SCM Shortcuts & Tips

Nigel Fong – last updated July 2021.

This document provides information on less-well known (but important) aspects of SCM, and some shortcuts and customizations to help you work more efficiently. It assumes that you know the basics of how to use SCM.

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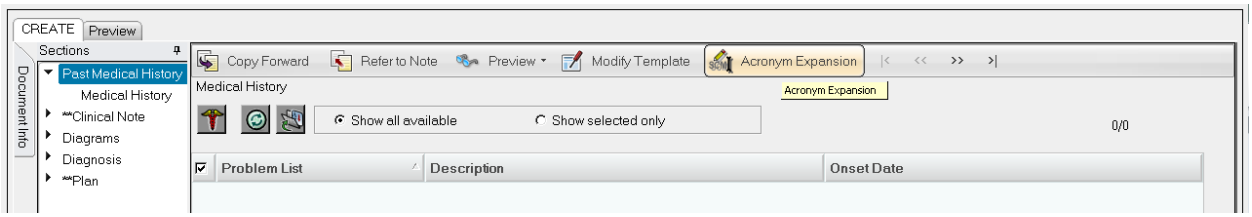
1. Acronym expansion

Acronym expansion allows you to type "/IDC" and have a pre-saved paragraph automatically appear, e.g. "14F IDC inserted under sterile technique. 1st pass successful. Balloon inflated…". You can use this to speed up your documentation



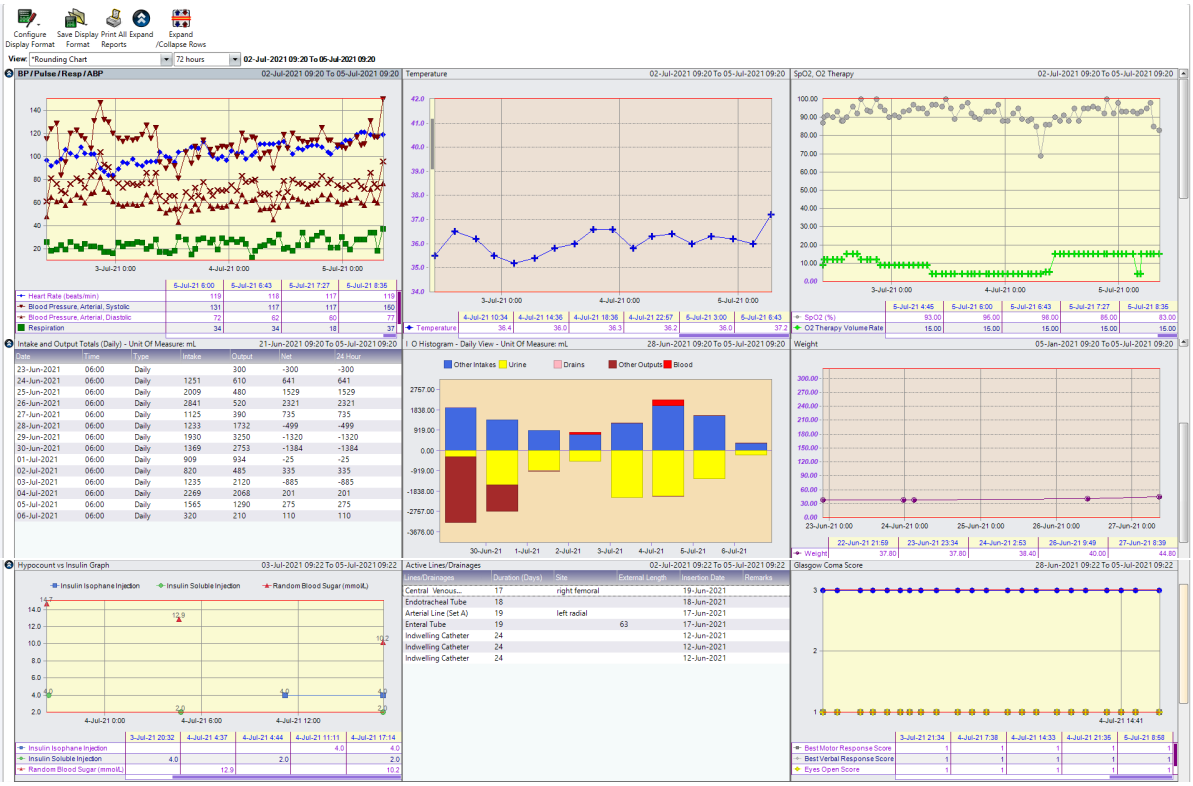
To set up

- Open a new document
- Select 'acronym expansion'
- Click 'add'. 'Acronym name' is the shortcut that you want to key in for the entire paragraph to pop out (so don't choose a word or something that you will use for any other purpose than to pull out the shortcut) – suggest prefacing each shortcut with * or / or other symbol. Then type the expanded text you want.
- Some examples of things to set up include
    - Documentation of procedures e.g. IDC insertion, central line removal etc
    - Documentation of consent taking
    - Common plans/ordersets eg basic nursing orders (paras, hypocount, etc)
    - Normal physical examination
- You can import acronym expansions from other users (and other people can see your acronym expansion so don't save anything that can't see the light of day).

Caution – be careful to proofread and edit the acronym expansion used. Remember that you will need to document any issues during the procedure, whether the procedure was done on the left / right side (for lines) etc.

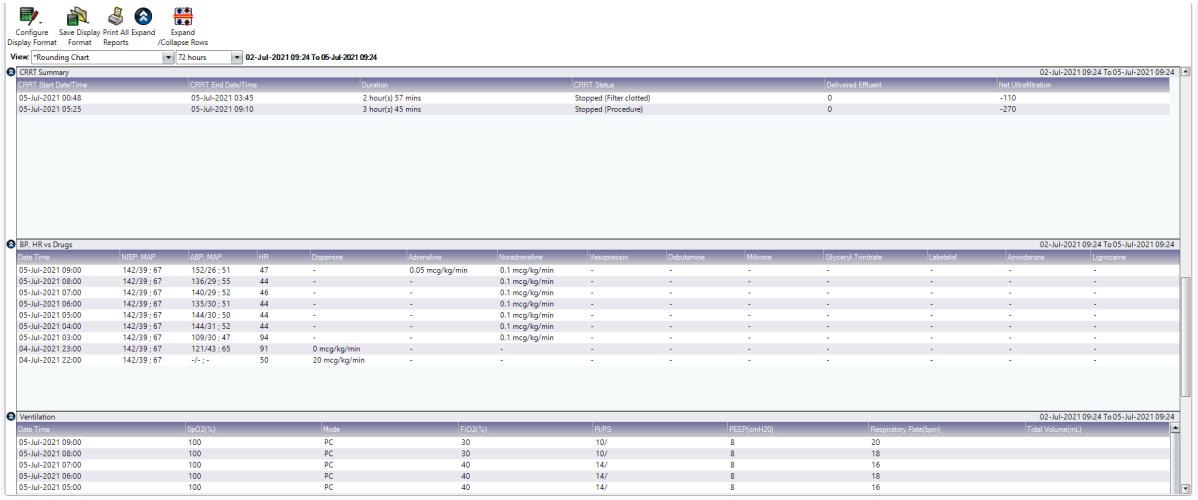
2. Have all your morning vitals, H/C, and I/O in one place

Do you prefer to see your vitals as a chart rather than having to scroll through flowsheets?
Click “Clinical Summary”. There is a default chart called “Clinical Chart”



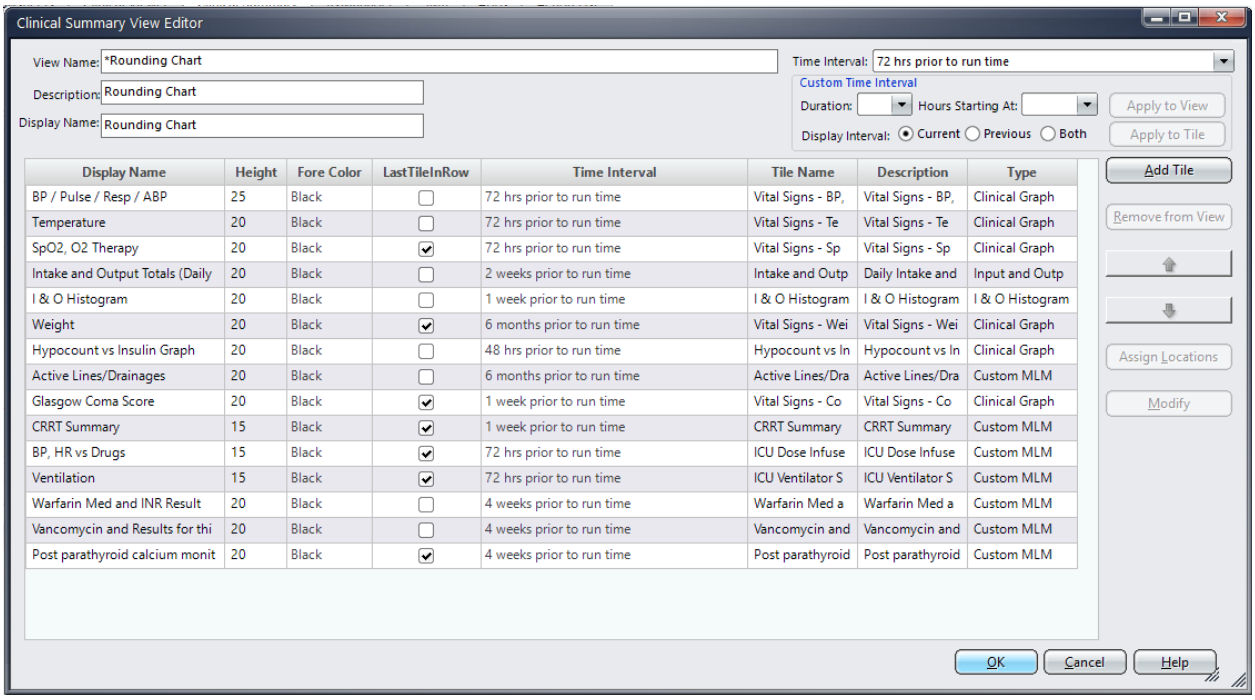
You can create a custom chart and choose what you like to include. Useful tiles include

- Vitals including Spo2 with O2 (note: this doesn’t say whether it’s face mask or venture=i mask)
- Hypocount vs insulin graph – very helpful for insulin titration
- I/O and weight charts
- Options to trend GCS, weight, vancomycin, count days of antibiotics, lines, and etc.
- ICU-specific charts including BP/HR against inotrope dosing, summary of ventilator settings, etc.



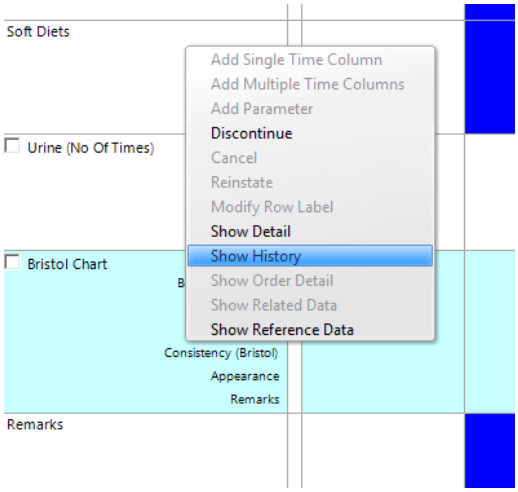
To set up a custom chart.

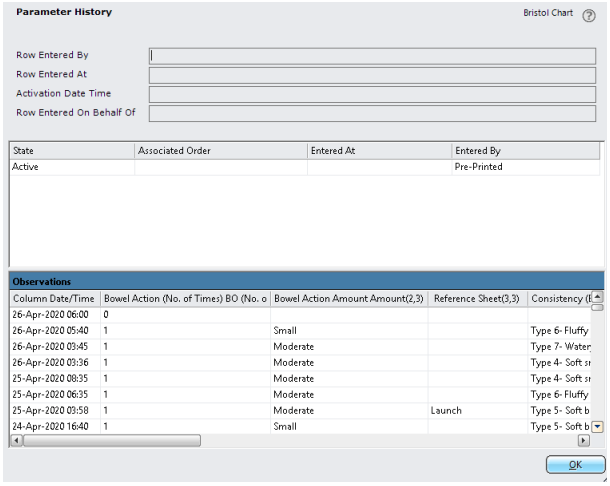
- Go to clinical summary tab
- In the view box, choose any chart
- Click ‘configure display format’ then ‘view configuration’
- Add the tiles that you desire. My configuration is as such (you can play around; CGH and SGH have slightly different tiles):
- Change the name and save it.



Display Name	Height	Fore Color	LastTileInRow	Time Interval	Tile Name	Description	Type
BP / Pulse / Resp / ABP	25	Black	☐	72 hrs prior to run time	Vital Signs - BP,	Vital Signs - BP,	Clinical Graph
Temperature	20	Black	☐	72 hrs prior to run time	Vital Signs - Te	Vital Signs - Te	Clinical Graph
SpO2, O2 Therapy	20	Black	☑	72 hrs prior to run time	Vital Signs - Sp	Vital Signs - Sp	Clinical Graph
Intake and Output Totals (Daily	20	Black	☐	2 weeks prior to run time	Intake and Outp	Daily Intake and	Input and Outp
I & O Histogram	20	Black	☐	1 week prior to run time	I & O Histogram	I & O Histogram	I & O Histogram
Weight	20	Black	☑	6 months prior to run time	Vital Signs - Wei	Vital Signs - Wei	Clinical Graph
Hypocount vs Insulin Graph	20	Black	☐	48 hrs prior to run time	Hypocount vs In	Hypocount vs In	Clinical Graph
Active Lines/Drainages	20	Black	☐	6 months prior to run time	Active Lines/Dra	Active Lines/Dra	Custom MLM
Glasgow Coma Score	20	Black	☑	1 week prior to run time	Vital Signs - Co	Vital Signs - Co	Clinical Graph
CRRT Summary	15	Black	☑	1 week prior to run time	CRRT Summary	CRRT Summary	Custom MLM
BP, HR vs Drugs	15	Black	☑	72 hrs prior to run time	ICU Dose Infuse	ICU Dose Infuse	Custom MLM
Ventilation	15	Black	☑	72 hrs prior to run time	ICU Ventilator S	ICU Ventilator S	Custom MLM
Warfarin Med and INR Result	20	Black	☐	4 weeks prior to run time	Warfarin Med a	Warfarin Med a	Custom MLM
Vancomycin and Results for thi	20	Black	☐	4 weeks prior to run time	Vancomycin and	Vancomycin and	Custom MLM
Post parathyroid calcium monit	20	Black	☑	4 weeks prior to run time	Post parathyroid	Post parathyroid	Custom MLM

There is no good way to look at diet and BOs so you still need to open the flowsheet to see that. Right click on the Bristol chart and click ‘show history’ so you don’t have to scroll left and right.





Note: “Clinical viewer” is also helpful but it takes very long to load.

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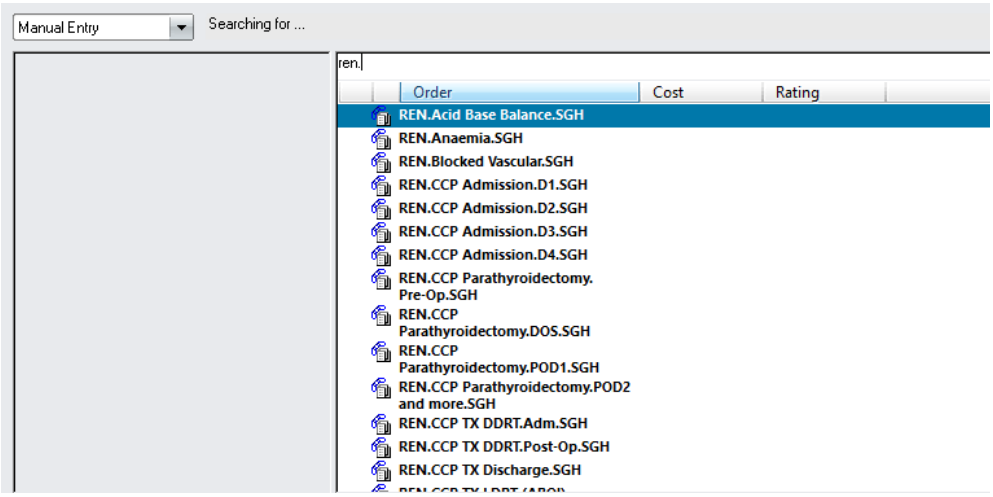
3. Using ordersets

It can be tedious to order a lot of tests especially if you have to change the date on the tests

(a) Use department ordersets

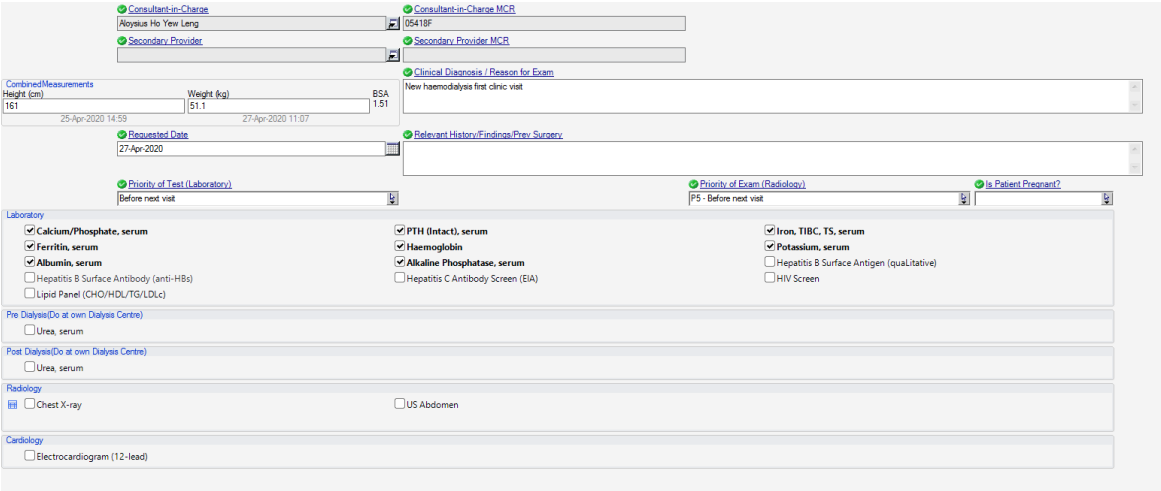
Most department have ready ordersets that you can use.

In the order entry tab, type <Dept Name> and fullstop e.g. “REN.” Or “RES.” and you will see the list of ordersets (these will be different in SGH / CGH / SKH).



Look around and find which has the tests you need.

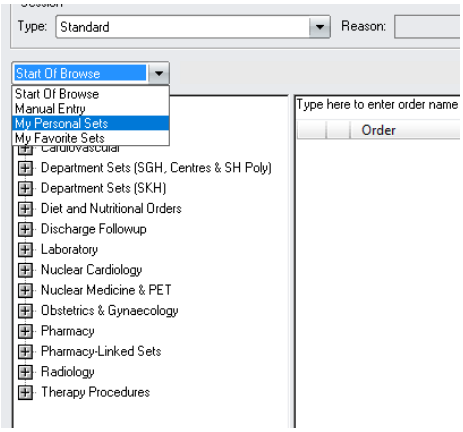
Double click and you will be able to see a list of tests that you can order by ticking off.

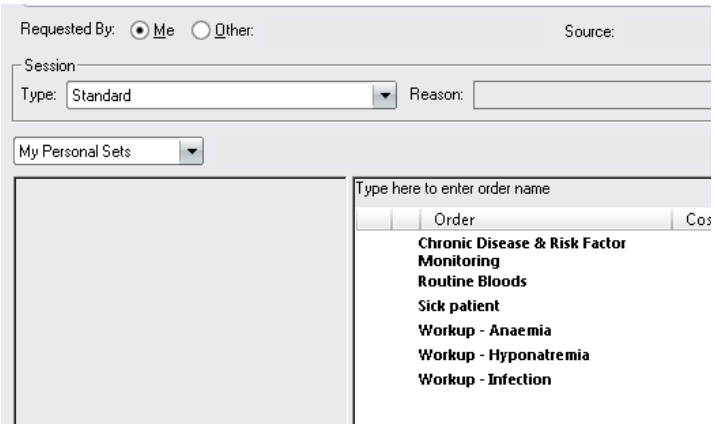


You can change the date of all tests to be tomorrow, day after, on on TCU by clicking “Priority of Test” and choosing the correct option.

(b) Custom order set.

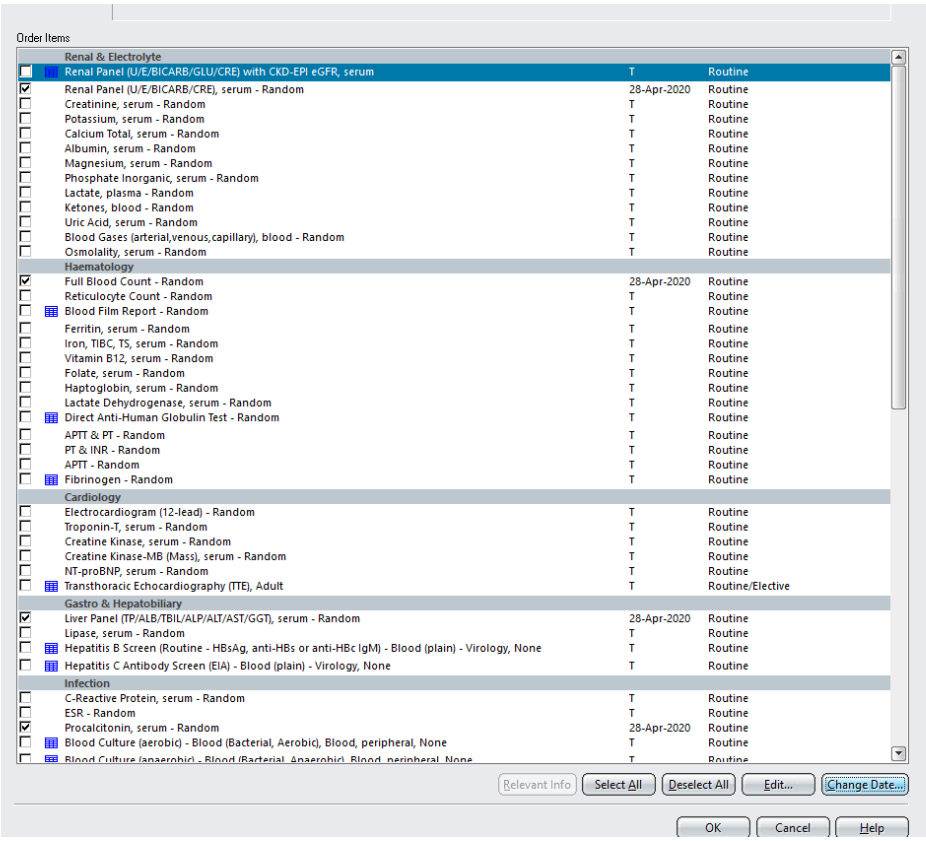
You can also create your own order set with the things you like, just a click away.
To open, go to order entry worksheet, change “start of browse” to “my personal sets”





Click on your orderset, tick off what you want.
If these bloods are not for today, select all the tests (hold down shift, click the top and the bottom), click “Change Date”, and choose the date you want (or on arrival at tcu, etc).

For example, if I want FBC / Renal panel / LFT / Procal for 28 April, the screen will look as such.



To set up custom order sets,

- Click ‘preferences’ in the top bar (File / Registration … Preference / Tools) then ‘order entry’
- Click ‘add new’ , then add the orders you want to the orderset. Add headings as you like.
- You can add both tests and medicines although it is probably not advisable to use this for medicines
- Note: there are slight differences in the tests for each hospital. You may need to edit / set up a new orderset when moving between singhealth hospitals.

