

Tuesday, May 16

This daily report is your source for important Vocera and QGenda implementation news. It will be posted on Physician Forum > Vocera and QGenda Resources.

Incident Statistics

The data below includes both incidents that were opened today and the total number of open incidents for the project.

NWR Vocera Go Live Incidents Opened Today	NWR Vocera Go Live Incidents Open	NWR Vocera Go Live Incidents Closed
NWR Vocera Go Live SCTASKS Opened Today	NWR Vocera Go Live SCTASKS Open	NWR Vocera Go Live SCTASKS Closed

Top Open Incidents

- 1. Direct access (DID) numbers may not display to end users on the web console or app.
 - a. Escalated to Vocera and currently managing mitigation. The technical teams are currently troubleshooting.
- 2. Account issues and incorrect group
 - a. Some end users may be in an incorrect group. The team is resolving these tickets as they come in.

Top Resolved Incidents

1. Security and 22222 not ringing in Huntley. This issue has been resolved.

Reminders

- Clinicians and staff should be reminded to follow the Vocera communications etiquette.
 - Avoid extraneous replies or pleasantries after clinical information is exchanged, like "thanks," or "woohoo" to avoid extra texts for the recipient to review. The sender will see a read receipt.
 - All messages must relate directly to patient care.
- Shared iPhones should be cleaned with Oxivir 1 wipes at the beginning and end of each shift.
 - Cleaning instructions are included in the shared phone management tip sheet.
- Physicians are concerned that they are in the wrong Medical Staff Office (MSO) group. However, their existing MSO membership ensures that they are part of the enterprise.
- Alert messages for STEMI, stroke and sepsis are sent to the group on-call. Please acknowledge the message, but do not leave the group.
- The QGenda ED Call schedules can be found on **Doc Hub**.

Resources

Find tip sheets and other support materials on NM Interactive and Physician Forum.

Thank you to all physicians and clinicians for your hard work as we make this important clinical communications and on-call scheduling transition.