



## Future State: Women and Babies - Acute - Outpatient Clinic

Cerner Workflow ID: 8414 (v. 21.0) Client Workflow ID: 922

Last updated by Cynthia Skubel, Mar 10, 2025 11:13am (UTC -4 hours)

**Workflow Details:**

Workflow Name: Women and Babies - Acute - Outpatient Clinic

Workflow State: Future State

Workstream: Admission/Intake

Venue: Acute Care

Client Owner: Dickey, Kelly

Cerner Owner: White, Meighan Kathryn Moore

Standard: No

Related Workflow(s):

Tags:

**Workflow Summary:**

Service Line: Women's Health

Related Solution(s): FetaLink

PowerChart Maternity

Project Name: Niagara Health System:OPT-0297674:NIAG\_CD Niagara HIS RFP

TestBuilder Script(s):

Cerner Workflow ID: 8414 (v. 21.0)

Client Workflow ID: 922

Workflow Notes:

Introduced By: WS 1

Validated By: WS 5

**Swim Lane:**

Role(s): L&amp;D Nurse

Department(s):

Security Position(s): Women's Health - Nurse

**Off Page Reference [347]**

Workflow Link: Ambulatory - Infection Control

**Off Page Reference [62]**

Workflow Link: Women and Babies - Acute - Outpatient Discharge

Comments: If IOL plan of care is Cervidil access "Cervidil Induction - Patient Information Women and Babies " hand out on Access EFR; to give to patient and review prior to discharge call back time and return date and time.

**Off Page Reference [343]**

Workflow Link: Scheduling - ESM - Check Out Appointment

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Comments: This can be done by either OB Ward Clerk or L&D Nurse at time of discharge

**Off Page Reference** [368]

Workflow Link: Women and Babies - Acute - OB Internal Transfer (Monitored)

Comments: If patient not pregnant or not utilizing fetal link internal transfer in powerchart via the rocket ship is applicable

**Off Page Reference** [157]

Workflow Link: Women and Babies/Patient Access - Acute - OB Registration (Mother)

Comments: Done by clerk

**Work Step** [7]

Description: Escort patient to room

**Work Step** [9]

Description: Turn EFM monitor on and log into fetal link and power chart

**Work Step** [11]

Description: Determine reason for out patient visit (IOL/NST/Prenatal Consult/ECV) Complete OTAS and IPAC assessment

Comments: If patient presents for Anesthetic Consult/Post Partum Follow Up/ EPAC patient is escorted to room, nurse to obtain OB Hx/Vitals/Ht/Wt and document in iView while awaiting Provider.

**Off Page Reference** [188]

Workflow Link: Women and Babies - FetaLink - Finalizing Fetal Tracing

**Work Step** [87]

Description: Complete all fetal monitoring documentation

**Off Page Reference** [238]

Workflow Link: Women and Babies - Communication and Handoff Process

**Work Step** [131]

Description: Review and update Pregnancy History

Method: MPage

Comments: This should be done via the Pregnancy History Cloud Component, if

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available.

**Work Step [19]**

Description: Open patient's chart from Tracking Board and navigate to Women and Babies View

**Off Page Reference [68]**

Workflow Link: Women and Babies - FetaLink - Reason for Monitoring

**Off Page Reference [65]**

Workflow Link: Women and Babies - FetaLink - Association of Patient and Monitor

Comments: If applicable

**Work Step [171]**

Description: Open, Review, sign Dynamic Doc Note and send note to Provider for review.

Comments: Only applicable for Outpatient booked NST

**Work Step [296]**

Description: Complete all fetal monitoring documentation

**Off Page Reference [163]**

Workflow Link: Women and Babies - Adding or Modifying EDD

Comments: Add pregnancy, review/update EDB/EGA information as needed.

**Work Step [311]**

Description: Place the OB Outpatient Medical Directive PowerPlan and additional any applicable orders as needed.

Comments: OB Medical Directive 710 130 007 Obstetrical Outpatient Assessment Surveillance and Admission

**Work Step [89]**

Description: Annotate on fetal tracing as appropriate in FetaLink

**Work Step [27]**

Description: Document assessment in OB Triage iView band (including importing, verifying and signing off vital signs)

Method: Interactive View

Comments: If patient not pregnant navigate to adult quick view and document

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relevant data

**Work Step [90]**

Description: Complete additional documentation required for OB Triage patients from the Women and Babies View

Comments: Additional documentation for Allergies, Home Medications, Histories, etc can be completed directly from the Triage/Ante/Labor MPage.

Refer to hospital policy on documentation requirements for OB Triage patients.

**Decision [148]**

Description: Does patient meet Medical Directives discharge criteria?

Comments: Please refer to Medical Directive 710-130-007 for further information.

Or meets discharge parameters placed by MRP.

**Work Step [34]**

Description: Contact on call Most Responsible Provider (MRP)

Step Impact: Policy/Procedure

Comments: MRP may be on call physician, family physician or midwife.

**Swim Lane:**

Role(s): Women and Babies Provider [Custom]

Department(s):

Security Position(s): Physician - Women's Health

**Decision [51]**

Description: Decision to Admit, Discharge (or Emergency Services), or Continue Monitoring

Comments: If patient is being transferred to Emergency department from OB Triage, it is recommended to discharge the Outpatient in a Bed encounter and re-register via the ED Quick Registration conversation. This will ensure the Emergency Encounter Type is applied.

**Work Step [37]**

Description: Provider assesses patient

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Comments: Based on patient presentation, MRP may have OB Nurse assess patient on their behalf.

**Work Step [40]**

Description: Access patient chart from Tracking Board

**Work Step [44]**

Description: Review Triage/Ante/Labour tab in the Women's Health View

Comments: If patient not pregnant navigate to results review and other applicable documentation

**Work Step [47]**

Description: Review fetal tracing from FetaLink

**Work Step [114]**

Description: Review message center and place any applicable orders

Comments: Note: If nursing triage protocol exists for nurse to place Triage orders, consider adding a step to the OB Nurse workflow to place the PSO Outpatient in a Bed order as well as the Triage orders. The PSO order should be placed as early in the workflow as possible when the patient is being admitted.

**Off Page Reference [340]**

Workflow Link: Phys Track- Prescriber Workflow - Prescriber Cosign

**Work Step [79]**

Description: Document patient assessment in Dynamic Doc note

Comments: Academic Considerations: The note status for Resident and Medical Student notes can be based on organizational policy and state regulation. Please reference "Provider Workflow - Resident and Mid-Level Documentation"

Completion of provider orders and note required to charge appropriately.

There is no specific OB Triage Dynamic Doc note template but the Labor Progress note template could be used and renamed for OB Triage.

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**Swim Lane:**

Role(s): L&amp;D Nurse

Department(s):

Security Position(s): Women's Health - Nurse

**Decision [352]**

Description: Was this visit for Cervidil induction of labour?

**Work Step [353]**

Description: Patient to call back 6 hours post insertion.

Comments: If patient does not call back, nursing staff may call patient as needed.

**Work Step [362]**

Description: Upon call back, nurse to select Discharge Encounter pertaining to the Cervidil insertion to document call back conversation

**Document [355]**

Description: Create a Dyn Doc Free Text Nursing Progress note using Auto Text to document phone conversation with patient.

Comments: Nursing should use the .CervidilOPTelephoneAssessment auto text phrase to create the note template.

**Facilities:**

Facility Name: St. Catharines

Status: Pending Approval

Facility Cerner Owner:

Facility Client Owner:

Authorize Date:

Facility Comments: