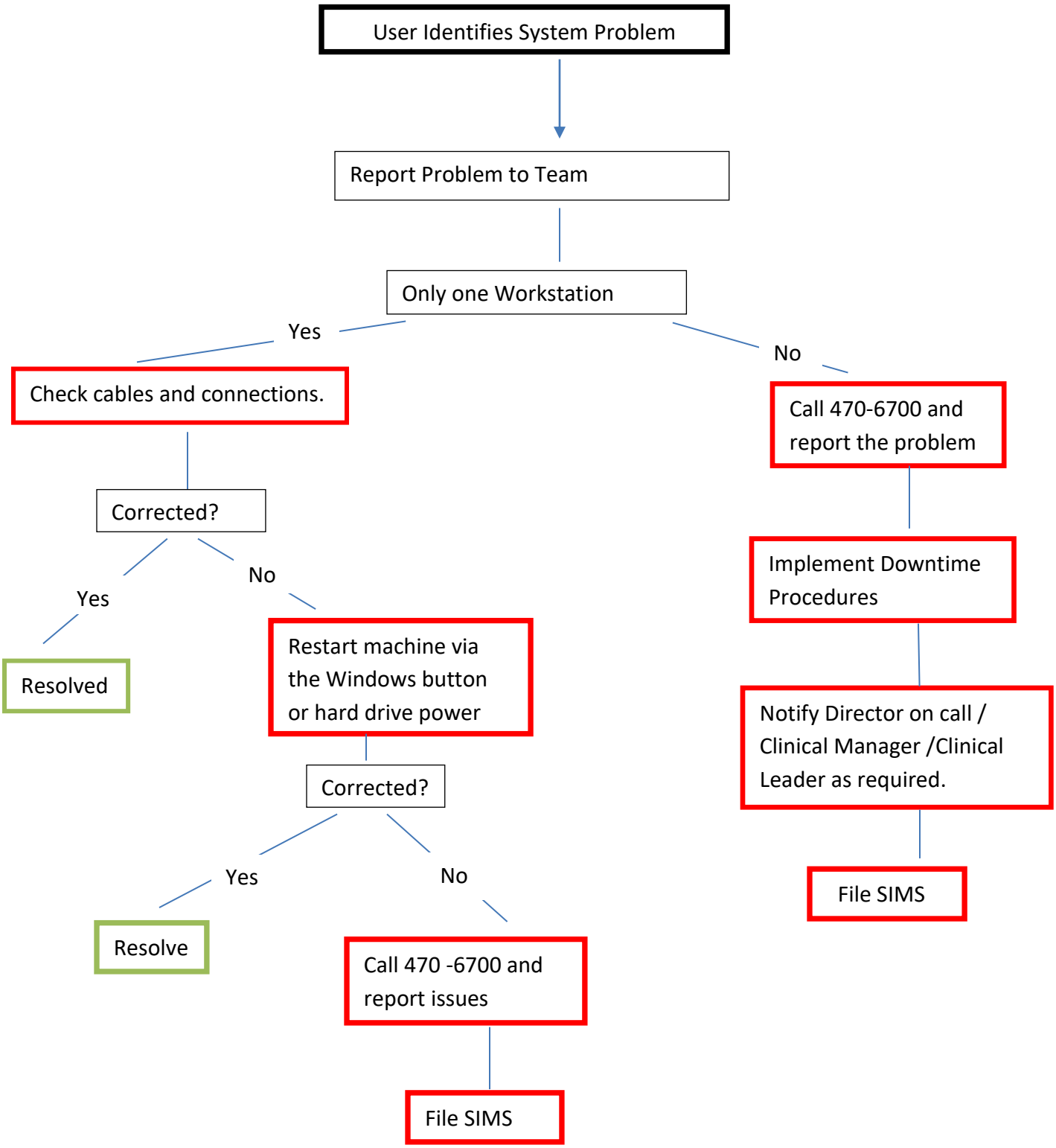
System Limitations for Documentation

Field	Limit
Medical History Comment	100 characters
Screening Comment	100 characters
Allergies Comment	100 characters
Ultrasound Examination Comment	100 characters
Procedures Result	100 characters
Examination Detail result	100 characters
Attachment Comment	100 characters
Vaccinations/Health Maintenance Comment/Reason	100 characters
Admission Comment/Detail	50 characters
Psychosocial Comment/Detail	50 characters
Any other Comment Column	2048 characters
Grid in Form Page Lab	2000/pt
Examinations	1000/pt
Attachments	1000/pt
Procedures	500/pt
Problems	500/pt
Medications	500/pt
Forms Progress Notes Prenatal Visit	500/pregnancy
Record together	500/pregnancy
Post Partum Follow Up	500/pregnancy
Newborn Patient	500/newborn
Number of Trace Snippets in Queue	500
Number of Flow Chart Elements per tab	48 visible- 98/total
Number of Customized Chalkboards	50 maternal - 50 newborn
Multibed Overviews	60 global plus one private per user
Number of concurrently running PCs	150
Notes Per Episode	30000

APPENDIX F

Unscheduled Downtime

Intellispace Perinatal (IPN) System Decision Making Tree



District Health Authority/IWK Policies Being Replaced

IWK Health Centre Policy #7114 Change Control Process: Obstetrical TraceVue System

IWK Health Centre Policy #7115 Print Policy: Obstetrical TraceVue System

IWK Health Centre Policy #7116 Electronic Documentation: Obstetrical TraceVue System

IWK Health Centre Policy #7117 Downtime Procedure: Obstetrical TraceVue System

IWK Health Centre Policy #7118 Quality Practices for Fetal Tracing: Obstetrical TraceVue System

IWK Health Centre Policy #7119 Roles & Responsibilities: Obstetrical TraceVue System

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)