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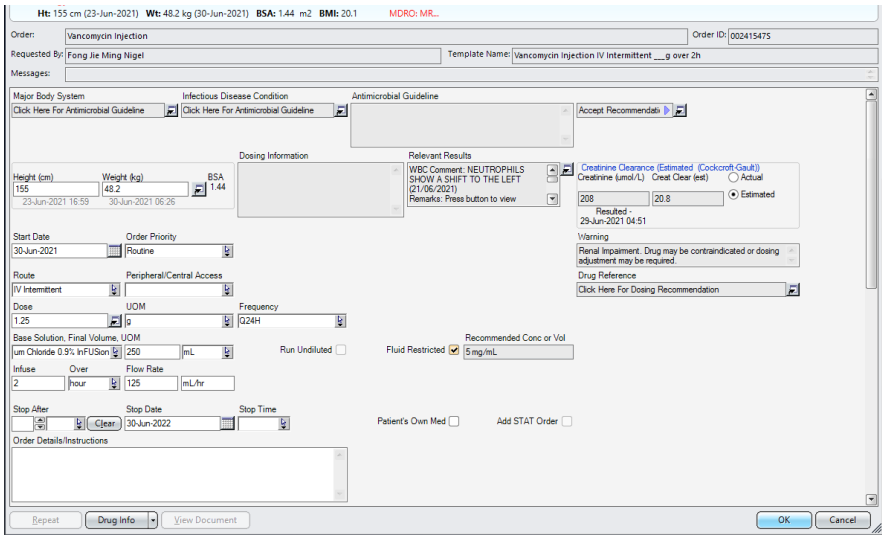
4. Medication ordering

(a) Minimizing diluent volume of IV antibiotics

Some patients are in fluid overload but require IV medication, especially antibiotics.
Default order can be a rather large amount of fluid (e.g. any dose of vancomycin will default to 500ml base solution) and this will give problems if your patient is fluid overloaded.

SCM can automatically calculate the minimum volume of base solution required – tick the “fluid restricted” box in the medication orderset and this will automatically be done.



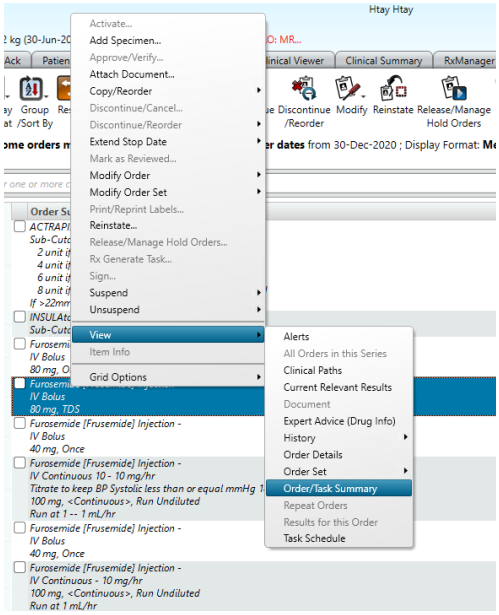
Similarly, you may wish to switch the “base solution” from the default. For example, if your patient has hypernatremia, switch from normal saline to dextrose 5%. All base solutions that appear in the drop down menu are compatible with the drug given.

(b) Checking previous doses of medication given.

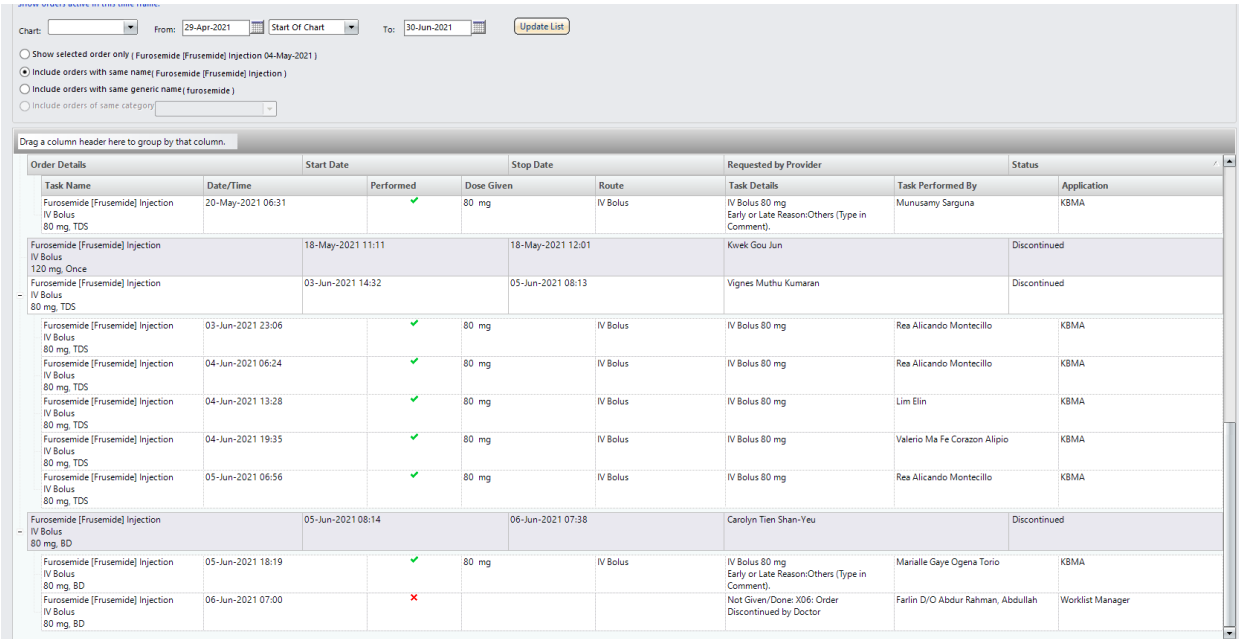
Wish to increase your patient’s furosemide dose but do not know how much he had been given since admission?

The easiest way to check the doses previously given is as follows.

- Right click on the medication name (whether still active or already discontinued)



- Click view > order / task summary
- Select ‘include orders with same name’.
- You will get a summary of all the doses of furosemide given (ticked off) since admission.



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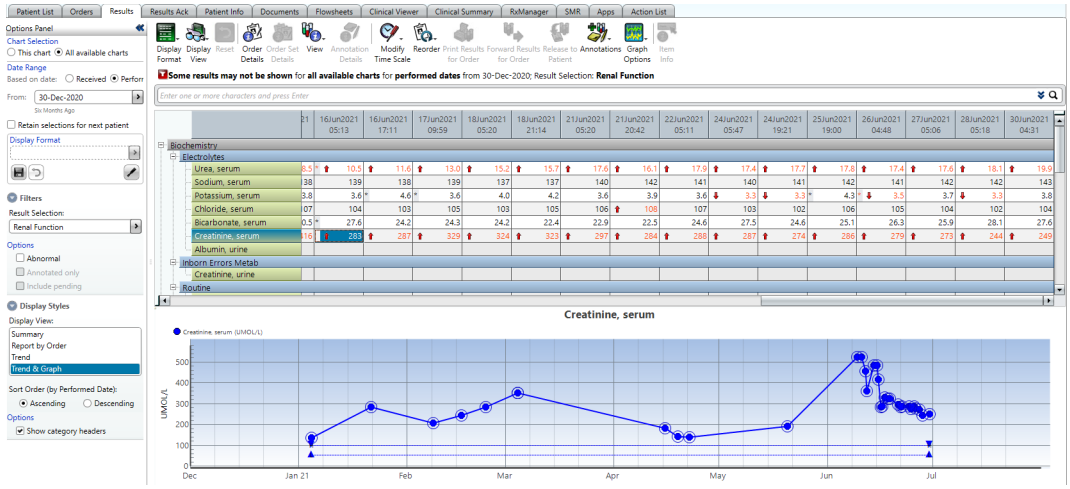
5. Finding results more easily

If there are too many results, sometimes it can be difficult to find the test you want.
Two ways around this

(a) Use the search function – this is newly added to SCM recently

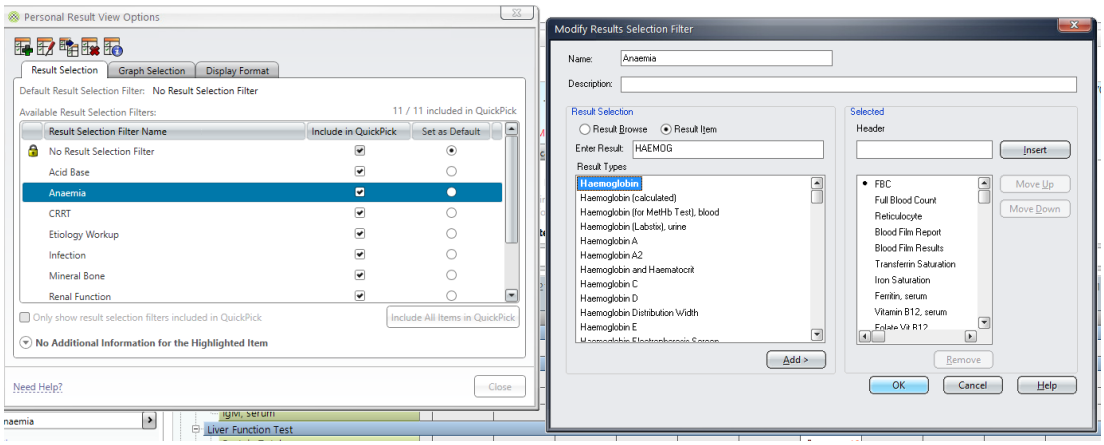
(b) Graph – select “display styles” > Trend & graph, then select the result you wish to graph (in this case, creatinine). This allows you to visualize trend over time easily.



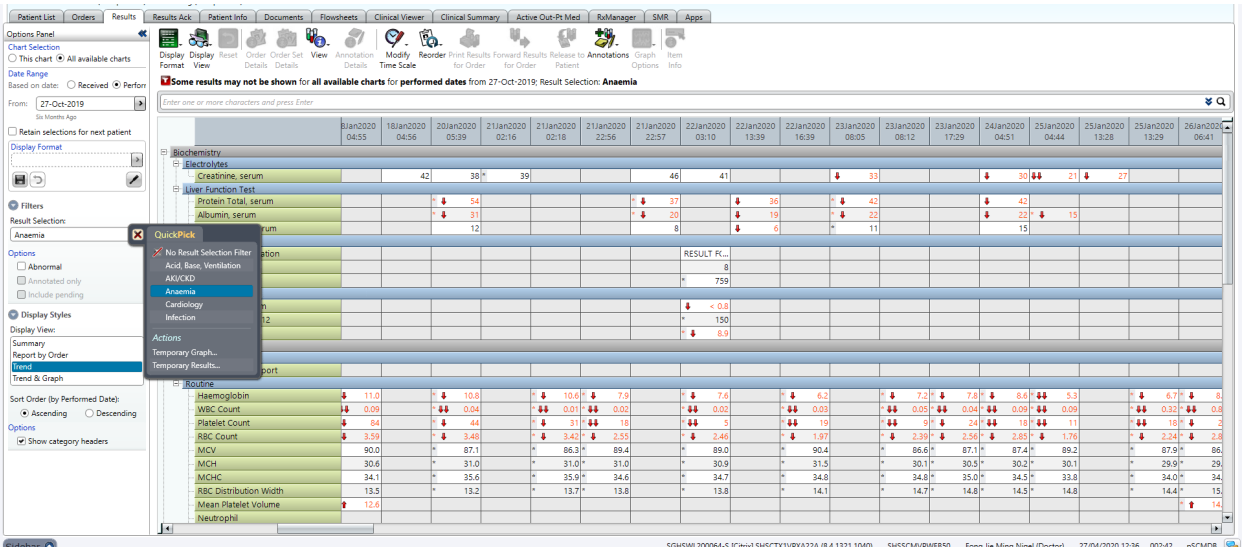
(c) Custom result filter

You can create custom result filters if you like. To do so,

- Click ‘preferences’ in the top bar (File / Registration … Preference / Tools) then ‘results’ then ‘result selection’.
- Click the plus icon in the top left, then add the orders you want.



To view, go to results > change the result selection filter in the left toolbar to the filter of your choice.



This is useful to trend specific results while filtering out things that you do not need.

6. View documents more easily

Sometimes there are too many documents and it's hard to find what you want. There are a few solutions to this

(a) Search for the document you want.

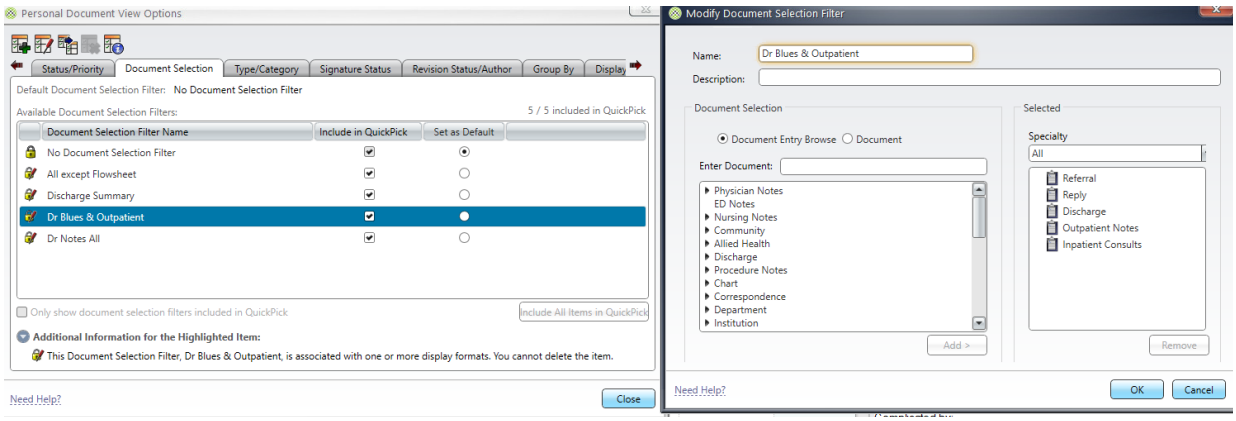
In the bottom left of the screen, there is a box called "Search document name". Type in the name of the document you want (usually starts with the department prefix e.g. DIM or RES etc). This saves you from having to search through everything

(b) Only seeing important documents

In the top left of the SCM screen (below the documents tab), there is a button called "display format". Some SCM accounts come preconfigured with filters such as "all documents except flowsheet", "discharge summary" etc. Others do not (for some inexplicable reason).
You can also select which display format is the default (see below).

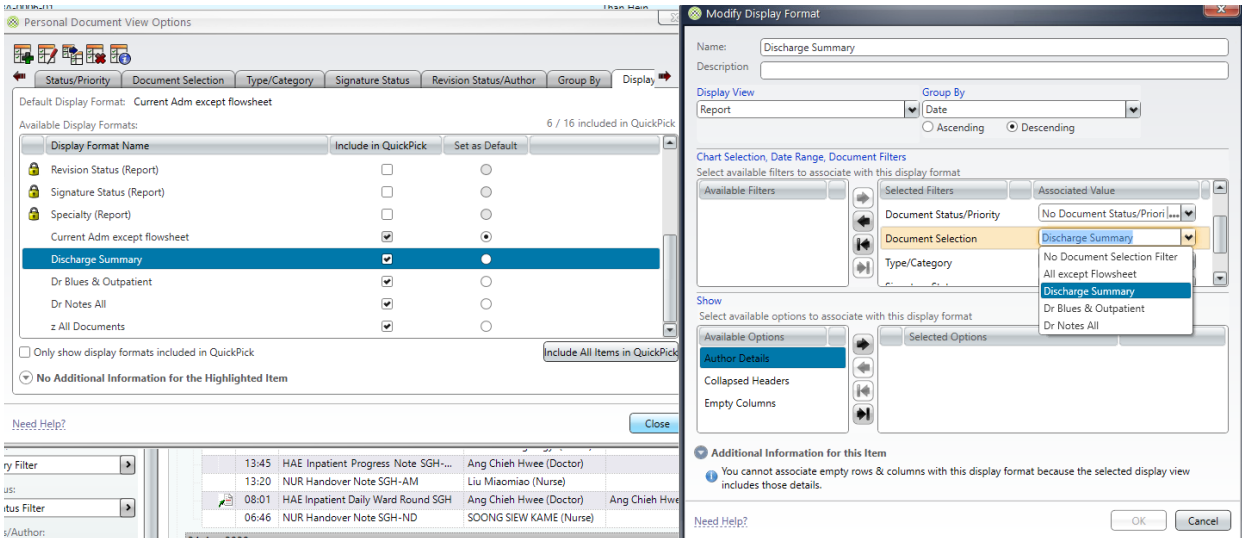
If yours does not come preconfigured, you can set this up.

- Click "Preferences" in the top bar (File / Registration … Preference / Tools) then "Document Review"
- Click "Document selection" and click the PLUS sign.
- You can set up a custom document filter. Some useful filters include
    - All documents except flowsheets
    - Discharge summaries only
    - Referrals, replies, and outpatient notes only (screenshot below)
    - Doctor notes only



- Next, click the "Display format" tab and click PLUS sign
- Type in a new display format name and under document selection, select the filter you have created

- You can choose which formats appear in “Quickpick” and which you set as default”



Please note: Sometimes A&E enters document both in “EMD provider note” and “EMD Provider flowsheet” - it is useful to review the provider flowsheet also as the initial ED consult note may not include everything.

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7. View orders more easily

Sometimes there are a lot of orders and it is not easy to see what you want. Again there are a few ways around this

(a) Use the search function – this is newly added to SCM recently

(b) Use a filter

In the orders tab, click “Display format” and use a filter to zoom in on the orders you want.
Most accounts should have ready-made filters e.g. pending investigations (i.e. those not yet done), active medicines, etc.
If not, you can set up your own custom filters as well.

8. Patient lists

Most of you will know how to create patient lists. Useful patient lists to have include

- Lists by ward / department
- Saving selected patients (e.g. patients you saw on call, patients you discharged and need to trace results etc).
- On call handover lists (more for MOs)

Additional tips with patient lists include:

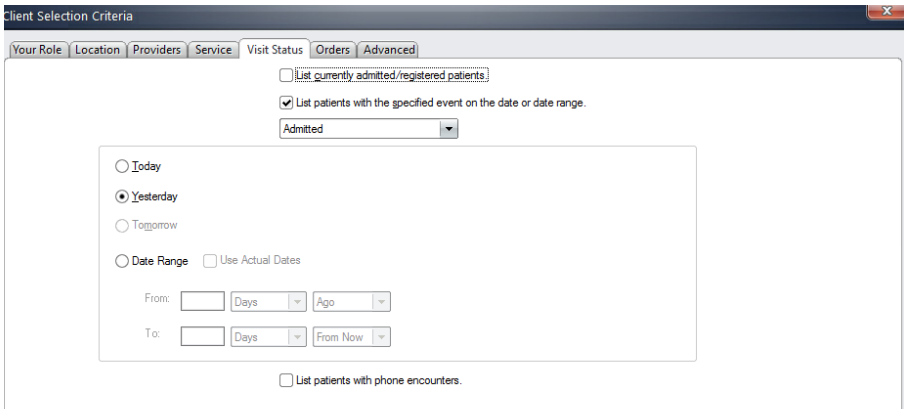
(a) Creating an on call radar

You can see new admits to your covering wards before the nurses call you.

To do so, create a list with your call coverage (location and/or department)

Under "Visit status", select "List patients with specified event…" then "Admitted"

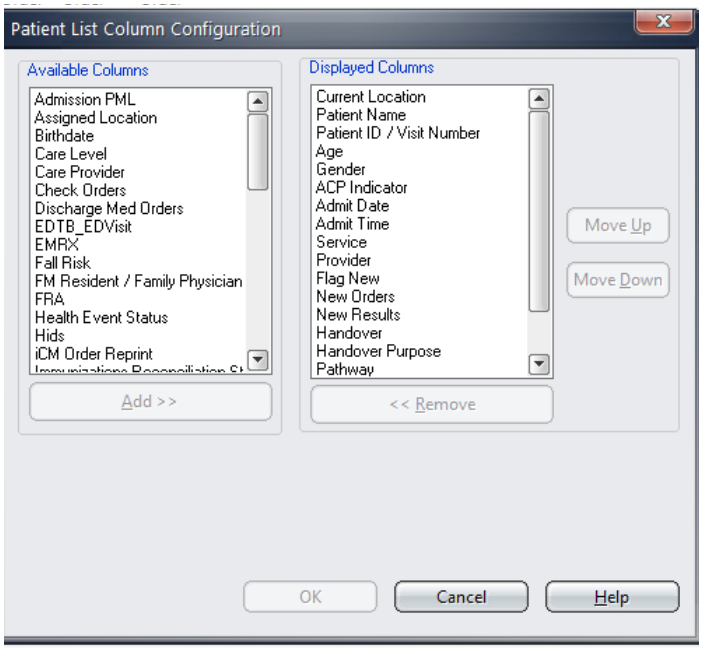
- EITHER "today" and "yesterday" (in two separate lists – i.e. once it crosses midnight, you will have to flip between the 'yesterday' list for admits up to 2359 and the 'today' list for admits after midnight)
- OR "Date range" from 1 days ago to 0 days from now



(b) Customizing your columns

There are quite a lot of columns and you can choose what you want.

To do so, click “Select visit list column”, choose what columns you want to display, and putting the columns in the order you like.

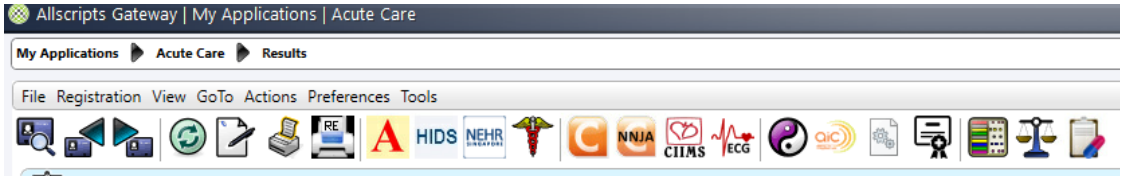


Useful columns to have include

- Flag New / New Orders / New Results. In your patient list, if you double click “Flag New” such that it becomes a cross”, you will get a flag whenever there are new blood test results and new med orders.
- ACP indicator – this tells you if the patient has an ACP (but do not assume that ACP = DNR)P
- Pathway, Priority Attn, and comments – this is where people have been keying comments and you can do so too (e.g. some depts use this to write team names, or “trace X”)

9. Shortcut in top bar

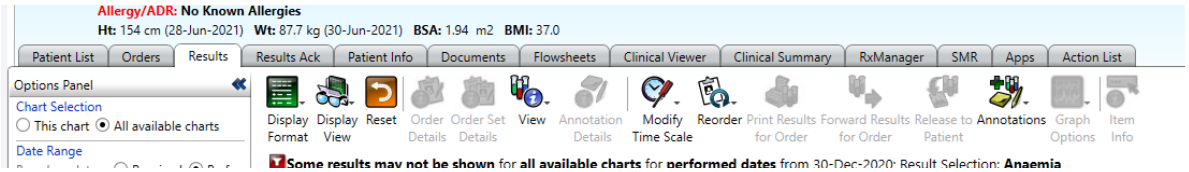
You can add these shortcuts to the top bar by clicking 'preferences' – toolbars and adding the relevant tabs.



I find the following helpful

- NEHR
- AIC: to apply for step down care for your patient (note: singhealth community hospitals i.e. SKCH/BVH/OCH is a direct referral that does not go through AIC) – look for the document named "CH Referral SGH" or SKH etc.)
- Outpatient appointments (the icon that looks like gears) – you can check your patient's outpatient appointments here
- SHS reprint (the icon that says RE) – this can help you reprint missing lab /radiology order forms.
- Vaccination manager (the yin/yang icon) – to check when you patients had vaccinations.
- Worklist manager (the multicoloured icon third from right) – to check when exactly were medications served (you can also doing this by right clicking a medication and click view > order/task summary).
- Admission PML (2nd from right)
- Discharge med reconcillation (rightmost)

10. SMR and apps



The last two tabs in SCM are titled "SMR" and "Apps"

You can find scanned hardcopy records (especially historical records, old lung function tests, send-out hardcopy tests) in SMR.

Apps will give you links to various things e.g. CMUS (can view historical ECGs – CGH only), vascular lab result system, and ID notification (for notifiable infectious diseases).

All the best!