

ARYA Handover – Directions for Use

How to Use ARYA Handover

The handover tool will largely be used to document handover and itemize a to-do list per patient. Please do not use it for complete documentation.

Patient list:

Once logged in, select the appropriate list you will be working with. Ensure the patient has been entered on your list

Name	Reason for Referral	Location	Assignment	Status	Health Rating
Smith, John	CHF	1A 603	—	Admitted	Unstable
Jims, Johnny	Stroke	3E 4-1	Michaela	Admitted	Watch
De Santos, John	AKI	3E 5-2	Sam	Admitted	Stable
Jenkins, Mary	Delirium	4F 5-1	John	Admitted	Stable

Enter a reason for referral, the location, status and health rating. The health rating should be updated at least once daily. Do not delete patients under status. Discharge when required (this will be in 1-2 days)

Handover :

On the handover tab, enter the patient summary as appropriate. Enter active issues using the 'New issue' link. These issues can be edited as required using free text.

Once complete the circle next to the issue can be checked off. It then becomes an inactive issue that is then hidden but still viewable later.

To Do List:

Create a to-do list with the items to be followed up upon. Items from the to-do list can be shifted to overnight or reverse by editing the issue.

To-do list entries are entered as free text items. They can be completed similarly to active issues on handover.

Profile:

Enter medical history and allergies. Medication documentation should be done within Medstracker separately and not within this handover tool.

The screenshot shows a patient profile form with the following sections:

- Medical History:** A list of conditions with radio buttons for selection: 1. Gout, 2. Hypertension, 3. HIV. A "Show completed (0)" button is at the bottom.
- Medication:** A list with one item: 1. See MedsTracker null PO nu.
- Allergies:** A table with columns for allergen and reaction. One entry is "Cephalosporins" with a reaction of "AKI".
- Social History:** Includes a "Drinking" section with "yes" (selected) and "no" radio buttons, and a "Details" input field.

Notes:

If you wish to use progress notes to document the daily visit, select the progress note from the notes section, (do not use for admission or discharge notices) complete the documentation and print. A patient label will need to be applied so it may then be stored in the chart.

Forms:

Commonly used forms will be accessible under the Forms tab. These documents will be fillable PDFs that will then need to be printed and stored in the patient chart. Please affix patient label and sign.

****Please do not save the fillable PDF on hospital computers as this is private health information.**

The screenshot shows the "Forms" tab selected in the navigation menu. The main content area is titled "Form Downloads" and lists the following forms:

- Progress Note
- Medicine Admit Orders
- POST
- Diagnostic Imaging
- HHS Echocardiogram
- Telemetry Order Set
- MRI
- MDU