



The Physician's Role at Cutover

What is “cutover”?

Cutover is a process through which key pieces of information about admitted patients are entered into Connect Care prior to launch. Cutover includes both technical and clinical elements: the primary concern for physicians will be the management of medication and non-medication orders, and the translation of important information about patients' clinical status from a paper record to an electronic one.

What is the physician's role?

Physicians will be asked to complete three primary tasks as part of the cutover process:

1. **Medication orders:** Prescribers should reference the patient medication profile in a “patient profile report” that prints nightly, making any necessary changes before signing the document so that nursing can scan the signed document and submit to pharmacy. Starting 48 hours prior to launch, inpatient pharmacists will enter the current medication orders into Connect Care and the resulting in-system orders will be available and active at launch, 0500h October 24th.
2. **Non-medication orders:** Also 72 hours prior to launch, physicians will complete a “Cutover Non-Medication Orders” form that lists all non-medication orders (diet, activity, vitals, fluids, ins and outs, etc.) attached to each patient. Assigned cutover nurses and dietitians will enter these orders into the system during the 48 hours prior to launch.
3. **Order validation:** During the first launch-day (October 24th 2020) physicians must review their patients' medication and non-medication orders in Connect Care, verifying that the cutover orders accurately reflect what was intended for medication and non-medication order requests (tasks 1 and 2 above) and enter any additional orders that may be required. The cutover orders will be active in Connect Care; needing review, not signing. This review need not take place at the moment of launch but should be completed as soon as possible to ensure safe and unbroken patient care.

Note: There are differences in the Long-Term Care (LTC) cutover process for physicians, as addressed below.

What about orders that change during cutover?

Inpatient circumstances change daily, or more often. These changes will be entered to the legacy paper chart during the cutover period.

Changes to medication orders occurring 1-2 days pre-launch will be scanned and forwarded to pharmacy where they will be used to update the pre-launch Connect Care orders. This can happen up to the respective site's pharmacy closing time on the launch night. After that time, order updates must be placed and validated in Connect Care after the 0500h launch time.

- 1545 Fort Saskatchewan Community Hospital
- 1615 Westview Health Center
- 1700 Leduc Community Hospital
- 2000 Sturgeon Community Hospital

Any non-medication orders made in the 2 days prior to launch that are expected to persist post-launch can be recorded on the Non-Medication Order sheet up until it is submitted on launch night. The submission status will be indicated by a “Stop Sign” sticker in the paper chart. After that point, it is the



responsibility of the prescriber to be sure that orders are entered in the Connect Care system post launch.

Prescribers are encouraged to consider whether changes to medication or non-medication orders can wait to be entered directly into Connect Care after launch (if cutover processes have expired). If not, it will be vitally important for those orders to be entered by the physician both to the pre-launch paper record and again to Connect Care as soon as possible post-launch.

Who can help?

Any member of the care team (including house-staff) can assist with the cutover process, but attending medical staff have the primary responsibility for ensuring that the information provided (tasks 1 – 3 above) is accurate and complete.

When, exactly does Cutover prep and work happen?

Starting approximately:	Days from launch:	What to do:
October 14	- 10	Make every effort to discharge/repatriate patients as appropriate, to lessen the burden of cutover activities (ongoing).
October 19	- 5	Clean up the patients' medication lists (remove all "stale" orders)
October 21	- 3	Generate, review, edit, and sign a list of medication orders (for pharmacy) and non-medication orders for each patient.
October 21 – October 23rd	- 3 to - 1	Assist pharmacy and nursing as required, with the interpretation and entry of complex orders (particularly important for high-risk orders such as TPN or insulin infusions).
October 24	0 to +1	Verify all medication/non-medication orders for admitted patients.

Is there anything else I need to know?

Having to review orders for each of your patients the day of launch may be time consuming. Inpatient services may choose to schedule additional attending staff for the first day (or days) post-launch. These colleagues, or other resources, can help with logistical challenges while also solidifying their Connect Care knowledge for when they later come on-service.

Is the process different for Continuing Care?

Timelines differ to support the clinical documentation requirements for long-term care (LTC) residents. Post-acute and hospice patients follow the acute care timelines described above.

The LTC cutover period starts with form completion on September 21st and ends at launch on October 24th. For LTC physicians, the three primary tasks for physicians are adjusted accordingly:

1. **Medication Orders:** LTC physicians will work with the clinical teams to review medication orders prior to cutover during regular medication review times. Starting 3 weeks prior to launch, inpatient pharmacists will enter the medication orders into Connect Care.



2. **Non-Medication Orders:** 5 weeks prior to launch, physicians will complete a standardized form that lists all non-medication orders (GCD, activity, vitals, fluids, ins and outs, etc.) attached to each resident; nursing and dietitians will enter these orders into the system over 2 weeks prior to launch.
3. **Order Validation:** The week prior to launch, LTC physicians must review their residents' medication and non-medication orders in Connect Care, to verify that those orders accurately reflect what was intended in steps 1 and 2 above. The orders will be active in Epic and they will not need to be "signed", only reviewed. Any additional orders entered after physicians confirm the orders, should be reviewed in a timely fashion.

What if there are any changes to LTC orders?

Any changes after **medication** orders have been entered, will be processed in the legacy system and entered into Connect Care by the Pharmacy team.

Any changes after **non-medication** orders are entered by nursing and dietitians will be entered into the legacy system and Connect Care by nursing or dietitians depending on the type of order.

What, exactly are the LTC Cutover Timelines?

Starting approximately:	Days/Weeks from launch:	What to do:
July-Sept 2020	1 month to 3 months prior	Review LTC medication orders and add indications where required to ensure orders are as accurate as possible. PRN indications are required as per the Continuing Care Health Service Standards.
September 21-25	5 weeks	Review, complete and edit a list of non-medications orders for each LTC resident
October 5-17	2-3 weeks	Assist pharmacy and nursing as required, with the interpretation and entry of complex orders (particularly important for high-risk orders such as TPN or insulin infusions).
October 17-24	0-7 days	Verify all medication/non-medication orders for LTC residents.