Documentation of Alert Status

Policy

1. Purpose

The purpose of this policy is to alert health care professionals of important information that may affect patient care or outcomes.

An alert is defined as any behavioural/psychosocial, equipment based, advanced directives and/or any other key patient information that couldimpact the safety and care quality of the patient, family or health care providers.

The policy will:

a. increase awareness and inform health care providers ofpertinent information that can influence patient care
b. provide staff direction for completion of documentation regardingalerts

2. Directives

I. Paper Chart

The Alert form is to be placed behind the Allergy form (page two)of the Health Record.

First patient visit or at subsequent visits to BC Cancer:

The alert form may be completed by all health care professionals as persupporting documentation in relevant sections of the health record

a. Once the form is completed and the alert is identified, the clerkwill affix the orange alert label to the form
b. All health professionals are to update the alert form if informationchanges

Documenting Alert on Other Health Records:

Staff will ensure that information on pertinent alerts is **included** on discharge letters, inter-hospital transfer letters and all other relevantpatient care documents.

II. Electronic EMR (CST Cerner)

Within the CST system, Process Alerts are flags that highlight specific concerns about a patient. These alerts display on the banner bar and can be activated by most clinicians.

3. Staff Education

The alert policy must be included in orientation for all relevant staff and physicians.