Communication Norms

The Connect Care clinical information system (CIS) serves all who provide care where Connect Care is the record of care. The CIS is much more than a digital health record. It improves continuity of information, relationships and intent in service of a coherent patient and provider experience.

Relational continuity is supported by good communication. Communication happens when one person or group relays information to another person or group. Documentation happens when information is managed with intent to record. These norms pertain to communication outside of documentation.

Connect Care supports a wide range of communication tools, including voice, facsimile, commenting and messaging capabilities. Clinicians may wonder which tool to use for different communication needs, and how to use each to advantage.

Communication Norms are about what Connect Care users expect of one another for effective, efficient, safe and respectful information sharing within and between groups. This includes selection and use of communication tools appropriate to the purpose and sensitivity of communications.

Applicability

Connect Care Communication Norms apply to all Users who send and receive information anywhere and anytime across the care continuum. The norms complement but do not replace Alberta Health Services (AHS) communication policy and procedures.

Expectations

Connect Care users have legal, ethical, organizational and professional obligations to facilitate timely communication amongst care providers. Practices must comply with the Health Information Act (Alberta), the Freedom of Information and Protection of Privacy Act (Alberta), and other applicable legislation, regulations and policy.

AHS has organizational obligations, including a requirement to promote, train, support and monitor safe and secure clinical communication. Accordingly, AHS may track and audit clinical communications at its sole discretion without notice to Users.

Goals

Connect Care clinical communication should be:

Collaborative	with clinical team members sharing responsibility for the method, format and privacy of information sent while respecting recipient availability and capacity.
Appropriate	by ensuring that relevant communicated health information is documented in the chart and that communications reference, not replace, the health record.
Timely	by ensuring that communication senders and receivers have a shared understanding about how, when and where different types of communications will be received and acted upon.
Accountable	by recognizing that clinically important communications content should be documented within the permanent health record.
Secure	by using Connect Care clinical communication tools, when available, and AHS-approved tools when interacting with persons not using Connect Care.

Guides

When Using Communication Tools

Do	Don't
• Use for **work purposes**; not personal or social purposes. • Use to **facilitate** clinical care. • **Respect** people's time and availability, with reasonable response time expectations. • Communicate indirectly with the same **professionalism** expected of direct communication. • Limit communication **recipients** (copy, blind copy, group, etc.) to those with clear need and accountability. • Ensure **coverage** for communication responsibilities when away or unavailable. • Appropriately **attribute** or reference communication content. • Establish team **communication pacts** to share understanding about which communications to use for different needs, urgency and response times.	• Use indirect communications when direct communications (face-to-face, telephone, telehealth, etc.) are needed. • Use to deliver health care (without documentation). • Compose essays… keep communications brief and relevant. • Use clinical communications for complaint, criticism or accusation; or use slang, inappropriate abbreviations or disrespectful or unprofessional language. • Avoid or neglect checking or receiving communications. • Use communication tools to request orders or other chart entries where the sender is able to self-order or self-enter in a safe manner. • Copy chart elements into a communication when a reference or link to the chart is possible.

Communications Pact

Having so many secure clinical communication tools universally available is a new experience for AHS. While recommendations are offered in the norms that follow, an overarching best practice is for interprofessional teams to gather, discuss norms and then derive their own "**Communications Pact**" to guide expectations in their area.

The Communications Pact should clarify grey areas and socialize rules about which tools fit different response expectations. In particular, teams must seek agreement (regularly reinforced) about whether all team members will adopt and use specific tools (e.g., Secure Chat) for specific needs.

For inpatient collaborative care teams, there needs to be agreement about which communication tools will be used to address patient care and team coordination needs.

The following exemplifies questions that might be addressed in a Communications Pact. Alternate tools could be chosen for the identified needs. Different responsibilities and conditions tools also are possible.

Example Team Communication Pact

Scope: General Internal Medicine Inpatient Clinical Teaching Unit C (UAH Ward 5D4)

Need	Tool	Responsibility	Notes
Clinician Identification	Care Teams Activity (Hyperspace)	Ward Clerk, Medical Trainees, Nursing, Allied Health	Each team member ensures that they are attached to the patient by "taking over" an existing role. Team members ensure that their contact numbers are updated (see Tip).
Urgent Patient Care < 15 min	Pager or Mobile Telephone	Hospital Locating Service	If mobile & pager in Connect Care Phone Book, call directly.
Order action affecting interventions or investigations < 4 hrs	Secure Chat	Ward clinicians.	Switch to pager/mobile if no response < 2 hours.
Ward actions or visit needed before end of shift or on-call period	Secure Chat	Ward clinicians.	Page/call 1 hour before end of on-call period if no response.
Medical actions that can wait till next scheduled ward rounds	MRHP Sticky Notes	Nursing, Allied Health, Ward Clerk	Like "doctor's board", indicate non-urgent actions that can be completed without team discussion… ward rounds.
Actions requiring discussion at morning Rapid Rounds	Clinical Staff Sticky Notes	Multidisciplinary team, with designated note-taker at each AM Rapid Round.	Record considerations or observations affecting discharge planning or patient's course through hospital.
Actions that should be performed by part of the team (e.g. medical) during on-call period.	Handover Report – To Do On-Call section	Responsible Trainee or supervisor	Keep tasks short and actionable, deleting as completed.
Actions that should be performed by part of team over next few days.	Handover Report – To Do section	Responsible Trainee or supervisor	Keep tasks short and actionable, deleting as completed.
Actions that can be deferred post-discharge or to a different phase.	In Basket staff message, referral message or reminder.	Multidisciplinary team	Ensure messages indicate priority (high, normal, low) and are linked to the correct patient.
Request to external provider.	AHS Secure Email or Fax	Medical Team, Ward Clerk	Remember to use !Private in subject line.

Communication Activities

Different CIS tools support different communication needs.

Telephony Tools	facilitate direct (mobile call) or indirect (automated telephone reminders) voice communications.
Facsimile Tools	allow fax communications to be sent to external physicians and pharmacies until those groups adopt newer communication technologies.
Videoconferencing Tools	facilitate mixed text, audio, video and object (image, sound, file, etc.) sharing in support of virtual collaboration or care.
Commenting Tools	allow information to be shared with clinical groups when a patient chart is viewed in Hyperspace.
Messaging Tools	allow information to be sent directly to specific individuals or groups via desktop or mobile devices.

Connect Care Communication Norms relate to each of the following types of communication activities, further described in the sections that follow:

- **Telephony**
  - Mobile Call Links (including calls initiated from within Haiku, Rover)
  - Automated Telephone Appointment Reminders
- **Facsimile**
  - Outgoing and incoming
- **Videoconferencing**
  - Virtual Collaboration
  - Virtual Care
- **Commenting**
  - Patient-level
    - Personal Sticky Notes
    - Specialty Sticky Notes
    - Pregnancy Sticky Notes
  - Encounter-level
    - MRHP Sticky Notes
    - Care Team Sticky Notes
- **Messaging**
  - In Basket
  - Secure Chat
  - Secure Email
  - Pager

Quick Reference

	When	What	Where	Who
Messaging				
In Basket	Task-oriented communications and follow-ups	Chart links, images, tasks	In Basket workspace tab	Sender and receiver(s)
Secure Chat	Non-urgent, patient-care supportive, simple text	Chart links, images, quick questions or updates	Secure Chat workspace tab	Sender and receiver(s)
Secure email	Communications to providers not using Connect Care		AHS Email	Sender and receiver(s)
Pager	Urgent matters, or as agreed in communications pact			Receiver
Commenting				
My Sticky Note	Remind self of things to talk about with patient	Ask patient about recent vacation; pet's name; etc.	Storyboard – yellow note icon; Patient lists	Only the person who creates it
Specialty Note	Same clinical area; N**ot** for handoff		Storyboard – blue note icon; scheduled appts, patient lists	All users accessing that patient chart
Pregnancy Note	List updates to pregnancy care team**; Not** for handoff	Quick messages related to pregnancy care of Mom.	Storyboard – pink note icon; on pregnant patients	All users accessing that patient chart
MRHP Notes	List updates + tasks needing physician attention at rounds; N**ot** for handoff	Same information previously on "Doctors' ToDo" clipboard	Chart Summary tab, Overview section	All users accessing that encounter
Care Team Notes	Multidisciplinary care team notes; N**ot** for handoff	Same information previously captured in "Cardex"	Chart Summary tab, Overview section	All users accessing that encounter

Facsimile Communications

What is it?

Faxes are an aging, unreliable and even insecure tool for transfer of personal health information. Nonetheless, they continue to be a preferred communication tool for many external pharmacies, facilities and community prescribers who do not use Connect Care as the record of care.

Why does this matter?

Connect Care has integrated “RightFax” technology into the clinical information system (CIS). This allows outgoing faxes to be sent as easily as an object might be printed. A provider and facility registry has fax numbers that are continually checked and updated. Incoming faxes will continue to use legacy receipt and scanning workflows until Connect Care is fully implemented across all of AHS.

Who is responsible?

Facsimile communications should be avoided for when the recipient user, clinic or facility is within Connect Care (use In-Basket messaging). Most users can learn workflows for sending faxes. Inpatient settings should assign fax tasks to support staff who do this frequently. Incoming fax and scan workflows are tackled by trained support staff and health information management staff.

How is it done?

The Connect Care facsimile management splits according to whether faxes are outgoing or incoming.

Outgoing Faxing

Virtually all outbound documents destined for individuals or practices that require facsimile communications can be sent directly from within the Connect Care CIS. This happens through an interface to the AHS instance RightFax software. Health Information Management monitors error reports, failed deliveries or other issues.

The user simply needs to indicate that an outgoing communication should be sent by fax. Connect Care knows the information delivery preference of external providers (those not using Connect Care as their record of care) and routes by fax if that is what's needed.

If a physician or medical support staff needs to specify a fax number for an external provider to whom a fax is addressed, but the number does not appear to be in Connect Care, then the Alberta Referral Directory is a reasonable reference. In time, the Connect Care Phone Book (general menu item) will have an accurate representation of all external fax.

Incoming Faxing

Connect Care has not replaced the myriad of fax machines, fax telephone numbers or other workflows that receive faxes from external organizations. Faxes will arrive and, in most cases, generate a printed record. If the received material is important for including in the Connect Care record, then office and ward support staff (with HIM assistance) scan the received fax for attachment to the Connect Care record (Guide: Scanning Workflows).

Videoconferencing Communications

What is it?

Virtual care (VC) is about all the ways healthcare providers can interact with patients when separated by time or space. VC can leverage one or more of text (instant messaging), audio (telephony), or video (video conferencing). Connect Care videoconferencing can be scheduled, conducted and documented in Connect Care.

Why does this matter?

Virtual Care plays a significant role in providing patient-focused, quality health services that are accessible and sustainable for all Albertans. Remote assessment of patients in the community can improve access to care for those with disabilities or transportation constraints. It can also reduce the risk of exposure to contagious disease. Connect Care is configured to support e-visits, e-consults, video-visits, and other virtual services that take advantage of enterprise scheduling, decision-supports, documentation and reporting capabilities of a full clinical information system (CIS).

Who is responsible?

Physicians using videoconferencing for training and collaboration are supported by the CMIO portfolio and their zone Medical Affairs, with evolving guidance linked through the Connect Care Physician Manual. Non-physicians using videoconferencing for training and collaboration are supported by zone operations. The AHS Zoom offering is optimized for self-discovery, self-registration and self-help.

All providers using videoconferencing for virtual care are guided by AHS Virtual Health. Prescribers providing virtual health services outside of Alberta must be registered for virtual care in the jurisdiction responsible for patient care.

How is it done?

The Connect Care videoconferencing norms vary according to whether the communications technology is used for collaboration or for virtual care.

Collaboration

Video conferencing can help clinicians working remotely from one another or their patients. Videoconferencing for collaboration should continue to use AHS Skype for Business when it is easily usable by all participants. However, physicians work in diverse contexts, often using personal devices, wherein the AHS instance of Skype may struggle. AHS Zoom provides an alternative for clinicians willing to (mostly) self-manage their videoconferences. The CMIO portfolio, working with Medical Affairs, is organizing help for more complex needs.

Care

When videoconferencing is needed for virtual care, and telephone or Skype for Business or telehealth suites do not suffice, AHS Zoom can serve as a secure, health-appropriate, alternative. AHS Virtual Health is working to support these uses, initially focusing on the most pressing clinical use-cases.

How is it done well?

It is important to match intervention to need. Conventional telephone calls work well for many virtual patient encounters. Follow-up communications with text, messaging or email can also work well. Care must be taken to obtain patient consent and to copy clinically important information to the legal record of care. As much as possible, Connect Care chat and messaging tools should be used.

When clinical need includes prescriber and/or patient video-presence outside AHS facilities, then AHS Zoom is the preferred VC tool. Use for clinician-to-clinician interaction or team meetings is easy and approved. Use for patient interaction is supported both within and outside the CIS. The clinical advantages of video-enabled VC are well established.

Connect Care Physician Manual entries, with linked tip sheets can help AHS clinicians get started with AHS Zoom (ahs-cis.ca/zoom) for collaboration and care.

Priority uses of videoconferencing for care include:

- Follow-up assessment of chronic conditions, functional status, therapy impacts once after a patient-clinician relationship has been established through in-person interactions.
- Pre-screening to facilitate selection of the right in-person venue and visit type for definitive problem management.
- Follow-up coaching, emotional support or psychological assessment once a therapeutic relationship has been established by other means.
- Sharing of skin, movement, voice or other clinical phenomena that can be reliably observed with low-resolution video images that may not represent colours accurately.

When using video conferencing for coordination or care:

- Use telephone interactions when adequate to the need.
- Reduce computer screen resolution (e.g., 1280*800 or less) when screen-sharing.
- Do not activate video sharing by default; instead, activate video at the point of business or clinical need (e.g., to evaluate a breathing pattern) for only as long as needed.
- Explicitly close meetings when finished, freeing up the system and bandwidth for others.
- Initiate virtual encounters from within Connect Care when the patient is a MyAHS Connect user.
- Keep video conference encounters as short as needed for the coordination or care task.

Do — Video Conferencing — Don't

- Consider patient and clinical need to assess the benefit/harm balance of video conferencing.
- Forewarn about the tool to be used and any preparations that will increase successful use.
- Always confirm patient and participant identity and roles (NOD).
- Obtain patient consent when using unregulated technologies.
- Generally keep virtual care encounters to 30 minutes or less.

- Use video conferencing for complex or serious presentations where in-person assessment is important.
- Impose technology or bandwidth expectations that patients may not be able to meet.
- Persist with video conferencing when a patient struggles or is uncomfortable.
- Use video conferencing for information sharing better accomplished with educational resources.
- Fail to identify all participants (including trainees) in a session.

Commenting (Sticky Notes)

What is it?

Clinicians can annotate or comment within a patient chart using a category of tools called “Sticky Notes”. These conveniently locate operational or facilitative information within a specific patient context while not contaminating the clinical record.

In general, these comments help the team to establish and maintain quality patient and professional relationships. For example, a nurse could create a sticky note with a reminder to ask about a patient's wedding during the next visit.

Why does it matter?

Continuity of patient-centred care can be facilitated by information that does not relate to, or is inappropriate for, the clinical record. Operational communications that support care can easily be captured within Sticky Notes. These having viewing, editing, retention and archiving properties that differe from the rest of the chart.

Sticky Note comment are not part of the patient’s chart, but they exist within the clinical information system and can be discovered. A good rule of thumb is to not include any information in chart comments that one would not want to be discovered through legal proceedings.

Who is responsible?

Individual users maintain some types of Comments (e.g., “My Sticky Note”), while specialty, department, ward and other teams may be responsible for the content of other Comments (e.g., “Specialty Sticky Note”. More importantly, local health care teams should establish communication pacts that ensure a shared understanding of which Sticky Notes will be used (if at all) for care coordination purposes.

How is it done?

Like paper sticky notes, Connect Care Sticky Notes work best with brief, plain and simple text. Comments can be oriented to self, specialty, ward team or most responsible healthcare provider.

Each Comment Type has unique exposure and properties, which can be reviewed by clicking on the note image within of the five Comment types listed below:

Comment Type	Indicator	Purpose	Example
My Sticky Note 	Yellow icon on Patient Storyboard (All Contexts)	Simple chart annotations seen only by the author.	A clinician wants to remind herself to ask about a patient’s recent vacation.
Specialty Sticky Note 	Blue icon on Patient Storyboard Box within Chart Review, Snapshot section (All Contexts)	Patient-level comments visible to all in a particular specialty.	A family physician notes that the patient is uncomfortable talking about substance use problems with clinicians other than his mental health team.

Comment Type	Indicator	Purpose	Example
Pregnancy Sticky Note	Pink icon on Storyboard (All Contexts)	Patient-level comments visible to all participating in pregnancy management.	A gynecologist notes that the patient has a doula, labor coach and physiotherapist that she wants involved in preparations.
MRHP Sticky Notes	Box within Chart Summary, Overview section (Inpatient context)	Admission-level comments and tasks brought to the attention of the most responsible (attending) provider team.	An inpatient ward team agrees o use this Comment in the same way that a “Doctor’s Clipboard” was previously used to list things needing physician attention during the next ward rounds.
Clinical Team Sticky Notes	Box within Chart Summary, Overview section (Inpatient context)	Admission-level shared tasks and activities related to the in-patient journey and discharge preparations.	An inpatient ward team agrees to use this Comment to track Cardex-like team coordination memos arising from “Rapid Rounds” for discharge planning.

How is it done well?

Do

- Use for reminders and prompts to support continuity of care and sharing of non-clinical patient information that can enhance future interactions.
- Use to facilitate collaborative team communication and task coordination.

Sticky Notes

Don’t

- Use to share clinical information at handoff or handover, which should be captured in Handoff activity or end of shift note.
- Replicate content that can be found elsewhere in the patient chart (instead, for example, refer to chart content with prompts like “see today’s orders”).
- Use as a substitute for orders or documentation, or as a proxy for verbal orders.

In Basket

What is it?

In Basket is Connect Care's secure communication and coordination hub. It is an actionable, task-based messaging system that allows users to manage their daily workflows by:

- Sending and receiving messages about patient care and inter-professional needs for action.
- Directly linking messages to patients' charts, lab results, orders and other clinical information.
- Managing tasks related to a message by clicking context or task-specific activity buttons within a messaging workflow.

In Basket is **NOT** an email service.

The In Basket also serves for receiving outpatient results, critical result alerts, and tasks. In Basket tools facilitate communication delegation and coverage, chart correction notices, and patient portal messaging.

Why does it matter?

As a central hub for clinical information routing and notification, In Basket facilitates several clinical workflows. Consequently, failure to use the In Basket effectively can delay care, frustrate team functions, hamper awareness of abnormal results, or backlog easily actionable clinical tasks. All Connect Care users are expected to use In Basket.

Regular In Basket use protects patient safety. Prescribers and non-prescribers use In Basket to ensure that all investigations, results and required actions are managed in a timely and safe manner.

Who is responsible?

All members of the health care team use In Basket. Each have specific responsibilities and accountabilities. These are covered in detail in an In Basket Best Practices Manual and "Demystifying In-Basket Messages" guide.

How is it done?

Task Management

Clinicians receive messages about tasks via In Basket. These messages are directly linked to patients' charts, results and orders, making it easy to appreciate and act on what needs doing. The tasks themselves can be managed (redirect, complete, share, etc.) from buttons in the In Basket task bar.

Common tasks include:

- Reviewing Lab and Imaging Results.
- Resolving incomplete documentation or open charts.
- Accepting tasks sent to a pool (e.g., triage of incoming referrals).

Communication

In Basket can be used to communicate with colleagues and patients in a manner similar to email. It is important to remember that patients cannot send or receive In Basket communications unless they have an active MyAHS Connect (Connect Care patient portal) account and are using it.

Similarly, In Basket mail can only be used with staff and physicians who have already adopted Connect Care. AHS secure email will remain the more preferred channel for secure clinical communication to providers not using Connect Care as their record of care.

In Basket warns if either patient or provider is not a Connect Care communications user.

Retention

In Basket messages and tasks remain in category folders until they are actioned ("Doned") or acknowledged by the user. They remain in a "Completed" or "Sent" folder, typically for 30 days from the time of user action. Archival messages may be retained (in a user-invisible) state for longer on Connect Care servers.

How is it done well?

Do	In-Basket	Don't
• Delegate work by granting access to In Basket when out of the office. • Use the Out of Contact activity or Grant Access workflow and specify a delegate to ensure that urgent messages are responded to in a timely manner when you are unavailable. • Consider commenting on important results released to patients using MyAHS Connect and, if indicated, suggest scheduling an appointment. • Ensure that incoming referral requests are triaged in a timely manner, compliant with organizational and professional standards.		• Forget to ensure important health information is saved in the main health record. • Copy chart content into messages; instead link to the patient chart.

In-Basket Folder	In-Basket Response Expectations	Timely Completion
Results	Lab, imaging, micro, etc.	**< 3 days**
Critical Results	Lab, imaging, micro, etc.	**< 1 hour**
Patient Messages	Relayed telephone encounters, Direct patient messages (MyAHS Connect), etc.	**< 3 days**
Prescription Renewal	Refill request.	**< 2 days**
Open Outpatient Encounters	Outpatient visit (encounter) not closed, possibly awaiting lab info.	**< 3 weeks**
Open Inpatient Charts	Inpatient chart remaining open post-discharge because of unfinished work.	**< 5 days**
Incomplete Inpatient Notes	Progress, consult, admission, discharge, etc. not completed or signed	**< 3 days**
Unsigned orders	Requiring release or cosign	**< 3 days**
Chart Correction	Correction request review	**< 2 days**
Referral Triage	Review & Triage Referral	**< 5 days**

Secure Chat

What is it?

Secure Chat is an instant messaging communication tool used exclusively within Connect Care. It works in all Connect Care environments (Hyperspace, Haiku, Limerick, Rover, Canto) on desktops, tablets and smartphones. All clinical users can send and receive secure text-messages in real time, with various types of alerts to the arrival of new messages. Messages are organized in “conversations”, can have image attachments and can link to patient charts.

Secure chat messages occur within closed conversations, viewable to the invited individual or group participants.

Why does it matter?

Secure Chat can enhance the quality and speed of communication, replacing non-urgent pager and telephone interruptions to clinical work. It can facilitate quick communication while ensuring encryption and security that is safe for clinical purposes.

Secure chat cannot replace verbal telecommunications (phone, pager) for urgent matters, or In Basket messaging for task-oriented communications. Nonetheless, there will be grey areas where users are not certain whether it is best to use In Basket, Secure Chat, Telephony, Paging or Commenting. Clinical teams (e.g. ward team covering a night shift with on-call physicians and/or trainees) should establish a clear “**communications pact**” specifying which tools will be used in which situations; as well as which tools will be used in case of uncertainty.

Who is responsible?

All Connect Care users have access to Secure Chat and are responsible for its appropriate use.

How is it done?

Whereas In Basket supports a wide range of communication types, Secure Chat is unidimensional. It supports simple person-to-person or person-to-group text messages. There is no support for advanced text editing, SmartText or word processing.

Images: Individual messages can contain a photo if sent from a mobile application (Haiku, Canto, Rover) that can be copied to the patient’s chart.

Conversations: Chat "conversations" are groups of messages focused on a specific topic that go back and forth between individuals or groups.

Chart Links: The start of a conversation can include a link to a specific patient chart, indicating that the conversation relates to that patient.

Presence: Responsible chat participants can set their availability status and should keep it current. This indicates whether a provider is present to receive and review incoming messages.

Forwarding: Recipients can configure Chat to forward all of their messages to someone else responsible for a clinical service while the recipient is away or indisposed.

Retention: While Connect Care acclimatizes to Secure Chat tools, Chat conversations will be retained for up to 12 months; when a purge policy will be developed and implemented.

How is it done well?

Do

- Secure Chat must only be used for appropriate work-related purposes (e.g. not a social app).
- Respect colleague's time and accountability (e.g. after hours) and take note of Secure Chat status updates (e.g. "Away", "Do Not Disturb", etc.).
- Save all images shared via Secure Chat to the clinical section of the patient's health record if the image was used for clinical decision making.
- Take care and caution to maintain the privacy and security of secure chat messages.
- Add appropriate context when sharing images and you decide later to copy the image to the chart.

Secure Chat

Don't

- Assume that an urgent request via Secure Message has been received. If you do not have confirmation of receipt, follow up with a person-to-person connection (page or phone).
- Reference multiple patients in a single Secure Chat conversation.
- Avoid or neglect responding to chat messages if you have indicated availability or have a communications pact that includes use of Secure Chat.
- Use Secure Chat to avoid order entry by the responsible provider.

Example

- Tom is an RN on an IP unit and one of his patients has had an elevated temperature. He wonders whether the responsible physician will want to draw blood cultures. The patient is stable.

  Tom texts the most responsible provider on call:
  Jim's temp has topped 38.6 – would you like blood cultures drawn?

  Tom also documents the new temperature, with note that he has contacted the MRP by Secure Chat as per the ward communications pact.

  → **Secure chat messages do not constitute clinical documentation. Both communication and documentation, appropriately, occurred in this example**.

- Nancy, the most responsible provider receives the secure chat message and replies:
  Thanks, I've placed an order.

  Nancy opens the linked chart and orders and signs for stat blood cultures.

  → **Secure chat messages are not to be used for "verbal orders"**.

- Tom's patient is becoming hypotensive and tachycardic with MEWs scores showing instability.

  Tom pages Nancy to discuss this deterioration.

  Tom documents the changing patient status, indicating the method and content of MRP communication.

  → **Secure chat is not appropriate for pressing clinical matters; person-to-person is best**.