

There is a lot to be excited about at Nursing Information System Saskatchewan (NISS). Several new developments have happened in the program since the last newsletter in November, 2012.

## Piloting an electronic NISS Form

NISS has been collaborating with *eHealth Saskatchewan* and *Sunrise Health Region* in creating an electronic version of the **General Admission Assessment and History: GAAH-010.1** and the **Daily Systems Assessments: DSA-153.1**. These two forms are being incorporated into the Sunrise Clinical Manager (SCM) system. Initial trial and implementation is expected to take place on a medical unit. A scheduled demonstration is expected to happen in mid-June.

The GAAH form will be the first document to be integrated into Sunrise Clinical Manager (SCM) and its development is the result of the efforts of the NISS Standard Revision Committee. The inspiration for this document came at the request of multiple health regions trying to consolidate the NISS admission documents with their own in-house documentation requirements and accreditation concerns.

The new **General Admission Assessment and History: GAAH-010.1** is a general admission assessment and history form which includes built in assessment tools such as a Braden scale, Morse Fall Scale, the PHQ-9 (depression/suicide screen), PACT smoking cessation screening, Caprini VTE screening tool and ARO screening check box. This form also has additional assessments, format modifications and more space to write out additional assessments and comments when compared to the previous AAMS-001.6. (For revised information on the AAMS-001.7 please see the updated forms section of this newsletter). The new **GAAH-010.1** is three double-sided pages (for a total of six pages).

NISS would like to thank the excellent creative and programming abilities of the eHealth team as well as the pioneering spirit of Brenda MacLean, Manager for Medicine/Pediatrics/Respiratory Therapy; Greer Holowatuk, Clinical Care Coordinators; Amanda Schultz, Clinical Care Coordinator; Diane McDougall, Director of Health Services – Central; and Brenda Leppington, Director of Information Management from Sunrise Health Region.

While the new form is being piloted electronically in Sunrise Health Region, it is also available in a printed version that can be ordered in the usual way.

## NISS Standard Revision Committee

The goal of NISS is to meet the needs of our users by providing a documentation system that accurately reflects those current needs. For this reason, NISS has established the NISS Standard Revision Committee. We are very proud to have clinical nurse educators and other clinical resources from each participating health region involved in the committee's form review work. The purpose of the committee is to prioritize form reviews for the current period and to contribute to their modifications. Over the past three months the committee has been hard at work developing a General Admission Assessment and History (see above).

3sHealth thanks all the committee members for their participation and their willingness to share their expertise. They include:

Genevieve Armstrong, RN  
Glen-Mary Christopher, RN  
Mona Neher, RN  
Jessica Campbell, RN  
Laura Squair, RN  
Tara Campbell, RN  
Tara Gillanders Bell, RN  
Brenda Bumphrey, RN

Nada Demong, RN  
Brenda Leppington, RN  
Terri-Lynn Sukkel, RN  
Cindy Eberle, RN  
Sharon Peters, RN  
Stella Swertz, RN  
Tammy Blackwell, RN

If you are interested in serving on the *NISS Standard Revision Committee* please contact the NISS Program Specialist at [niss@3shealth](mailto:niss@3shealth) or 306-347-5585.

## NISS Revision and Release Schedule

NISS uses six-month revision cycle. Any changes or developments requested during the revision period must first be approved by the Standard Revision Committee. Once approved, the revised forms are released at the end of the release period.

Please inform NISS of any accreditation and/or health region requirements and concerns. Our goal is to ensure that the forms meet your on-going needs.

2013/14 Schedule	
Revision: June 2013 to October 2013	Revision: December 2013 to April 2014
Release: End of November 2013	Release: End of May 2014

## Updated Forms

A user guide for each updated form is available by contacting NISS.

### Medical-Surgical:

1. **AAMS-001.7:** On page 1: a tick box for Verification of patient ID band was added. On page 2: a PQRST model for pain assessment was added to the vital signs section, additional medical conditions were added to the history section, the pain tick boxes were removed from all the abnormal findings sections and space for additional comments was made at the bottom. On page 3: the pain assessment section was removed, a tick box for the completion of Facility ARO screening tool was added, and clarification of the medication reconciliation /PIP tick box, a tick box for the completion of Facility VTE screening was added. There are no changes to page 4.

### Obstetrics:

2. **AAOB-032.7:** a space for blood glucose was inserted into the vital signs section, medication reconciliation/ PIP check box was added in the medication section and a section for additional comments was made at the end of the document.
3. **LDOB-034.6:** the repair supply section now includes needles, sponges and others sections with initials.

### Pediatrics:

4. **AAPED-051.7:** blood glucose was added to the vital signs and the medication reconciliation/PIP check box was added.

### Home Care:

5. **AAHC:-091.7:** the section for noting pharmacy information was made bigger, and a check box referring to the Assessment Addendum was included in the physical assessment section and in the assessment regarding mental/ emotional status so that information recorded in the Assessment Addendum does not need to be repeated on the Admission Assessment.
6. **AADD-095.7:** page 2 now has a large additional assessments and comments section.
7. **AHTRHC-096.4:** space to write out the vital signs was made, Pertinent history was moved up to the Obs. and Meas. section, more space was given to write information in the pharmacy section, a home management concerns section was added to the second page, and the signature record is now an additional comments section since a master signature record should be used in each chart.

## Flow sheets:

8. **MOBR-136.8:** a specialized assessment category was added as per Saskatchewan Association of Safe Workplaces in Health.
9. **PPOPTR-140.6:** a section for the education regarding VTE and medication reconciliation was added.
10. **POPCL-141.8:** a check box for VTE assessment completed was added.

## Ambulatory Care – Day/ Night: Surgery:

11. **AADNS-181.6:** medication reconciliation/PIP and facility VTE screening tool completed check boxes were added.
12. **AADDA-184.7:** additional medical conditions listed and a check box for the VTE screening tool completed was added.

## New Forms Available

### General Admission Assessment and History: GAAH-010.1

(see related article)

### Bladder Training Program: BTP-012.1

Bladder training is part of rehabilitation and is one of the interventions in the Stroke Rehabilitation Care Plan. Although it was originally designed as an accompaniment to the care plan it can be used in multiple care settings to promote bladder rehabilitation after catheter removal. It is a one-page double sided flow sheet. For more information on how to use this form and the protocol behind it please contact NISS.

### Stroke Rehabilitation Care Plan: SRCP-011.1

The Stroke Rehabilitation Care Plan is a 6 pages (double sided for a total of 12 pages) document which covers all 10 care components. It includes nursing diagnosis, outcomes and interventions specific for a stroke rehabilitation patient. All the interventions are based on the Canadian Best Practice Guidelines for Stroke Rehabilitation from the Canadian Stroke Strategy. Additional information regarding this document is available by contacting NISS.



*Kathy Krahn (left) and Mona Neher (right).*

Thank you Gaye Bookout and Kathy Krahn for their initiative and Mona Neher RN, RQHR for her work as documentation coordinator. 3sHealth also recognizes the valuable feedback, contributions and reviews conducted by Genevieve Armstrong RN, Regional Nurse Educator for the Mamawetan Churchill River Health Region, Shannon Schmidt RN, Stroke Services Manager in Sunrise Health Region, Stella Swertz RN, Clinical Coordinator SCHR, and Glen-Mary Christopher RN, BN, BA, Clinical Instructor Professional Practice for Sunrise Health Region

## Letter from the Development Team

*As nurses working in rehabilitation, we have found using the standard care plan format to be challenging. We wanted to incorporate rehabilitation best practice into our care plans, along with a way to monitor for interval improvements towards independence. Gaye Bookout, RN took on this challenge by using our stroke rehabilitation population and creating a care plan that reflected the Canadian Best Practice Guidelines for Stroke Rehabilitation from the Canadian Stroke Strategy.*

*We also included language that would capture the changes a client progresses through from dependence to independence. We took our needs and ideas to NISS, with the hope that our needs for a template for rehab care plans might be realized. The NISS specialist was very receptive to our proposal. With her help, our rehabilitation care plan needs have been met and we look forward to creating care plans that truly identify the unique needs of rehabilitation nursing.*

*Working through this process was encouraging and rewarding and we wish to thank NISS for all the help.*

*Sincerely,  
Gaye Bookout RN, CRN  
Kathy Krahn RN, PDE*

*Wascana Rehabilitation Centre, Regina Qu'Appelle Health Region*

## NISS Specialist, Information Services

3sHealth (Health Shared Services Saskatchewan)  
800 - 2002 Victoria Avenue, Regina, SK S4P 0R7  
T. 306.347.5585  
F. 306.347.5913  
E. NISS@3sHealth.ca