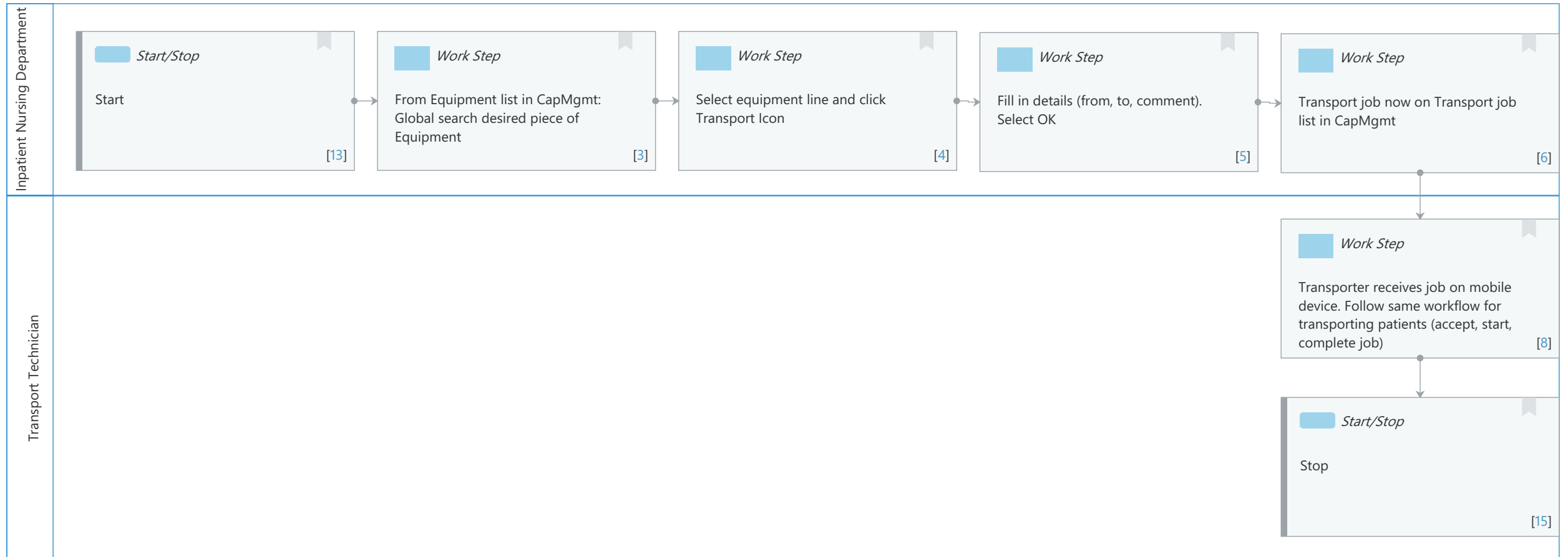


Future State: Cap Management - NH: CareAware Patient Flow: Equipment Transport

Cerner Workflow ID: 2545 (v. 12.0)

Client Workflow ID: 923

Last updated by Jennifer Schafer, Mar 27, 2024 2:07pm (UTC -4 hours)



Future State: Cap Management - NH: CareAware Patient Flow: Equipment Transport

Cerner Workflow ID: 2545 (v. 12.0) Client Workflow ID: 923

Last updated by Jennifer Schafer, Mar 27, 2024 2:07pm (UTC -4 hours)

Workflow Details:

Workflow Name: Cap Management - NH: CareAware Patient Flow: Equipment Transport

Workflow State: Future State

Workstream: Other

Venue: Acute Care

Client Owner:

Cerner Owner:

Standard: Yes

Related Workflow(s):

Tags:

Workflow Summary:

Service Line:

Related Solution(s): CareAware Patient Flow

Project Name: Niagara Health System:OPT-0297674:NIAG_CD Niagara HIS RFP

TestBuilder Script(s):

Cerner Workflow ID: 2545 (v. 12.0)

Client Workflow ID: 923

Workflow Notes:

Introduced By: WS 4

Validated By: WS 5.2

Swim Lane:

Role(s): Inpatient Nursing Department

Department(s):

Security Position(s): Nurse - Manager

Nurse

Start/Stop [13]

Description: Start

Work Step [3]

Description: From Equipment list in CapMgmt: Global search desired piece of Equipment

Work Step [4]

Description: Select equipment line and click Transport Icon

Work Step [5]

Description: Fill in details (from, to, comment). Select OK

Future State: Cap Management - NH: CareAware Patient Flow: Equipment Transport

Cerner Workflow ID: 2545 (v. 12.0) Client Workflow ID: 923

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Work Step [6]

Description: Transport job now on Transport job list in CapMgmt

Swim Lane:

Role(s): Transport Technician

Department(s):

Security Position(s): Transport Tech

Transport Management

Work Step [8]

Description: Transporter receives job on mobile device. Follow same workflow for transporting patients (accept, start, complete job)

Start/Stop [15]

Description: Stop

Facilities:

Facility Name: Niagara Health System (All five acute hospitals) and Hotel Dieu Shaver

Status: Pending Approval

Facility Cerner Owner:

Facility Client Owner:

Authorize Date:

Facility Comments: