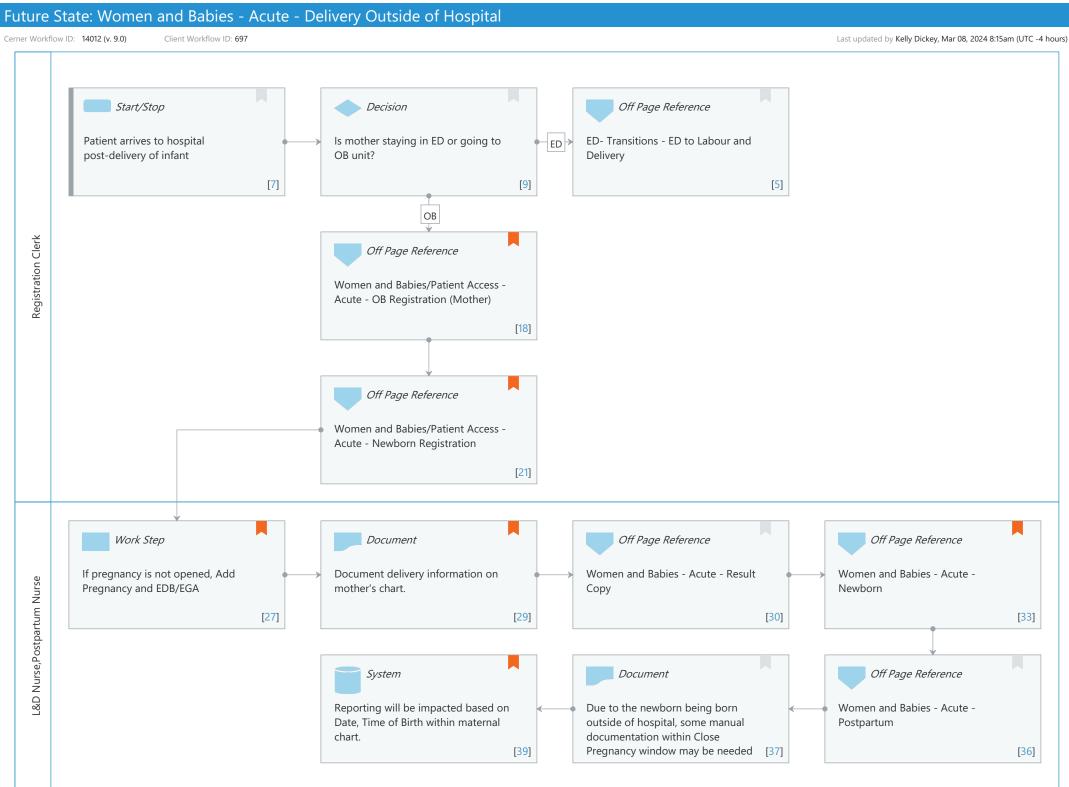
Niagara Health System



Niagara Health System

Future State: Women and Babies - Acute - Delivery Outside of Hospital

Cerner Workflow ID: 14012 (v. 9.0) Client Workflow ID: 697

Last updated by Kelly Dickey, Mar 08, 2024 8:15am (UTC -4 hours)

Workflow Details:

Workflow Name:Women and Babies - Acute - Delivery Outside of HospitalWorkflow State:Future StateWorkstream:OtherVenue:Acute Care
Critical CareClient Owner:Cerner Owner:Standard:YesRelated Workflow(s):Tags:

Workflow Summary:

Service Line: Women's Health Related Solution(s): PowerChart Maternity Project Name: Niagara Health System:OPT-0297674:NIAG_CD Niagara HIS RFP TestBuilder Script(s): Cerner Workflow ID: 14012 (v. 9.0) Client Workflow ID: 697 Workflow Notes: Infant is born outside of the hospital, and comes to acute care setting for post-delivery recovery and postpartum period. Introduced By: WS 5 Validated By: WS 7

Swim Lane:

Role(s):	Registration Clerk
Department(s):	
Security Position(s):	Women's Health - Clerk
	Emergency Medicine - Registration Clerk
	Registration - Clerk

Start/Stop [7]

Description: Patient arrives to hospital post-delivery of infant

Decision [9]

Description: Is mother staying in ED or going to OB unit?

Off Page Reference [5]

Workflow Link: ED- Transitions - ED to Labour and Delivery



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Off Page Reference [18]

Workflow Link: Women and Babies/Patient Access - Acute - OB Registration (Mother) Comments: Steps may be completed by variety of roles based on client workflows.

Off Page Reference [21]

Workflow Link: Women and Babies/Patient Access - Acute - Newborn Registration

Comments: It may be appropriate for Registration/Patient Access Department to register the newborn, depending on the client's preference.

Note: Ensure that a Newborn registration conversation is leveraged so that the Mother/Baby Link is created. (User would skip any "pre-registration" steps at this point.)

Swim Lane:

Role(s): L&D Nurse

Postpartum Nurse [Custom]

Department(s):

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

Work Step [27]

Description: If pregnancy is not opened, Add Pregnancy and EDB/EGA

Comments: Even if delivery already occurred, the following items are reliant on opening the pregnancy:

Pregnancy Summary Document Postpartum MPage Viewing Auto-Update to Historical Control on Pregnancy Closure

Use Add Pregnancy Cloud Component, if available.

If not available, use Add Pregnancy workflow component.

Document [29]

Description: Document delivery information on mother's chart. Comments: Make sure to document "Delivered outside of L&D unit" within "Risk



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Factors:" DTA

Documentation of "Date, Time of Birth:" on the mother's chart will trigger patient to appear on the Birth Log Report. Client policy should dictate whether this is appropriate or not per facility. Consider risk management when reviewing.

Be aware of delivery charging triggers, and only document what is appropriate from a charging perspective.

Off Page Reference [30]

Workflow Link: Women and Babies - Acute - Result Copy

Off Page Reference [33]

Workflow Link: Women and Babies - Acute - Newborn

Comments: Additional documentation may be needed for outborn newborns when completing admission documentation such as Apgars, etc.

"Date, Time of Birth" may need to be manually charted on newborn's chart if determined not appropriate to document on mother's chart.

System [39]

Description: Reporting will be impacted based on Date, Time of Birth within maternal chart.

Comments: Since the delivery did not occur in-house, it may not be appropriate for patients to appear on Birth Log/Delivery Summary reports. Determine per client policy.

Document [37]

Description: Due to the newborn being born outside of hospital, some manual documentation within Close Pregnancy window may be needed

Off Page Reference [36]

Workflow Link: Women and Babies - Acute - Postpartum

Facilities:

Facility Name: St. Catharines Status: Pending Approval



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Facility Cerner Owner: White,Meighan Kathryn Moore Facility Client Owner: Authorize Date: Facility Comments:

