Wolf EMR Front End Staff User Guide

for British Columbia

Wolf EMR 2016.1.6

Issue 02.05

TELUS HEALTH

Information for Life.

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The patients, practitioners, and circumstances depicted within this manual are fictitious. Any resemblance of any sample data or screenshots to any actual person, whether living or dead, is purely coincidental and unintentional.

Table of contents

Chapter 1

Getting Started with Wolf EMR

Wolf EMR is a comprehensive practice management system that integrates patient medical records (which includes medical history, visit notes, investigations, medical reports and other documents, referrals, rules (reminders), and more), appointment scheduling, clinical task management, intra-office communications, and billing functions. Wolf EMR does more than replace your filing cabinets; it allows you to perform patient searches, create reports, produce financial statements, view patient statistics, and perform complex billing analysis.

The seamless software integration allows you to navigate between patient records, tasks, billing, and appointments without losing your place.

About this guide

This guide documents Wolf EMR features and workflows from the perspective of a front end staff member. Content is specific to activities that most front end staff members perform on a regular basis. More advanced functionality (for example, around reporting) is documented in feature-specific guides and in Wolf EMR Online Help.

Getting help

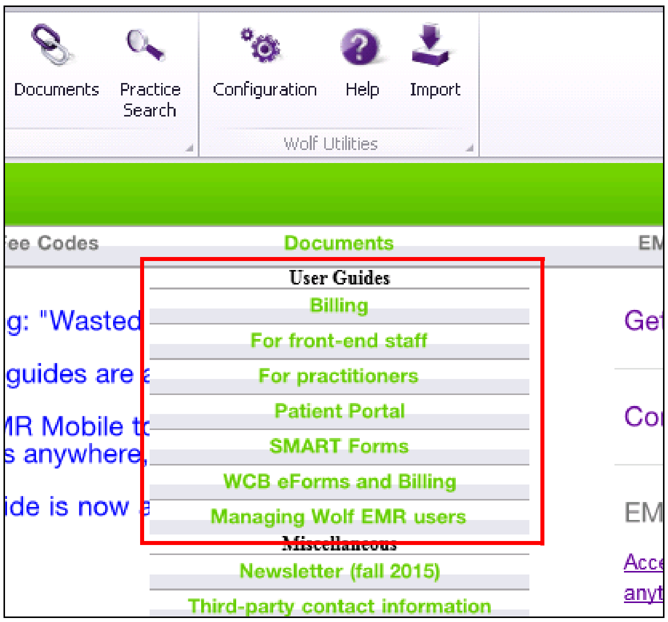
View recorded webinar: **Finding answers to your Wolf EMR questions**

There is an abundant amount of information that you will be trained on and there are further advanced functions that are not covered during your implementation training. For this reason, be sure to take advantage of the numerous learning resources available to Wolf EMR users.

Accessing Wolf EMR user guides and online help

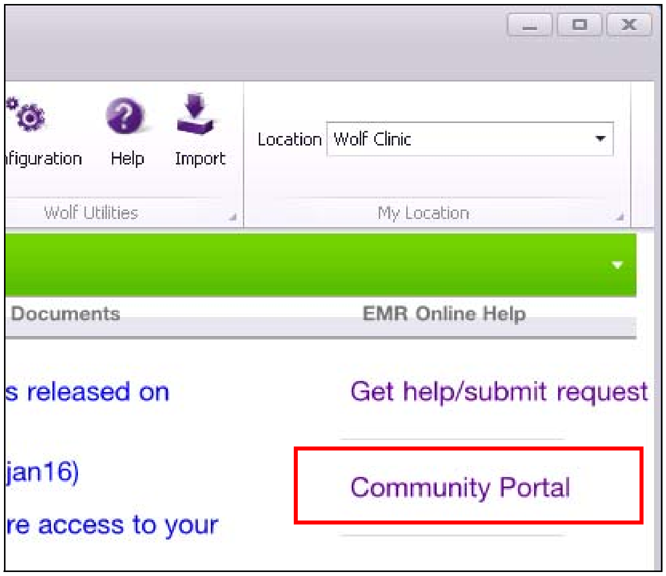
To view the Wolf EMR Online Help, on the Wolf EMR Launch page, click **Help** (). Alternatively, if you need help while performing a particular task, on your keyboard, press **F1**. For some windows, the EMR opens the help topic specific to the window you are currently in.

You can also refer to the various role-based and feature-based Wolf EMR user guides, which you can access from the Wolf EMR Launch page, in the **Documents** drop-down list, or from the Guides Available topic of the online Help.



Accessing the Wolf EMR Community Portal

Through the Wolf EMR Community Portal you can access an extensive amount of free learning resources including articles, PDF user guides, handouts (work instructions), training videos, collaborative forums, and Q and A. To access the Community Portal, on the Wolf EMR Launch page, click **Community Portal**.



You can also access the Community Portal from any device by going to:

https://telushealthcommunity.force.com/wolfcommunity

Note: The first time you log into the Community Portal, you will be required to set up a Community Portal account.

Contacting Wolf EMR Support

If you cannot find the answer to your question, contact the Wolf EMR support team:

- For issues requiring immediate assistance, call **1-866-879-9653 (Option 1)**
- For less immediate issues, you can contact support via email to **WolfEMR.support@telus.com** or via the **Cases** page of the Wolf EMR Community Portal
- For general how-to questions, you can post a question on the **Q&A** page of the Wolf EMR Community Portal

Requesting additional instructor led training

Even for the most computer-savvy person, there is a lot of information to absorb during EMR implementation training. You may find it helpful to have a Learning Specialist return to your office several months after go-live to:

- Re-assess your workflow and provide tips and tricks for using the system more efficiently
- Train you on how to perform more advanced tasks
- Work with each staff member to ensure everyone has a thorough grasp of the Wolf EMR functionality necessary to do their job with ease

TELUS Health also offers many 1-4 hour training courses that cover intermediate and advanced functionality. Once you are comfortable with the basics, take advantage of these courses to raise your EMR use to the next level. These courses are offered onsite or via webinar.

- To arrange further training, contact the Client Care Team at **1-866-879-9653 (Option 4)**, via e-mail at **Accounts.WolfEMR@telus.com**, or Create a Case on the **Cases** page of the **Wolf EMR Community Portal**.

TELUS Health EMR User Conference

Each year TELUS Health hosts a user conference, where you learn how to make the most of your EMR and gain insight into the advances being made to Wolf EMR. The conference offers a series of presentations, workshops, and peer networking opportunities.

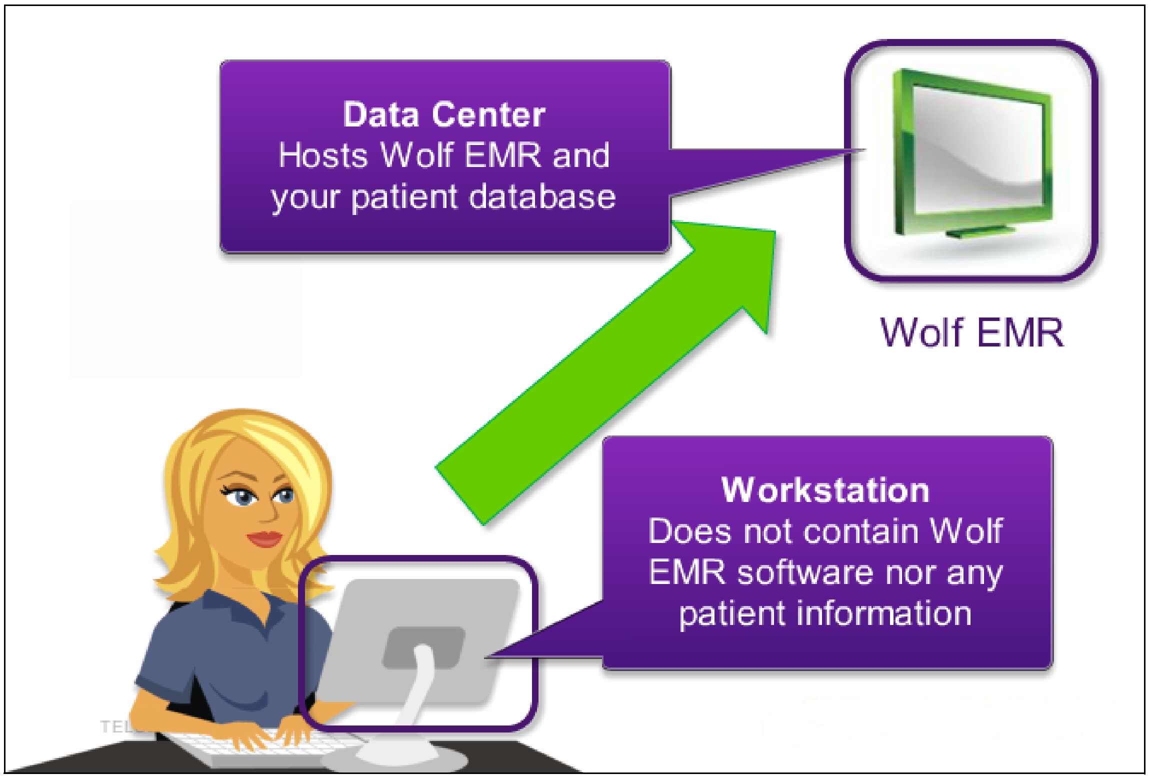
Keep an eye on the Wolf EMR Launch page for information about the User Conference.

Wolf EMR basics

View video tutorial:

- Signing into and out of Wolf EMR

To access Wolf EMR, your workstation links to a remote system on the Wolf EMR data center. The data center hosts the Wolf EMR program and your patient database. Your clinic computers do not contain any patient information. Your workstation simply acts as a window into a system that contains your EMR data.



A Wolf EMR data center link is installed on all computers in your clinic. If your computer does not have the Wolf EMR data center link, please talk to a user at your site who has Wolf EMR administrative authority. Your system administrator can make arrangements to have the link added.

If you are accessing Wolf EMR for the first time, your temporary password is pre-set in the system and is provided to you, along with your username, by your system administrator or your TELUS Health learning specialist. You secure your password by changing it. Going forward you should never disclose your password to anyone.

Logging into Wolf EMR

How you log into Wolf EMR depends on if you are logging in from a PC or from a Sunray computer. When you log in, Wolf EMR opens in a remote desktop. Keep in mind that in this view, the Windows **Start** menu and toolbar is for the remote desktop (not your workstation).

PC

To log into Wolf EMR from a PC:

1. On your desktop, double-click the Wolf EMR data center link (

). A Microsoft Windows login window displays.
2. In the **User name** field, enter your username.

Note: If another user's name is already populated, click **Use another account**. You can now enter your own username.

3. In the **Password** field enter your temporary password, and then press **Enter**. You are now logged into the data center with Wolf EMR open.

Sunray

To log into Wolf EMR from a Sunray:

1. Slide your card into the Sunray card reader with the chip end inserted first. Your computer activates automatically.
2. Enter your username and password. The remote desktop opens with Wolf EMR open.

Changing your Password

If this is your first time accessing Wolf EMR, using a temporary password, you should change your password immediately. Wolf EMR prompts you to change your password regularly. How often you are required to change your password depends on current provincial guidelines, and on custom settings programmed by your system administrator.

If your password is compromised, you can manually change your Wolf EMR password at any time.

To change your password:

1. On the data center, click **Start** () and then, in the Start menu, click **Windows Security**.
2. In the list of Windows Security options, click **Change a Password**.

3. In the **Old password** field, enter your current (or temporary) password.
4. In the **New password** field, enter your new password, and then in the **Confirm password** field, enter your new password again.

> **Note**: Your password must:
>
> - Be at least 8 characters in length
> - Contain at least one number
> - Contain at least one upper case letter
>
> You can use special characters such as #, *, or _

5. Press **Enter**.

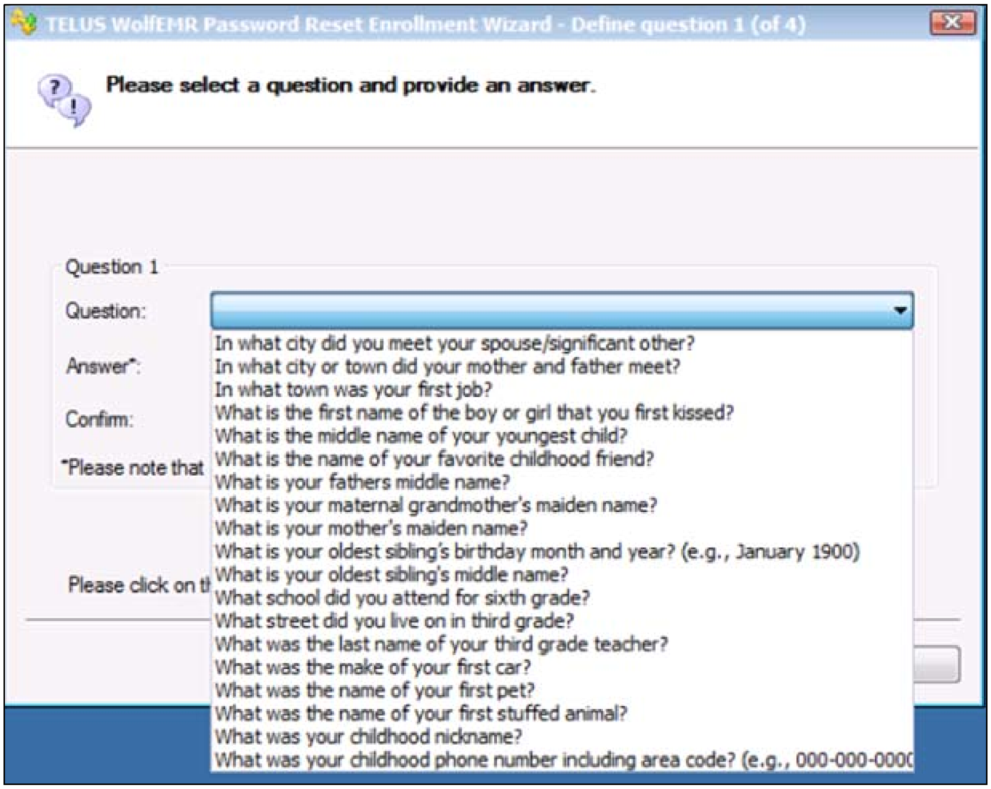
Setting up TELUS Wolf EMR self-service password reset

Are you notorious for forgetting passwords? If so, now is the time to enrol for TELUS Wolf EMR self service password reset (free). If you forget your password, you will be able to reset your password by answering 3 personalized questions.

To enrol for TELUS Wolf EMR self service password reset:

1. On the data center desktop, click **Start** ( ) and then, in the Start menu, click **All Programs** > **Tools4ever** > **SSRPM** > **Enrollment Wizard** > **Enrollment Wizard** ( ). The TELUS WolfEMR Password Reset Enrollment Wizard opens.
2. Click **Next**.

3. In the **Question 1** area, select a question and provide an answer.



4. Click **Next**.

5. In the **Question 2** area, select a question and provide an answer.

6. In the **Question 3** area, create a custom question and answer, and then confirm your answer.

7. Click **Next**. A dialog box displays with the following message: "Congratulations! You have enrolled successfully into the Self Service Reset Password Management program!"

Help! I forgot my password

If you have forgotten your password, or have been locked out of the EMR due to too many failed login attempts, you can reset your password, without contacting the TELUS Health Wolf EMR support team, only if you have enrolled in TELUS Wolf EMR self service password reset. See "Setting up TELUS Wolf EMR self-service password reset" on page 7.

Note: If you have not set yourself up for TELUS Wolf EMR self service password reset and you have forgotten your password, you must contact the TELUS Health Wolf EMR support team to have your password reset. See "Contacting Wolf EMR Support" on page 3.

The steps to reset your password depend on the type of workstation you are on. Click an option below to view the applicable steps:

- **I'm a Sunray user** (I insert a card to log into Wolf EMR)
- **I'm a PC user**

Locking Wolf EMR

If you leave your computer for more than a few moments, you should lock Wolf EMR. This way, no unauthorized users can access patient data, and other staff members cannot mistakenly enter data under your name. How you lock Wolf EMR depends on if you are using a PC or a Sunray computer.

PC

To lock Wolf EMR from a PC workstation:

1. On the data center, click **Start** ( ) and then, in the Start menu, click **Windows Security**.
2. Click **Lock this computer**.

> **Caution**: Locking the Wolf EMR remote computer does not lock your entire workstation. If you have other files or applications running on your workstation, those may still be accessible. To lock your PC workstation:
>
> 1. Minimize the Wolf EMR remote desktop window.
> 2. On your keyboard, press **Ctrl** + **Alt** + **Delete**, and then select **Lock Computer**.
>
> **Note:** You can also use the keyboard shortcut: Press the **Microsoft key** + **L**.

Sunray

To lock Wolf EMR from a Sunray workstation, simply slide your card out of the card reader. The computer logs out automatically.

Shutting down your computer

When you shut down your computer, you should manually close Wolf EMR before you log out of the remote desktop.

To shut down your computer:

1. Close Wolf EMR using one of the following procedures:

- If you have the Wolf EMR Launch page open, click , and then select C**lose all Wolf EMR Applications**.
- If you have another Wolf EMR window open, on the task bar at the bottom of the desktop, right-click , and then select **Close Window**.

2. Close the remote computer: On the remote computer's task bar, click **Start** (), and then click **Log off**.
3. Shut down your workstation.

Chapter 2

Patient maintenance

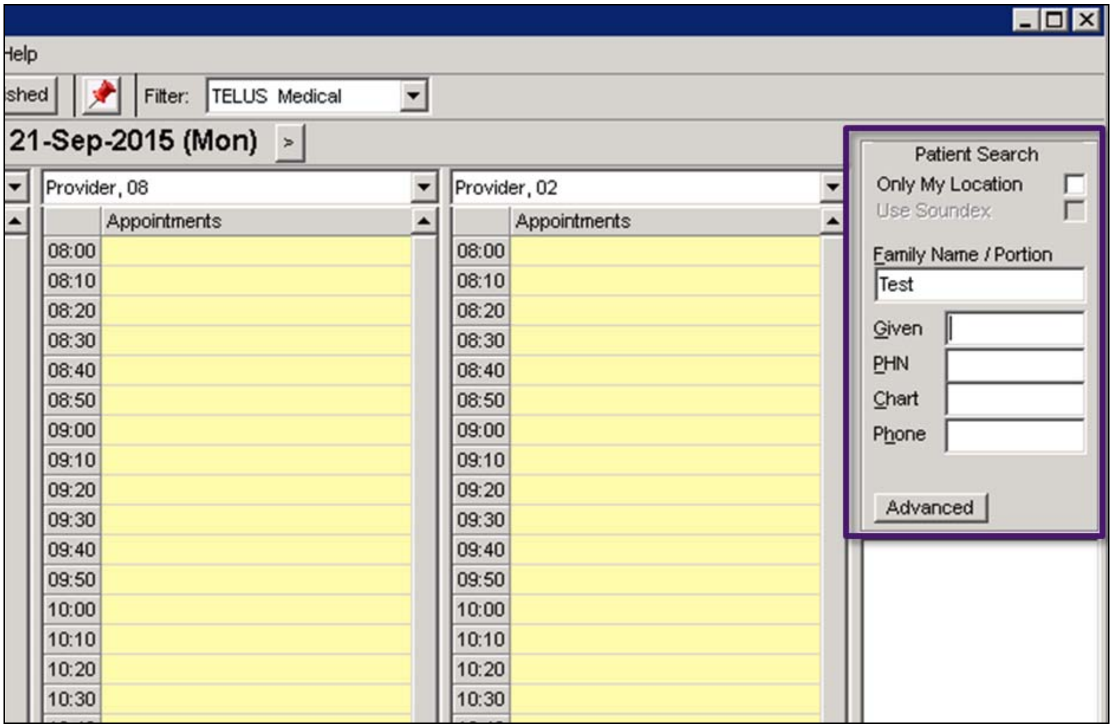
This chapter introduces you to the Patient Maintenance area of Wolf EMR where you view and enter patient demographic information. You use the Patient Maintenance area to enter, store, and view all non-medical data about a patient. Examples of non-medical patient data include patient address, phone numbers, Personal Health Number (PHN), chart number, and next of kin. You can also register individuals for the Patient Portal from the Patient Maintenance area.

Adding a new patient

Best Practice: Before you add a new patient, search for the patient to ensure that the patient is not already in the system.

To add a new patient:

1. Open the Scheduler: On the Wolf EMR Launch page, click **Scheduling** ( ).
2. In the **Patient Search** area, in the **Family Name / Portion** field, enter the patient's last name, and then on your keyboard press **Enter**. Your cursor moves to the **Given** (first name) field.



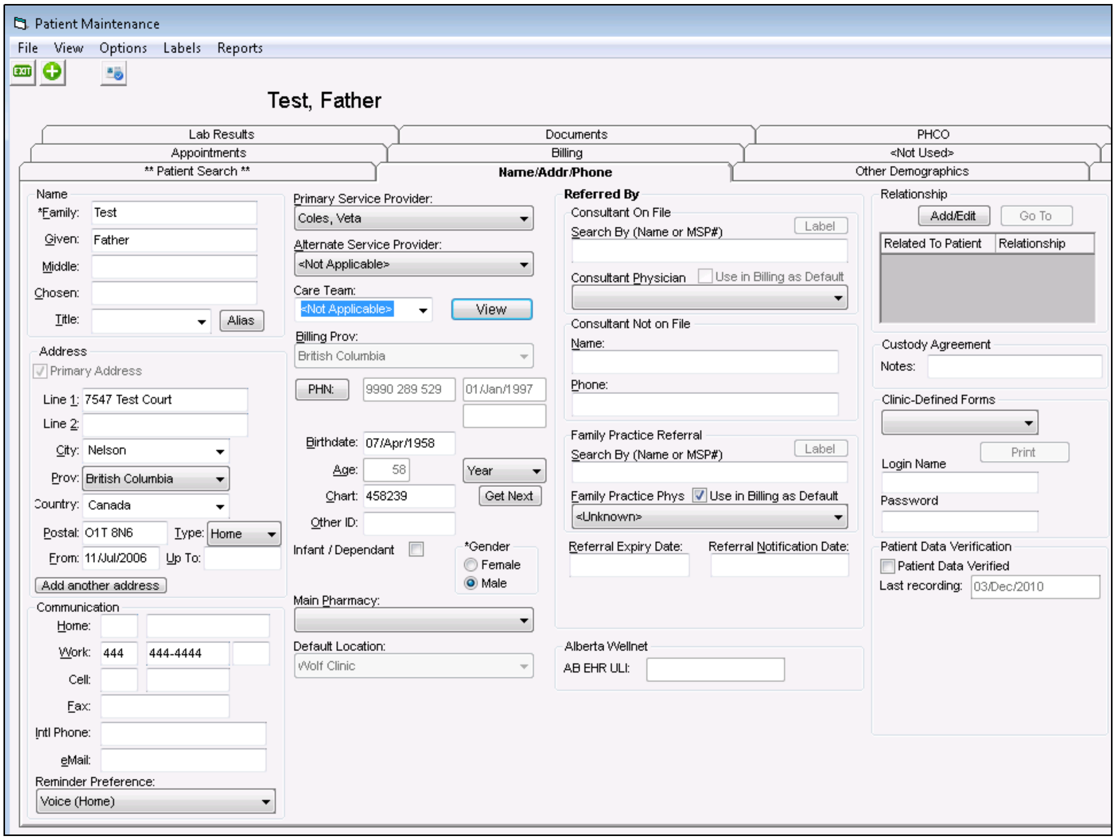
3. In the **Given** field, enter the patient's first name or initial, if known, and then on your keyboard press **Enter**.

4. Perform one of the following actions:

   - If you find the patient in the search results, the patient is already in the system. If needed, you can modify the patient's demographic information. See "Adding additional patient information" on page 16.

   - If the EMR displays a search results message stating "No patient found", complete the following steps to add the new patient to the system.

5. On your keyboard, press **F9**. The EMR displays the Patient Maintenance window with the **Name/Addr/Phone** tab open. The patient's last name and first name is populated in the **Name** area.



Note: When you add a patient, the only required fields for Wolf EMR are **Family** (surname) and **Gender**.

6. In the **Name** area, enter the patient name information in **Middle**, and **Chosen** fields.

Note: The patient's chosen name is the name the patient prefers to use as a first name. Wolf EMR displays the chosen name in brackets whenever the patient name is displayed.

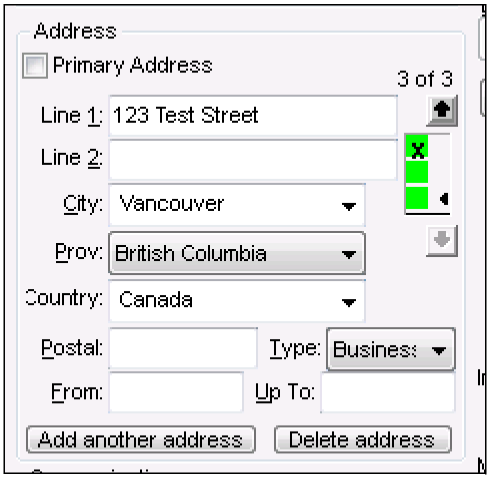
7. Enter the patient's primary address:

   a) In the **Address** area, enter the patient's address details.

   b) In the **Type** drop-down list, click what this address is for. Your choices are: **Home**, **Business**, **Mailing**, **Other**, or **Unknown**.

8. If you want to add an additional address (for example, if the patient has a summer home in another province):

a) Click **Add another address**. The EMR clears the address area, enabling you to enter the new address. The EMR also displays a green squares to the right of the address area, indicating how many addresses are entered for the patient and what address you are currently editing.



b) Enter the address details, and then in the **Type** drop-down list, click what this address is for.

c) If this address is the patient's primary address, select the **Primary Address** check box.

Tip: If the patient has multiple addresses entered:

- The EMR indicates what address you are currently viewing by displaying:
  - The sequence number.
  - An indicator ( ) beside the address you are viewing.

- To view the previous address, click the up arrow ( ).
- To view the next address, click the down arrow ( ).
- The patient's primary address is indicated by an **X** ( ).
- If you enter an address in error and want to remove it, click **Delete address**.

9. In the **Communications** area:

   a) In the **Home**, **Work**, and **Cell** fields, enter the patient's phone numbers.

   b) In the **eMail** field, enter the patient's email address.

   c) In the **Reminder Preference** drop-down list, select the patient's preferred method for receiving confirmations and other notifications from the clinic.

Note: A patient must have an email address entered in the Patient Maintenance window before you can register them for the Patient Portal.

If you think it is likely that a patient will access the Patient Portal (for example, a patient with a chronic disease), record their email address.

10. In the **Primary Service Provider** drop-down list, click the patient's primary health care service provider.

11. If applicable, in the **Alternate Service Provider** drop-down list, click the patient's alternate health care service provider.

12. If the patient is an infant who does not yet have a PHN, select the **Infant / Dependant** check box.

> **Note**: When an infant is first born, usually the patient is allowed to be submitted under the mother's PHN for a short period of time until the baby gets its own PHN. Selecting this check box ensures that electronically submitted billing is designated with the mother's PHN.
>
> As soon as the infant receives its own PHN, enter that number in the infant's PHN field and clear the **Infant / Dependant** check box to remove this designation.

13. Click **PHN**. The EMR displays the PHN Editor window. In the PHN Editor window, enter the following information:

    a) In the **PHN** field, enter the patient's Provincial Health Number. Enter just the numbers. Do not include spaces or hyphens.

    Note: If the patient is an infant who does not yet have a PHN, enter the mother's PHN.

    b) If the **ProvinceCode** field is not populated, in the **ProvinceCode** drop-down list, click the appropriate province code.

    c) Click **Save** ( ) and then click **Exit**. The EMR records the patient's PHN number and populates the **Billing Prov** field with the province you selected in the PHN Editor window.

14. In the **Birthdate** field, enter patient's birthdate in the following format: **day/month/year** and then, on your keyboard, press **Enter**. The EMR calculates and displays the patient's age in the **Age** field.

> **Tip**: Use the drop-down list beside the **Age** field to view the patients age in months, weeks, or days.

15. In the **Gender** area, select the patient's gender.

16. Click **Save** ( ).

Adding additional patient information

The following sections describe how to add additional patient information. You can enter this information when you add the new patient to the EMR, or you can enter this information later. If you enter information later, you will have to open the Patient Maintenance window for the patient.

Opening the Patient Maintenance window

To open the Patient Maintenance window:

1. Open the Appointment Scheduler, and then search for the patient. See “Searching for a patient” on page 23.
2. In the search results list, click the patient name, and then, on your keyboard, press **F9**. The EMR displays the Patient Maintenance window with the **Name/Addr/Phone** tab open.

Adding an additional address

You can add multiple addresses for a patient. For example, you can add a business or alternative mailing address for a patient.

To add an additional address:

1. Open the Patient Maintenance window for the patient. See “Opening the Patient Maintenance window” on page 17.
2. In the **Address** area, click **New**.
3. Enter the patient address details in the appropriate fields.
4. In the **Type** drop-down list, click what this address is for. Your choices are: **Home**, **Business**, **Mailing**, **Other**, or **Unknown**.
5. Click **Save** ( ). The EMR saves the address and displays a **Next** button in the **Address** area. You can click **Next** to view the different addresses you added.

Assigning a patient to a care team

If your clinic works in “teams” or “pods” of practitioners and/or employees to manage groups of patients, your clinic can create care teams in Wolf EMR. In the Patient Maintenance window, you can then assign a patient to a specific care team.

Before you begin:
Ensure that your Administrator has set up care teams.

To assign a patient to a care team:

1. Open the Patient Maintenance window for the patient. See “Opening the Patient Maintenance window” on page 17.
2. In the second column, in the **Care Team** drop-down list, click the care team to which you want to assign the patient.
3. Click **Save** ( ).

Indicating a patient's chart number

Administrators can program the EMR to generate a patient chart number each time a patient is added to the database. However, if the chart number is not populated, or you need to enter a paper chart number, you can manually enter the patient chart number.

For example, you might have to enter a paper chart number if your clinic recently moved from paper charting to using an EMR. You must continue to pull paper charts of previous patients until they are scanned or entered into the EMR. If you currently use a number system for organizing charts, you need to be able to easily find this number when confirming and arriving a patient.

To indicate a patient's chart number:

1. Open the Patient Maintenance window for the patient. See "Opening the Patient Maintenance window" on page 17.
2. In the second column, in the **Chart** field, enter the patient's chart number.

   Note: If you want the EMR to populate the **Chart** field with the next available chart number in the system, click **Get Next** (if available).

3. Click **Save** ( ).

Entering other identification information for a patient

If your clinic requires you to enter other identification (ID) for the patient, you can record this information in the EMR. For example, you can enter a Hospital ID.

To enter other identification information for a patient:

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. In the second column, in the **Other ID** field, enter the required ID. For example, you can enter a Hospital ID.
3. Click **Save** ( ).

Indicating a patient's main pharmacy

If pharmacies are set up in your EMR, then you can indicate the main pharmacy that the patient uses.

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. In the second column, in the **Main Pharmacy** drop-down list, click the main pharmacy that the patient uses.

3. Click **Save** ( ).

Indicating the patient's default preferred clinic location

If your clinic has multiple locations, you can indicate the patient's preferred clinic location.

Note: If your clinic has only one location, the EMR automatically populates the **Default Location** field with your clinic's location and you cannot edit this field.

To indicate the patient's default preferred clinic location:

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. At the bottom of the second column, in the **Default Location** drop-down list, click the patient's preferred clinic location. (If there is only one location available, this field is greyed out.)
3. Click **Save** ( ).

Identifying the referring practitioner (for specialist's office)

If you work in a specialist's office, you can identify the practitioner who is referring this patient to your clinic.

To identify a referring practitioner:

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. In the third column, in the **Referred By** area, perform one of the following actions:
   - If the patient is referred by a consultant (specialist), in the **Consultant On File** area, in the **Search By** field, start typing the consultant's last name and then press **Enter**.

   Note: If the consultant is not on file, in the **Consultant Not on File** area, enter the consultant information in the **Name** and **Phone** fields.

   - If the patient is referred by a family practice physician, in the **Family Practice Referral** area, in the **Search By** field, start typing the physician's last name and then press **Enter**.
3. In the appropriate drop-down list click the **Consultant Physician** or the **Family Practice Physician**.
4. If you want to use the consultant physician or the family practice physician in billing as the default referring physician, ensure that you select the **Use in Billing as Default** check box.

> **Note**: If you do not select the **Use in Billing as Default** check box, your billing will be refused.

5. Click **Save** ( ).

Note: If the consultant or family practice physician is not on file, add them to the consultant list in the EMR:

1. On the Wolf EMR Launch page, click **Configuration** ( ).
2. On the Configuration menu, click **View** > **Physicians / Service Providers** > **External Consultants**. The EMR displays the Consultant Maintenance window.
3. Click .
4. In the **Data** tab, enter the consultant's details, and then click **Save** ( ).

You can now, return to the **Referred by** area and select the referring practitioner's name from the appropriate drop-down list.

Adding patient custody information

To add patient custody information:

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. In the **Custody Agreement** area (located in the last column), in the **Notes** field, enter any patient custody information. For example, "Mother has custody."
3. Click **Save** ( ).

Verifying patient data

Best Practice:

Mark that your have verified a patient's data each time you enter or change the patient's information on the **Name/Addr/Phone** tab in the Patient Maintenance window.

You also verify a patient's data when the patient arrives for an appointment.

To verify patient data:

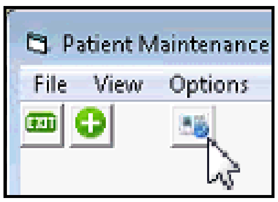
1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. At the bottom of the last column, select the **Patient Data Verified** check box, and then enter the date it was verified in the **Last recording** text box (if it is not already populated).
3. Click **Save** ( ).

Verifying the patient's PHN with MSP

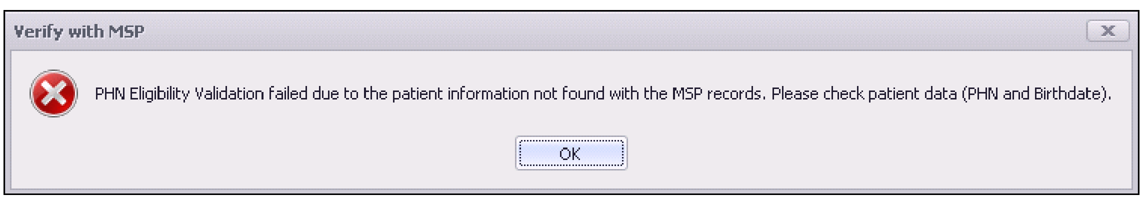
You can verify the patient's PHN with Medical Services Plan (MSP) BC to ensure payment for the services provided to the patient.

To verify the patient's PHN with MSP:

In the upper left area of the Patient Maintenance window, click **Verify with MSP** ( ).



If validation fails, the EMR displays an error message that indicates the reason it failed.



If an error is displayed, arrange an alternate form of payment from the patient (for example, cash or credit card), and advise the patient to obtain or verify their MSP coverage.

If validation is successful

If validation passes:

- There is no need to verify the patient's PHN again during the same calendar month.

- The date and time that the patient's PHN was last successfully verified are displayed (as read-only) in Patient Maintenance (on the **Other Demographics** tab, in the Provincial Payment Coverage are in the **Coverage Last Checked** field).

Adding next of kin contact information

To add next of kin contact information:

1. Open the Patient Maintenance window. See “Opening the Patient Maintenance window” on page 17.
2. In the Patient Maintenance window, click the **Other Demographics** tab.
3. In the **Next of Kin / Contact** area, enter any of the following information in the following fields:
   - Name
   - Phone
   - Notes
   - Mother's Maiden Name (Next of Kin's)
   - Mother’s height
   - Father’s height

> **Note**: The **Primary Caregiver** field displays the name of the patient's primary caregiver if applicable. The Primary Caregiver is assigned under the **Name/Addr/Phone** tab in the **Relationship** area

4. Click **Save** ( ).

Adding a prefix or suffix to display with a patient name

You can customize how the EMR displays a patient's name by entering text to display before or after a patient’s name.

To add a prefix or suffix to display with the patient name:

1. Open the Patient Maintenance window. See “Opening the Patient Maintenance window” on page 17.
2. In the Patient Maintenance window, click the **Other Demographics** tab.
3. In the **Display with Patient Name** area, in the **Before** field, enter the text to display before the patient's name.
4. In the **Display with Patient Name** area, in the **After** field, enter the text to display after the patient's name.
5. Click **Save** ( ). The EMR displays the text you entered in front of and/or after the patient’s name on the schedule, as well as in the patient banner.

Adding general patient notes

You can enter general patient notes for other front end staff members to see.

> **Note**: General notes are visible in the patient's medical chart as a yellow note pad icon in the SMART banner.

To add general notes:

1. Open the Patient Maintenance window. See "Opening the Patient Maintenance window" on page 17.
2. In the Patient Maintenance window, click the **Notes** tab.
3. In the **General Notes** area, enter your patient notes. The **General Notes** area can fit an unlimited amount of data.
4. Click **Save** ().

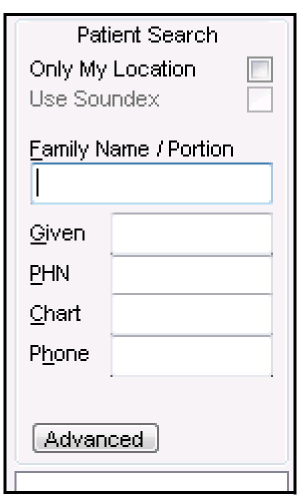
Searching for a patient

You need to search for patients to perform many day-to-day tasks including adding family members to the EMR, updating demographics, and booking appointments. The following sections explain the different ways you can search for and find a patient in the EMR.

Searching for a patient

To search for a patient:

1. Open the Appointment Scheduler. The **Patient Search** area is located on the right side of the Scheduler.



2. Using the following table, in the **Patient Search** area, enter your search criteria:

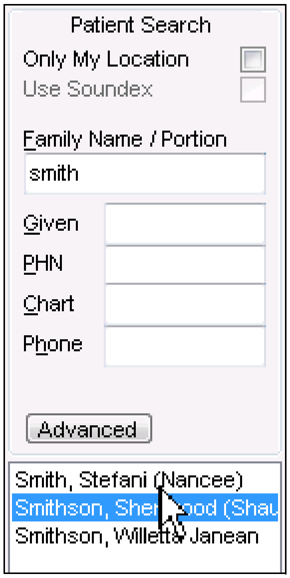
Search criteria	Description
Only My Location	If your clinic has multiple clinic locations, select this check box if you want to include only patients whose default location is the same as your primary location. **Note:** The EMR displays this check box only if your clinic has more than one location set up in Wolf EMR.
Use Soundex	If you do not know the proper spelling of the patient's name, select this check box to search for first and last names that sound like the name you enter, regardless of spelling. For example, if you select the **Use Soundex** check box and then enter "Barbra" (note the missing "A") for the First Name, the EMR returns "Barbara" in the search results.
Family Name/ Portion	Enter part or all of the patient's last name. The patient search is more concise if you enter more letters of the name; however, if you do not know the proper spelling of a name, you can enter the portion of the name you know.
Given	Enter part or all of the patient's first name. If you enter a **Given** name with a **Family Name/Portion** name, you can narrow down your selection criteria.
PHN	Enter the patient's Personal Health Number (PHN). **Note:** Enter only numbers. Do not include spaces or hyphens. The search does not accept a partial entry.
Chart	Enter the patient's chart number. **Note:** The search does not accept a partial entry.
Phone	Enter the patient's phone number. Enter only the numbers. Do not include the area code. The EMR Searches for all phone numbers: Home, Mobile, Work, and International.
DOB	Enter the patient's date of birth (DOB) in the following format: **DDMMYYY**. **Note:** The **DOB** field is available only if you have set up the Appointment Scheduler to display patient DOBs in the Patient Search area. See "Displaying date of birth (DOB) in patient searches" on page 25.

3. Perform one of the following actions:

- If you entered only the Family Name, on your keyboard, press **Enter** twice.

- If you entered other fields as well, on your keyboard, press **Enter** once.

The EMR displays the search results in the in the pane below the search fields.



Note: A name shown in brackets is the patient's chosen name (as entered in Patient Maintenance). For example, Jason Brown may prefer to be called Jake. His name would then appear as “Brown, Jason (Jake)”.

Tip: If the patient you are searching for does not appear in the box, use the scroll bar (the up/down arrows) to view more names.

If you still can’t fine the patient you are looking for, use the Advanced Search option. See “Searching for hard-to-find patients using Advanced Search” on page 26.

Customizing the Patient Search area

You can customize the Patient Search area to increase the efficiency of your patient searches. It is easier to determine that you are selecting the correct patient, when you can see more information in your search results.

Displaying date of birth (DOB) in patient searches

If you want to see the DOB for patients listed in the **Patient Search** area, you can choose to see patient DOB’s. Seeing patient DOBs can help you choose the correct patient when a patient search produces a large number of patients with the same name. If you are searching for a common name, you can also add patient DOB to your search criteria.

To display patient DOB in patient searches:

In the Appointment Scheduler window, click **User Preferences** > **Booking Display Settings** > **Display DOB in Patient Search**.

Best Practice:

To see the patient's DOB beside their name on search lists, use Advanced Search. See "Searching for hard-to-find patients using Advanced Search" on page 26.

It is easier to view patient names and DOBs in the Advanced Search window.

Displaying a patient's primary practitioner in patient searches

Another way you can determine that you are selecting the correct patient is to view a patient's primary practitioner in patient searches.

To set the EMR to display a patient's primary practitioner in patient searches:

On the Scheduler menu, click **User Preferences > Booking Display Settings > Display Service Provider**.

Including inactive patients in patient searches

In certain situations, you need to include inactive patients in your searches. For example, if the patient is listed as a long term care patient, you need to include inactive patients in your search to find the patient. Another example of when you need to include inactive patients in your search is if a patient has deceased in the last month, but you still need to attach a document to the patient's file in the EMR.

To include inactive patients in patient searches:

On the Scheduler menu, click **User Preferences > Booking Display Settings > Include Inactive Patients in Search** and click one of the following options:

- All
- Left Practice (LP) Only
- Deceased (D) Only

When you perform a patient search, the EMR displays inactive or archived patients.

Tip: You can find this Inactive/Archive information on the **Other Demographics** tab in the Patient Maintenance window.

Searching for hard-to-find patients using Advanced Search

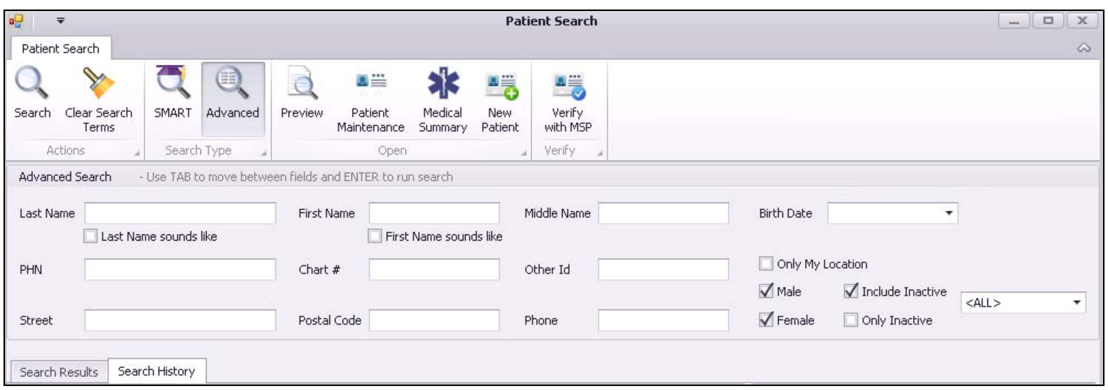
Sometimes your search results list contains too many patients, and it is difficult to find the patient you are looking for. Or, you need to search for a specific search criteria (for example, only inactive patients). The Advanced Search option provides more search criteria to help you filter your results and quickly find the patient you are looking for. The additional search criteria and filters that the Advanced Patient Search provides include:

- Middle name
- Birth Date (You can search for a specific birth date.)
- Other ID
- Street
- Postal Code
- Male
- Female
- Only Inactive

Note: You can also use SMART Search in an Advanced Search. SMART Search is a single text input search field and works similarly to a web search. When you enter your search criteria in the **Search for** field. The EMR then searches the criteria throughout all patient records.

To use Advanced Search:

1. In the **Patient Search** area, on the right side of the Scheduler, click **Advanced**. The EMR displays the Advanced Patient Search window.

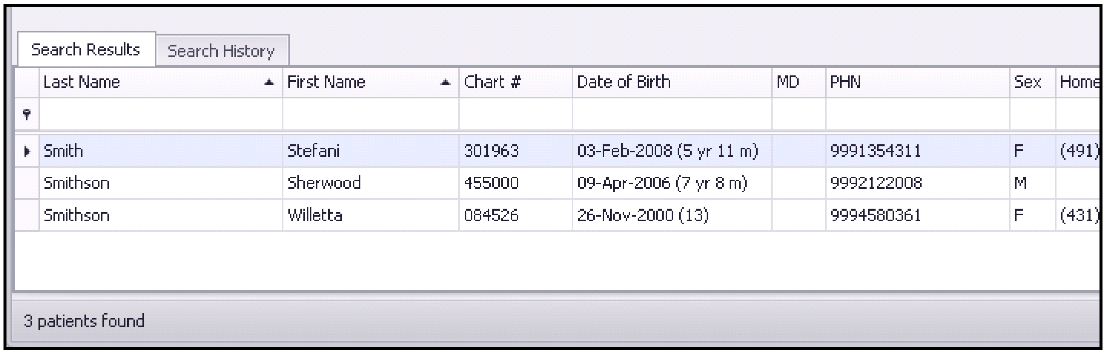


2. In the **Advanced Search** area, enter your search criteria.

Tips for entering patient search criteria

- If you do not know how to spell a patient's last name, but want to use last name as a search criteria, select the **Last Name sounds like** check box. The EMR includes patients with last names similar to the entered name.
- To include patients who have a status of **Inactive**, select the **Include Inactive** check box.

3. On the **Actions** menu bar, click **Search** (or, on your keyboard, press **Enter**). The EMR displays the search results in the **Search Results** tab. The number of results are listed in the bottom corner of the results list.



Last Name	First Name	Chart #	Date of Birth	MD	PHN	Sex	Home
Smith	Stefani	301963	03-Feb-2008 (5 yr 11 m)		9991354311	F	(491)
Smithson	Sherwood	455000	09-Apr-2006 (7 yr 8 m)		9992122008	M	
Smithson	Willetta	084526	26-Nov-2000 (13)		9994580361	F	(431)

4. To select a patient, in the search results list, double-click the patient's name.

Finding a patient who you recently selected from the Advanced search results list

If you recently selected a patient from the Advanced search results list, you can quickly find that patient again using the **Recent Patients** pane. The **Recent Patients** pane contains a list of the last 10 patients you selected, with the most recently selected patients on the top.

Note: The Recent Patients list is shared between applications and is saved across application sessions. If you log out and then log back in the next day, the EMR restores the Recent Patients list.

To find a patient who you was recently seen in the clinic:

1. In the **Patient Search** area, on the right side of the Scheduler, click **Advanced**. The EMR displays the Advanced Patient Search window.
2. Click the **Search History** tab. The **Recent Patients** pane on the right side of the tab contains a list of recently selected patients with the most recently selected patients on the top.

Adding a family member

If you want to add a family member of a patient in the EMR, you can save time by copying some of the patient's information. After you copy the patient's information, the EMR displays a Patient Maintenance window for the family member populated with the with the same last name, address, home phone number, primary service provider, and default location as the patient you copied.

To add a family member:

1. Search for the patient whose information you want to copy to add a family member. See "Searching for a patient" on page 23.
2. In the search results list, click the patient name, and on your keyboard, press **F9**. The EMR displays the Patient Maintenance window.
3. On the Patient Maintenance menu, click **File > Copy Patient**. The EMR displays a Patient Maintenance window for the family member populated with the with the same last name, address, home phone number, primary service provider, and default location as the patient you copied.
4. Continue adding patient information for the family member. See "Adding a new patient" on page 11.

Entering patient relationships

You can enter relationships to a patient using the **Relationships** area in the Patient Maintenance window. You can use the **Relationships** area to do the following:

- Link family members
- Define a patient's primary caregiver
- Note other important patient contacts (for example, a social worker)

Linking family members using relationships

If a patient's family members are in the EMR, you can link those family members to the patient to link their family history.

Note:

- If a patient's family member is not in the EMR, but is going to be a patient of the clinic, you must first add the family member to the system (see "Adding a family member" on page 28), then come back to the Patient Maintenance window, and link the family member to the patient.
- If the patient's family member is not in the EMR and is not going to be a patient of the clinic, enter the family member's name in the **Other** field. See "Adding other important patient contacts using relationships" on page 30.

To link family members using relationships:

1. Search for the patient who you want to link a family member to. See "Searching for a patient" on page 23.
2. In the search results list, click the patient name, and then, on your keyboard, press **F9.** The EMR displays the Patient Maintenance window.

3. In the Patient Maintenance window, in the **Relationships** area, click **Add/Edit**. The EMR displays the Patient Relations window.
4. Perform one of the following actions:
   - If this is the first relationship you are adding, in the **Related Patients** area, click **Search**.
   - If the patient already has relations entered, click **New** and then, in the **Related Patients** area, click **Search**.

   The EMR displays the Patient Search window.
5. To search for the family member you want to link to the patient, in the Patient Search window, enter your search criteria and on the menu bar, click **Search**.
6. In the search results list, double-click the family member's name. The EMR displays the family member's name in the **Related Patients** area.
7. In the **Relationship to** area, in the **Relation** drop-down list, click the appropriate relation.
8. Click **Save**.

Defining a patient's primary caregiver using relationships

To define a patient's primary caregiver using relationships:

1. Follow Step 1 to Step 7 in "Linking family members using relationships" on page 29.

Tips:

- If the primary caregiver is not entered as a patient in the EMR (is not in the search results list), then in the **Related Patients** area, in the **Other** field, enter the primary caregiver's name.
- If you enter a name in the **Other** field, it is not listed in the Relationship table. You must click **Add/Edit** to see the names of contacts who are not in the EMR system.

2. In the **Relationship to** area, in the **Caregiver** drop-down list, click **Primary**.
3. Click **Save**.

Adding other important patient contacts using relationships

You can record other important patient contacts using relationships. For example, you can add a social worker as a patient contact.

To add other important patient contacts using relationships:

1. Search for the patient for whom you want to add a contact. See "Searching for a patient" on page 23.

2. In the search results list, click the patient name, and then, on your keyboard, press **F9.** The EMR displays the Patient Maintenance window.
3. In the Patient Maintenance window, in the **Relationships** area, click **Add/Edit**. The EMR displays the Patient Relations window.
4. Perform one of the following actions:
   - If this is the first relationship you are adding, in the **Related Patients** area, in the **Other** field, enter the contact's name.
   - If the patient already has relations entered, click **New** and then in the **Related Patients** area, in the **Other** field, enter the contact's name.
5. In the **Relationship to** area, in the **Relation** drop-down list, click the appropriate relation (for example, Social Worker).
6. Click **Save**.

Tips:

- If you enter a name in the **Other** field, it is not listed in the Relationship table.
- You must click **Add/Edit** to see the names of contacts who are not in the EMR system.

Registering patients for the Patient Portal

View video tutorial: **Registering patients for the Patient Portal**

The Patient Portal is a web site that patients access to view certain areas of their medical chart online, including their:

- Medical summary
- Current medications and vaccinations
- Lab results
- Medical reports (documents)

Patients can also use the Patient Portal to:

- View and book appointments online
- Receive messages from your clinic
- Receive notifications (for example, to book appointments or to come in for overdue tests)
- Print medical summary reports, medication reports, and vaccination reports

Your clinic can control the type of health information a patient can see and the actions a patient can perform in the Patient Portal.

You can register any patient for the Patient Portal as long as they have an email address and date of birth entered in the Patient Maintenance window. You register patients one at a time, enabling you to choose which patients can access the Patient Portal and which features each can use in the Portal.

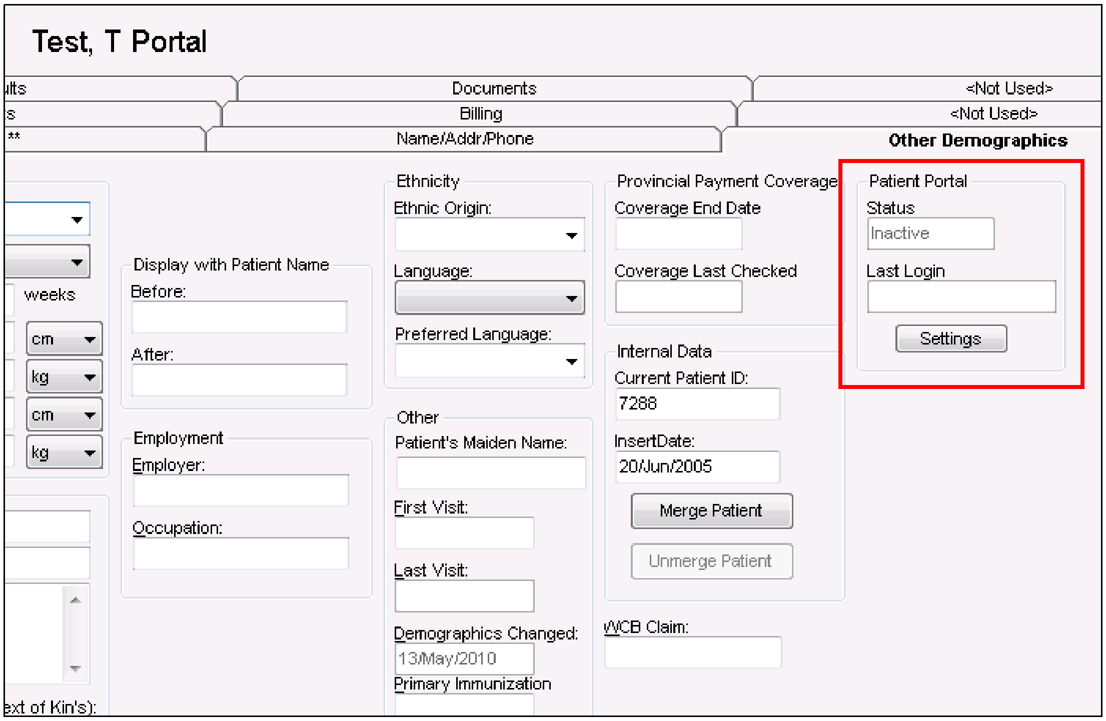
You can also register relations of a patient to access that patient's Patient Portal. You must obtain legal consent from the patient to allow a relation to access the patient's Patient Portal information. See "Giving other people access to a patient's data" on page 37.

Other Front End staff Patient Portal tasks can include:

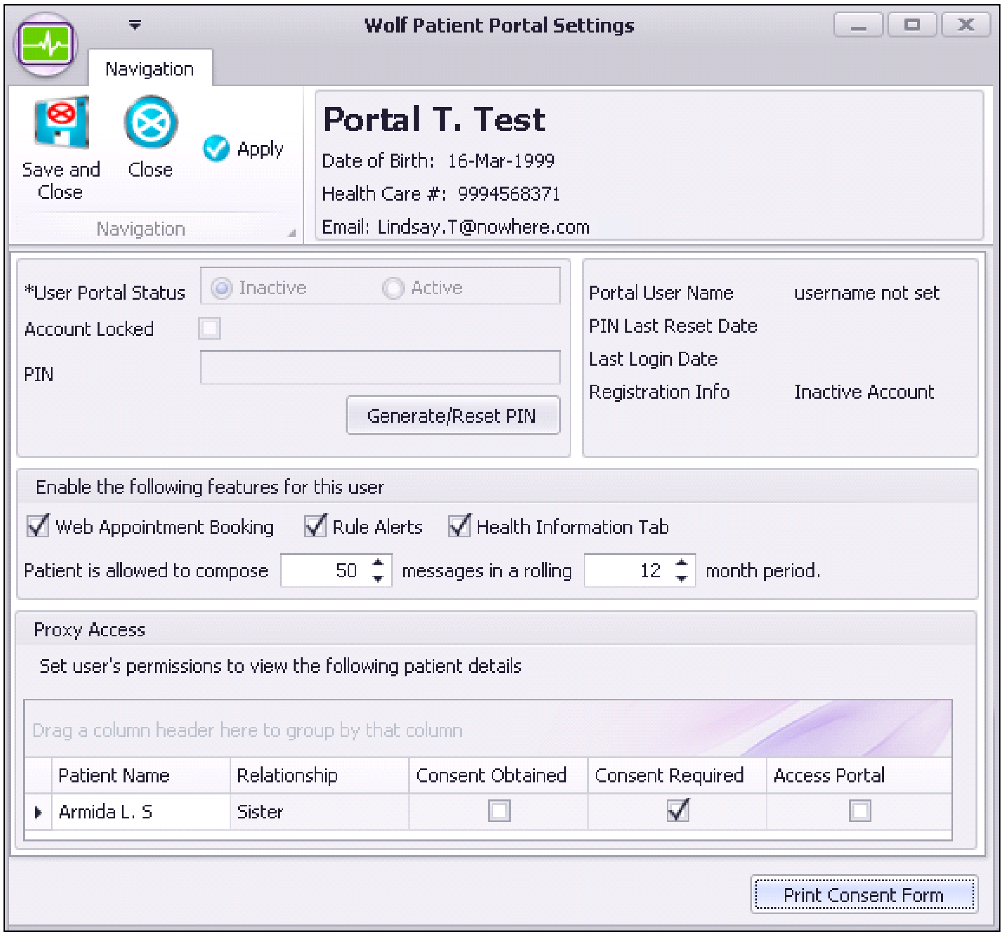
- "Setting up practitioners' schedules for online appointment booking (via the Patient Portal)" on page 99
- "Publishing documents to the Patient Portal from the Medical Summary" on page 385

To register a patient for the Patient Portal:

1. Open the Patient Maintenance window for the patient. See "Opening the Patient Maintenance window" on page 17. The EMR displays the Patient Maintenance window with the **Name/Addr/Phone** tab open.
2. In the **Communications** area, ensure that the patient's e-mail address is entered in the **eMail** field.
3. To save the patient's email information, click **Save** ( ).
4. Click the **Other Demographics** tab. The EMR displays the **Other Demographics** tab with the Patient Portal area on the right side of the window.



5. In the **Patient Portal** area, click **Settings**. The EMR displays the Wolf Patient Portal Settings window.



6. In the **Enable the following features for this user** area, use the following table to select which features the patient can access in the Patient Portal.

Option	Description
Web Appointment Booking	To enable the patient to book appointments online, select this check box.
Rule Alerts	To enable the patient to receive automated notifications when they are flagged by a Patient Portal Rule, select this check box.
Health Information Tab	To enable the patient to view their health information (Medical Summary), select this check box.

Option	Description
Messaging	To enable the patient to send messages to the clinic: 1. In the **Patient is allowed to compose** field, enter the number of messages the patient can send over a defined period of time. 2. In the **messages in a rolling x month period field**, enter the number of months that constitutes the defined period of time.

7. Click **Generate/Reset PIN**. The EMR opens a PDF letter in the PDF-XChange Viewer. The body of the letter contains a message similar to the following example:

December 8, 2015

Dear Lindsay Test,

Thank you for your interest in the Wolf Clinic Patient Portal.

A message has been sent to the email address you have provided, which contains instructions for registration.

If you have not received the email in your inbox, please look in your junk or spam folders in case the email was misdirected.

The message will be from donotreply@mydrportal.com and the subject will be "Wolf Clinic Patient Portal Registration".

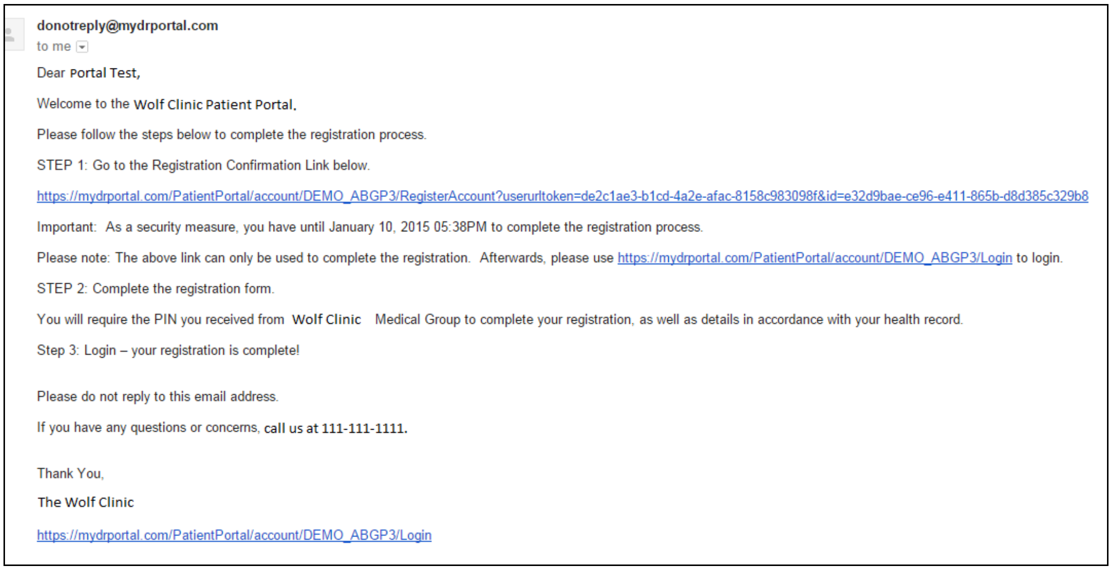
The Personal Identification Number (PIN) we generated for you is H4JVS9NEJL. You will require this PIN in order to complete your registration. Please complete the registration as soon as possible, since for security purposes the link provided in the email will expire after December 11, 2015 05:51PM.

If you have any questions, please contact us at (632) 791-2356.

Sincerely,

Wolf Clinic

The EMR also sends an e-mail message to the patient similar to the following example:



donotreply@mydrportal.com
to me

Dear Portal Test,

Welcome to the Wolf Clinic Patient Portal.

Please follow the steps below to complete the registration process.

STEP 1: Go to the Registration Confirmation Link below.

https://mydrportal.com/PatientPortal/account/DEMO_ABGP3/RegisterAccount?userurltoken=de2c1ae3-b1cd-4a2e-afac-8158c983098f&id=e32d9bae-ce96-e411-865b-d8d385c329b8

Important: As a security measure, you have until January 10, 2015 05:38PM to complete the registration process.

Please note: The above link can only be used to complete the registration. Afterwards, please use https://mydrportal.com/PatientPortal/account/DEMO_ABGP3/Login to login.

STEP 2: Complete the registration form.

You will require the PIN you received from Wolf Clinic Medical Group to complete your registration, as well as details in accordance with your health record.

Step 3: Login – your registration is complete!

Please do not reply to this email address.

If you have any questions or concerns, call us at 111-111-1111.

Thank You,

The Wolf Clinic

https://mydrportal.com/PatientPortal/account/DEMO_ABGP3/Login

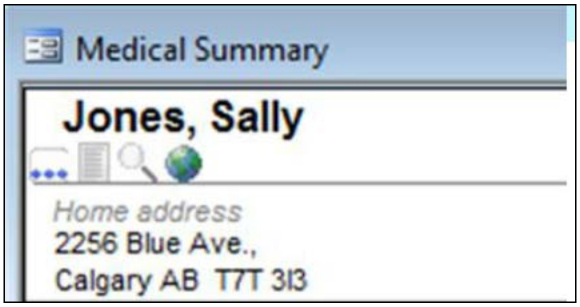
The patient needs both the printed letter and the e-mail to sign up for the Patient Portal.

8. To print the letter, in the PDF-XChange Viewer window, click **Print** ( ), or on your keyboard, press **Ctrl + P**.
9. Give the letter to the patient. The patient requires the Personal Identification Number (PIN) in the letter to sign up for the Patient Portal.

Note:

- The portal user should get their PIN in person.
  Do not fax or e-mail the letter containing the PIN.
- The PIN generated in the letter is valid for 72 hours after the letter is printed. If the patient does not access the Patient Portal in time, they must return to the office to receive a new letter.

10. On the Wolf Patient Portal Settings window, click **Save and Close** (). Once the patient completes the registration process, the EMR displays a globe icon in the Patient's Patient Banner.



Giving other people access to a patient’s data

Patients can grant family members and other relations access to their Patient Portal. For example:

- An elderly patient with mild dementia can allow Patient Portal access to her daughter.
- A young adult with a chronic condition can allow Patient Portal access to his mother.

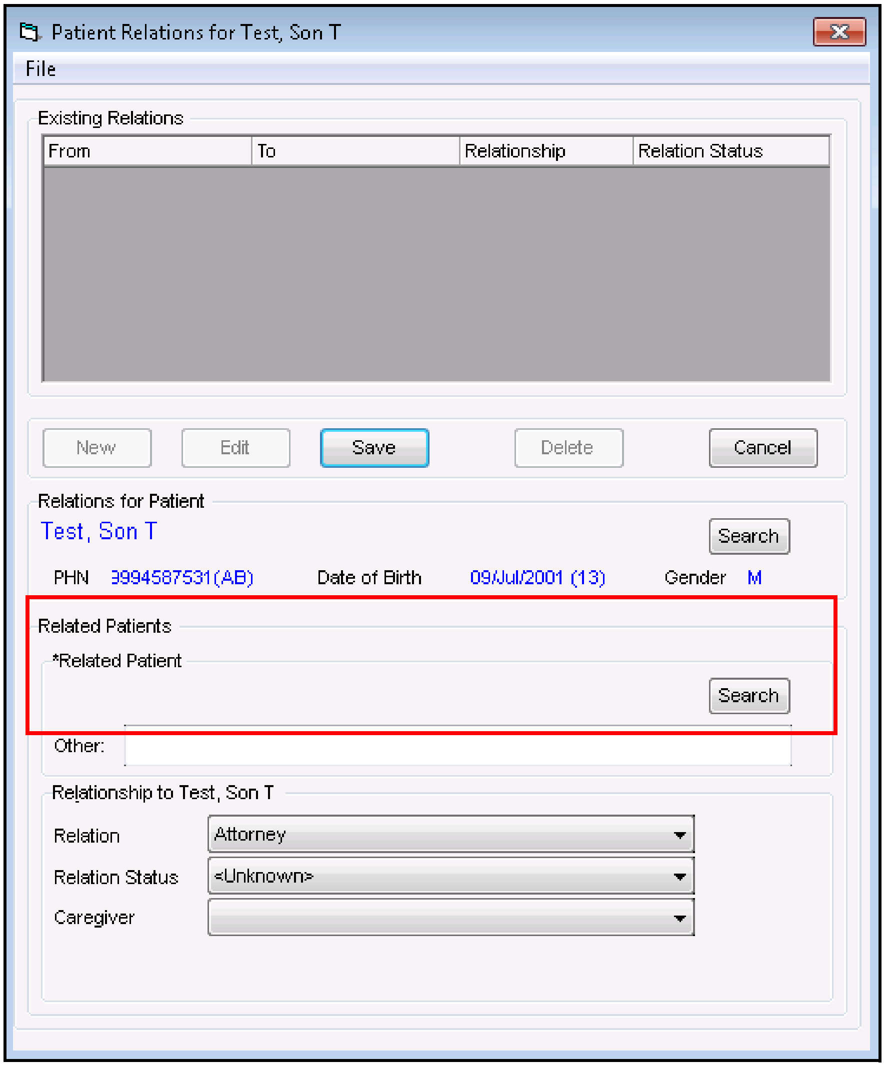
To grant a mother access to view her son’s Patient’s Portal information:

1. In the Patient Maintenance window, add the Mother as a patient in your Wolf EMR (if she is not already added as one of your patients). See “Adding a new patient” on page 11.

> **Tip**: Ensure that you enter the Mother’s e-mail address into the **Communication** area on the **Name/Addr/Phone** tab.

2. Link the mother and her son using Patient Relations:
   a) Open the Patient Maintenance window for either the Mother or Son. See “Opening the Patient Maintenance window” on page 17.
   b) Click the **Name/Addr/Phone** tab.

c) In the **Relationship** area, click **Add/Edit**. The EMR displays the Patient Relations for <patient name> window.



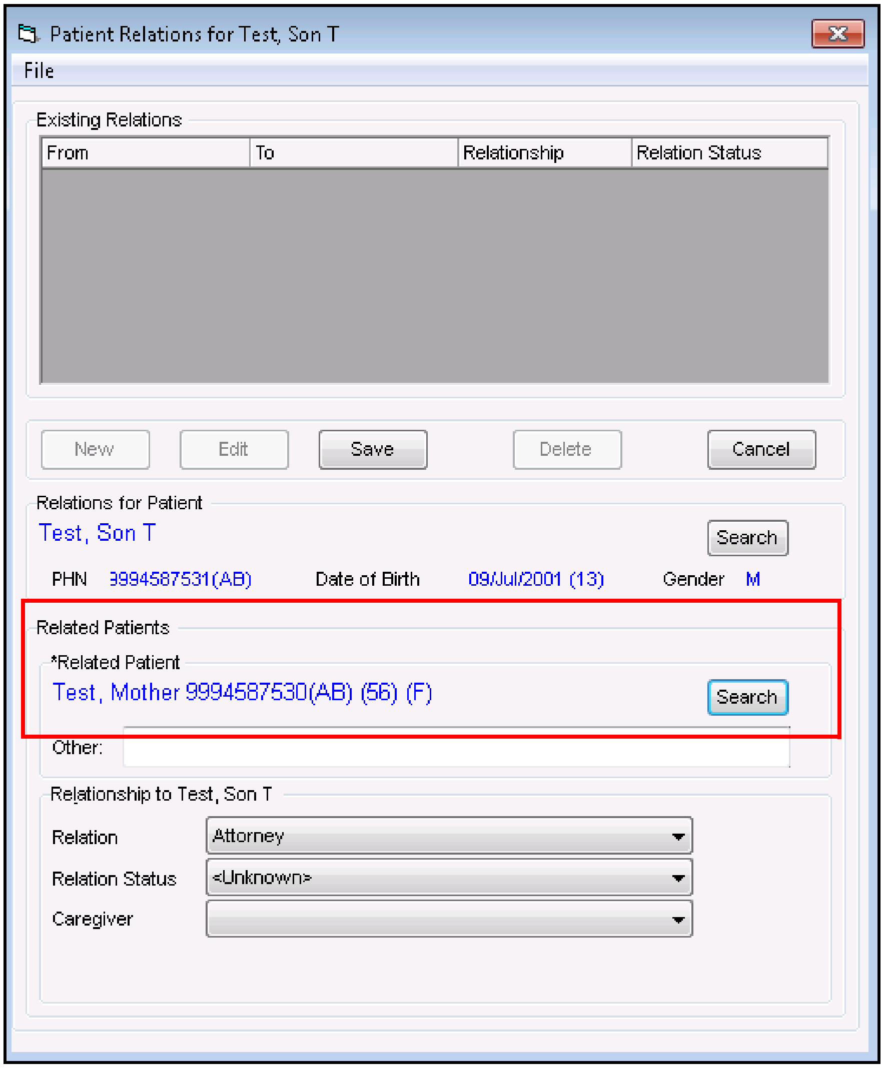
d) Perform one of the following actions:

- If this is the first relationship you are adding, in the **Related Patients** area, click **Search**.
- If the patient already has relations entered, click **New** and then, in the **Related Patients** area, click **Search**.

The EMR displays the Patient Search window.

e))To search for the family member you want to link to the patient, in the Patient Search window, enter your search criteria and then click **Search**.

f) In the search results list, double-click the family member's name. The EMR displays the family member's name in the **Related Patients** area.

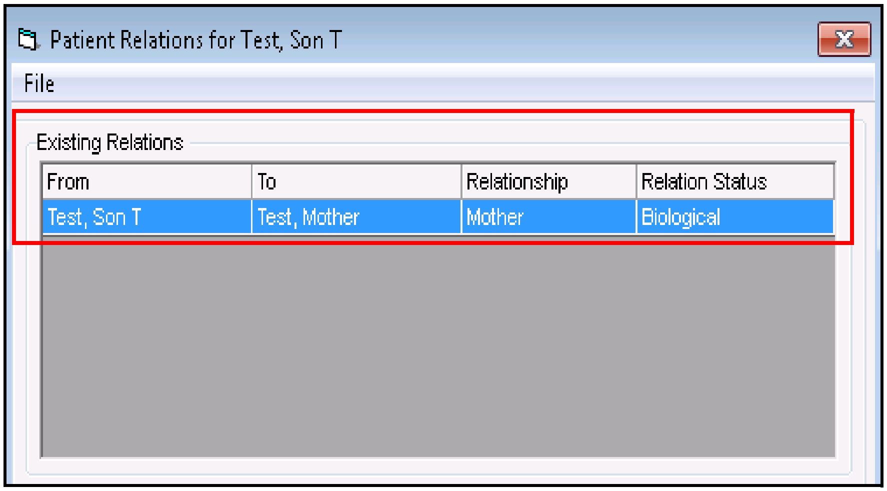


g) In the **Relation** drop-down list, click the relationship the family member has to the patient.

h) In the **Relation Status** drop-down list, click the appropriate status for the relationship.

i) If the family member is the primary caregiver for the patient, in the **Caregiver** drop-down list, click **Primary**.

j) Click **Save**. The EMR displays the relation in the **Existing Relations** area at the top of the Patient Relations window.



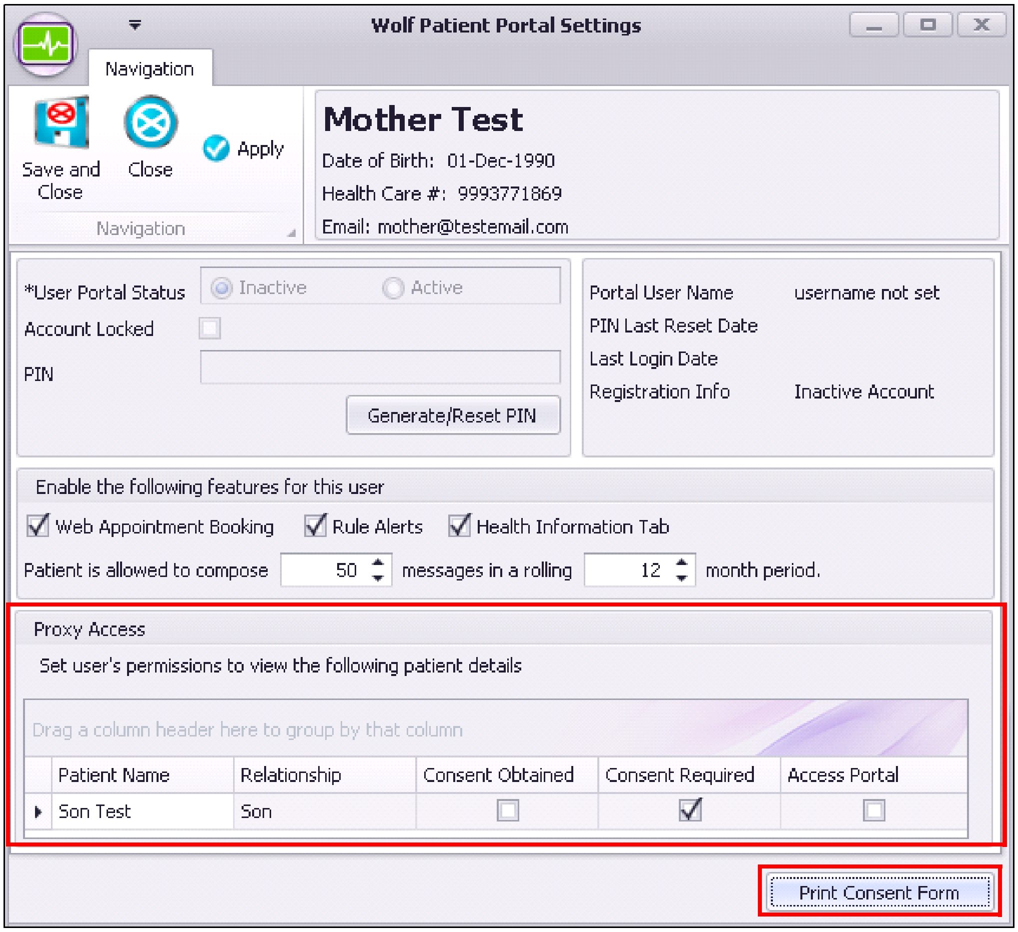
k) Click **Close** ().

3. Set up the mother with access to her son's Patient Portal:

   a) Open the Patient Maintenance window for the Mother. See "Opening the Patient Maintenance window" on page 17.

   b) Click the **Other Demographics** tab.

c) In the **Patient Portal** area, click **Settings**. The EMR displays the Wolf Patient Portal Settings window, with the mother's family members and other linked relations listed in the **Proxy Access** area.



d) In the **Proxy Access** area, click the son's name.

e) Click **Print Consent Form**. The EMR opens a PDF Consent Form in PDF-XChange Viewer. The body of the form contains a message similar to the following example.

Authorization for Release of Information

Attention: **Wolf Clinic**
2805 SE Knight Court,
Morley, AB A7Y 3M9

From: **:Son T. Test**
123 Test Way
Calgary, AB T1X 0L3

I, **Son T. Test** understand my signature on this release will allow **Wolf Clinic** to share information in my medical record with **Mother Test** ("Proxy") in the following ways:

1. Proxy may review my medical information, including but not limited to:
   - Current and Past Conditions
   - Current and Past Medications
   - Vaccinations
   - Allergies
   - Lab Results
   - Documents
   - Appointments Future and Historical
2. Proxy may book or cancel appointments on my behalf.
3. Proxy may participate in my care via secure electronic communication with clinical and administrative staff at **Wolf Clinic**.
4. Proxy may review clinical alerts, notifications or programs **Wolf Clinic** deems relevant.

****

This will authorize the release of records, including medical information or otherwise, concerning:

Son T. Test	09-Jul-2001
Print Patient's Full Name	Date of Birth

- I understand why I have been asked to consent to the disclosure of this information and am aware of the risks or benefits of consenting, or refusing to consent, to disclose this information.
- I understand that if I have any concerns or reservations about Proxy having access to my medical information or participating in my care delivery I should NOT sign this authorization form.
- I understand that I can revoke this consent by contacting **Wolf Clinic** in writing.
- I understand that I can refuse to sign this consent form.

Signature of Patient or Legal Representative*   Date Signed

Print Witness's Full Name *(person who witnessed signature of patient or legal representative)*

Note:

- The patient can sign the Consent Form out of office if the form is appropriately witnessed. For example, if the patient is traveling, or is away at school.
- Children do not have to sign a Consent Form for their parents or legal guardians, as consent is implied in this case. However, once the child reaches the age of consent, the child must then sign a Consent Form to enable their parent(s) to continue to access their Patient Portal.
- The Age of consent is determined and configured by your clinic.

f) To print the consent form, in the PDF-XChange Viewer window, click **Print** ( ), or on your keyboard, press **Control + P**.

g) Have the son sign the Consent Form.

> **Tip**: To keep the signed consent form on file, scan the signed consent form and import it into the Document's area of the son's Medical Summary. For more information, see "Scanning documents (using Fujitsu ScanSnap scanners)" on page 372 and "Linking documents" on page 374.

h) Beside the son's name, in the **Proxy Access** area of the Wolf Patient Portal Settings window, select the **Consent Obtained** and the **Access Portal** check boxes.

i) If the Mother is not currently signed up for the Patient Portal herself, click **Generate/ Reset PIN**. The EMR opens a PDF letter in the PDF-XChange Viewer.

j) Print and hand the letter to the mother. See Step 8 to Step 10 in "Registering patients for the Patient Portal" on page 31.

Printing a patient label

You can print a patient label from the Patient Maintenance window, from a patient appointment, or from the patient's medical record. By default, the following types of labels are available to be printed:

Label name	Description
Address	You can print address labels to attach to envelops of letters sent to patients. By default, the address label displays the patient's: ■ Name ■ Address line 1 ■ Address line 2 ■ City, province, and postal code Mr. Test, Peter 12345 View St Vancouver BC V3S 9D9

Label name	Description
Chart	You can print Chart labels to attach to paper charts. By default, the Chart label displays the patient's: ■ Birthdate ■ Name 23/Dec/2012 Mr. TEST, Peter
Lab	You can print Lab labels to attach to requisition forms and lab specimens. By default, the Lab label displays the patient's: ■ Name ■ Date of service (DOS) ■ Provincial health number ■ Date of birth (DOB) ■ Age ■ Home and Work phone numbers ■ Practitioner name and number Mr. TEST, Peter DOS: 21/Sep/2015 123 456 789(BC) DOB: 23Dec2012 - Age: 2 - M 12345 View St Vancouver BC V3S 9D9 H:111-111-1111 W:222-222-2222 Phys: A Test (12345) **Note:** User's with administrative authority can configure what patient phone numbers display on the label. For example, you can choose to display only home and cell numbers.

Tip: Users with administrative authority can modify label fonts and formats.

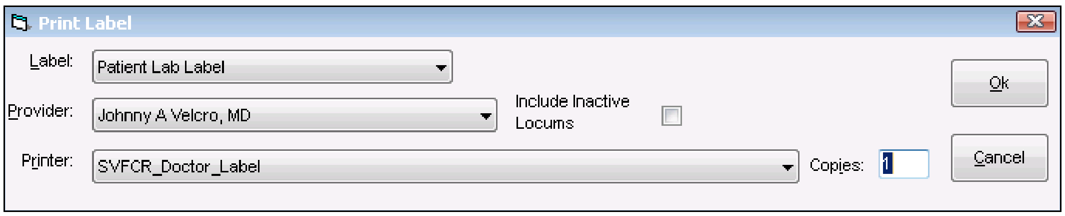
To print a patient label:

1. Complete one of the following actions:
   - If you are viewing the Patient Maintenance window for the patient, in the menu, click **Labels** and then click the type of label you want to print.
   - If the patient has an appointment booked, in the Appointment Scheduler, right-click the patient's appointment, and then click **Print Label**.

- If you are viewing the patient's medical record, for example, the Vital Entry area, or the Medical Summary, right-click and then, in the SMART menu, click **Print Label**.

   The EMR displays the Print Label window.

2. In the **Label** drop-down list, click the type of label you want to print.
3. In the **Printer** drop-down list, click the printer you want to use.
4. If the selected label contains information about the patients practitioner, in the **Provider** drop-down list, click the practitioner's name.
5. In the **Copies** field, enter the number of copies you want.



6. Click **OK** and follow the prompts in the windows.

Updating patient information

Most of the patient's basic demographic information in the Patient maintenance window is on the **Name/Addr/Phone** tab and the **Other Demographics** tab. You can also enter and update a patient's status on the **Patient Status** tab.

Updating a patient's demographic information

To update a patient's basic demographic information:

1. Search for the patient. See "Searching for a patient" on page 23.
2. In the search results list, click the patient name and then on your keyboard, press **F9**. The EMR displays the Patient Maintenance window with the **Name/Addr/Phone** tab open.
3. On the **Name/Addr/Phone** tab, edit information as necessary.
4. Click the **Other Demographics** tab and edit information as necessary.
5. Click **Save** ().

Entering or changing a patient's status

To enter or change a patient's status:

1. Search for the patient. See "Searching for a patient" on page 23.

2. In the search results list, click the patient name and then on your keyboard, press **F9**. The EMR displays the Patient Maintenance window with the **Name/Addr/Phone** tab open.
3. Click the **Patient Status** tab.
4. From the row of buttons at the bottom of the **Patient Status** tab, click **New Status**.
5. In the **Status** drop-down list, click a status. Your choices can include:
   - New Patient
   - Office Patient
   - Acute Care Patient
   - Housebound
   - Long Term Care Patient
   - Left Practice
   - Deceased

> **Note**: Your Administrator can add other Status types if necessary.

6. If you selected a status of **New Patient Office Patient**, or **Left Practice**, enter information in the following fields:
   - **Start Date**
   - **End Date**
   - **Notes**

> **Note**: When you mark a patient as inactive **(Left Practice)** and the patient has follow-ups and notifications for a date that is after the date the patient became inactive, the EMR displays a message window “Patient marked as Left Practice. Would you like to remove all future follow-ups and notifications?” If you click **Yes**, the EMR:
>
> - Marks all of the patient’s incomplete follow ups of type “Patient TCI For Follow Up” as completed
> - Removes the patient from the Patients To Notify list

7. If you selected a status of **Acute Care Patient**, **Housebound**, or **Long Term Care Patient**, enter or select information in the following fields:
   - **Physician**: The patient's primary Physician
   - **Facility**: The type of facility where the patient is being seen or treated.

- **Location**: The location where this patient is being treated or seen. The EMR displays the selected location in the billing reminder under the column for appointment length titled LEN in the Billing program.

> **Note**: The list of Locations depends on the Service Facilities that your Administrator entered in the EMR.

- **Admission Date**: The date that the patient was admitted to the location.
- **Discharge Date**: The date that the patient was discharged from the location.
- **Notes**: Any relevant patient notes.
- **Default Fee Code**: The patient's default fee code for billing.
- **Default ICD Code**: The patient's default ICD code for billing.
- **Reset Final Billing Date**: If applicable, select this check box this box to reset the final billing date for this patient.

8. If you selected a status of **Deceased**, enter or select the information in the following fields:
   - **Location**: Specify the location of the patient's death.
   - **Deceased Date**: Enter the date of death.
   - **Autopsy**: If an autopsy was performed, select this check box.
   - **Notes**: Enter the patient's cause of death or any other relevant patient information.

> **Note**: If the patient has follow-ups and notifications for a date that is after the Deceased Date, the EMR displays a message window "Patient marked as Deceased. Would you like to remove all future follow-ups and notifications?" If you click **Yes**, the EMR:
>
> - Marks all of the patient's incomplete follow ups of type "Patient TCI For Follow Up" as completed
> - Removes the patient from the Patients To Notify list

9. Click **Save Status**.

Merging duplicate patient information

You can merge one patient's records (excluding demographic data) to another patient. Use this function when duplicate patients exist.

To merge a patient:

1. Search for the patient. See "Searching for a patient" on page 23.

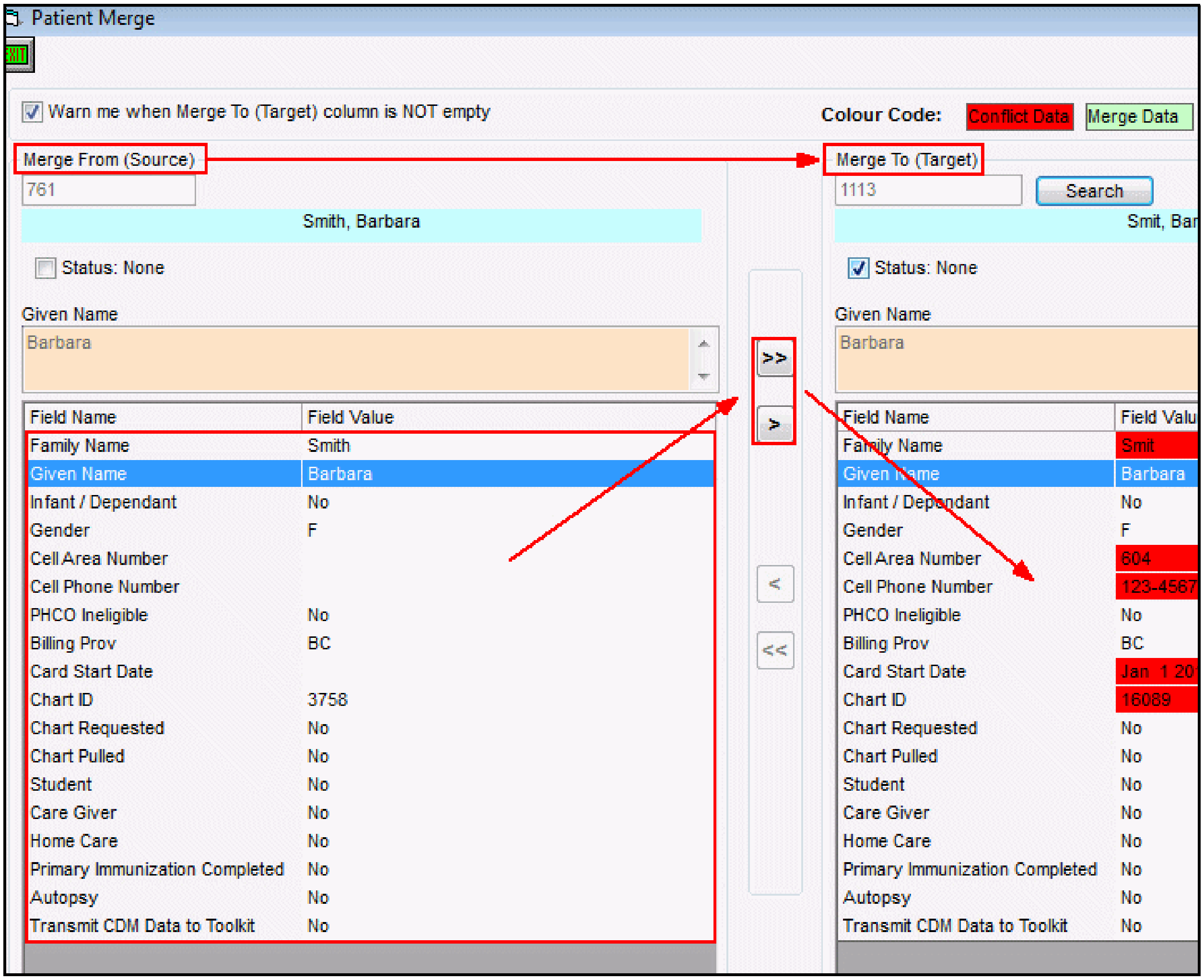
2. In the search results list, click the patient name with the bad information, and then on your keyboard, press **F9**. The EMR displays the Patient Maintenance window with the **Name/ Addr/Phone** tab open.
3. Click the **Other Demographics** tab.
4. In the **Internal Data** area of the **Other Demographics** tab, click **Merge Patient**. The EMR displays the Patient Merge window.
5. In the **Merge To (Target)** area click **Search**. The EMR displays the Patient Search window.
6. To find the patient who you want to merge the other patient to, enter search parameters and click **Search**.
7. In the search results list, double-click the patient's name with the good information.

Note: If you accidently choose to merge the same patient record together, the EMR displays a prompt saying "Same patient detected. Please select a different patient." If so, go back and select the correct Merge To (Target) patient.

The right pane displays information related to the Patient you entered in the **Merge To (Target)** field.

8. To choose which **Status** to retain for the merged patient, perform one of the following actions:
   - Select the **Merged From** Patient **Status** check box.
   - Select the **Merged To** Patient **Status** check box.

9. Select Field Names in the left pane and click merge one (**>**) or merge all (**>>**) to overwrite the fields in the right pane which you want as the information for the merged patient. To move fields to the left pane, click merge one (**<**) or merge all (**<<**) to merge them with the left-hand patient.



- Red highlights means that the data is different from the source patient.
- White highlights means that the data is the same as the source patient.
- Green highlights means that the data has been merged into the target patient

10. When you finish merging the fields, in the upper right hand corner of the Patient Merge window, click **Merge**.

Chapter 3

Appointments

If you are a front end staff member, you perform most of your day-to-day tasks in the Appointment Scheduler. From the Appointment Scheduler, you can:

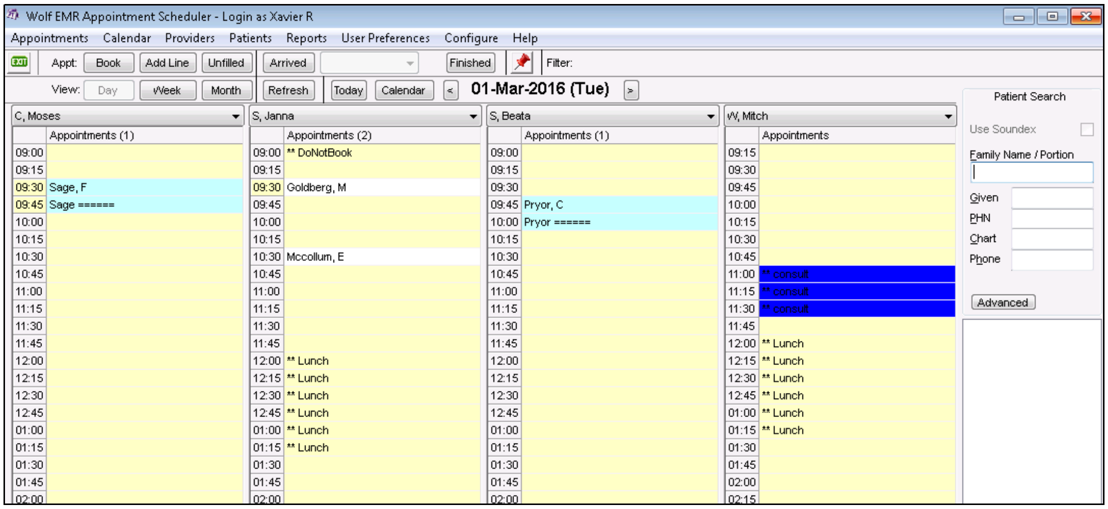
- Book appointments
- Confirm and update appointments
- Manage clinic traffic (for example, to manage rooms patients are in)
- Verify patient demographic information
- View and manage patients on waiting lists
- Perform numerous other actions on booked patients (for example, open patient records (charts), or enter vitals and other visit notes)

The Wolf EMR Appointment Scheduler layout and flow is versatile, enabling you to customize it to suit your clinic and personal workflows.

Opening the Appointment Scheduler

To open the Appointment Scheduler:

1. If your clinic supports multiple locations, on the Wolf EMR Launch page, in the **Location** drop-down list, click your current clinic location.
2. On the Wolf EMR Launch page, click **Scheduling** (). The EMR displays the Appointment Scheduler for today.



Note: If your clinic supports multiple-locations, your current location is selected in the **Filter** drop-down list by default.

Tips for selecting locations

- To display the schedule for another clinic location, in the **Filter** drop-down list, click the location.
- To display the schedules for all clinic locations, in the **Filter** drop-down list, click **<All Locations>**.

Viewing and navigating the Scheduler

You can view and navigate the Scheduler to best meet your workflow needs. You can view schedules by day, week, or month. You can also quickly navigate the Scheduler to a specific date, or forward and backward through the clinic schedule by day, week or month.

Viewing the schedule by day, week, or month

You can view the schedule by day, week, or month. You can simultaneously view multiple practitioner schedules for a single day or you can view daily, weekly, and monthly schedules for each practitioner. If you are working with appointments for today, the day view is best. If you want to book an appointment in the future, you may want to see what a practitioner schedule looks like for the week or month to help you plan and book appointments.

Note: The schedule defaults to the day view every time it is opened. The day view displays the practitioner's schedules that were selected to be the default. (See "Selecting default practitioner schedules to display" on page 75.) You can only view one practitioner at a time when viewing their schedule in week or month view.

Viewing a practitioner schedule in week view

To view one week of a practitioner schedule:

1. Click in the practitioner schedule that you want to view.
2. On the **View** menu bar, click **Week**.

Viewing a practitioner schedule in month view

To view one month of a practitioner schedule:

1. Click in the practitioner schedule that you want to view.
2. On the **View** menu bar, click **Month**.

Viewing all default practitioners' schedules in day view

To view one day of all default practitioner schedules:

On the **View** menu bar, click **Day**.

Viewing a specific date in the Scheduler

To navigate to a specific date in the Scheduler:

1. On the **View** menu bar, click **Calendar**. The EMR displays the calendar.
2. Click the month date between the two arrows. The calendar displays a window with the months of the year.
3. Click the month you want to display. The calendar displays the month you selected.
4. In the calendar, click the date you want to display. The Scheduler displays that date.

Tip: To close the calendar without choosing a date, press the **Escape** key on your keyboard.

Navigating the schedule by day

To move forward or backward in the schedule one day at a time:

Click the forward arrow (**>)** or back arrow (**<)** beside the displayed date.

Navigating the schedule by a specific number of days

You can navigate forward and backward in the schedule by a specific number of days. This navigation method is useful if you need to book a follow-up appointment for a patient for a specific number of days in the future.

To navigate the schedule by a specific number of days:

1. On your keyboard, press **Ctrl** + **U**. The EMR displays a dialog box with the following prompt: "Enter the number of days to jump to".
2. Perform one of the following actions:
   - To move forward, enter the number of days you want to move forward.
   - To move backward, enter a minus sign - and then the number of days you want to move backward. For example **-3**.
3. Click **OK**.

Navigating the schedule by weeks

To move forward or backward in the schedule a week at a time:

1. Open a practitioner schedule in week view. See "Viewing a practitioner schedule in week view" on page 53.
2. Click the forward arrow (**>)** or back arrow (**<)** beside **Week of <Date>**.

Navigating the schedule by months

To move forward or backward in the schedule a month at a time:

1. Open a practitioner schedule in month view. See "Viewing a practitioner schedule in month view" on page 53.
2. Click the forward arrow (**>)** or back arrow (**<)** beside the displayed month.

Navigating back to today's schedule

Sometimes you are busy scheduling appointments days, weeks, and months in advance, but then you need to see today's schedule to book a walk-in patient.

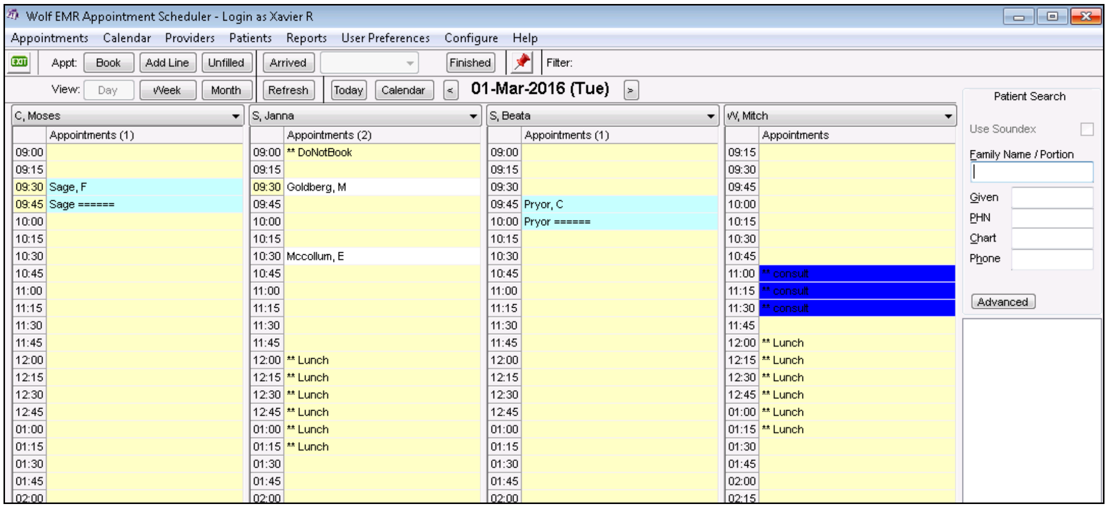
To quickly navigate back to today's schedule:

On the **View** menu bar, click **Today**.

Booking patient appointments

To book a patient appointment:

1. Open the Appointment Scheduler: on the Wolf EMR Launch page, click **Scheduling** (). The EMR opens the Appointment Scheduler.



2. If your clinic has multiple locations set up, at the top of the Appointment Scheduler, in the **Filter Location** drop-down list, click the location you want to book the appointment at. The available practitioner schedules change to reflect the practitioners who work out of that location.

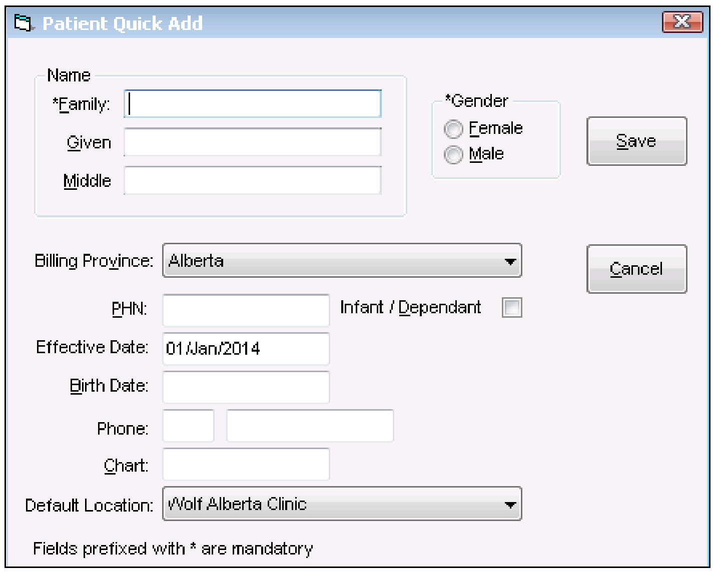
Note: You can book appointments only for locations that you are assigned to. If you need access to book at a specific location, ask your Administrator to grant you this access.

3. Search for and select the patient. See "Searching for a patient" on page 23.

4. If the patient is new and you cannot find the patient, add the patient (see “Adding a new patient” on page 11), and then search for the patient again.

Tip: If you want to enter only basic information about a new patient, add the patient using Quick Add:

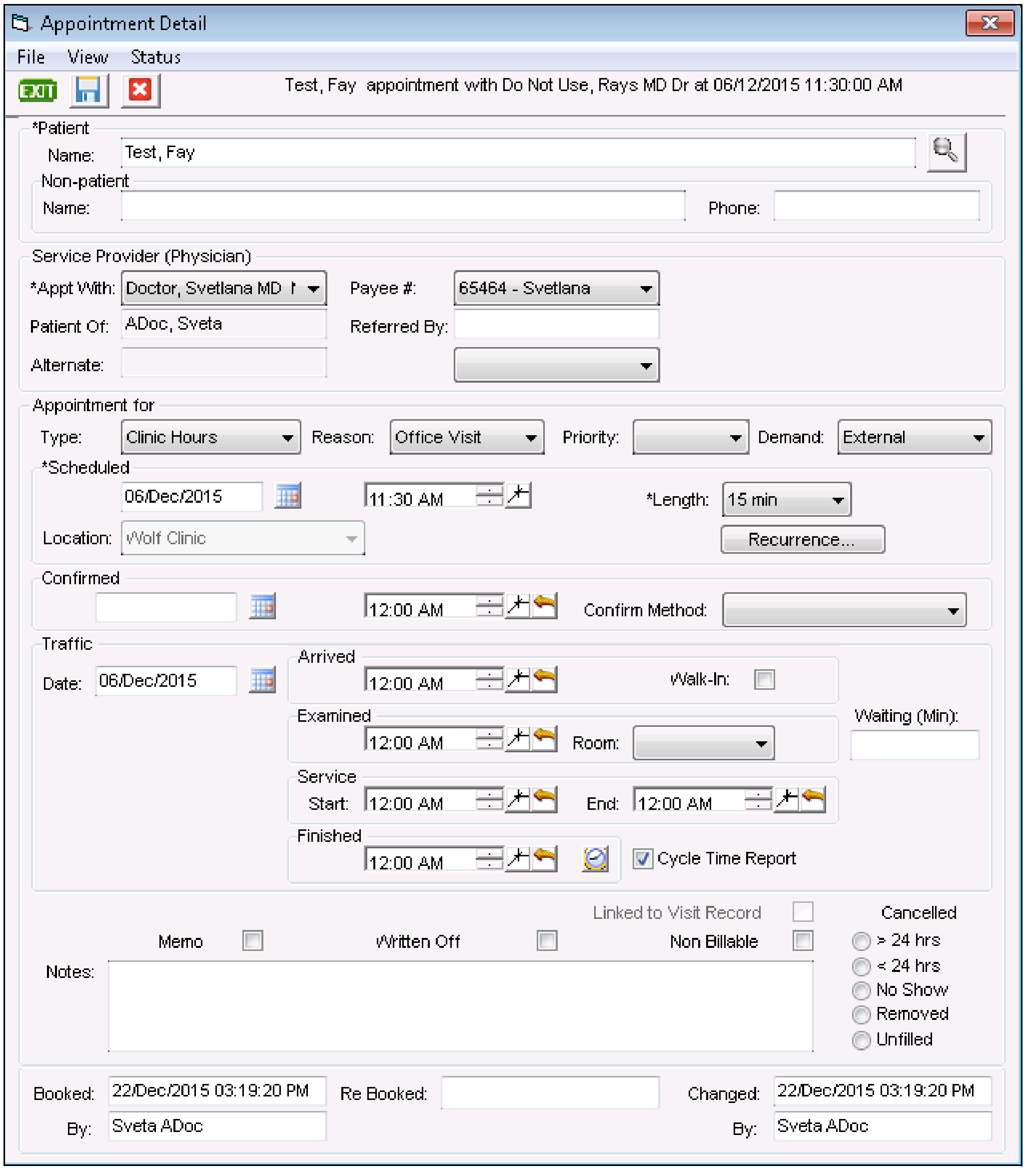
1. In the Appointment Scheduler menu, click **Patient** > **New Patient (Quick Add)** or, on your keyboard, press **Ctrl** + **Q**. The EMR displays the Patient Quick Add window.



2. Enter the patient’s demographic information, and then click **Save**.

The selected patient displays on the Appointment Scheduler window in the **Patient Search** area.

5. On the patient's practitioner's schedule, right-click an empty appointment slot, and then click **Book** or, on your keyboard, press **Ctrl** + **B**. If configured to do so, the EMR displays the Appointment Detail window;



otherwise, the EMR adds the appointment with the default appointment reason and length (you can skip the remainder of the steps).

6. In the Appointment Detail window, use the following table to enter appointment details.

Field	Description
Service Provider area	
Referred By (used by specialists clinics)	If you are booking an appointment for a patient who has seen the practitioner on several occasions, but on each occasion the patient was referred by a different practitioner, you can indicate who the referring practitioner is for this appointment: 1. In the **Referred By** field, enter part or all of the referring practitioners name. 2. In the drop-down list below, select the practitioner. **Note:** The referring practitioner you select for the appointment is populated by default in the associated bill. **Tip**: If the referring practitioner is not in the system, you can quickly add the referring practitioner to your consultants list from the Appointment Scheduler: 1. On the Appointment Scheduler menu, click **Configure** > **New Referral Consultant (Quick Add)**. 2. In the Referral Consultant Quick-Add window, enter the referring practitioner's information, and then click **Save**.
Appointment for area	
Reason	In the drop-down list, select the reason for the appointment.
Length	If the appointment is to be longer than the default length, in the drop-down list, select the appointment length.
Notes	To add additional notes about the appointment, in the **Notes** area, enter your notes. For example, if the patient has more than one appointment reason, you can enter the additional reason(s) in the **Notes** area.
Non Billable	If the appointment is not to be billed, select this check box.

7. Click **Save** ( ).

Tips for booking appointments

- If your EMR is not configured to show the Appointment Detail window, and you want to modify the appointment's details from the Appointment Detail window (for example, to modify both the appointment's length and reason), right-click the appointment, and then click **Edit**.
- If the appointment length is too long, you can quickly reduce the appointment length by one time slot. Right-click the appointment, and then click **Shorten Appointment**.
- To quickly change the reason for an appointment, right-click the appointment, and then click **Change Appointment Reason**.
- To quickly view or add appointment notes, right-click the appointment, and then click **Appointment Notes**.
- If open time slots are difficult to find, you can perform a search for the next available appointment: On the Appointment Scheduler menu, click **Appointments** > **Time Search**.
- If you want to book an appointment for a patient without entering the patient in the EMR first (for example, to book a meet-and-greet appointment), you can book the appointment as a non-patient appointment. See "Booking an appointment without adding the patient in the EMR" on page 66.

Booking a patient for a walk-in appointment

You can quickly book a patient for a walk-in appointment using the Walk-in Quick Book option in Scheduling.

Note: Your Administrator must create a walk-in practitioner in the EMR for the Walk-in Quick Book feature to work.

Note: If you do not have walk-in practitioners set up in the system, book the appointment as you normally would, then right-click the appointment and click **Edit**. In the Appointment Detail window, select the **Walk-In** check box to indicate that the current appointment is a walk-in appointment, rather than a scheduled appointment.

Before you begin, ensure you have set up your Scheduler to easily book walk-in patients. See "Setting up your Scheduler to book walk-in patients" on page 80.

To book a patient for a walk-in appointment:

1. On the right side of the Scheduler, use the Patient Search area to search for the patient:

a) In the **Family Name /Portion** field, enter the patient’s last name.

b) In the **Given** field, enter the patient’s first name, and then on your keyboard press **Enter**.

2. In the search results list, click the patient name, then, on your keyboard, press **Ctrl+ Insert**. (You can also click **Appointments > Walk-in (Quick Book)** on the Scheduler menu). If configured, the EMR displays Appointment Detail window.
3. If the EMR displayed the Appointment Detail window, click **Exit**.

   The EMR adds the patient to the Walk-in schedule.

> **Note**: When you use the Walk-in (Quick Book) method to book the patient, the patient automatically appears in the schedule as Arrived. (The EMR displays "A-" in front of the patient's name in the appointment time slot to indicate a patient as arrived.)

> **Note**: Depending on your clinic’s workflow, you might manually move the walk-in patient appointment to a practitioner’s schedule. In other workflows, a practitioner must claim the patient from the Walk-In list on their WorkDesk. After a practitioner claims a patient, the EMR automatically moves the walk-in patient appointment to their schedule.

Booking an appointment for a patient assigned to a care team

If you book an appointment for a patient assigned to a care team, you must first find out who the patient's care team members are. See “Viewing a patient’s care team members” on page 60. After you find the patient’s care team members, you can book the patient in the appropriate practitioner schedules. See “Booking an appointment in two or more practitioner schedules simultaneously” on page 60.

Viewing a patient’s care team members

To view a patient’s care team members:

1. From the Appointment Scheduler, search for the patient, and then open the Patient Maintenance window. See “Opening the Patient Maintenance window” on page 17.
2. In the **Name/Addr/Phone** tab, in the **Care Team** area (located in the second column), click **View**.

Booking an appointment in two or more practitioner schedules simultaneously

When you book multiple practitioners, you usually book one after another, sometimes with a small bit of overlap. Practitioners are not usually scheduled at the same time. However, in some situations, you may need to book care team members together at the same time with a patient.

To book an appointment in two or more practitioner schedules simultaneously:

1. Ensure that both of the practitioner's schedules are visible in the Scheduler.
2. Find an appointment slot that is free in both of the practitioner's schedules at a reasonable distance apart.
3. Book the appointment in one of the practitioner's schedule.
4. Right-click the appointment you booked with the first practitioner and click **Copy**. Your cursor changes to a large plus sign.
5. In the other practitioner's schedule, click an empty time slot. The EMR displays a dialog box asking "Provider is different - continue?". Click **Yes**. The EMR adds the copied appointment to the second practitioner's schedule and displays a dialog box asking "Are you going to make another copy of this appointment?"
6. Perform one of the following actions:
   - If you want to copy this appointment into another practitioner's schedule, click **Yes**, and then click an empty time slot in the next practitioner's schedule.
   - If you are finished copying the appointment into other practitioner's schedules, click **No**.

Tip: If you want to change any details in the appointment you copied into another practitioner's schedule, right-click the copied appointment and click **Edit** to open the Appointment Detail window.

Booking an appointment for a practitioner and a resource simultaneously

You can book an appointment for a practitioner and a resource at the same time. Some examples of a resource include a nurse, a room, or even piece of equipment required for the appointment.

Note: For this feature to work, your Administrator must configure the EMR to **Use Multi-Resource**. Your Administrator must also assign specific Resource Types in the EMR and associate these resources with specific Appointment Types. For example, your Administrator might add a nurse as a resource, and associate the Resource Type of Nurse, with an Appointment Type of PAP.

To book an appointment for a practitioner and a resource simultaneously:

1. Book an appointment as you normally would. See "Using patient lists (waiting lists)" on page 108 or "Booking appointments that are not linked to patients" on page 65.

2. In the Appointment Detail window, in the **Appointment for** section, in the **Type** drop-down list, click an appointment type. The EMR displays all of the resource types associated with this type of appointment in the **Resources** area.

> **Tip**: The EMR displays the Appointment Detail window only if your Administrator has configured the EMR to open the window during booking.
>
> If the EMR does not display the Appointment Detail window during booking, after you make the appointment, right click the appointment and click **Edit**. The EMR opens the Appointment Detail window. You can now select an appointment **Type**.

3. In the drop-down list beside each resource type, click the resource that you want to book with this appointment. For example, in the drop-down list beside the resource type **Nurse**, click a nurse's name.

4. When you finish selecting resources, click **Save** ( ).

Booking multiple patients in one time slot

You can book an unlimited number of patients in one time slot. This feature is useful for group bookings.

To book multiple patients in one time slot:

1. Book the first patient. See "Using patient lists (waiting lists)" on page 108.
2. In the Scheduler, click the booked time slot and then, on the **Appt:** menu bar, click **Add Line**. (You can also press **Ctrl + I** on your keyboard.) The EMR inserts a new line below the current time slot.
3. Book the next patient as usual in the new slot. See "Using patient lists (waiting lists)" on page 108.
4. Repeat Step 2 to Step 3 for each patient you want to book in this time slot.

Finding the next available time slot with a defined set of criteria

Often, when you book appointments, you need to meet a specific set of criteria. For example, you may need to book a specific type of appointment at a specific location, on a specific day. If you work in a busy clinic, it can be very difficult to find open time slots that meet your criteria. Appointment time searches can save you a lot of time and frustration. You can perform an appointment time search to quickly find the next available time slot that meets all of your booking requirements.

To perform an appointment time search:

1. On the Scheduler menu, click **Appointments > Time Search**. The EMR displays the Available Time Slot Search window.

2. In the **Practitioner** area:
   a) Select the check box beside the practitioner(s) you want to book the patient with.
   b) If you select more than one practitioner, click one of the following options:
   - **All Selected**: to find an available appointment slot for all of the selected practitioners
   - **Any Selected**: to find an available appointment slot for any of the selected practitioners
3. To book a room (or rooms) for appointment, in the **Rooms** area:
   a) Select the check box beside the room(s) you want to book the patient in.
   b) If you select more than one room, click one of the following options:
   - **All**: to find an available appointment slot for all of the selected rooms
   - **Any**: to find an available appointment slot for any of the selected rooms
4. Use the following table to enter your search criteria.

Field	Description
Location	If your clinic has multiple clinic locations, in the drop-down list, click the location you want to book the appointment, or click **All**. **Note:** If the patient list is assigned to a specific location, then that location is selected by default.
Day of Week	■ To search for available appointment slots on a specific day of the week, in the drop-down list, click the day. ■ To search for available appointment slots on any day of the week, in the drop-down list, click **Any day**. **Note:** You cannot click multiple days (for example, Monday and Friday).
Time Type	To find an available appointment slot in a time put aside for specific types of appointments (using Time Types), in the drop-down list, click the appointment reason.
Look in # of Days	Enter the number of days from the **Start From** date to search for available appointment slots. For example, to view available appointment slots for the next week, enter **7**.
Get # of Time Slots	Enter the number of time slots you require.
Start From	Enter the date and time from which to start looking for the appointment. This field defaults to the current date.
Minutes Between Time Slots	Enter the number of minutes you want between any time slots. The default is 30.

Field	Description
Minimum Time Slot Length	Click the minimum length you want for a time slot. Your choices are: **<Any>, 5, 6, 7.5, 10, 12, 15, 20, 30, or 60 min**.
Specific Time area Use this area to limit the time of day for available appointments slots displayed.	
After this time	Enter the minimum start time in hours and minutes (using the 24 hour clock). The appointment search finds appointments after the time you enter here.
Before this time	Enter the maximum end time in hours and minutes (using the 24 hour clock). The appointment search finds appointments before the time you enter here.

5. Click **Search**. The EMR lists time slots matching your criteria for the next 10 day period in the **Resulting Time Slots** area.
6. In the **Resulting Time Slots** area, click the time slot that you want to book. The EMR displays the practitioner(s) name(s) at the bottom of the window.
7. Perform one of the following actions:
   - To book the appointment, click **Book**. The EMR books the patient and removes the patient from the waiting list.
   - To view the time slot on the Appointment Scheduler first, click **Go To Time Slot**. The EMR opens the Appointment Scheduler for the selected date. The appointment slot is highlighted and the patient's name is selected n the Patient Search area.

Important:

If you book the patient from the Appointment Scheduler, and that patient was on the waiting list, you must manually remove the patient's name from the waiting list. See "Printing an appointment list (day sheet)" on page 151.

Booking repeat visits for a patient with the same appointment reason

There may be times when you need to book repeat visits for a patient with the same appointment reason. For example, you may have a diabetic patient who is notorious for forgetting to book her regular diabetic check-ups. You might encourages her to book all of her diabetic visits for the year all at the same time. You can easily book these repeat visits by repeatedly copying one appointment and then adding each copied appointment to empty time slots in the Schedule.

To book repeat visits for a patient with the same appointment reason:

1. Book the first appointment as usual. See "Using patient lists (waiting lists)" on page 108 or "Booking appointments that are not linked to patients" on page 65.

2. Right-click the first appointment you booked for the patient and click **Copy**. Your cursor changes to a large plus sign.
3. Navigate to the day you want to book the next appointment, and click an empty time slot. The EMR adds the copied appointment to the schedule and displays a dialog box asking "Are you going to make another copy of this appointment?"
4. Perform one of the following actions:
   - If you want to copy this appointment to add it to another day in the schedule, click **Yes**, and then repeat step Step 3 .
   - If you are finished adding copied appointments to the schedule, click **No**.

Viewing the appointment history for a patient

You can view the appointment history for a patient to ensure that you do not book them too early or too late for a specific type of appointment. You can also see, in general, when they prefer to be booked. For example, some patients prefer appointments first thing in the morning, while others prefer to have appointments after they are done work.

To view the appointment history for a patient:

1. Perform one of the following actions:
   a) In the Schedule, click a patient's booked appointment.
   b) Use the **Patient Search** area to search for the patient, then click the patient's name.
2. On your keyboard press **F9**. The EMR displays the Patient Maintenance window.
3. Click the **Appointments** tab. You can see a list of the patient's previous appointments with details including the dates and times they were booked, the practitioners they saw, and the reasons for the appointments.

Booking appointments that are not linked to patients

There are times when you need to book appointments that are not linked to a patient.

For example, you may need to book a meet-and-greet appointment for a new patient. However, the practitioner has not yet confirmed that they want to accept this patient into their practice, so you do not want to add the patient in your EMR system until after the meet and greet appointment. See "Booking an appointment without adding the patient in the EMR" on page 66.

Other examples of appointments that are not linked to a patient are meetings with sales representatives, or staff meetings. See "Booking a non-patient appointment" on page 66.

Booking an appointment without adding the patient in the EMR

To book an appointment without adding the patient to the EMR:

1. On the right side of the Scheduler, in the **Patient Search** area:

   a) In the **Family Name /Portion** field, enter the patient's last name.

   b) In the **Given** field, enter the patient's first name.

> **Note**: Do not press **Enter**.

2. On the lower right side of the Scheduler, in the **Appointment Reason** drop-down list, click a reason for the appointment.
3. On the Scheduler, right-click an empty appointment slot and click **Book**. The EMR opens a a dialog box prompting you to enter a contact phone number.
4. Enter the patient's phone number and click **OK**. (If you don't want to enter a number, click **Cancel**.)
5. If the EMR displays the Appointment Detail window, perform one of the following actions:

   - If you need to change the appointment details, make your changes, click **Save** ( ) and then click **Exit**.
   - If you do not need to change the appointment details, click **Exit**.

The appointment appears in the Scheduler with an asterisk (*****) before the patient's name. For example *** Fred Smith**.

> **Tip**: The asterisk (*****) indicates the appointment is not linked to a patient.

Booking a non-patient appointment

Examples of non-patient appointments are meetings with sales representatives, or staff meetings.

To book a non-patient appointment:

1. On the right side of the Scheduler, in the **Patient Search** area:

   a) In the **Family Name** field, enter a description of the appointment (for example, Pharma Rep).

> **Note**: Do not press **Enter.**

2. On the Scheduler, right-click an empty appointment slot and click **Book**. The EMR opens a a dialog box prompting you to enter a contact phone number.
3. Enter the contact phone number and click **OK**. (If you don't want to enter a number, click **Cancel**.)
4. If the EMR displays the Appointment Detail window, perform one of the following actions:
   - If you need to change the appointment details, make your changes, click **Save** ( ) and then click **Exit**.
   - If you do not need to change any of the appointment details, click **Exit**.

The appointment appears in the Scheduler with an asterisk (*****) before the description you entered in the **Family Name** field. For example *** Pharma rep**.

> **Tip**: The asterisk (*****) indicates the appointment is not linked to a patient.

> **Best Practice**: After you book a non-patient appointment, ensure that you indicate that the appointment should not be billed. See "Indicating that an appointment should not be billed" on page 67.

Viewing the phone number of a non-patient

To view the phone number of a non-patient:

1. In the Scheduler, click the non-patient appointment.
2. Perform one of the following actions:
   - Hover your cursor over the non-patient appointment. The EMR displays the reason for the appointment and the non-patient phone number.
   - On the Scheduler menu, click **Appointments > Non Patient Phone Number**. The EMR displays the phone number in the NON Patient Contact Phone Number dialog box. Click **OK**.

Indicating that an appointment should not be billed

When you book non-patient appointments (for example, staff meetings) you need to indicate that the appointment should not be billed.

To indicate that an appointment should not be billed:

1. In the Scheduler, right-click the non-patient appointment and click **Memo (Non-Billable)**. The EMR displays a dialog box with the message "Disable billing for this appointment?"
2. Click **Yes**. The EMR displays a dialog box with the message "Memo Designation added."

3. Click **OK**. The non-patient appointment appears in the Scheduler with **MEMO** after the asterisk. For example, *** MEMO Staff Meeting**.

Note: This memo flags to the billing staff that they do not need to create a bill for this appointment.

When you add the memo designation, the appointment does not appear in the Billing list in the Billing program.

Changing an appointment before the appointment date

You work in a busy clinic and patients have busy lives, so things can change. You may need to make changes to a patient's appointment. The following sections describe some of the ways to change an appointment before the appointment date.

Changing the appointment reason, length, and other details

To change appointment details:

1. In the Appointment Scheduler, right-click the appointment and click **Edit**.
2. Edit the appointment details as necessary.
3. Click **Save** ( ) and then click **Exit**.

Moving an appointment to a new time, day, or practitioner

To move an appointment:

1. In the Scheduler, right-click the appointment and click **Move**. The EMR displays a dialog box asking you to confirm the move information.
2. Click **Yes**. Your cursor changes to a plus sign with arrows on the ends.
3. Navigate to the day where want to move appointment, and click an empty time slot. The EMR moves appointment.

   Note: If you moved the appointment to a different practitioner's schedule, The EMR displays a dialog box asking "Provider is different - continue?". Click **Yes**.

Cancelling an appointment before the appointment date

To cancel an appointment before the appointment date:

1. In the Scheduler, right-click the appointment and click **Cancel** and then click one of the following options:

- **Cancel (less than 24 hours)**: Click this option if the patient cancels with less than 24 hours notice.
- **Cancel (greater than 24 hours)**: Click this option if the patient cancels with more than 24 hours notice.
- **Remove**: Click this option to remove an appointment you made in error. (You can only Remove an appointment that is not yet Arrived.)

The EMR displays a dialog box asking you if you want to cancel this appointment.

2. Click **Yes**. If you chose one of the **Cancel** options, the EMR displays the following prompt: “Do you want to create a bill for this cancellation?”.
3. Perform one of the following actions:
   - If you want to create a bill, click **Yes**.
   - If you do not want to create a bill, click **No**.

> **Tip**: The EMR tracks cancelled appointments for each patient, including the cancellation type. You can use this information to bill for late cancellations, or to know which patients to stop booking.
>
> You can find a list of cancelled appointments in the Patient Maintenance window, on the **Appointments** tab.

Managing and tracking patient appointments

The following sections provide and effective workflow to help you manage and track patient appointments from confirmation, to arrival, and departure.

About the Appointment Confirmations list

Some clinics like to confirm their appointments with their patients to maintain their schedules and to remind the patient of their appointments.

You can use the Appointment Confirmations list to view a list appointments that need to be confirmed. You can see which patients you need to contact to remind them of their appointment and to get them to confirm their appointment.

Enabling a patient's name to appear on the Appointment Confirmations list

> **Important**:
>
> For a patient's name to appear on the **Appointments Confirmations** list, you must select the **Confirm Appointments** check box for the patient on the **Appointments** tab in the Patient Maintenance window.
>
> The next time you make an appointment for this patient, the EMR adds their name to the **Appointments Confirmations** list.

Viewing the Appointment Confirmation list

To view the Appointment Confirmation list:

On the Scheduler menu, click **Patients > O/S Appt Confirmations - 5 Days**.

Confirming an appointment

To confirm an appointment:

1. In the Scheduler, right-click the appointment and click **Confirm**. The EMR displays a dialog asking you if you want to "Update Appointment as CONFIRMED?"
2. Click **Yes**. The EMR inserts a **C** before the patient name, to indicate that the patient has confirmed their appointment.

> **Tip**: To view the appointment reason and patient phone number for a confirmed appointment, hover your cursor over the appointment.

Indicating that a patient did not show up for their appointment

When a patient doesn't show up for an appointment, you need to cancel the appointment, and indicate that the patient was a "no show".

To indicate that a patient did not show up for their appointment:

1. In the Scheduler, right-click the appointment and click **Cancel > Cancel (No Show)**. The EMR displays a dialog box asking you if you want to cancel this appointment.
2. Click **Yes**. The EMR displays the following prompt: "Do you want to create a bill for this cancellation?".
3. Perform one of the following actions:
   - If you want to create a bill, click **Yes**.
   - If you do not want to create a bill, click **No**.

The EMR displays the following prompt "Set 'Confirm Appointment' indicator for this patient?".

4. Perform one of the following actions:
   - If you want to set a "Confirm Appointment" indicator for this patient, click **Yes**.

> **Tips**:
>
> - If you click **Yes**, the EMR selects the **Confirm Appointments** check box on the **Appointments** tab in the Patient Maintenance window.
> - When the **Confirm Appointments** check box is selected, the next time you make an appointment for the patient, the EMR displays the patient's name and phone number in the **Appointment Confirmations** list. You use the **Appointment Confirmations** list to view appointments that need to be confirmed. You can see which patients you need to contact to remind them of their appointment and to get them to confirm their appointment.
> - To view the **Appointment Confirmations** list: On the Scheduler menu, click **Patients > O/S Appt Confirmations - 5 Days**.

   - If you do not want to display the patient's name and phone number in the **Appointment Confirmation** list, click **No**.

> **Best practice**: Always use the **Cancel (No Show)** option when you cancel an appointment for a patient who does not show up.
>
> (Do not cancel the appointment with the Cancel (less than 24 hours) option or the Cancel (greater than 24 hours) option.)

> **Tip**: If your Administrator configured **No Show Warnings**, the next time you book a patient who did not show up for an appointment, the EMR displays a message indicating the number of no shows the patient has had in a set number of months. For example, "Patient had 2 no shows in last 6 months."

Indicating that a patient has arrived

To indicate that a patient has arrived:

In the Scheduler, right-click the appointment and click **Arrive**. The EMR inserts an **A** before the patient name, to indicate that the patient has arrived, and displays the Verify Patient Details window.

Validating a patient's demographic information

After you mark a patient as Arrived, the EMR displays the Verify Patient Details window.

To validate a patient's demographic information:

1. In the Verify Patient Details window, verify that all of the information is correct.
2. Perform one of the following actions:
   - If the information is correct, click **Close**.
   - If you want to verify the patient's PHN with MSP, click **Verify with MSP**.

   - If you need to update the information, click **Open Patient Maintenance**, and then do the following:

     a) Update the information as necessary, and then select the **Patient Data Verified** check box.

     b) Click **Save** ( ) and then click **Exit**.

Monitoring clinic traffic

You can monitor clinic traffic to keep track of: patients who have appointments for today, but have not yet Arrived, patients who are waiting for a room, and which exam rooms are occupied, and by whom.

To monitor clinic traffic:

Ensure the Scheduler is open, then on your keyboard, press **Control + J**. The EMR displays the Clinic Day View window.

Note: The Clinic Day View window contains read-only information.

The Clinic Day View window contains three main areas:

- **Appointments**: The Appointments area displays all patients who have appointments for the current day and have not yet Arrived.
- **Patients Waiting**: The Patients Waiting area displays all patients that have Arrived for their appointment, but have not moved to an exam room yet.
- **Exam Rooms**: The Exam Rooms area displays all patients in Exam rooms. You can see which room the patient is in, when they moved to the room, and which practitioner the patient is booked with.

Indicating that a patient has moved to an exam room

You can indicate that a patient has moved to an exam room and, if rooms are configured, you can also indicate the room number.

Indicating a patient has moved to an exam room (if rooms are not configured)

To indicate that a patient has moved to an exam room (If rooms **are not** configured):

In the Scheduler, right-click the appointment and click **In Exam Room**. The EMR inserts an **E** before the patient name, to indicate that the patient has moved to an exam room.

Indicating a patient has moved to an exam room (if rooms are configured)

To indicate that a patient has moved to an exam room (If rooms **are** configured):

1. Ensure the Scheduler is open, then on your keyboard, press **Control + J**. The EMR displays the Clinic Day View window.
2. In the **Exam Rooms** area, check to see which rooms are available, and then click **Exit**.
3. In the Scheduler, click the appointment, and then on the **Appt** menu bar, in the **Exam Room** drop-down list (beside the **Arrived** button), click a room. The EMR inserts the room number before the patient name, to indicate that the patient has moved to that exam room.

Marking an appointment as finished

To mark an appointment as finished:

In the Scheduler, right-click the appointment and click **Finished**. The EMR inserts an **F** before the patient name, to indicate that the appointment is finished.

> **Note**: A practitioner can mark the appointment as finished when they close their notes.

> **Tip**: If you unintentionally change the appointment status (Confirmed, Arrived, In exam room, or Finished) and want to revert back to the previous status, right-click the appointment and click **Reset Appointment Status**.
>
> For example: You confirmed an appointment, and set the status to Arrived when the patient came in. However, you then set the status to In Exam Room, but you hadn't assigned an exam room and the patient was still in the waiting room. To fix this, you would right-click the appointment and click **Reset Appointment Status**. The status would revert to Arrived.

Reminding a patient of upcoming appointments

When a patient is finished with their appointment, you may want to remind them of any upcoming appointments. You need a way to easily view a patient's future appointments.

Viewing a patient's future appointments

To view a patient's future appointments:

1. In the Scheduler, click the patient's current appointment. The **Future Appointments** field, near the bottom of the Patient Search panel, displays the patient's next appointment.
2. To view other future appointments for this patient, click the down arrow to the right of the **Future Appointments** field.

Viewing more information about a patient's future appointment

You may want to view more information about a patient's future appointment. You can set the EMR to display an Appointment Information window when you click a future appointment. The Appointment Information window contains more information about the patient's future appointment.

To view more information about a patient's future appointment:

1. On the Scheduler menu, click **User Preferences > Appointment Display Settings > Show Next Appointment Data**.
2. In the Scheduler, click the patient's current appointment.
3. Near the bottom of the Patient Search panel, in the **Future Appointments** drop-down list, click an appointment. The EMR displays an Appointment Information window with more information about the patient's future appointment. The future appointment information includes:
   - Date and time
   - Practitioner
   - Length
   - Location
   - Reason

Tip: After you enable the **Show Next Appointment Data** option, you can view additional information about any patient's future appointments.

Printing a list of future appointments for a patient

If a patient has a series of upcoming appointments, you may want to print this list for the patient.

To print a list of future appointments for a patient:

1. In the Scheduler, click the patient's current appointment.
2. On the Scheduler menu, click **Reports > Future Appointments**.

> **Note**: If the patient does not have any future appointments, you can not select the **Future Appointments** option. The **Future Appointments** option is greyed out.

   The EMR displays the Printer Options window.

3. If you want to print the report for a specific provider, in the **Provider** drop-down list, click a provider.
4. Click **OK**.

Setting up practitioner schedules

There are several ways to set up practitioner schedules to customize your Scheduler workspace and to help you work as efficiently and comfortably as possible. You can select the number of practitioner schedules to display, and choose to display only a default set of practitioners working today. You can also create groups of practitioners to display at the same time.

Setting the number of practitioner schedules to display

You can choose the number of practitioners you want to display in the Scheduler for optimal viewing. Each practitioner schedule appears as a column in the Scheduler.

1. On the Scheduler menu, click **User Preferences > Schedule Display Settings > Set Max Displayed**. The EMR displays a dialog box.
2. In the dialog box, enter the maximum number of practitioners (columns in the scheduler) you want to display at once and click **OK**.

> **Tip**: You can display up to eight practitioner schedules at once, however, four tends to facilitate optimal viewing (depends on screen size).

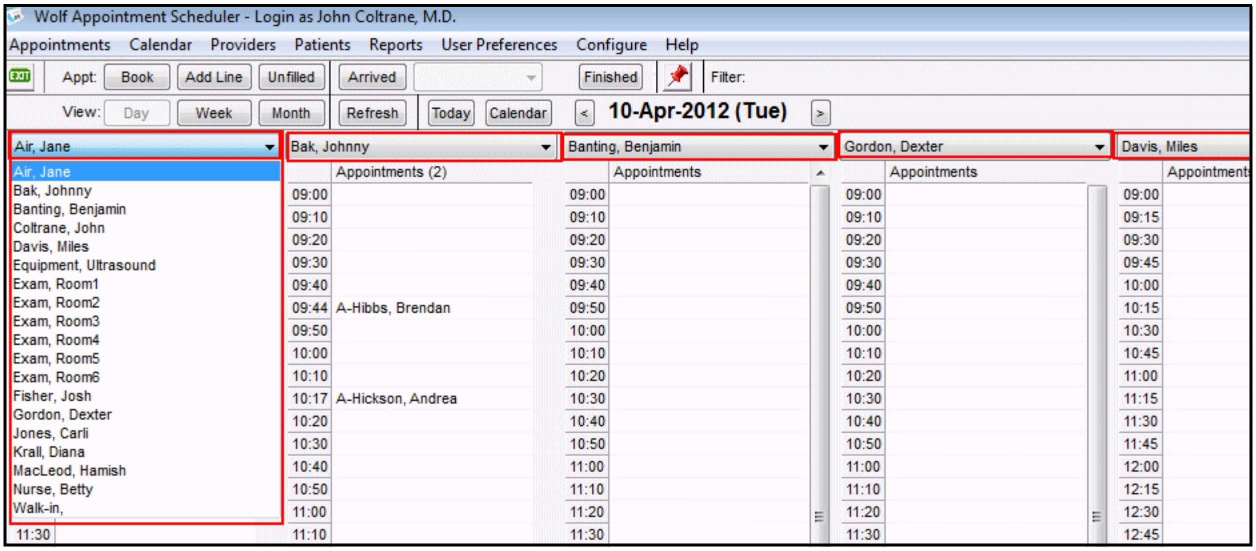
Selecting default practitioner schedules to display

You can select specific practitioners to display by default. This feature is useful if you want the Scheduler to only display the practitioners who are working today.

To select default practitioner schedules to display:

1. Select the number of practitioner schedules to display. See "Setting the number of practitioner schedules to display" on page 75.

2. At the top of each schedule column, in the practitioner drop-down list, click the practitioner whose schedule you want displayed. (This also sets the order that the practitioner schedules appear across the Scheduler.)



3. When you are finished selecting practitioner schedules, on the Scheduler menu, click **User preferences > Schedule Display Settings > Save Service Providers Selected** to save this view.

> **Note**: If you do not save this view, the practitioners you selected are not saved and your Scheduler reverts to the original Scheduler layout before you changed the columns.

Creating a practitioner group

Creating practitioner groups is particularly useful for large clinics because it allows you to create groups of practitioners that you can view at the same time. For instance, on any given day only certain practitioners may be in the office. You can create a practitioner group for every day of the week.

> **Note**: Before you begin this process, select a date when you are sure there are no locums scheduled to work. They will replace the practitioner in this group.

To create a practitioner group:

1. Ensure you have set the maximum number of columns to display in the scheduler. See "Setting the number of practitioner schedules to display" on page 75.
2. On the Scheduler menu, click **User Preferences > Schedule Display Settings > Add group**. The EMR displays the Add Physician Group dialog box.
3. In the **New Physician Group** field, enter a name for your practitioner group.

4. Click **OK**. The EMR displays a dialog box with the following message: “Screen Initialized - select desired Service Providers for each appointment list - DO NOT select locums, they will automatically replace Office Service Providers”
5. Click **OK**. The EMR displays a dialog box with the following message: “Physician group added”.
6. Click **OK**. A drop-down list appears beside the **Filter** field, displaying the group you just created. All practitioner schedules are removed from the screen and are replaced with blank schedules.
7. At the top of each schedule column, in the practitioner drop-down list, click the practitioners you want to add to the group.

> **Note**: Ensure that your practitioner selections are correct and appear in the order you want. The practitioner selections on your screen will become the practitioner group.

8. On the Scheduler menu, click **User Preferences > Schedule Display Settings > Define group**. The EMR displays a dialog box with the following message: “<group name> defined”.
9. Click **OK**.

> **Note**: Practitioners can be a member of more than one group.
>
> **Important**: Groups are user-specific, so they are not visible to other users in the clinic.

Viewing a practitioner group

To view a practitioner group:

In the practitioner group drop-down list beside the **Filter** field, click the group of practitioners you want to display. The Scheduler displays the practitioner group.

Deleting a practitioner group

If you no longer require a practitioner group, you need a way to delete it.

To delete a practitioner group:

1. In the practitioner group drop-down list beside the **Filter** field, click the practitioner group that you want to delete. The Scheduler displays the practitioner group.
2. On the Scheduler menu, click **User Preferences > Schedule Display Settings > Remove group**. The EMR displays a dialog box with the following message: “Remove Physician Group: <group name>?”.

3. Click **Yes**. The EMR displays a dialog box with the following message: “Physician Group removed”.
4. Click **OK**.

Changing a practitioner group

You work in a busy clinic with schedules that can change, and often do. You need a way to change practitioner groups to adapt to these changes.

The changes you need to make to the group determine which method you use:

- If you want to change the members in a group, see “Changing practitioner group members” on page 78.
- If you want to change the name of a practitioner group, see “Changing the name of a practitioner group” on page 78.

Changing practitioner group members

To change practitioner group members:

1. In the practitioner group drop-down list beside the **Filter** field, click the practitioner group that you want to change.

> **Note**:
>
> - If you are removing members, you must initialize the screen to clear the practitioners names: On the Scheduler menu, click **User Preferences** > **Schedule Display Settings** > **Initialize Screen**.
> - If you are adding a members, increase the Set Max Displayed number to the number of practitioners who will be in the group: On the Scheduler menu, click **User Preferences** > **Schedule Display Settings** > **Set Max Displayed**.

2. In the Scheduler, at the top of each schedule column, in the practitioner drop-down list, click the practitioners you want in the group.
3. When you finish selecting the practitioners and their order, on the Scheduler menu, click **User Preferences > Schedule Display Settings > Define group**.

Changing the name of a practitioner group

If you want to change the name of a practitioner group, you must first delete the group and then recreate the group with the new name.

To change the name of a practitioner group:

1. Delete the practitioner group that you want to rename. See “Deleting a practitioner group” on page 77.

2. Recreate that group with the new name. See “Creating a practitioner group” on page 76.

Customizing the Scheduler to facilitate booking

You can set up user-specific Scheduler configurations to increase the efficiency of your patient searches and to facilitate your booking workflow. For example, you can set the EMR to display a patient’s primary practitioner when you are booking them. This helps facilitate your booking workflow, as you can verify the patient’s practitioner at a glance.

To customize the Scheduler display options:

1. Open the Scheduler: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **Scheduling**.
2. On the Scheduler menu, click **User Preferences > Booking Display Settings**.
3. Use the following table to customize your Schedule display using the **Booking Display Settings**:

Booking Display Setting	Description
Display Confirmation Method	Creates a **Confirmation Method** field in the lower right-hand portion of the screen. Use this field to indicate the method of communication you used to confirm the appointment with the patient. If the appointment is already confirmed, this field indicates the method used to confirm the appointment. To remove this field, click **Display Confirmation Method** a second time to toggle it off again and the field disappears from the screen.
Display Priority	Displays the **Priority** of the patient’s appointment in the **Patient Search** area. You use the **Priority** drop-drop down list to change the priority status. Examples of appointment priorities are **High** or **Low**.
Display Service Provider	Creates a box in the lower right-hand portion of the screen where the primary service provider of the patient is displayed when the patient is selected from the **Patient Search** or the appointment is selected in the Scheduler.
Display Referral Physician	Creates a **Referred By** field in the lower right-hand portion of the screen where the referring Physician of the patient is displayed when the patient is selected from the **Patient Search** or the appointment is selected in the Scheduler.

Booking Display Setting	Description
Display DOB in Patient Search	■ Displays the patient date of birth (DOB) beside their name on search lists ■ Creates a DOB field for you to enter the patient's Date of Birth when doing a patient search.
Double Booked Sort By Booked	Sort double-booked appointments by the booked time rather than the arrived time. This is not the default setting, meaning that double booked appointments sort by arrival time until you select this option.
Display Appointment Reasons	Creates an **Appointment Reason** field in the lower right-hand portion of the screen where you can select an appointment reason when booking a patient appointment.
Appointment Reason Settings	Select one of the following options for viewing the reason of an appointment: ■ Load Reasons at Startup ■ Clear Reason after booking ■ Prompt if No Appointment Reason
Include Inactive Patients in Search	Displays Inactive or Archived patients. You can find this Inactive/Archive information on the Other Demographics tab in Patient Maintenance. Valid options are: ■ All ■ Left Practice (LP) Only ■ Deceased (D) Only ■ Inactive (I) Only

Setting up your Scheduler to book walk-in patients

To set up your Scheduler to easily book walk-in patients:

1. On the Scheduler menu, click **User Preferences > Schedule Display Settings > Set Max Displayed**. The EMR displays a dialog box.
2. In the dialog box, enter the maximum number columns to display in the scheduler to one more than the number of practitioners working that day. For example, if there are four practitioners working that day, set the maximum columns to display as five.

3. Set the far right column to be the Walk in column: In the far right schedule column, in the practitioner drop-down list, click **Walk in**.

> **Note**: This set up requires that your Administrator has created a generic walk-in practitioner in the EMR. If you do not see Walk in the practitioner drop-down list, ask your Administrator to create a generic walk-in practitioner in the EMR with the following data:
>
> **Name/Address tab:**
>
> - Family name = **Walk in**
> - Resource Type = **Practitioner**
> - Primary Location = <<Your location>>
> - Provider Label Name = **Walk in**
>
> **Other Data tab:**
>
> - Select the **Walk-in Physician** check box

Your instructor will explain how to use this column later in the module when they cover "Booking a patient for a walk-in appointment" on page 59.

About schedule priorities

Schedule priorities determine how background colour and text are layered on the schedule. When you set up your appointment schedule layouts, you apply priority levels to blocks of time to provide a more visual stacking of the schedule and to define how the schedule is going to look.

The priority level you use matters.The lower the priority level number, the higher the priority, which means that a priority of 1 overrides almost everything else and appears on the top layer of the schedule. You can use priority levels to make certain blocks of time stand out on the schedule, or override other blocks of time. For example, when you block off time in the schedule for a practitioner's lunch, you set the Priority to level 4. Then when you block off vacation time for that practitioner, you set the Priority level to 3. This layers the vacation notice on top of the lunch notice.

Another example is that a Holiday (Priority level 2), for example Canada Day, takes precedence over a Lunch/Meeting (Priority level 4).

Schedule Priority codes

The following table describes the default schedule Priority codes.

Priority code	Definition / Description
1 (Reserved)	**Highest priority (top layer in the schedule)** Doctor's Exception
2	Holiday entries
3	Do Not Book / Off / Vacation
4	Lunch / Meeting
5	Peak Hours
6 to 8	Service Provider - Services: Clinic visits, Complete Physical Exams (CPX), Prenatal exams
9	Clinic Hours **Lowest priority (bottom layer in the schedule)**

Setting up appointment schedule layouts

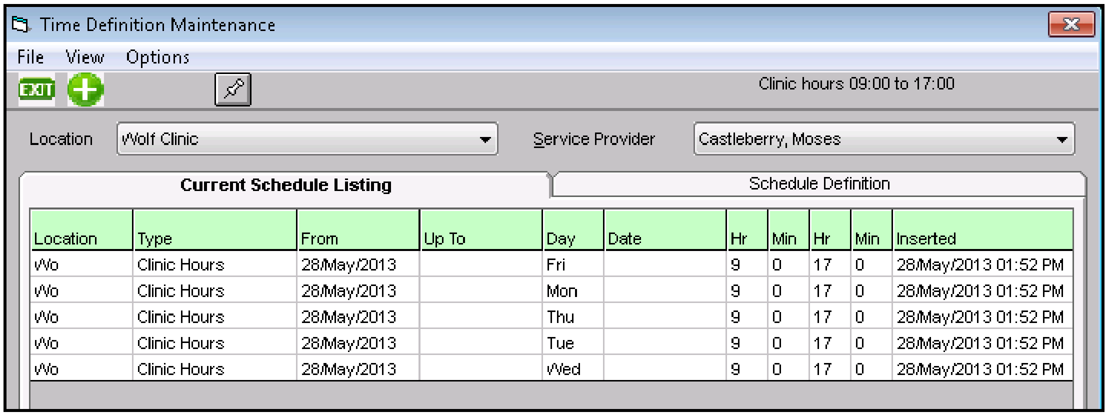
The following sections explain how to do the following:

- Set practitioner booking hours
- Add new Schedule Type options
- Configure appointment reasons
- Block off time in the schedule for breaks and vacation days
- Specify days when a practitioner works at another facility
- Assign specific types of appointments to days or time slots
- Quickly block off (and unblock) an appointment slots or an entire day
- Add a note to a day on a practitioner's schedule

Setting a practitioner's booking hours

To set a practitioner's booking hours:

1. On the Scheduler menu, click **Configure > Physician and Clinic Hours (Schedule Setup)**. The EMR displays the Time Definition Maintenance window.

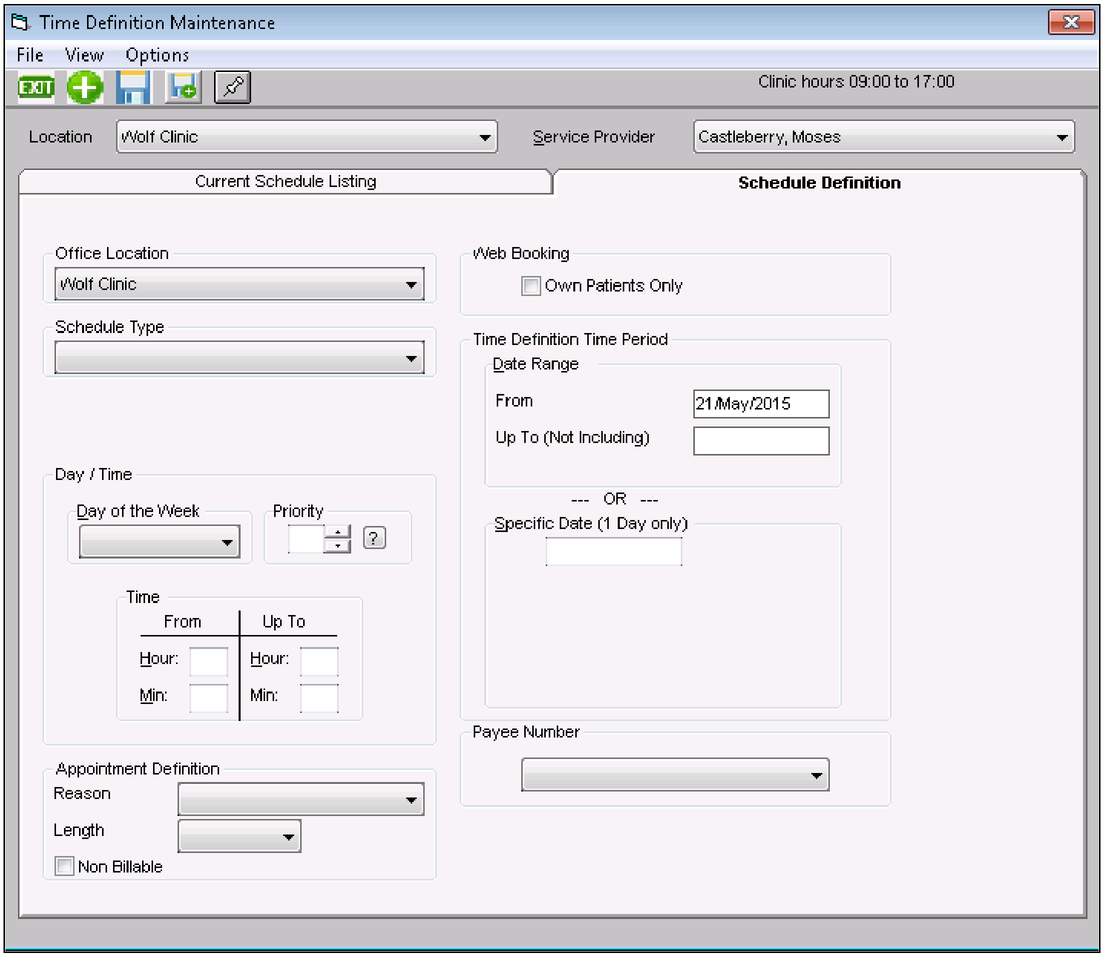


2. If your clinic has multiple locations, in the **Location** drop-down list, click the location where you want to set the hours.
3. In the **Service Provider** drop-down list, click a practitioner's name.

Tips:

- If you want to set hours that apply to the entire clinic (for example, statutory holidays), click **<Entire Office>** in the **Service Provider** drop-down list.
- The **Schedule Type** drop-down list contains a list of holidays and other clinic-wide schedule types to choose from.

4. In the top left area of the Time Definition Maintenance window, click **New** (). The EMR displays the **Schedule Definition** tab.



5. In the **Schedule Type** drop-down list, click **Clinic Hours**.

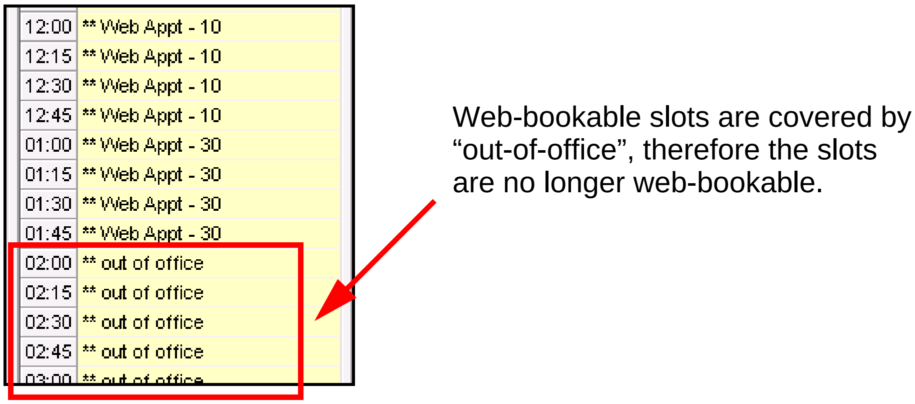
Tip: If you are defining web-bookable day or time slot, click a Schedule Time Type that is configured to be "web bookable".

Tip: If you do not see the schedule type that you want in the Schedule Type drop-down list, you can add a new type. See "Adding new Schedule Type options" on page 86.

6. In the **Day of the Week** drop-down list, click **Monday** and, then in the **From** and **Up To** areas, in the **Hour** and **Min** fields, enter the practitioner start and end times for Monday. For example, if If the practitioner only works 10 AM to 2 PM on Mondays, then you would enter 10 in the **From Hour** field and 00 in the **From Min** field. You would then enter 14 in the **Up to Hour** field and 00 in the **Up to Min** field.

7. For clinic hours, ensure the **Priority** field is set to **9**. (The Priority code for clinic hours is 9.)

> **Tip**: When setting web-bookable Time Definitions, set the **Priority** to be a higher than the number you use for **holidays** and practitioner **Out of Office** Time Definitions.
>
> Appointment slots are only web bookable if a web-bookable Time Type is visible on the schedule. If you "hide" a web-bookable Time Type with another Time Type, for example "Out of Office", then that appointment slot is no longer web-bookable.



8. In the **Appointment Definition** area, in the **Reason** drop-down box, click to select a default appointment reason. (This field is usually set to **Office Visit**.)
9. In the **Appointment Definition** area, in the **Length** drop-down list, click the default length for appointments booked on these time slots.
10. To indicate that patients can book online appointments only with the practitioner defined as their primary care provider, in the **Web Booking** area, select the **Own Patients Only** check box.
11. In the **Time Definition Time Period** area, in the **From** and **Up To (Not including)** fields, enter the Date Range you want the hours you defined to be in effect.

> **Tips**:
>
> - The **From** field defaults to today's date. If you leave the **Up To** field blank, the time period is forever, or until you change the **Up To** field at a later date.
> - If this time definition is only relevant for one day, enter the date in the **Specific Date (1 Day Only)** field.

12. Click **Save** ( ).
13. Repeat steps Step 6 to Step 12 for each day of the week that the practitioner works.

Tips:

- When booking practitioner hours, consider the earliest possible time and the latest possible time that a practitioner may need to be booked for an appointment.
- A leeway of 30 to 60 minutes both before and after normal booking hours is a good starting point.
- Don't forget to consider nights when practitioners may work with walk-ins.
- The **Up To** field sets the schedule **Up To** that time. For example, if you have 15 minute appointments and you set the **Up To** time to 14:00, your last appointment time will be 13:45. If the you want to have an appointment time at 14:00 you must set the **Up To** time to 14:15.

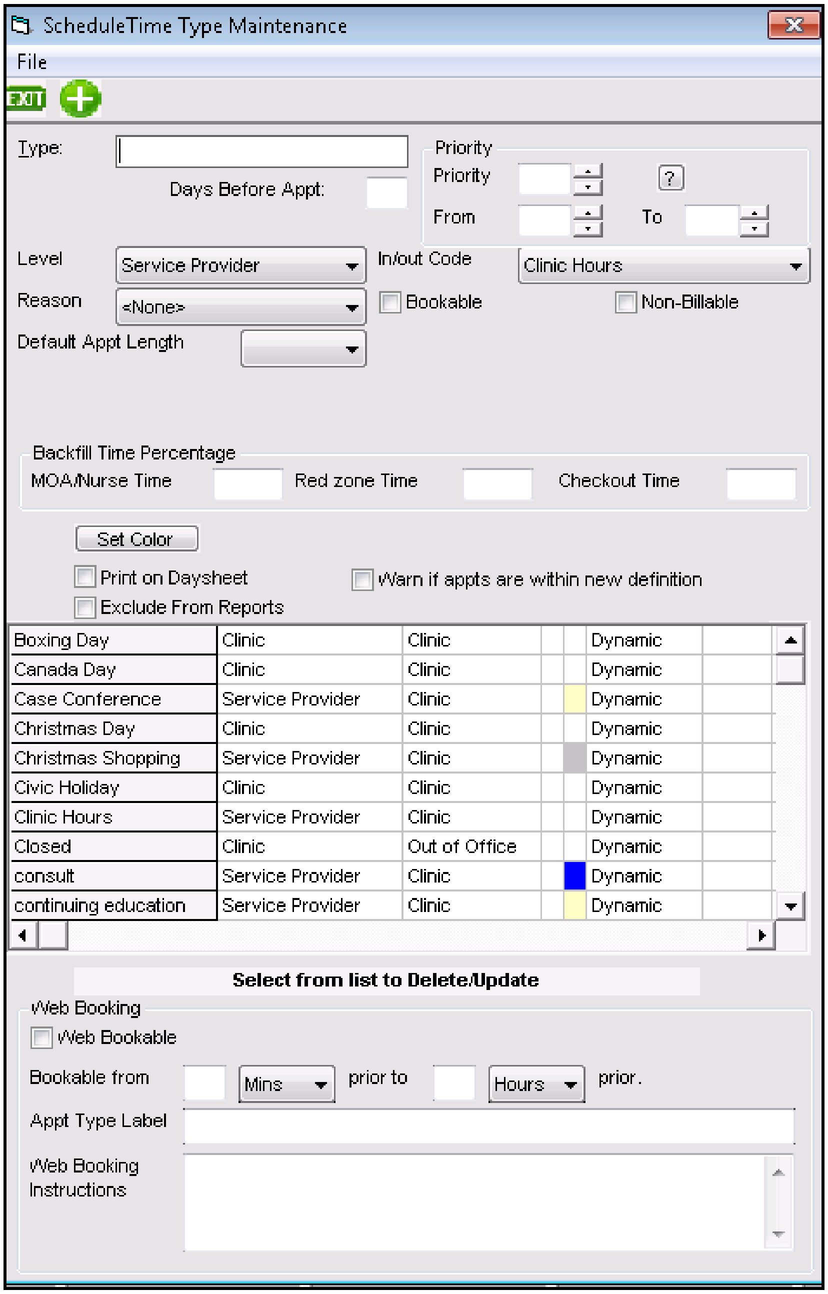
Adding new Schedule Type options

Schedule Time Types are the individual blocks of time you can book on the clinic schedule. Some time types are pre-defined, but you may add as many as you like.

If office hours are defined for a practitioner (as opposed to out-of-office hours), examples of time types might be CPX (Complete Physical Exam) or Drug Representative. If out-of-office hours are defined, examples of time types might be vacation, conference, lunch, or rounds. Other clinic-wide time types include holidays. You can set the time type to appear on the Scheduler with a certain color in the background.

To add a new Schedule Time Type option when creating a time definition:

1. On the Scheduler menu, click **Configure** > **Time Types**. The EMR displays the Schedule Time Type Maintenance window.



2. In the top left area of the Schedule Time Type Maintenance window, click **New** ().

3. Use the following table to enter the Schedule Time Type information.

Field	Description
Type	Enter the word or phrase that you want to display on the Scheduler.

Field	Description
Days before Appt	To display a warning if a staff member books an appointment on these time slots more than a certain number of days prior to the appointment, enter the number of days here. To display no warnings, leave this field blank.
Level	In the Level drop-down list, perform one of the following actions: ■ To make this Time Type available when defining each Practitioner's schedule, click **Service Provider**. ■ To make this Time Type available only when defining clinic schedules (for example, holidays or office closed), click **Clinic**.
Reason	In the **Reason** drop-down list, click the default appointment reason to display on appointments booked in these time slots. Examples of appointment reasons are **None**, **Office Visit**, **CPX**, **Office Visit - Online**, and **CPX- Online**. **Note:** The **Reason** drop-down list contains the list of appointment reasons that were defined in the Appointment Reason Maintenance window. To add or edit an appointment reason, on the Scheduler menu, click **Configure > Appointment Reasons**. See "Configuring appointment reasons" on page 90.
Bookable	To enable appointments to be booked on these time slots, select the **Bookable** check box. To prevent appointments being booked on these time slots, leave the **Bookable** check box clear.
Non-Billable	To ensure that appointments booked on these time slots are billed, leave the **Non-billable** check box clear. If you do not want to bill for appointments booked on these time slots, select the **Non-Billable** check box; it is not added to billing when used.
Default Appt Length	In the Default Appt Length drop-down list, click the default length for appointments booked on these time slots. **Note:** This appointment length should match the practitioner's time slot intervals. For example, if a practitioner's schedule is set to 10 minutes intervals, then the Time Type Default Appt Length should be set to 10 minutes.

Field	Description
Set Color	To display a background color on these time slots, click **Set Color**. The EMR displays a color panel. Click the color you want, and then click **OK**.
Print on Daysheet	To print the Schedule Time Type on your Daysheets, select the **Print on Daysheet** check box. **Note:** Most clinics leave this check box clear as they want only appointments displaying on their Daysheets.
Exclude From Reports	Leave the **Exclude from Reports** check box clear.
Warn if appts are within new definition	If you do not want users to receive warnings when they try to book an appointment on the time slot, leave the **Warn if appts are within new definition** check box clear. If you want users to receive warnings when they try to book an appointment on the time slot, select the **Warn if appts are within new definition** check box
Priority area	
Priority	Enter the default priority level for the Time Type. **Note:** The priority determines what layer on the schedule that a Time Definition displays. The larger the priority number, the lower the layer on the appointment schedule. ■ 9 = lowest layer (displays behind all other layers) ■ 1 = highest layer (displays in front of all other layers) Click the question mark icon ( ) to see recommendations for assigning Priorities.
From	In the **From** and **To** fields, define the range of priority levels you can apply to the time type. For example, if you want the default priority level to be 7, but you want to be able to customize it between 5 and 9 you would set the **Priority** field as **7**, the **From** field as **5**, and the **To** field as **9**.
To	
Web Booking area	
Web Bookable	Select this check box to make the Time Type "Web Bookable".
Bookable from	Enter the minimum number of minutes, hours, or days ahead of time a patient can book an online appointment.
Prior to	Enter the minimum number of minutes, hours, or days ahead of time a patient can book an online appointment for.

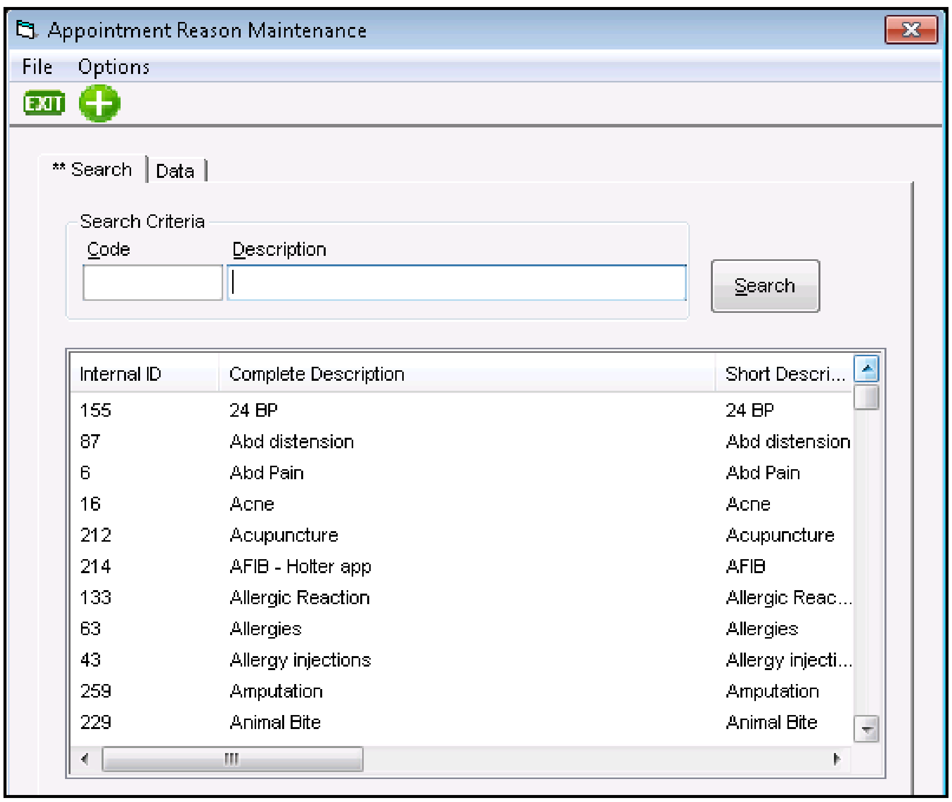
Field	Description
Appt Type Label	Enter a label for the appointment type. This will typically match the name entered in the **Type** field.
Web Booking instructions	Enter any booking instructions for the patient.

4. Click **Save** ( ) and then click **Exit**.

Configuring appointment reasons

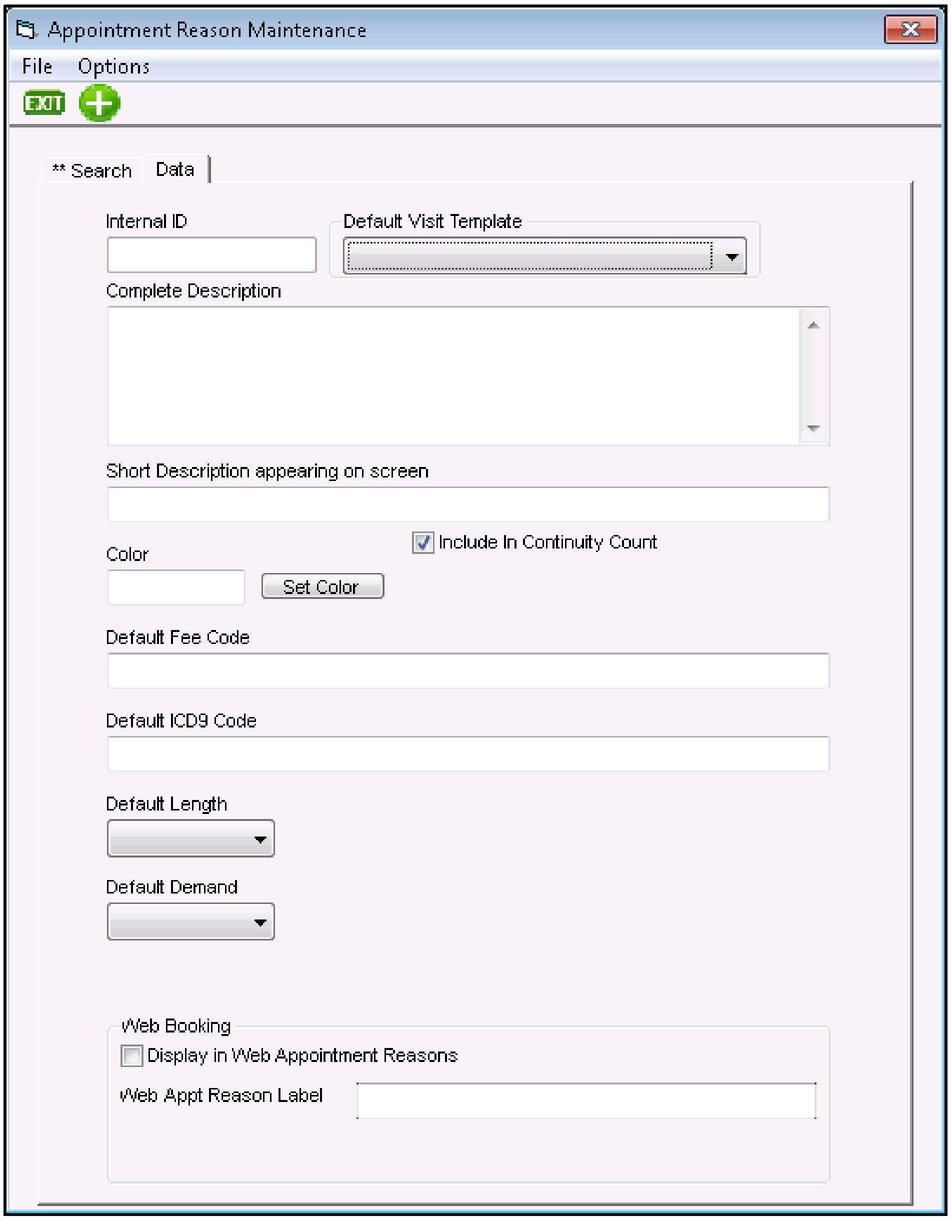
To edit or add appointment reasons:

1. On the Scheduler menu, click **Configure > Appointment Reasons**. The EMR displays the Appointment Reason Maintenance window, with a list of your current appointment reasons displayed.



2. Perform one of the following actions:
   - To edit an appointment reason: In the list of appointment reasons, click the **Internal ID** of an appointment reason you want to edit. The EMR displays the **Data** tab for the Appointment Reason.

- To add an Appointment Reason: Click **Add New** (). The EMR displays the **Data** tab for the new appointment reason.

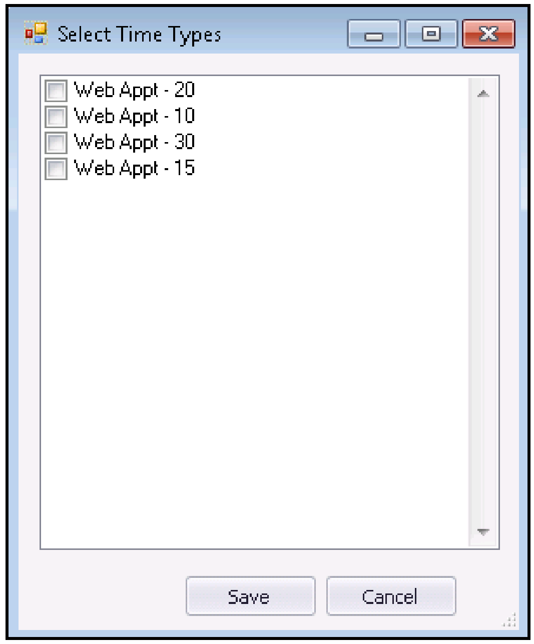


3. Use the following table to edit or add appointment reason information on the **Data** tab.

Field	Description
Internal ID (read-only)	The **Internal ID** field is read-only. The EMR automatically assigns a number to this field.

Field	Description
Default Visit Template	When a practitioner opens a SOAP Note for a visit with a specific appointment reason, a specific SOAP Template can open automatically. For example, if a patient has an appointment with the appointment reason "Diabetes checkup", you can set the CDM Diabetes SOAP Template to open automatically. To set a default SOAP Template, in the **Default Visit Template** drop-down list, click the SOAP Template that you want to open automatically for visits with this appointment reason.
Complete Description	Enter a descriptive name for the appointment reason.
Short Description appearing on screen	Enter a short description of the appointment reason. This short description displays in the appointment slot on the scheduler.
Include in Continuity Count	To include appointments with this appointment reason in the Continuity Count Reports, select the **Include in Continuity Count** check box.
Color	To display a specific background color in appointments with this appointment reason: 1. Click **Set Color**. The EMR displays a color panel. 2. Click the colour you want, and then click **OK**. The EMR displays your selected color in the **Color** field.
Default Fee Code	When a bill is created for a visit with a specific appointment reason, you can set a specific service code to automatically populate the bill. To set a default service code, in the **Default Fee Code** field, enter the service code you want to populate the bill with.
Default ICD9 Code	When a bill is created for a visit with a specific appointment reason, you can set a specific ICD9 diagnosis code to automatically populate the bill. To set a default diagnosis code, in the **Default ICD9 Code** field, enter the diagnosis code you want to populate the bill with.
Default Length	In the **Default Length** drop-down list, click the length of time the appointment is automatically booked for.

<table>
<tr><th>Field</th><th>Description</th></tr>
<tr><td>Default Demand</td><td>If your clinic uses Advanced Access Scheduling, perform one of the following actions:
▪ To set the default demand to External, in the Default Demand drop-down list, click External.
▪ To set the default demand to Internal, in the Default Demand drop-down list, click Internal.</td></tr>
<tr><td colspan="2">Web Booking area</td></tr>
<tr><td>Display in Web Appointment Reasons</td><td>To to display the appointment reason on the Patient Portal reason for appointment list, select the Display in Web Appointment Reasons check box.</td></tr>
<tr><td>Web Appt Reason Label</td><td>Enter the appointment reason text that you want to display on the Patient Portal reason for appointment list.
Note: Your patients will see the Web Appt Reason Label. Avoid using abbreviations or words that a patient may not understand. For example, use “Complete Physical” instead of “CPX”.</td></tr>
</table>

Field	Description
Select Time Types (The EMR displays the **Select Time Types** button only when you select the **Display in Web Appointment Reasons** check box.)	To associate the reason with "web bookable" Time Types: 1. Click **Select Time Types**. The EMR displays the Select Time Types window, with a list of "web bookable" Schedule Time Types.  2. Select the check box beside the Time Type(s) you want patients to be able to book this type of appointment on, and then click **Save**. **Tip:** Ensure that you select a Time Type(s) that matches the appointment length required for the Appointment Reason. For example, if the appointment reason is "Complete Physical", and physicals require a 20 minute appointment, ensure you associate the "Complete Physical" with the Web Appt – 20 Time Type. **Tip:** If one practitioner spends a longer amount of time with their patients than other practitioners in the clinic, you can associate an appointment reason with multiple Time Types that are set for different appointment lengths.

4. To save the appointment reason, click **Save** ().

5. To close the Appointment Reason Maintenance window, click **Close** ().

Blocking off regular lunch or other breaks

Lunch is a pre-defined schedule time type that appears with a coloured background in the Schedule.

To block off regular lunch or other breaks:

1. On the Scheduler menu, click **Configure > Physician and Clinic Hours (Schedule Setup)**. The EMR displays the Time Definition Maintenance window.
2. In the **Service Provider** drop-down list, click a practitioner's name.
3. In the top left area of the Time Definition Maintenance window, click **New** ( ). The EMR displays the **Schedule Definition** tab.
4. If your clinic has multiple locations, in the **Office Location** drop-down list, click the location where you want to set the hours.
5. In the **Schedule Type** drop-down list, click **Lunch**.
6. In the **Day of the Week** drop-down list, perform one of the following actions:
   - If lunch times are the same every day of the week, click **All** and then in the **From** and **Up To** areas, in the **Hour** and **Min** fields, enter the lunch time.
   - If lunch times vary on different days, click a day and then in the **From** and **Up To** areas, in the **Hour** and **Min** fields, enter the lunch time. Repeat this process for each day of the week.
7. Ensure the **Priority** field is set to **4**.
8. Click **Save** ( ).

Tip: If you are assigning the same time type set up multiple times, click **Save as a New Time Definition** ( ). The EMR saves the time definition and creates a new time definition with the same settings. You can then edit only the settings you need to change.

This saves you from the repetitive task of entering the same information over and over. The basic information is there, and you just have to make minor changes.

For example, if you are setting up CPX from 10 to 12 each day, you can set up the first time definition, click **Save as a New Time Definition**, and then just change the days you want to assign it to.

Blocking off vacations and other out-of-office days

Vacation is a pre-defined schedule time type that appears with a coloured background in the Schedule.

To book off vacation and other out-of-office days:

1. On the Scheduler menu, click **Configure > Physician and Clinic Hours (Schedule Setup)**. The EMR displays the Time Definition Maintenance window.
2. In the **Service Provider** drop-down list, click a practitioner's name.
3. In the top left area of the Time Definition Maintenance window, click **New** (). The EMR displays the **Schedule Definition** tab.
4. In the **Office Location** drop-down list, click the location where you want to set the hours.
5. In the **Schedule Type** drop-down list, click **Vacation**.
6. In the **Time Definition Time Period** area, perform one of the following actions:
   - If the vacation is more than one day, in the **Date Range** area, in the **From** and **Up To** fields, enter the start and end date for the vacation.
   - If the vacation is for only one day, in the **Specific Date** field, enter the vacation date.
7. Ensure the **Priority** field is set to **3** (this layers the vacation notice on top of lunch).

> **Note**: For some time types, the priority is already set and you cannot change the priority. For other time types, you can adjust the priority depending on the range set up for the time type.

8. Click **Save** ().

Specifying days when a practitioner works at another location within your facility

You can specify days when a practitioner works at another location within your facility, for example at an Emergency clinic.

To specify days when a practitioner works at another facility:

1. On the Scheduler menu, click **Configure > Physician and Clinic Hours (Schedule Setup)**. The EMR displays the Time Definition Maintenance window.
2. In the **Service Provider** drop-down list, click a practitioner's name.
3. In the top left area of the Time Definition Maintenance window, click **New** (). The EMR displays the **Schedule Definition** tab.

4. In the **Office Location** drop-down list, click the location where the practitioner will be working.
5. In the **Schedule Type** drop-down list, click the appropriate schedule type.
6. If applicable, in the **Clinic Time Definition Category** drop-down list, click the appropriate Clinic Time Definition Category.

> **Note**: If you do not see the **Clinic Time Definition Category** drop-down list, it is because your Administrator has not configured this option.

> **Tip**: You can use time definition categories to enhance billing reports. When you define a separate Time Definition Category on certain days, any bills made for appointments booked during that time are separated on the Service Summary report.

7. Perform one of the following actions:
   - If a provider does not work at this other location on a repetitive basis (at the same time intervals on same days of the week), then in the **Specific Date** field, enter the date.
   - If a provider works at this location on a repetitive basis, in the **Day / Time** area, enter the **Day of the Week** and **Time** information.
8. In the **Priority** field, enter a priority level of **6**, **7**, or **8**. (Priority codes 6 to 8 are for Service Provider - Services.)
9. Click **Save** ( ).

Assigning specific types of appointments to days or time slots

Sometimes a practitioner prefers to have specific types of appointments on certain days or time slots. For example, a practitioner may prefer to have their CPX exams every day from 9 AM until noon.

To assign specific types of appointments in the schedule:

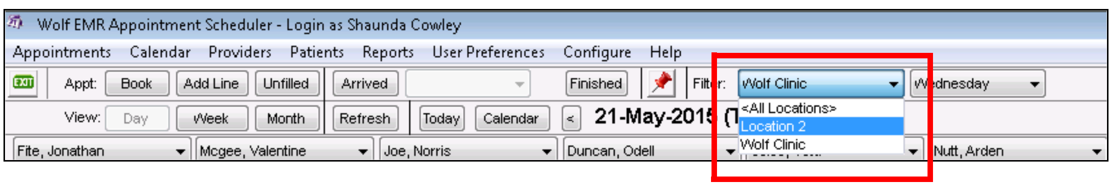
1. On the Scheduler menu, click **Configure > Physician and Clinic Hours (Schedule Setup)**. The EMR displays the Time Definition Maintenance window.
2. In the **Service Provider** drop-down list, click a practitioner's name.
3. In the top left area of the Time Definition Maintenance window, click **New** ( ). The EMR displays the **Schedule Definition** tab.
4. In the **Office Location** drop-down list, click the location where you want to set the hours.
5. In the **Schedule Type** drop-down list, click, the type of appointment you want to assign (In our example, you would click **CPX**).

6. Specify when you want to assign this specific type of appointment in the schedule: In the **Day / Time** area, enter the **Day of the Week** and **Time** information. In our example, to assign the CPX appointment every day from 9 AM until noon, you would click **All** in the **Day of the Week** drop-down list, then enter 9 in the **From Hour** field and then enter 12 in the **Up to Hour** field.
7. In the Priority field, enter a priority level of **6**, **7**, **8**, or **9**. (Priority codes 6 to 9 are for Service Provider - Services.)
8. Click **Save** ().

Quickly blocking off appointment slots

To quickly block off appointment slots:

1. In the Appointment Scheduler window, in the **Filter Location** drop-down list, click the location where you want to block off the appointment slots.



2. On the Scheduler, perform one of the following actions:
   - If you want to block off an individual time slot, click an empty time slot.
   - If you want to block off more than one time slot, click and drag to select the slots to block off.
3. On your keyboard, press **Control + L**. The schedule displays “**DoNotBook” in the time slots that you selected.

Quickly blocking off a single day

Note: The Scheduler must be in Day view for this procedure to work.

To quickly block off a single day:

1. Ensure the Scheduler is in Day view: In the Appointment Scheduler window, on the **View** menu bar, click **Day**.
2. In the Appointment Scheduler window, in the **Filter Location** drop-down list, click the location where you want to block off the day.
3. Go to the day you want to block off and click any time slot in a provider’s schedule.

4. On your keyboard, press **Ctrl + K**. The EMR displays a dialog box with the message “Block appointment booking for this day at this location?
5. Click **Yes**. The schedule displays “**DoNotBook” in all of the time slots for that day.

Unblocking appointment slots that were blocked off

To unblock appointment slots that were blocked off:

1. In the Appointment Scheduler window, in the **Filter Location** drop-down list, click the location where you blocked off the appointment slots.
2. Click the blocked off time slot.
3. On the Scheduler menu click **Providers > Block/Unblock > Undo Block for <Practitioner’s name>**. The EMR unblocks the schedule.

Adding a note to a day on a practitioner’s schedule

To add a note to a day on a practitioner's schedule:

1. On the practitioner’s schedule, click any time slot and then, on your keyboard, press **F3**. The EMR displays the Notes for <Practitioner’s name> window.
2. Enter your note, and then close the window. The provider's name at the top of the column is highlighted in blue to indicate that there is a schedule note for that day.

Viewing or editing a note on a practitioner's schedule

To view or edit a note on a practitioner's schedule:

1. On the practitioner’s schedule, click any time slot and then, on your keyboard, press **F3**.
2. View or edit the note as necessary.

Setting up practitioners’ schedules for online appointment booking (via the Patient Portal)

Your clinic has complete control over how and when patients can book appointments online. Plan how to best configure online appointment booking to meet the needs of your clinic. Consider the following questions:

- Which types of appointments do you want patients to be able to book online? (For example, should patients be able to book appointments such as physicals or prenatal visits online?)
- Can patients book last minute appointments online? Or must they book a certain number of days in advance?

- How far in advance do you want a patient to be able to book an appointment online?
- Are there specific days in the week or certain time slots in a day when you do not want patients to be able to book an appointment online? (For example, you can restrict online bookings for days of the week your clinic tends to receive more walk-ins.)

To set up your practitioners' schedules for online booking, you must:

1. Create "web bookable" Schedule Time Types.
2. Enable specific types of appointments to be booked online.
3. Enable specific days and time slots to be booked online.

Creating a "web bookable" Schedule Time Type

Creating a "web bookable" Schedule Time Type is similar to creating a regular Schedule Time Type. However, when you create a "web bookable" Schedule Time Type, you must make the time slot web-bookable, and set other web booking details. You should also create a specific Schedule Time Type for the purpose of defining web bookable time slots only.

Consider the following tips when creating “web bookable” Schedule Time Types:

Tip: Create a specific Schedule Time Type for the purpose of defining web bookable time slots. Name this Schedule Time Type “**Web Appt**”, “**Online Appt**”, or something similar.

- **Clinics with multiple practitioners on different time intervals:**
  If you have multiple practitioners on different schedule intervals, create a separate Schedule Time Type for each interval.

For example, in a multi-practitioner clinic, Practitioner A has 10 minute appointment slots and Practitioner B has 15 minute appointment slots. The clinic creates two Schedule Time Types to define “Web Bookable” appointments for each practitioner:

- **Web Appt 10** – To define “Web Bookable” appointments for Practitioner A.
- **Web Appt 15** – To define “Web Bookable” appointments for Practitioner B.

- **Practitioners who have multiple types of appointments at different time intervals:**
  If one of your practitioners books several types of appointments that require different lengths of time, create a separate Schedule Time Type for each length.

For example, a practitioner requires 10 minute appointments for most of their general clinic visits, however they require 20 minute appointments for complete physicals. You could then create the following Time Types to accommodate each appointment length:

- **Web Appt 10** – To define “Web Bookable” appointments for general clinic visits.
- **Web Appt 20** – To define “Web Bookable” appointments for complete physicals.

Tip: In the **Reason** drop-down list, click the default appointment reason to display on appointments booked in these time slots. For example, you may want the appointment reason to default to **Office Visit - Online**.

Note: The **Reason** drop-down list contains the list of appointment reasons that are defined in the Appointment Reason Maintenance window. To add or edit an appointment reason, on the Scheduler menu, click **Configure > Appointment Reasons**. See “Configuring appointment reasons” on page 90.

To create a “web bookable” Schedule Time Type:

1. Create a new Time Type as normal. See “Adding new Schedule Type options” on page 86.

2. When you enter information for the Time Type, consider the following tips:

> **Tip**: In the **Type** field, enter the word or phrase that you want to display on the Scheduler. For example, "**Web Appt 10**" (for 10 minute "Web bookable" slots).

> **Tip**: In the **Reason** drop-down list, click the default appointment reason to display on appointments booked in these time slots. For example, you may want the appointment reason to default to **Office Visit - Online**.

3. In the **Web Booking** area, make the time slot web-bookable, and set other web booking details. Use the following table to enter information in the **Web Booking** area.

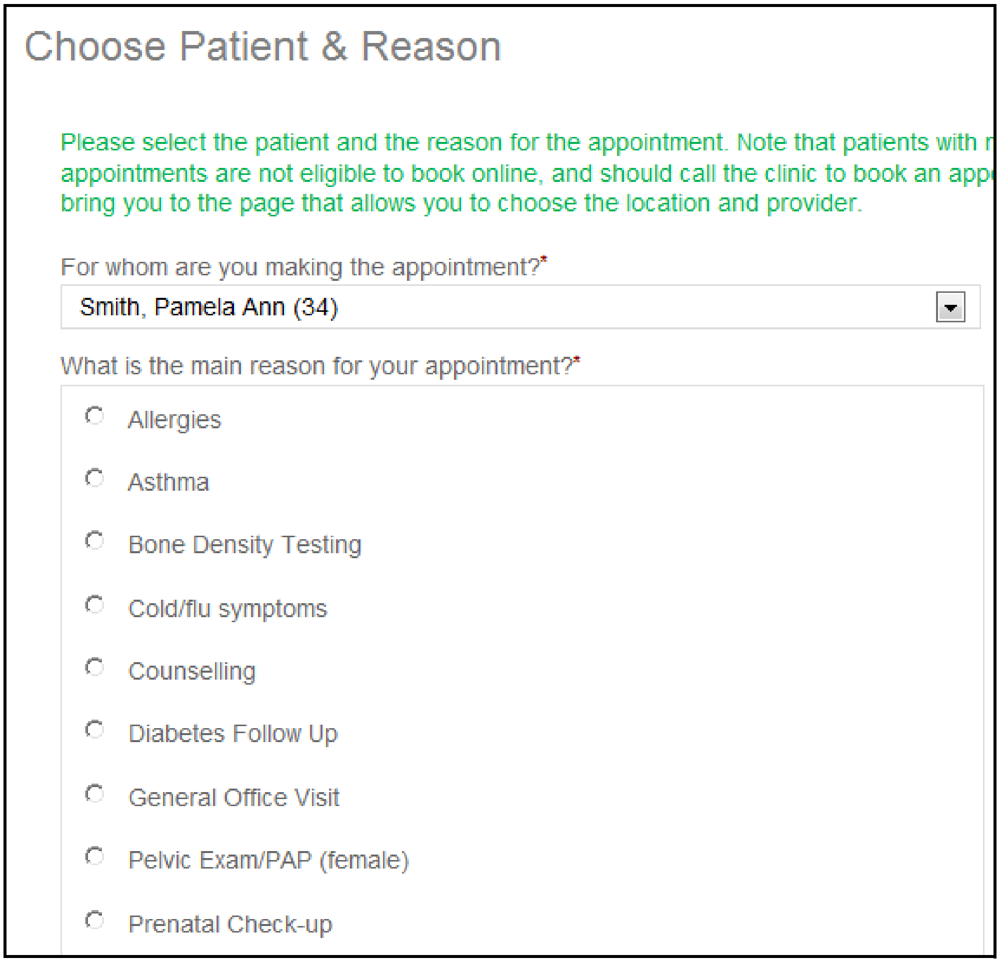
Field	Description
Web Bookable	Select this check box to make the Time Type "Web Bookable".
Bookable from	Enter the minimum number of minutes, hours, or days ahead of time a patient can book an online appointment.
Prior to	Enter the minimum number of minutes, hours, or days ahead of time a patient can book an online appointment for.
Appt Type Label	Enter a label for the appointment type. This will typically match the name entered in the **Type** field.
Web Booking instructions	Enter any booking instructions for the patient.

4. To save your new "web-bookable" Time Type, click **Save** ( ).

5. To close the Schedule Time Type Maintenance window, click **Close** ( ).

Enabling specific types of appointments to be booked online

When a patient books an appointment online, they are asked to select a reason for the appointment.



You can customize this list of reasons, thereby specifying which types of appointments patients can book online.

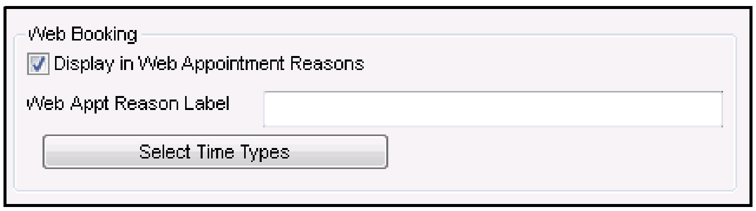
You can enable specific types of appointments to be booked online when you are "Configuring appointment reasons". To enable specific types of appointments to be booked online you must you must perform the following actions on the **Data** tab of the Appointment Reason Maintenance window, in the **Web Booking** area:

- Select the **Display in Web Appointment Reasons** check box to display the appointment reason on the Patient Portal reason for appointment list.
- In the **Web Appt Reason Label** field, enter the appointment reason text that you want to display on the reason for appointment list.
- Click the **Select Time Types** button and then select the check boxes beside the "web-bookable" Time Types you want patients to be able to book this type of appointment on.

Tip: To enhance the user experience, enable as many appointment types for web booking as possible.

To add an appointment reason to the Patient Portal reason for appointment list:

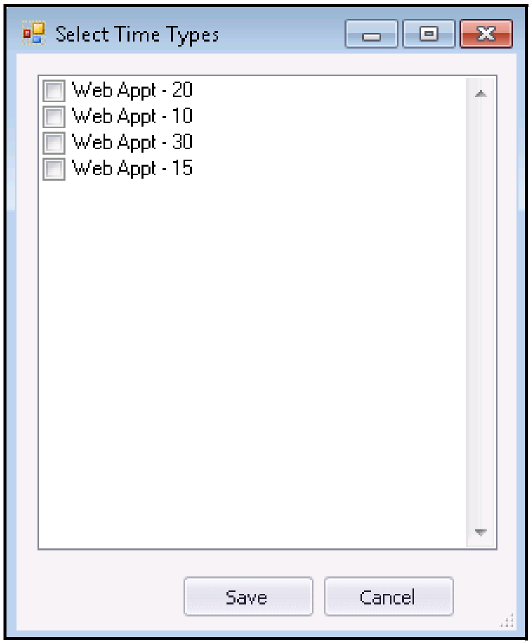
1. Edit or add an appointment reason as normal. See Step 1 to Step 3 in "Configuring appointment reasons" on page 90.
2. To to display the appointment reason on the Patient Portal reason for appointment list, on the **Data** tab, in the **Web Booking** area, select the **Display in Web Appointment Reasons** check box.



3. In the **Web Appt Reason Label** field, enter the appointment reason text that you want to display on the reason for appointment list.

Note: Your patients will see the Web Appt Reason Label. Avoid using abbreviations or words that a patient may not understand. For example, use "Complete Physical" instead of "CPX".

4. Click **Select Time Types**. The EMR displays the Select Time Types window, with a list of "web bookable" Schedule Time Types.



Note: The EMR displays the **Select Time Types** button only when you select the **Display in Web Appointment Reasons** check box.

5. Select the check box beside the Time Type(s) you want patients to be able to book this type of appointment on, and then click **Save**.

Tip: Select Time Types that match the appointment length required for the Appointment Reason. For example, if the appointment reason is "Complete Physical", and physical appointments require 20 minutes, associate the "Complete Physical" with the Web Appt – 20 Time Type.

If one practitioner spends a longer amount of time with their patients than other practitioners in the clinic, you can associate an appointment reason with multiple Time Types that are set for different appointment lengths.

6. To save the appointment reason, click **Save** ().

7. To close the Appointment Reason Maintenance window, click **Close** ().

Enabling specific days and time slots for online booking

You can specify which time slots in the clinic's schedule are available for online booking. For example, you may want to allow online appointment bookings only for times slots where your clinic typically sees fewer walk-in patients.

> **Tip**: To encourage your patients to book their appointments online, consider making as many of your appointment slots "web bookable" as possible. This will make it easier for patients to find appointment times that work for them.

You can define which time slots are "web bookable" by:

a) Creating Scheduling Time Types that are defined as "web bookable". See "Creating a "web bookable" Schedule Time Type" on page 100.

b) Applying the "web bookable" Time Types to a single practitioner's schedule, or to the entire clinic's practitioner schedules at once in the Time Definition Maintenance window.

Enabling specific days and or time slots for online booking is similar to "Setting a practitioner's booking hours" on page 82. Consider the following tips when enabling specific days and time slots for online booking:

- Select a Schedule Time Type that is configured to be "web bookable".
- Set the **Priority** to be a higher than the number you use for holidays, and practitioner Out of Office Time Definitions.
- In the **Reason** field, select an appointment reason that is configured to "display in web appointment reasons". For example, you may want the appointment reason to default to **Office Visit – Online**.

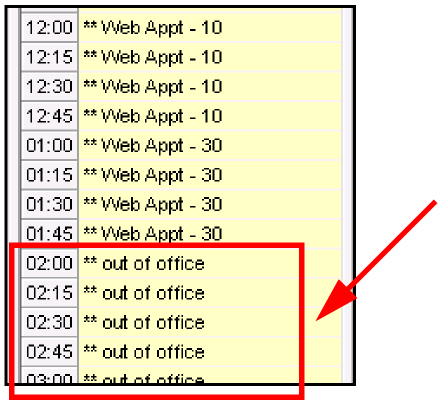
To enable specific days and time slots for online booking:

1. Set a practitioner's hours (or the entire clinic's practitioner hours) as normal. See "Setting a practitioner's booking hours" on page 82.
2. When you enter information on the **Schedule Definition** tab in the Time Definition Maintenance window, consider the following tips:

> **Tip**: In the **Schedule Type** drop-down list, click a Schedule Time Type that is configured to be "web bookable".

Tip: When setting web-bookable Time Definitions, set the **Priority** to be a higher than the number you use for **holidays** and practitioner **Out of Office** Time Definitions.

Appointment slots are only web bookable if a web-bookable Time Type is visible on the schedule. If you "hide" a web-bookable Time Type with another Time Type, for example "Out of Office", then that appointment slot is no longer web-bookable.



Web-bookable slots are covered by "out-of-office", therefore the slots are no longer web-bookable.

Tip: In the **Reason** field, select an appointment reason that is configured to "display in web appointment reasons". For example, you may want the appointment reason to default to **Office Visit – Online**. For more information, see "Configuring appointment reasons" on page 90.

3. To indicate that patients can book online appointments only with the practitioner defined as their primary care provider, in the **Web Booking** area, click **Own Patients Only**.

4. To save the Time Definition, click **Save** ( ).

5. If you are adding Time Definitions for each day of the week individually, repeat Step 1 to Step 4 for each day of the week you want to add "Web Bookable" time slots for.

Creating appointment alerts

The EMR can display an alert when a particular patient is:

- Booked and confirmed for an appointment
- Marked as Arrived

For example, a booking alert can read "Patient is often late. Book them 10 minutes earlier than Scheduled appointment time." An arrival note can read "Patient is hearing impaired, please make eye contact when speaking to patient."

Creating an alert to display when a patient is booked and confirmed

You can create a booking note that the EMR displays in a pop-up message when you select the patient name in Scheduling. These notes also appear as Booking Notes on the Patient Information screen.

To create a note to display when you select the patient name in Scheduling:

1. On the right side of the Scheduler, use the **Patient Search** area to search for the patient.
   a) In the **Family Name /Portion** field, enter the patient's last name.
   b) In the **Given** field, enter the patient's first name, and then on your keyboard press **Enter**.
2. In the search results list, click the patient name, and then, on your keyboard, press **F9**. The EMR displays the Patient Maintenance window.
3. Click the **Notes** tab.
4. In **Active Notes** area, in the **Display at Booking and Confirmation** field, enter the note you want to see when you select the patient name in Scheduling.

Creating an alert to display when a patient is marked as Arrived

You can create an arrival note that EMR displays in a pop-up message when a patient status is set as Arrived in Scheduling. These notes also appear as Active Notes to Display at Arrival on the Patient Information screen.

To create a note to display when a patient is status is set to Arrived in Scheduling:

1. On the right side of the Scheduler, use the **Patient Search** area to search for the patient.
   a) In the **Family Name /Portion** field, enter the patient's last name.
   b) In the **Given** field, enter the patient's first name, and then on your keyboard press **Enter**.
2. In the search results list, click the patient name, and then, on your keyboard, press **F9**. The EMR displays the Patient Maintenance window.
3. Click the **Notes** tab.
4. In **Active Notes** area, in the **Display at Arrival** field, enter the note you want to see when the patient is Arrived.

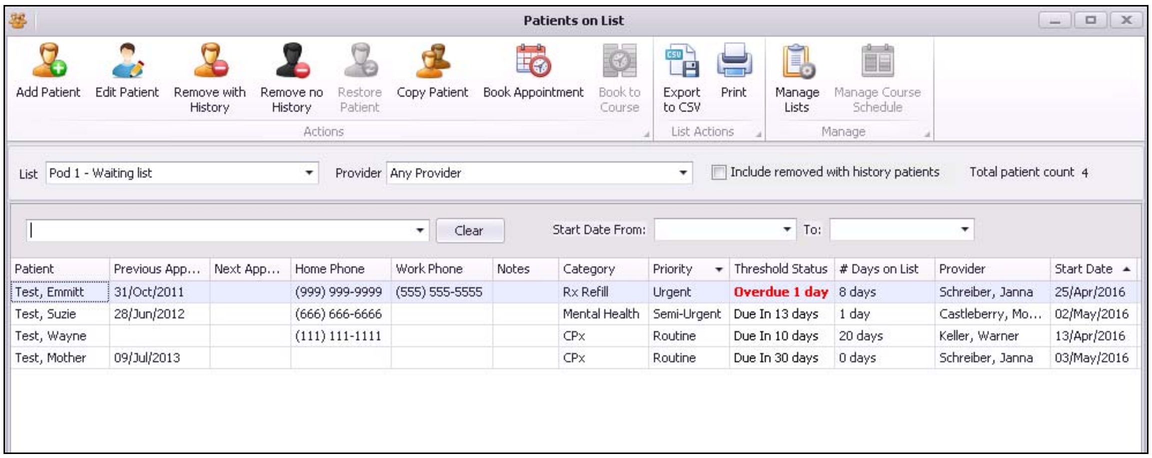
Using patient lists (waiting lists)

View video tutorial: **Introduction to patient lists**

Patient lists are running lists of patients. You can manually add, remove, and restore patients to patient lists as needed. Using Wolf EMR patient lists, you can:

- Track patients waiting for an available appointment slot (waiting lists)
- Manage participants for courses and group sessions (course lists)
- Track patient populations, such as complex care patients
- Track incoming referrals (specialists)

You can create as many patient lists as you want, and tailor patient lists to suit your clinic's workflow. For example, you can have an appointment waiting list for Priority 2 patients, an appointment waiting list for Priority 3 patients, a cancellations list, a list tracking patients who have been called (with no answer), and so on.



For listed patients, you can:

- Enter notes
- Assign a category and priority
- Book an appointment
- View the appointment status of an appointment booked from the list
- View if the patient is overdue or near-due for an appointment booking
- View patient information
- Book a course

> **If your clinic has multiple locations**:
>
> You can view only patient lists that belong to locations you are assigned to.

You can view patient lists (for example, your clinic's appointment waiting list) from the Appointment Scheduler or from the Maintenance tab (Manage Lists).

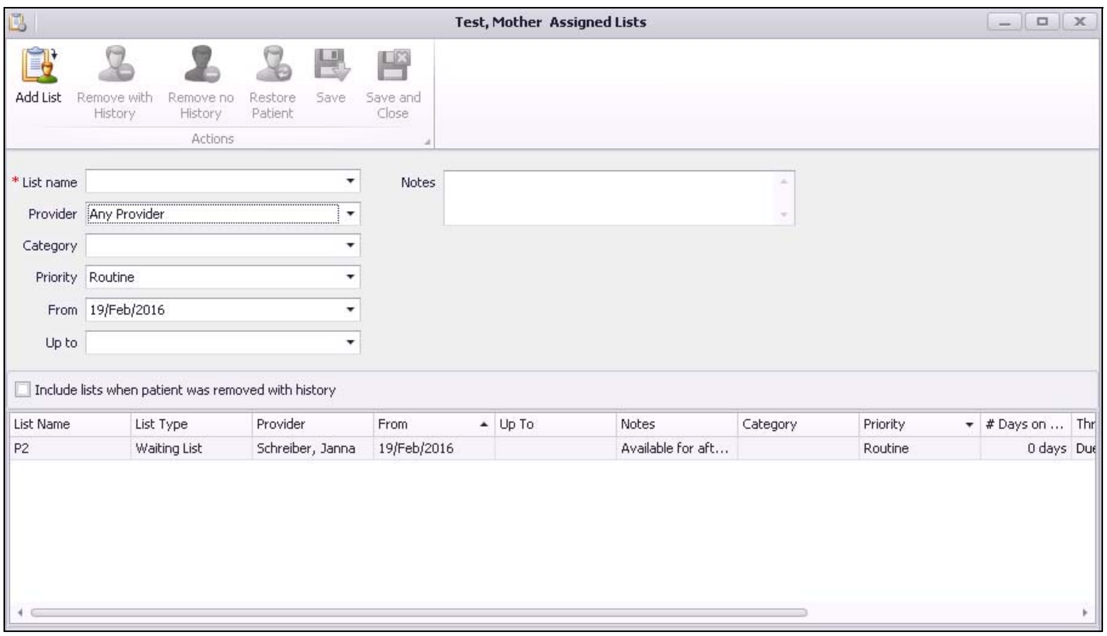
Adding patients to patient lists

View video tutorial: [Adding and modifying patients on lists]

To add a patient to a patient list: In the Appointment Scheduler, perform one of the following actions:

- If the patient has an appointment booked, but wants to be put on the waiting list to fill a sooner canceled appointment, click the patient's appointment.
- If the patient does not have an appointment booked, in the **Patient Search** area, search for and select the patient.

1. On the Scheduler menu click **Patients > Add Patient to List** or, on your keyboard, press **Ctrl**+ **G**. The EMR displays the Assigned Lists window for the patient.



Note: If the patient is currently on one or more patient lists, the list information is displayed in the bottom pane.

2. In the **List name** drop-down list, select the list you want to add the patient to.

3. Use the following table to enter the patient's list information.

Entry field	Description
Provider	The **Provider** field defaults to **Any Provider**. This means the patient will see the next available practitioner, no matter who that practitioner is. If the patient must see a specific practitioner, in the **Provider** drop-down list, click the practitioner's name. **Note:** The practitioner you select does not have to be the patient's primary practitioner; you can add the patient to a waiting list to see another practitioner who is not their normal practitioner.
Category (Optional)	In the drop-down list, select a list category. Categories differ form clinic to clinic. For example, an appointment waiting list for an orthopedic surgeon may categorize each patient as Shoulder, Hip, Knee, etc. **Note:** If the category you want is not listed, ask your administrator to add the category you need.
Priority	The **Priority** field defaults to **Routine**. If you want to set a different priority level, in the **Priority** drop-down list, select **Semi-Urgent** or **Urgent**.
From	The **From** field defaults to today's date. You can also enter the date that you want the patient to appear on the patient list.
Up to (Optional)	If you want the patient to automatically drop off the list on a certain date, enter the date in the **Up to** field. For example, if the patient has an appointment booked, but you are adding them to the waiting list for an earlier appointment, you can enter the patient's current appointment date. This way, the patient automatically drops off the waiting list when their scheduled appointment is completed.
Notes (Optional)	Enter any notes for the patient. For example, if you are adding the patient to the appointment waiting list and the patient is only available for Monday or Friday appointments, you can enter "Mon, Fri only".

4. Click **Save and Close** ( ).

> **Note**: If you try to book a patient who is already on the list, the EMR displays a dialog box with the following message “Patient Already Exists in List - do you wish to continue?”
>
> - To add the patient to the list a second time (for example, if the patient is on the waiting list for a different practitioner, click **Yes**).
> - To cancel the patient add, click **No**.

The EMR displays a dialog box with the message “Patient Added to List.”

5. Click **OK**.

Viewing patient lists

You view your clinic’s patient lists from the Appointment Scheduler. You can sort lists by any column. You can also narrow the list using a number of filter options.

To display the Patients on List window:

1. On the Appointment Scheduler menu, click **Patients** > **Patient Lists**. The EMR displays the Patients on List window with the general Waiting List displayed.

> **Note**:
>
> - By default, listed patients are sorted first by priority (with Urgent patients displaying at the top), and second by the date patients were added to the list (with patients who have been on the list longer, displaying higher on the list)
> - The **Threshold Status** column indicates if patients are Near Due or Overdue for appointments

The list contains the following columns:

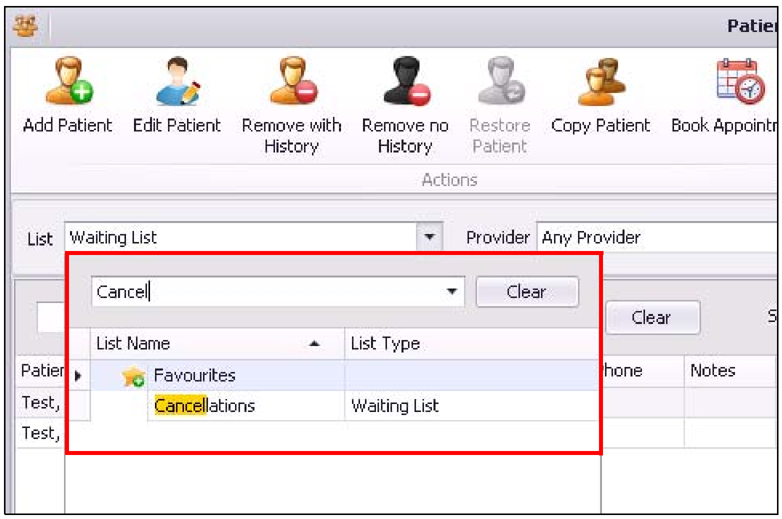
Column	Description
Previous Appointment	Date and time of the patient's last completed appointment
Next Appointment	Date and time of the patient's next appointment
Phone numbers	Patient's phone number(s). This information is pulled from the Patient Maintenance window.
Notes	Any notes that are entered on the list for a patient
Category (configurable)	The selected category for the patient
Priority	The selected priority for the patient
Threshold Status	The number of days until the patient is considered to be "overdue"
# Days on List	Number of days the patient has been on the list.
Provider	The selected practitioner for the patient
Status	Patient's status
Start Date	Date the patient was added to the list
End Date	Date the patient will be removed from the list; usually the same date as their Next appointment date
PHN	Patient's provincial health care number
Chart	Patient's Wolf EMR chart number
Birth Date	Patient's birth date
Patient ID	Patient's Wolf EMR patient ID

Tips for viewing patient list column information

- To sort the list by the contents of a column, click the column header.
- You can filter the list to display only patients with certain information in a specific column. For example, you can filter the list to display only patients with a Priority of Semi-Urgent. See "Filtering the contents of a patient list using column filters".
- To move a column, click a column header and then drag the column to where you want it situated.

Note: When you close the Appointment Scheduler or the Patients on List window, the columns revert back to their default positions.

2. If your clinic has multiple patient lists, in the **List** drop-down list, click the patient list you want to view.

> **Tip**: If your clinic has numerous patient lists, and you are having trouble finding the patient list you want, you can filter the **List** drop-down list:
>
> 1. Click the **List** drop-down list.
> 2. In the field to the left of the **Clear** button, enter part of the list name or list type. The EMR filters the list to display only patient lists containing that word or phrase.
>
> 
>
>
> 3. In the list of filtered results, click a patient list you want.

3. To display only patients assigned to a specific provider, in the **Providers** drop-down list, click the provider's name.
4. To view detailed information about a listed patient, click the patient's name, and then perform one of the following actions:
   - To view the patient's demographic information, press **F9.** The EMR displays the Patient Maintenance window for the patient.
   - To view the patient's Medical Summary, press **F7**.
   - To view or enter the patient's vitals for today, press **F6**.
5. From the Patients on List window, you can also:
   - Filter the contents of a patient list. See "Filtering the contents of a patient list" on page 115.
   - Add patients to the list. See "Adding a patient to a list from the Patients on List window" on page 116.

- Copy a selected patient to another list. See “Copying a patient to another list” on page 117.
- Book an appointment for a patient. See “Booking an appointment for a patient on a patient list” on page 118.
- Book a patient to a course. See “Managing courses” on page 144.
- Export the patient list to a CSV file. See “Printing an appointment list (day sheet)” on page 151.
- Print a patient list. See “Printing a patient list” on page 128.
- Remove a patient from a list. See “Printing an appointment list (day sheet)” on page 151.
- Restore a patient to a list. See “Restoring a patient to a list” on page 122.

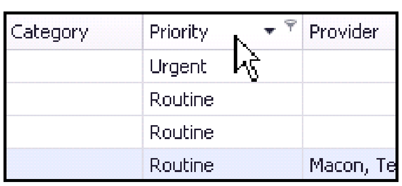
Filtering the contents of a patient list

You can filter the contents of a patient list using column filters or by entering search text. For example, if you are searching for a patient to fill a cancelled appointment for today, you can filter the list to display only patients with a status of **Urgent**.

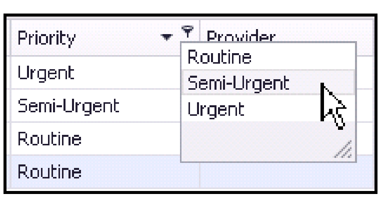
Filtering the contents of a patient list using column filters

To filter the contents of a patient list using column filters:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. Hover your curser over the column header. The EMR displays a icon for the column.



3. Click **Filter** ( ). The EMR displays a popup.



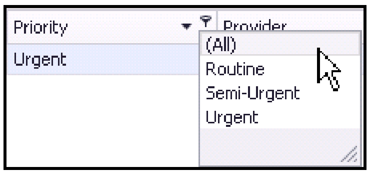
Note: You cannot filter the contents of every column. If the icon does not display, you cannot filter the contents of the selected column.

4. Click the value you want to filter the list by.

5. Optionally, repeat the above steps with other columns you want to filter by. The list shows only entries that have the value(s) you selected.
6. To filter the list by the Start Date column (or the date that patients were added to the list), above the list, in the Start Date **From** field and the **To** fields, enter the date limit you want to include.

Removing a filter

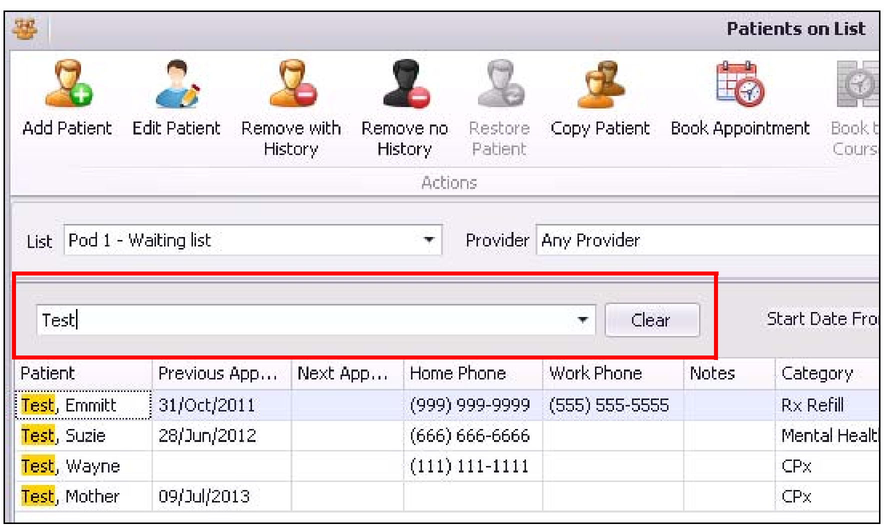
To remove a filter, for each of the columns you filtered the list by, click **Filter** ( ) to display the popup, and then click **(All)**.



Filtering the contents of a patient list by entering search text

To filter the contents of a patient list by entering search text:

1. Open the patient list. See Step 1 to Step 2 in "Viewing patient lists" on page 112.
2. In the field to the left of the **Clear** button, enter a word or phrase. The EMR filters the list to display only patients who contain that word or phrase.



Adding a patient to a list from the Patients on List window

If you are viewing a patient list and want to add a patient to the list, from the Patients on List window, you can add a patient.

To add a patient to a list from the Patients on List window:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. Click **Add Patient** (). The EMR displays the Patient Search window.
3. Search for the patient and then double-click the patient’s name. The EMR displays the Assigned Lists window for the patient with the **List name** field populated.

4. Enter information in the Assigned Lists window. See Step 3 in “Adding patients to patient lists” on page 110.
5. Click **Save and Close** (). The EMR displays a dialog box with the message “Patient Added to List.”
6. Click **OK**.

Copying a patient to another list

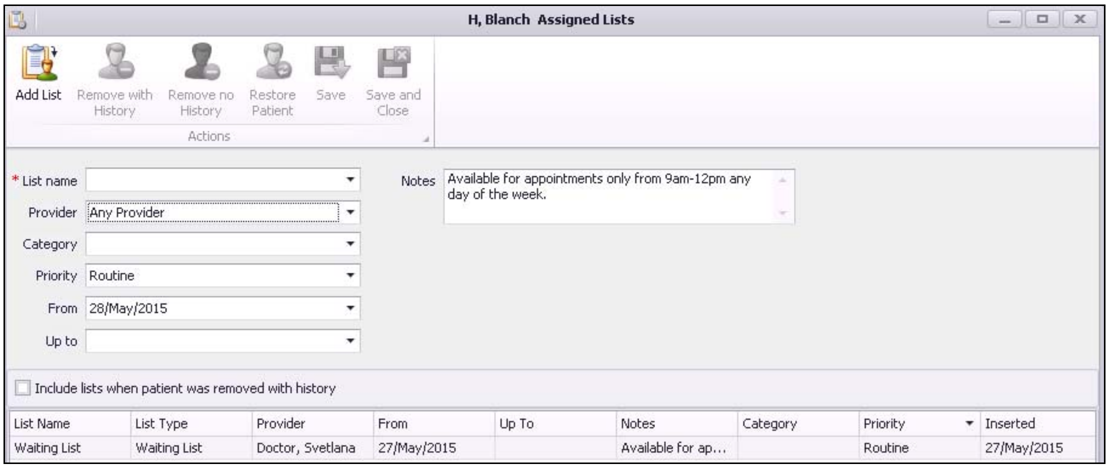
If a patient is on a patient list, you can:

- Copy the patient to the same list again. (For example, if your clinic has a general waiting list for all practitioners, and you want to add the patient to the waiting list for an appointment with their GP, and then add the patient again for an appointment with the nurse practitioner.)
- Copy the patient to another patient list.

To copy a patient:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. In the patient list, click the patient’s name. If the list is extensive and you cannot find the patient you want, filter the list. See “Filtering the contents of a patient list” on page 115.

3. Click **Copy Patient** ( ). The EMR displays the Assigned Lists window for the patient, with the **Category**, **Priority**, and **Notes** fields populated with the same information that was entered for the copied list entry.



4. In the **List** drop-down list, select the list you want to add the patient to.
5. Modify or enter list details as needed See Step 3 in “Adding patients to patient lists” on page 110.
6. Perform one of the following actions:
   - To add the patient to another list, click **Save** ( ) and then click **Add List** ( ). Repeat Step 4 to Step 6 .
   - To save the entry and close the window, click **Save and Close** ( ).

Booking an appointment for a patient on a patient list

View video tutorial: **Booking appointments from patient lists**

If you want to book an appointment for a patient on a patient list, you can:

- Book an appointment from the list itself. For example, if a patient on an orthopedic waiting list is accepted as a patient, you can search for and book the patient for an appointment from the patient list.

- Book an appointment from the appointment scheduler. For example, if a patient cancels their appointment, you can search the waiting list for a patient to fill the slot and then, on the Appointment scheduler, book the appointment.

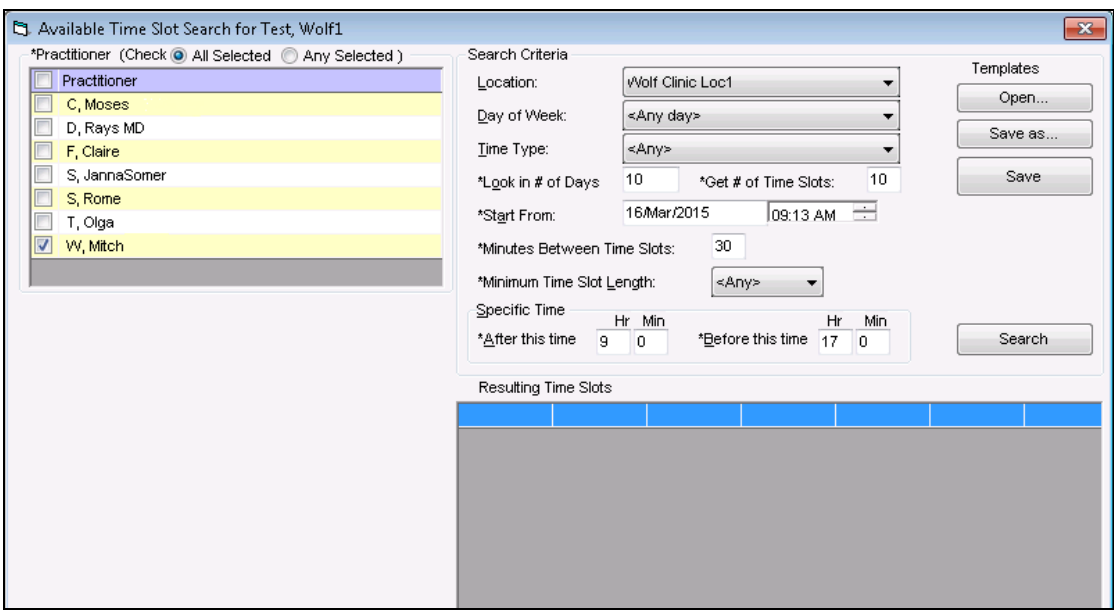
> **Note**: If you later cancel, remove, or mark the appointment as a "no show", the EMR displays a dialog box with the following prompt: "This appointment was linked to <waiting list name>, Waiting List. Would you like to add this patient back to the list?"
>
> To reinstate the patient back to the list, click **Yes**.

Booking appointments from patient lists

You can book patients for appointments directly from patient lists. After you book a patient for an appointment, the EMR removes the patient from the patient list (with history) and notes the booking date/time on the patient list.

To book an appointment for a patient on the waiting list:

1. Open the patient list. See Step 1 to Step 2 in "Viewing patient lists" on page 112.
2. In the patient list, click the patient's name. If the list is extensive and you cannot find the patient you want, filter the list. See "Filtering the contents of a patient list" on page 115.
3. Click **Book Appointment** () or, on your keyboard, press **Ctrl** +**T**. The EMR displays the Available Time Slot Search window.



4. In the **Practitioner** area select the check box beside the practitioner(s) you want to book the patient with.

> **Note**: The patient's Provider (selected for the list) is selected by default.

5. In the Available Time Slot Search window:
   a) Select the practitioner(s) you want to book the patient with.
   b) Select the room(s) you want to book the patient in, if applicable.
   c) Enter your search criteria, and then click **Search**.
   d) In the **Resulting Time Slots** area, click the appointment slot you want and then click **Book** to book the appointment.

   For detailed instructions, see Step 2 to Step 7 in "Finding the next available time slot with a defined set of criteria" on page 62.

Booking waiting list patients from the Appointment Scheduler

When you book an appointment for a patient who is on a patient list, the EMR prompts you to remove the patient from the patient list. You do not have to manually remove the patient from the waiting list.

To book an appointment a waiting list patient from the appointment scheduler:

1. When an appointment slot becomes available, open the waiting list and search for a patient to fill the empty slot. See "Viewing patient lists" on page 112.
2. On the Appointment Scheduler, double-click the available appointment slot, and then in the Patient Search window, search for and select the patient you want (patient you found on the waiting list).
3. Click **Book**. The EMR displays a dialog box with the following prompt: "Patient is on waiting list - remove the patient now?"
4. To remove the patient from the patient list (with History), click **Yes**.

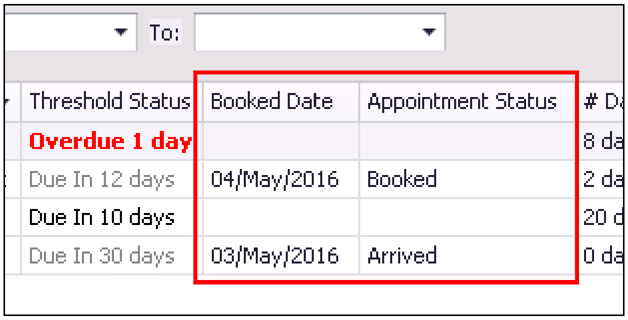
Tracking patients who have been booked for appointments from patient lists

When you book a waiting list patient for an appointment, and choose to remove the patient from the waiting list, the EMR removes the patient "with History". From the waiting list, you can then view all patients who have been booked for an appointment and the date of the appointment, by choosing to **Include removed with history patients**.

To view waiting list patients who have been booked for an appointment:

1. Open the patient list. See Step 1 to Step 2 in "Viewing patient lists" on page 112.

2. Select the **Include removed with history patients** check box. The EMR displays:
   - Patients who have been removed with history (including booked patients) in the patient list.
   - Columns for appointment **Booked Date** and **Appointment Status**.



3. To find patients who have been booked for appointments, click the **Booked Date** header. The EMR sorts the list to display patients with booked dates at the top of the list.

Removing a patient from a list

View video tutorial: **Adding and modifying patients on lists**

When you remove a patient from a list you can choose to delete the patient completely, or to remove the patient "with history". If you remove a patient "with history", you can:

- Restore the patient to the list with the original list notes and other list settings.
- View the patient on the list as an "inactive" entry (by selecting the I**nclude removed with history patients** check box).

To remove a patient from a list:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. In the patient list, click the patient. If the list is long and you cannot find the patient you want, filter the list. See “Filtering the contents of a patient list” on page 115.
3. Perform one of the following actions:
   - Click **Remove no History** ( ): This acton permanently removes the patient from the patient list. You cannot restore this patient to the list and you do not have any history of the patient being added to the list.

- Click **Remove with History** ( ): This action removes the patient from the list, but you can view the history of the patient in the list by clicking the **Include removed with history patients** check box. You can restore this patient on the list in the future.

> **Tip**: If there is a chance that the patient will be restored to the list at a later time, select **Remove with History**. You can restore only patients that were removed with history.

Restoring a patient to a list

> **Note**: You can restore only patients who were removed with history.

To restore a patient to a list:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. Select the **Include removed with history patients** check box. The EMR adds patients who were removed with history to the list.
3. In the patient list, click the patient. If the list is long and you cannot find the patient you want, filter the list. See “Filtering the contents of a patient list” on page 115.
4. Click **Restore Patient** ( ). The EMR restores the patient to the list.

Modifying a patient’s list details

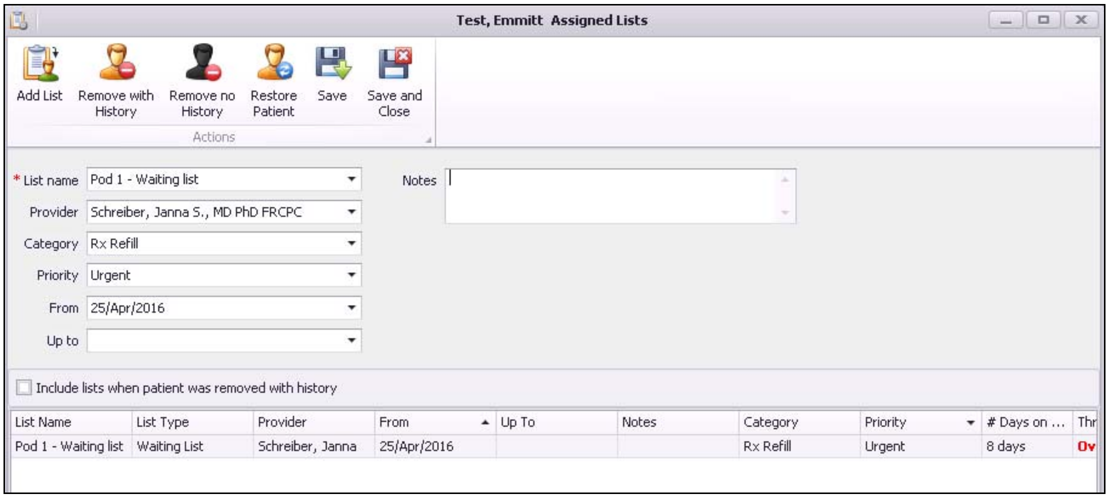
> View video tutorial: **Adding and modifying patients on lists**

If you want to change a patient's list details (for example, if you want to update the patient's category, priority, or list notes), you can edit this information from the list itself or from Patient Maintenance.

To modify a patient's list details:

1. Open the patient list. See Step 1 to Step 2 in “Viewing patient lists” on page 112.
2. In the patient list, click the patient. If the list is long and you cannot find the patient you want, filter the list. See “Filtering the contents of a patient list” on page 115.

3. Click **Edit Patient** ( ) or, on your keyboard, press **Ctrl** + **G**. The EMR displays the patient's Assigned Lists window.



4. Enter or modify the patient's list information as needed.

5. Perform one of the following actions:

   - To save the modifications and close the window, click **Save and Close** ( ).
   - To save the modifications and change the patients list details on another list, click **Save** ( ) and then, in the bottom pane, click the next list.

Adding groups of patients to lists using Practice Search

View video tutorial: **Adding groups of patients to lists using Practice Search**

Using Practice Search, you can add groups of patients to a patient list.

For example, if you use a patient list to track your complex care patients, you can perform a search for all patients who have been billed for complex care management, and then add the patients to your "Complex Care" patient list.

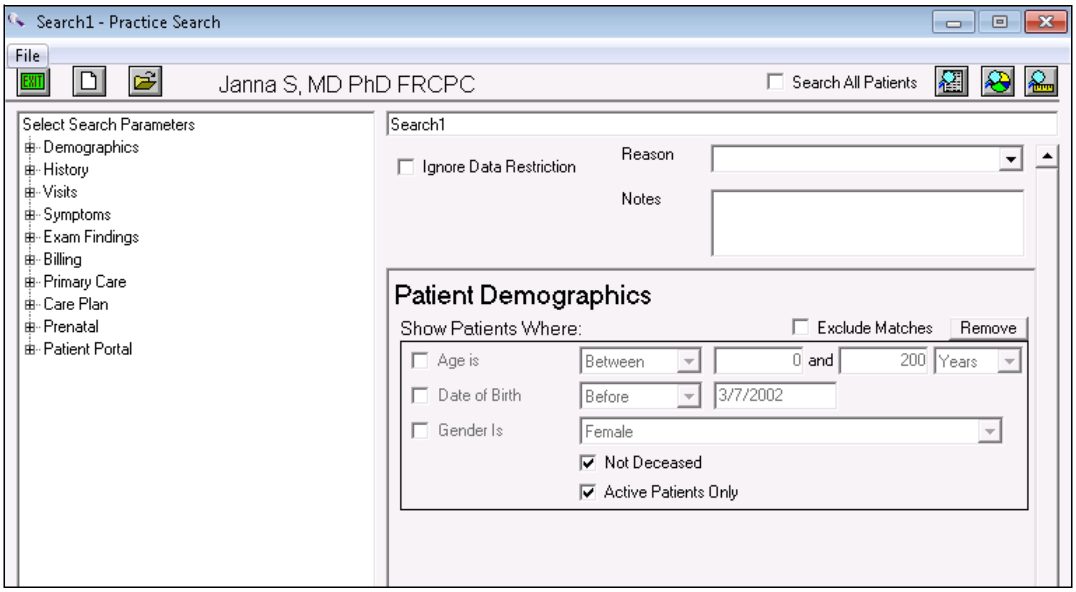
If your clinic hosts courses for specialized populations, such as "Living with Diabetes" or "Smoking cessation" informational sessions, you can perform a search for patients who would benefit from such courses, and then add the matching patients to the course list.

To add a group of patients to a patient list using Practice Search:

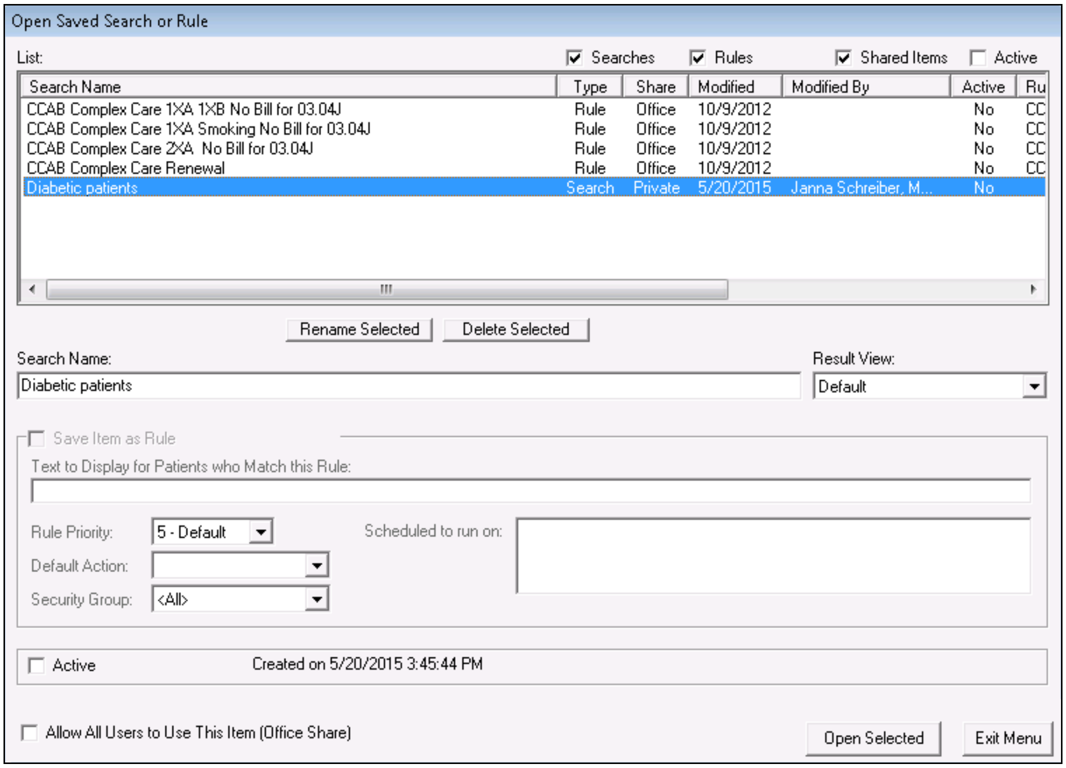
1. Produce a practice search report for the patient group:

Note: The following steps describe how to run a saved Practice Search (a search that is already created). To learn how to create a new Practice Search, see Wolf EMR Help.

a) On the Wolf EMR Launch page, click **Practice Search** (). The EMR displays the Practice Search window.



b) On the top left of the window, click **Open a Previously Saved Search** ( ). The EMR displays the Open Saved Search or Rule window.



c) In the list of saved searches, click the search you want, and then click **Open Selected**. The EMR displays the Practice Search window, with the search criteria for the selected search displayed.

d) Click **Show Search Results as a Patient List** ( ). The EMR displays a Practice Search results window containing a list of matching patients.

2. In the practice search report, select the check box beside the patients you want to add to the patient list, or to select all patients, click **Selection** > **Select All**.

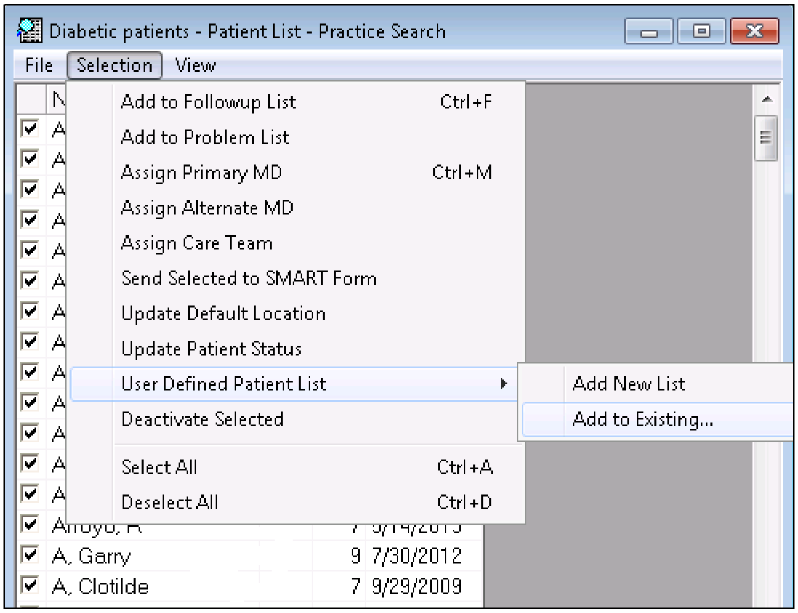
3. To create a new patient list to add the selected patients to:

   a) At the top of the window, click **Selection** > **User Defined Patient List** > **Add New List**. The EMR displays the Patient List Management window.

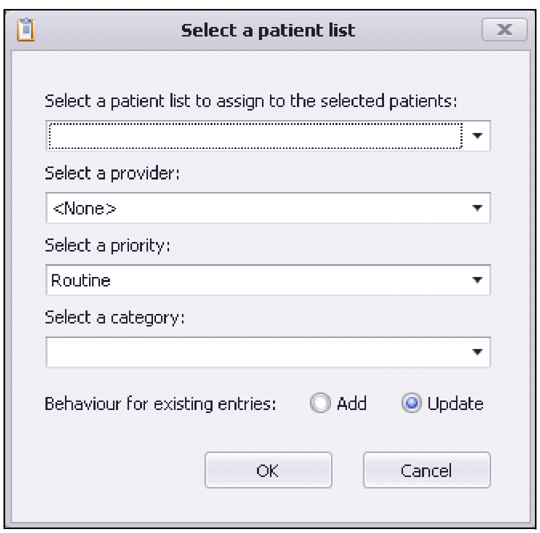
   b) Add the patient list. See "Adding and modifying patient lists" on page 130.

   c) To close the Patient List Management Window, click .

4. On the Practice Search results window, click **Selection** > **User Defined Patient List** > **Add to Existing...**



The EMR displays the Select a patient list window.



5. Enter information in the Select a patient list window, using the following table as a reference.

Field	Description
Select a patient list to assign to the selected patients	In the drop-down list, click the list you want to add the selected patients to.

Field	Description
Provider	In the drop-down list, click the practitioner you want assigned to these list entries, or: ■ To leave the provider blank, click **<None>**. ■ To assign each patient's Primary Provider, click **Patient Primary Provider**. ■ To assign all patients the same provider, click the provider's name.
Priority	In the drop-down list, click the priority level for these list entries.
Category (Optional)	In the drop-down list, click the category for these list entries. **Note:** If the category you want is not available, you can add new categories as needed. See "Managing list categories" on page 141.
Behaviour for existing entries	Click one of the following options: ■ **Add**: If one of the selected patients is already in the patient list, the EMR adds the patient again as a new entry. ■ **Update**: If one of the selected patients is already in the patient list, the EMR updates the list entry with the new information. The patient is not added a second time.

6. Click **OK**. The EMR displays a dialog box with the following message: "The 'Patient List' has been successfully set for the selected patients. If this list is filtered by the 'Patient List' you may want to refresh the list."
7. Click **OK**.

Exporting a patient list to a CSV file

If you want to view a patient list in a spreadsheet application such as Microsoft Excel (for example, to perform statistical analysis on the data), you can export a patient list as a .csv (Comma Separated Values) file.

> **Note**: If you open an exported file from the data center (your remote computer), you can use only the **LibreOffice Calc** application to open and analyze the data. If you want to use another application, Copy the file from the data center, and then Paste the file onto your local computer.

To export a patient list to a CSV file:

1. Open the patient list. See Step 1 to Step 2 in "Viewing patient lists" on page 112.

2. If you want to export list information for patients assigned to a specific practitioner, in the **Providers** drop-down list, click a practitioner name.
3. Click **Export to CSV** ( ). The EMR displays the Save As window.
4. Search for and select the location on your remote computer where you want to store the exported .csv file.
5. In the **File Name** field, enter a name for list and then click **Save**.

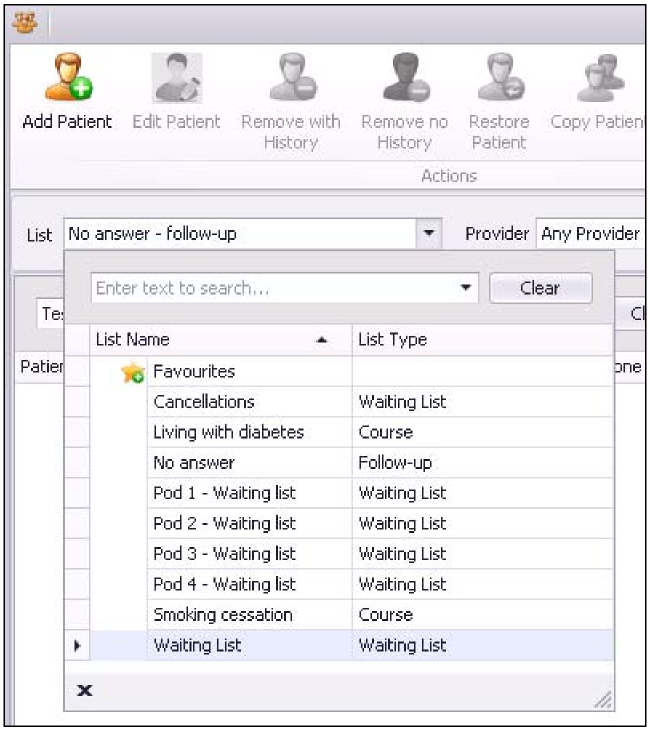
Printing a patient list

To print a patient list:

1. Open the patient list. See Step 1 to Step 2 in "Viewing patient lists" on page 112.
2. If you want to print list information for patients assigned to a specific practitioner, in the **Providers** drop-down list, click a practitioner name.
3. Click **Print** ( ). The EMR displays the Print window.
4. In the **Select Printer** area, click the printer you want to use and then click **Print**.

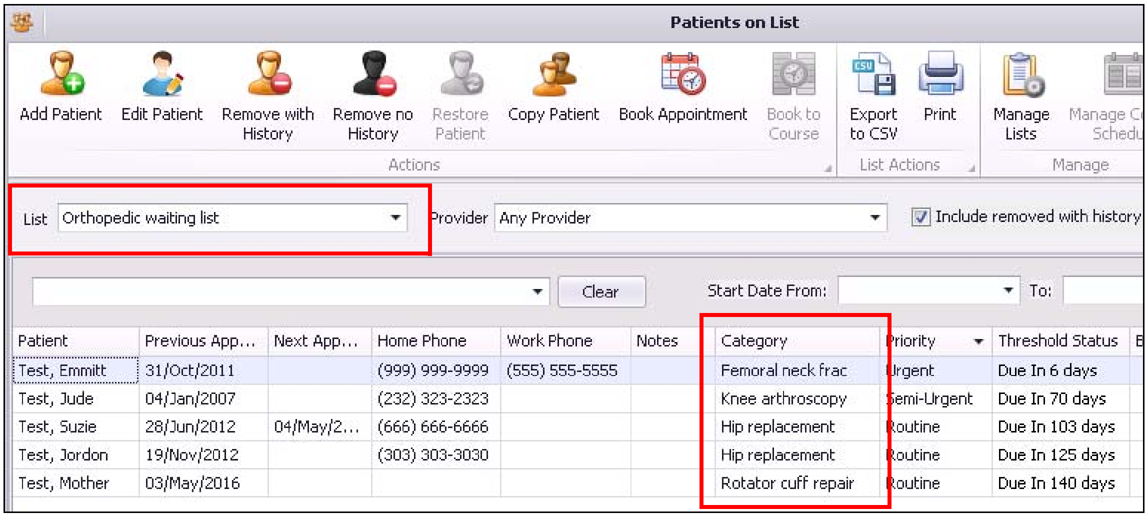
Managing patient lists

In Wolf EMR, you can create as many patient lists as you want. You can also create customized list types to distinguish your lists. For example, you can have patient lists defined as waiting lists, course lists, or patient population lists.



By default, a general Waiting List is already available. You can create additional waiting lists to accommodate specific care teams, or specialized services. If your clinic is a specialist clinic, you can also create waiting lists for each priority level. For example, you can have a P2 waiting list to track your Priority 2 patients.

You can create customized categories to assign to listed patients. Categories enable you to group and find patients on a list by factors other than priority or provider. For example, a waiting list for an orthopedic surgeon can categorize patients by the type of surgery they need.



If your clinic has multiple locations:

- You can make patient lists location-specific, or available to all locations.
- You can create, access, and assign patients to patient lists for only locations that you are assigned to.

Adding and modifying patient lists

View video tutorials:

- **Creating patient lists**
- **Modifying patient lists**

You can create as many patients lists as you want, and modify, deactivate, or restore patient lists as needed.

By default, a general Waiting List is already available in your patient lists. You cannot edit or remove this Waiting List.

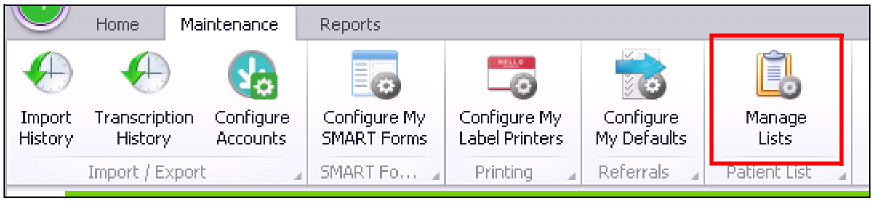
Restricting users from modifying your clinic's lists:

By default, any user can add or modify patient lists. Using security rules, users with administrative authority can restrict specific users from accessing the Patient List Management window.

To add or modify a patient list:

1. Perform one of the following actions:

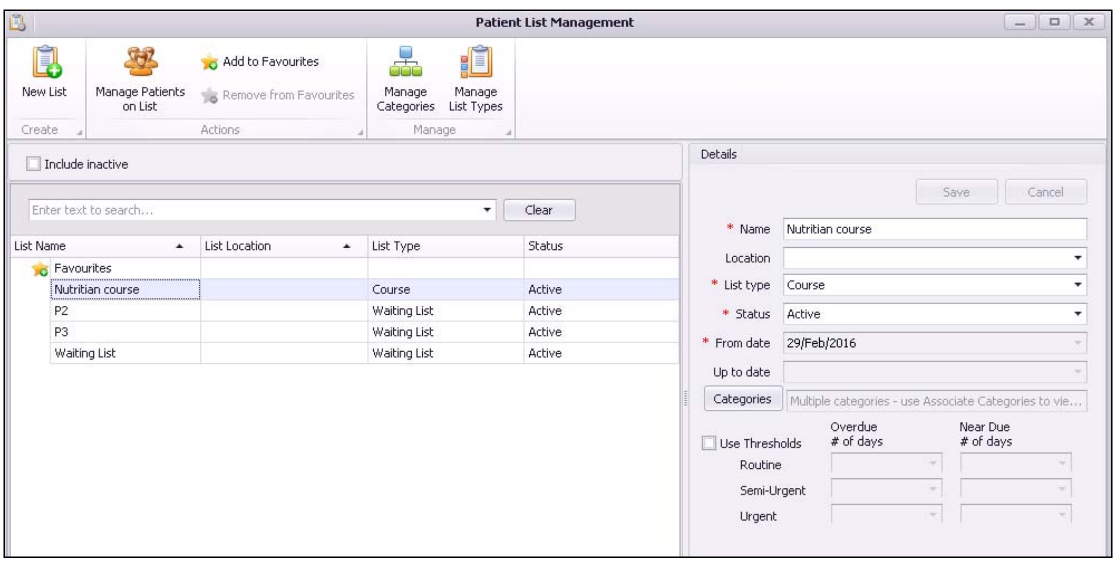
- To manage patient lists from the Wolf EMR **Maintenance** tab, on the Wolf EMR Launch page, click the **Maintenance** tab, and then click **Manage Lists** ().



- To manage patient lists from the Appointment Scheduler, on the Appointment Scheduler menu, click **Patients** > **Patient Lists**, and then on the Patients on List window, click **Manage Lists** ().

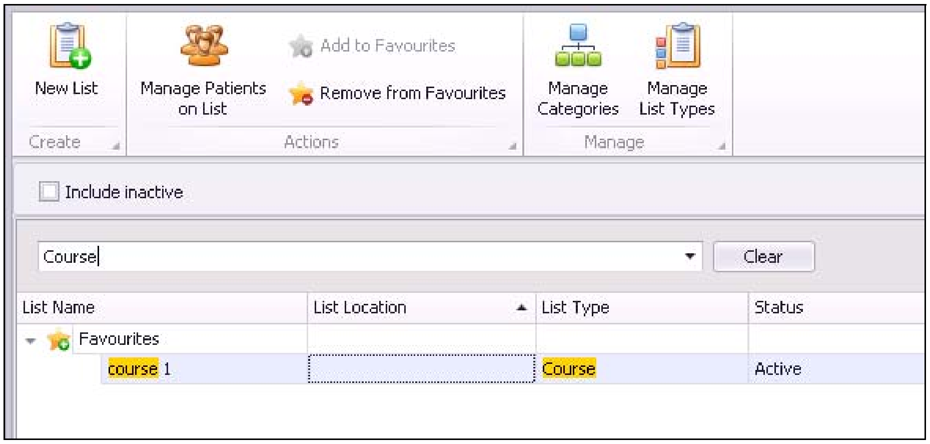
Note: If Manage Lists is not available as an option, you have been restricted access to Patient List Management. Ask a user with administrative authority to remove the security rule preventing you from accessing patient lists.

The EMR displays the Patient List Management window, with your clinic's current patient lists displayed.



2. Perform one of the following actions:

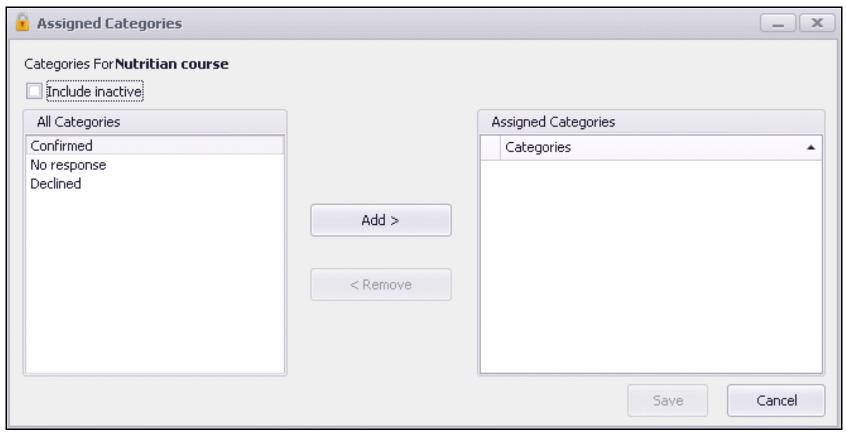
- To create a patient list, click **New List** ().
- To modify a patient list, click the patient list.

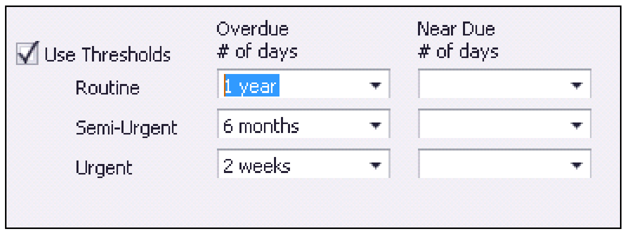
> **Tip**: If your clinic has numerous patient lists and you cannot find the list you want, in the **Search** field, enter part or all of the list name, location, or list type. The EMR filters the list to display only patient lists that contain your search criteria.
>
> 
>

The EMR displays the **Details** area for the selected patient list.

3. In the **Details** area, enter information using the following table as a reference.

Field	Description
Name	Enter a descriptive name for the patient list.
Location	If you have multiple clinic locations, in the drop-down list, select the location the patient list is for. To enable all locations to use the patient list, leave this field blank. **Note**: ■ This field is visible only if you have multiple clinic locations set up in Wolf EMR. ■ Only users assigned to a specific location can view patient lists for that location.
List Type	In the drop-down list, select the type of list. For example, Waiting List. If the option you want is not available, you can add List Type options. See “Managing list types” on page 139.
Status	If you are creating a list, the **Status** is set to **Active** automatically.
From date	The EMR enters today's date. You cannot modify the date displayed here.

Field	Description
Category	From the patient list **Details** area, you can enable specific category options for the patient list (for example, to enable users to assign patients on a course list the category of Confirmed, or Declined). **Note:** Before you can enable categories for a list, the categories must be added first. See “Adding and modifying patient list categories” on page 142. To enable categories for the list: 1. Click **Category.** The EMR displays the Assigned Categories window.  2. In the **All Categories** list, click a category you want to enable, and then click **Add >**. The EMR adds the category to the **Assigned Categories** list. **Note:** If you want to enable a category that has been deactivated, select the **Include inactive** check box. The EMR includes all deactivated categories in the **All Categories** list. 3. Repeat step 1 and step 2 for each category you want to enable. 4. When you are finished adding categories, click **Save**.

Field	Description
Use Thresholds	If you want to view if listed patients are over due and/or near due for an appointment booking: 1. Select the **Use Thresholds** check box. 2. Beside **Routine**, **Semi-Urgent**, and **Urgent**, in the **Overdue # of days** drop-down list, select the amount of time that constitutes overdue.  3. Optionally, beside **Routine**, **Semi-Urgent**, and **Urgent**, in the **Near due # of days** drop-down list, select the amount of time that constitutes near overdue, or enter a number (in days).

Note: If you are modifying a list and the **Name**, **Location**, and **Status** fields are unavailable for editing, this indicates that there are currently patients on the list. You cannot modify a list if there are patients on the list, including "inactive patients" (patients removed "with history").

4. Click **Save**.

Deactivating patient lists

View video tutorial: **Deactivating and restoring patient lists**

To remove a patient list, you must change the status of the list to **Inactive.** If needed, you can restore a deactivated patient list by changing the status to **Active**.

Note: You can deactivate a patient list only if all patients on the list have been removed without history.

To deactivate a patient list:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.
2. Click the patient list. The EMR displays the **Details** area for the selected patient list.

3. In the **Details** area, in the **Status** drop-down list, click **Inactive**. The EMR populates the **Up to date** field with today's date.

> **Note**: If the **Status** drop-down list is unavailable, this indicates that there are currently patients on the list. You cannot remove a list if there are patients on the list, including "inactive patients" (patients removed "with history").
>
> Remove all patients from the list before you remove the list itself. See "Removing a patient from a list" on page 121.

4. Click **Save**.

Restoring patient lists

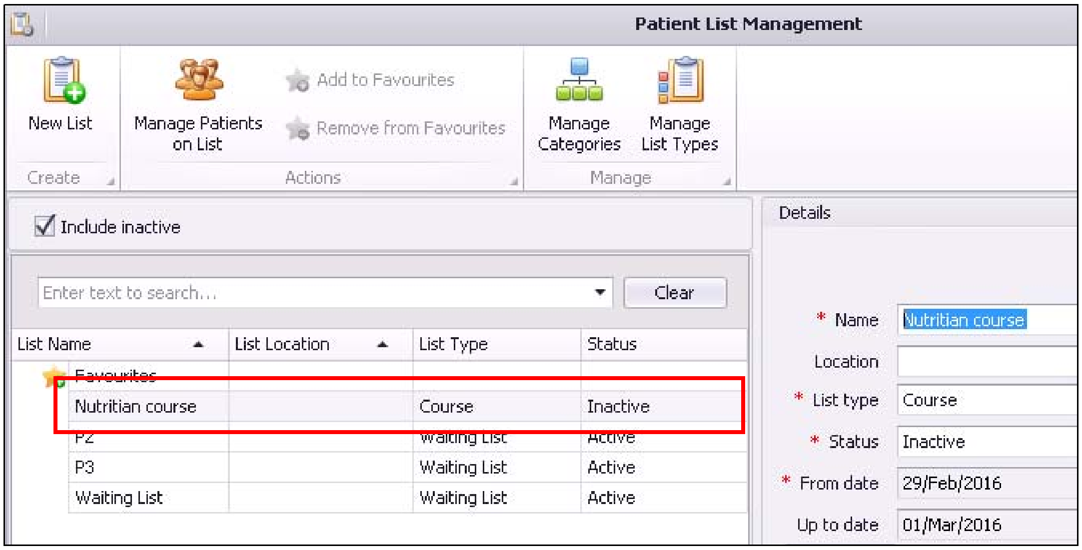
> View video tutorial: **Deactivating and restoring patient lists**

If you remove a patient list, but later want to view and/or use the list again, you can restore the list.

To restore a patient list:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.

2. Select the **Include Inactive** check box. The EMR displays your inactive lists with your active lists.



Tips for viewing inactive lists

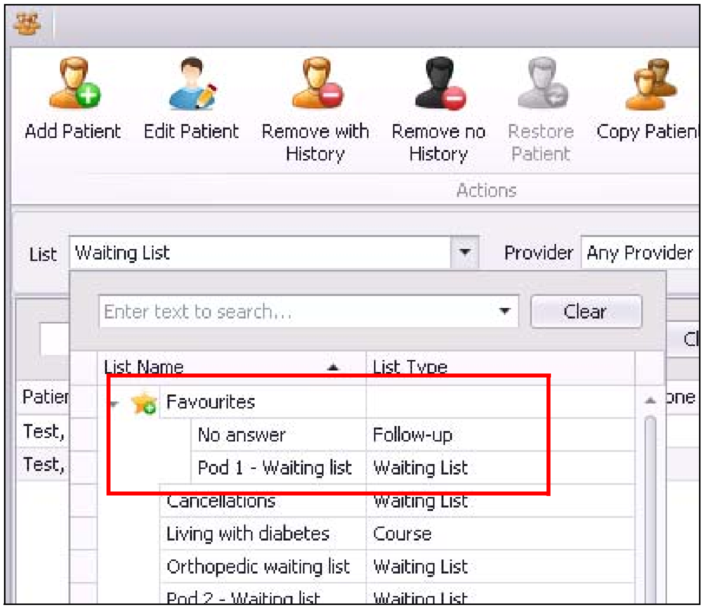
- Inactive patient lists have a status of "Inactive".
- To re-sort the patient lists so that inactive lists display together: Click the header of the **Status** column.

3. Click the patient list you want to restore. The EMR displays the **Details** area for the selected patient list.
4. In the **Status** drop-down list, click **Active**. The EMR clears the **Up to date** field.
5. Click **Save**. The EMR restores the patient list.

Managing favourite patient lists

View video tutorial: **Favourite patient lists**

If your clinic has a large number of patient lists, you can define which patient lists are your favourites. When you use or manage patient lists, your favourites display at the top.



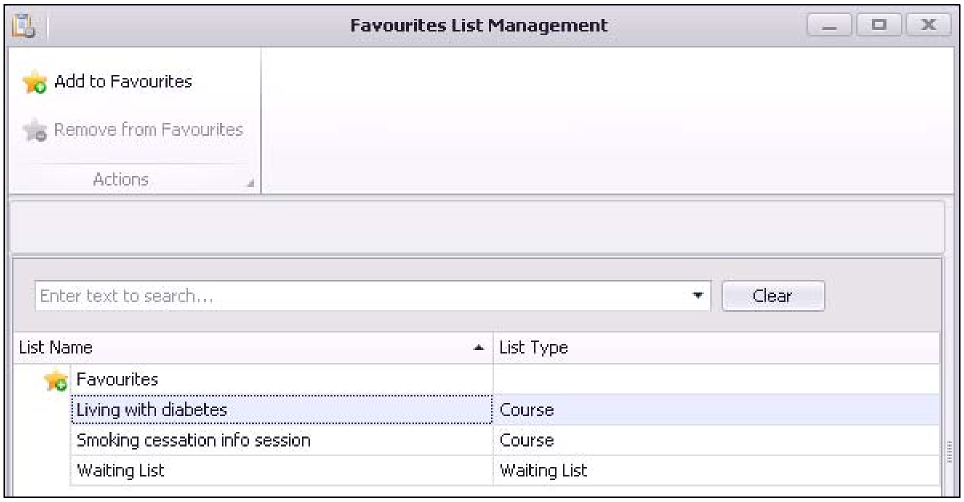
Note: Patient list favourites are user-specific. You cannot set favourites for other users.

Adding favourites

To add a patient list to your favourites:

1. On the Appointment Scheduler menu, click **Patient** > **Patient Lists**. The EMR displays the Patients on List window.
2. Perform one of the following actions:
   - If you have access to manage patient lists, click **Manage Lists** ( ). The EMR displays the Patient List Management window.

- If you do not have access to manage patient lists, click **Manage My Favourites** ( ). The EMR displays the Favourites List Management window.



3. Click the patient list, and then at the top of the window, click **Add to Favourites** ( ).

Removing favourites

To remove a patient list from the favourites list:

1. On the Appointment Scheduler menu, click **Patient** > **Patient Lists**. The EMR displays the Patients on List window.
2. Perform one of the following actions:
   - If you have access to manage patient lists, click **Manage Lists** ( ). The EMR displays the Patient List Management window.
   - If you do not have access to manage patient lists, click **Manage My Favourites** ( ). The EMR displays the Favourites List Management window.
3. Click the patient list you want to remove from your favourites.
4. Click **Remove from Favourites** ( ).

Managing list types

View video tutorial: **Customizing list types**

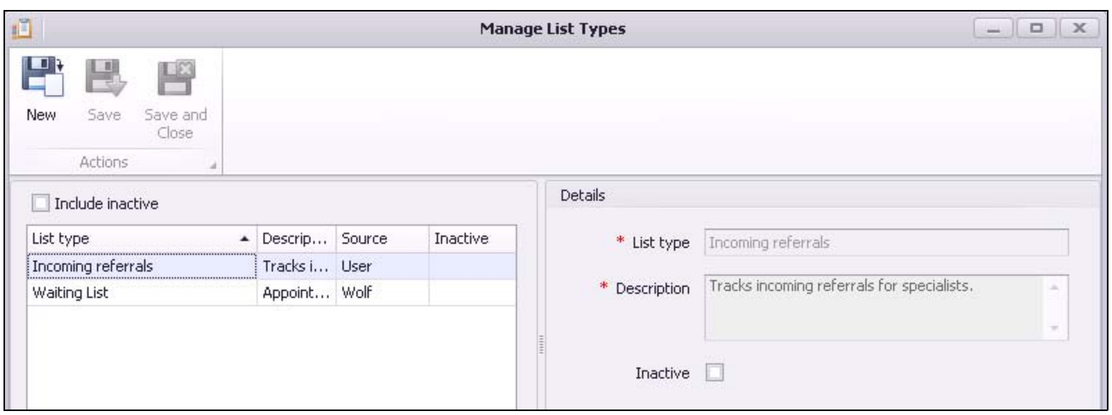
When you access patient lists, you can choose the type of patient lists you want to view. For example, you can choose to view only "Waiting Lists". As you create numerous types of patient lists, you can create customized list types to effectively group patient lists in an easy-to-find manner. Common list types include:

- Waiting list (available by default)
- Course (available by default)
- Patient population

Adding and modifying list types

To add, or modify a list type:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.
2. At the top of the window, click **Manage List Types** ( ). The EMR displays the Manage List Types window with your current list types shown in the left pane.



3. Perform one of the following actions:

   - To add a list type, click **New** ( ).
   - To modify a list type, in the left pane, click the list type.

   The EMR displays the **Details** area for the selected list type.

4. Using the following table, enter or modify the list type information.

Field	Description
List type	Enter the list type name as you want it to display in the **List Type** drop-down list on the Patient List Maintenance window.
Description	Enter a detailed description for the purpose of the list type.

5. Perform one of the following actions:
   - To save your changes and close the Manage List Types window, click **Save and Close** ( ).
   - To save your changes, and to add, edit, or remove another list type, click **Save** ( ). The EMR saves your changes and keeps the Manage List Types window open.

Deactivating patient list types

If you want to remove a list type, you can deactivate the list type. You can later restore the list type if needed.

To deactivate a a list type:

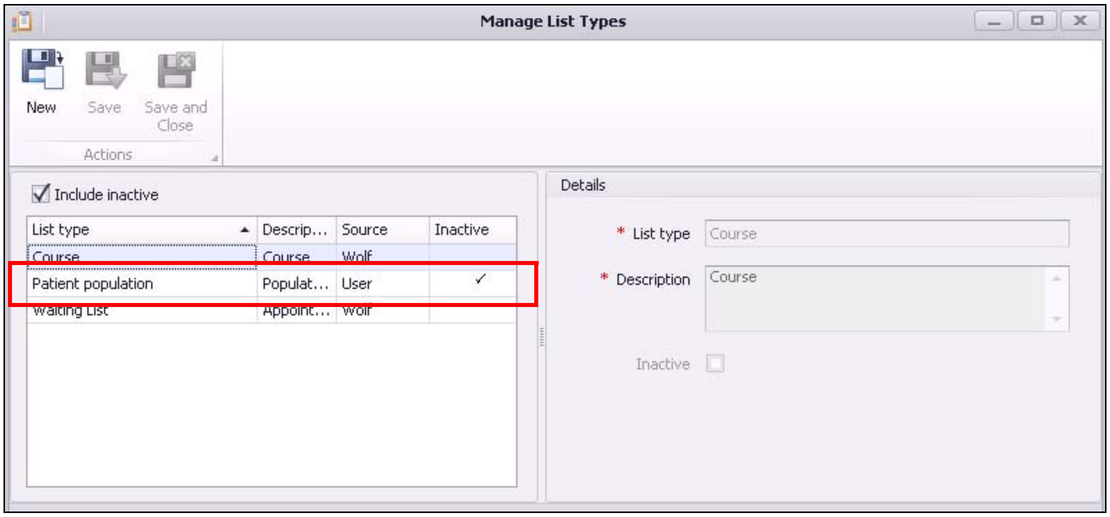
1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.
2. At the top of the window, click **Manage List Types** ( ). The EMR displays the Manage List Types window, with your current list types displayed in the left pane.
3. Click the list type and then, in the **Details** area, select the **Inactive** check box.
4. Perform one of the following actions:
   - To save your changes and close the Manage List Types window, click **Save and Close** ( ).
   - To save your changes, and add or modify another list type, click **Save** ( ). The EMR saves your changes and keeps the Manage List Types window open.

Restoring list types

To restore an inactive list type:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.

2. At the top of the window, click **Manage List Types** ( ). The EMR displays the Manage List Types window, with your current list types displayed in the left pane.
3. Above the list type list, select the **Include inactive** check box. The EMR displays any inactive list types.



4. Click the inactive list type you want to restore and then, in the **Details** area, clear the **Inactive** check box.
5. Perform one of the following actions:
   - To save your changes and close the Manage List Types window, click **Save and Close** ( ).
   - To save your changes, and add or modify another list type, click **Save** ( ). The EMR saves your changes and keeps the Manage List Types window open.

Managing list categories

View video tutorial: **Customizing list categories**

Patient lists contain a column displaying each patient's "Category". The category column enables you to sort and find patients by factors unique to your clinic and to the list. You can configure categories to meet the specific workflow needs of your clinic.

For example, an appointment waiting list for an orthopedic surgeon can categorize each patient by the type of surgery they are waiting for. When a patient cancels their appointment, the front end staff can then find a patient with a similar issue (that requires a similar appointment length) to take the open appointment slot.

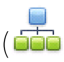
You can create, modify, remove, and restore category options as needed.

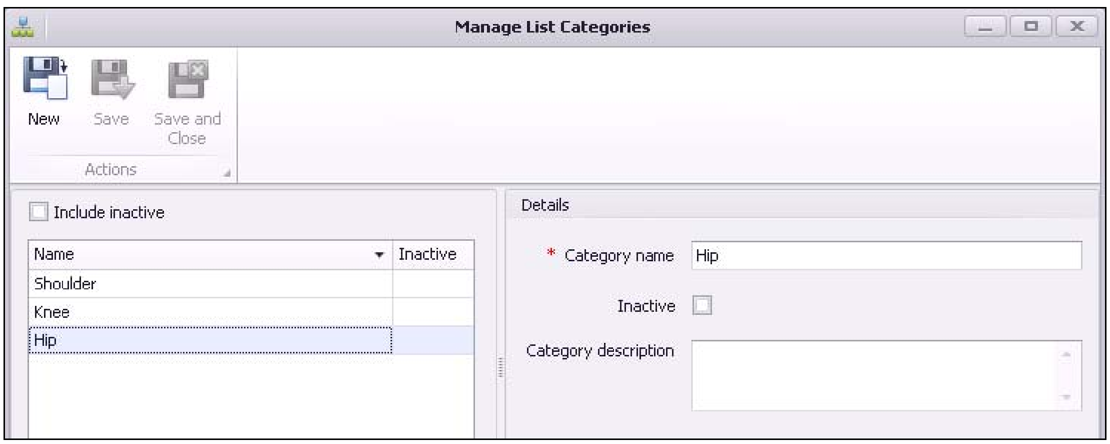
> **Note**: Categories can be unique to each list, or they can be shared by multiple patient lists.

Adding and modifying patient list categories

To add or modify a patient list category:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.

2. At the top of the window, click **Manage Categories** (). The EMR displays the Manage List Categories window, with a list of your current categories in the left pane.



3. Perform one of the following actions:

   - To add a category, click **New** ().
   - To modify a category, click the category.

   The EMR displays the **Details** area for the selected category.

4. To add or modify a category, use the following table to enter information in the **Details** area.

Field	Description
Category name	Enter the category name as you want it to display on the patient list.
Category description (Optional)	Enter a detailed description of the category and/or any notes regarding the category.

5. Perform one of the following actions:

- To save your changes and close the Manage List Categories window, click **Save and Close** ( ).
- To save your changes, and add or modify another category, click **Save** ( ). The EMR saves your changes and keeps the Manage List Categories window open.

Note: If the category name matches an existing category (even if it is inactive), you receive the following message.

Rename the category, or restore the category (if it is inactive). See "Restoring patient list categories" on page 144.

6. For each list you want the category to be available on, enable the category. See "Adding and modifying patient lists" on page 130.

Deactivating patient list categories

If you want to remove a category from your list of category options, you can deactivate the category. You can later restore the category if needed.

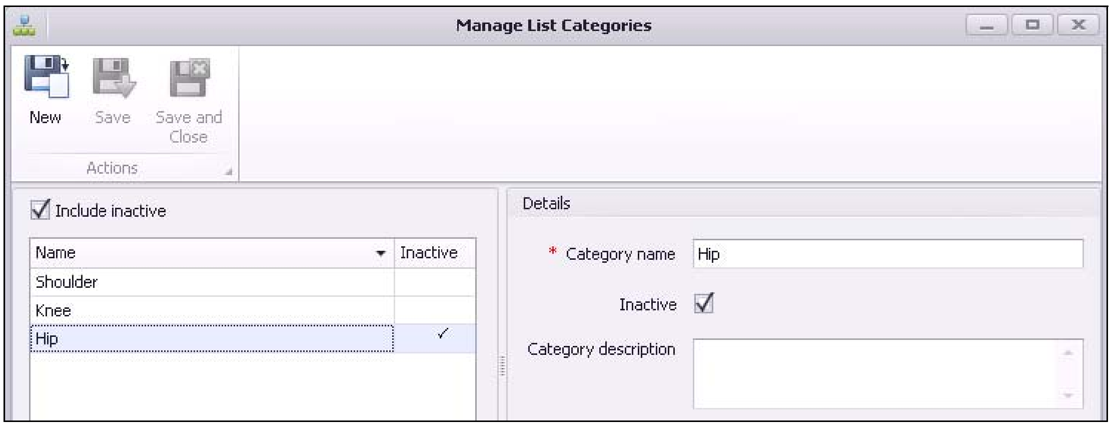
To deactivate a category:

1. Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.
2. At the top of the window, click **Manage Categories** ( ). The EMR displays the Manage List Categories window, with a list of your current categories in the left pane.
3. Click the category and then, in the **Details** area, select the **Inactive** check box.
4. Perform one of the following actions:
   - To save your changes and close the Manage List Categories window, click **Save and Close** ( ).
   - To save your changes, and add or modify another category, click **Save** ( ). The EMR saves your changes and keeps the Manage List Categories window open.

Restoring patient list categories

To restore an inactive category to a patient list:

1. 1.Open the Patient List Management window. See Step 1 in "Adding and modifying patient lists" on page 130.
2. At the top of the window, click **Manage Categories** ( ). The EMR displays the Manage List Categories window, with a list of your current categories.
3. Above the category list, select the **Include inactive** check box. The EMR extends the category list to include categories that have been set as inactive.



4. Click the inactive category you want to restore and then, in the **Details** area, clear the **Inactive** check box.
5. Perform one of the following actions:
   - To save your changes and close the Manage List Categories window, click **Save and Close** ( ).
   - To save your changes, and add or modify another category, click **Save** ( ). The EMR saves your changes and keeps the Manage List Categories window open.

Managing courses

If your clinic hosts courses or other informational events, you can track and manage participants in Wolf EMR. Using the various course features, you can:

- Create and manage participant lists.
- Book a course on the lecturer's appointment schedule.
- Book patients to a course.

To schedule a course, you must first create a patient list (participant list) for the course. From the course list, you can then manage the course schedule and book individual patients to the course.

Creating a course participant list

To create a course participant list:

1. Create a patient list as described in "Adding and modifying patient lists" on page 130. Use the following table to enter information in the patient list **Details** area:

Field	Description
Name	Enter the course name. For example, **Living with Diabetes**.
Location	If you have multiple clinic locations, in the drop-down list, click the location the course is to be hosted at. To enable users from all locations to book patients to the course, leave this field blank. **Note:** This field is visible only if you have multiple clinic locations set up in Wolf EMR.
List Type	In the drop-down list, select **Course**. If Course is not available in the list, add Course as a list type. See "Managing list types" on page 139.

2. Add patients to the list. You can add patients to the list:
   - From the appointment schedule. See "Adding patients to patient lists" on page 110.
   - From the patient list. See "Adding a patient to a list from the Patients on List window" on page 116.
   - As a group, using practice search. See "Adding groups of patients to lists using Practice Search" on page 123.

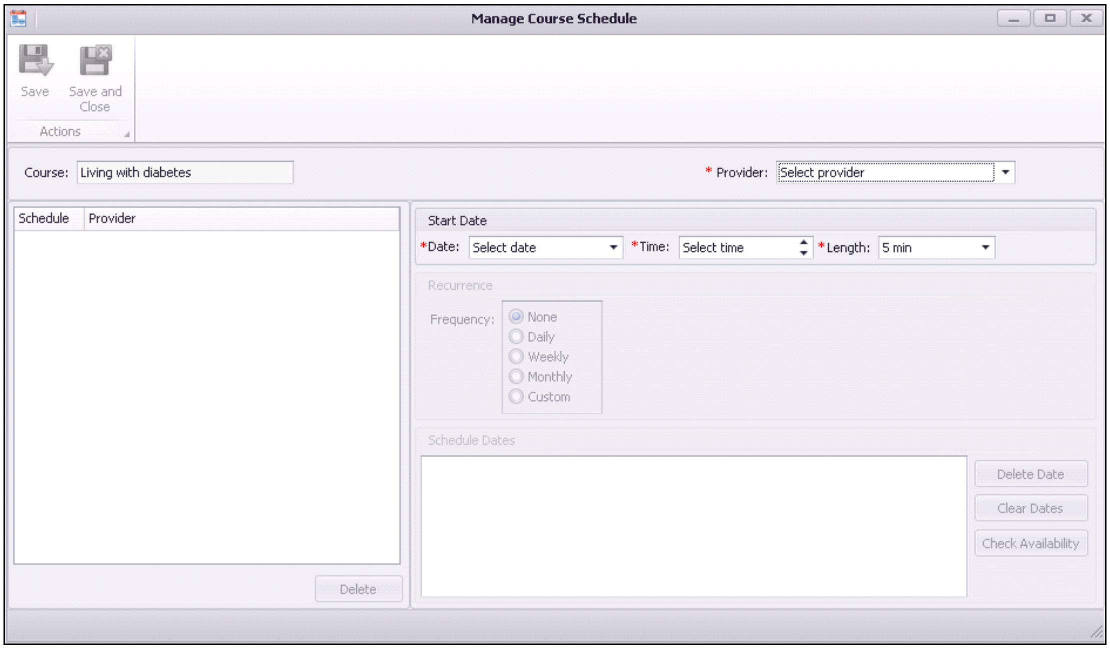
Scheduling a course

You schedule a course in the appointment scheduler of the practitioner who will be delivering the course.

To book a course in a practitioner's schedule:

1. On the Scheduler menu click **Patients > Patient Lists**. The EMR displays the Patients on List window.
2. In the **Lists** drop-down list, click the course participant list.

3. Click **Manage Course Schedule** ( ). The EMR displays the Manage Course Schedule window.



4. In the **Provider** drop-down list, click the practitioner.
5. In the **Start Date** area, in the **Date** field, enter the date of the course or, to select the date on a calendar, click the down arrow.

Note: If this is a recurrent course, ensure you enter the first date of the course.

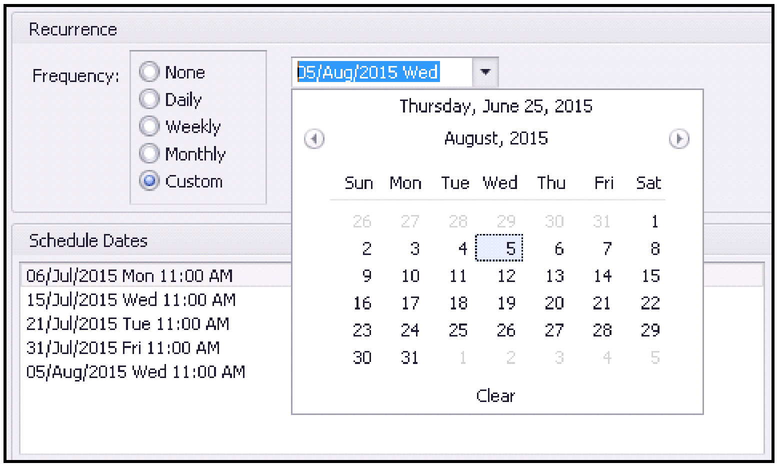
6. In the **Time** field, enter the start time for the course.
7. In the **Length** drop-down list, click the number of minutes the course is to be scheduled for.
8. If the course is to occur on multiple dates for the same practitioner (on the same appointment schedule), in the **Frequency** area, perform one of the following actions:
   - If the course is to take place on a regular schedule:

     a) Click **Daily**, **Weekly**, or **Monthly**.

     b) In the **Number of Additional <Days/Weeks/Months>** field, enter the number of days, weeks, or months the course is to be held, and then click **OK**. The EMR displays a list of appointment dates corresponding to your frequency selection in the **Scheduled Dates** area.

Tip: To delete one of the reoccurring appointment dates, in the **Scheduled Dates** area, click the date, and then click **Delete Date**.

- If the course is to take place on multiple random dates, click **Custom**, and then on the calendar, click the course dates. As you click each date, the EMR displays the date in the **Scheduled Dates** area.



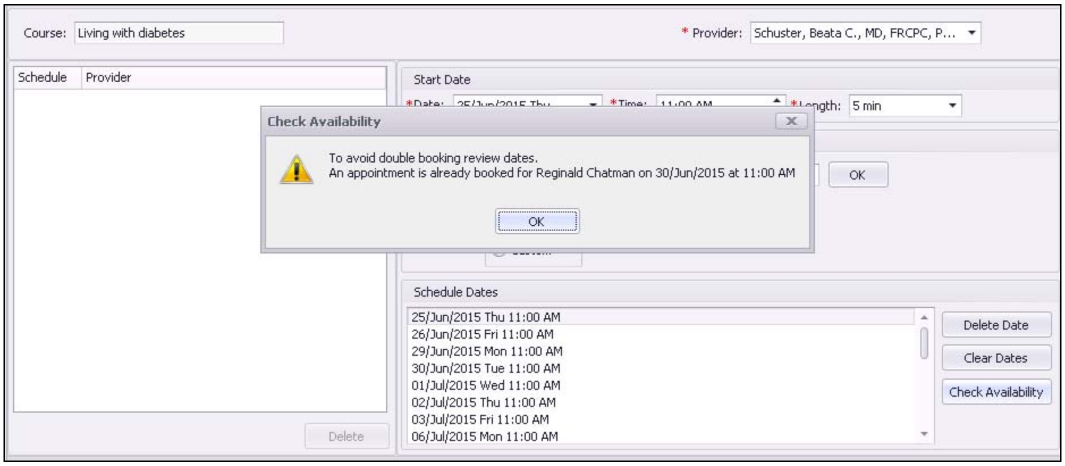
Best practice: Book a course as a reoccurring course only if you will be scheduling patients for multiple dates and require patients to attend on the first date. When you book patients for reoccurring courses, you must book them for the first course date.

If you want patients to choose only one of multiple course dates to attend, do not add multiple dates using the **Recurrence** area. Instead, schedule each course date one at-a-time by repeating Step 1 to Step 7 .

9. To ensure that the course date(s) do not overlap any booked appointments on the practitioner's schedule, in the **Scheduled Dates** area, click **Check Availability**.

   - If no overlap is identified, the EMR displays a dialog box with the following message: "No conflicts found."

- If overlap is identified, the EMR displays a dialog box with the following message: “To avoid double booking review dates. An appointment is already booked for <patient name> on <appointment date> at <appointment time>.



10. When you finish scheduling the course, click **Save and Close** (). If an appointment conflicts with the selected course dates, the EMR displays a dialog box with the following message: “To avoid double booking review dates. An appointment is already booked for <patient name> on <appointment date> at <appointment time>. Do you want to double book?”

11. To enable the EMR to double-book course dates, click **Yes**.

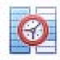
Booking a patient to a course

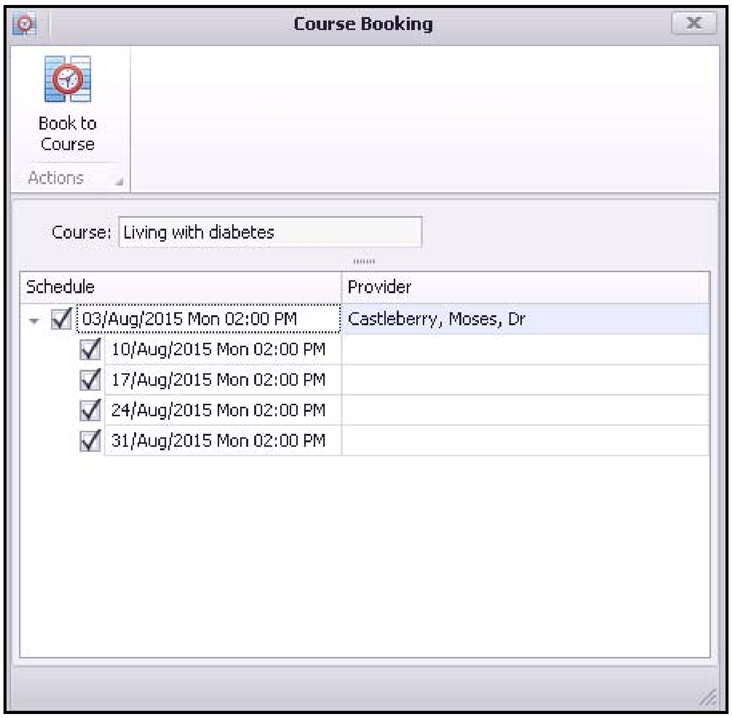
Once a course is added to a practitioner's schedule, from the course list, you can book patients to the course.

To book a patient to a course:

1. On the Scheduler menu click **Patients > Patient Lists**. The EMR displays the Patients on List window.
2. In the **Lists** drop-down list, click the course list.
3. Perform one of the following actions:
   - To book a single patient to the course, click the patient.
   - To book several (but not all) of the listed patients to the course, on your keyboard, hold down the **Ctrl** key, and then click the patients. The EMR highlights each patient you select.

- To book all listed patients to the course, click the patient at the top of the list, hold down the **Shift** key, and then click the patient at the bottom of the list. The EMR highlights all listed patients.

4. Click **Book to Course** (). The EMR displays the Course Booking window with:
   - The course name and lecturer displayed.
   - A list of dates the course is scheduled for.



Note: If the **Book to Course** icon is unavailable, this indicates that the course has not been booked in a practitioners schedule. See “Scheduling a course” on page 145.

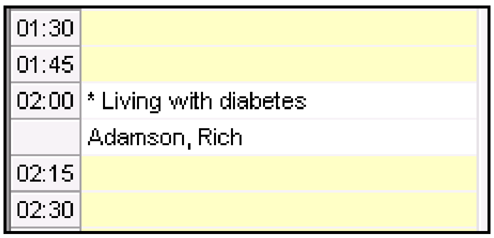
5. If the course is scheduled as a reoccurring course, perform one of the following actions:
   - To register the patient(s) for one or several course dates, but not all dates, clear the check boxes beside the dates you do not want to book the patient(s) for.

For reoccurring courses:

- All course dates are selected by default.
- The patients must be booked for the start date. If you clear the start date, the EMR clears all associated dates.

- To register the patient(s) for all course dates, leave the check boxes beside the dates selected.

6. Click **Book to Course** (). The EMR:
   - Displays a dialog box with the following message: “Selected patients have been booked to the course.”
   - Removes the patients from the course patient list (with history).
   - Displays the patient(s) on the course appointment on the lecturer’s appointment schedule



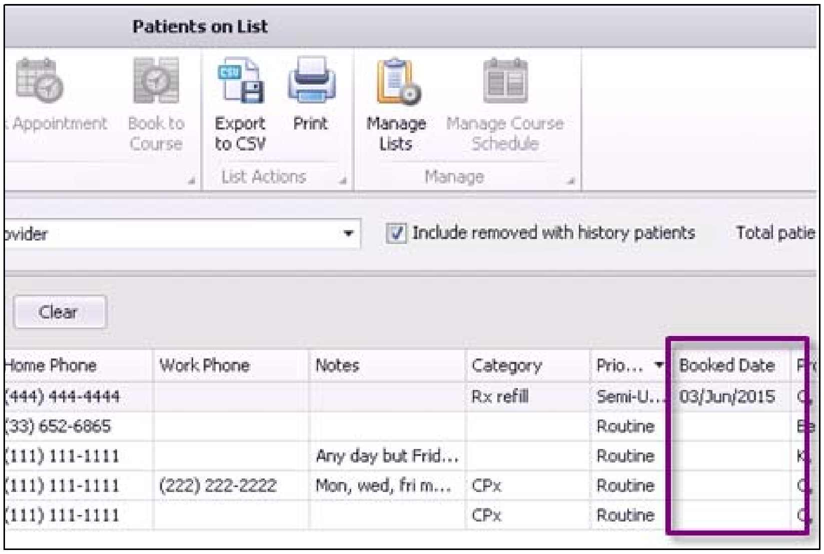
Tracking patients who have been booked to courses

You can view the patients who have been booked to a course from the course list.

To view the patients who have been booked to a course:

1. On the Scheduler menu click **Patients > Patient Lists**. The EMR displays the Patients on List window.
2. In the **Lists** drop-down list, click the course list.
3. Select the **Include removed with history patients** check box. The EMR displays all patients who have been removed with history (including booked patients) in the patient list.

4. To find patients who have been booked to a course, click the **Booked Date** header two times. The EMR sorts the list to display patients with booked dates at the top of the list.



Printing an appointment list (day sheet)

You can print a practitioner's appointment list for the day. The appointment list includes the following information: Length of Appointment, Patient Name, Age, and Chart Number.

To print an appointment list:

1. On the Scheduler menu click **Reports > Day Sheet**.
2. In the **Service Provider Selection** drop-down list, click a practitioner's name. (You can also print appointments for all providers who are scheduled for today by selecting **All on screen**.)
3. In the **Daysheet to be Sorted by** drop-down list, click an option to select how you want to sort the appointment list. The default setting is by **Appointment Time**.
4. In the **Daysheet Format** drop-down list, click the format for the appointment list.
5. In the **Time Selection** area, select which part of day's appointments you want to print. You can also enter a specific time period in hours and minutes in the **From** and **Up to** area.
6. Click **Print**.

Moving groups of appointments from one practitioner's schedule to another

There may be times when you need to move groups of appointments from one practitioner's schedule to another. For example, you may be in a new clinic and you are entering all upcoming appointments into the EMR. After entering a month's worth of appointments, you realize that you entered the appointments under the wrong practitioner's schedule. You need an easy way to shift all of these appointments to the appropriate schedule.

To move groups of appointments from one practitioner's schedule to another:

1. In the Scheduler, click and drag to select a group of appointments.
2. On your keyboard, press **Ctrl** + **V**. The EMR displays a dialog box, prompting you to confirm the move information.
3. Click **Yes**.
4. Navigate to the appropriate day and practitioner's schedule, and click the time slot for the first appointment on the list being moved. The EMR displays a dialog box with the message "Provider is different - continue?"
5. Click **Yes**. The EMR moves the appointments at the same intervals apart as they were on the original day.

Locking your workstation from the Scheduler

To lock your workstation from the Scheduler:

On the Scheduler menu, click **Appointments > Lock Applications**.

The Wolf EMR login screen is displayed. All of your applications (for example, the WorkDesk and the Scheduler) are still running, they are just locked. When you enter your password, your applications are unlocked and appear as they were when you left them.

Note: Locking applications is different from choosing **Close All Wolf EMR Applications** from the Wolf EMR Launch page. When you **Close All Wolf EMR Applications**, all of your applications are shut down. You must sign back in and relaunch all of your applications.

Best practice: If you have to step away from your workstation, click **Appointments** > **Lock Applications** instead of closing all Wolf EMR applications.

Chapter 4

WorkDesk overview

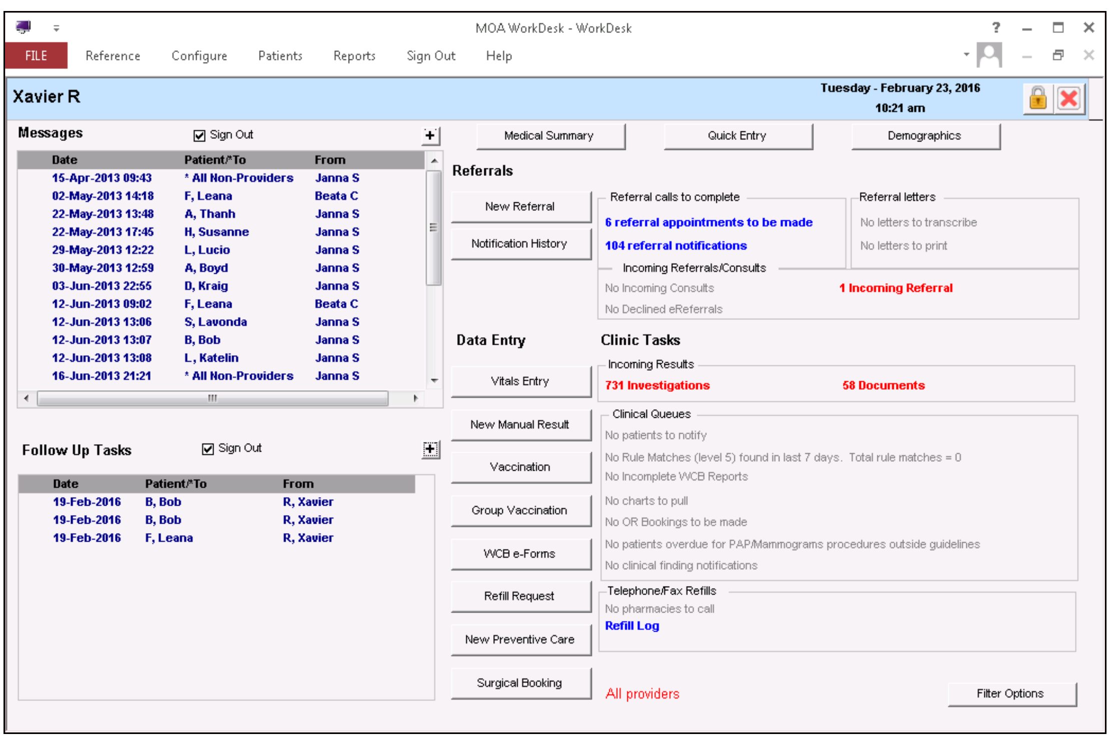
This chapter introduces you to the WorkDesk. The WorkDesk acts as the communication centre between practitioners and the Front End Staff. From the WorkDesk you can send, receive, and track messages, medication refills, referrals, follow-ups and other tasks.

You also use the WorkDesk to access and manage patient medical records. You can find, view, and enter patient clinical data on any patient's record.

Opening the WorkDesk

To open the WorkDesk:

1. On the Wolf EMR Launch page, click **WorkDesk** . The EMR opens the WorkDesk.



When the WorkDesk opens, the EMR displays the WorkDesk icon  in the toolbar at the bottom of your screen.

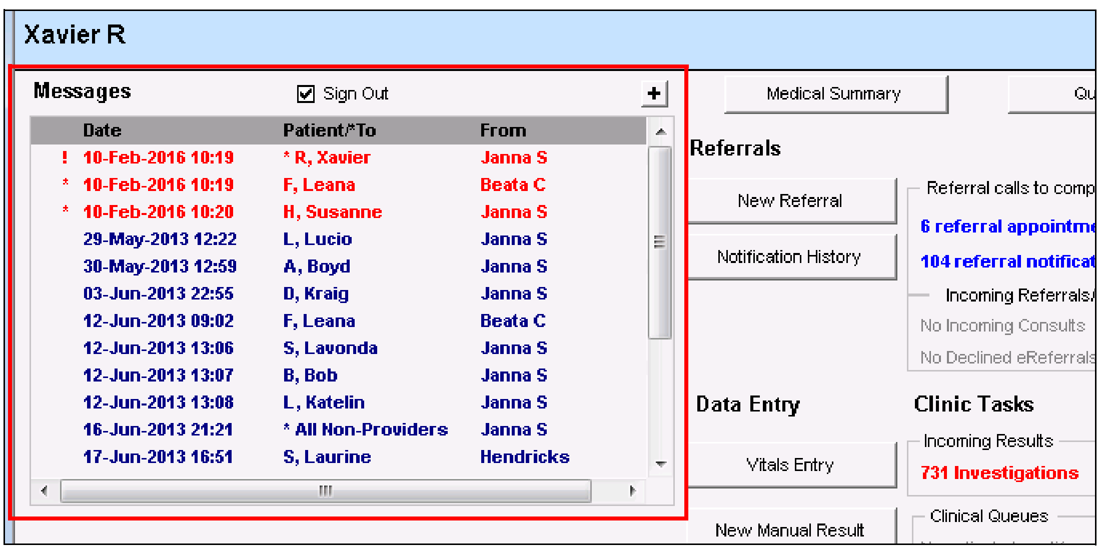
Tip: When the WorkDesk and the Scheduler are both open, you can click the WorkDesk icon  and the Scheduler icon  to quickly move back and forth between the programs.

Viewing your to-do list

The following sections describe the different areas of your WorkDesk you use to view and track items on your to-do list.

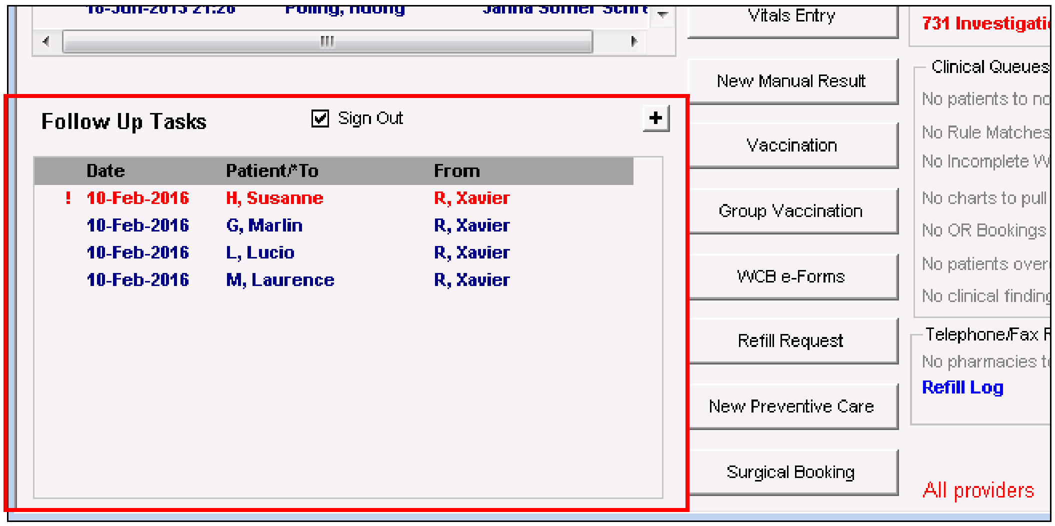
Viewing your active messages

You can view and create messages from the **Messages** area, which is located on the top left of the Workdesk



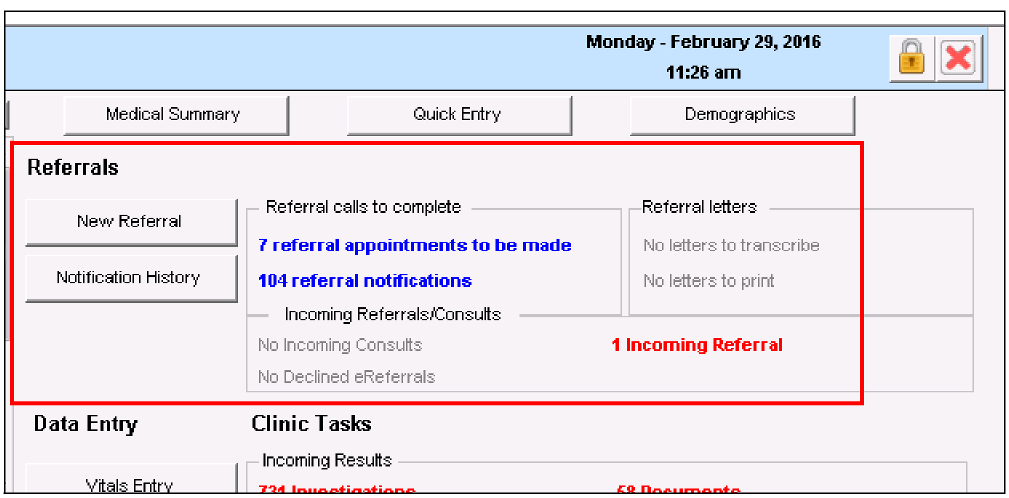
Viewing your active patient follow-ups

You can view and create follow-up tasks from the **Follow Up Tasks** area, which is located below the **Messages** area. Follow-up tasks are reminders to call a patient or to schedule a return appointment.



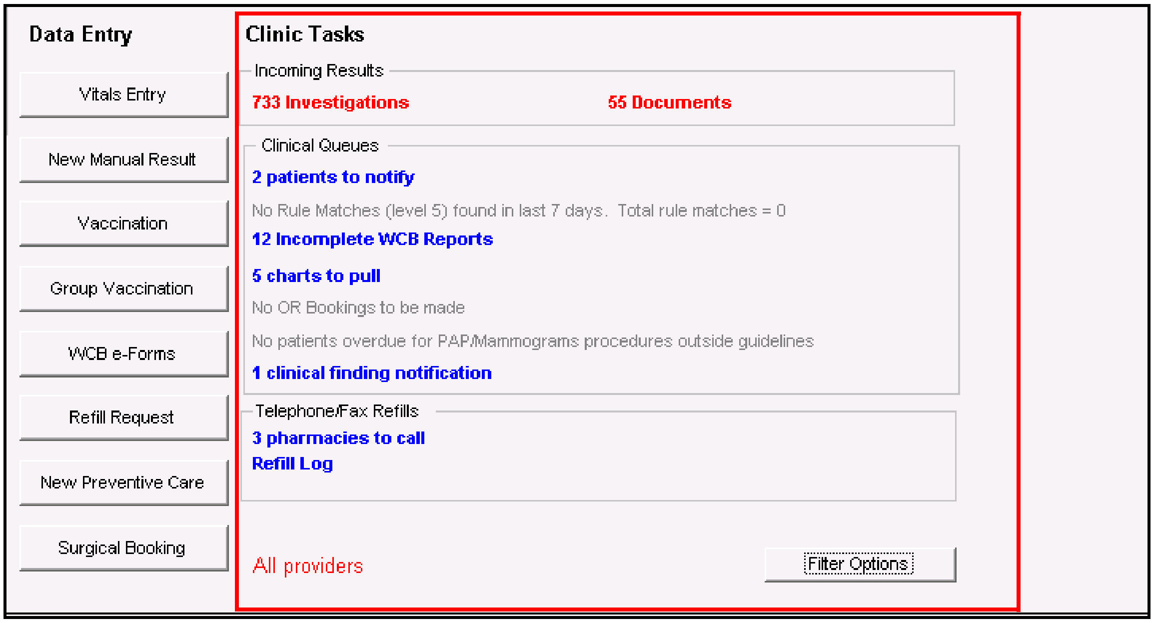
Viewing your referrals summary

You can create, track, and manage referrals from the **Referrals** area, which is located in the top right hand corner of the WorkDesk window.



Viewing your general clinic tasks

You can view a list of your clinical tasks in the **Clinic Tasks** area, located on the bottom right of the WorkDesk.



The **Clinic Tasks** area contains three main sections:

- Incoming Results
- Clinical Queues
- Telephone/Fax Refills

The following table lists the information you can review in the three main sections in the **Clinical Tasks** area.

Clinic Task section	You can review:
Incoming Results	■ Incoming investigation (Lab) results ■ Incoming documents
Clinical Queues	■ Patients you need to notify for a follow-up appointment ■ Patient rule matches ■ Incomplete WCB reports ■ Charts you need to pull ■ Patients who are overdue for a PAP/Mammogram procedures outside of guidelines ■ Clinical finding notifications

Clinic Task section	You can review:
Telephone/Fax Refills	■ Pharmacies you need to call ■ Prescription refill log

Filtering the WorkDesk by practitioner

You can filter the WorkDesk by practitioner(s) so that the notifications in the **Clinic Tasks** and **Referrals** areas relate to only the practitioner(s) you select. If your clinic supports multiple locations, you can also choose to see notifications relating to only the practitioners in your current location.

The default Filter Option setting for a single location clinic is **all providers**.

The default Filter Option setting for a multi-location clinic is **Providers in all my assigned locations**.

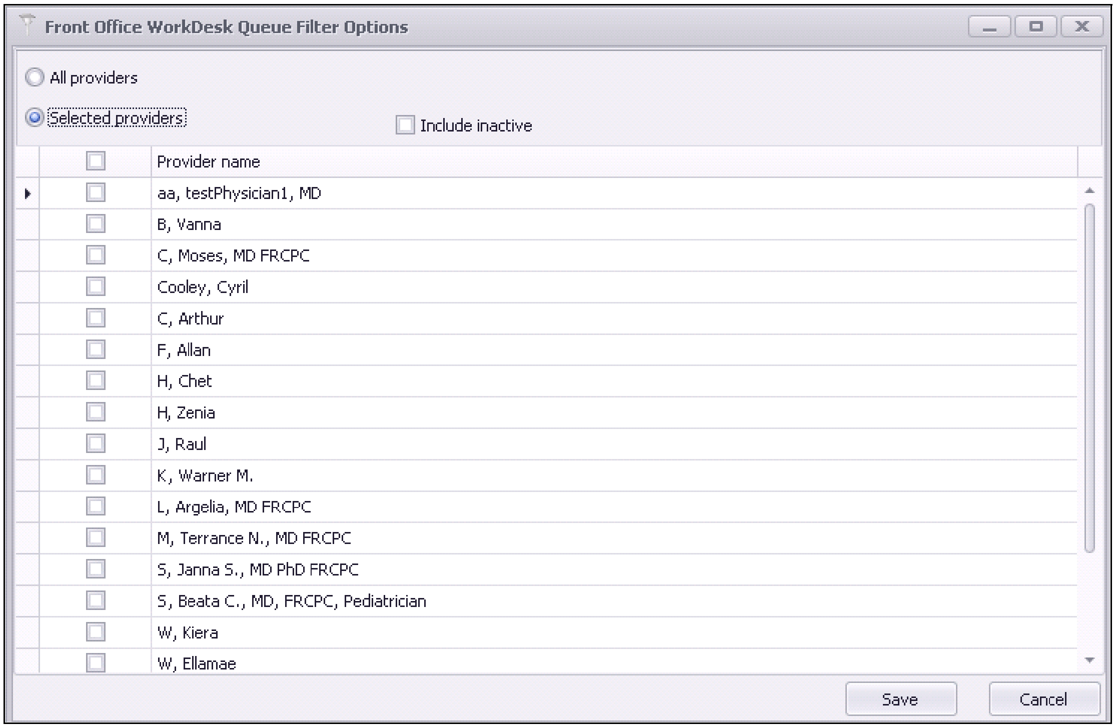
Note: The following notifications are not filtered:

- Patients Overdue for PAP / Mammograms outside guidelines
- Clinical Findings Notifications

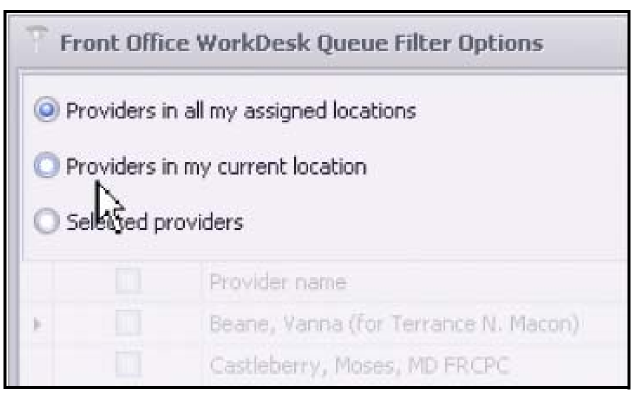
To filter the WorkDesk by practitioner:

1. In the lower right corner of your WorkDesk, click **Filter Options**. The EMR displays the Front Office WorkDesk Queue Filter Options window.
2. Perform one of the following actions:

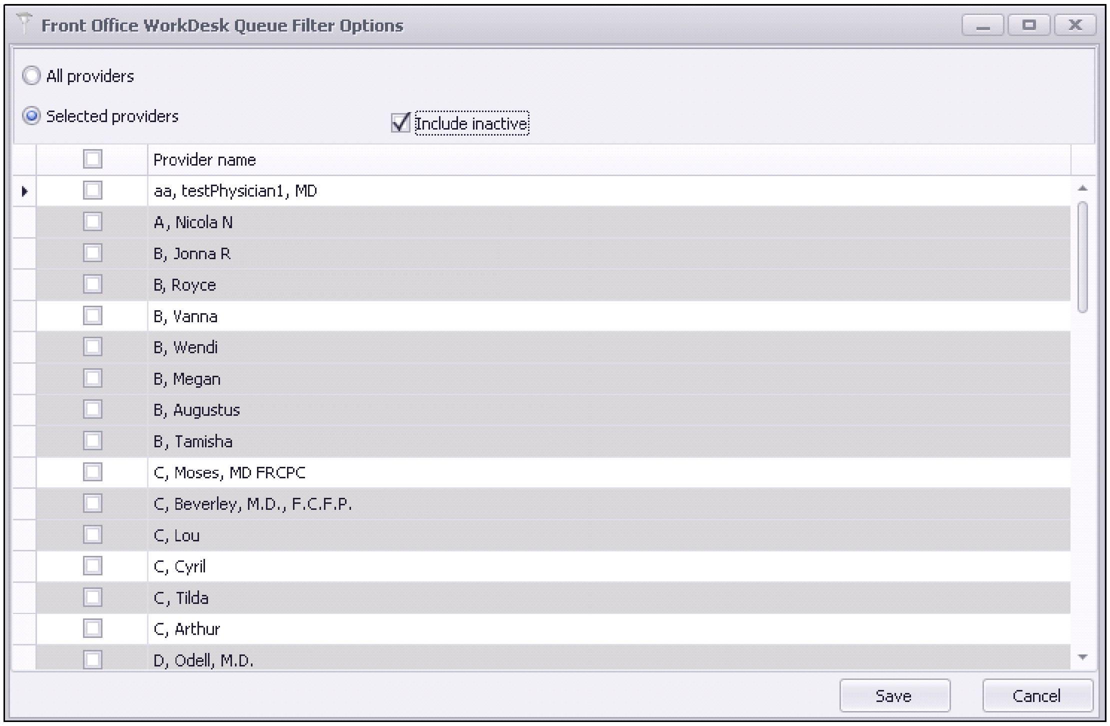
- If you are in a single location clinic: Select the **Selected Providers** option and then select one or more practitioners.



- If you are in a multi-location clinic: Select **Providers in my current location** or select **Selected providers** and then select one or more practitioners.



3. **(Optional)** If you want to include inactive practitioners, select the **Include Inactive** check box. The EMR adds all inactive practitioners to the list, shaded in grey.



4. Click **Save**. Red text to the left of the **Filter Options** button shows the filter option in use. For example, if you filtered your WorkDesk to show notifications relating only to specific practitioners, you would see "Filtered by: Selected providers".

Viewing and entering patient clinical data

The following sections provide an overview of the various ways that you can view and enter patient clinical data from your WorkDesk. Your instructor will cover these topics in detail later in the course.

Opening and viewing a patient's chart from your WorkDesk

You can open and view a patient's medical summary from your WorkDesk. The Medical Summary is essentially a patient's medical chart, and contains all of the patient's medical information.

To open a patient's medical summary from your WorkDesk:

1. At the top of your WorkDesk, click **Medical Summary**. The EMR displays the Patient Search window.
2. Search for the patient and then, in the search results list, double-click the patient’s name. The EMR opens the Medical Summary window

Opening the Quick Entry Form from your WorkDesk

You can open the Quick Entry Form from your workDesk. You use the Quick Entry Form to enter a patient's history including social information, medical problem list, medications, allergies, and surgeries.

To access the Quick Entry Form from your WorkDesk:

1. At the top of your WorkDesk, click **Quick Entry**. The EMR displays the Patient Search window.
2. Search for the patient and then, in the search results list, double-click the patient’s name. The EMR displays the Quick Entry Form window.

Opening the Patient Maintenance window from your WorkDesk

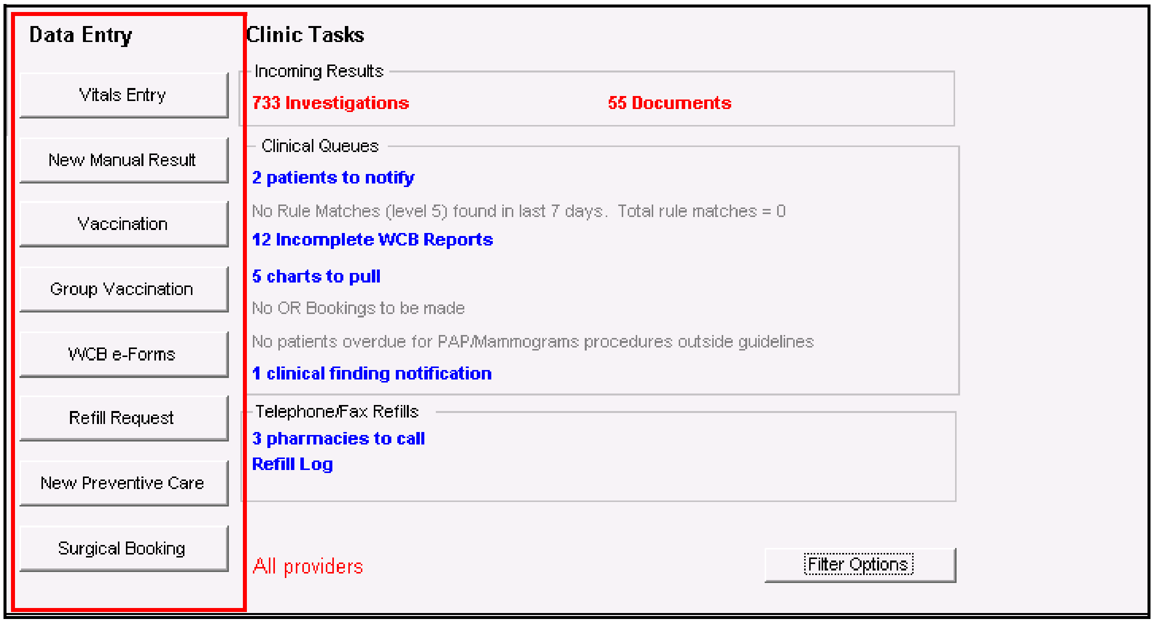
You can open the Patient Maintenance window from your WorkDesk. You use the Patient Maintenance window to view, enter, and store, most non-medical data about a patient. Examples of non-medical patient data include patient address, phone numbers, Personal Health Number (PHN), chart number, and next of kin.

To access the Patient Maintenance window from your WorkDesk:

1. At the top of your WorkDesk, click **Demographics**. The EMR displays the Patient Search window.
2. Search for the patient and then, in the search results list, double-click the patient’s name. The EMR displays the Patient Maintenance window.

Adding data or performing actions on patient charts using the Data Entry area on your WorkDesk

The **Data Entry** area of the WorkDesk provides various ways for you to enter patient data or perform actions on patient charts. The **Data Entry** area consists of a column of buttons in the middle of the WorkDesk window.



The following table describes the buttons in the **Data Entry** area:

Data Entry button	Use this button to:
Vitals Entry	Enter patient vitals and other measurements, for example pre-visit measurements, vital signs, and basic chart notes **Tip**: You can also enter vitals from the Scheduler. To enter vitals from the Scheduler: 1. In the Scheduler, click a patient name, and then on your keyboard press **F6**. 2. The Vital Entry window opens with the patient selected.
New Manual Result	Enter, view or modify a patient's manual lab results
Vaccination	■ Record vaccinations administered to the patient ■ Record that a patient refused or declined a recommended vaccination

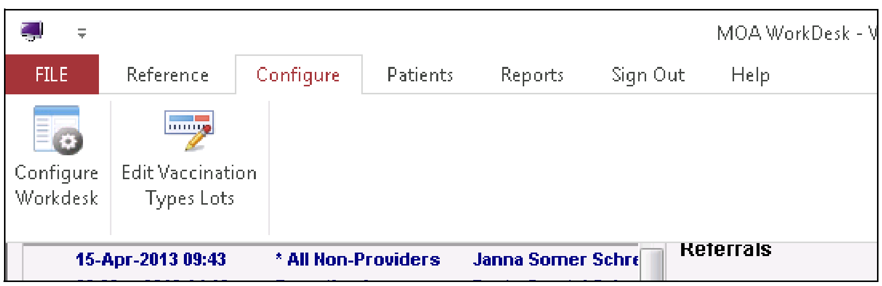
Data Entry button	Use this button to:
Group Vaccination	Record the administration of a vaccination to a group of patients. The EMR automatically creates multiple vaccination records for each individual patient. You can use this feature to enter vaccination information after a vaccination clinic session has occurred.
WBC e-Forms	■ Access WCB e-Forms
Refill Request	■ Create a medication refill request
New Preventive Care	■ Create a Preventative Care Procedure result for PAPs and mammograms

Using WorkDesk menu options

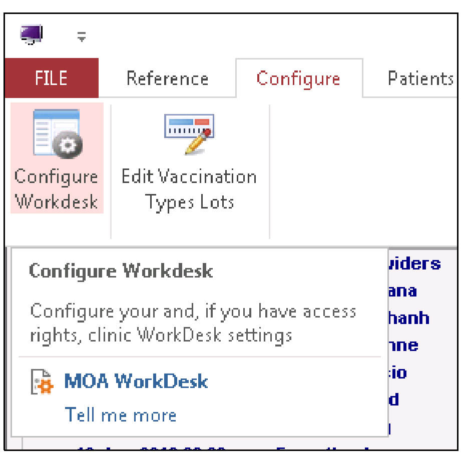
Video demonstration: **Wolf EMR 2016.1 WorkDesk enhancements**

Along the top of the WorkDesk window, there are a series of menu options. Here, you can perform a variety of actions, including customizations to the way your WorkDesk acts and looks.

When you click a menu, the EMR displays the menu options in a horizontal ribbon.



Tip: If you are unsure of what a menu option is for, hover your cursor over the icon and a description pops up.



Chapter 5

Viewing and recording patient medical history (Medical Summary)

This chapter introduces you to the Medical Summary. The Medical Summary represents a patient’s “medical chart” and contains a patient’s entire medical history. The SMART patient banner is located at the top of the Medical Summary (as with other windows that contain patient information) and contains a summary of important patient information that you can view, at-a-glance, in one convenient area.

In this chapter, you learn how to enter, view, and modify patient medical information from the Medical Summary, the SMART patient banner, and the SMART menu.

Opening a patient’s Medical Summary

The method you use to open a patient’s Medical Summary depends on whether the patient is booked for an appointment or not.

To open a patient’s Medical Summary, perform one of the following actions:

- If the patient has an appointment booked today, on the Appointment Scheduler, click the appointment, and then press **F7**.
- If the patient does not have an appointment booked, in the Appointment Scheduler, search for the patient and then, from the search window, open the patient’s Medical Summary. See “Searching for a patient” on page 23.
- If you are working in the WorkDesk, click Medical Summary. See “Opening and viewing a patient’s chart from your WorkDesk” on page 159.

Tip: If You are in a patient’s medical summary window and want to view another patient’s medical summary, on the top right corner of the window, click  **(Search)**.

SMART Patient Banner overview

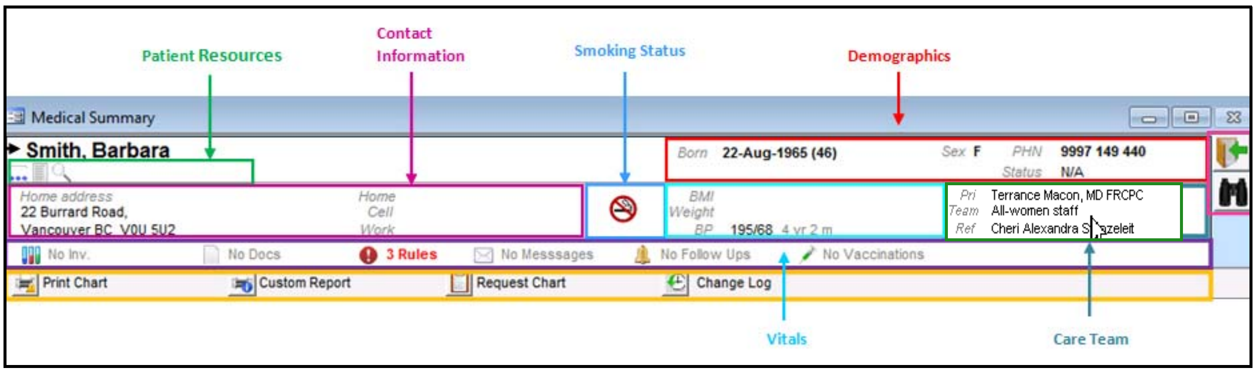
The EMR displays the SMART Patient Banner at the top of most windows relating to a patient, including the patient's:

- Medical Summary
- Vital Entry form
- Messages
- Tasks

The EMR also displays the SMART Patient Banner on the Verify Patient Details window when you mark a patient as **Arrived** in the Scheduler.

Information on the SMART Patient Banner

The SMART Patient Banner contains a variety of patient information that you can view, at-a-glance in one convenient area. You can easily edit some of the patient information, for example patient demographics. You can also perform a variety of actions from the Medical Summary toolbar.



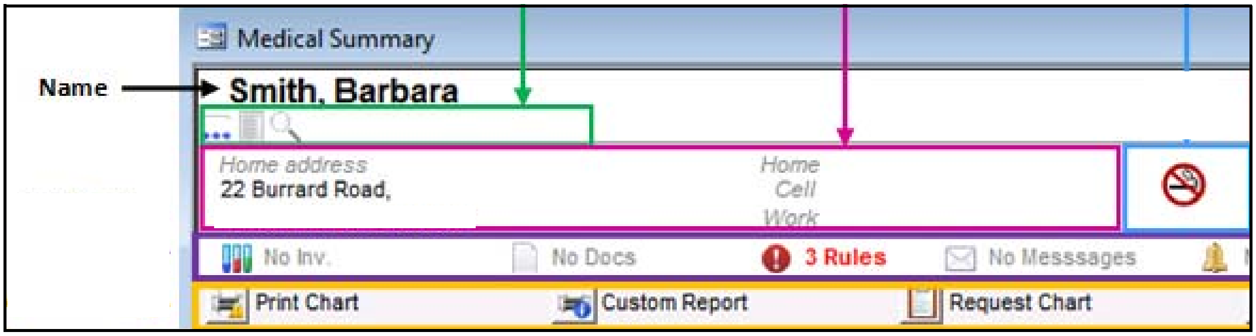
The main areas of the SMART Patient Banner include:

- Name
- Demographics
- Patient Resources
- Contact Information
- Smoking Status
- Vitals
- Care Team
- Notification bar
- Medical Summary toolbar
- Navigation buttons

The following sections describe the main areas of the SMART Patient Banner.

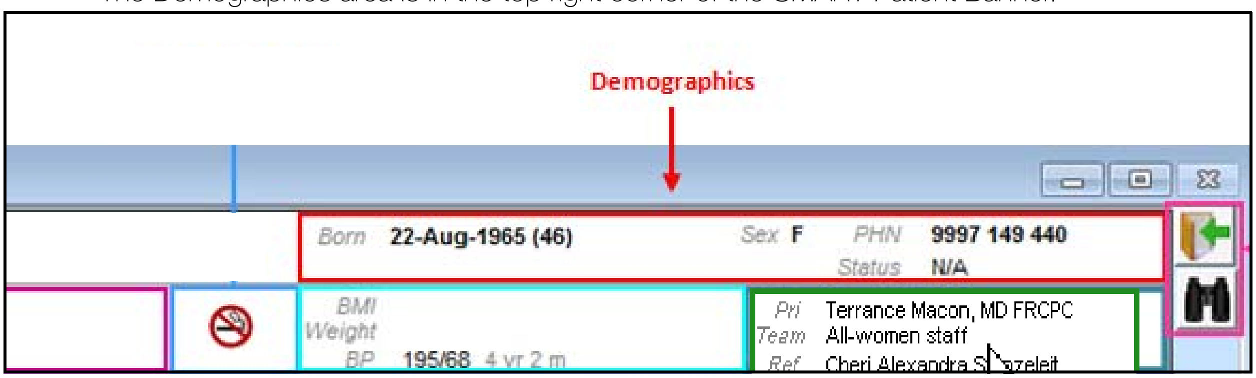
Name

The Name area is in the top left corner of the SMART Patient Banner. The Name area displays the patient’s last name and first name separated with a comma. For example “Smith, Barbara.



Demographics

The Demographics area is in the top right corner of the SMART Patient Banner.

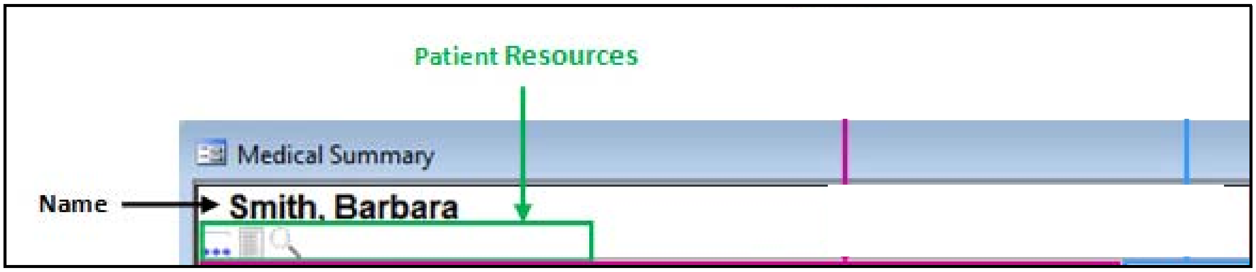


The Demographics area displays the following information:

- **Born**: The patient's date of birth. The age is shown in brackets beside the date.
- **Sex**: M/F
- **PHN**: Patient's PHN
- **Pregnant**: Displays if a patient is pregnant and how many weeks the patient is along in the patient's pregnancy.
- **Status**: Displays a patient's active Patient Status. For example, Homebound, Acute Care Patient, or Left Practice.

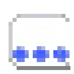
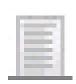
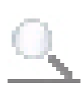
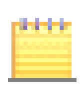
Patient Resources

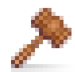
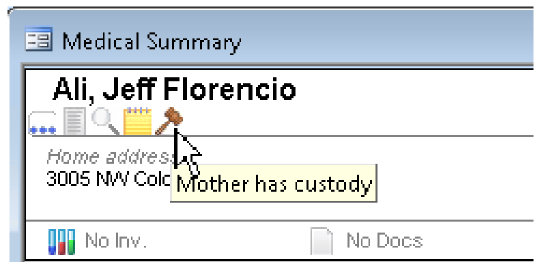
The Patient Resources area is below the patient name in the SMART patient banner. The Patient Resources area of the SMART Patient Banner gives you easy access to more information about the patient. Some of the information is view-only; for example patient visit records or the patient photo. Other icons link you to other areas of the EMR where you can view and edit the information if necessary. For example, you can view and edit information in the Patient Maintenance window.



Note: The Patient Resources area only displays the icons that apply to the patient. For example, if there are no alerts for the patient, you will not see the Alerts icon. Similarly, if no notes exist for the patient, you will not see the Patient Notes icon.

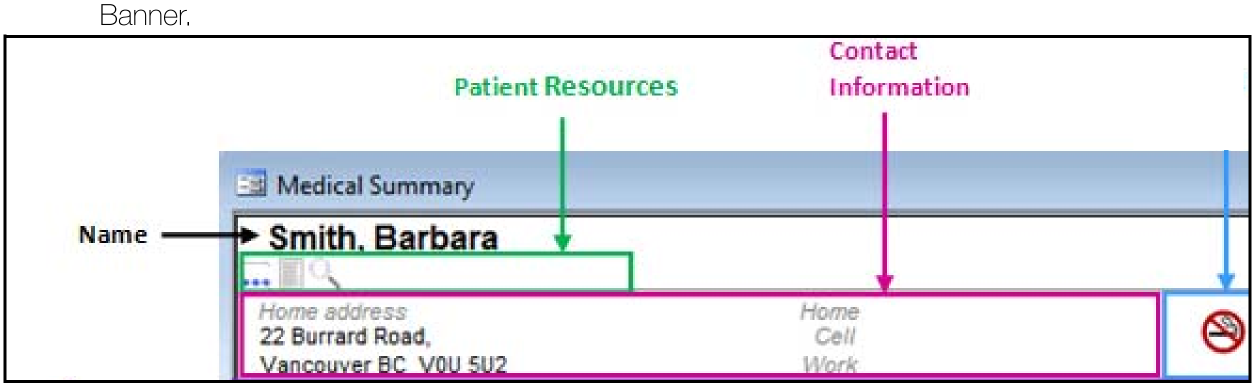
The following table describes the icons you may see in the Patient Resources area.

Icon	Item	Description
	View Patient Demographics Information	Opens the **Name/Addr/Phone** tab in the Patient Maintenance window
	View Paper Chart	Opens a scanned version of the patient's previous paper chart information or previous medical summary (if available). This icon displays if the keyword **Medical Summary** was associated with the document.
	View Patient Visits	Opens all summarized Visit Records for the Patient
	Search Patient Visits	Opens the Visit Record History window with a list of encounters to choose from or you can use the Search function
	Patient Notes	Opens the **Notes** tab in the Patient Maintenance window (if available)
	Patient Photo	Opens patient photo (if available). This icon displays if the keyword **IDPhoto** was associated with the photo.
	Alerts	Opens alerts for the patient (if available)

Icon	Item	Description
	Custody information	The icon's ToolTip displays custody-related text when you hover your cursor over the icon.  This icon displays if the **Note** field in the **Custody Agreement** area on the **Name/ Addr/Phone tab** in the Patient Maintenance window is populated, and the patient is under the legal majority age for the province.
	Indicates that the patient is connected to the Patient Portal	Opens Patient Maintenance to Portal Settings (if set up)

Contact Information

The Contact Information area is below the Patience Resources area in the SMART Patient Banner.

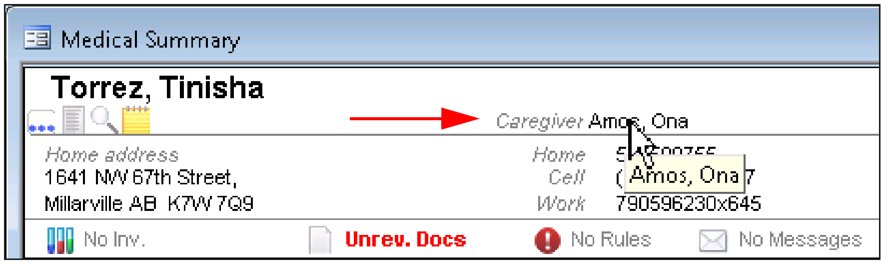


The Contact Information area displays the following information:

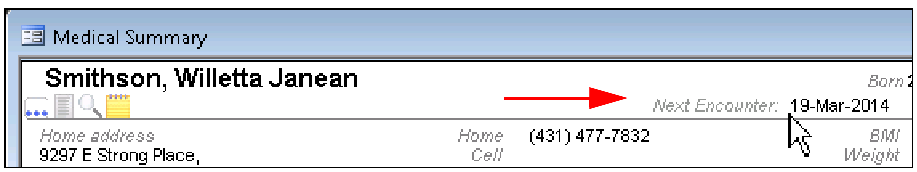
- **Home Address**: Patient's address
- **Phone Number(s)**: Home, Cell, Work

Note:

- If available, caregiver information is displayed above the phone number.

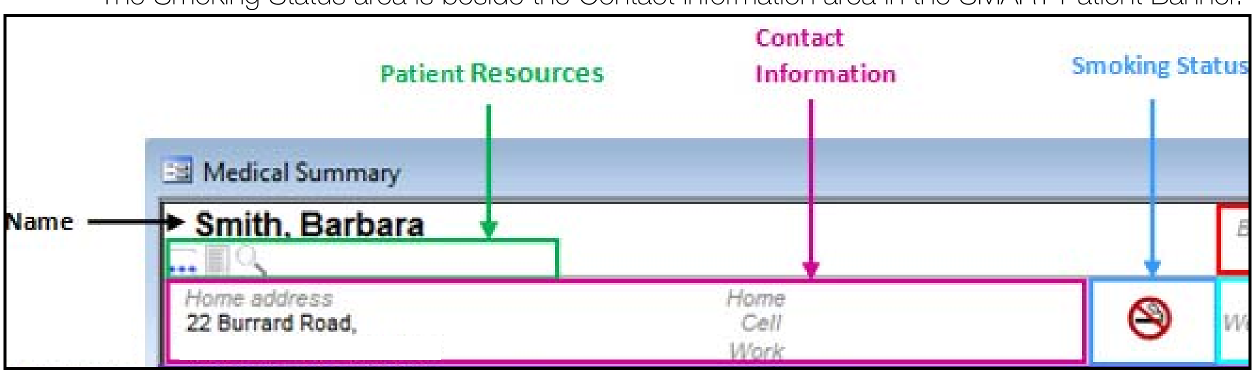


- If the patient does not have an appointment today, or the appointment is finished, the next encounter date is displayed above the phone number. If the patient has a current appointment, the patient status, room number, and wait time is displayed.



Smoking Status

The Smoking Status area is beside the Contact information area in the SMART Patient Banner.

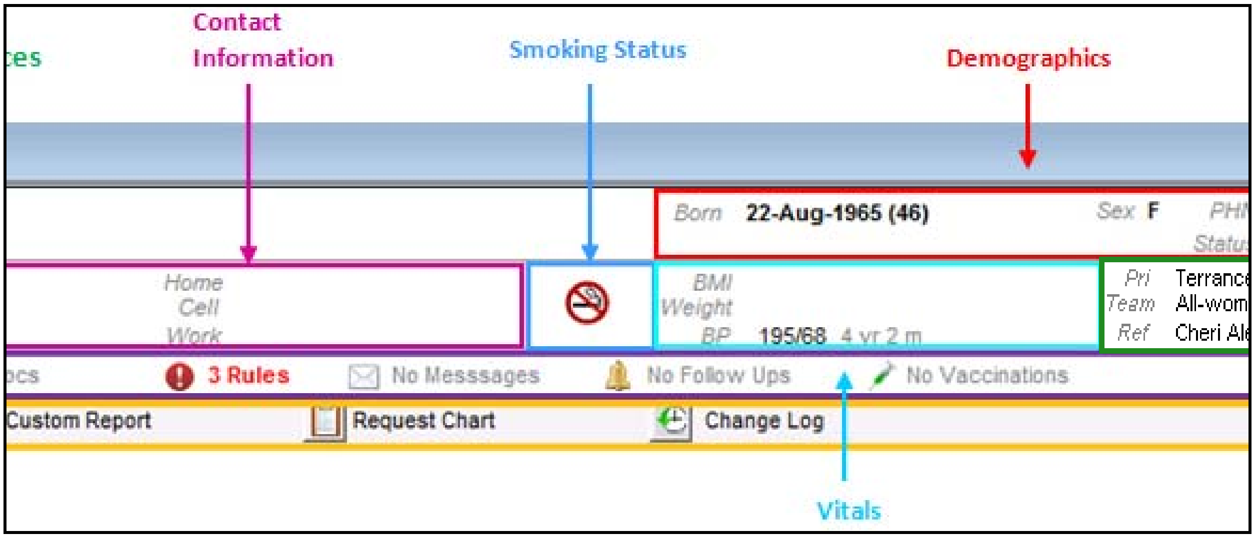


If the smoking status has been set, the smoking status appears as one of the following icons:

- Non-Smoker 
- Smoker 

Vitals

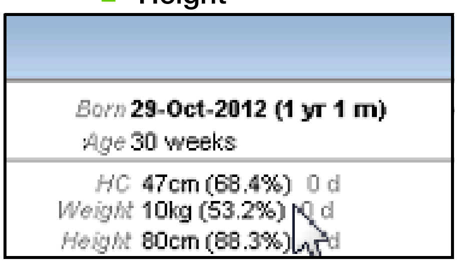
The Vitals area is beside the Smoking Status area, and below the Demographics area in the SMART Patient Banner.



The vital information displayed depends on the age of the patient.

If a patient's age is 0 to 2 years old, the Vitals area displays the following fields, together with percentiles, if available:

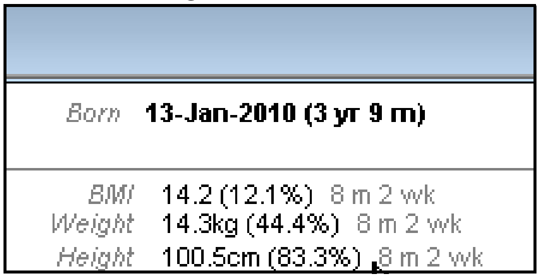
- **HC**: Head Circumference
- **Weight**
- **Height**



If a patient's age is 2 to 19 years old, the Vitals area displays the following fields, together with percentiles, if available:

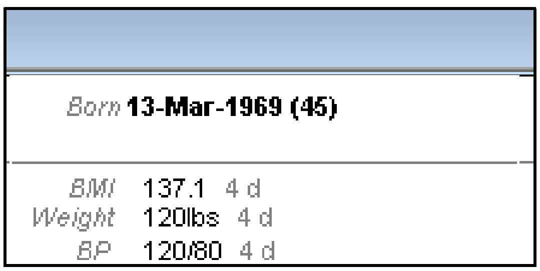
- **BMI**: Body Mass Index
- **Weight**

- **Height**



If a patient's age is 20+ years old, the following fields are listed:

- **BMI**
- **Weight**
- **BP**: Blood Pressure

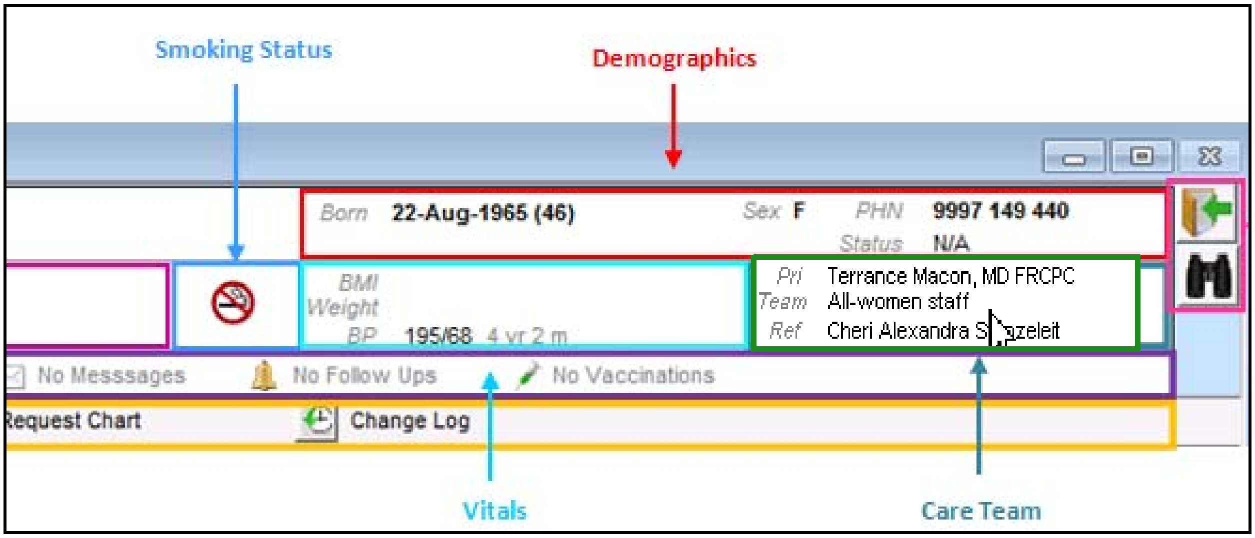


Note: Percentiles are based on the Canadian Dietitian (WHO) growth charts.

Note: The time frame displays with each of the above measures.
For example, a patient's BP is displayed as: BP 120/80 1y3m ago

Care Team

The Care Team area is beside the Vitals area, and below the Demographics area in the SMART Patient Banner.



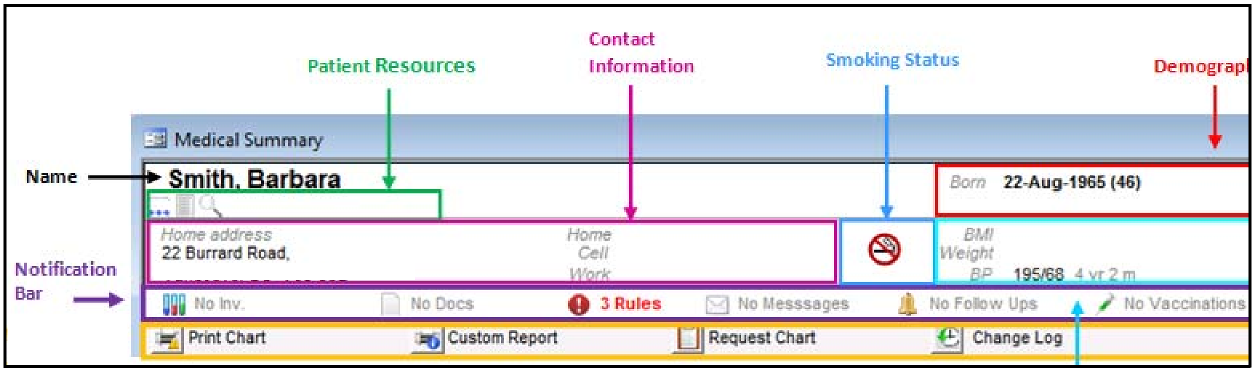
The Care Team area displays the following information:

- **Primary MD**: Displays default practitioner
- **Family MD**: Displays if the patient has a family practitioner who is not the primary practitioner
- **Referral MD**: Displays if the referring incoming practitioner has been noted in Patient Maintenance.
- **Care Team**: Displays if the patient is assigned to a care team.

> **Tip**: You can set your WorkDesk preferences to disable or enable the display of the above items:
>
> On the WorkDesk menu, click **Configure > Configure WorkDesk > Miscellaneous tab**.

Notification bar

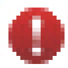
The Notification bar is below the Contact Information area in the SMART Patient Banner.



The Notification bar indicates how many investigations, rules, documents, and messages are available for the patient. The Notification bar also indicates how many follow ups and vaccinations the patient is due for. Pending, un-reviewed, and recent items appear in red text. You can click any icon in the Notification bar to open the related area in the EMR. For example you can click the **Investigations** icon to open the Investigation In Basket window for the patient.

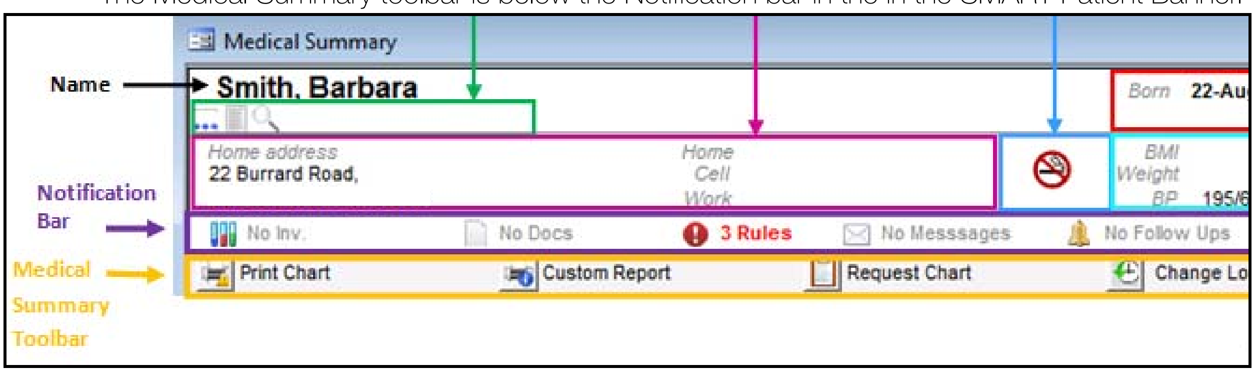
The following table describes the icons on the Notification bar.

Icon	Description
	**Investigations** ■ Can indicate how many pending investigations (Pending Inv.) or recent investigations (Recent Inv.) are that are available for the patient. Also indicates if there are no recent investigations for the patient (No Inv.). ■ Investigations are Electronic Lab or Report Submissions in Wolf. ■ You can view Excelleris text reports such as an Operative Report, or a Procedures Report from the Investigation In Basket. The EMR saves Excelleris text reports under the **Documents** tab in the patient's Medical Summary. ■ Click to open the Investigation In Basket
	**Documents** ■ Can indicate how many un-reviewed documents (Unrev. Docs.), or recent documents (Recent Docs) are that are available for the patient. Also indicates if there are no recent documents for the patient (No Docs). ■ Documents are generally items scanned in by the staff, or they are printed from the system. You may have some documents from certain regions come electronically into this area as well. ■ Click to open the Documents In Basket

Icon	Description
	**Rules** ■ Indicates how many Rule Matches are available for that patient. A rule is a search or an automated reminder. which runs over night. ■ Click to open the Rule Matches screen
	**Messages** ■ Indicates how many unread Messages are available for that patient ■ Click to open the Message Viewer screen
	**Follow Ups** ■ Indicates how many outstanding Follow-Ups the patient is due for ■ Click to open the Follow-Ups screen
	**Vaccinations** ■ Indicates how many Vaccinations the patient is due for ■ Click to open the Vaccination Schedule screen.

Medical Summary toolbar

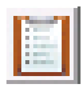
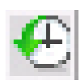
The Medical Summary toolbar is below the Notification bar in the in the SMART Patient Banner.



You can perform a variety of actions from the Medical Summary toolbar. You can click any icon in the Medical Summary toolbar bar to open the related area in the EMR and perform a specific action. For example, you can click the **Print Chart** icon to open the Wolf Clinical Records window, where you can choose clinical documents to print.

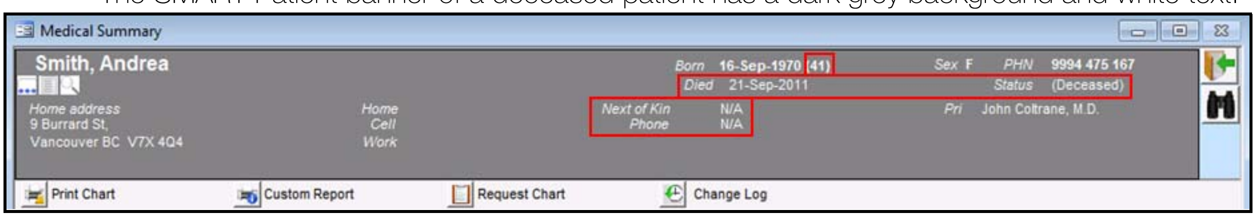
The following table describes the icons on the Medical Summary toolbar.

Icon	Description
	**Print Chart** Opens the Wolf Clinical Records window, where you can choose to print various parts of the medical record.

Icon	Description
	**Custom Report** Opens a Custom Report Form, where you can print Visits, Prescriptions, and Referrals and title the report.
	**Request Chart** Opens a Chart Request window, where you select the practitioner's name who is requesting the chart. The chart request appears as an item in the **Clinical Queues** area on your WorkDesk as a chart to pull. **Note:** If practitioner clicks the **Request Chart** icon, the Chart Request window opens with the practitioner's name automatically populated.
	**Change Log** Opens the Change Log window, where you can review all change activity that occurred in this patient's medical summary

Deceased patient banner

The SMART Patient banner of a deceased patient has a dark grey background and white text.



The banner contains the following additional fields:

- **Died**: The Date the patient died. This field is displayed in the Demographics area under the Born field.
- **Age at Death**: The age is displayed in brackets beside the Born date
- **Status**: Displays as Deceased.
- **Next of Kin**: The Vitals area disappears and is replaced with the patient's next of kin and their phone number.

Medical Summary window overview

The following sections provide an overview of the tabs and navigation buttons on the Medical Summary window.

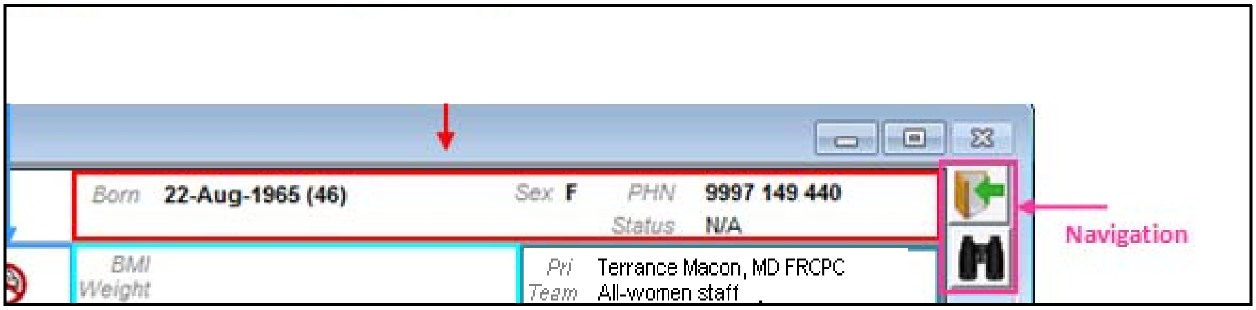
Medical Summary window tabs

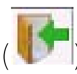
The following table provides an overview of the information available on each of the tabs in the Medical Summary window.

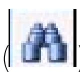
Tab	Information available
Current Hx: Current History	■ Problems ■ Current medications ■ Encounter records ■ Allergies ■ Vaccinations ■ Blood type
Past Hx: Past History	■ Inactive problems ■ Previous medications ■ Procedures and surgeries ■ Refuted and terminated allergies
Personal Hx: Personal History	■ Social history ■ Harmful substances (For example, smoking history and alcohol history) ■ Family history ■ Other risks
Communication	■ Messages ■ Follow ups
Investigations	■ Lab results ■ Manual results ■ Preventive care procedures (for female patients)
Documents	■ SMART Forms and documents attached to the patient record
Referrals	■ Referral records made for the patient
Obstetrics	■ Pregnancy history information (for female patients if applicable)

Medical Summary window navigation buttons

The navigation buttons are on the top right side of the Medical Summary window.



Click **Close** () to close the Medical Summary window.

Click **Search** () to search for another patient's Medical Summary.

Viewing and modifying current medical history

The following sections describe how to add, view, and edit a patient's current medical history information.

Adding a problem

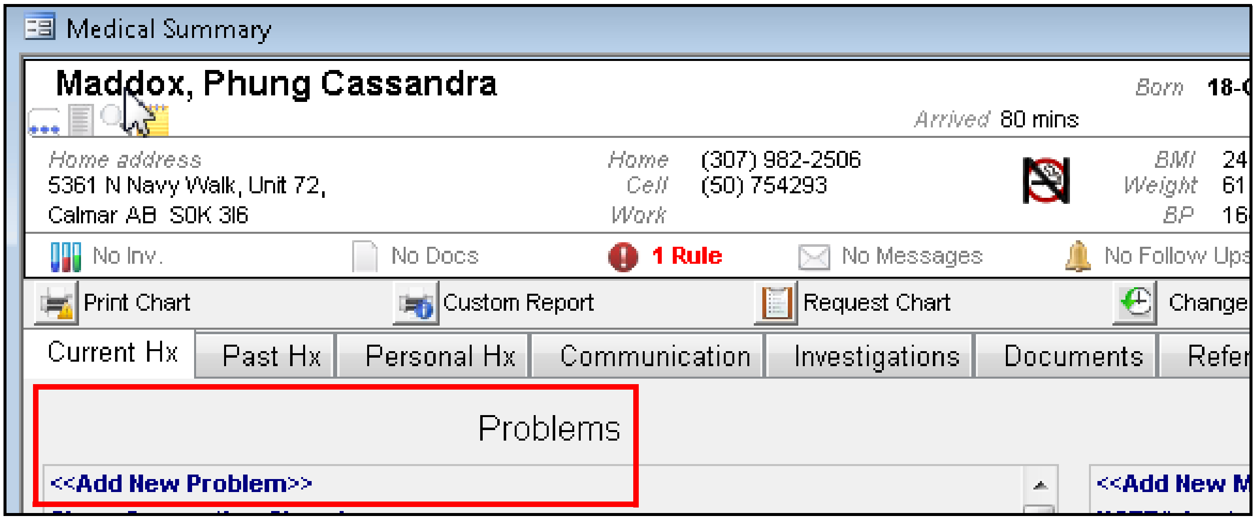
You can add a problem to a patient's Problems list. Examples of patient problems include hypertension, diabetes type II, and asthma.

> **Tip**: When you add a problem, the only required information is the problem name.
>
> It is good practice to enter the year of onset for tracking purposes.

To add a problem to a patient's Problems list:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.

2. In the **Problems** area, double-click **<<Add New Problem>>**. The EMR opens the Problems List window.



3. In the **Select Diagnosis** field, enter part or all of the name, or the diagnostic code of the problem, and then on your keyboard, press **Enter**. The EMR searches the list of registered problems and displays a list of results.

Note: If the problem is not in the registered list, then the EMR displays a dialog box with the following message: “The value “<word entered>” cannot be found in the Problems list. Please make another selection, or see your Administrator to create this value.”

CAUTION: Do not request a user with administrator authority to add a new problem to the problem list, until:

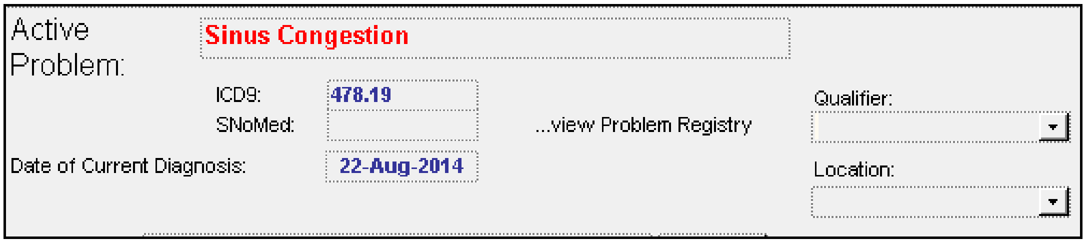
- you are sure that the problem is not already in the registered list.
- everyone in the clinic agrees that the added problem name is appropriate and necessary.

Otherwise, you risk creating duplicate entries for the same problem. Duplicates of listed problems can hinder your ability to track and manage patients with specific problems.

Note: If your clinic is using the new problem list that includes the Canadian Institute for Health Information (CIHI) list, you cannot edit the problem list.

Note: The new Problem list includes a CIHI quick pick list that acts as your clinic’s default list of Favourites. CIHI problems are those that have been identified by the CIHI as the most commonly used by general practitioners.

4. In the list of results, click the problem, and then click **Update**. The **Select Diagnosis** field changes to the **Active Problem** field and displays the problem you selected in red text.

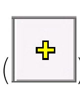


5. Enter information into the remainder of the window, using the following table as a reference:

Field	Description
Date of Current Diagnosis	Enter the date of diagnosis. **Note:** Field defaults to today's date.
Qualifier	In the drop-down list, click the position (for example, right, left, front) or other qualifier information about the problem. If the option you want is not available, enter the qualifier. **Note:** Users with administrative authority in Wolf EMR can add options to the drop-down list.
Location	In the drop-down list, click the body part where the problem is located. If the option you want is not available, enter a location. **Note:** Users with administrative authority in Wolf EMR can add options to the drop-down list.
Consultant	If an external consultant is managing this problem: 1. In the field, enter the consultants last name, first name, or specialty, and then press **ENTER**. The EMR displays a list of matching consultants. 2. Click the consultant you want. **Note:** If the consultant you want is not available on the list, you can add a consultant to the list.

Field	Description
Indicators	Enter information about the stability, status, and significance of the problem: ■ **Stability**: Click either **Stable** or **Unstable**. ■ **Activity**: Click either **Active** (for a current problem) or **Inactive** (for a previous problem) ■ **Temporary?**: Click either **Temporary** or **Lifelong**. **Note:** If you click **Temporary**, the EMR displays a **Duration** area. In the drop-down list, click the duration. The EMR calculates a date based on today's date and displays the date in the **Duration** field. ■ **Certainty** Enter the certainty that the current diagnosis is correct. For example, **NYD** (Not Yet Determined). ■ **Chronicity**: Enter the chronicity of the diagnosis. For example, **Acute** or **Chronic**.
Notes	Enter any notes or explanations about the problem.
Problem History	Enter or view information in the following fields: ■ **Initial Dx**: When you first enter a New Problem, it automatically appears as the **Initial Dx**. The EMR displays the **Onset** date to the right. You can also enter the date manually. In the **Onset** field, enter the year when the problem started. ■ **Prior Dx**: When you change the current Diagnosis, the EMR automatically enters the Prior Diagnosis and records the Prior Diagnosis. The EMR displays the **Onset** date to the right. You can also enter the date manually. Although you must enter the entire date, the EMR only displays the year. ■ **Current Dx**: The EMR automatically enters the Current Diagnosis when you first enter the Diagnosis or when you change the diagnosis. The EMR displays the **Onset** date to the right. You can also enter the date manually. The EMR only displays the year, although the **Date of Current Diagnosis** field displays the complete date.

6. Perform one of the following actions:

- To add another problem, click **Add** (), and then repeat steps Step 3 to Step 6 .

- To save the problem(s), and close the Problems List window, click **Save & Close** ( ).

Using problem favourites

Note: Only clinics using the new problem list that includes the CIHI list can use problem favourites.

When you search for a problem to add to a patient's problem list, favourite problems display at the top of your search results list. You can also choose a favourite problem directly from your favourites list.

The CIHI problem list acts as your clinic's default list of Favourites. CIHI problems are those that have been identified by the **Canadian Institute for Health Information (CIHI)** as the most commonly used by General Practitioners.

Problem favourites can be customized for the clinic (accessible by all users), or individual users. You can add or remove problems only on your user-specific favourites list.

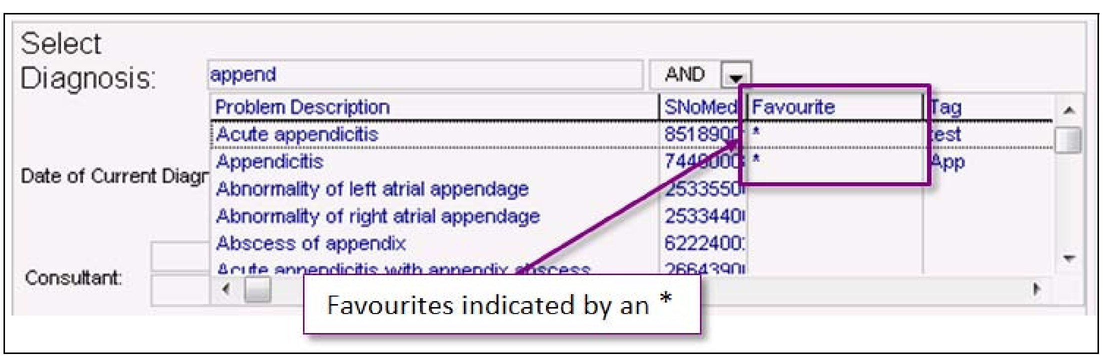
Note: Only users with administrative privileges can add clinic-wide favourites.

Adding problems using favourites

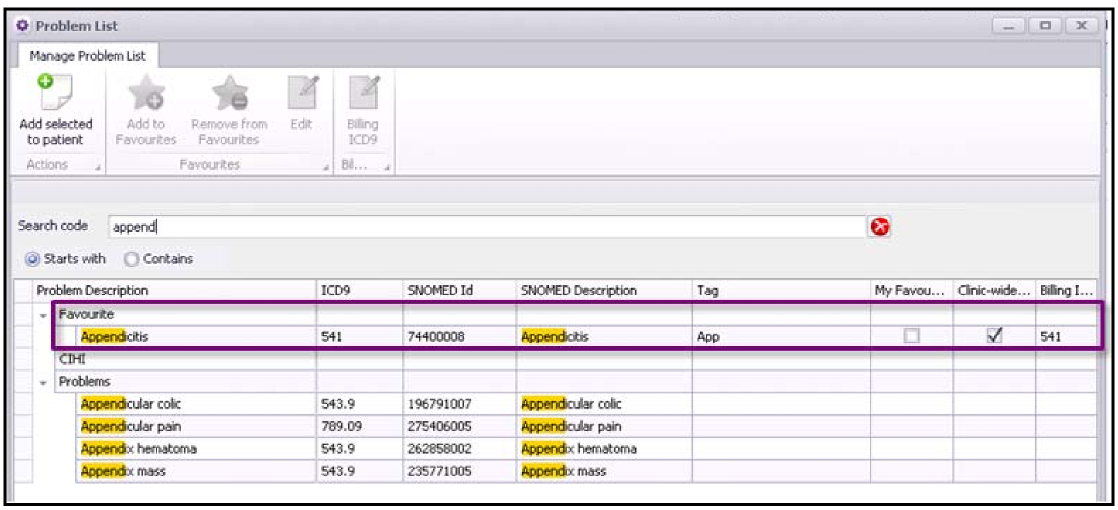
Note: This procedure applies to clinics using the new problem list that includes the Canadian Institute for Health Information (CIHI) list.

To add a problem to a patient's problem list using problem favourites:

1. Open the Problem List window. See Step 1 to Step 2 of "Adding a problem" on page 176.
2. In the **Select Diagnosis** field, enter part or all of the problem name or diagnostic code, and then press **Enter**. The EMR displays a list of matching problems, with matching favourites displayed at the top of the list. Favourite problems are indicated by an asterisk (*) in the **Favourites** column.



3. In the list of matching problems, click the problem favourite you want, and then click **Update**. The EMR displays the selected problem favourite in the **Active Problem**.
4. If the problem you want does not display:
   a) In the **Select Diagnosis** area, click **Advanced**. The EMR displays the Problem List window.
   b) In the **Search Code** field, enter part or all of the problem name, or the diagnostic code.
   c) Under the **Search Code** field, select **Contains**.
   d) Press **Enter**. The EMR displays matching problems that contain (in the problem name, ICD-9 code, or tag) the Search Code entry. Matching problems display in the following order:
      - Problem Favourites (displayed at the top of the list)
      - CIHI problems
      - General problems



   e) In the list of matching favourites, click the problem you want, and then click **Add Selected to Patient** (). The EMR displays the selected problem favourite in the Active Problem field on the Problem List window.
5. Finish adding the selected problem to the patient's problem list. See Step 4 to Step 6 in "Adding a problem" on page 176.

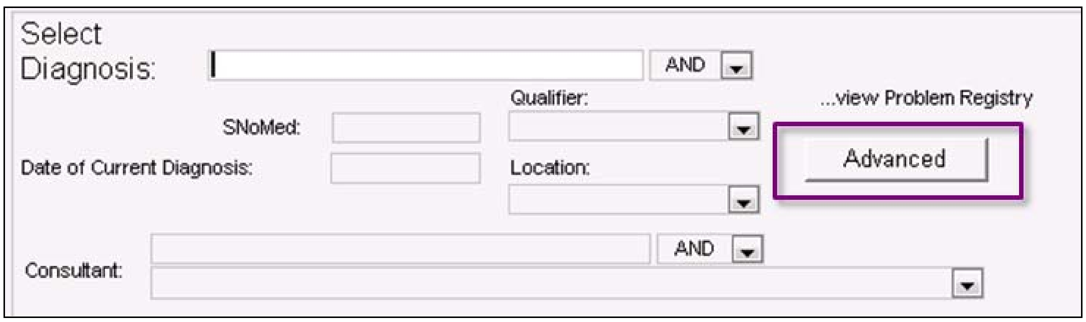
Adding problems to your favourites list

Note: This procedure applies to clinics using the new problem list that includes the Canadian Institute for Health Information (CIHI) list.

Note: Only users with administrative authority can add clinic-wide problem Favourites. (Favourites that can be viewed by all clinic users.)

To add a problem to your favourites list:

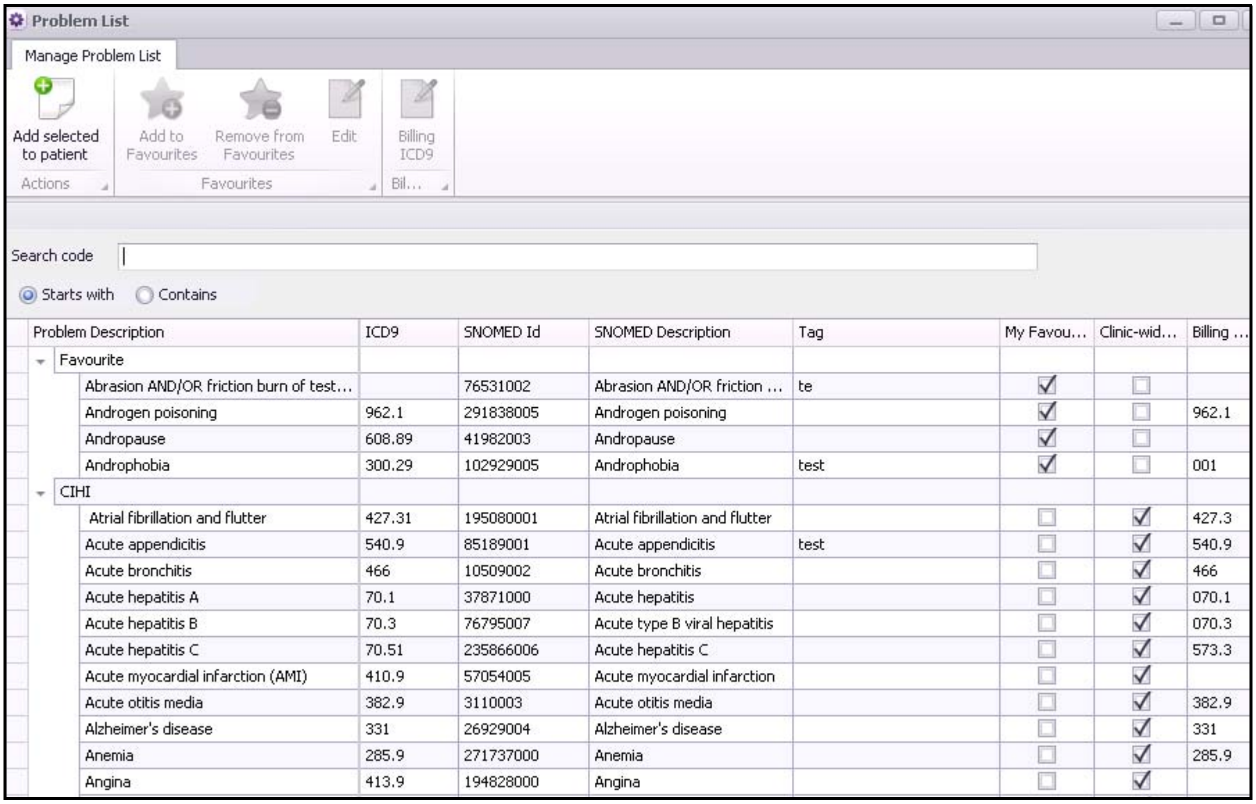
1. GOpen the Problem List window. See Step 1 to Step 2 of “Adding a problem” on page 176.
2. In the **Select Diagnosis** area, click **Advanced**.



The EMR opens the Problem List window, with:

- Your user-specific and clinic-wide problem favourites displayed at the top of the problem list, under **Favourites**.
- **CIHI** problems displayed below your Favourites list.

Note: The CIHI problem list acts as your clinic’s default list of Favourites. CIHI problems are those that have been identified by the Canadian Institute for Health Information (CIHI) as the most commonly used by general practitioners.

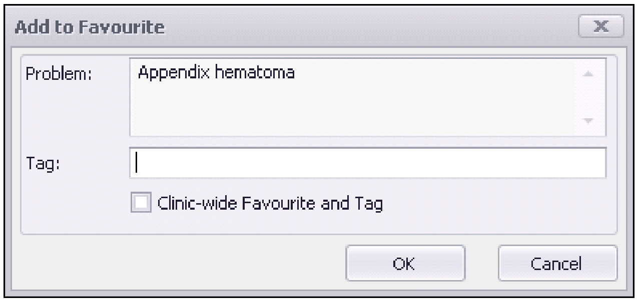


3. In the **Search Code** field, enter part or all of the problem name or ICD-9 diagnosis code.
4. Below the **Search Code** field, select one of the following options:
   - **Starts with:** To display matching problems that start with the term you entered in the Search Code field.
   - **Contains**: To display matching problems that contain, (anywhere in the problem name, ICD-9 code, or tag) the term you entered in the **Search Code** field.
5. Press **Enter**. The EMR filters your problem list to display matching favourites, CIHI items, and general problems.

> **Note**: Wolf EMR contains a database of over 40,000 problems that you can search from. Because the database is so large, you must perform a search to choose a problem from the general problem list.
>
> The list of problems displayed when you first open the Problem List window, includes only your personal and clinic-wide Favourite problems, and the CIHI list of problems.

6. In the list of problems, click the problem you want to make into a favourite.

7. Click **Add to Favourites** ( ). The EMR displays the Add to Favourite window.



Note: Only users with administrative authority can add clinic-wide favourites and tags. The EMR displays a **Clinic-wide Favourite and Tag** check box for users with administrative authority.

8. Click **OK**. The EMR adds the problem to your favourites list.

Using problem tags

Note: Only clinics using the new problem list that includes the Canadian Institute for Health Information (CIHI) list can use problem tags.

When you add a problem to a patient's problem list, you can search for a problem using alternative search terms, called tags. For example, you may prefer to enter "DM1" to search for the problem "Type 1 Diabetes".

Because each user may use different abbreviations to search for a problem, multiple tags can be assigned to a problem. Tags can be clinic-wide (can be used by all users), or user-specific.

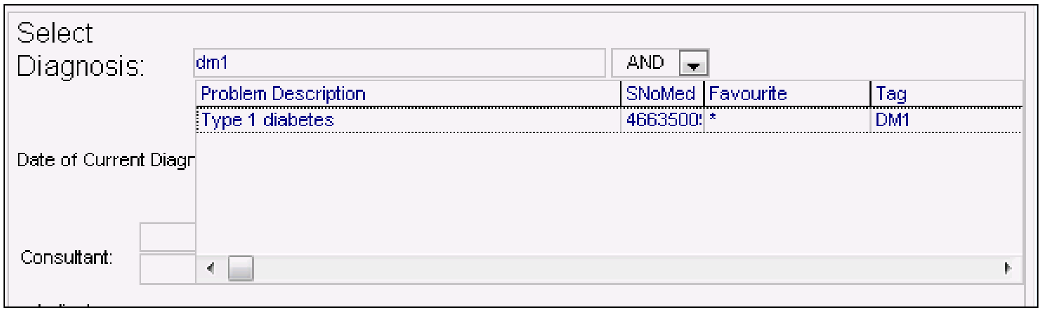
Using tags to add problems

Note: This procedure applies to clinics using the new problem list that includes the Canadian Institute for Health Information (CIHI) list.

To add a problem to a patient's problem list using a tag:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
2. In the Problems area, double-click **<<Add New Problem>>**. The EMR displays the Problems List window.

3. In the **Select Diagnosis** field, enter a tag that is assigned to the problem you want. The EMR displays a list of matching problems.



Note: The far right column in the problem search results list displays all tags assigned to each problem.

4. Finish adding the selected problem to the patient's problem list. See Step 4 to Step 6 in "Adding a problem" on page 176.

Assigning tags to problems (some clinics only)

Note: This procedure applies to clinics using the new problem list that includes the Canadian Institute for Health Information (CIHI) list.

If there are no tags assigned to a problem, or if you want to use a tag that is different than the tags currently assigned to a problem, you can assign your own tag(s).

Tags you assign to a problem are user-specific. No other users can view or use your tags.

Note: Only users with administrative authority can assign clinic-wide Tags to problems (Tags that can be used by all clinic users).

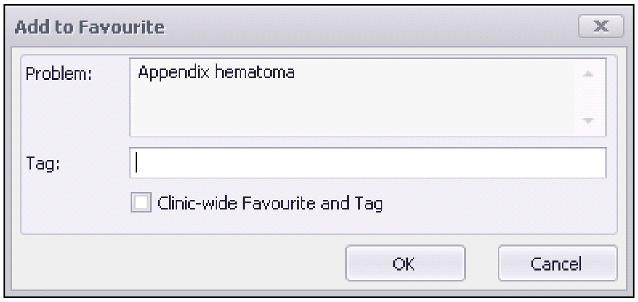
To assign a tag to a problem:

1. Open the Manage Problem List window, and search for the problem you want to assign tags to. See Step 1 to Step 6 of "Adding problems to your favourites list" on page 182.
2. If the problem you want to assign a tag to **is not** on your favourites list or CIHI list:

Note: A problem must first be on the favourites list or CIHI list before you can assign a tag to it.

a) In the list of problems, click the problem you want to add assign a tag to.

b) Click **Add to Favourites** (). The EMR displays the Add to Favourite window.



c) In the **Tag** field, enter the tag you want.

> **Tip**: If you want to add multiple tags, separate each tag name with a comma. (For example, if you want the tags "DM2" and "Diab2" to both work for Type 2 diabetes, enter "DM2,Diab2".)
>
> You are limited to 50 characters for all tags combined.

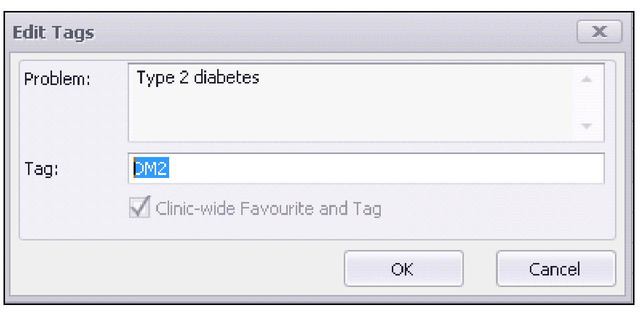
d) Click **OK**. The EMR displays the assigned tags in the **Tag** column of the problem list.

3. If the problem you want to assign a tag to **is** on your Favourites list:

a) In the filtered list of problems, click the problem you want to assign a Tag to.

b) Click **Edit** ().

c) The EMR displays the Edit Tags window.



d) In the **Tag** field, enter the tag you want.

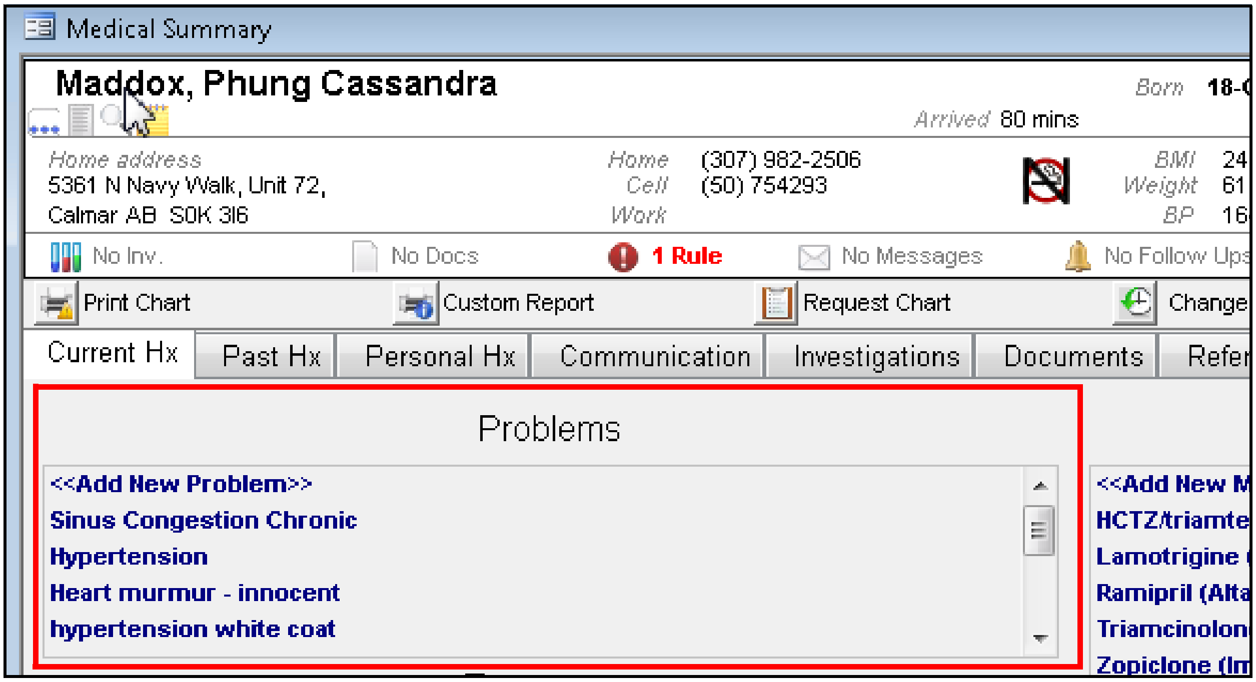
> **Tip**: If there is a Tag entered already, or if you want to add multiple tags, separate each tag name with a comma. (For example, if you want the tags "DM2" and "Diab2" to both work for Type 2 diabetes, enter "DM2,Diab2".)
>
> You are limited to 50 characters for all tags combined.

e) Click **OK**. The EMR displays the assigned tags in the **Tag** column of the problem list.

Viewing a patient's medical problems

To view a patient's medical problems:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
   The **Problems** area lists the patient's current problems.



2. In the **Problems** area, double-click a problem to view more details. The EMR opens the Problems List window where you can view details about the problem. You can also view any linked lab results, linked pending labs, related medications, and any surgical procedures that were performed for the problem.

Editing a problem on the patient's Problems list

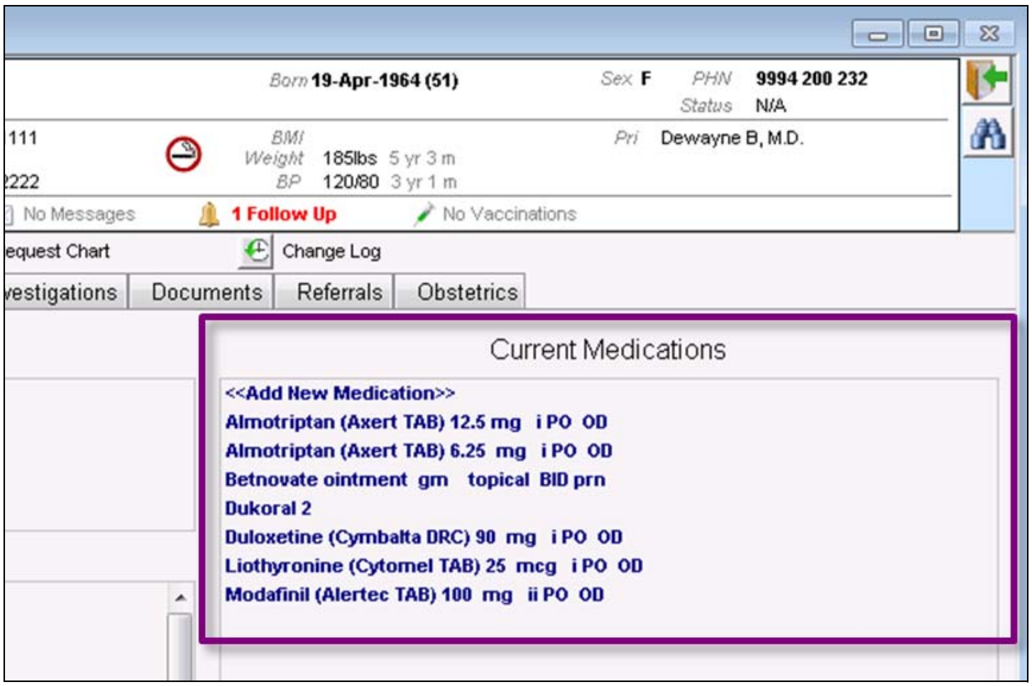
To edit a problem on the patient's Problems list:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
2. In the **Problems** area, double-click the problem you want to edit. The EMR opens the Problems List window.
3. To change the diagnosis description, click **Change Diagnosis**. The **Current Diagnosis** field clears and changes to the **Select Diagnosis** field.
4. Edit fields as necessary. See Step 3 to Step 6 in "Adding a problem" on page 176.

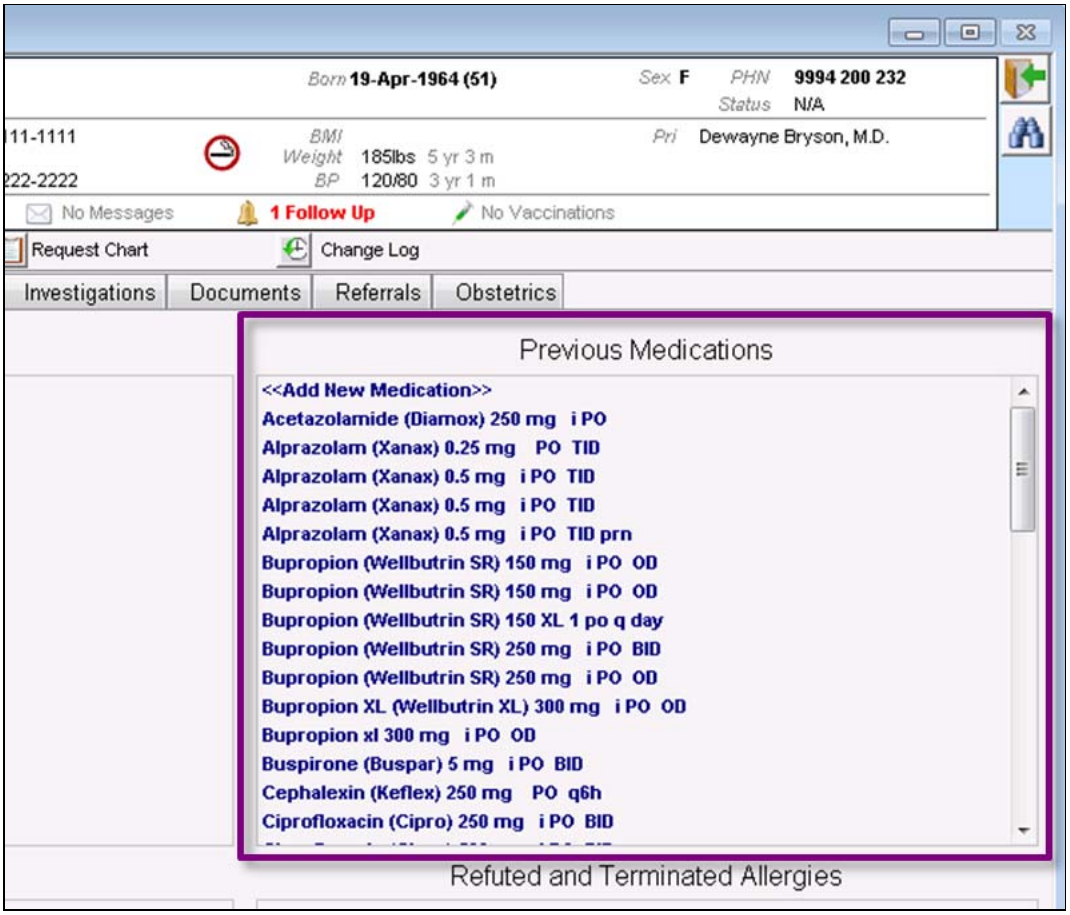
Viewing patient medications

To view a patient's medications:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
2. Complete one of the following actions:
   - To view a patient's current medications, leave the **Current Hx** tab open. The **Current Medications** area lists the patient's current medications.



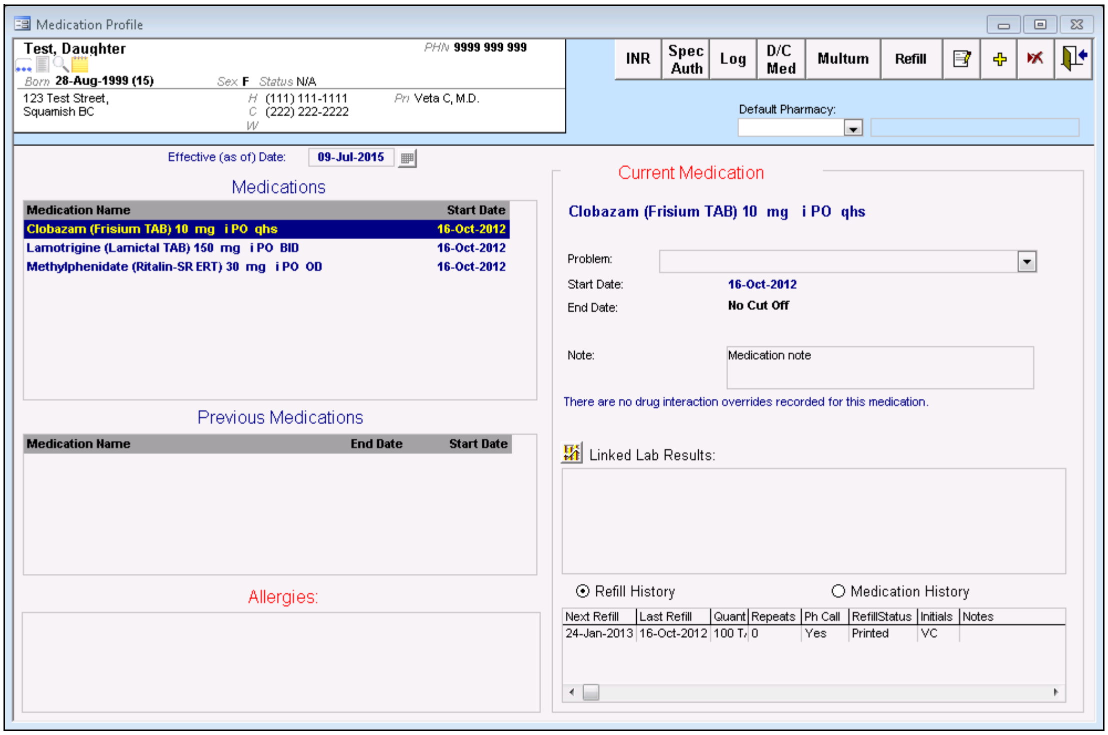
- To view a patient's previous medications, click the **Previous Hx** tab. The **Previous Medications** area lists the patient's previous (inactive) medications.



3. In the **Current Medications** area or the **Previous Medications** area, double-click a medication to view the patient's medication profile. The EMR opens the patient's **Medication Profile** window with the following information displayed:

   - Prescription details for the selected medication
   - Lab results linked to the selected medication
   - Refill history for the selected medication

- A complete list of the patient's current medications, previous medications, and allergies.



4. To view details for another medication, in the **Medications** area or the **Previous Medications** area, click the medication. The EMR displays the medication details to the right.

> **Note**: We will cover adding medications later in the course, in the Medications and Prescriptions module.

Associating a medication with a problem

You can associate a medication with a problem to specify which problem the mediation is treating. For example, if a patient is taking Coversyl Plus, you can associate this medication with the patient's problem of hypertension.

To associate a medication with a problem:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
2. In the **Current Medications** area, double-click the medication you want to associate with a problem. The EMR opens the Medication Profile window.
3. In the **Current Medication** area, in the **Problem** drop-down list, click the problem that you want to associate with the medication.

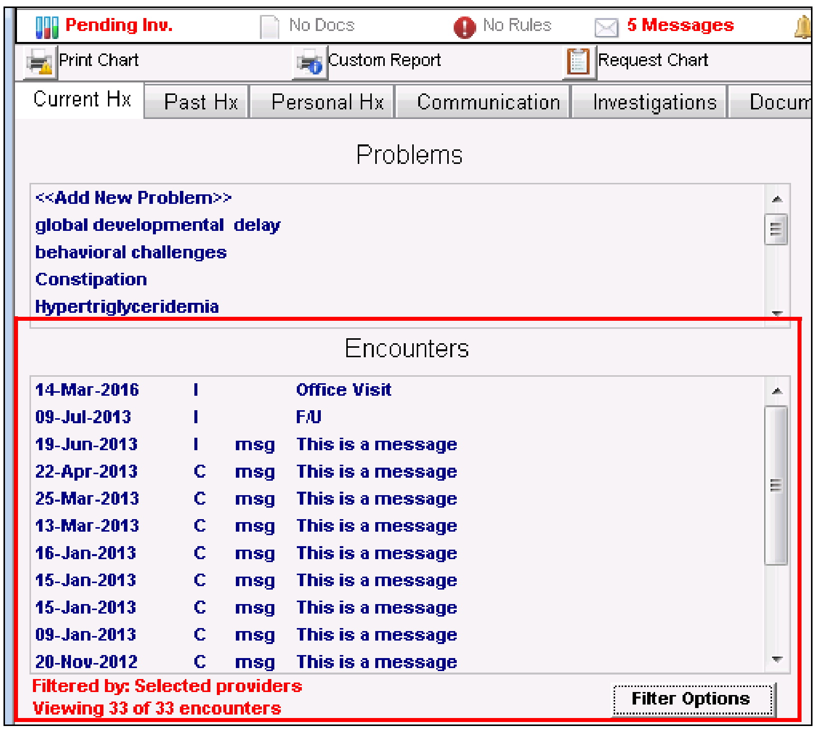
4. If you want to add a new problem to the patient’s current problems, in the **Problem** drop-down list, click **<<Add New>>** and add the problem. The EMR adds the problem to the patient's list of current problems.

Viewing a patient’s encounter notes

In the **Encounters** area, you can view a complete list of the patient’s encounter notes and messages. You can also open and view a specific visit note.

To view a patient’s encounter notes:

1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open. The **Encounters** area displays a list of the patient's encounter notes arranged by date.



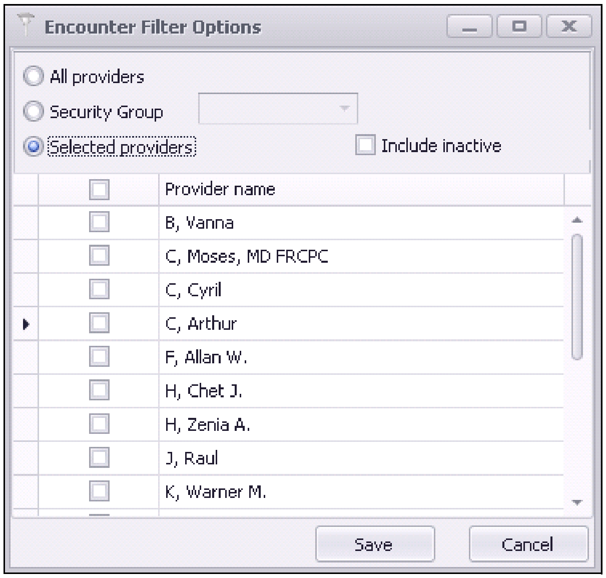
Note:

- A **C** beside the date indicates the encounter is complete.
- An **I** beside the date indicates the encounter is incomplete.

If an encounter is incomplete, you cannot view the encounter notes for that visit.

2. To filter the patient’s encounter list to display encounters with only specific providers, or encounters with only providers belonging to a specific security group:

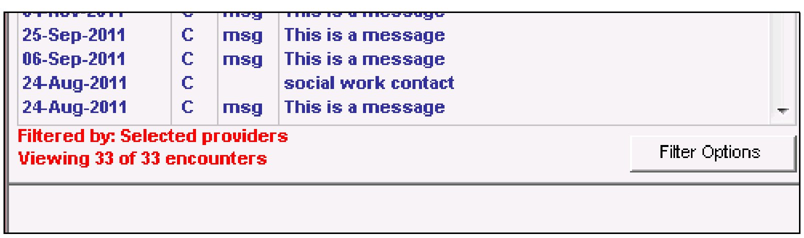
   a) Below the patient’s encounter list, click **Filter Options**. The EMR displays the Encounter Filter Options window.



b) Perform one of the following actions:

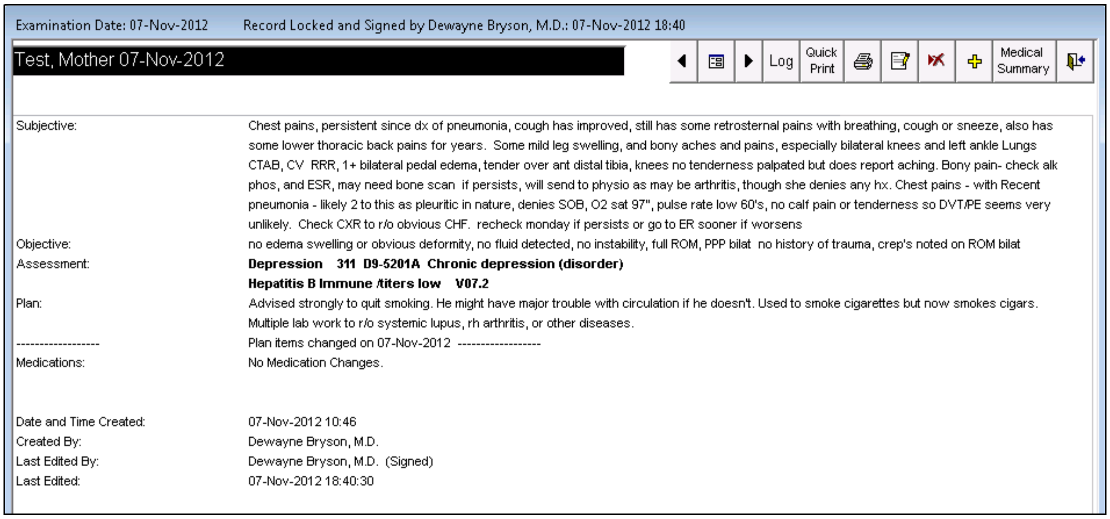
- To view visits for a specific security group, click **Security Group** and then, in the drop-down list, select the security group you want.
- To view visits for specific providers, click **Selected providers** and then, in the list of providers, select the check box beside the provider(s) you want.

c) Click **Save**. The EMR filters the list and displays the filter criteria at the bottom of the encounter list. The EMR saves your filter selection and applies it to other patients you view going forward.

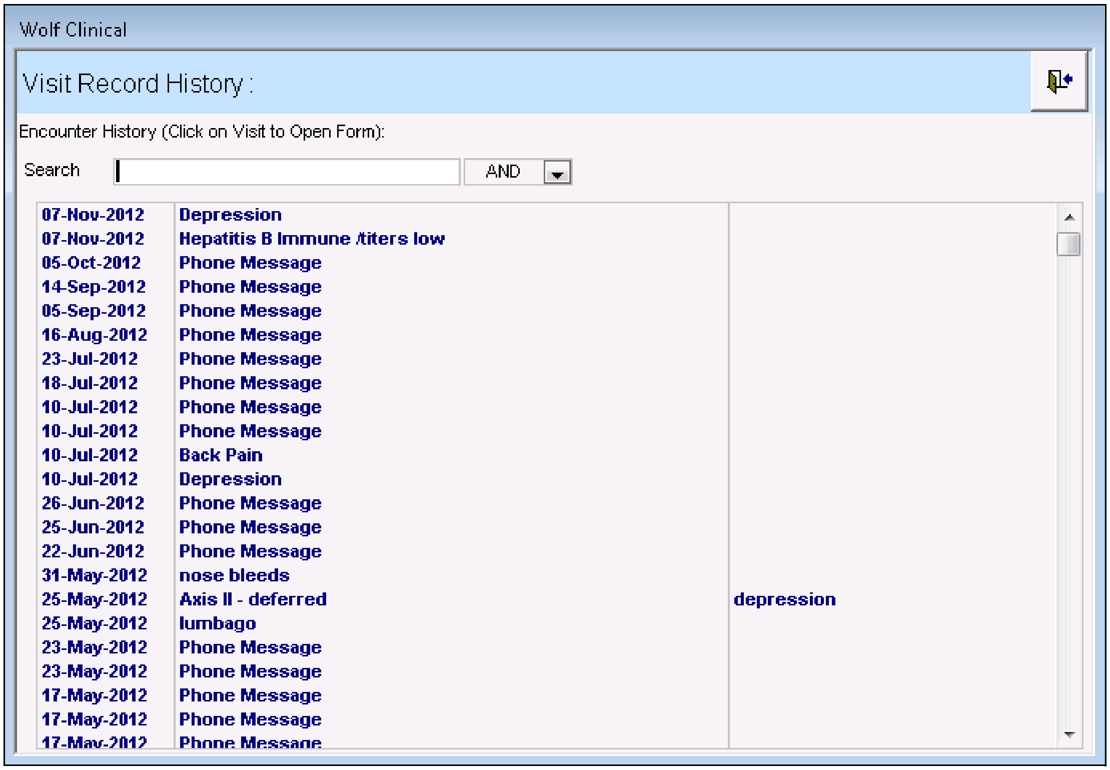


Note: If you want to filter encounters, the Encounter filtering feature must be enabled for your clinic. For more information, contact the Wolf EMR Support Team. See "Contacting Wolf EMR Support" on page 3.

3. To view visit notes entered for a particular encounter, in the **Encounters** area, double-click a completed (C) encounter. The EMR displays the encounter's visit notes in a read-only window.



4. To view to the next encounter's visit notes, click **Go to Next Visit Record** ( ), or to view to the previous encounter's visit notes, click **Go to Previous Visit Record** ( ).To view a searchable history of all a patient's encounter visit notes and messages. On the top of the read-only window of an encounter visit note, click **View Encounter History** ( ). The EMR displays the Visit Record History window.



Tip: You can view a patient's visit notes from any window of the patient's record via the SMART patient banner.

- To open all summarized Visit Records for the patient, on the SMART patient banner, click **View Patient Visits** ( ). You can filter and sort the visit records.
- To search and/or filter the encounter list, on the SMART patient banner, click **Search Patient Visits** ( ). The EMR opens the Visit Record History window with a list of encounters to choose from or you can use the Search function to search any word typed into an encounter.

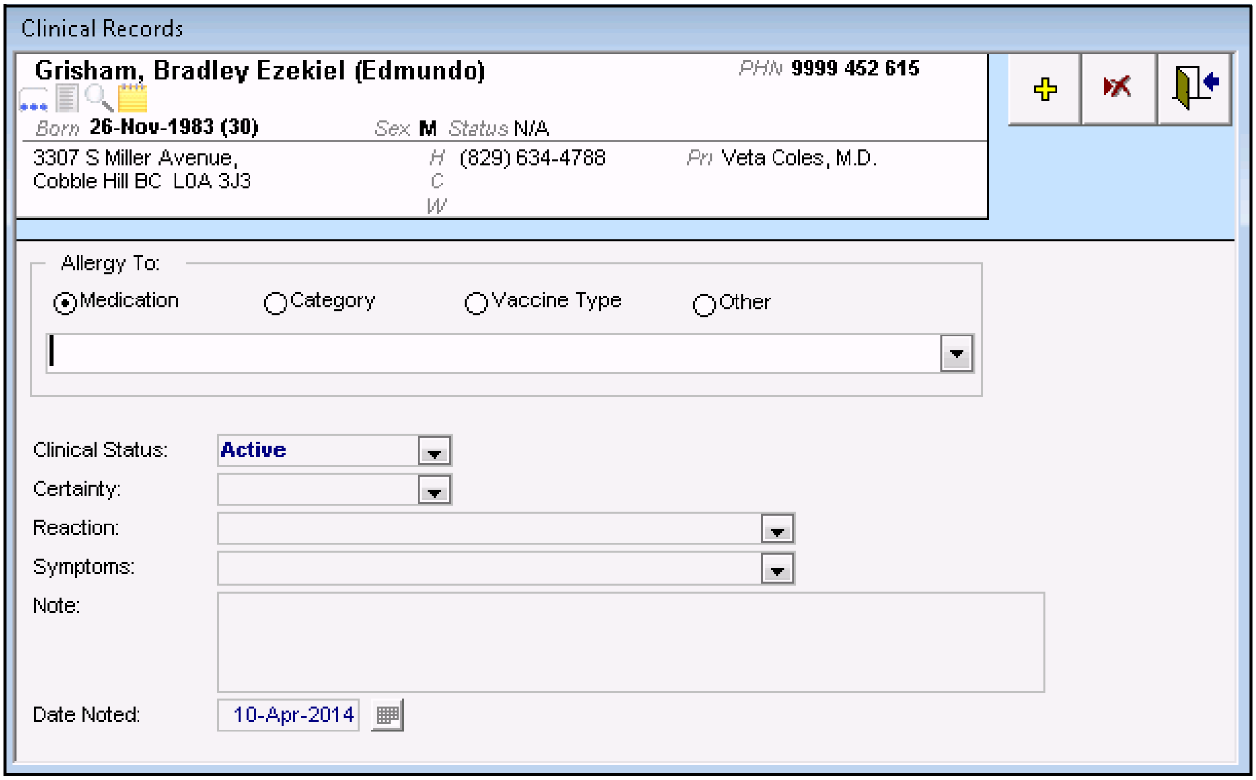
Adding a new allergy or intolerance

Tip: When you add an allergy or intolerance, the only required information is the allergy name and the Clinical Status of the allergy.

To add a new allergy or intolerance:

1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open.
2. In the **Allergies** area, double-click **<<Add New Allergy>>**.

The EMR displays the Clinical Records window.



3. In the **Allergy To** area:
   a) Select an option to indicate if the allergy is to a **Medication** (e.g. codeine), part of a **Category** (e.g. sulfa drugs, penicillins) **Vaccine Type** (e.g. flu), or **Other** (e.g. latex).
   b) In the drop-down list, click an allergy. If you cannot find an appropriate item in the drop-down list, or you selected **Other**, enter the allergy in the text field.
4. In the **Clinical Status** drop-down list, click one of the following options: **Active**, **Resolved**, **Refuted** or **Terminated and Reclassified**.
5. In the **Certainty** drop-down list, click either **Confirmed** or **Suspected**.
6. In the **Reaction** drop-down list, click an option to indicate the type of reaction the patient experiences. Your options are: **Allergy**, **Allergy Severe**, **Allergy Mild**, **Adverse Reaction**, or **Anaphylaxis reaction**.

7. In the **Symptoms** drop-down list, click to select the patient's symptom. If you cannot find the symptom in the drop-down list, or if you want to add more symptoms, enter the symptom(s) in the text field.

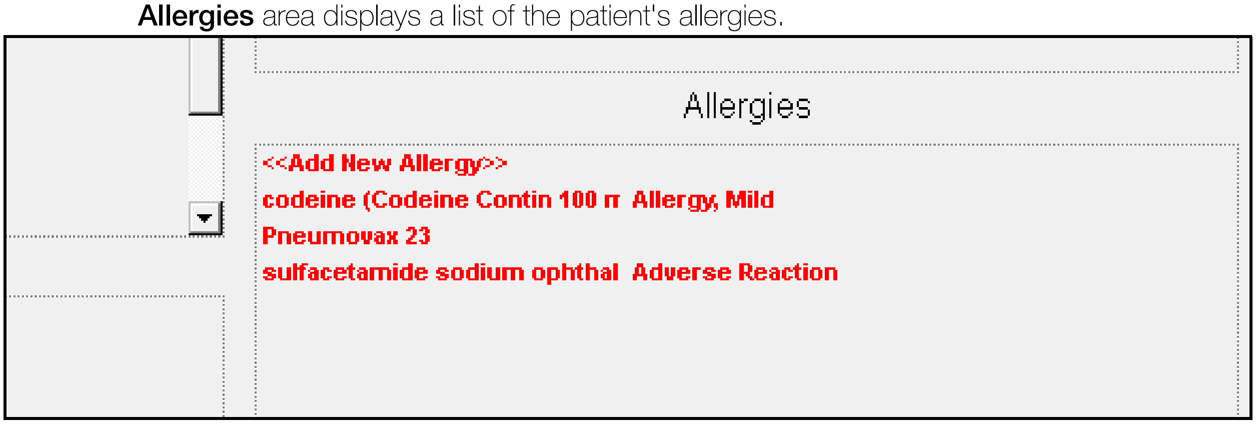
> **Note**: Be careful when adding symptoms as they are added clinic-wide and spelling mistakes cannot be corrected.

8. In the **Notes** field, enter any additional notes, as required.
9. The EMR populates the **Date Noted** field with today's date. You can change this field if required, by entering the date in the format of DD-Mmm-YYYY. If you do not know the exact day, you can enter the date in the format of Mmm-YYYY, for example, "Dec 2013". The EMR uses the first day of the month to complete the date, for example, "Dec 01 2013". You can also select a date using the calendar icon.
10. Perform one of the following actions:
    - To add another allergy click **Add** ( ) and repeat steps Step 3 to Step 10 .
    - If you are finished adding allergies, click **Save & Close** ( ) to save the allergy and to close the Clinical records window.

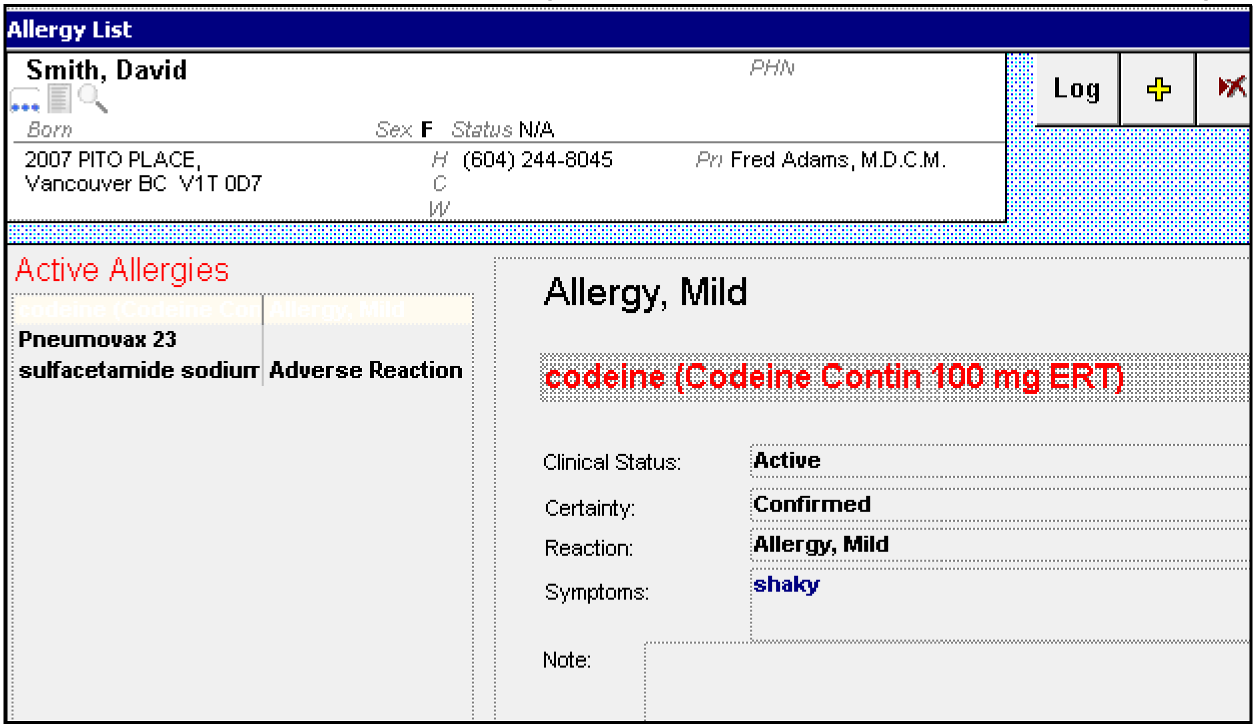
Viewing and editing a patient's allergies

To view a patient's allergies:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window with the **Current Hx** tab open. The **Allergies** area displays a list of the patient's allergies.



2. In the **Allergies** area, double-click an allergy. The EMR opens the Allergy List window. You can view a list of the patient's allergies on the left side of the window, and details on the right.



3. In the Allergy List window, in the **Active Allergies** area, click an allergy to view details about the status, certainty, reaction, symptoms.
4. Edit the fields as required. See “Adding a new allergy or intolerance” on page 194 for a description of the fields.

Vaccinations

When you record a patient’s vaccinations, you can note:

- Who administered the vaccination.
- If the vaccination was administered at another facility and at which facility it was administered at.
- If a patient refused or declined a recommended vaccination.

If you enter patient vaccination information appropriately, you can make use of the reminder and reporting tools available for vaccinations. Using the Wolf EMR vaccination recommendation tool, you to track what vaccinations your patients are due for. Using the Immunization report, you can produce reports of vaccinations administered over a defined period of time.

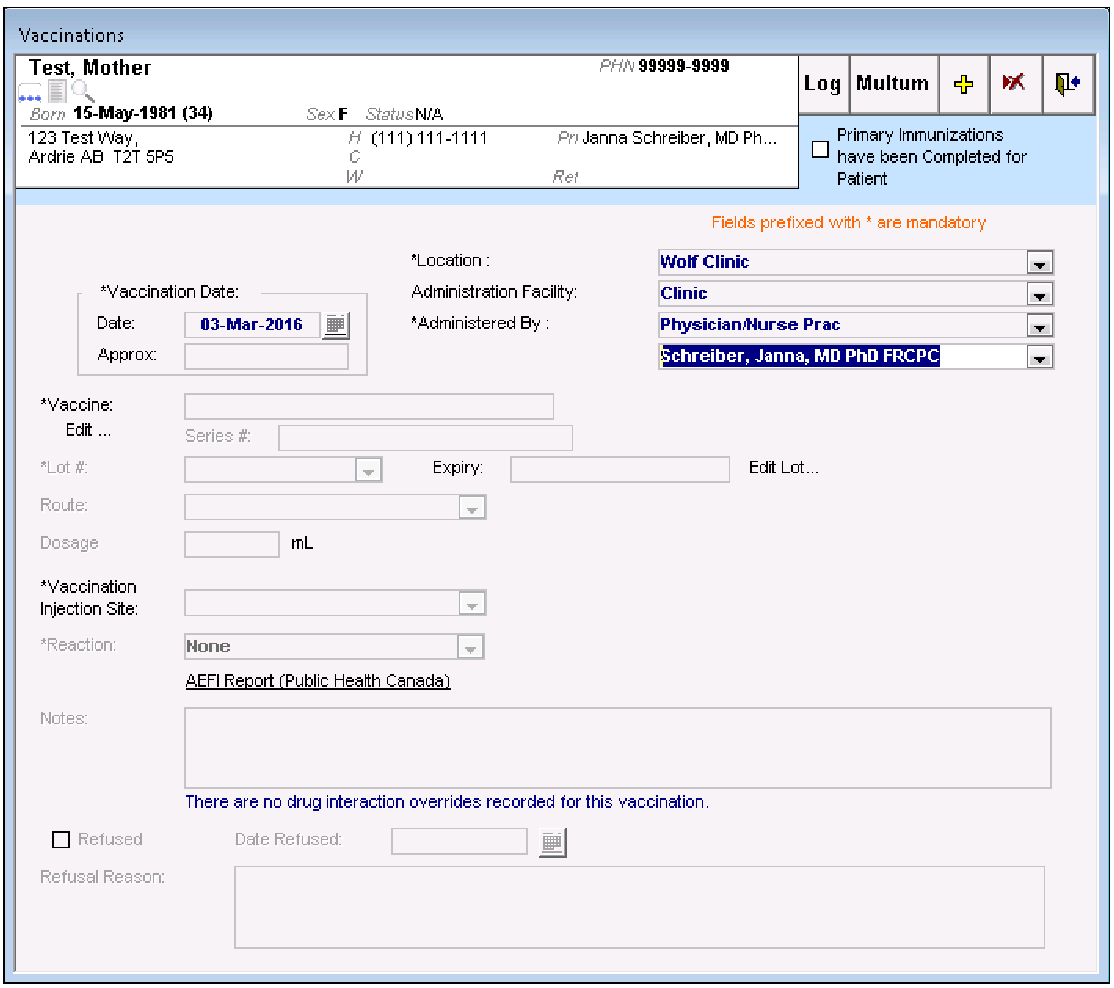
Recording vaccinations

You can record vaccinations that were administered at your clinic, and vaccinations that were administered at other facilities. You can also record that a patient refused a vaccination.

To record a vaccination administered to a patient:

1. Perform one of the following actions:
   - If you have the patient’s Medical Summary open, on the **Current Hx** tab, in the **Vaccinations** area, click **<<Add Vaccination>>**.
   - If you have another window of the patient's medical record open (for example, the Vitals Entry window), right-click and then, in the SMART menu, click **New Vaccination**.

   The EMR displays the Vaccination window.



2. In the **Vaccination Date** area, perform one of the following actions:
   - If you know the date the vaccination was administered, in the **Date** field, enter a date, or to select a date on a calendar, click .

- If you are recording a previous vaccination and are unsure of the administration date, in the **Approx** field, enter an approximate date. EMR translates the approximate date into a full date and displays the date in the **Date** field.

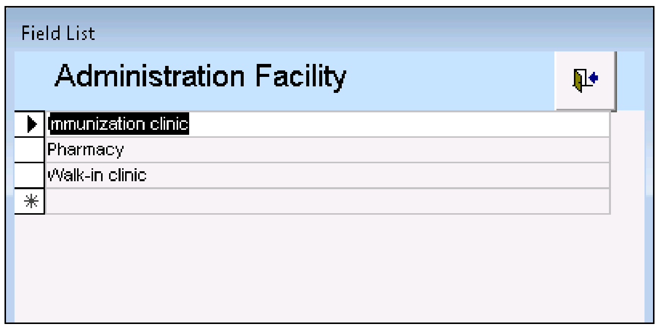
> **Tip: Entering an approximate date**
>
> You can enter the approximate date as:
>
> - Month only: The EMR records the date as the first day of this month in the current year.
> - Year only: The EMR records the date as January 1 of the selected year.
> - Month and Year: The EMR records the date as the first day of the entered month in the entered year.
>
> You can enter the month in full or as an abbreviation. The year must be a four-digit year.

3. If your clinic has multiple locations, in the ***Location** drop-down list, select the location the vaccination was administered at.
4. In the **Administration Facility** field, perform one of the following actions:
   - If the vaccination was administered in your clinic, in the drop-down list, select **Clinic**.
   - If the vaccination was administered at a facility outside of your clinic, in the drop-down list click the facility. If the facility you want is not available in the list, enter the facility in the field.

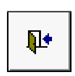
Best practice: If you enter a new **Administration Facility**, you can choose to add the facility to the list. Add facilities to the list only if you or other users will be selecting the location often.

To modify or delete Administration Facility drop-down list options (for example, to “clean-up” duplicate or miss-spelled list items):

1. Double-click the **Administration Facility** field tag. The EMR displays the Administration Facility Field List window.



2. Perform one of the following actions:
   - To add a facility name, in the bottom row, enter the name.
   - To edit a facility name, click the line, and then modify the text as needed.
   - To delete a location, click the location line, and then on your keyboard, press **Delete**.

5. When you finish, click .

5. In the **Administered By** area, perform one of the following actions:
   - If the individual who administered the vaccination was a provider in your clinic, in the drop-down list, select **Physician/Nurse Prac**, and then in the lower drop-down list, click the provider.
   - If the individual who administered the vaccination was a front end staff member, in the drop-down list, select **Staff**, and then in the lower drop-down list, click the staff member.
   - If the individual who administered the vaccination was from a facility outside of your clinic, in the drop-down list, select **Public Health**, and then in the field enter the name of the provider, pharmacy, or clinic.
6. In the **Vaccine** field, enter all or part of the vaccination name (for example, flu or dpt), and then on your keyboard, press **Enter**. The EMR displays a list of matching vaccinations.

7. In the list of vaccinations, click the vaccination you want. The EMR displays the full vaccination name in the **Vaccine** field.
8. In the **Series** field, enter the series number of the vaccine, if applicable.
9. In the **Lot #** field, perform one of the following actions:
   - To select a lot number that has previously been entered on the computer you are currently using, in the drop-down list, click the vaccine's lot number. The EMR displays the **Expiry** date for the selected lot.
   - To enter a new lot number that has not been entered previously for another patient, in the **Lot #** field, enter the lot number, and then in the **Expiry** field, enter the lot's expiry date.

Tip: If you want to edit the **Expiry** date, click **Edit Lot**, change the date, and then close the window.

Note: A particular lot number is not available in the drop-down list if it has expired or if the lot has been marked as "Finished"

10. In the **Route** drop-down list, select the vaccination route.

Note: If the route you want is not on the list, you cannot enter the value. Users with administrative authority can add options to the **Route** list if needed via Configuration:

1. On the Wolf EMR Launch page, click **Configuration** ( ).
2. On the Configuration menu, click **View** > **Patient Data Codes** > **Vaccination Types** > **Route Maintenance**.

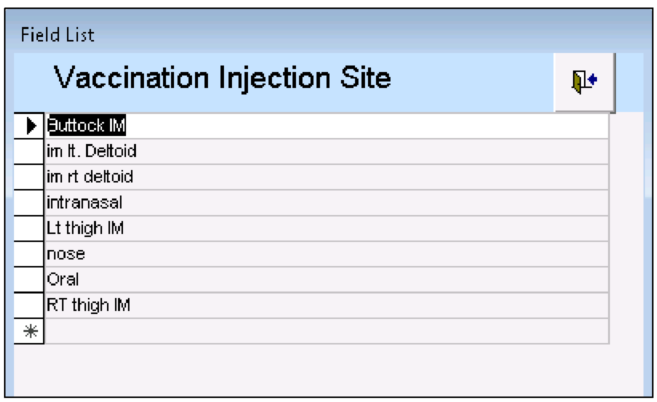
11. In the **Dosage** field, enter the vaccination dose.
12. In the **Vaccination Injection Site** drop-down list, select the site where the vaccination was administered. If the injection site you want is not available, then manually enter the value.

Best practice: If you enter a new injection site, you are prompted to add the injection site to the drop-down list. Add injection sites to the list only if:

- You or other users will be selecting the option often
- You can confirm that the option is not already available on the list (perhaps as a different name?)
- You can confirm that you have spelled the injection site correctly

To modify or delete **Vaccination Injection Site** drop-down list options (for example, to “clean-up” duplicate or miss-spelled list items):

1. Double-click the **Vaccination Injection Site** field tag. The EMR displays the Vaccination Injection Site Field List window.



2. Perform one of the following actions:
   - To add an injection site, in the bottom row, enter the site.
   - To edit a injection site name, click the injection site line, and then modify the text as needed.
   - To delete a site, click the injection site line, and then on your keyboard, press **Delete**.

4. Click .

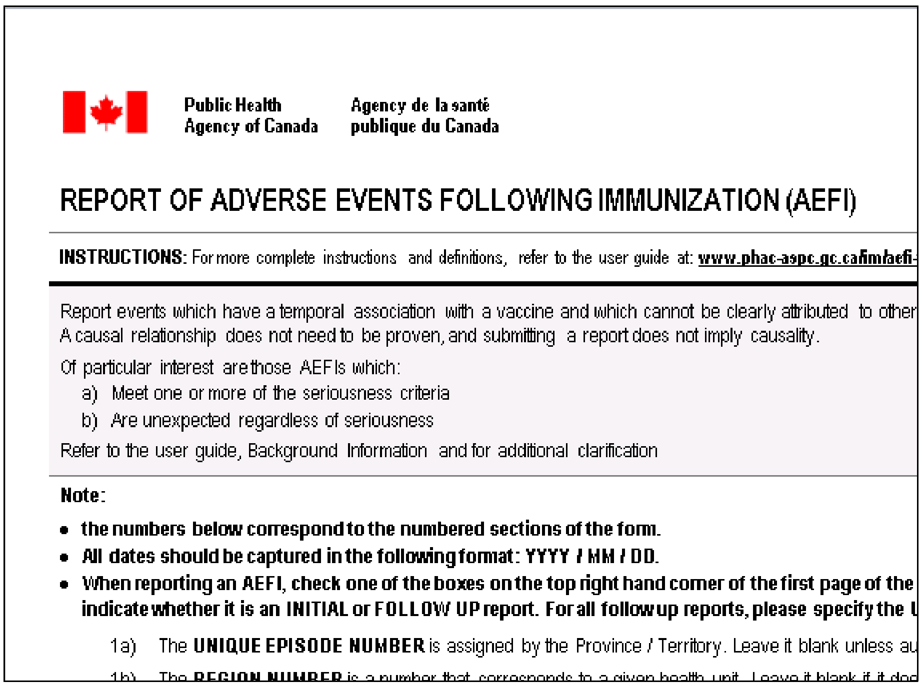
13. To review possible contraindication for the vaccination, at the top of the window, click the **Multum** (Multum). For more information on viewing drug interaction warnings, see “Reviewing drug interaction warnings” on page 235.

14. To record a reaction to the vaccination:

a) In the **Reaction** drop-down list, click the type of reaction the patient had, or if the reaction type you want is not on the list, in the **Reaction** field, enter the reaction.

When you save the vaccination entry, the EMR displays the allergy entry window with the vaccination and reaction type populated.

b) If the patient has an adverse reaction that should be reported to the Public Health Agency of Canada, click the **AEFI Report (Public Health Canada)** link. The EMR opens the Report of Adverse Events Following Immunization (AEFI) SMART form for the patient. Complete, save, and optionally print or fax the form.


Public Health Agency of Canada   Agency de la santé publique du Canada

REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

INSTRUCTIONS: For more complete instructions and definitions, refer to the user guide at: www.phac-aspc.gc.ca/im/aefi-

Report events which have a temporal association with a vaccine and which cannot be clearly attributed to other
A causal relationship does not need to be proven, and submitting a report does not imply causality.

Of particular interest are those AEFIs which:

a) Meet one or more of the seriousness criteria
b) Are unexpected regardless of seriousness

Refer to the user guide, Background Information and for additional clarification

Note:

- **the numbers below correspond to the numbered sections of the form.**
- **All dates should be captured in the following format: YYYY / MM / DD.**
- **When reporting an AEFI, check one of the boxes on the top right hand corner of the first page of the indicate whether it is an INITIAL or FOLLOW UP report. For all follow up reports, please specify the**

1a) The **UNIQUE EPISODE NUMBER** is assigned by the Province / Territory. Leave it blank unless au

15. In the **Notes** area, enter any notes regarding the patient's vaccination.

16. To view details on any interaction warning override(s), click **Drug Interaction Overrides**. The EMR displays the Drug Interaction Override History window.

17. If all of the patient's primary immunizations are completed, at the top of the window, select the **Primary Immunizations have been Completed for this Patient** check box. The EMR indicates the completion of Primary Immunizations on the **Current History** tab in the Medical Summary window.

18. Perform one of the following actions:

- To record another vaccination click **Add** ( ) and repeat steps Step 2 to Step 18 .

- If you are finished recording vaccinations, click to save the vaccination entry and to close the Vaccinations window.

Recording refused vaccinations

If a patient refuses a vaccination, you can record and reference the refusal. This way, you know:

- Not to offer the vaccination again, or
- To provide the patient with more information

Note: If you record refused vaccinations, you can produce practice search reports detailing patients who refused certain vaccinations. In Practice Search, use the search parameter: **Refused Vaccinations**.

To record a refusal to a vaccination:

1. Start to record the refused vaccination as you would for an administered vaccination. See Step 1 to Step 7 of "Recording vaccinations that you administer" on page 512.
2. In the Vaccinations window, select the **Refused** check box.
3. If the patient refused the vaccination on a date other than today, in the **Date Refused** field, enter the date, or to select a date on a calendar, click .
4. Click **Close Form** ( ).

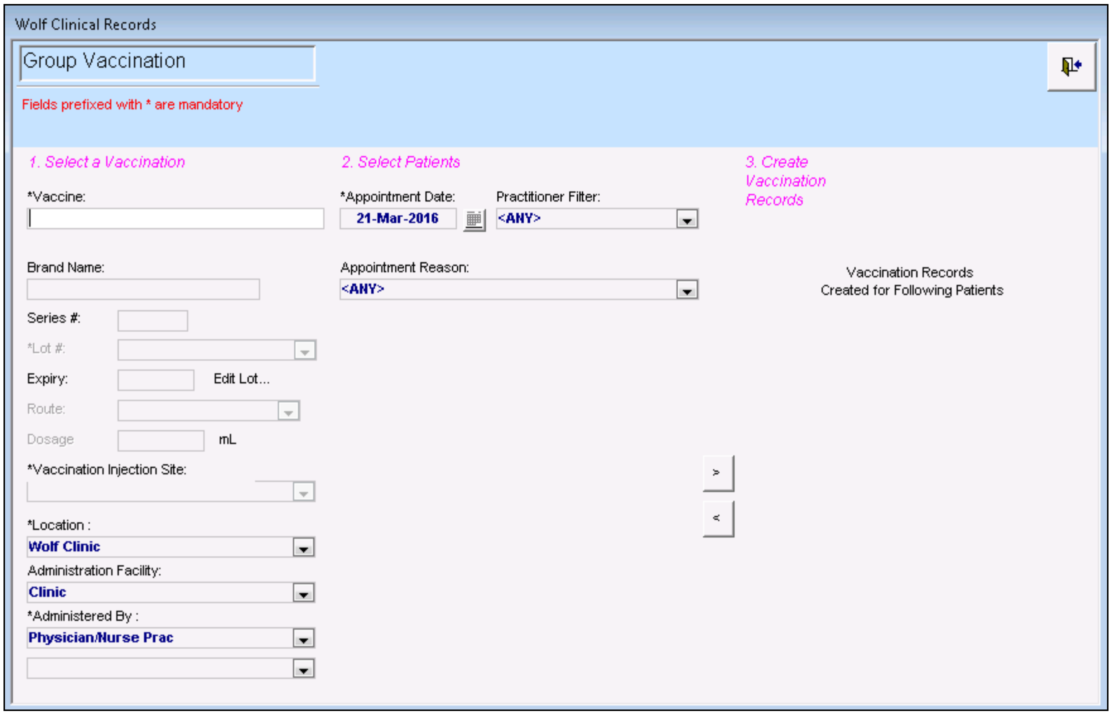
Recording group vaccinations

If your clinic administers the same vaccination to a group of people (for example, if you administer a vaccine to a family, or if you host a flu shot clinic), you can record the vaccination for all patients at once.

Note: You can record group vaccinations only for patients who have appointments booked on the date the vaccinations took place.

To record a vaccination for a group of patients:

1. On the WorkDesk, under **Data Entry**, click **Group Vaccination**. The EMR displays the Group Vaccination window.



2. Using the following table, under **1. Select a Vaccination**, enter the vaccination information.

Field	Description
Vaccine	Enter all or part of the vaccination name (for example, flu or dpt), and then on your keyboard, press **Enter**. The EMR displays a list of matching vaccinations. Click the vaccination you want. The EMR displays the full vaccination name in the **Vaccine** field.
Series #	Enter the series number of the vaccine, if applicable.
Lot #	Perform one of the following actions: ■ To select a lot number that has previously been entered on the computer you are currently using, in the drop-down list, click the vaccine's lot number. The EMR displays the **Expiry** date for the selected lot. ■ To enter a new lot number that has not been entered previously for another patient, in the **Lot #** field, enter the lot number.
Expiry	Enter the lot's expiry date.
Route	In drop-down list, select the vaccination route.
Dosage	Enter the vaccination dose.

Field	Description
Vaccination injection Site	In the drop-down list, select the site where the vaccination was administered. If the injection site you want is not available, then manually enter the value.
Location	If your clinic has multiple locations, in the drop-down list, select the location the vaccination was administered at.
Administration Facility	perform one of the following actions: ■ If the vaccination was administered in your clinic, in the drop-down list, select **Clinic**. ■ If the vaccination was administered at a facility outside of your clinic, in the drop-down list click the facility. If the facility you want is not available in the list, enter the facility in the field.
Administered By	Perform one of the following actions: ■ If the individual who administered the vaccination was a provider in your clinic, in the drop-down list, select **Physician/Nurse Prac**, and then in the lower drop-down list, click the provider. ■ If the individual who administered the vaccination was a front end staff member, in the drop-down list, select **Staff**, and then in the lower drop-down list, click the staff member. ■ If the individual who administered the vaccination was from a facility outside of your clinic, in the drop-down list, select **Public Health**, and then in the field enter the name of the provider, pharmacy, or clinic.

3. Under **2. Select Patient**, perform the following steps:

   a) In the ***Appointment Date** field, select the date the vaccinations took place.

   b) In the **Practitioner Filter** drop-down list, select the provider whose patient's were vaccinated, or if patient's from multiple providers were vaccinated, select **<ANY>**.

   c) If the patients whom were vaccinated had a common appointment reason (for example, "injection", or "vaccination"), in the **Appointment Reason** drop-down list, select the reason, otherwise, leave **<ANY>** selected.

   The EMR displays a list of patients whom meet the criteria outlined in this step.

4. In the list of patients, click a patient whom you want to record the vaccination for, and then click . The EMR adds the patient to the **Vaccination Records Created for Following Patients** area.

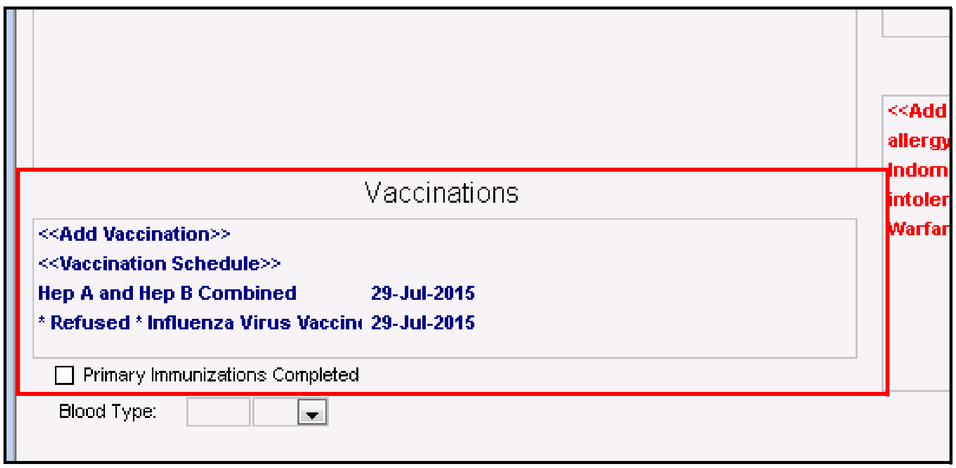
5. Repeat Step 4 for all patients you want to record the vaccination for.

6. When you finish, click **Close Form** ( ). The EMR records the vaccination in the Medical Summary of all selected patients.

Viewing and modifying vaccinations

To view or edit a patient's vaccinations:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163. On the **Current Hx** tab, the **Vaccinations** area displays:
   - The patient's administered vaccinations
   - The patient's refused vaccinations
   - The **Primary Immunizes Completed** check box



Note: To indicate that a patient (no matter what age) has received all required Primary Immunizations, select the **Primary Immunizations Completed** check box.

2. To view more detailed information about a vaccination, in the **Vaccinations** area, double-click the vaccination. The EMR displays the vaccination entry in the Vaccinations window.
3. In the Vaccinations window modify information as needed. For information on how to input vaccination details, see "Recording vaccinations" on page 198.

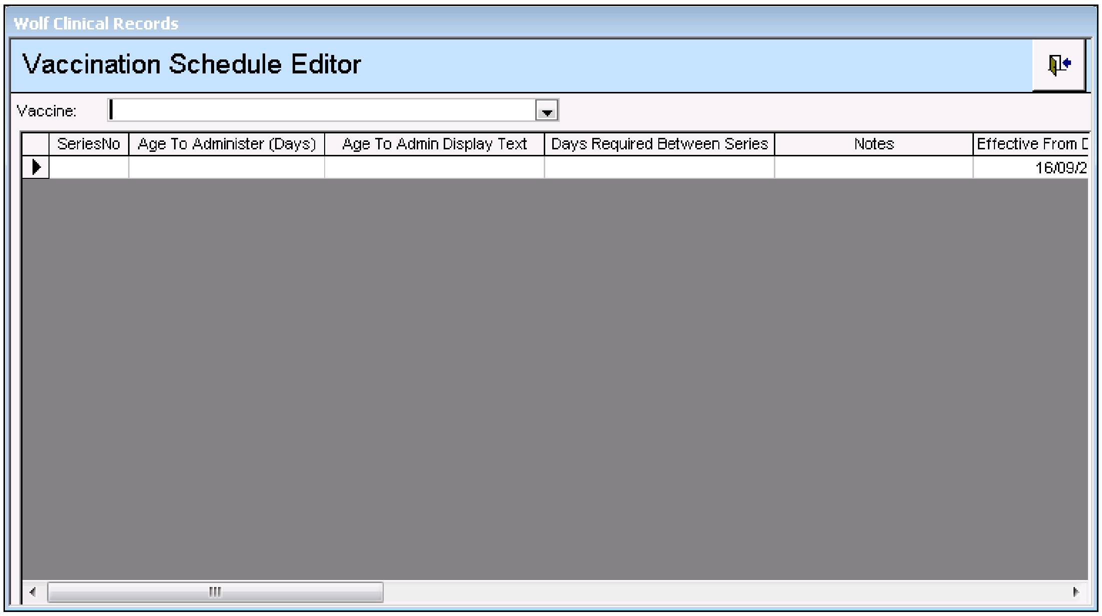
Creating vaccination recommendations

Because there are numerous vaccinations that patients are recommended to take throughout their lifetime, it can be hard to track if a patient is due for, or missing a vaccination.

In Wolf EMR, you can create automatic notifications that displays for patients who are due for vaccinations. Using vaccination schedules you can create automatic vaccination notifications for patients who meet criteria for specific vaccinations.

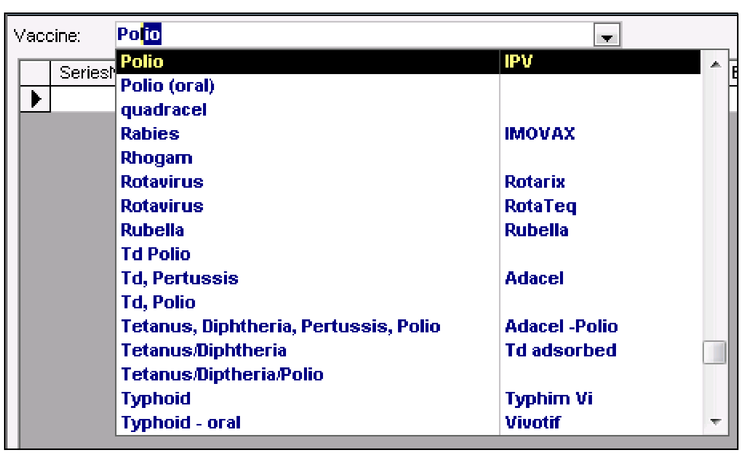
To create a vaccination schedule:

1. On the WorkDesk menu, click **Configure** > **Vaccination Schedules** (). The EMR displays the Vaccination Schedule Editor window.



2. In the **Vaccine** drop-down list, select a vaccine. The EMR displays the vaccine name in the **Vaccine** field.

Tip: If you are having trouble finding the vaccination you want, in the **Vaccine** field, begin to enter the vaccine name. The EMR takes you to the appropriate place in the list.



Note: There should never be more than one instance of the same vaccine the drop-down list. If you see multiple instances, inform a staff member with administrative privileges. Users with Administrative privileges can remove the redundant option.

3. Using the following table, enter the schedule for the vaccine.

Column	Description
Age to Administer (Days)	Enter the recommended age, in days.
Age to Administer Display Text	Enter the recommended age in the format you want the age to display on the **Vaccination Schedule** (for example, 12 months.)
Days Required Between Series	If the vaccination is a series, enter the number of days required between each vaccination in a series. For example, if two months is required between each vaccination in the series, enter "60" to indicate "60 days."
Notes	Enter any notes you want regarding the recommended vaccination.
Effective From DOB	If the vaccine is new for infants/children, enter a starting date. The EMR displays the vaccination recommendation only on the **Vaccination Schedule** of patients who's date of birth is AFTER the date specified.
Display	To activate the vaccination schedule, select this check box.

Tip: Use the horizontal scroll bar at the bottom of the Vaccine Schedule Editor window to view the last few columns.

4. When you are finished, click **Close Form** ( ).

Stopping vaccination recommendations

If a vaccination is taken off the market, or if clinical guidelines for a vaccination changes, you can halt automated recommendations for that vaccination.

To stop a vaccination recommendation:

1. On your **WorkDesk**, click **Configure** > **Vaccination Schedules** ( ). The EMR displays the Vaccination Schedule Editor window.

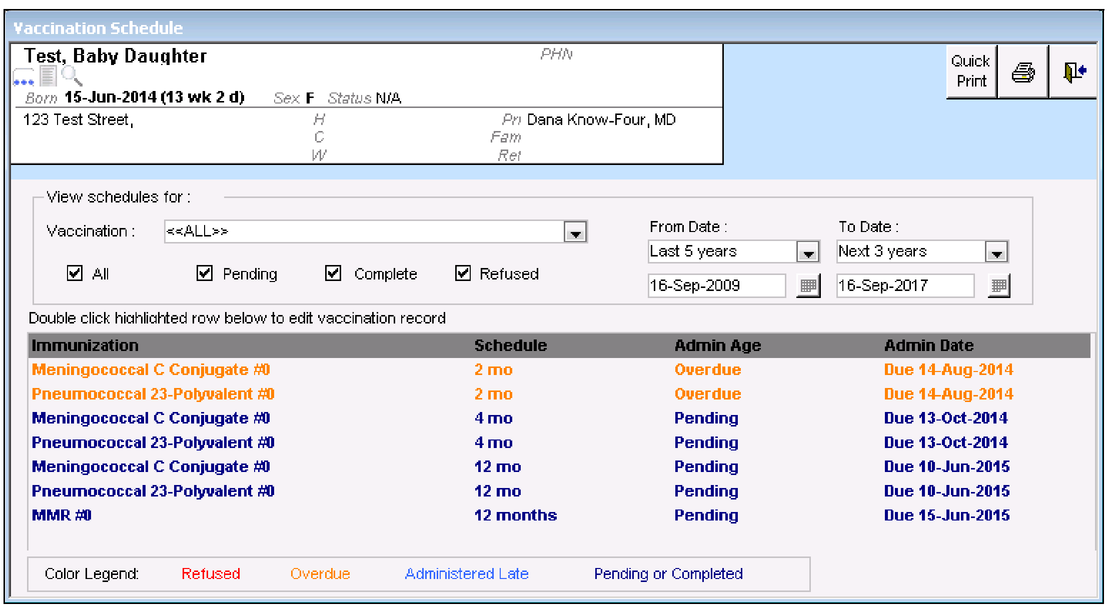
2. On the **Vaccine** drop-down list, select the vaccination you want to stop recommendations for. The EMR displays the recommendations associated with the selected vaccine in the table below.
3. In the **Effective To DOB** column, enter an end date (Typically today's date or an earlier date). The EMR removes the recommendation for any patient born after the date specified.

Recognizing when a patient is due for vaccinations

When a patient is due for a vaccination, a notification is displayed in the SMART patient banner on the patient's record.

To recognize when a patient is due for a vaccination:

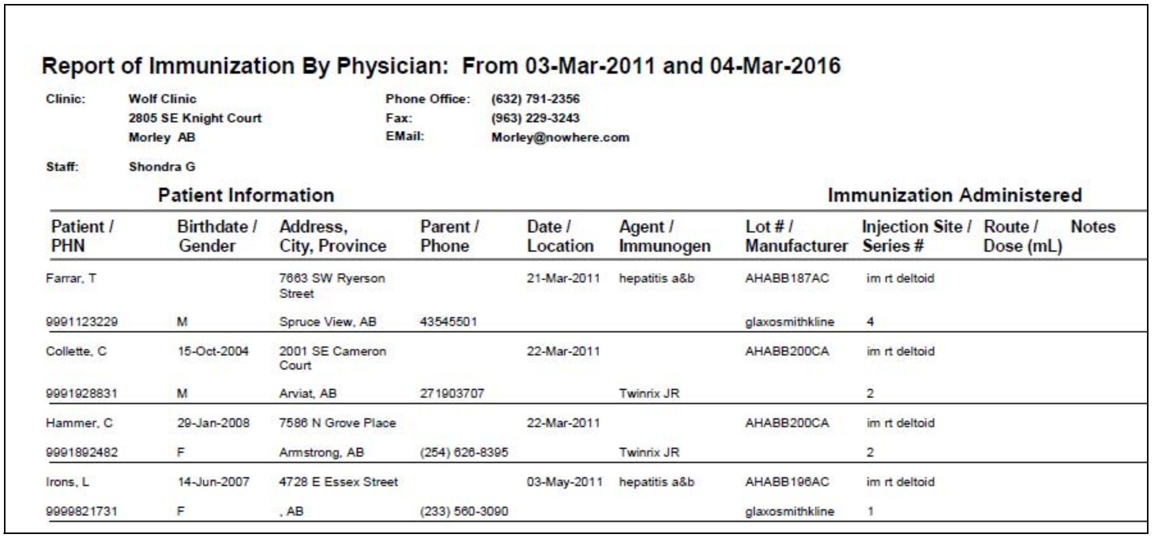
1. On any window of the patient's record (including the Medical Summary), in the SMART patient banner, click **# Vaccinations** (where **#** = the number of vaccinations the patient is due for). The EMR displays the patient's **Vaccination Schedule**, with:
   - Upcoming vaccinations highlighted in blue
   - Outstanding vaccinations highlighted in orange.



Note: As soon as you record an administered vaccine for a patient, the associated vaccination recommendation no longer displays as "outstanding" on the patient's **Vaccination Schedule**.

Producing an immunization report

In Wolf EMR you can produce a report of immunizations performed over a defined period of time. The report can detail administrations for a specific vaccine, and/or for vaccines administered by a specific person.



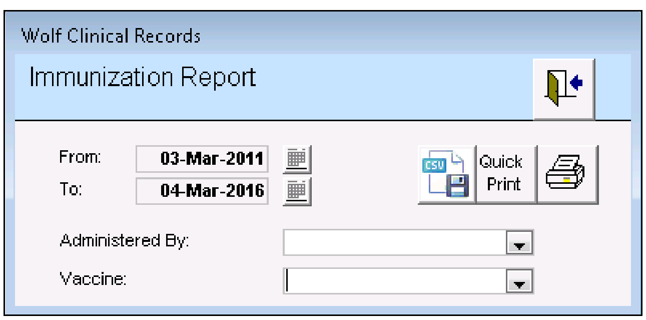
Report of Immunization By Physician: From 03-Mar-2011 and 04-Mar-2016

Clinic:	**Wolf Clinic** **2805 SE Knight Court** **Morley AB**	**Phone Office:** **Fax:** **EMail:**	**(632) 791-2356** **(963) 229-3243** **Morley@nowhere.com**
Staff:	**Shondra G**		

Patient Information				Immunization Administered					
Patient / PHN	**Birthdate / Gender**	**Address, City, Province**	**Parent / Phone**	**Date / Location**	**Agent / Immunogen**	**Lot # / Manufacturer**	**Injection Site / Series #**	**Route / Dose (mL)**	**Notes**
Farrar, T 9991123229	 M	7663 SW Ryerson Street Spruce View, AB	 43545501	21-Mar-2011	hepatitis a&b	AHABB187AC glaxosmithkline	im rt deltoid 4		
Collette, C 9991928831	15-Oct-2004 M	2001 SE Cameron Court Arviat, AB	 271903707	22-Mar-2011	 Twinrix JR	AHABB200CA	im rt deltoid 2		
Hammer, C 9991892482	29-Jan-2008 F	7586 N Grove Place Armstrong, AB	 (254) 626-8395	22-Mar-2011	 Twinrix JR	AHABB200CA	im rt deltoid 2		
Irons, L 9999821731	14-Jun-2007 F	4728 E Essex Street , AB	 (233) 560-3090	03-May-2011	hepatitis a&b	AHABB196AC glaxosmithkline	im rt deltoid 1		

To produce an immunization report:

1. On the WorkDesk menu, click **Reports** > **Immunization Records** ( ). The EMR displays the Immunization Report window.

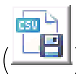
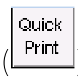


2. Using the following table, enter criteria for what immunizations should display in the report.

Field	Description
From	Enter the start date from which administered immunizations are to be included, or to select a date from a calendar, click .
To	Enter the end date to which administered immunizations are to be included, or to select a date from a calendar, click .

Field	Description
Administered By (Optional)	To include only vaccinations administered by a specific person, in the drop-down list select the person.
Vaccine (Optional)	To produce a report for only a specific vaccine, in the **Vaccine** drop-down list, select the vaccine.

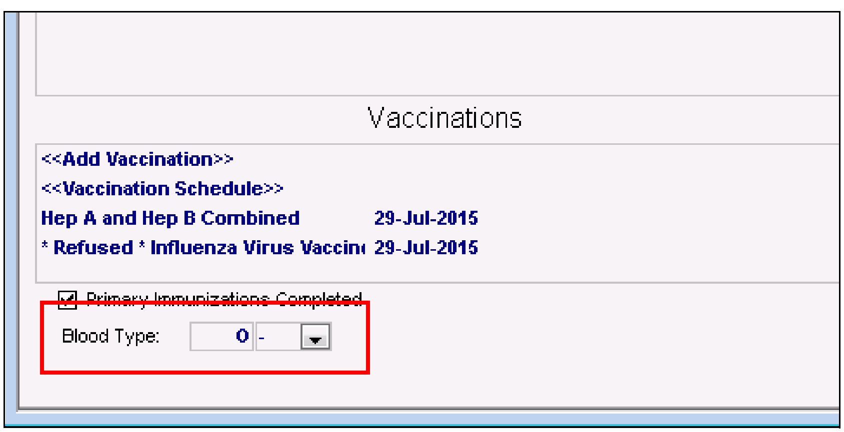
3. Click one of the following options:

   - **Create CSV Extract File** (): To save the report as a CSV file that can be opened in various spreadsheet and statistical analysis applications (for example, Microsoft Excel).
   - **Print to Default Printer** (
): To print the prenatal record to your default printer.
   - **Print** (): To print or fax the report on a selected printer or fax machine.

Viewing or adding a patient's blood type

To view or add a patient's blood type:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163. On the **Current Hx** tab, you can view the patient's blood type in the lower left corner.



2. To record a patient's blood type, in the **Blood Type** field, enter the letter(s) (for example, O, A, or B), and then in the drop-down list, select **+** (positive) or **-** (negative).

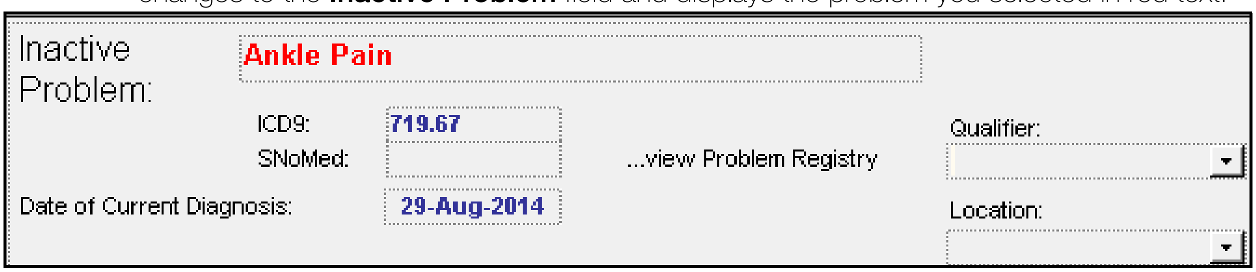
Adding, viewing, and editing a patient’s past medical history information

The following sections describe how to add, view, and edit a patient’s past medical history information.

Adding a new inactive problem

To add a new inactive problem:

1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163.
2. Click the **Past Hx** tab.
3. In the **Inactive Problems** area, double-click **<<Add New Problem>>**. The EMR opens the Problems List window with the **Activity** field set to **Inactive**.
4. In the **Select Problem** field, enter part or all of the name, or the diagnostic code of the problem, and then on your keyboard, press **Enter**. The EMR searches the list of registered problems and displays a list of results.
5. In the list of results, click the problem, and then click **Update**. The **Select Problem** field changes to the **Inactive Problem** field and displays the problem you selected in red text.



Tip: If the problem you want in not is the search results list, you can use Favourites or Tags to add the problem. See:

- “Adding problems using favourites” on page 180.
- “Using tags to add problems” on page 184.

Note: Only clinics using the new problem list that includes the CIHI list can use problem favourites and tags.

6. Follow Step 5. to Step 6 in “Adding a problem” on page 176.

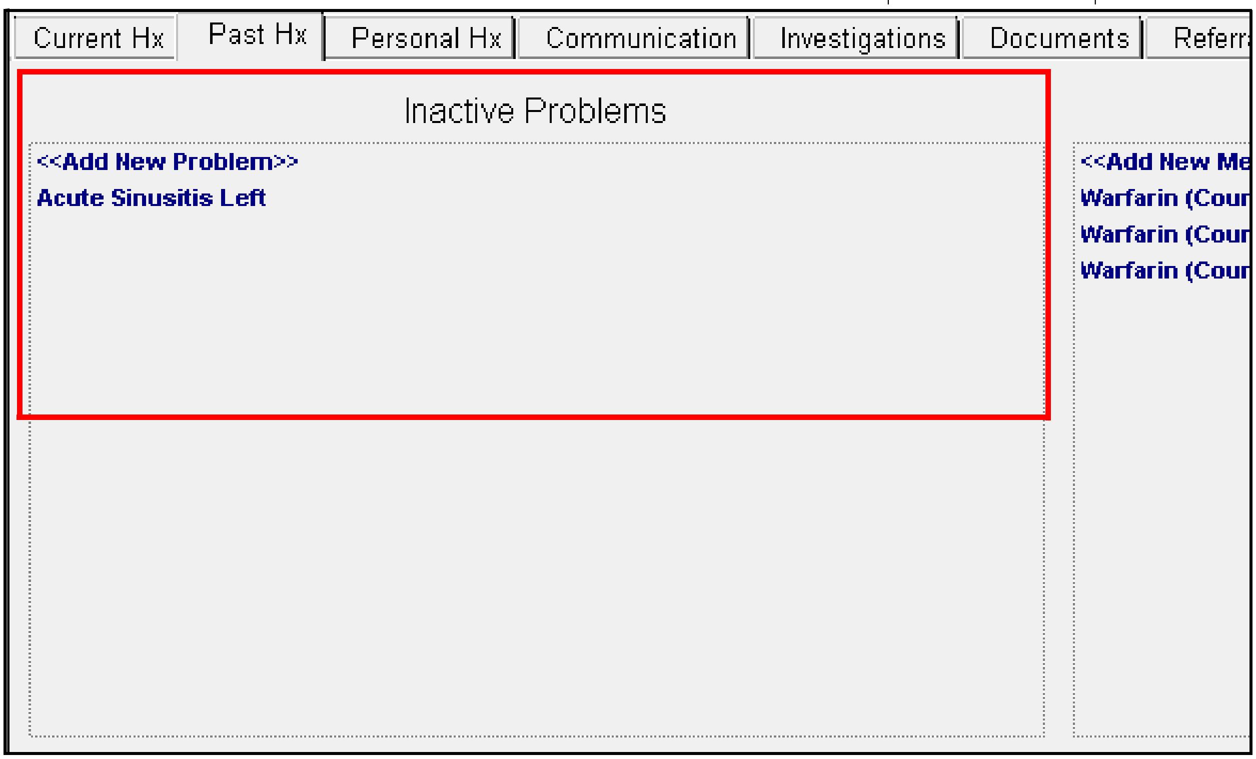
Note: Keep the **Activity** field set to **Inactive**.

Viewing and editing a patient's inactive problems

When you set the **Activity** of a problem to **Inactive**, the EMR lists the problem on the **Past History** tab, in the **Inactive Problems** area.

To view and edit a patient's inactive problems:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab. The **Inactive Problems** area lists the patient's inactive problems.

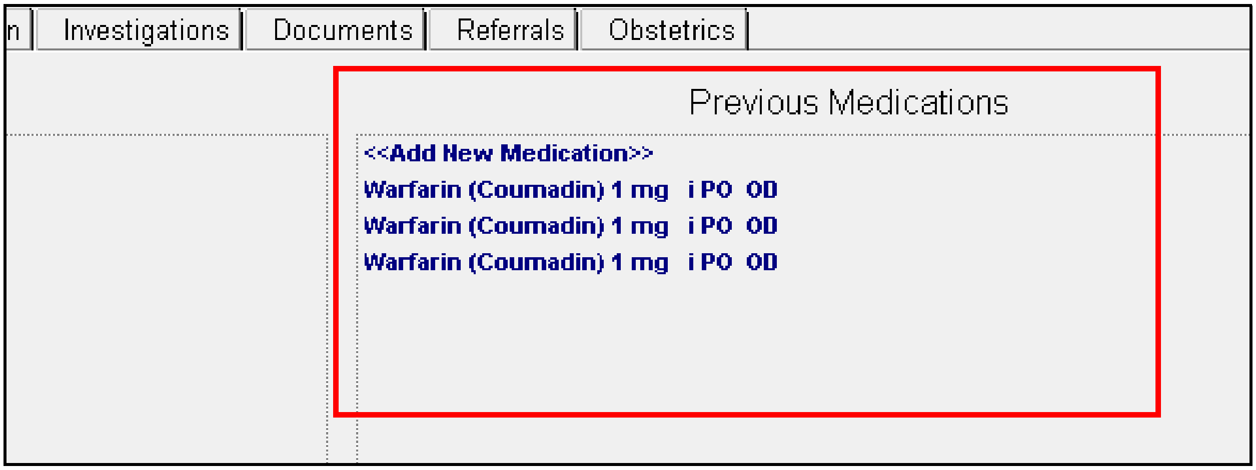


3. In the **Inactive Problems** area, double-click a problem to view more details. The EMR opens the Problems List window where you can view details about the problem. You can also view any linked lab results, linked pending labs, related medications, and any surgical procedures that were performed for the problem.
4. To edit a problem on the patient's Inactive Problems list:
   a) To change the diagnosis description, click **Change Diagnosis**. The **Inactive Problem** field clears and changes to the **Select Diagnosis** field.
   b) Edit fields as necessary. See "Adding a problem" on page 176 for a description of the fields.

Viewing a patient's previous medications

To view a patient's previous medications:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab. The Previous Medications area lists the patient's previous medications.



3. In the **Previous Medications** area, double-click a medication to view more details. The EMR displays the Medication Profile window. You can view a list of the patient's Previous Medications on the left side of the window, and details in the Discontinued Medication area on the right.

Adding a new procedure or surgery

To add a new procedure or surgery:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab.
3. In the **Procedures and Surgeries** area, double-click **<<Add New Procedure>>**. The EMR displays the Record New Procedure (Surgery) window.
4. In the **Procedure** field, enter the name of the procedure or surgery and then on your keyboard, press **Enter**. The EMR displays a results list under the **Procedure** field.
5. In the results list, click the procedure or surgery that you want to add, (for example Aortocor Bypass 1 Coronary Art or Appendectomy) and then click **Update**. The **Procedure** field displays the procedure or surgery you selected.
6. In the **Date** field, enter the date of the procedure. If you do not know the exact date, you can enter a partial date (for example, month/year, or just year).
7. **(Optional)** Enter the name or specialty of the surgeon:

a) In the **Surgeon** field, start entering the name or specialty of the surgeon performing the procedure, and then on your keyboard, press **Enter**. The EMR displays a results list under the **Surgeon** field.

b) In the results list, click the surgeon performing the procedure.

8. In the **Problem** drop-down list, click the reason why the procedure is being performed.

> **Tip**: If you do not see the appropriate problem, click **<<Add New>>**.
> In the Problem List window, add the new problem. See “Adding a problem” on page 176.

9. The **Notes** field, enter any notes about the procedure or surgery.

10. In the **Follow-up** field, enter any notes to reference when following up with the patient.

11. Perform one of the following actions:

- To add another procedure, click **Add** ( ) and repeat steps Step 4 to Step 11 .
- If you are finished adding procedures, click **Save & Close** ( ) to save the procedure entry and to close the Record New Procedure (Surgery) window.

Using Procedure favourites (some clinics only)

> **Note**: Only clinics using the new problem list that includes the CIHI list can use Procedure favourites.

When adding procedures or surgeries to a patient’s procedure list, favourites display at the top of the Procedure List. You can also choose a favourite procedure directly from your favourites list.

Procedure favourites can be clinic-wide (can be used by all users), or user-specific (can be used by you only). You can add or remove procedures in your user-specific favourites list only.

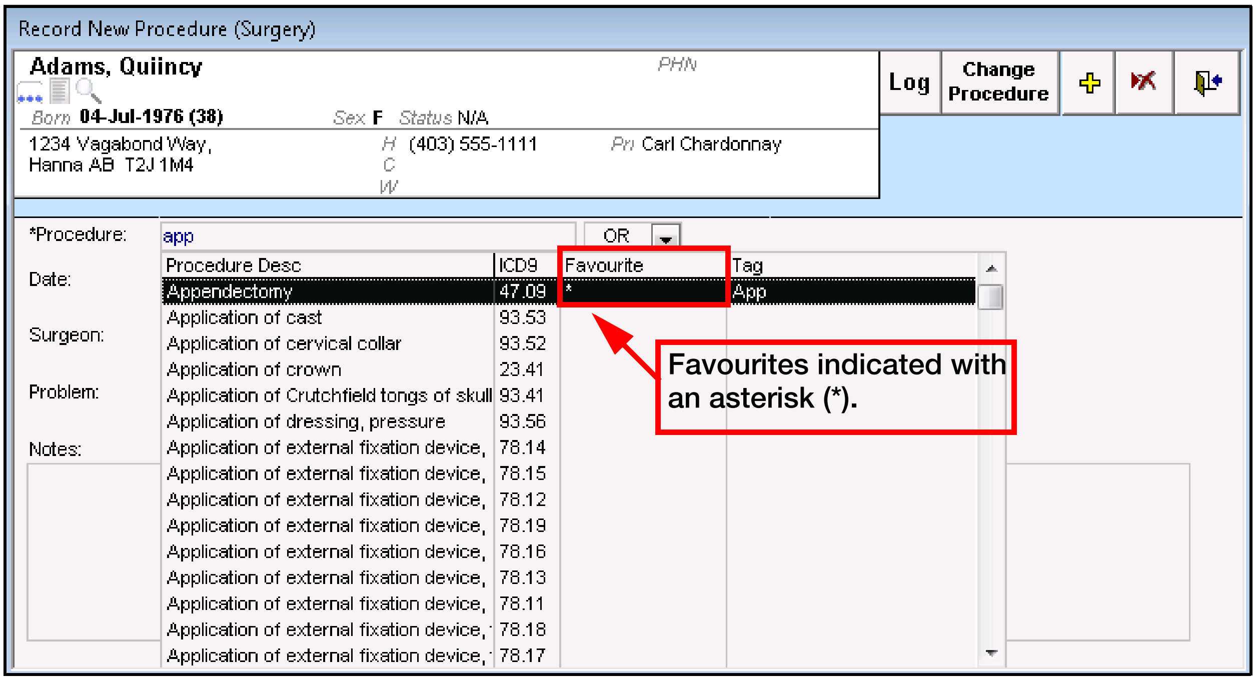
> **Note**: Only users with administrative privileges can add clinic-wide favourites.

Adding a procedure or surgery to a patient’s record using procedure favourites (some clinics only)

> **Note**: This procedure applies to clinics using the new problem list that includes the CIHI list.

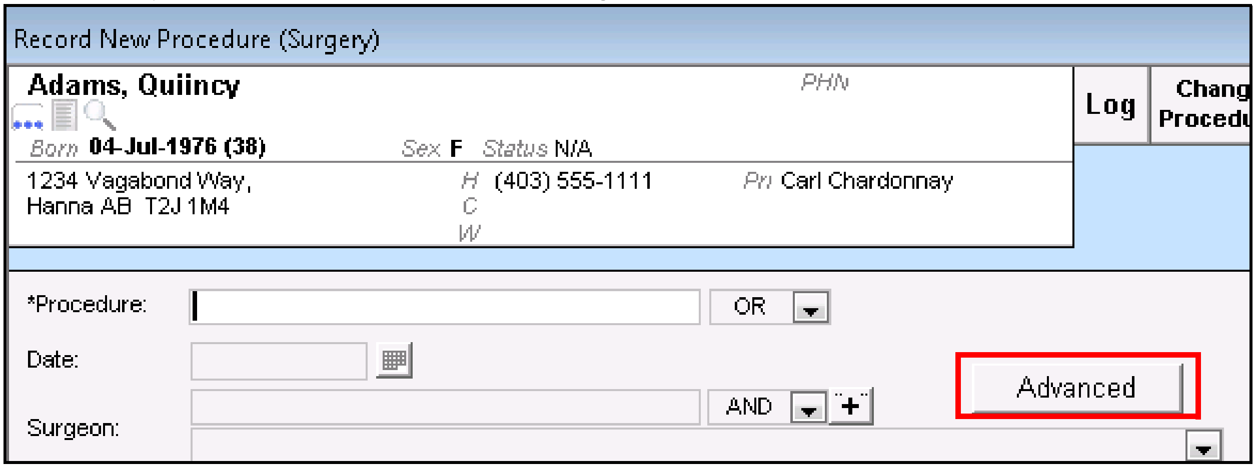
To add a procedure or surgery to a patient’s record using procedure favourites:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab.
3. In the **Procedures and Surgeries** area, double-click **<<Add New Procedure>>**. The EMR displays the Record New Procedure (Surgery) window.
4. In the **Procedure** field, enter the name of the procedure or surgery and then on your keyboard, press **Enter**. The EMR displays a results list under the **Procedure** field. Matching procedure favourites display at the top of the list and are indicated by an asterisk (*) in the **Favourites** column.

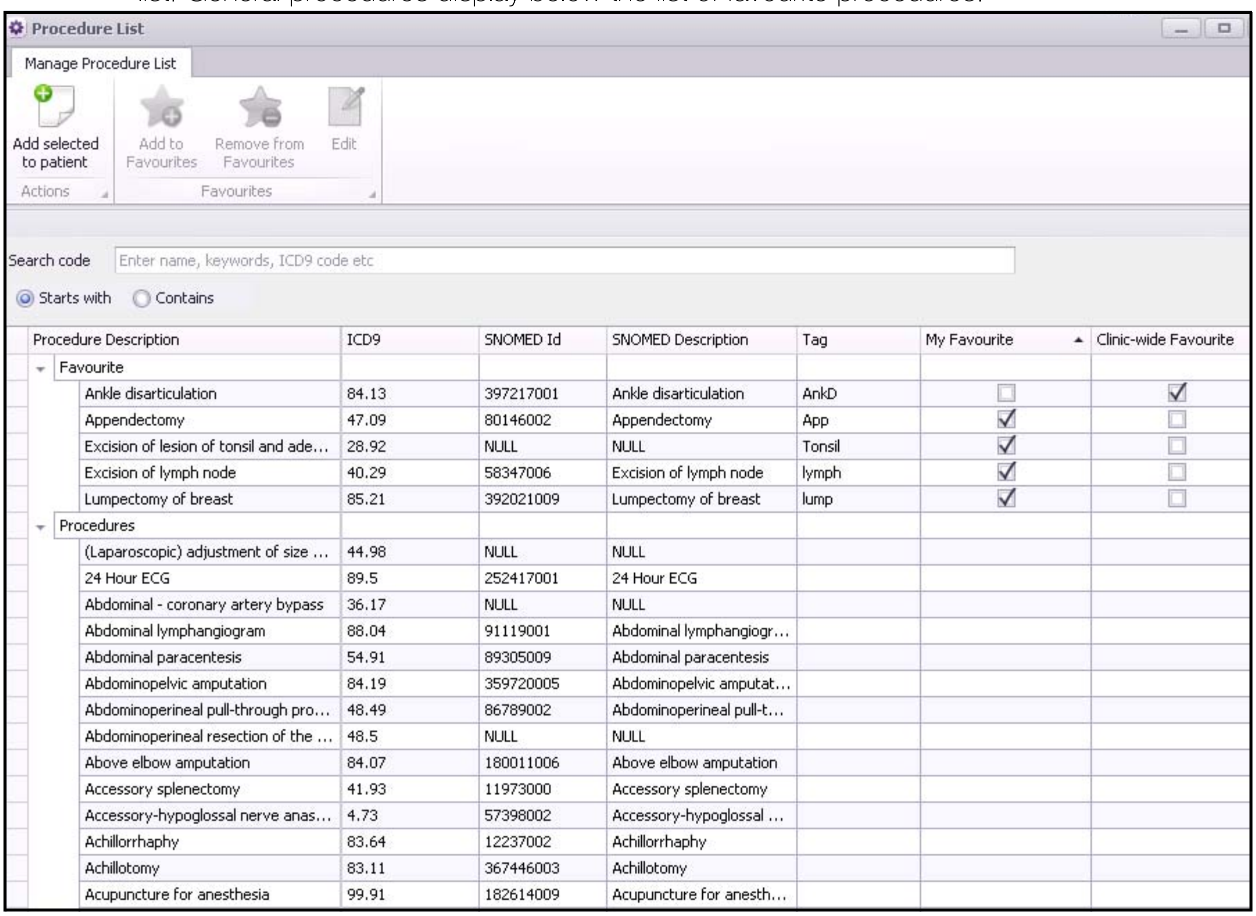


5. In the list of matching procedures, click the procedure favourite you want, and then click **Update**. The **Procedure** field displays the procedure or surgery you selected.
6. If the procedure or surgery you want does not display, use the following procedure:

a) In the Record New Procedure (Surgery) window, click **Advanced**.



The EMR displays the Procedure List window. Procedure Favourites display at the top of the list. General procedures display below the list of favourite procedures.



b) In the **Search Code** field, enter part or all of the name, or the diagnostic code for the procedure.

c) Under the **Search Code** field, select **Contains**.

d) On your keyboard, press **Enter**. The EMR displays matching procedures that contain (in the procedure name, ICD-9 code, or tag) the Search Code entry.

e) In the list of matching favourites, click the procedure you want, and then click **Add Selected to Patient** ( ). The EMR displays the selected procedure favourite in the **Procedure** field.

7. Finish adding the selected procedure to the patient's procedure list. See Step 6 to Step 11 in "Adding a new procedure or surgery" on page 215.

Adding procedures to your procedure favourites list (some clinics only)

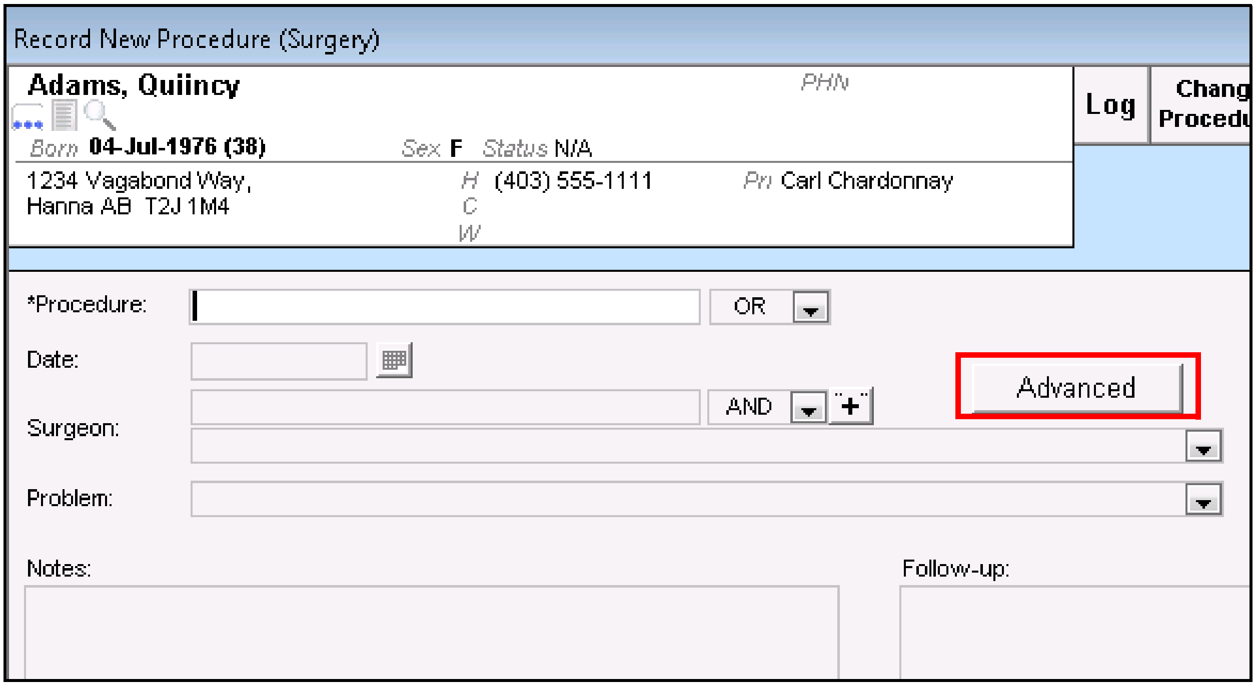
Note: This procedure applies to clinics using the new problem list that includes the CIHI list.

Note: Only users with administrative authority can add clinic-wide procedure Favourites. (Favourites that can be viewed by all clinic users.)

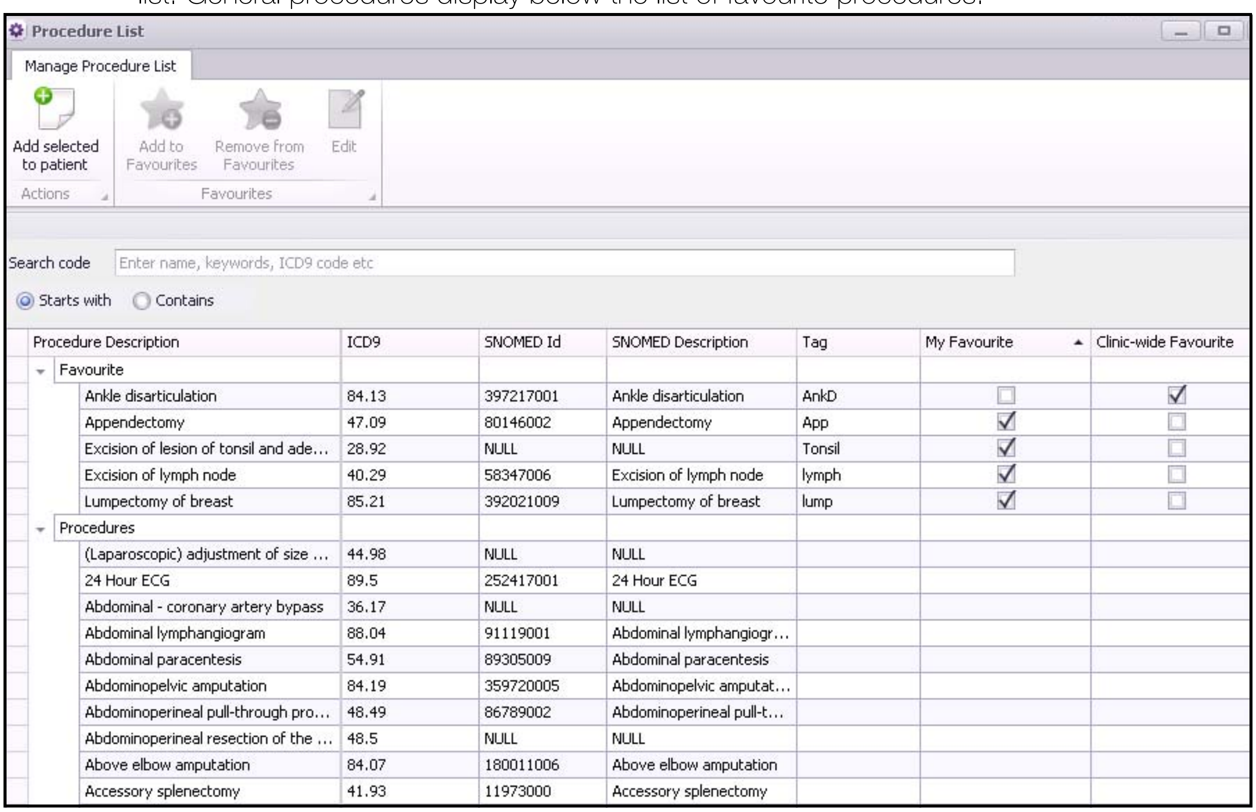
To add a procedure to your favourites list:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab.
3. In the **Procedures and Surgeries** area, double-click **<<Add New Procedure>>**. The EMR displays the Record New Procedure (Surgery) window.

4. Click **Advanced**.

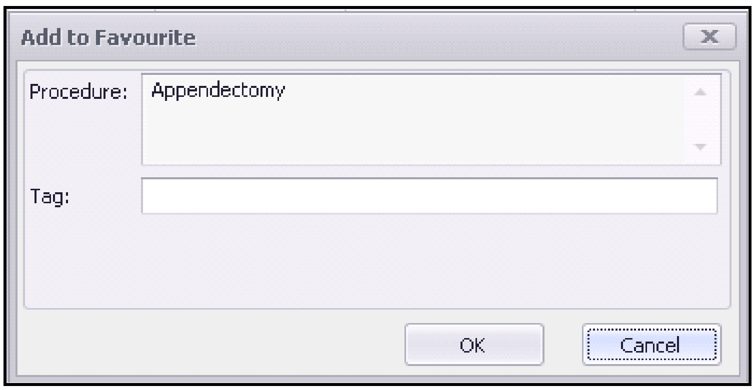


The EMR displays the Procedure List window. Procedure Favourites display at the top of the list. General procedures display below the list of favourite procedures.



5. In the **Search Code** field, enter part or all of the procedure or surgery name or ICD-9 code.

6. Below the **Search Code** field, select one of the following options:
   - **Starts with:** To display matching procedures that start with the term you entered in the Search Code field.
   - **Contains**: To display matching procedures that contain the term you entered in the Search Code field anywhere within the name.
7. On your keyboard, press **Enter**. The EMR filters your procedure list to display matching favourites, and general procedures.
8. In the list of procedures, click the procedure you want to make into a favourite.
9. Click **Add to Favourites** (). The EMR displays the Add to Favourite window.



Note: Only users with administrative authority can add clinic-wide favourites and tags. The EMR displays a **Clinic-wide Favourite and Tag** check box for users with administrative authority.

10. Click **OK**. The EMR adds the procedure to your favourites list.

Using Procedure tags (some clinics only)

Note: Only clinics using the new problem list that includes the CIHI list can use Procedure tags.

When adding a procedure to a patient's procedure list, you can search for a procedure using alternative search terms, called Tags. For example, you may prefer to enter "App" to search for the "Appendectomy".

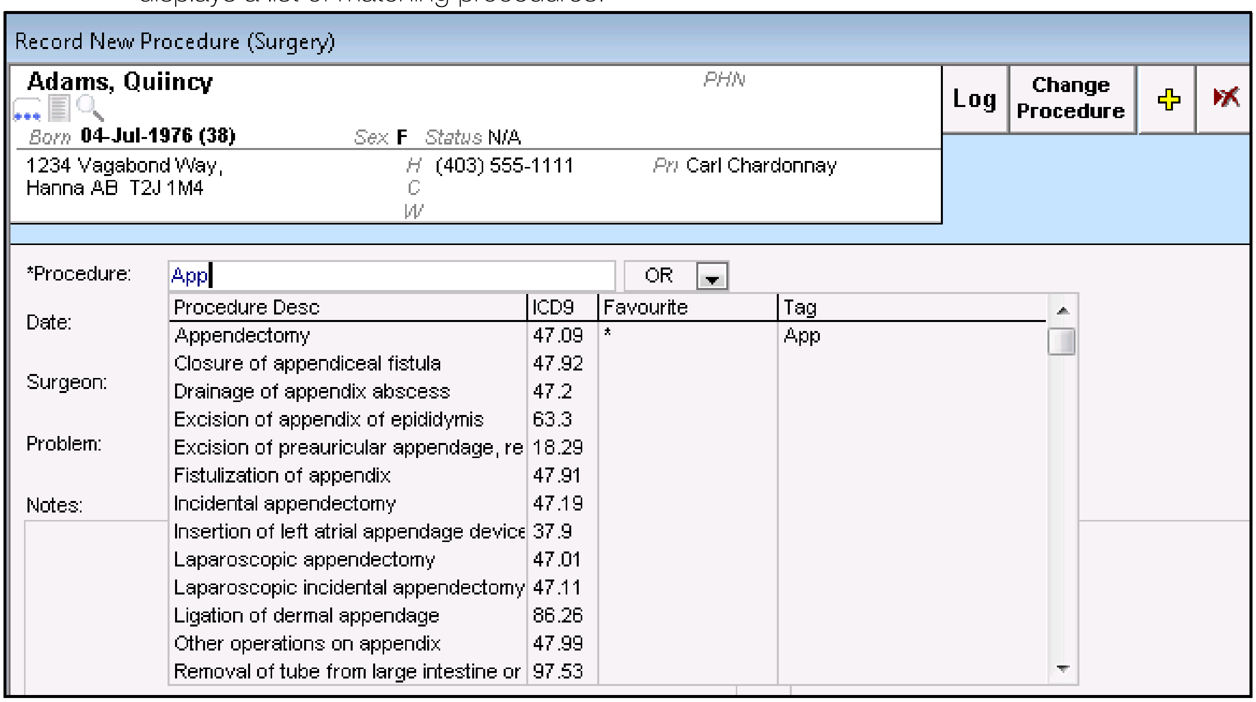
Because each user may use different abbreviations to search for a procedure, multiple Tags can be assigned to a procedure. Tags can be clinic-wide (can be used by all users), or user-specific (can be used by you only).

Adding a procedure to a patient's procedure list using a tag (some clinics only)

Note: This procedure applies to clinics using the new problem list that includes the CIHI list.

To add a procedure to a patient's procedure list using a tag:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab.
3. In the **Procedures and Surgeries** area, double-click **<<Add New Procedure>>**. The EMR displays the Record New Procedure (Surgery) window.
4. In the **Procedure** field, enter a Tag that is assigned to the procedure you want. The EMR displays a list of matching procedures.



Note: The far right column in the procedure search results list displays all tags assigned to each procedure.

5. Finish adding the selected procedure to the patient's procedure list. See Step 5 to Step 11 in "Adding a new procedure or surgery" on page 215.

Assigning tags to procedures (some clinics only)

Note: This procedure applies to clinics using the new problem list that includes the CIHI list.

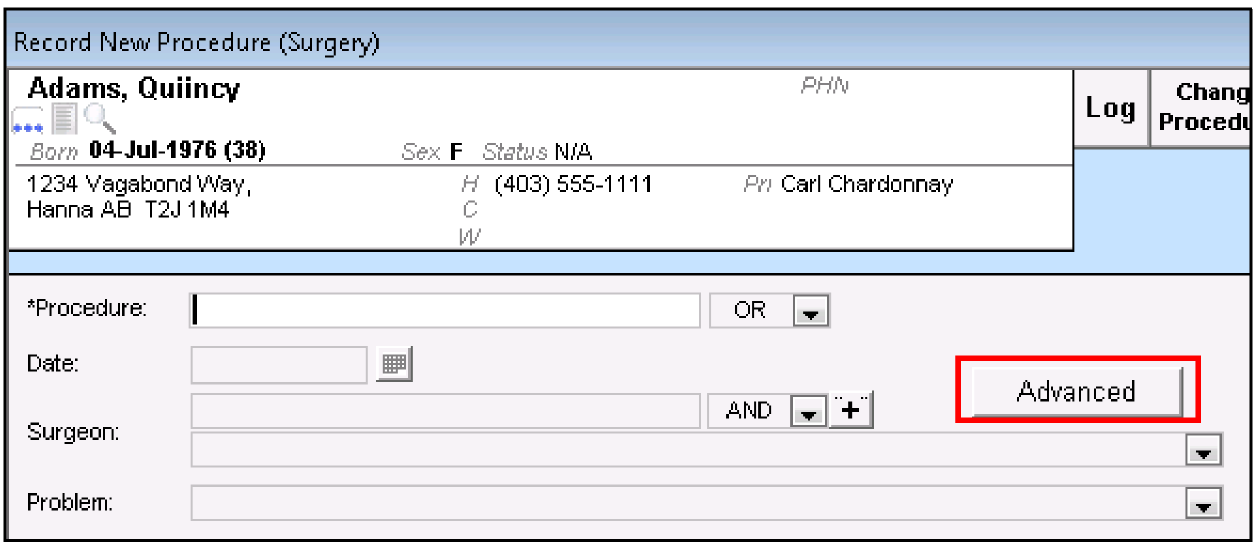
If there are no tags assigned to a procedure, or if you want to use a tag that is different than the tags currently assigned to a procedure, you can assign your own tag(s).

Tags you assign to a procedure are user-specific. No other users can see use your tags.

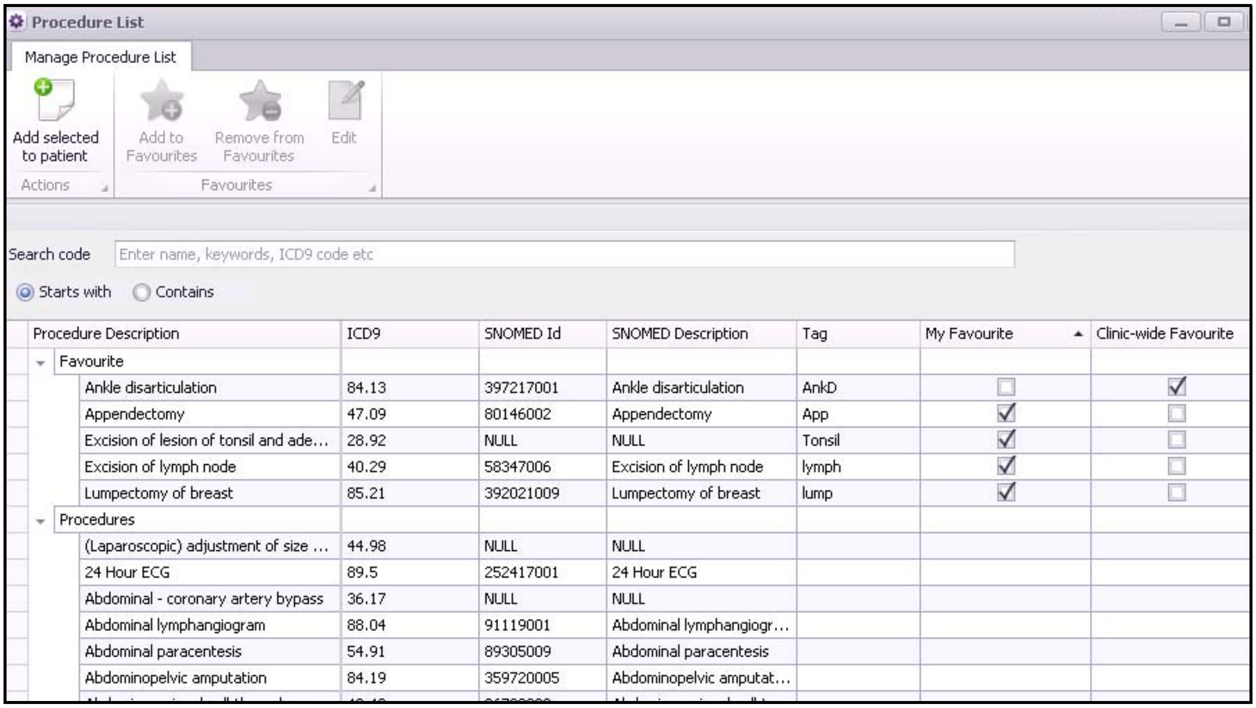
> **Note**: Only users with administrative authority can assign clinic-wide Tags to procedures. (Tags that can be used by all clinic users.)

To assign a tag to a procedure:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab.
3. In the **Procedures and Surgeries** area, double-click **<<Add New Procedure>>**. The EMR displays the Record New Procedure (Surgery) window.
4. Click **Advanced**.



The EMR displays the Procedure List window. Procedure Favourites display at the top of the list. General procedures display below the list of favourite procedures.

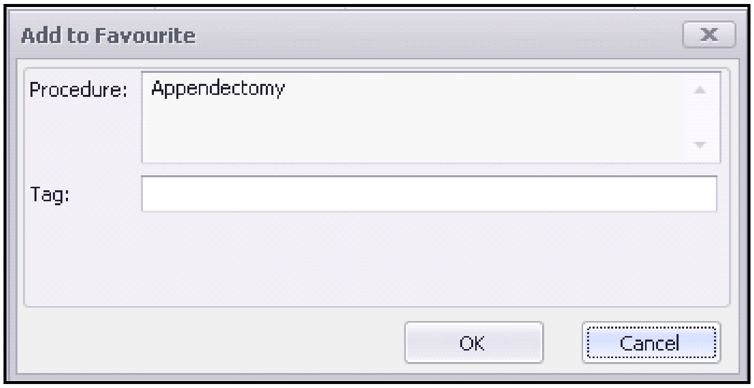


5. In the **Search Code** field, enter part or all of the procedure or surgery name or ICD-9 code.
6. Below the **Search Code** field, select one of the following options:
   - **Starts with:** To display matching procedures that start with the term you entered in the Search Code field.
   - **Contains**: To display matching procedures that contain the term you entered in the Search Code field anywhere within the name.
7. On your keyboard, press **Enter**. The EMR filters your procedure list to display matching favourites, and general procedures.
8. If the Procedure you want to assign a tag to **is not** on your favourites list, use the following procedure:

> **Note**: A procedure must first be on the favourites list before you can assign a tag to it.

   a) In the list of procedures, click the procedure you want to add assign a tag to.

b) Click **Add to Favourites** (). The EMR displays the Add to Favourite window.



c) In the **Tag** field, enter the tag you want.

Tip: If you want to add multiple tags, separate each tag name with a comma.

You are limited to 50 characters for all tags combined.

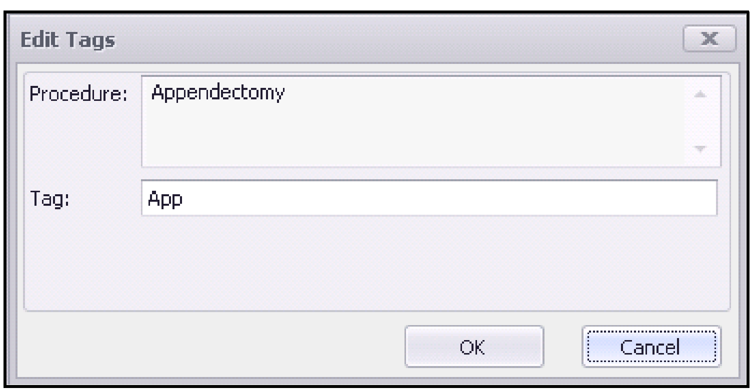
d) Click **OK**. The EMR displays the assigned tags in the **Tag** column of the procedure list.

9. If the procedure you want to assign a tag to **is** on your Favourites list, complete the following procedure:

a) In the filtered list of procedures, click the procedure you want to assign a Tag to.

b) Click **Edit** ().

c) The EMR displays the Edit Tags window.



d) In the **Tag** field, enter the tag you want.

Tip: If there is a Tag entered already, or if you want to add multiple tags, separate each tag name with a comma.

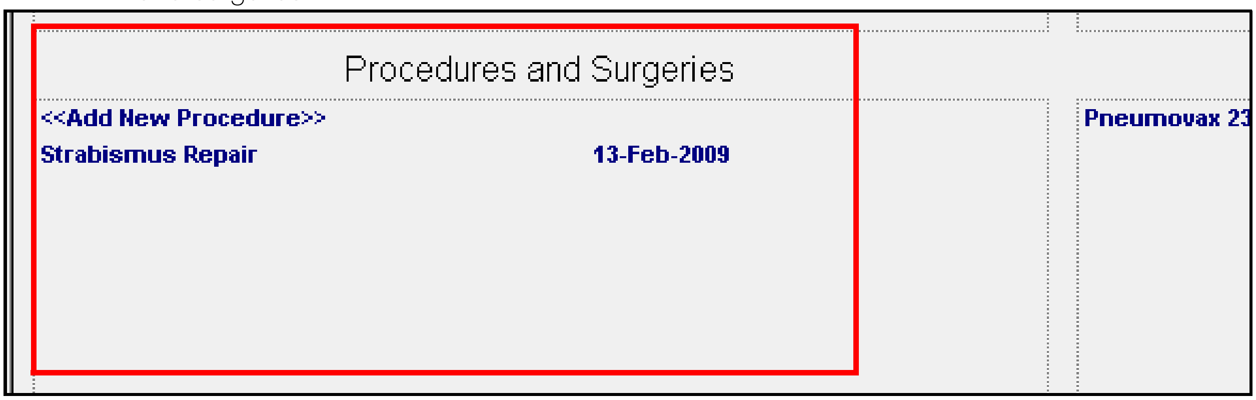
You are limited to 50 characters for all tags combined.

e) Click **OK**. The EMR displays the assigned tags in the **Tag** column of the procedure list.

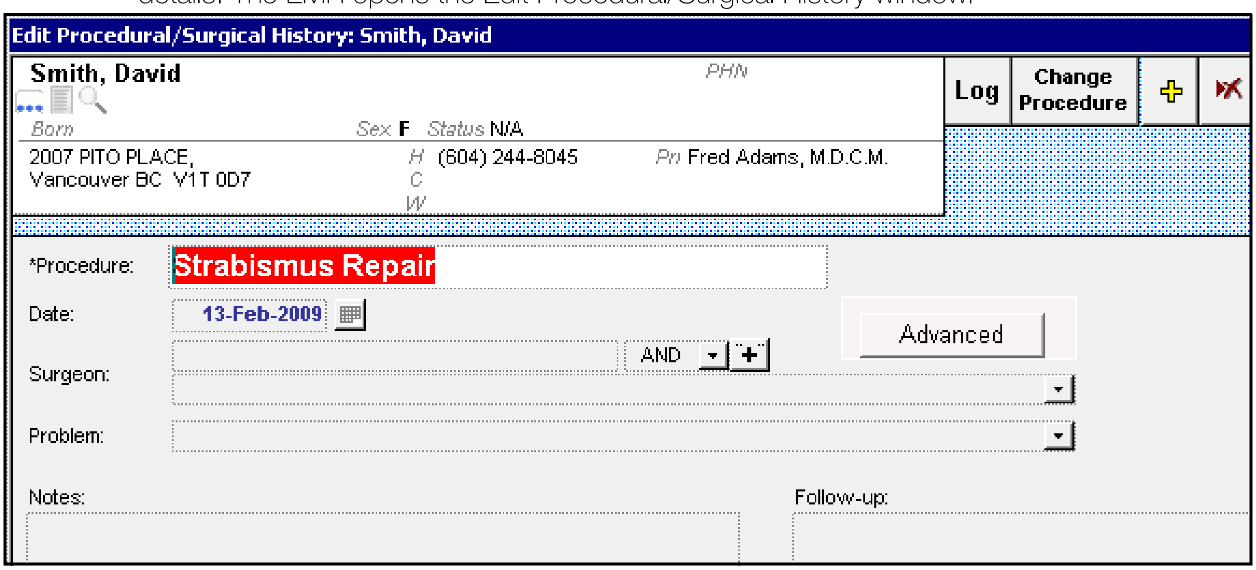
Viewing and editing a patient's procedures and surgeries

To view and edit a patient's procedures and surgeries:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Past Hx** tab. The **Procedures and Surgeries** area lists the patient's procedures and surgeries.



3. In the **Procedures and Surgeries** area, double-click a procedure or surgery to view more details. The EMR opens the Edit Procedural/Surgical History window.



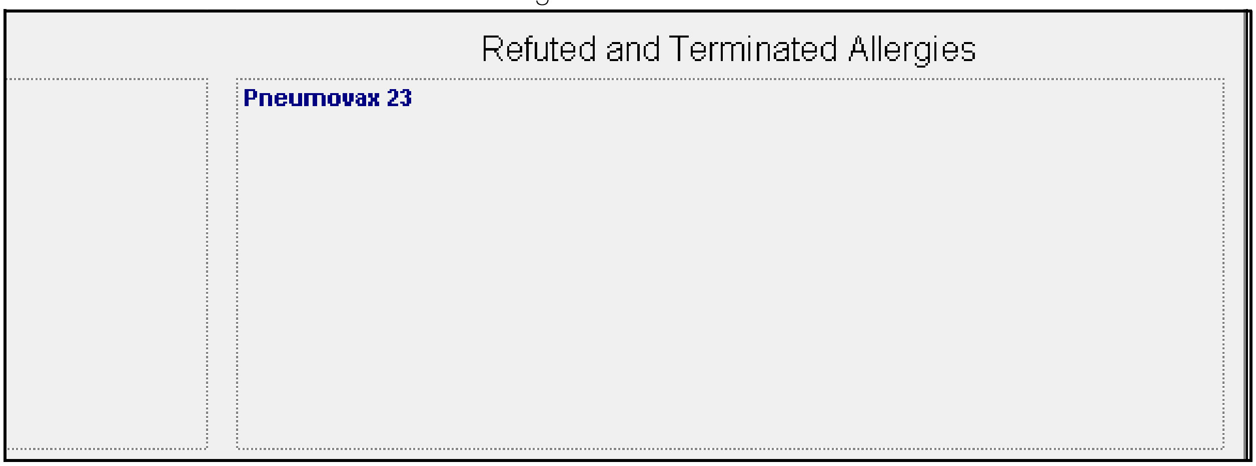
4. View and edit the fields as required. See "Adding a new procedure or surgery" on page 215 for a description of the fields.

Viewing a patient's refuted or terminated allergies

The **Refuted and Terminated Allergies** area lists any Allergies that were classified as **Refuted** or **Terminated and Reclassified**.

To view a patient's refuted or terminated allergies:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163. The EMR displays the Medical Summary window.
2. Click the **Past Hx** tab. The **Refuted and Terminated Allergies** area lists any Refuted or Terminated and Reclassified allergies.



3. In the **Refuted and Terminated Allergies** area, double-click a refuted or terminated allergy to see more details. The EMR displays the Allergy List window. You can view a list of the patient's allergies on the left side of the window, and details on the right.

Adding, viewing, and editing a patient's personal medical history information

The following sections describe how to add, view, and edit a patient's personal medical history information.

Viewing and entering a patient's social history

A patient's social history can include the following information:

- Ethnic origin
- Preferred language
- Marital status
- Significant other information
- Occupation

- Income type
- Education
- Contraception method
- Next of kin contact information

Tip: You can set the following Social History values in Patient Maintenance, on the **Other Demographics** tab:

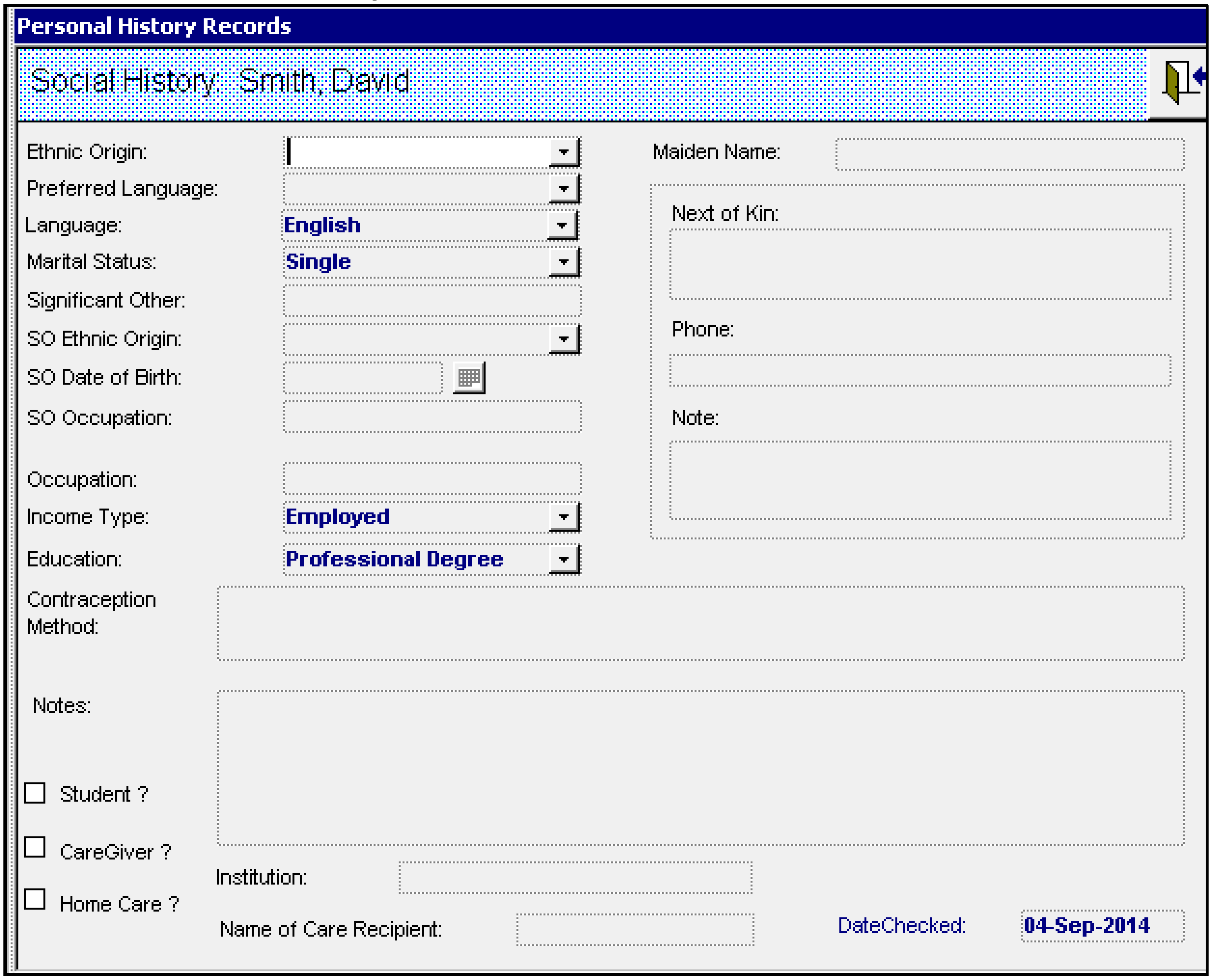
- Ethnic Origin
- Preferred Language
- Language
- Occupation
- Maiden Name
- Next of Kin

When you change the above fields on the **Other Demographics** tab, the changes are reflected in the Social History window. Conversely, when you change the above fields in the Social History window, the changes are reflected on the **Other Demographics** tab.

To view and enter a patient's social history:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Personal Hx** tab. The **Social History** area displays a patient's social history information.

3. In the **Social History** area, click any field. The EMR displays the Social History window.



Tip: Several fields in the Social History window are drop-down combo boxes. To use a drop-down combo box, you either click a value in the drop-down list or enter text in the field.

If you enter new text, the EMR displays a dialog box asking you if you want to add the new text to the master list. The master list is for all users. If you click **Yes**, the EMR adds the new text to the drop-down list to make future data entry easier for everyone.

4. Use the following table to enter patient information.

Field	Description
Ethnic Origin	Enter the patient's ethnic origin. Click a value in the drop-down list or enter a value in the text field.

Field	Description
Preferred Language	Enter the patient’s preferred language. Click a value in the drop-down list or enter a value in the text field.
Language	Enter the patient’s language. If the language is not known, select **<Unknown>**.
Marital Status	Indicate the patient’s marital status. In the in the drop-down list, click one of the following options: **Single**; **Married**; **Common Law**; **Separated**; **Divorced**; **Widowed**.

5. Use the following table to enter information about the patient's significant other.

Field	Description
Significant Other	Enter the name of the patient’s significant other.
SO Ethnic Origin	Enter the ethnic origin of the patient's significant other. Click a value in the drop-down list or enter a value in the text field.
SO Date of Birth	Enter the date of birth of the patient's significant other. Enter the date in the format DD-Mmm-YYYY or use the calendar icon to choose a date.
SO Occupation	Enter the occupation of the patient's significant other.

6. Use the following table to enter information about the patient's occupation and education:

Field	Description
Occupation	Enter the patient’s occupation.
Income Type	Indicate the patient’s income type. In the in the drop-down list, click one of the following options: **None**, **Employed**, **Self-Employed**, **Social Assistance**, **UIC**, **Disability Insurance**, or **Other**. The EMR only accepts the options in the drop-down list.
Education	Indicate the patient’s level of education. In the in the drop-down list, click one of the following options: **High School**, **College**, **University**, **Professional Degree**, **Trade School** or **Technical College**. The EMR only accepts the options in the drop-down list.

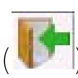
7. Use the following table to enter patient information.

Field	Description
Contraception Method	Enter the patient's method of contraception.
Notes	Enter any additional information or explanations.

Field	Description
Student?	If the patient is a student, select this check box.
CareGiver	If the patient is a caregiver, select this check box.
Home Care?	If the patient is receiving home care, select this check box.
Institution	If the patient is a caregiver, enter the name of the institution where the patient is a caregiver.
Name of Care Recipient	If the patient is a caregiver, enter the name of the client receiving care from the patient.

8. Use the following table to enter the patient's maiden name and next of kin contact information.

Field	Description
Maiden Name	Enter the patient's maiden name.
Next of Kin	Enter the name of a close relative of the patient.
Phone	Enter next of kin's telephone number.
Note	Enter any additional information or explanations.
DateChecked	The EMR displays the current date in this field.

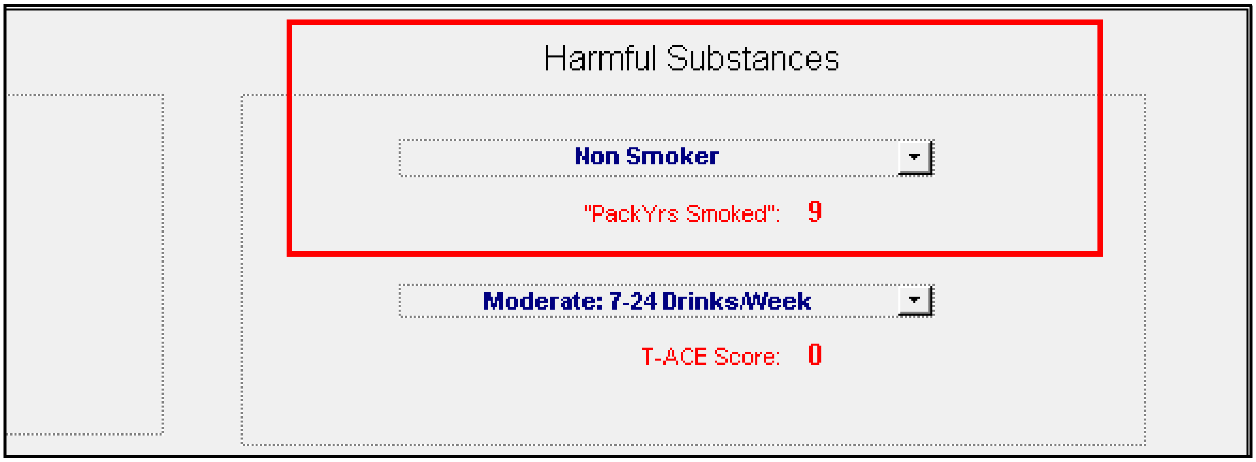
9. Click **Save & Close** () to save your changes and to close the Social History window.

Viewing, editing, and verifying a patient’s smoking history

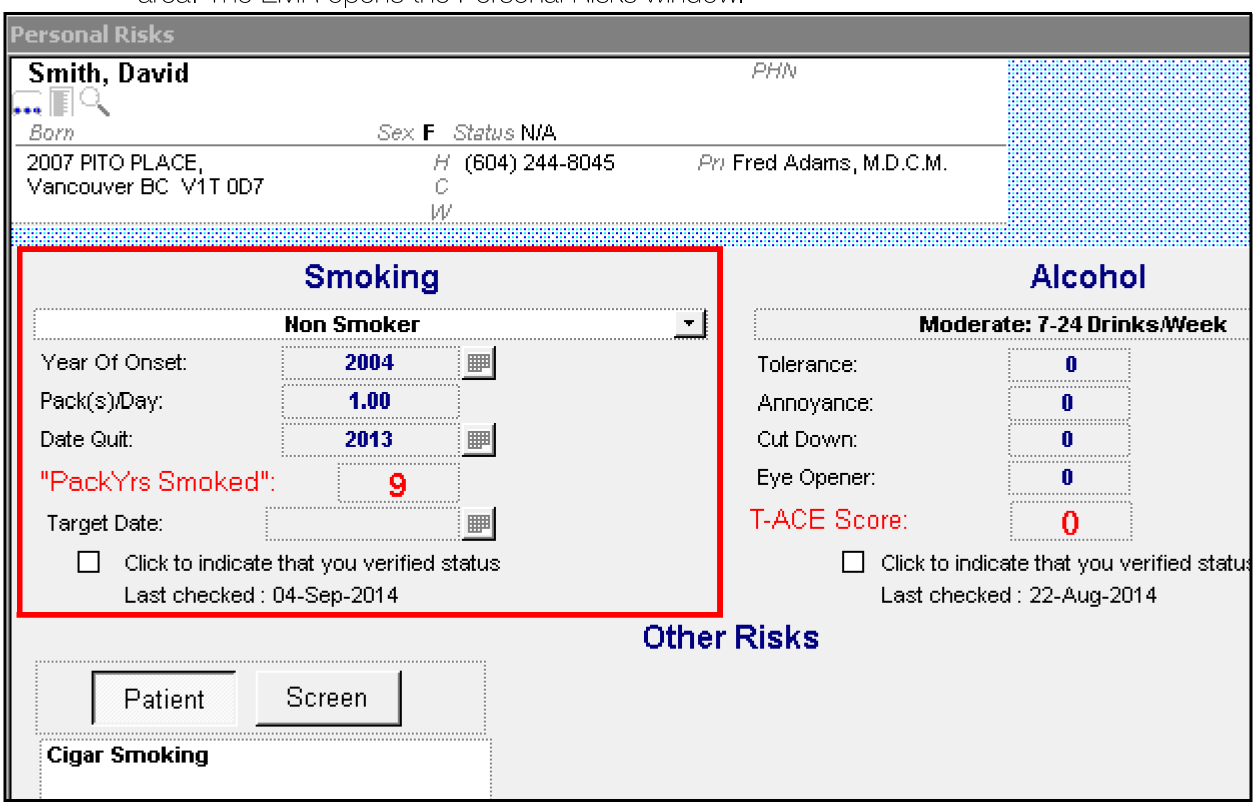
To view, edit, and verify a patient’s smoking history:

1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163.

2. Click the **Personal Hx** tab. The **Harmful Substances** area displays the patient's smoking history.

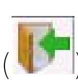


3. To edit or verify a patient's smoking status, click anywhere in the **Harmful Substances** area. The EMR opens the Personal Risks window.



4. In the **Smoking** area, view or edit the fields. See the following table for a description of the fields.

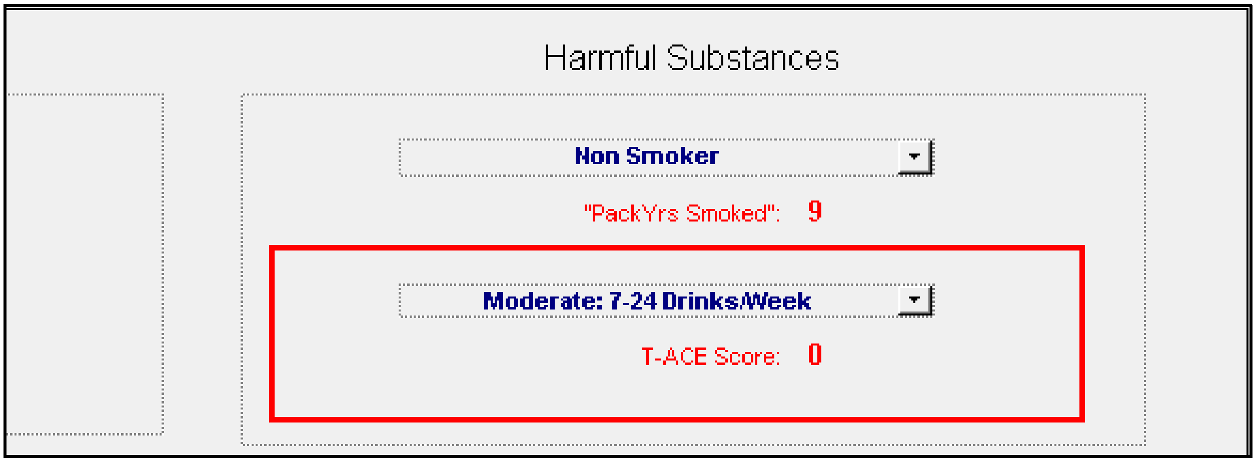
Field	Description
Smoking status drop-down box	Click one of the following options based on the patient's smoking history: ■ **?? Not Known ??** (This is the default.) ■ **Non-Smoker** ■ **Quit < 1 year** ■ **Quit > year** ■ **Smoker**
Year Onset	If the patient has a smoking history, enter the year that the patient started smoking. You can also use the calendar icon to select a date.
Pack(s)/Day	Enter the average amount of packs a day the patient smokes or used to smoke.
Date Quit	If the patient has quit smoking on a certain date, then enter the date. You can also use the calendar icon to select a date.
PackYrs Smoked	If the **Year of Onset**, **Pack(s)/Day** and the **Date Quit** fields are all filled out, then the EMR automatically calculates and populates the **PackYrs Smoked** field. You can edit the **PackYrs Smoked** field if required.
Target Date	If the patient is currently smoking but plans to quit on a certain date, enter the patient's target quit date in the format of DD/MM/YY.
Verified Smoking Status check box:	If you make any changes to the above fields, the EMR automatically selects the **Click to indicate that you verified status** check box and adds the current date as the last time you checked with the patient on their Smoking History. You can also manually select this check box which adds today's date as a confirmation that the patient's current smoking status has not changed. You can select this check box each time you go back into the Personal Risks window.

5. Click **Save & Close** () to save your changes and to close the Personal Risks window.

Viewing, editing, and verifying a patient’s alcohol history

To view, edit, and verify a patient’s alcohol history:

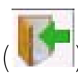
1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163.
2. Click the **Personal Hx** tab. The **Harmful Substances** area displays the patient’s alcohol history.



3. To edit or verify a patient’s alcohol status, click anywhere in the **Harmful Substances** area. The EMR opens the Personal Risks window.
4. In the **Alcohol** area, view or edit the fields. See the following table for a description of the fields.

Field	Description
Alcohol status drop-down box	Click one of the following options based on the patient's alcohol history: ■ **Non Drinker** ■ **Ex Drinker** ■ **Light: < 6 Drinks/Week** ■ **Moderate: 7-24 Drinks/Week** ■ **Heavy: > 24 Drinks/Week** ■ **?? Not Known ??** (This is the default.)
Tolerance	Enter the number of drinks to reach Tolerance.
Annoyance	Enter 1 if patient reports ever being Annoyed when asked about their drinking.
Cut Down	Enter 1 if patient reports ever having thought about cutting down their drinking.

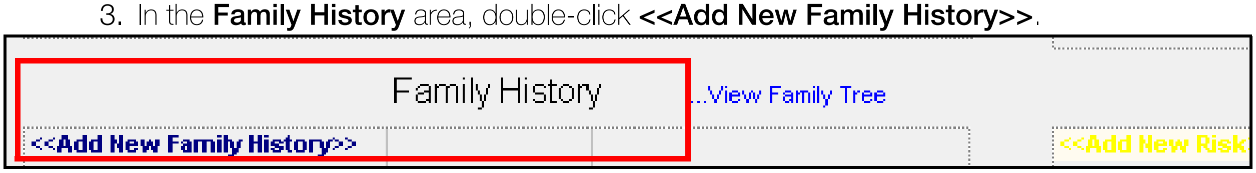
Field	Description
Eye Opener	Enter 1 if patient reports ever having had a drink in the morning to offset a hangover.
T-ACE Score	After you enter the above four fields, the EMR automatically calculates and displays the T-ACE Score value. You can edit the T-ACE Score value if required.
Verified Alcohol Status check box	If you make any changes to the above fields, the EMR automatically selects the **Click to indicate that you verified status** check box and adds the current date as the last time you checked with the patient on their Alcohol History. You can also manually select this check box which adds today's date as a confirmation that the patient's current alcohol status has not changed. You can select this check box each time you go back into the Personal Risks window.

5. Click **Save & Close** () to save your changes and to close the Personal Risks window.

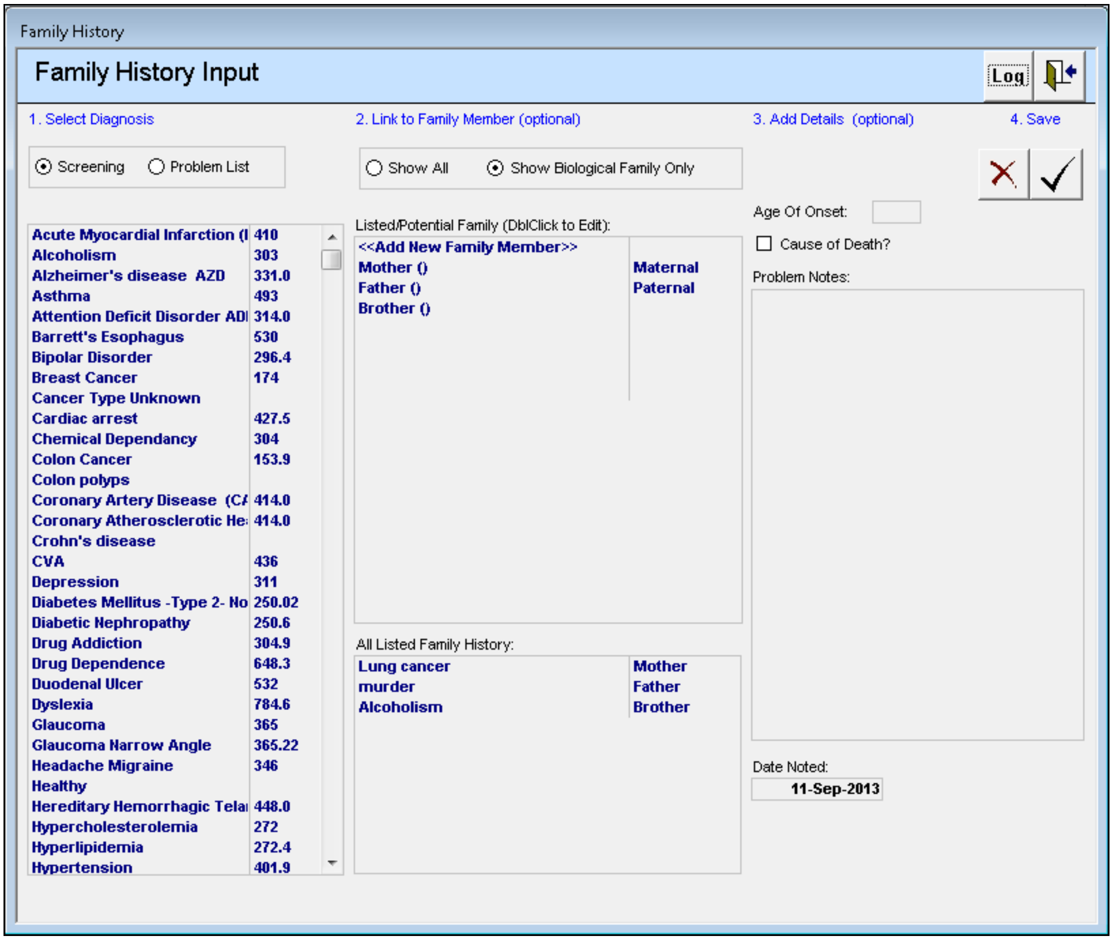
Adding a new family history problem

To add a new family history problem for the patient:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Personal Hx** tab.
3. In the **Family History** area, double-click **<<Add New Family History>>**.



The EMR displays the Family History Input window.

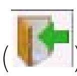


4. In the list under the **Select Diagnosis** area, click the appropriate problem for the family member, for example alcoholism, or breast cancer.

> **Tip**: If the appropriate option is not available, select **Problem List**, enter the problem name, and then click **<Enter Assessment>**. You can now search from a more detailed list.

5. (Optional) If you want to link the diagnosis or problem to a family member, in the **Link to Family Member** area, click a family member type (for example, Mother).

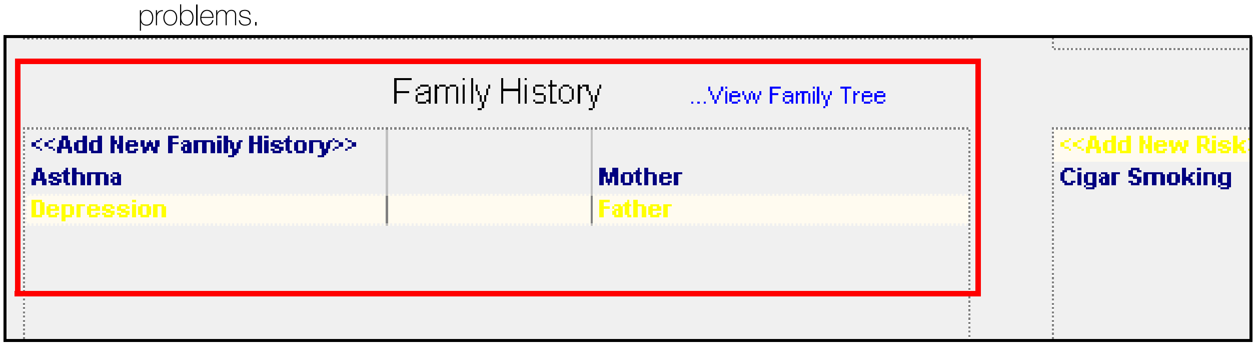
> **Tips**:
>
> - If the **Show Biological Family Only** option is selected, the EMR displays only relations with the status **Biological** (in the “Patient Relations for” window in the **Relationships** area in Patient Maintenance).
> - Double-click **<<Add New Family Member>>** to enter a new family member or double-click a family member to edit their information such as Name, Year of Birth, Deceased, Year of Death, Note, or Date Checked.

6. (Optional) In the **Add Details** area, enter the following details:
   - **Age of Onset**: Enter the age when the family member was diagnosed.
   - **Cause of Death?**: Select this check box if the selected problem was the cause of death.
   - **Problem Notes**: Enter any further notes or explanations here.
   - **Date Noted**: Enter the date the Family History was modified in the format of: DD/ Mmm/ YYYY. The default value is today's date.
7. Click the check mark () to save the entry. The EMR displays the diagnosis and the family member under the **All Listed Family History** area in the Family History Input window.
8. Click **Close** ().

Viewing and editing family history details

To view and edit family history details:

1. Open the Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Personal Hx** tab. The **Family History** area lists the patient's family member's problems.



3. To view or edit the detailed information for a family member's problems, in the **Family History** area, double-click a family history entry. The EMR opens the Family History Records window. The Family History Records window displays the family member's significant medical history details including: a list of their problems, age of onset, date of birth, date of death, and any notes.
4. Edit the fields as required. See "Adding a new family history problem" on page 235 for a description of the fields.

Using the SMART Menu

You can quickly add medical history information using the SMART Menu (also known as the right-click menu).

Opening the SMART Menu

You can open the SMART Menu by right-clicking anywhere in a patient's medical record (for example, the Medical Summary window or the Vital Entry window). The SMART Menu provides easy access to numerous view and action items.

To open the SMART Menu:

1. Open the WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. Open a patient record.
3. Right-click the patient record, and then click **Show All Menu Items**. The SMART Menu opens.

Note: The next time you right-click the patient record, the SMART menu will open automatically. You will not have to click **Show All Menu Items**.

Adding or viewing medical history information using the SMART Menu

To add or view medical history information using the SMART Menu:

1. Open the SMART Menu. See "Opening the SMART Menu" on page 238.
2. Click an appropriate option. See the following table.

If you want to:	Click:
Add current and past problems	**New Problem**
View current and past medications	**View Medication List**
Add a drug allergy	**New Allergy**
Add a non-drug allergy (when PIN/EHER is enabled)	**New Non Drug Allergy**
Record a new vaccination	**New Vaccination**
Add procedures and surgeries	**New Procedure**
Add social history	**View Social History**
View or edit smoking, alcohol, or drug history	**Smoking/Alcohol/Drugs History**

If you want to:	Click:
Add a new family history problem	**New Family Hx**
Open PharmaNet to	**Open Pharmanet** (near the bottom of the list)

3. Use the procedures in this module to continue to add or view the medical information.

Chapter 6

Vitals and visit encounter notes

This chapter describes how to enter a patient's vitals and other measurements, and how to enter visit encounter notes for various types of visits. You enter a patient's vitals and SOAP notes via the Vital Entry window. Any information you enter is automatically transferred to the practitioner's SOAP note. The practitioner can then add to or modify your notes as needed.

For specialized visits that require encounter notes to be entered in a specialized form (For example, prenatal visits, pediatric visits, and WCB visits), you enter visit notes in a visit-specific template.

Using the Vital Entry window

As a front end staff member, you use the Vital Entry window to enter a patient's vitals and measurements, and visit notes. Through the Vital Entry window you can also access all of a patient's medical information via the SMART patient Banner, and can perform numerous actions via the SMART menu.

Opening and viewing the Vital Entry window

Note: You can open the Vital Entry window only if the patient has an appointment booked.

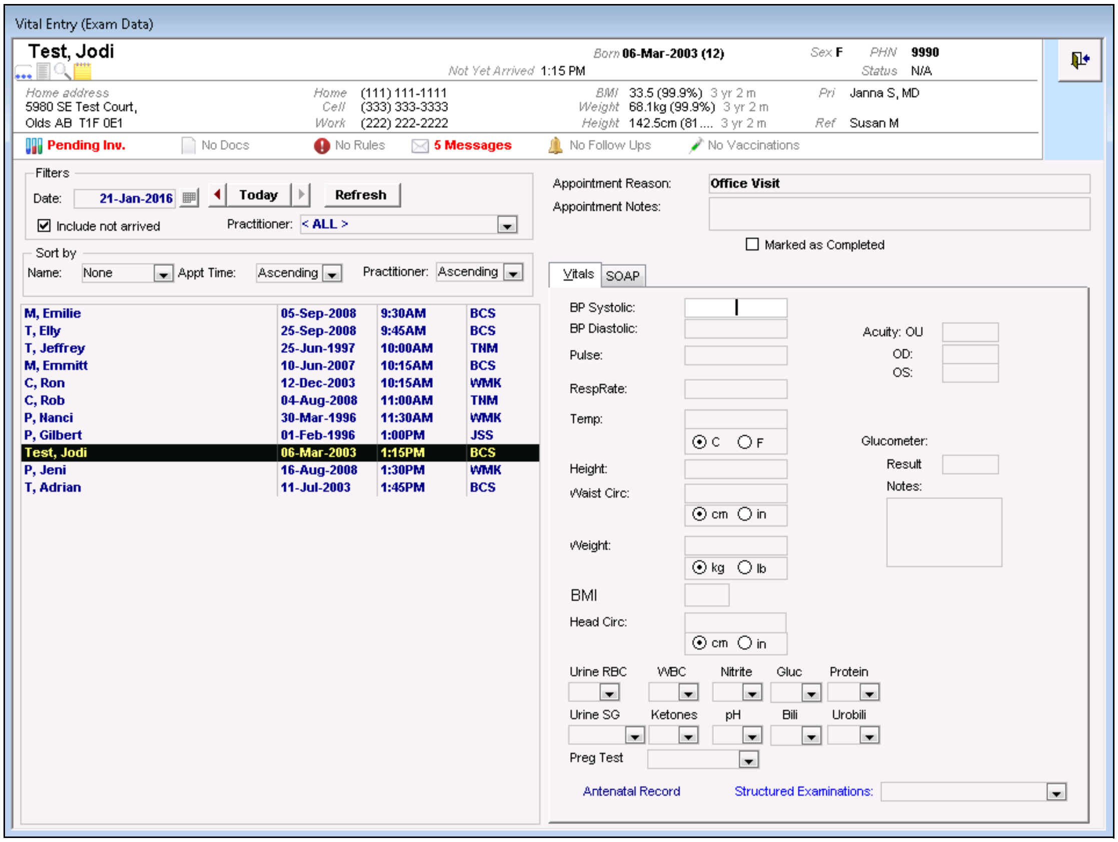
To open the Vital Entry window:

1. On the Appointment Scheduler, click the patient's appointment and then, on your keyboard, press **F6**.

   The EMR displays the Vital Entry window, with:

   - A list of all patients with appointments today displayed in the left pane.
   - The **Vitals** tab displayed in the right pane.
   - The selected patient's **Appointment Reason** and **Appointment notes** displayed above the **Vitals** tab.

- The selected patient's SMART patient banner displayed at the top of the window.



2. To view the Vital Entry window for another patient, in the list of patients, click the patient.

Tips for viewing the Vital Entry window

- Use the SMART Patient Banner to view additional information for the selected patient. For example, you can view a patient's vitals from a previous visit or see how long a patient has been at the clinic or in the exam room. See "Information on the SMART Patient Banner" on page 164.
- You can perform numerous actions on any of the patients listed in the left pane using the SMART menu. To open the SMART menu for a patient, in the list of patients, right-click the patient.

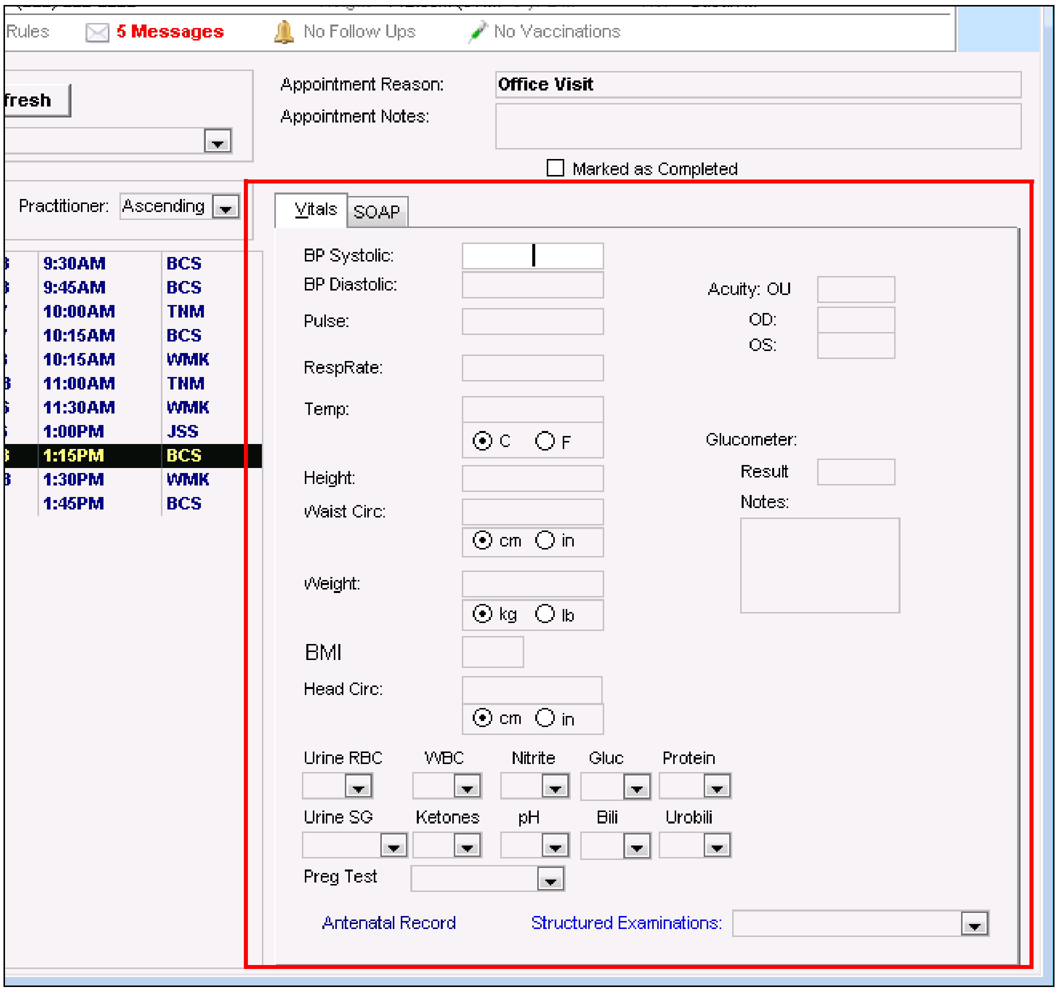
Note: If the SMART menu does not display, click **Show All Menu Items**.

Entering patient vitals and other measurements

To enter a patient's vitals and other measurements:

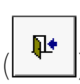
1. Open the Vital Entry window. See "Using the Vital Entry window" on page 241.

In the **Vitals** tab, enter the patient's vitals and other measurements.



Note: After you enter the **Height** and **Weight** and press **Tab** or **Enter**, the EMR automatically calculates the body mass index (BMI) value.

If configured, you do not have to enter an adult's height every time to get a BMI reading. The EMR uses the last recorded height instead.

2. To save your changes and close the window, click **Close Form** () or, on your keyboard, press **Alt** + **C**.

Entering visit notes using a SOAP note

You use the SOAP tab in the Vital Entry window to enter **S**ubjective, **O**bjective, **A**ssessment and **P**lan (SOAP) information. The definitions of the four components of a SOAP note are:

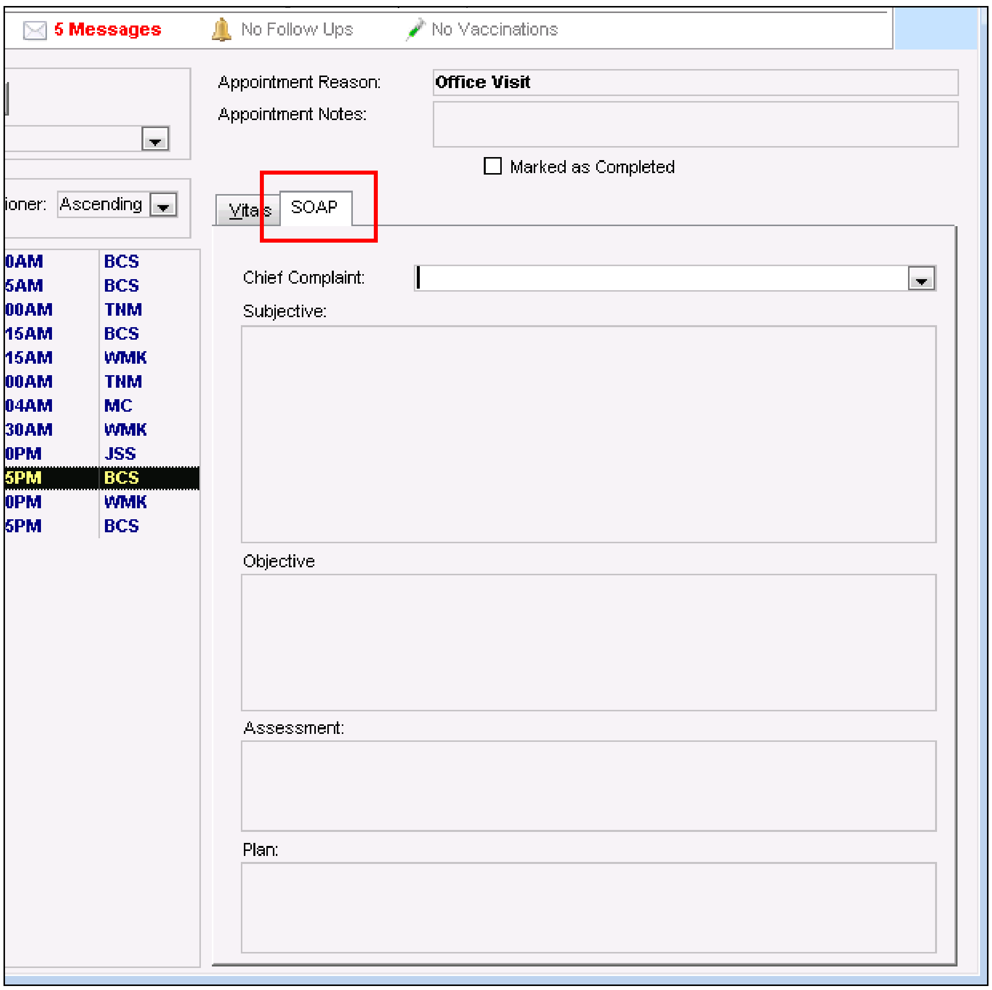
- **Subjective**: What the patient's concerns or complaints are

- **Objective**: What the practitioner observes or measures during the exam
- **Assessment**: The practitioner's assessment or diagnosis.
- **Plan**: The practitioner's plans to treat the patient's concerns

The information you enter on the SOAP tab appears when the practitioner opens a SOAP note or Consult Letter Examination (specialists) for the same visit. The practitioner can then edit or add to your information as needed.

To enter information in a SOAP note:

1. Open the Vital Entry window. See "Using the Vital Entry window" on page 241.
2. Click the **SOAP** tab.



3. **(Optional)** In the **Chief Complaint** field, enter the patient's primary reason for seeing the practitioner or, in the drop-down list, click a complaint.

4. Enter information in the **Subjective**, **Objective**, **Assessment** and **Plan** fields.

Best Practice: At the end of each of your notes, enter your initials. This way, the practitioner can differentiate what notes were entered by you.

5. To save your changes and close the window, click **Close Form** ( ) or, on your keyboard, press **Alt** + **C**.

Using structured examination templates

Note: The information you enter in the structured examination template appears when the practitioner opens the same structured examination for the patient. The practitioner can edit or add to the information you entered in the structured examination template.

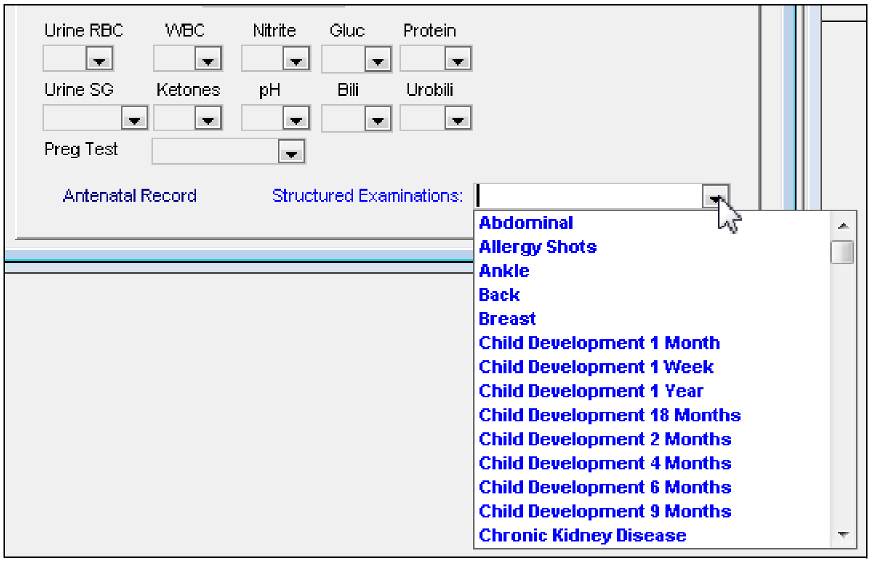
Structured examination templates contain fields specific to a particular problem or type of examination. For example, a **Back** structured examination template contains fields such as back flexion, back extension, and leg strength.

Wolf EMR contains numerous disease-specific Chronic Disease Management (CDM) structured examination templates that you can use to enter data. The CDM structured examination templates help you to understand your patient base and focus on prevention when monitoring chronic disease patients. If you enter CDM visit data using the appropriate templates, you can:

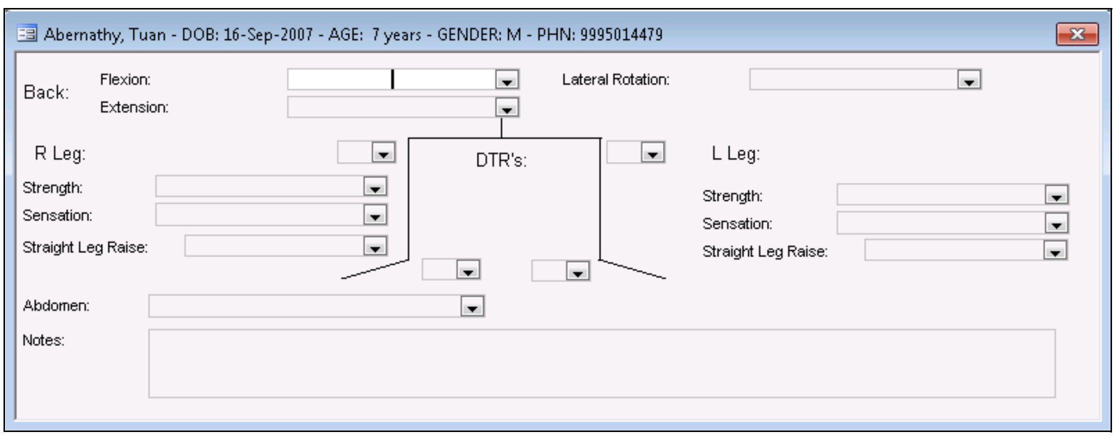
- Track patient trends, disease progress, and compliance for entire groups of patients diagnosed with a specific chronic disease (using Practice Search reports).
- Track a patient's treatment plan, disease progression, and compliance (using disease-specific flowsheets).
- Receive automated reminders for chronic disease patients who are due for specific tests, follow-up appointments, lifestyle advice, and treatments (using Rules).

To enter information using a structured examination:

1. Open the Vital Entry window. See "Using the Vital Entry window" on page 241.
2. On the bottom of the **Vitals** tab, in the **Structured Examinations** drop-down list, select an exam.

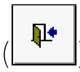


The EMR displays a structured examination window for the selected examination type.



3. Enter data into the various text fields, drop-down lists, and check boxes.

4. When you are finished entering data, click **Close** ().The EMR returns you to the Vital Entry window.

5. To save your changes and close the window, click **Close Form** () or, on your keyboard, press **Alt** + **C**.

Tips for entering and viewing data in structured examinations

- To view values that were previously entered in a specific field, double-click the field. The EMR displays a summary of values previously entered for the patient and the corresponding exam dates.
- To view a patient's Medical Summary (chart) while entering information into an exam, click back to the Vital Entry window and then, on your keyboard, press **F7**.
- If, after you close the structured examination, you want to modify or enter additional information, simply open the structured examination again, and then add or modify information as needed.
- You can enter information into more than one structured examination during a visit.

Using SMART exams

For questionnaire-type diagnostic tools (such as mental health assessments) and for complex visit documentation (such as the Pain Management Functional Goals & Summary), you can enter data using specialized SMART forms called SMART exams. When you enter data using SMART exams:

- The EMR automatically calculates questionnaire scores.
- For questionnaire scores and other exam data: You can graph values and perform patient searches based on values.

Most Wolf EMR SMART exams also contain links to patient handouts and other physician resources related to specific diagnostic tools.

The following table lists and describes the SMART exams available in Wolf EMR.

Name	Description
Adult Mental Health Assessment SMART exams	
The Adult Mental Health SMART Exams are designed to support the British Columbia Practice Support Program (PSP) for mental health, however, these forms can also be used by providers from other provinces. The Adult Mental Health Assessment SMART exams incorporate the PSP mental health algorithm, questionnaires, patient handouts, and other physician resources.	
Adult Mental Health Assessments	Combines content from all other mental health SMART exams, and includes ■ Generalized Anxiety Disorder Questionnaire (GAD-7) ■ Patient Health Questionnaire-9 (PHQ-9) ■ Diagnostic Assessment Interview Questions ■ Self-Assessment Questionnaire ■ Montreal Cognitive Assessment Questionnaire (MoCA) ■ Standardized Mini-Mental State Exam (sMMSE) ■ Mood Disorder Questionnaire (MDQ) ■ Global Assessment of Functioning (GAF) Scale ■ Problem and Resource Lists ■ Problem List Action Plan ■ Mental Health Care Plan ■ Brief Action Plan - Self Management ■ Psychotherapeutic Supports Used ■ References **Note:** Use this SMART exam if you are managing several mental health disorders for a patient. Complete only the exam sections that apply to the patient.

Name	Description
Adult Mental Health Assessments - Anxiety	Contains mental health diagnostic tools and resources for anxiety, and includes: ■ Generalized Anxiety Disorder Questionnaire (GAD-7) ■ Self-Assessment Questionnaire ■ Montreal Cognitive Assessment Questionnaire (MoCA) ■ Problem and Resource Lists ■ Problem List Action Plan ■ Mental Health Care Plan ■ Brief Action Plan - Self Management ■ Psychotherapeutic Supports Used ■ References
Adult Mental Health Assessments - Cognitive Function	Contains mental health diagnostic tools and resources for cognitive function, and includes: ■ Montreal Cognitive Assessment Questionnaire (MoCA) ■ Standardized Mini-Mental State Exam (sMMSE) ■ Mood Disorder Questionnaire (MDQ) ■ Global Assessment of Functioning (GAF) Scale ■ Problem and Resource Lists ■ Problem List Action Plan ■ Mental Health Care Plan ■ Brief Action Plan - Self Management ■ Psychotherapeutic Supports Used ■ References

Name	Description
Adult Mental Health Assessments - Depression	Contains mental health diagnostic tools and resources for depression, and includes: ■ Patient Health Questionnaire-9 (PHQ-9) ■ Diagnostic Assessment Interview Questions ■ Problem and Resource Lists ■ Problem List Action Plan ■ Mental Health Care Plan ■ Brief Action Plan - Self Management ■ Psychotherapeutic Supports Used ■ References
Child and Youth Mental Health SMART exams The Child and Youth Mental Health SMART Exams are designed to support the British Columbia Practice Support Program (PSP) for child and youth mental health, however, these forms can also be used by providers from other provinces. The Child and Youth Mental Health SMART exams incorporate the PSP mental health algorithm, questionnaires, patient handouts, and other physician resources.	
Child & Youth Mental Health Visit	Designed for the screening of mental health conditions, and includes: ■ CYMH Historical Questions ■ Current Situations ■ 6 Item Kutcher Adolescent Depression Scale (KADS) ■ Screen for Child Anxiety Related Disorders ■ SNAP-IV (Parent & Teacher Versions)

<table>
<tr><th>Name</th><th>Description</th></tr>
<tr><td>Child and Youth Mental Health Screening</td><td>Designed for documenting ongoing mental health care, and includes:
■ Teen & Child Functional Assessments
■ 6 Item Kutcher Adolescent Depression Scale (KADS)
■ Tool for Assessment of Suicide Risk (TASR-Am)
■ Anxiety, Depression Medication Side-Effect Scale (sCKS)
■ Kutcher Side Effect Scale for ADHD Medications (KSES-A)
■ Clinical Global Impression - Improvement Scale (CGI)
■ Worry Reducing Prescription (WRP)
■ Mood Enhancing Prescription (MEP)
■ CYMH Support Plan
■ Family Mental Health Care Plan
■ Professional Mental Health Care Plan
■ CYMH Historical Questions
■ Instructions for accessing the Confident Parents Thriving Kids (BC) form
■ Psychotherapeutic Supports Used
■ Team-based Care Resources & Tools
■ References</td></tr>
<tr><td colspan="2">Pain Management SMART exam

The Pain Management SMART Exam is designed to support the British Columbia Practice Support Program (PSP) for the management of patients with chronic pain, however, these forms can also be used by providers from other provinces. The Pain Management SMART exam incorporates PSP tools, questionnaires, patient handouts, and other physician resources related to the management of pain.</td></tr>
</table>

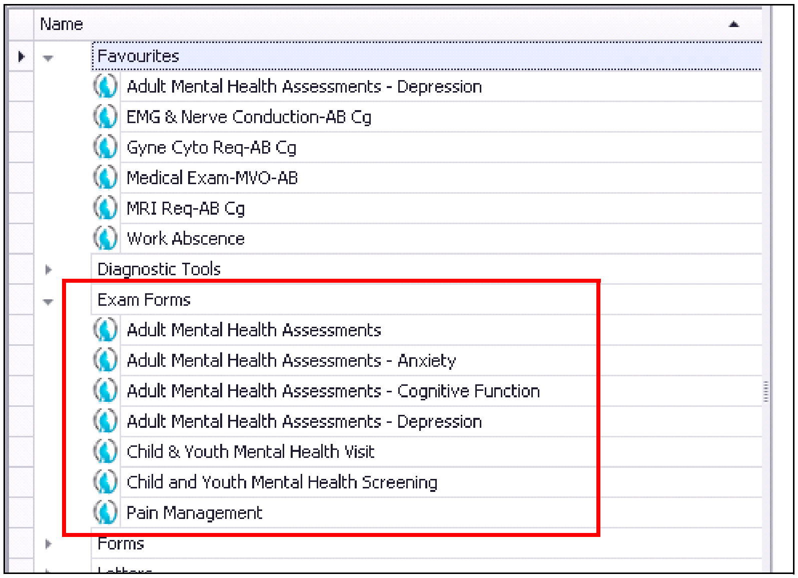
Name	Description
Pain Management	Includes: ■ Brief Pain Inventory ■ Urine Drug Screen ■ Red & Yellow Flags ■ Brief Pain Inventory (BPI) Questionnaire ■ Pain Disability Index (PDI) Questionnaire ■ Generic Body Exam ■ PHQ-9 & Gad-7 Questionnaires ■ Sleep Questionnaire ■ DN4 Screening Questionnaire ■ Pain Catastrophizing Scale (PCS) Questionnaire ■ Initiation Checklist ■ Opioid Risk Tool ■ D.I.R.E. Score ■ Initiation Trial Chart ■ PharmaNet Search confirmation ■ Opioid Switching Tool ■ Patient Termination Letter (Opioid Use) ■ Pain Management Functional Goals & Summary Handout ■ Brief Action Plan - Self Management ■ Pain Management Education Done confirmation ■ PSP Pain Management Algorithm ■ References and Additional Handouts

> **Note**: You should access SMART exams from the Vitals Entry window, as the exam must be connected to a patient visit.

To use a SMART exam:

1. Open the Vitals Entry window for the visit: See "Opening and viewing the Vital Entry window" on page 241.

2. Right-click anywhere on the window and then, in the SMART menu, click **SMART Forms**. The EMR displays the Send to SMART form window.
3. In the left pane, expand the **Exam Forms** category, and then click the SMART exam you want.



The EMR previews the exam.

Tip: If you want to complete a number of mental health assessments from one window, select the **Mental Health Assessments** exam. This exam combines the anxiety, cognitive function, and depression exams.

4. Click **Send and Close** (), or in the list of SMART exams, double-click the exam. The EMR opens the SMART exam in Microsoft Word.

Adult Mental Health Assessments 19-Jul-2016

Depression & Anxiety Assessment

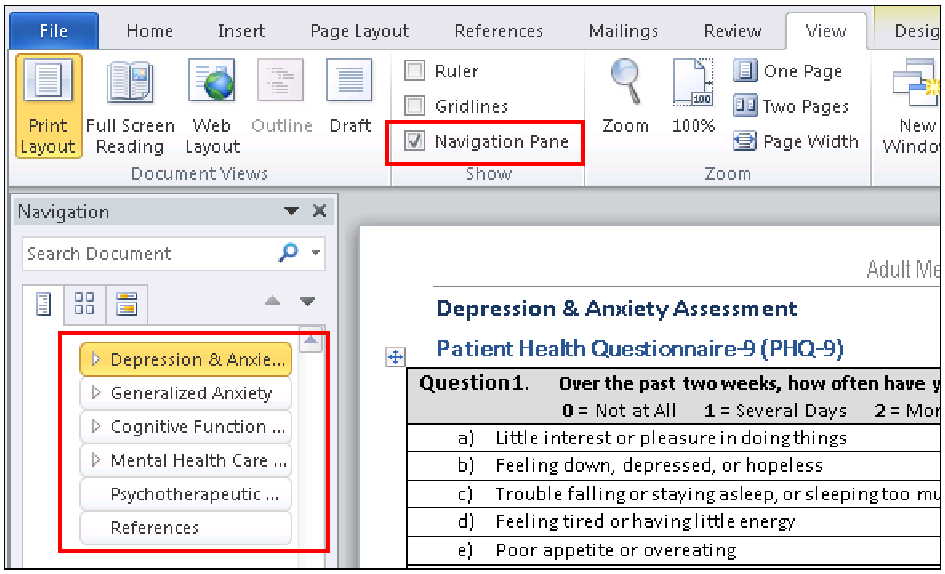
Patient Health Questionnaire-9 (PHQ-9)

Question 1. Over the past two weeks, how often have you been bothered by any of the following problems? **0** = Not at All **1** = Several Days **2** = More than half the days **3** = Nearly every day	
a) Little interest or pleasure in doing things	
b) Feeling down, depressed, or hopeless	
c) Trouble falling or staying asleep, or sleeping too much	
d) Feeling tired or having little energy	
e) Poor appetite or overeating	
f) Feeling bad about yourself, or that you are a failure or have let yourself or your family down	
g) Trouble concentrating on things, such as reading the newspaper or watching television	
h) Moving or speaking so slowly that other people could have noticed; or the opposite: being so fidgety or restless that you have been moving around a lot more than usual	
i) Thoughts that you would be better off dead, or of hurting yourself in some way.	
PHQ-9 Scoring Guide: 5-14 = Mild 15-19 = Moderate 20+ = Severe **IMPORTANT:** Enter the Calculated Score in the PHQ-9 Score to Document.	**[Click for Result]** **PHQ-9 Score: 0**
Question 2.	
If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	SELECT
Paper Copy : Click for PHQ-9 Questionnaire **Patient Information:** BC Depression Treatment Guide	*Copyright Notice: PHQ 1999 Pfizer Inc. All rights reserved. PHQ-9 reproduced with permission by Med Access Inc*

5. Enter data in the applicable area(s) of the SMART exam.

Tips for entering data in SMART exams:

- To calculate a questionnaire score, click **Click for Result**.
- If the exam has numerous sections, you can use the **Navigation** pane (left pane) to jump to specific sections.



- You do not have to enter data in every section of the SMART exam. Complete only the exam sections that apply to this visit

6. Click **Save** ( ), and then close the window.

FAQ: After I save and close the SMART exam can I go back and make edits?

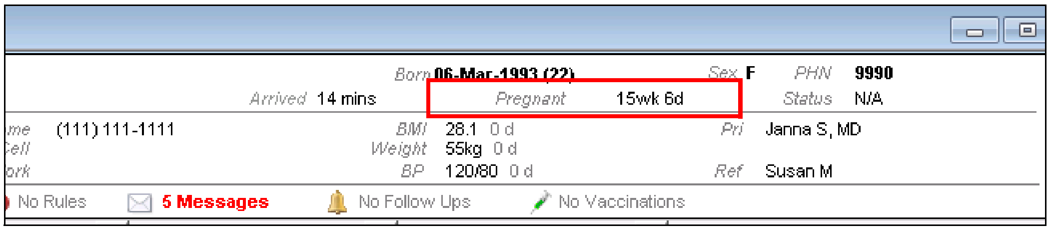
After you save and close a SMART exam, you cannot open and edit the original exam. Instead, start a new version of the SMART exam (see Step 1. to Step 4.), and then re-enter data in the fields and questionnaires you want to modify. When you save the new SMART exam, the EMR overwrites the areas of the form where you entered data.

Recording clinical notes for prenatal visits

The following sections describe how to record clinical notes for prenatal visits. The topics include viewing the obstetrical history for a patient, recording notes in the Prenatal Record, linking a document to the Prenatal Record, and accessing a document linked to the Prenatal Record.

Viewing a patient’s pregnancy status

If a patient is pregnant, the patient’s SMART patient banner displays the word “pregnant” and indicates how far along she is in her pregnancy.



Note: The SMART patient banner displays pregnancy information only if a Prenatal Record has been started for the patient.

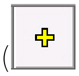
Viewing and editing a patient's obstetrical history

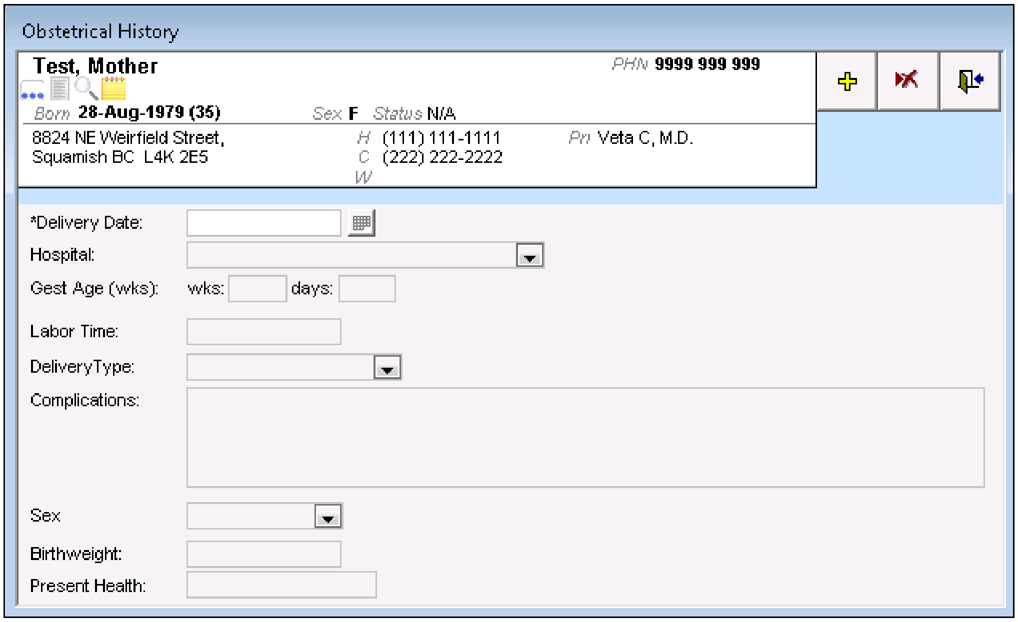
You can view and edit a patient’s obstetrical history in the patients Medical Summary, in the **Obstetrics** tab

Note: The pregnancy information you add on the **Obstetrics** tab automatically populates the Prenatal Record. Alternatively, if you enter obstetrical history information in the Prenatal Record, that information is reflected on the **Obstetrics** tab.

To view and edit a patient’s obstetrical history:

1. Open the Medical Summary window. See “Opening a patient’s Medical Summary” on page 163.
2. Click the **Obstetrics** tab. The EMR displays a list of the patient’s previous and current pregnancies.
3. To view more detailed information for a pregnancy, double-click the pregnancy entry.
4. To add a pregnancy to the list:

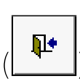
a) Click **Enter New Obstetrical Hx** (). The EMR displays the Obstetrical History window.

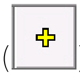


b) Use the following table to enter information in the Obstetrical History window:

Field	Description
Delivery date	Enter the date of delivery or termination.
Hospital	Enter the hospital in which the delivery took place.
Gest Age (wks)	Enter the gestational age of the baby at the time of delivery in **wks** and **days**.
Labour Time	Enter the number of hours the mother was in labour for.
Delivery Type	In the drop-down list, click the type of delivery.
Complications	Enter any complications that occurred during the pregnancy or delivery.
Sex	Enter the sex of the baby.
Birthweight	Enter the birth weight of the baby.
Present Health	Enter the present health of the baby/child.

c) Perform one of the following actions:

- To save and close the obstetrical history entry, click **Close Form** ().

- To save the current entry, and to start a new entry, click **Add New Obstetrical History to Patient Record** ().

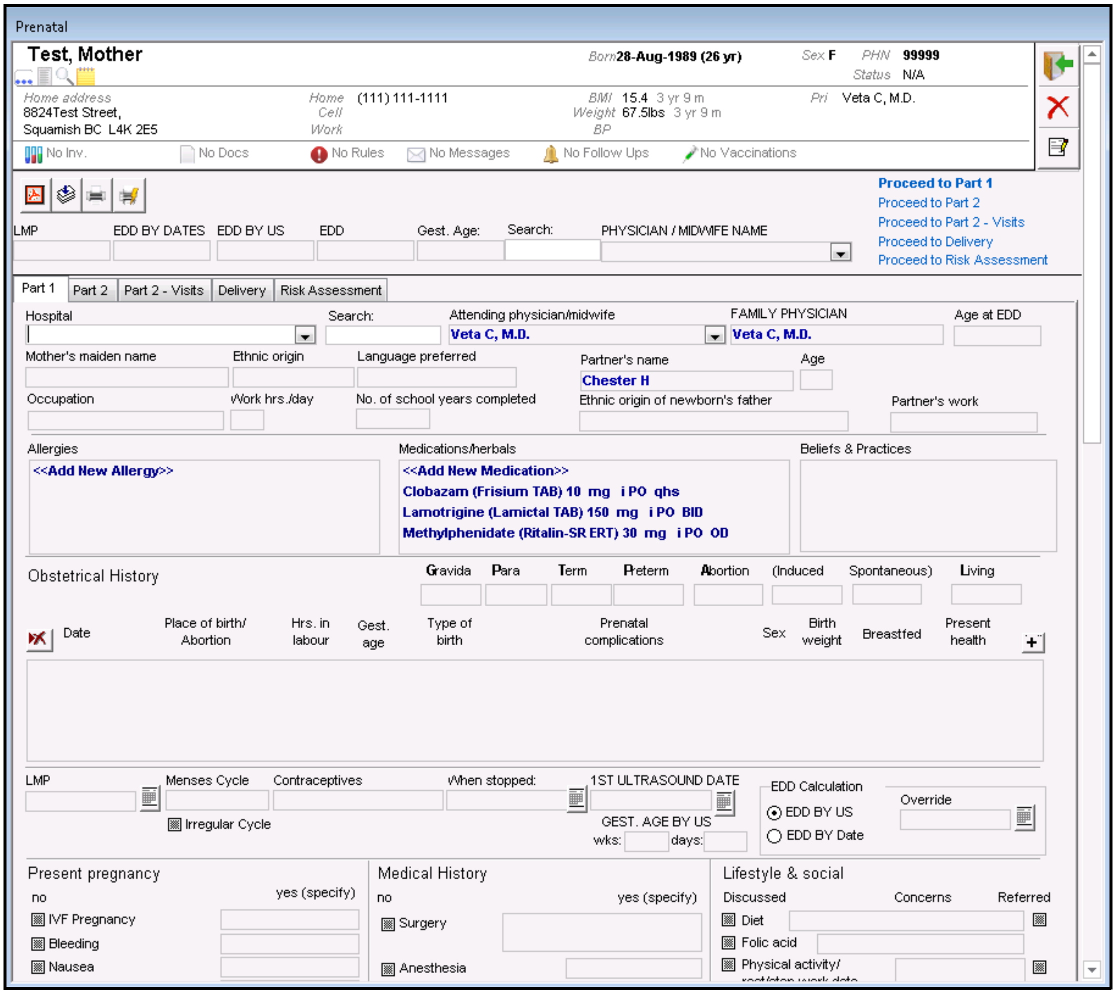
Opening the Prenatal Record

You can enter all prenatal visit notes in the Wolf EMR Prenatal Record template. Each time the patient returns for a prenatal visit, you add notes to the same Prenatal Record until the pregnancy is finished. You can then print or fax the entire prenatal record to the hospital or mid wife.

To open the Prenatal Record:

1. Open the Vital Entry window for the patient. See “Using the Vital Entry window” on page 241.
2. At the bottom of the **Vitals** tab, click **Antenatal Record**. The EMR opens the Prenatal window.

> **Note**: The prenatal form includes all information entered for previous visits for this pregnancy.



Accessing prenatal handouts

If your clinic has linked patient handouts to the prenatal record (for example, prenatal nutrition information handouts), you can access patient handouts on the **Part 1** tab. On the lower right side of the window, click the blue **Patient Handouts** link.

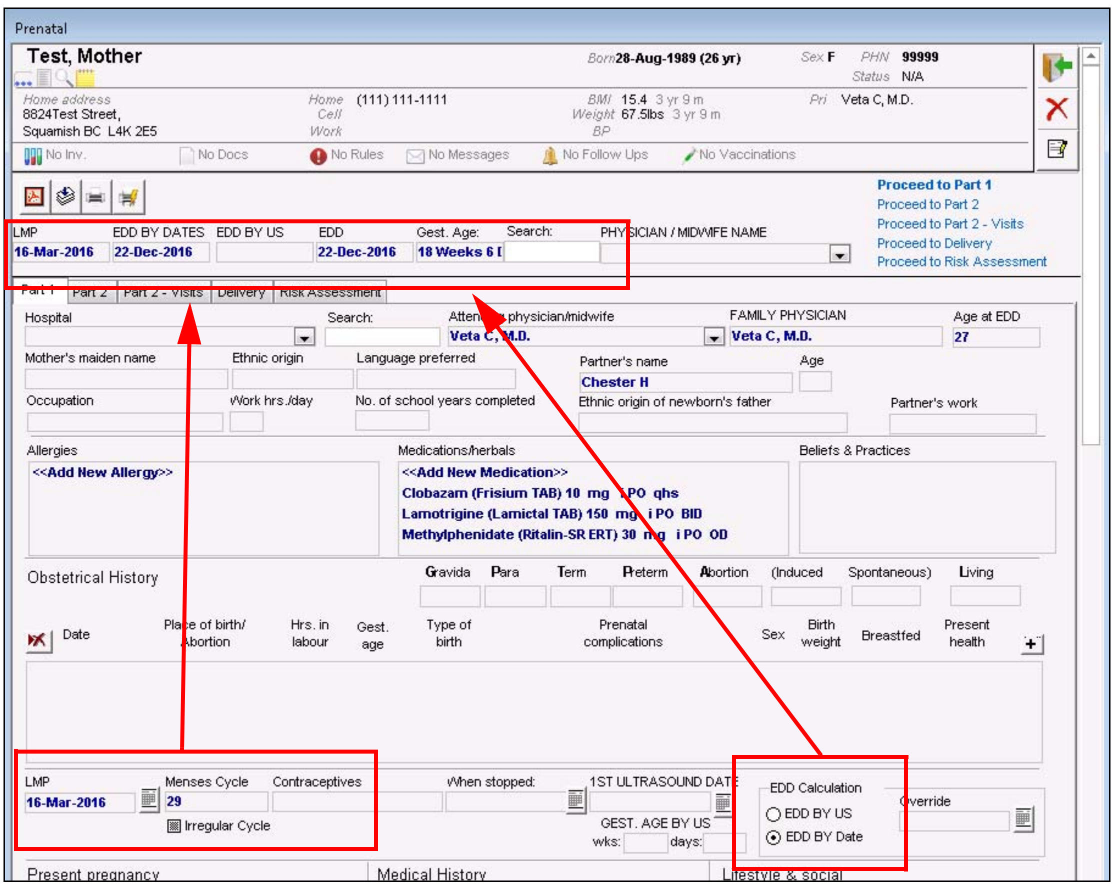
Note: For more information, see "Linking documents" on page 374 and "Accessing a patient handout that is linked to the Prenatal Record" on page 276.

Calculating an estimated due date and gestational age based on LMP

When you enter the last menstrual period (**LMP**) date and **Menses Cycle** duration in the patient's Prenatal Record, the EMR automatically calculates an estimated due date (EDD). If you select **EDD BY DATE**, the EMR also calculates the gestational age.

To calculate an estimated due date and gestational age by LMP:

1. Open the Prenatal Record for the patient. See “Opening the Prenatal Record” on page 258.
2. In the **Obstetrics History** area, in the **LMP** field, enter the patient’s last menstrual period date or select the date from the calendar.
3. In the **Menses Cycle** area, enter the average duration (in days) of the patient's cycle.
4. **(Optional)** If the patient has an irregular cycle, in the **Menses Cycle** area, select the **Irregular Cycle** check box.
5. In the **EDD Calculation** area, select **EDD BY Date**. The EMR displays the EDD and gestational age at the top of the Prenatal form in the **Pregnancy Summary** area.



Recording gestational age based on ultrasound and calculating EDD

> **Tip**: You can link ultrasound images and reports to the Prenatal Record. see "Linking documents" on page 374 and "Accessing an ultrasound image that is linked to the Prenatal Record" on page 277.
>
> To access linked ultrasound images on the Part 2 tab of the Prenatal Record; click the blue **Ultrasound Images** link

When you receive the patient's first ultrasound results, enter the **first ultrasound date** and **gestational age by ultrasound** in the patient's Prenatal Record. You can then calculate the estimated due date (EDD) by ultrasound (US), by selecting **EDD BY US** in the **EDD Calculation** area.

To record gestational age based on ultrasound and to calculate the EDD:

1. Open the Prenatal Record for the patient. See "Opening the Prenatal Record" on page 258.
2. In the **Obstetrical History** area, enter information in the following fields:
   - **1st Ultrasound date**: Enter the date of the first ultrasound.
   - **Gest. Age by US**: Enter the Gestational Age by Ultrasound in weeks and days.

> **Note**: You can also enter the first ultrasound date and gestational age on the **Part 2** tab in the **Other Investigations & Comments** area.

3. To calculate an EDD by ultrasound, in the **EDD Calculation** area, select **EDD BY US**. The EMR uses the ultrasound date to calculate the **EDD BY US** date and the **Gestational Age**.

> **Tip**: To enter a different estimated due date, use the **Override** feature:
>
> 1. Click the calendar icon (to the right of the **Override** field) and select the due date.
> 2. Double-click the due date to close the calendar. The value you selected gets copied to the **EDD** field (near the top of the window).

Recording Prenatal Record notes on the first visit

A patient's first prenatal visit can include a review of their medical history, adding family and medical history, a physical exam, and several discussion topics. The **Part 1** tab of the Prenatal Record contains fields specific to a first visit, so you can easily enter first visit information in one convenient area.

To record Prenatal Record notes on the first visit:

1. Open the Prenatal Record for the patient. See "Opening the Prenatal Record" on page 258.

2. Use the following table to enter, modify, or view the information on the **Part 1** tab of the Prenatal Record.

Field	Description
Pregnancy Summary (top of window)	
LMP	Displays the date of the patient's Last Menstrual Period entered in the **LMP** field in the **Obstetrical History** area.
EDD BY Dates	Displays the estimated due date based on calculations from the **LMP** date and **Menses Cycle** duration.
EDD BY US	Displays the estimated due date based on calculations from the **1st Ultrasound** date.
EDD	Displays the estimated due date based on the calculations determined by the **EDD Calculation** information specified.
Gest. Age	The EMR calculates the gestation age based on the **EDD** date.
Search	Enter the search criteria for the physician/midwife name (the next field), and press **Enter**.
Physician/ midwife name	After entering the search criteria and pressing **Enter**, in the **Physician/midwife name** drop-down list, click the name that you want.
General Information **Note:** Some general information fields may be pre-populated with information entered in the Patient Maintenance window.	
Hospital	Enter the name of the hospital where the patient plans to give birth.
Attending physician/ midwife	Displays the attending physician or midwife for the patient. If you want to change this field, enter the name of the attending physician or midwife in the **Search** field and then select a name from the search results in the drop-down list.
Family Physician	Displays the primary care giver for the patient.
Age at EDD	Displays the age at Estimated Due Date.
Mother's maiden name	Displays the Mother's Maiden Name.
Ethnic origin	Displays the patient's ethnic origins.
Language preferred	Displays the preferred language for the patient.
Occupation	Displays the patient's occupation.
Work hrs./day	Enter the number of hours the patient works per day.

Field	Description
No. of school years competed	Enter the number of school years completed.
Partner's Name	Displays the partner's name.
Age	Displays the age of the partner listed under Partner's Name.
Partner's work	Enter the occupation of the patient's partner.
Ethnic origin of newborn's father	Displays the ethnic origins of the newborn's Father.
Allergies	Displays any current allergies. Click **<<Add New Allergy>>** to include any allergies suffered by the Mother. **Note:** When you add a new allergy or medication through the prenatal record, the EMR automatically updates the patient's Medical Summary with the new information.
Medications/ herbals	Displays any current medications. **Note:** We will cover adding medications later in the course, in the Medications and Prescriptions module.
Beliefs & Practices	Enter any beliefs or practices required by the Mother or Father
Obstetrical History (high-level history)	■ **Gravida**: Enter the number of times the patient has been pregnant. ■ **Para**: Enter the number of successful pregnancies but the infant is now deceased. ■ **Term**: Enter the number pregnancies brought to term. ■ **Preterm**: Enter the number of pre-term pregnancies. ■ **Abortion**: Enter the number of abortions. ■ **Induced**: Enter the number of induced abortions. ■ **Spontaneous**: Enter the number of spontaneous abortions. ■ **Living**: Enter the number of successful pregnancies and the infant is still alive.

Field	Description
Obstetrical History (detailed list of obstetrical history entries)	■ To add an obstetrical history, in the **Obstetrical History** area, click +. ■ To edit an obstetrical history, double-click an entry in the Obstetrical History section.
LMP	Enter the date of the patient's Last Menstrual Period or select the date from the calendar button.
Menses Cycle	Enter the patient's menstrual cycle in number of days. If no value is entered, then 28 days is the default value.
Irregular Cycle	Select this check box if the menstrual cycle is irregular.
Contraceptives	Enter the contraceptive type used by the patient.
When Stopped	Click to insert a date when the contraceptive type entered was last used.
1st Ultrasound Date	Enter the date of the first ultrasound. **Note:** If you entered the first ultrasound date on Part 2 of the prenatal record, then that date appears in this field.
Gest. Age by US	Enter the Gestational Age by Ultrasound in weeks and days. **Note:** If you entered the Gestational Age by Ultrasound on Part 2 of the prenatal record, then that date appears in this field.
EDD Calculation	Select how you want to calculate the EDD. ■ **EDD BY US**: If selected, the EMR displays the EDD based on based on calculations from the **1st Ultrasound** date. ■ **EDD BY DATE**: If selected, the EMR displays the EDD based on calculations from the **LMP** date and **Menses Cycle** duration. **Note:** You can use the **Override** feature to enter your own estimate of the due date: 1. Click the calendar icon (to the right of the **Override** field) and select the due date. 2. Double-click the due date to close the calendar. The value you selected gets copied to the EDD field (near the top of the window).
Present Pregnancy	Click any check box and enter information relevant to the current pregnancy.

Field	Description
Family History	Enter any information regarding the patient's family history. Specify the diseases or conditions in the patient's family history by selecting the applicable check boxes. A gray check box indicates that the patient has not yet been asked about their family history for this item.
Medical History	Enter any information regarding the patient's medical history. Specify the diseases or conditions in the patient's medical history by selecting the applicable check boxes. A gray check box indicates that the patient has not yet been asked about their medical history for this item.
Lifestyle & social	Click or enter the information in this section as required when getting the data from the patient. Includes topic such as Smoking, Drug Use, Alcohol Use, Environmental/Occupational Concerns, Social Issues and Referrals.
Draw Picture	Click **Draw Picture** to include a diagram with the printed record.
Physical Examination	Displays information from the Prenatal CPX appointment.
First Trimester Topics Discussed	Select the check boxes in this section to indicate which topics were discussed with the patient.

Recording Prenatal Record notes on subsequent prenatal visits

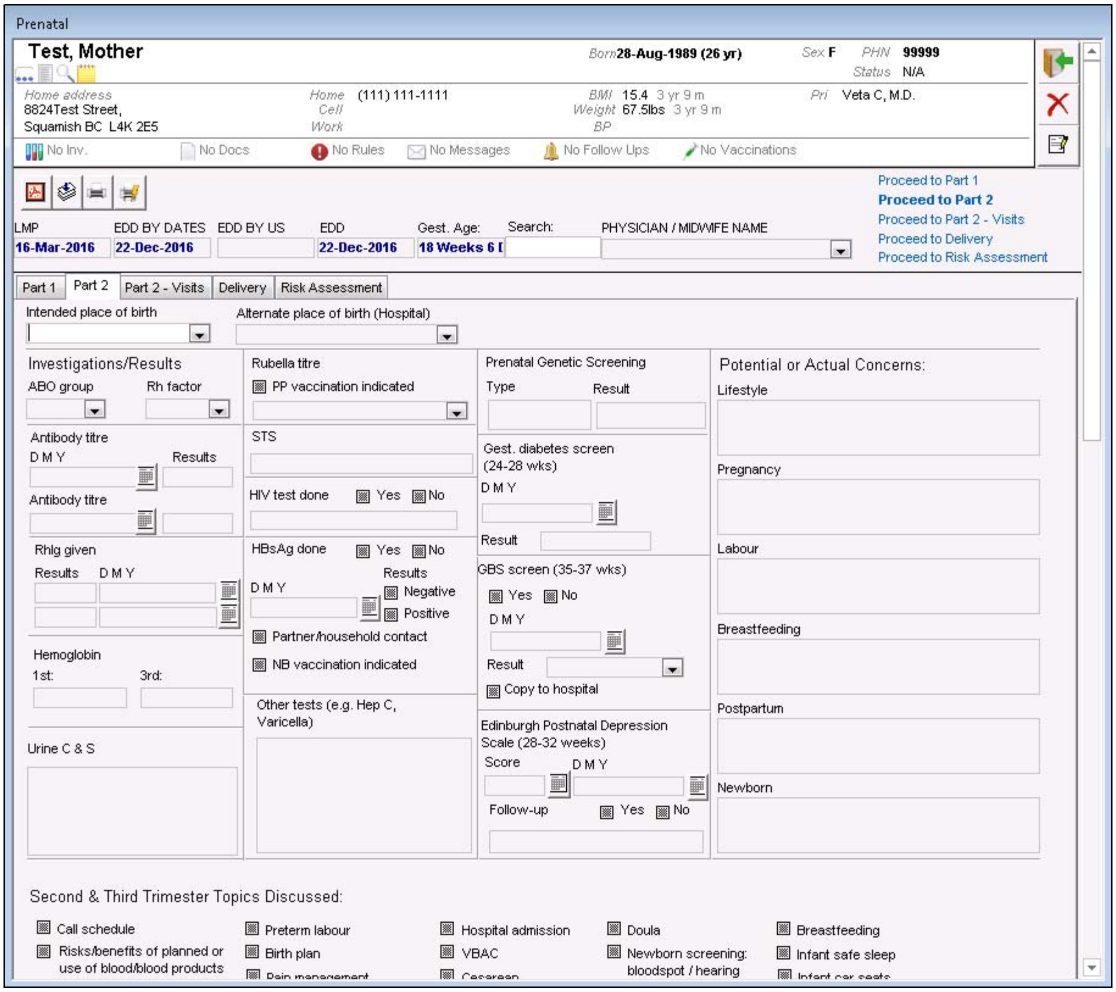
After the first visit, a patient's subsequent prenatal visits can include recording lab test results, other investigation results, and discussion topics. The **Part 2** tab of the Prenatal Record contains fields specific to second subsequent visits.

Tip: The EMR does not automatically populate electronic lab values, however, the prenatal form identifies if certain lab values are available in the patient's record (displays these lab names in blue text).

You can click labs with blue text to view the lab result, and then choose to have the EMR populate the information into the Prenatal form.

To record Prenatal Record notes on subsequent visits:

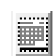
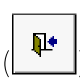
1. Open the patient's prenatal record. See "Opening the Prenatal Record" on page 258.
2. Click the **Part 2** tab. The EMR displays the **Part 2** tab of the Prenatal record.



3. Use the following table to modify or view the information on the **Part 2** tab of the Prenatal Record.

Field	Description
Intended place of birth	Enter the desired place of birth, or click a value in the drop-down list.
Alternate Place of Birth (Hospital)	Enter the alternate desired place of birth, or click a value in the drop-down list.
Investigations/Results area Displays the various investigations and results for the patient.	
ABO Group	Enter the patient's blood type by clicking **O**, **AB**, **A** or **B** in the drop-down list.
Rh Factor	Enter the Rh of the patient's blood type by clicking **+** or **-** in the drop-down list.

Field	Description
Antibody titre	■ **DMY**: Enter the date of the **Rh Antibodies** test in the format **DD-Mmm-YYYY** or select a date using the calendar icon. ■ **Results**: Enter the results of the **Rh Antibodies** test.
RhIg given	■ **Results**: Enter the results of the RhIg test given. ■ **DMY**: Enter the date of the RhIg test given in the format **DD-Mmm-YYYY** or select a date using the calendar icon.
Hemoglobin	Enter the 1st and 3rd Hemoglobin results.
Urine C&S	Enter the details of the Urine Culture and Sensitivity testing.
Rubella titre	■ **PP vaccination indicated**: Select this check box if the PP vaccination has been taken. ■ **Results drop-down list**: Click the result of the Rubella test. The result can be **Immune** or **Non-Immune**.
STS	Enter the results of the Serologic Test for Syphilis (STS).
HIV test done	Select the **Yes** or **No** check box to indicate if an HIV test has been completed. If you selected **Yes**, enter the results in the text box.
HBsAg Done	■ Select the **Yes** or **No** check box to indicate if an HBsAg test (for Hepatitis B) has been completed. ■ **Results**: Select the **Positive** or **Negative** check box. ■ **DMY**: Enter the date of the HBsAg test in the format **DD-Mmm-YYYY** or select a date using the calendar icon. Select the following check boxes, if applicable: ■ **Partner/household contact** ■ **NB vaccination indicated**
Other tests	Enter the results of any other tests such as Hepatitis C or Varicella.
Prenatal Genetic Screening	■ **Type**: Enter the type of Prenatal Genetic Screening ■ **Result**: Enter the result.

Field	Description
Gest. diabetes screen (24 - 28 wks)	■ **DMY**: Enter the date when the patient was last screened for Gestational Diabetes or select a date using the calendar icon. ■ **Results**: Enter the results for the **Gest. diabetes screen**.
GBS screen (35-37 wks)	■ Select the **Yes** or **No** check box to indicate if the patient has completed a Group B Streptococcus (GBS) screening. ■ **DMY**: Enter the date when the patient was last screened for GBS or select a date using the calendar icon. ■ **Result**: Click a result in the drop-down list. The result can be **Positive**, **Negative**, or **Present in urine**. ■ **Copy to Hospital**: Select this check box if the results should be sent to the hospital.
Edinburgh Postnatal Depression Scale	■ **Score**: Click the  button (next to the **Score** field) to open the Edinburgh Postnatal Depression Scale calculator. Click the check boxes to record the patient's answers to the questions, and then click Save (). The EMR displays the patient's score in the **Score** field. ■ **DMY**: Enter the date when the patient answered the questions, or select a date using the calendar icon. ■ **Follow-up**: Select the **Yes** or **No** check box to indicate if a follow-up is required.
Potential or Actual Concerns area	Enter any potential or actual concerns for various aspects of the patient's life into these fields. Each aspect has its own text box: **Lifestyle**, **Pregnancy**, **Labour**, **Breastfeeding**, **Postpartum**, and **Newborn**.
Second and Third Trimester Topics Discussed area	Select the check boxes of any topics discussed for the second and third trimester.

Field	Description
Other Investigations & Comments	■ **1st US**: Enter the 1st Ultrasound date. ■ **GA by US**: Enter the Gestational Age by Ultrasound in weeks and days ■ **If maternal prenatal screen above cut off, amnio**: If the prenatal screening results were above the cut off limits, select **Yes** or **No** check box to indicate if amniocentesis should be offered to the patient. ■ **Comments**: Enter any comments.

Calculating a patient's Prenatal Risk Score

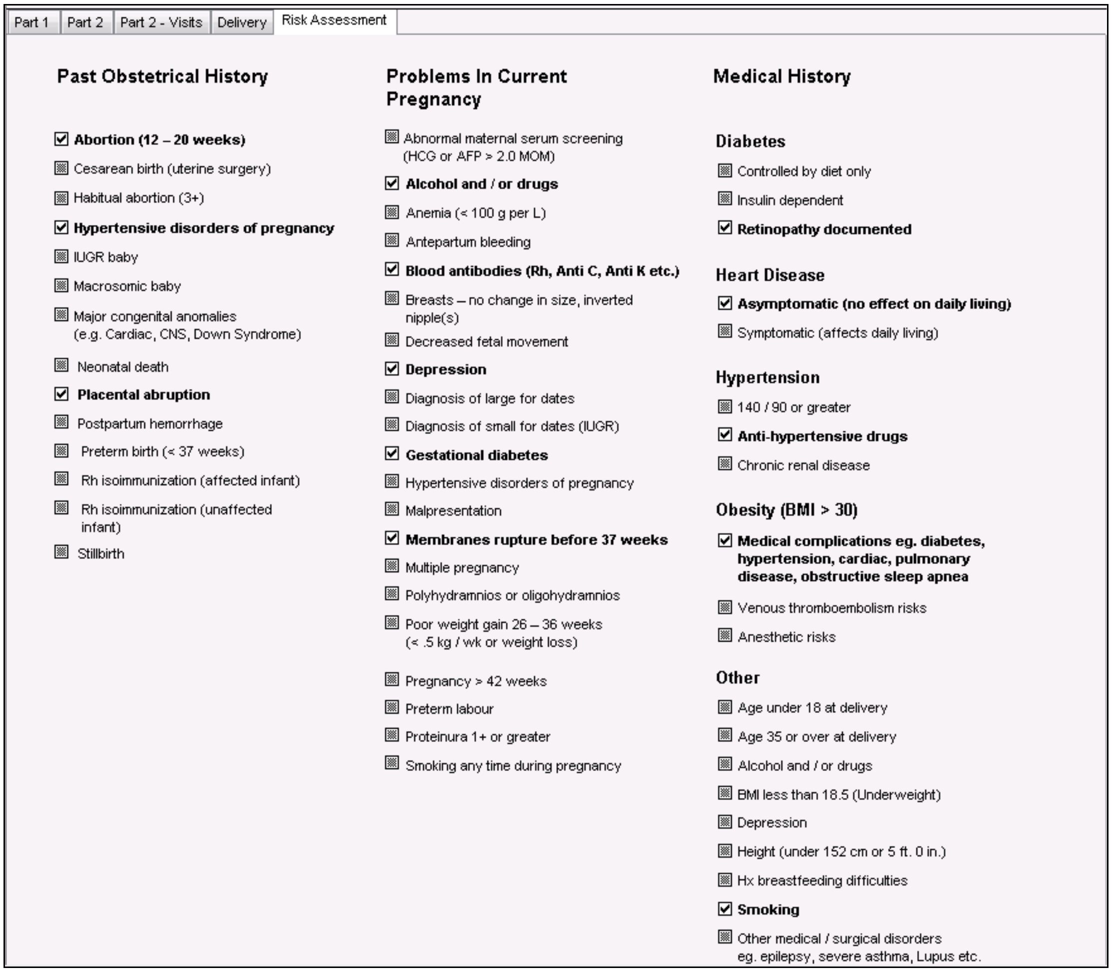
You can use the Prenatal Risk Assessment Calculator on the **Risk Assessment** tab to calculate a patient's Prenatal Risk Score. You calculate the Prenatal Risk Score by selecting check boxes regarding Past Obstetrical History, Problems in Current Pregnancy, Medical History, and Other Risk Factors.

You can use the patient's Prenatal Risk Assessment to assist in counseling, scheduling of prenatal visits, and in management decisions (for example, diagnostic tests and specialist referrals).

To calculate a patient's Prenatal Risk Score:

1. Open the Prenatal Record for the patient. See "Opening the Prenatal Record" on page 258.

2. Click the **Risk Assessment** tab. The EMR displays the Risk Assessment tab.



3. Using the check boxes, answer the Prenatal Risk Assessment questions associated with each section. The following table provides an overview of each section.

Section	Description
Past Obstetrical History	Displays questions related to previous pregnancy outcomes.
Problems in Current Pregnancy	Displays questions related to the current pregnancy, for example, Substance Abuse, Depression, Bleeding, Antibodies, or Anemia.

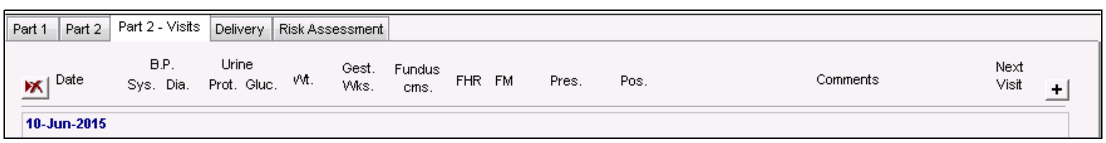
Section	Description
Medical History	Displays questions relating to: ■ Diabetes ■ Heart Disease ■ Hypertension ■ Obesity ■ Other risk factors, for example age, alcohol, BMI, depression, height, history of breastfeeding difficulties, smoking, and other medical and surgical disorders.

Recording prenatal visit notes

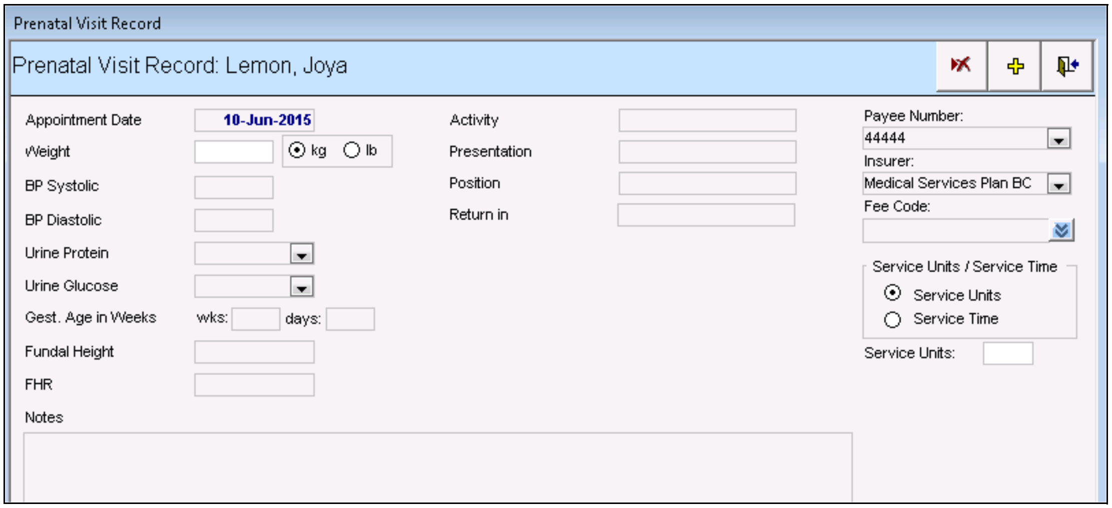
The **Part 2 - Visits** tab of the Prenatal Record lists all current Visit Records for a patient and allows you to enter a new Visit Record or to edit and delete existing ones. Use the **Part 2 - Visits** tab to record prenatal visit notes for each prenatal visit.

To record prenatal visit notes:

1. Open the Prenatal Record for the patient. See "Opening the Prenatal Record" on page 258.
2. Click the **Part 2 - Visits** tab. The EMR displays the **Part 2** tab of the Prenatal record.



3. On the right side of the **Part 2 - Visits** tab. click **Add** [+] to enter a Prenatal visit record for today. The EMR displays the Prenatal Visit Record window.



Note: If a patient's vitals were entered in the Vital Entry window, those vital entries are automatically populated in the Prenatal Visit Record window.

4. Enter information in the following fields to complete a Prenatal Visit Record:
   - Appointment Date
   - Weight (and select **Kg** or **Lbs** to indicate the units of weight)
   - Urine Protein
   - Urine glucose
   - BP Systolic
   - BP Diastolic
   - Gestational Age in weeks and days
   - Fundal Height
   - F.H. (Fundus Height)
   - FHR
   - Activity
   - Presentation
   - Position
   - Return in date
   - Payee Number
   - Insurer

- Fee Code
- Service Units / Service Time
- Notes

5. To close the Prenatal Visit Record, click **Save & Close** ( ).

Viewing a Fundus Height Growth chart

Fundal height is a measure of the size of the uterus and is used to assess fetal growth and development during pregnancy. It is measured from the top of the mother's uterus to the top of the mother's pubic bone in centimeters. Fundal height roughly corresponds to gestational age in weeks between 16 to 36 weeks for a vertex fetus. Most practitioners record their patient's fundal height on every prenatal visit. Measuring the fundal height can be an indicator of proper fetal growth and amniotic fluid development.

To view a Fundus Height Growth Chart:

1. Open the Prenatal Record for the patient. See “Opening the Prenatal Record” on page 258.
2. Click the **Part 2 - Visits** tab. The EMR displays the **Part 2** tab of the Prenatal record.
3. On the bottom right corner of the **Part 2 - Visits** tab, click **SYMPHYSIS - FUNDUS HEIGHT GROWTH CHART**.

Linking documents to the Prenatal Record

You can link documents such as patient handouts or ultrasound images, to the Prenatal Record. Once linked, you can easily access these documents by clicking the appropriate link on the Prenatal Record.

When you link a document and choose **Prenatal Form** as the keyword, the document becomes available through the **Patient Handouts** link on the Prenatal Record.

> **Important**: Documents you link with the keyword **Prenatal Form** are available through the **Patient Handouts** link on the Prenatal Record **for all patients**. Make sure the document does not contain any patient-specific or other confidential information.

When you link a document to a patient, and choose **Prenatal US** as a keyword, the document becomes available through the **Ultrasound Images** link on the Prenatal Record. You can also view the document from the **Documents** tab on the Medical Summary.

You will learn how to link documents in a later module. For more information, see “Linking documents” on page 374.

Linking a document to the Prenatal Record as a patient handout

When you link a document and choose **Prenatal Form** as the keyword, the document becomes available through the **Patient Handouts** link on the Prenatal Record.

To link a document to the Prenatal Record as a patient handout:

1. On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **Documents**. The EMR displays the Documents window.
2. In the **Source** pane, navigate to the location of the folder containing the handout. In most cases the location is: **Wolf Lair/Data/Unlinked documents**, however this can vary depending on your clinic.
3. On the left side of the window, click a document. The EMR displays a preview of the document in the middle of the window.
4. In the top right corner of the window, in the **Attach Options** area, select **Attach to Patient**.
5. On the right hand side pane, in the **Patient Search** area, search for and select a test patient.
6. In the **Attach these Keywords** drop-down list, click **Prenatal Form**.
   You can select up to two other keywords to further describe the document.

   Note: If the keyword **Prenatal Form** is not in the current list, then your administrator must enter this document keyword in Configuration.

7. In the bottom right corner of the window, click **Link and Reviewed**.

   Important: Documents you link with the keyword **Prenatal Form** are available through the **Patient Handouts** link on the Prenatal Record **for all patients**. Make sure the document does not contain any patient-specific or other confidential information.

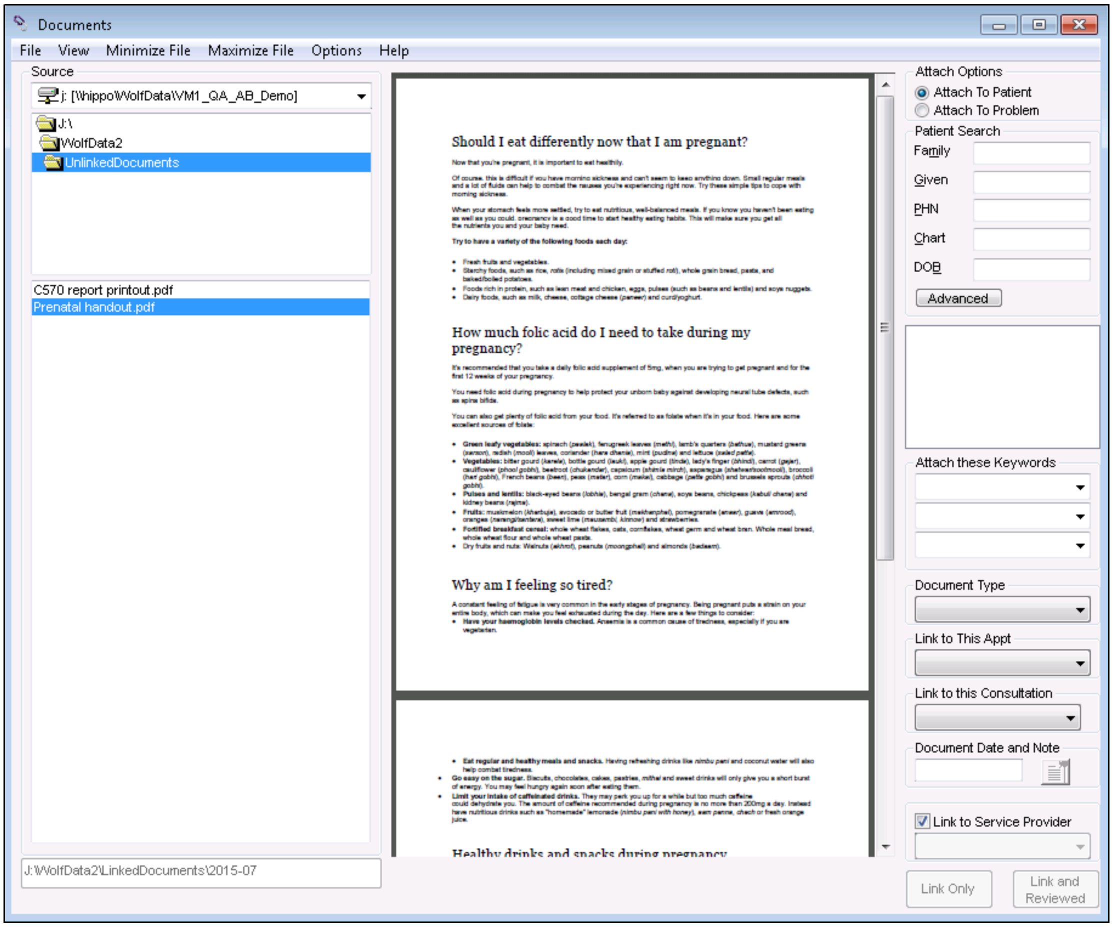
Linking a document to the Prenatal Record as an ultrasound image

When you link a document to a patient, and choose **Prenatal US** as a keyword, the document becomes available through the **Ultrasound Images** link on the Prenatal Record. You can also view the document from the **Documents** tab on the Medical Summary.

To link a document to the Prenatal Record as an ultrasound image:

1. On the Wolf EMR Launch page, click **Documents** ( ). The EMR displays the Documents window.
2. In the **Source** pane, navigate to the location of the folder containing the ultrasound image. In most cases the location is: **Wolf Lair/Data/Unlinked documents**, however this can vary depending on your clinic.

3. In the left pane, click a document. The EMR displays a preview of the document.



4. In the top right corner of the window, in the **Attach Options** area, select **Attach to Patient**.
5. On the right hand side pane, in the **Patient Search** area, enter the Patient's Name, PHN, Chart #, or date of birth.
6. In the search results, click the patient's name.
7. In the **Attach these Keywords** drop-down list, click **Prenatal US**.
   You can select up to two other keywords to further describe the document.

> **Note**: If the keyword **Prenatal US** is not in the current list, then your administrator must enter this document keyword in Configuration.

8. In the bottom right corner of the window, click **Link and Reviewed**.

Accessing documents linked to the Prenatal Record

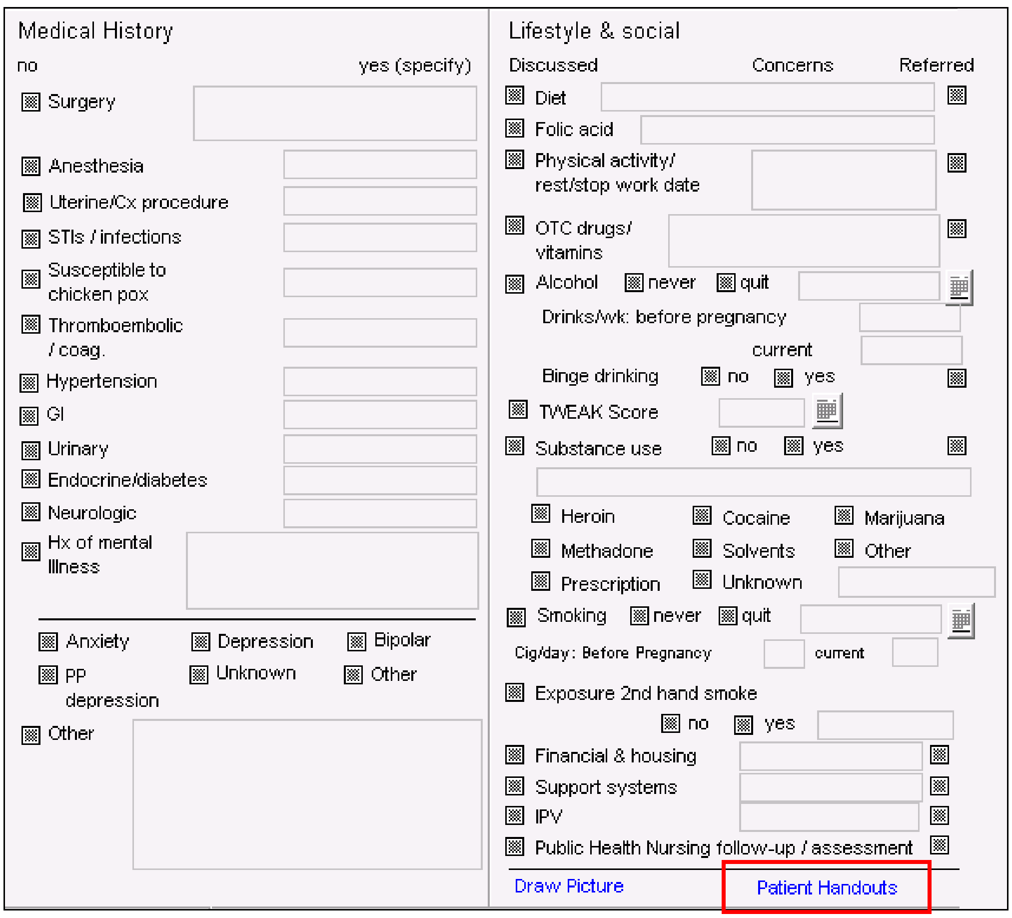
Documents that are linked to the Prenatal Record appear as blue links on the Prenatal Record. Examples of document links include **Patient Handouts** or **Ultrasound Images**. Simply click the document link to access the document.

Accessing a patient handout that is linked to the Prenatal Record

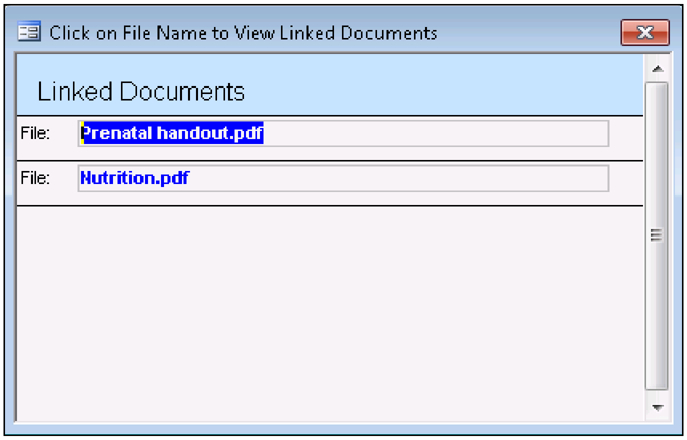
You can access linked patient handouts on the lower right side of the **Part 1** tab of the Prenatal Record; simply click the **Patient Handouts** link.

To Access a patient handout that is linked to the Prenatal Record:

1. Open the patient's prenatal record See "Opening the Prenatal Record" on page 258.
2. On the lower right side of the **Part 1** tab, click **Patient Handouts**.



If your clinic has more than one prenatal handout, the EMR displays the Linked Documents window.



3. In the list of documents, click the handout you want. The EMR opens the handout in the PDF-XChange Viewer.

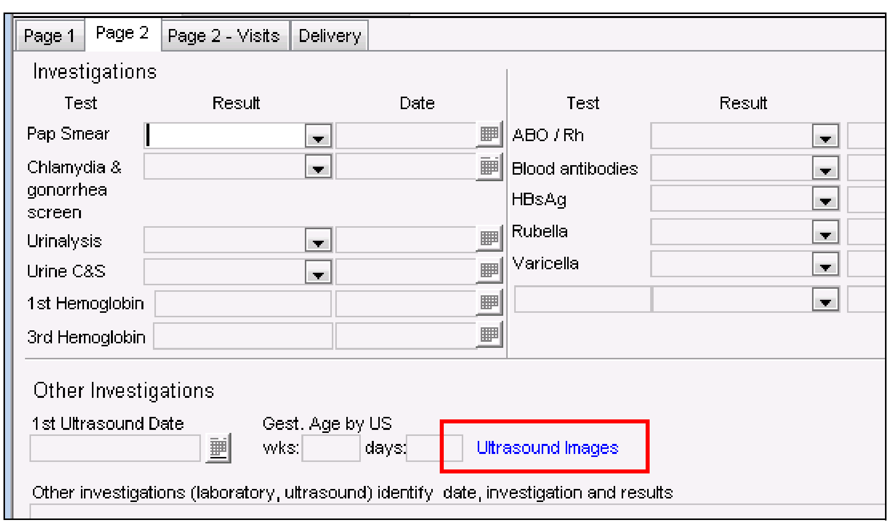
4. To print the handout, click **Print** () or, on your keyboard, press **Ctrl** + **P**.

Accessing an ultrasound image that is linked to the Prenatal Record

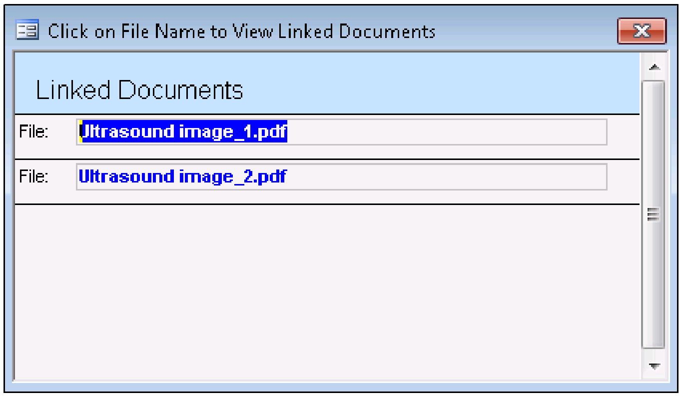
You can access linked ultrasound images on the **Part 2** tab of the prenatal record; simply click the **Ultrasound Images** link.

To access an ultrasound image that is linked to a patient's prenatal record:

1. Open the patient's prenatal record. See "Opening the Prenatal Record" on page 258.
2. Click the **Part 2** tab and then, in the **Other Investigations & Comments** area, click **Ultrasound Images**.



If your clinic has more than one prenatal handout, the EMR displays the Linked Documents window.



3. In the list of documents, click the ultrasound you want. The EMR opens the ultrasound image in the PDF-XChange Viewer.

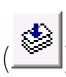
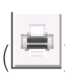
4. To print the handout, click **Print** () or, on your keyboard, press **Ctrl** + **P**.

Printing and faxing the prenatal record

When the prenatal record is to be sent to a hospital or consultant you can print or fax the record from Wolf EMR.

To print or fax a patient's prenatal record:

1. Open the patient's prenatal record. See "Opening the Prenatal Record" on page 258.
2. At the top of the window, click one of the following options:

   - **Collate and Print Prenatal Record** ():To print or fax the entire prenatal record as one document on a selected printer or fax machine
   - **Print to Default Printer** (): To print the prenatal record to your default printer
   - **Print Prenatal Record** (): To print or fax each tab of the prenatal record as separate documents on a selected printer or fax machine

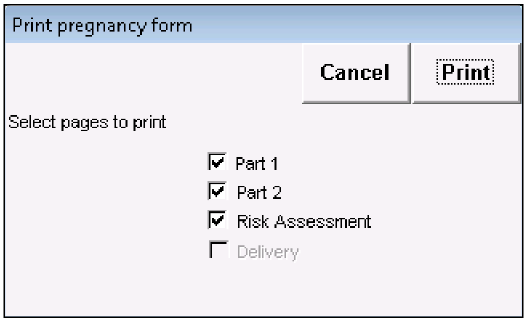
Attaching the prenatal record to a referral

Before you can attach the prenatal record to a referral, you must save the prenatal record as a document in the patient's Medical Summary. You can then attach the prenatal record to the referral as you do other documents.

To attach the prenatal record to a referral:

1. Open the patient's prenatal record. See "Opening the Prenatal Record" on page 258.

2. At the top of the window, click **Attach Prenatal Form to patient's chart** ( ). The EMR displays the Print pregnancy form window.



3. Select the prenatal tabs you want to include in the attachment, and then click **Print**. The EMR saves the prenatal record in the patient's Medical Summary, in the **Documents** tab.

4. Attach the prenatal record to the referral as you do other documents. See "Creating a referral letter using the Referral Letter Composer" on page 409.

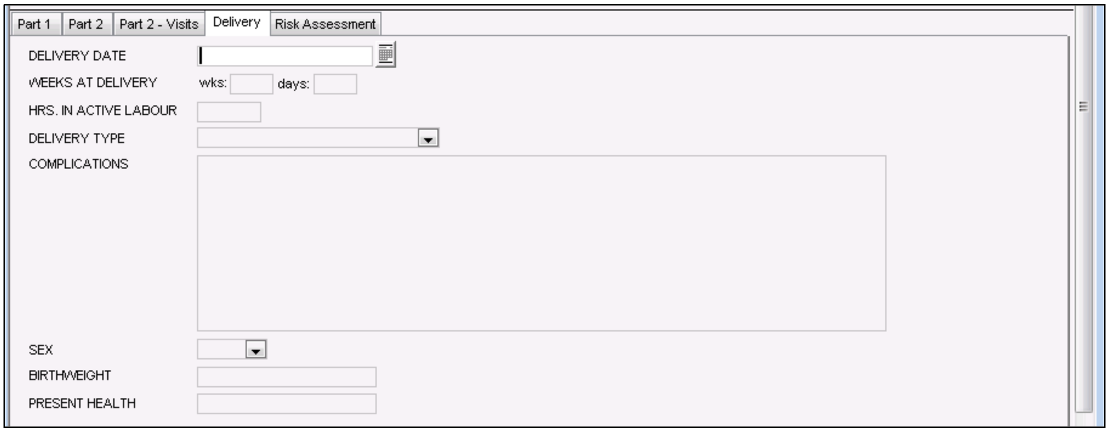
Noting delivery details and closing the prenatal record

Important: When the patient's pregnancy is complete, always note the delivery details and lock the prenatal record. The EMR then recognizes the patient as no longer pregnant. Also, if the patient has future pregnancies, the EMR will know to start a new prenatal record.

To note delivery details and close the prenatal record:

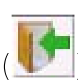
1. Open the patient's prenatal record. See "Opening the Prenatal Record" on page 258.

2. Click the **Delivery** tab.



3. Use the following table to enter the delivery details:

Filed	Description
Delivery Date	Enter the delivery date or the date the pregnancy was terminated.
Weeks at Delivery	Enter the number of weeks and days for the gestational age of the newborn.
Hrs. in Active Labour	Enter the number of hours the patient was in labour.
Delivery Type	In the drop-down list, click the delivery type. Examples of delivery type options include **Natural**, **Breech** and **C-section**.
Complications	Enter any complications from the delivery.
Sex	In the drop-down list, click the sex of the newborn.
Birth Weight	Enter the weight of the newborn at birth.
Present Health	Enter the present health of the patient.

4. Click **Save & Close** () to save and close the prenatal record.

   After you enter the delivery date, and close the Prenatal Record, the EMR locks the Prenatal Record.

Recording clinical notes for WCB visits

For WCB visits, you enter visit notes into the appropriate WCB forms. You can then submit the forms electronically to WCB through the Wolf EMR eBill program.

You access and manage WCB forms from the WCB Report Manager.

WCB forms

Note:

If your clinic is not on the data centre, use the WCB forms on the WorkSafeBC site **http://www.worksafebc.com/forms/**.

Most forms are PDFs designed to be printed out and completed. Others can be completed and submitted online, and some are available as an online application. You can also order printed forms at **WorkSafeBC Store**.

For support and WCB-related questions, contact WorkSafeBC:

- Phone: 604-276-3135, or toll-free: 1-888-855-2477
- Email: **ehelp@worksafebc.com**

WCB report types and tabs

The WCB report types include **Form 8: First Report** and **Form 11: Progress Report**. Both report types contain the following tabs:

- Interview
- Clinical Information
- Return to Work Planning
- Billing Status

Printing forms

You can print a practitioner's copy for all of the WCB e-forms. You would use this option for a print chart request, a referral, or medical-legal reasons.

Opening the WCB Report Manager

The WCB Report Manager is where you access and manage WCB forms. From the WCB Report Manager, you can:

- Start a new WCB Report for a patient
- View, edit, and complete a patient's incomplete WCB Reports
- View a patient's historical WCB Reports

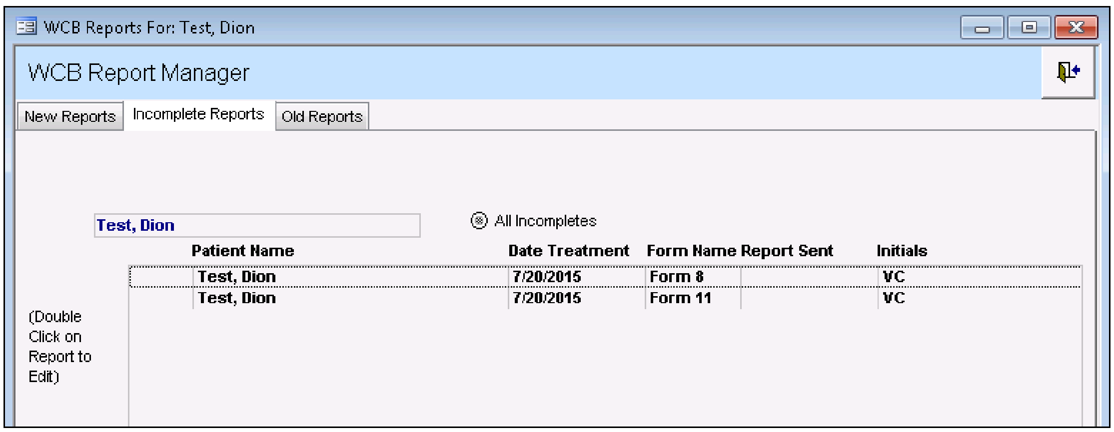
The method you use to open the WCB Report Manager depends on whether the patient is booked for an appointment or not.

Opening the WCB Report Manager for a patient who has an appointment booked

If a patient has a booked appointment, you can use the SMART Menu from the Vital Entry window to open the WCB Report Manager.

To open the WCB Report Manager for a patient who has an appointment booked:

1. Open the Vital Entry window using the **F6** keyboard shortcut method. See "Using the Vital Entry window" on page 241.
2. Right-click anywhere in the Vital Entry window and then click **View WCB Reports**. The EMR displays the WCB Report Manager window.



Opening the WCB Report Manager for a patient who does not have an appointment booked

If a patient does not have an appointment booked, you can click the **WCB e-Forms** button on the WorkDesk to open the WCB Report Manager.

To open the WCB Report Manager for a patient who does not have an appointment booked:

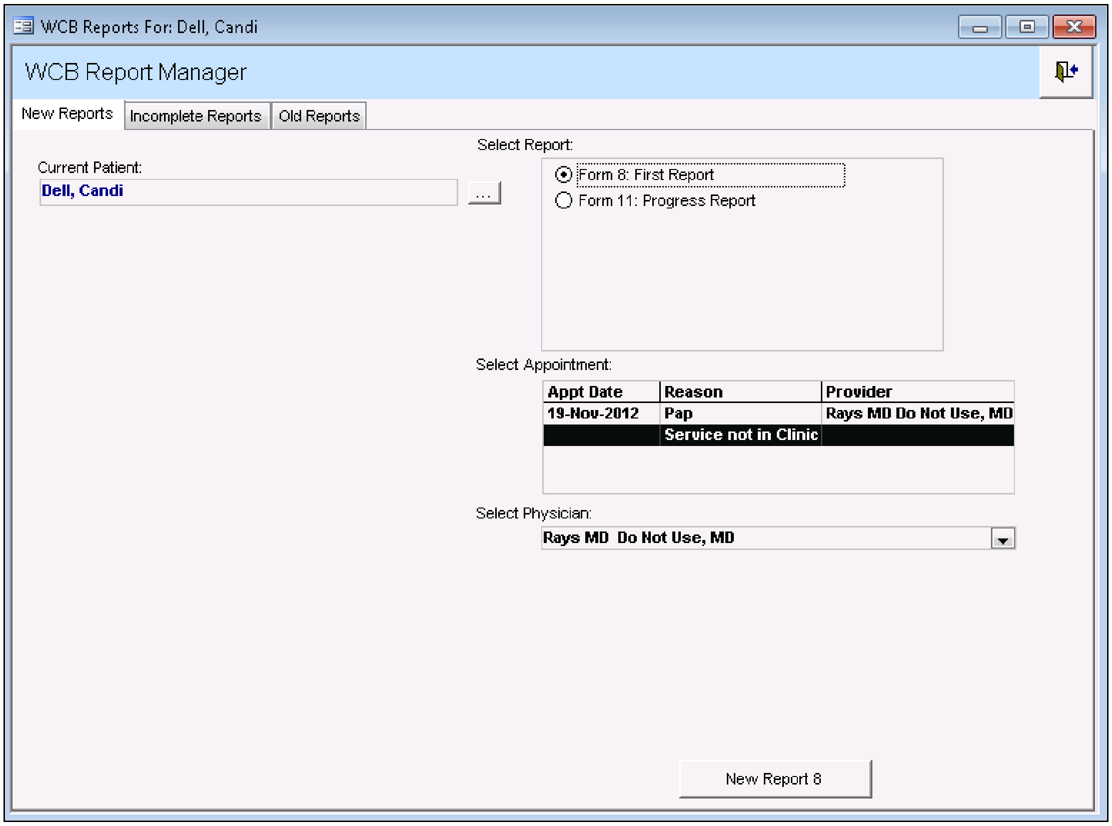
1. Open the Workdesk. See "Opening the WorkDesk" on page 153.
2. In the **Data Entry** area, click **WCB e-Forms**. The EMR displays the following prompt: "Select WCB E-form for an Individual Patient?"
3. Click **Yes**. The EMR displays the Patient Search window.
4. Search for the patient and then double-click the patient's name. The EMR displays the WCB Report Manager window.

Starting and completing a WCB First Report

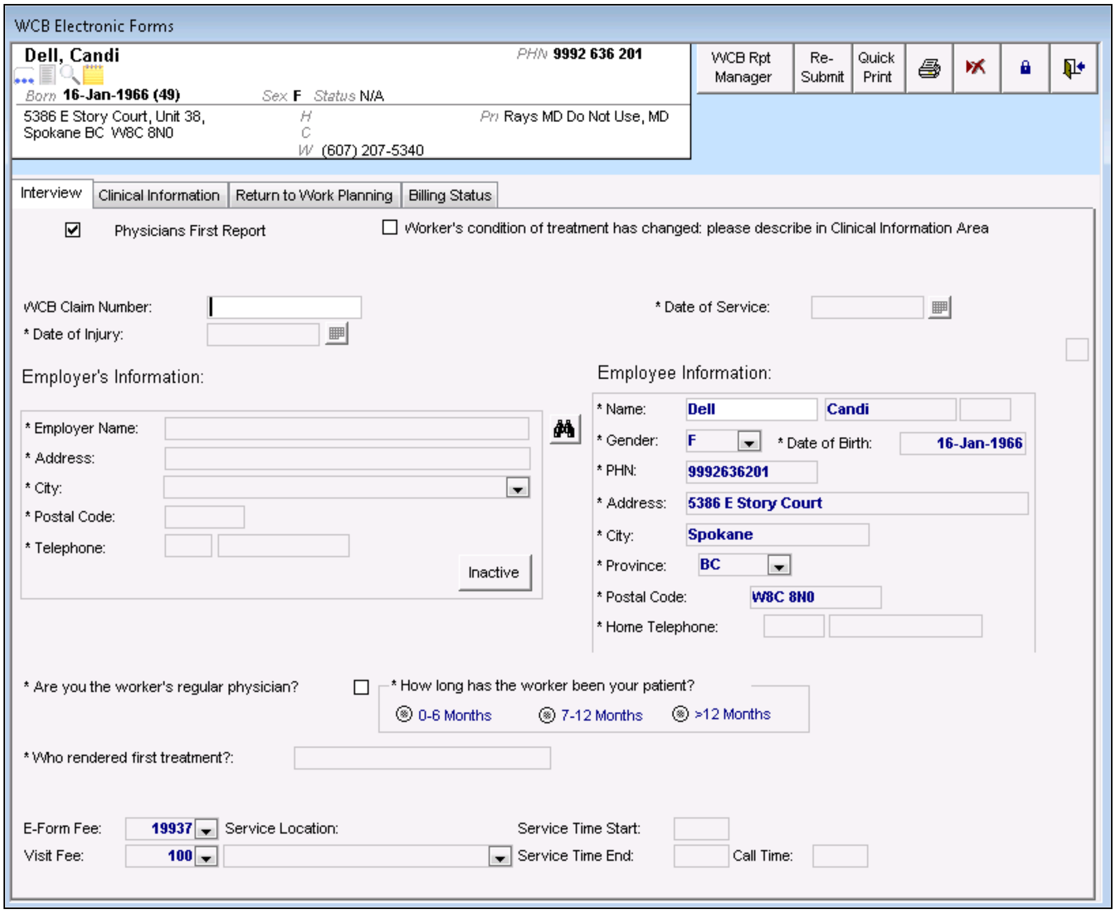
Complete a WCB First Report for the first visit associated with a claim involving a comprehensive consultation, a time loss claim, or a modified duty claim.

To start and complete a WCB First Report:

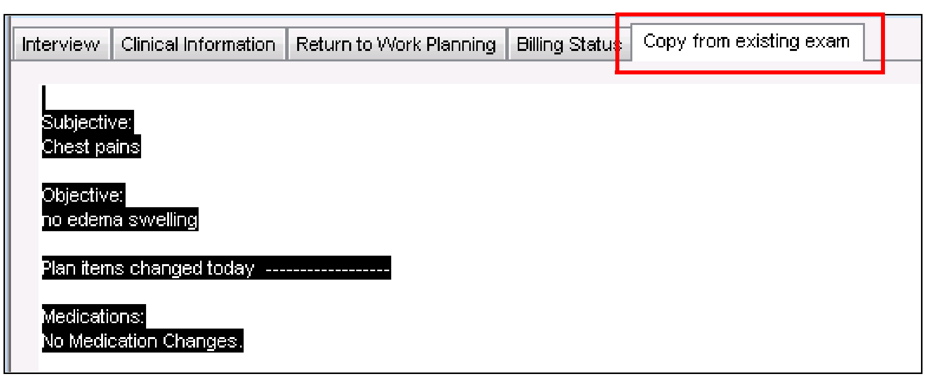
1. Open the WCB Report Manager for the patient. See "Opening the WCB Report Manager" on page 281.
2. Click the **New Reports** tab. The EMR displays the **New Reports** tab.
3. In the **Select Report** area, select **Form 8: First Report**.



4. In the **Select Appointment** area, perform one of the following actions:
   - If the patient was seen in clinic, click the associated appointment.
   - If the patient was not seen at your clinic (for example, if the patient was visited in the hospital), scroll to the bottom of the appointment list and select **Service Not in Clinic**, and then in the **Select Physician** drop-down list, select a physician.
5. Click **New Report 8**. The EMR displays the WCB First Report form with the **Interview** tab open and the SMART Patient Banner at the top.



6. If you selected (in the **Select Appointment** area) an appointment that has SOAP information, the EMR displays a prompt asking you if you want to use the exam data to create a new WCB encounter record. Click **Yes**. The window now has a **Copy from existing exam** tab which displays the SOAP information.



Tip: The information on the **Copy form existing exam** tab does not get sent to WCB.

To get this information into the WCB form(s):

- Select text on the **Copy form existing exam** tab, press **Ctrl + C**, then move to the appropriate tab of the WCB form, and paste the text (**Ctrl + V**) into the appropriate field.

Note: The original SOAP encounter is not automatically deleted.
You have the option to keep it or delete it.

7. Enter information on the **Interview** tab. Use the following table as a reference.

Field	Description
Report Type check boxes	- **Physicians First Report**: Select this check box if you are creating a new WCB First Report (form 8). This form should be completed for first visits involving a comprehensive consultation, a time loss claim, or a modified duty claim. - **Worker's condition of treatment has changed: please describe in Clinical Information Area**: Select this check box if you are creating a WCB Progress Report (Form 11). This report should be submitted if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work. A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WorkSafeBC sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow-up every two weeks if the above conditions are met.
WCB Claim Number	Enter the **WCB Claim Number** if known. This claim number is provided by WCB after a First Report has been processed. **Note:** The WCB Claim number is mandatory when creating a Progress Report.

Field	Description
Date of Injury	Enter the date when the WorkSafeBC related injury occurred. In the case of occupational diseases, enter the date when medical attention was first sought. You can type the date into the text box or click the **Calendar** button and double-click the date.
Date of Service	The date of service is the date when the service described on this report was performed. It is automatically entered here depending on the appointment the WCB Report was linked to when first creating the report.
Employer's Information	To select a previously entered global employer (an employer entered for any patient in the EMR): a) Click the binoculars icon ( ). The EMR displays a list of previously entered employers. b) Click an employer in the list. To enter a new employer: a) Click the binoculars icon ( ), and then click **<<Add New>>**. b) Enter the following Employer Information: ■ **Employer Name**: Enter the employers name or company name. This name is then available from the employer drop-down list for future use. ■ **Address**: Enter the address of the employer. ■ **City**: Click the drop-down arrow to select a city or type in the name of a city. ■ **Postal Code**: Enter the postal code. ■ **Telephone**: Enter the area code in the first box and the local telephone number in the second box. To set an employer as inactive if the employer is not the current employer: 1. Click **Inactive**. The EMR displays the following message "Do you wish to set the current employer as inactive and enter a new employer for this patient?" 2. Click **Yes**. The EMR clears the employer information fields. 3. Enter the new employer information.

Field	Description
Employee information	Employee information pre-populated from the information in Patient Maintenance, although you can also edit it here. The worker's first name, last name, and PHN should match the information on the worker's British Columbia CareCard.
Are you the worker's regular physician?	If you are the patient's regular practitioner, select this check box. WorkSafeBC may contact you for medical history or to discuss claims issues.
How long has the worker been your patient?	If you selected the **Are you the worker's regular physician?** check box, select one of the radio buttons to indicate how long you have been the patient's Physician (**0-6 months**, **7-12 months**, or **> 12 months**). This information is useful for claims information.
Who rendered first treatment?	Enter the medical practitioner (name) or facility (emergency department, clinic, hospital, and so on) who provided the first treatment. This does not include first aid at the work site.
E-Form Fee	Click the drop-down arrow and select the E-Form Fee to display in Billing for this WCB report.
Visit Fee	Click the drop-down arrow and select the Visit Fee to display in Billing for this WCB report.
Service Time Start	Enter the service start time using the 24 hour clock (for example, 1600).
Service Time End	Enter the service end time using the 24 hour clock (for example, 1800).
Call Time	Enter the call time using the 24 hour clock (for example, 1500).

8. Click the **Clinical Information** tab and then enter information in the fields. Use the following table as a reference.

Field	Description
***Prior/Other Problems Affecting Injury, Recovery and Disability (160 char max)**	Enter details about pre-existing or new non-occupational conditions that may affect injury, recovery or disability. You can enter a maximum of 160 characters. If insufficient space, add remaining information to the **Clinical Information** box (at the bottom of the window). For example an MVA while receiving care for WorkSafeBC claim.

Field	Description
ICD9 (x) Search	Enter an ICD9 code or keyword and press **Enter**, and then in the drop-down list, click a code. This is the ICD9 diagnosis code and is entered on the invoice (claim record). The full set of codes is available at health.gov.bc.ca/msp/infoprac/diagcodes/index.html.
***Diagnosis**	Enter a text description of the injury diagnosis. **Note:** The Diagnosis entered here will be displayed in a second encounter entry to display the diagnosis in the patient's list of Encounter Records found on the Medical Summary as well as other locations.
Primary Injury Codes and Diagnosis area	Enter the following information to describe the injury codes and diagnosis: ■ ***Position**: In the drop-down list, click the position. This is a code for the anatomical position code (side) of the injury from the WorkSafeBC subset of CSA codes (80/80 list). ■ ***Body Part**: Enter a body part or its code and then press **Enter**. In the drop-down list, click one of the results displayed. **Note:** This is a 5-character (numeric) code for the area of injury (body part) from the WorkSafeBC subset of CSA codes (80/80 list). The full set of codes is available at worksafebc.com/health_care_providers/Assets/PDF/body_parts_complete.pdf ■ ***Nature**: Enter the nature of the injury or its code and then press **Enter**. In the drop-down list, click one of the results displayed. **Note:** This is the 5-character (numeric) code for the nature of injury from the WorkSafeBC subset of CSA codes (80/80 list). The full set of codes is available at worksafebc.com/health_care_providers/Assets/PDF/nature_injury_complete.pdf
***From injury or since last report, has the worker been disabled from work?**	If the worker has been disabled from work since the injury or the last report, click **Yes** in the drop-down list. Otherwise, click **No**.
Date of Injury	Enter the date of injury or click the **Calendar** button and double-click the date.

Field	Description
As of what date? (if known)	Enter the date the injury was known or click the **Calendar** button and double-click the date. **Note:** This field is displayed only if you selected **Yes** for ***From injury or since last report, has the worker been disabled from work?**)
Clinical Information	This is a text field for the practitioner to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included: ▪ What happened ▪ Presented injury, disease, complaints, and so on ▪ Treatments and medications being used ▪ Subjective symptoms ▪ Examination finding ▪ The name and date of specialist referral, if appropriate.

9. Click the **Return to Work Planning** tab and then enter information in the fields. Use the following table as a reference.

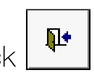
Note: Return-to-work planning is an important reporting component of Form 8 and Form 11. The information the practitioner provides, along with practitioner participation in the return-to work consultation process assists WorkSafeBC in handling each Worker's claim efficiently and appropriately.

Field	Description
***Is the Worker now medically capable of working full duties, full time?**	In the drop-down list, click either **Yes** or **No** to indicate if the Worker can return to their normal pre-injury duties. If you click **No**, elaborate in the "restrictions" area below
***What are the current physical and/or psychological restrictions?**	Describe the physical and/or psychological restrictions related to the injury that are barriers to the patient returning to work. This information will be used by the WorkSafeBC case managers and medical advisors in working with employers to find suitable alternative/modified work.

Field	Description
***Estimated time before the worker can return to the workplace in Any Capacity**	Estimate the length of time before the worker can return to the workplace in **any** capacity. For example, the earliest possible return to the workplace if suitable duties were available. Select one of the following options: ■ At Work ■ 1-6 Days ■ 7-13 Days ■ 14-20 Days ■ > 20 Days
***If appropriate, is the worker now ready for a rehabilitation program?**	In the drop-down list, click **No** if the worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If the worker is ready for rehabilitation, click **Yes**, and then select the type of rehabilitation program in the additional area that the EMR displays (**Select Rehabilitation Program**).
Select Rehabilitation Program	If the worker is ready for a rehabilitation program, select **Work Conditioning** or **Other**. If you select **Other**, indicate the type of program (for example, occupational rehabilitation program, pain program) in the **Clinical Information** area on the **Clinical Information** tab.
***Do you wish to consult with WCB Physician or nurse or advisor?**	In the drop-down list, click **Yes** or **No** to indicate i f you want to consult with a WCB physician, nurse, or advisor.
If possible, please estimate date of Maximal Recovery	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to the date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered. It is recognized that the "date" indicated is an estimate only and may change if the clinical course changes. Enter the date of Maximal Recovery or click the **Calendar** button and double-click the date.
Further Correspondence to Follow?	In the drop-down list, click **Yes** or **No** to indicate whether or not additional correspondence can be anticipated.

Field	Description
Attending Physician	Displays the attending physician for the patient.
***Payee Number**	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to WorkSafeBC and who will be paid by WorkSafeBC.
Created by (Read-only)	Displays who created the report (or the practitioner for whom you created the report).
Date and Time Created (Read-only)	Displays the date and time the report was created.
Last Edited (Read-only)	Displays when the report was last edited.
Last Edited By (Read-only)	Displays who edited the report (or the practitioner for whom you edited the report)

10. **(Optional)** Click the **Billing Status** tab to view the billing status of the WCB Form.

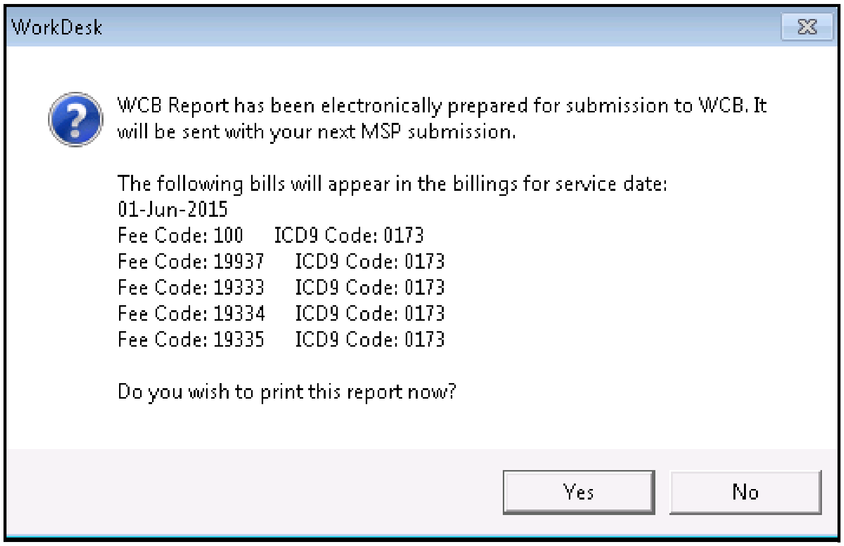
11. When you finish entering information on all of the tabs, click .

> **Note**: If the **Set Appointment as Finished** check box is displayed, the EMR marks the encounter as finished. If you do not want this to happen, clear this check box (it is selected by default).

The EMR displays a prompt asking you if you want to send the WCB Report to the billing program.

12. Perform one of the following actions:

- If the report information is complete, click **Yes**. The EMR sends the report to the Billing program, and creates and saves 5 bills: 1 office visit, 1 form, and 3 no charge fees. The EMR displays the following prompt:



Click **Yes** if you want to print the report now. Click **No** if you do not want to print the report.

- If the report information is not complete, click **No**. The EMR saves the form for further modification.

The EMR displays the WCB Report twice in the encounter record, to indicate that it is a WCB Report as well as to display the Diagnosis. (This is similar to how the EMR displays a SOAP record several times in the Encounter List to display several impressions or assessments.)

13.

Starting and completing a WCB Progress Report

You can create WCB Progress Reports after you create and submit a new WCB First Report. Create a WCB Progress Report only for completed follow-up visits where relevant changes have occurred since the previous report. You must submit a WCB Progress Report if it has been more than four weeks since the last Form 11 was sent, or a Form 11 is requested by a WorkSafeBC Officer.

When you create a WCB Progress Report, the form pulls in information from the previous claim. You can update the information as necessary.

To start and complete a WCB Progress Report:

1. Open the WCB Report Manager for the patient. See “Opening the WCB Report Manager” on page 281.
2. Click the **New Reports** tab. The EMR displays the **New Reports** tab.

3. In the Select Report area, select **Form 11: Progress Report**.
4. In the **Select Claim** section, click the claim that you want to update.
5. In the **Select Appointment area**, perform one of the following actions:
   - If the patient was seen in clinic, click the associated appointment.
   - If the patient was not seen at your clinic (for example, if the patient was visited in the hospital), scroll to the bottom of the appointment list and select **Service Not in Clinic**, and then in the **Select Physician** drop-down list, select a physician.
6. Click **New Report 11**. The EMR displays the WCB Progress Report form.
7. If you selected (in the **Select Appointment** area) an appointment that has SOAP information, the EMR displays a prompt asking you if you want to use the exam data to create a new WCB encounter record. Click **Yes**. The window now has a **Copy from existing exam** tab which displays the SOAP information.

> **Tip**: The information on the **Copy form existing exam** tab does not get sent to WCB.
> To get this information into the WCB form(s):
>
> - Select text on the **Copy form existing exam** tab, press **Ctrl + C**, then move to the appropriate tab of the WCB form, and paste the text (**Ctrl + V**) into the appropriate field.

> **Note**: The original SOAP encounter does not get automatically deleted.
> You have the option to keep it or delete it.

8. Click the tabs as required and update the information in the form. See Step 7. to Step 9. in "Starting and completing a WCB First Report" on page 282.

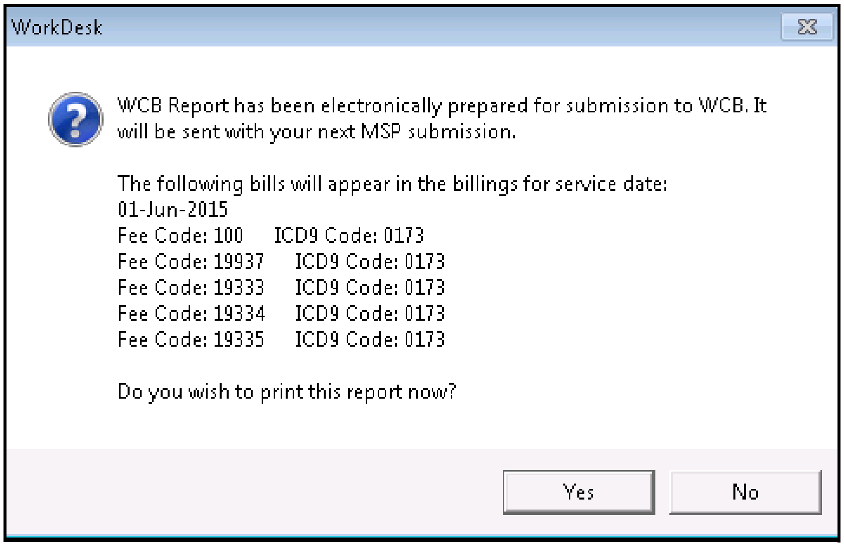
9. When you finish updating information on the tabs, click .

> **Note**: If the **Set Appointment as Finished** check box is displayed, the EMR marks the encounter as finished. If you do not want this to happen, clear this check box (it is selected by default).

   The EMR displays a prompt asking you if you want to send the WCB Report to the billing program.

10. Perform one of the following actions:

- If the report information is complete, click **Yes**. The EMR sends the report to the Billing program, and creates and saves 5 bills: 1 office visit, 1 form, and 3 no charge fees. The EMR displays the following prompt:



Click **Yes** if you want to print the report now. Click **No** if you do not want to print the report.

- If the report information is not complete, click **No**. The EMR saves the form for further modification.

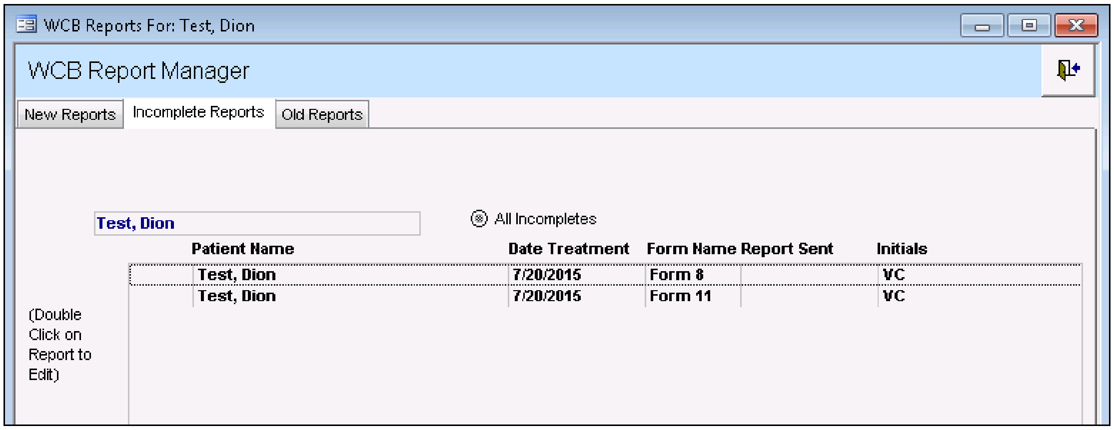
Finishing an incomplete WCB Report for an individual patient

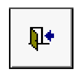
Reports that have been created but not Sent to Billing are listed on the **Incomplete Reports** tab of the WCB Report Manager. You can modify or complete an incomplete report and then send it to Billing.

To finish an incomplete WCB Report for an individual patient:

1. Open the WCB Report Manager for the patient. See "Opening the WCB Report Manager" on page 281.

2. Click the **Incomplete Reports** tab. The EMR displays the **Incomplete Reports** tab.



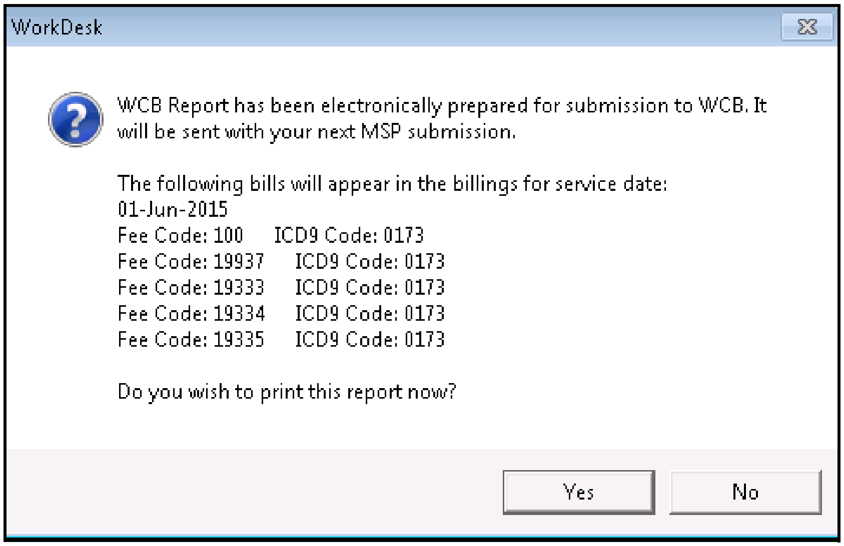
3. Double-click a report to open it for editing.
4. Click the tabs as required and update the information in the form. See Step 7. to Step 9. in “Starting and completing a WCB First Report” on page 282.
5. When you finish entering information on the tabs, click .

> **Note**: If the **Set Appointment as Finished** check box is displayed, the EMR marks the encounter as finished. If you do not want this to happen, clear this check box (it is selected by default).

The EMR displays a prompt asking you if you want to send the WCB Report to the billing program.

6. Perform one of the following actions:

- If the report information is complete, click **Yes**. The EMR sends the report to the Billing program, and creates and saves 5 bills: 1 office visit, 1 form, and 3 no charge fees. The EMR displays the following prompt:



Click **Yes** if you want to print the report now. Click **No** if you do not want to print the report.

- If the report information is not complete, click **No**. The EMR saves the form for further modification.

Tracking and managing incomplete WCB Reports clinic-wide

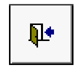
You can track and manage incomplete WCB reports for every patient in your clinic from one convenient location.

To track and manage incomplete WCB Reports clinic-wide:

1. Open the Workdesk. See “Opening the WorkDesk” on page 153.
2. In the **Data Entry** area, click **WCB e-Forms**. The EMR displays the following prompt: “Select WCB E-form for an Individual Patient?”
3. Click **No**. The EMR displays the WCB Report Manager window with the **Incomplete Reports** tab open. The **Incomplete Reports** tab lists all incomplete WCB reports for every patient in your clinic.

> **Tip**: To view a list of incomplete WCB reports for a specific practitioner, in the **Physician** drop-down list, select the practitioners name.

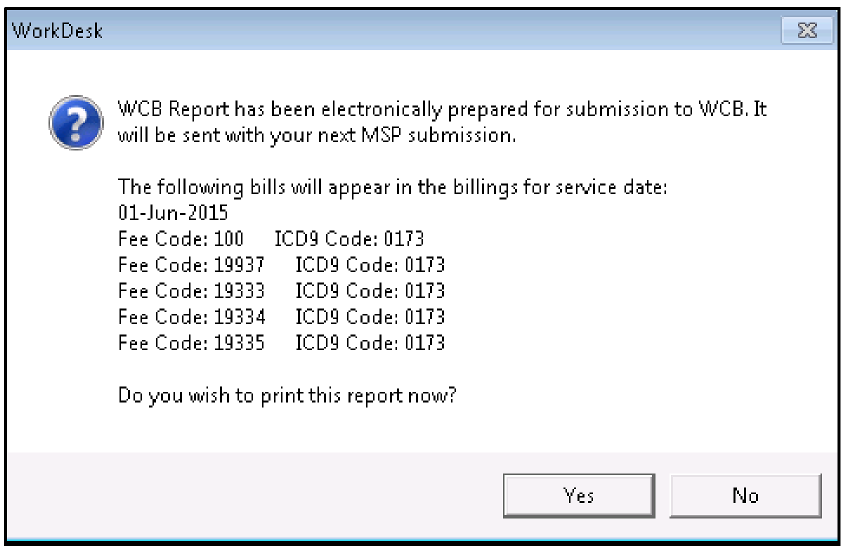
4. Double-click a report to open it for editing.
5. Click the tabs as required and update the information in the form. See Step 7. to Step 9. in “Starting and completing a WCB First Report” on page 282.

6. When you finish entering information on the tabs, click .

> **Note**: If the **Set Appointment as Finished** check box is displayed, the EMR marks the encounter as finished. If you do not want this to happen, clear this check box (it is selected by default).

The EMR displays a prompt asking you if you want to send the WCB Report to the billing program.

7. Perform one of the following actions:
   - If the report information is complete, click **Yes**. The EMR sends the report to the Billing program, and creates and saves 5 bills: 1 office visit, 1 form, and 3 no charge fees. The EMR displays the following prompt:



Click **Yes** if you want to print the report now. Click **No** if you do not want to print the report.

   - If the report information is not complete, click **No**. The EMR saves the form for further modification.

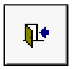
8.

Viewing previously billed (old) WCB reports

You can view old WCB reports for an individual patient or for the entire clinic.

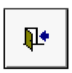
Viewing previously billed (old) WCB reports for an individual patient

To view previously billed (old) WCB reports for an individual patient:

1. Open the WCB Report Manager for the patient. See “Opening the WCB Report Manager” on page 281.
2. Click the **Old Reports** tab, and then in the **Previous Reports** area, double-click a report to view the details.
3. Click  to close the window.

Viewing previously billed (old) WCB reports for the entire clinic

To view previously billed (old) WCB reports for the entire clinic:

1. On your WorkDesk, in the **Data Entry** area, click **WCB e-Forms**. The EMR displays the following prompt: “Select WCB E-form for an Individual Patient?”
2. Click **No**. The EMR displays the WCB Report Manager window with the **Incomplete Reports** tab open.
3. Click the **Old Reports** tab, and then in the **Previous Reports** area, double-click a report to view the details.
4. Click  to close the window.

Recording clinical notes for pediatric patients

The following sections describe how to record clinical notes for pediatric patients.

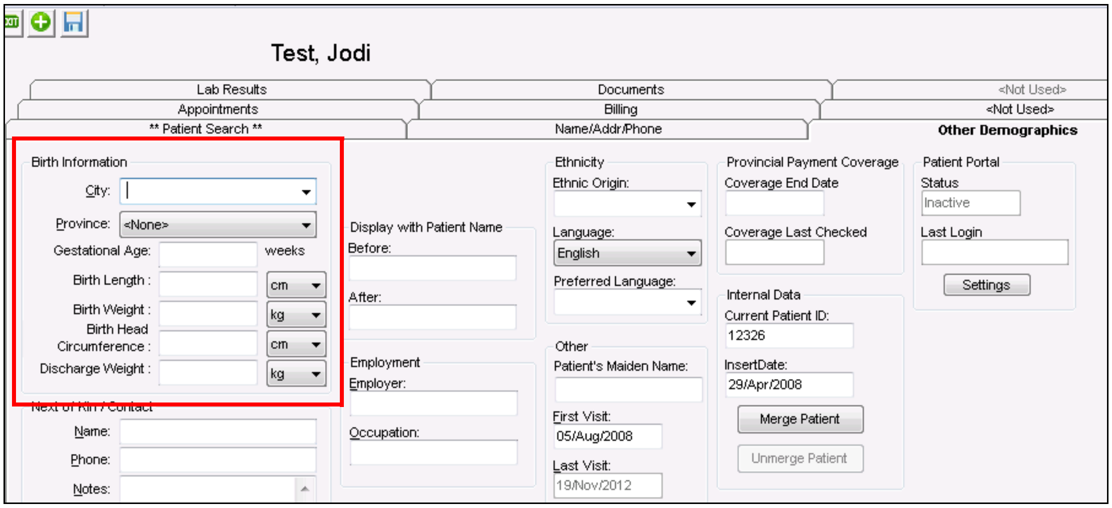
Entering a patient’s birth information

You can enter a patient’s birth information on the **Other Demographics** tab in the Patient Maintenance window. Birth information includes the patient’s place of birth, gestational age, and birth measurements.

To enter a patient’s birth information:

1. Open the Patient Maintenance window. See “Opening the Patient Maintenance window” on page 17.
2. Click the **Other Demographics** tab.

3. Using the following table, enter information in the **Birth Information** area.



Field	Description
City	In the drop-down list, click the **Municipality** or **City** where the patient was born.
Province	In the drop-down list, click the **Province** or **State** where the patient was born.
Gestational Age	Enter the number of weeks.
Birth Length	Enter a value and then, in the drop-down list, select the units.
Birth Weight	Enter a value and then, in the drop-down list, select the units.
Birth Head Circumference	Enter a value and then, in the drop-down list, select the units.
Discharge Weight	Enter a value and then, in the drop-down list, select the units.

4. Click **Save** ( ) and then click **Exit**.

Viewing a patient’s growth charts

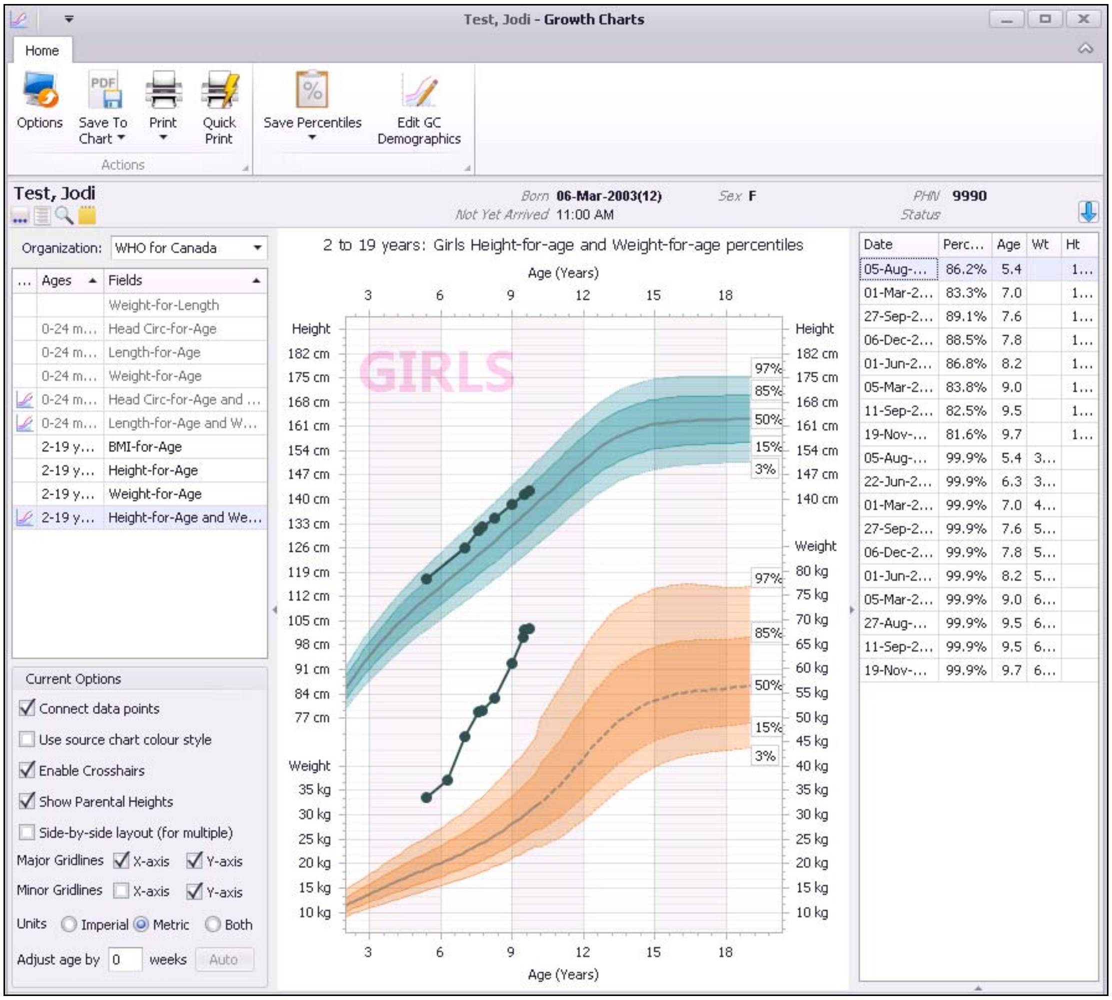
Growth Charts consist of a series of percentile curves that illustrate the distribution of selected body measurements in children. You can display growth charts for patients under the age of twenty years. You can view growth charts from the following organizations:

- World Health Organization (WHO) growth charts adapted for Canada
- Centers for Disease Control and Prevention (CDC)
- Canadian Pediatric Endocrine Group (CPEG)

To view a patient’s growth charts:

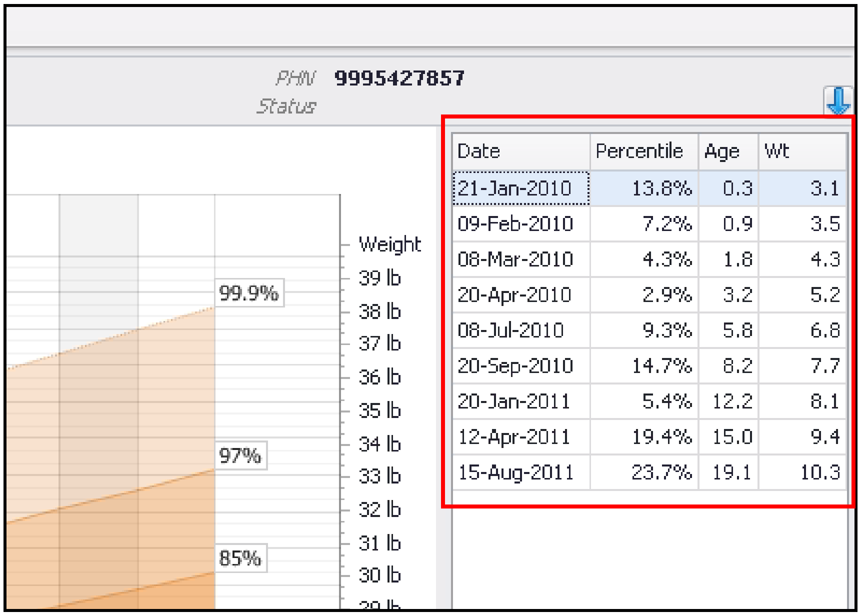
1. On any window related to the patient's record (for example, the Vital Entry window or the Medical Summary window), right-click and then, in the SMART menu, click **View Growth Charts** > **Child Development Charts**.

   The EMR displays the Growth Charts window. By default, the EMR displays the WHO growth chart adapted for Canada, specific to the patient's gender and age.



> **Tip**: You can set what organization's growth chart displays by default. For example, you can set the CPEG growth charts to display by default:
>
> 1. At the top of the window, click **Options** (). The EMR displays the Default Display Options window.
> 2. In the **User Options** area, clear the **Use Defaults** check box.
> 3. in the **Your Default Organization** drop-down list, select the organization.
> 4. Click **Save**.

The EMR displays the data points and percentiles in a table format to the right of the chart(s):



Date	Percentile	Age	Wt
21-Jan-2010	13.8%	0.3	3.1
09-Feb-2010	7.2%	0.9	3.5
08-Mar-2010	4.3%	1.8	4.3
20-Apr-2010	2.9%	3.2	5.2
08-Jul-2010	9.3%	5.8	6.8
20-Sep-2010	14.7%	8.2	7.7
20-Jan-2011	5.4%	12.2	8.1
12-Apr-2011	19.4%	15.0	9.4
15-Aug-2011	23.7%	19.1	10.3

2. To view a different type of chart:
   a) In the **Organization** drop-down list, click an organization.
   b) In the list below the **Organization** field, click a specific graph type. The EMR displays the chart in the right part of the window.
3. To adjust the chart/percentiles for an early pregnancy, in the **Current Options** area, enter the number of weeks early in the **Adjust age by** field, and then press enter.

Tip: If you entered a patient's gestational age in the Patient Maintenance window, click the **Auto** button. The EMR automatically populates the **Adjust age by** field.

Note: The **Auto** button is available only if the gestational age you entered is less than 38 weeks.

4. In the **Current Options** area, set the various options to change the way the graph looks.

Field	Description
Connect data points	To connect data points by a line, select this check box. **Note:** This option is selected by default.
Use source chart colour style	Charts of a particular type (for example, CDC charts) have their own color scheme, which may be different from charts of another type. To display the original color scheme for the chart type, select this check box.

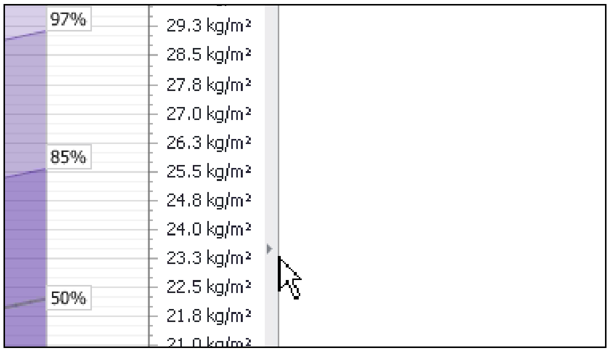
Field	Description
Enable Crosshairs	To have a line extend vertically to the edge of the graph when you hover your mouse over a data point, select this option. **Note:** The vertical line follows the mouse cursor; a horizontal line is displayed when you get close to the point.
Show Parental Heights	To display of the height of the patient's father, and mother, and the patient's mid-parental height near the vertical axis (on the right side of the graph), select this check box **Note:** Exact values display in a popup.
Side-by-side layout (for multiple)	To view more than one chart at a time, select this check box. To view more than one chart at a time, on your keyboard, hold the **Control** key and then click the other charts you want to view.
Major Gridlines: **X-axis, Y-axis**	To display major gridlines, select these check boxes.
Minor Gridlines: **X-axis, Y-axis**	To display of the minor gridlines, select these check boxes.
Units: **Imperial; Metric; Both**	Beside **Units**, select the units you want to view measurements in. **Note:** Metric is selected by default.

Tip: You can set what options are selected by default in the **Current Options** area:

1. At the top of the window, click **Options** (). The EMR displays the Default Display Options window.
2. In the **User Options** area, clear the **Use Defaults** check box, and then set your User Options defaults.
3. Click **Save**.

5. To zoom in, hold the **Shift** key and then click on the area you want to zoom in to.
6. To zoom out, hold the **Alt** key and then click on the area you want to zoom out from.
7. To re-sort the information in the percentile table, click on one of column headings.

8. To hide the percentile table, click the icon to the right of the chart.



9. To collapse the patient banner and maximize the growth chart, on the top right of the window, click .

10. To add percentiles as exam findings, click **Save Percentiles** ( ) and then, in the drop-down list, select which organization's percentiles you want to use.

Why save percentiles as exam findings?

- You can graph percentiles together with lab values and other data only if you save the percentiles to the patient's record as exam findings.
- If your clinic uses practice searches and rules that search based on patient percentiles, the patient can be identified only if their percentiles are saved as exam findings.

11. To print the growth chart(s), perform one of the following actions:

- To print the growth chart(s) on your default printer, click **Quick Print** ( ).
- To print the growth chart(s) with or without the data point table on a selected printer, click **Print** ( ) and then, in the drop down list, select either **Print** or **Print (with table)**.

Attaching growth charts to referrals

To attach a growth chart to a referral, you must save the growth chart as a document in the patient's Medical Summary first. You can then attach the growth chart as you do other documents.

To attach a growth chart to a referral:

1. Open the growth chart, and use the view options to make the growth chart look the way you want it to look for the referral. See "Viewing a patient's growth charts" on page 299.

2. Click **Save To Chart** ( ) and then, in the drop-down list, click one of the following options:
   - **Save To Chart**: To save only the growth chart in the **Documents** area of the Medical Summary.
   - **Save To Chart (with table)**: To save the growth chart AND a table containing all of the data points on the chart in the **Documents** area of the Medical Summary.
3. Attach the PDF version of the growth chart to the referral. See “Creating referral letters” on page 407.

Completing an exam based on the Rourke Baby Records

The Rourke Baby Record (RBR) is the standard examination tool used across Canada for baby and child care. It consists of 12 exams (from within one week to five years of age).

In Wolf EMR, you can access RBR exams on the Vitals Entry window, in the **Structured Examinations** drop-down list.

> **Note**: Your administrator must enable the use of RBR examinations for you to use the RBR structured examinations.

You can use the RBR examinations in visit encounters to document each stage of the child's development. Each examination template is broken into sections that correspond to the standard 2014 RBR format.

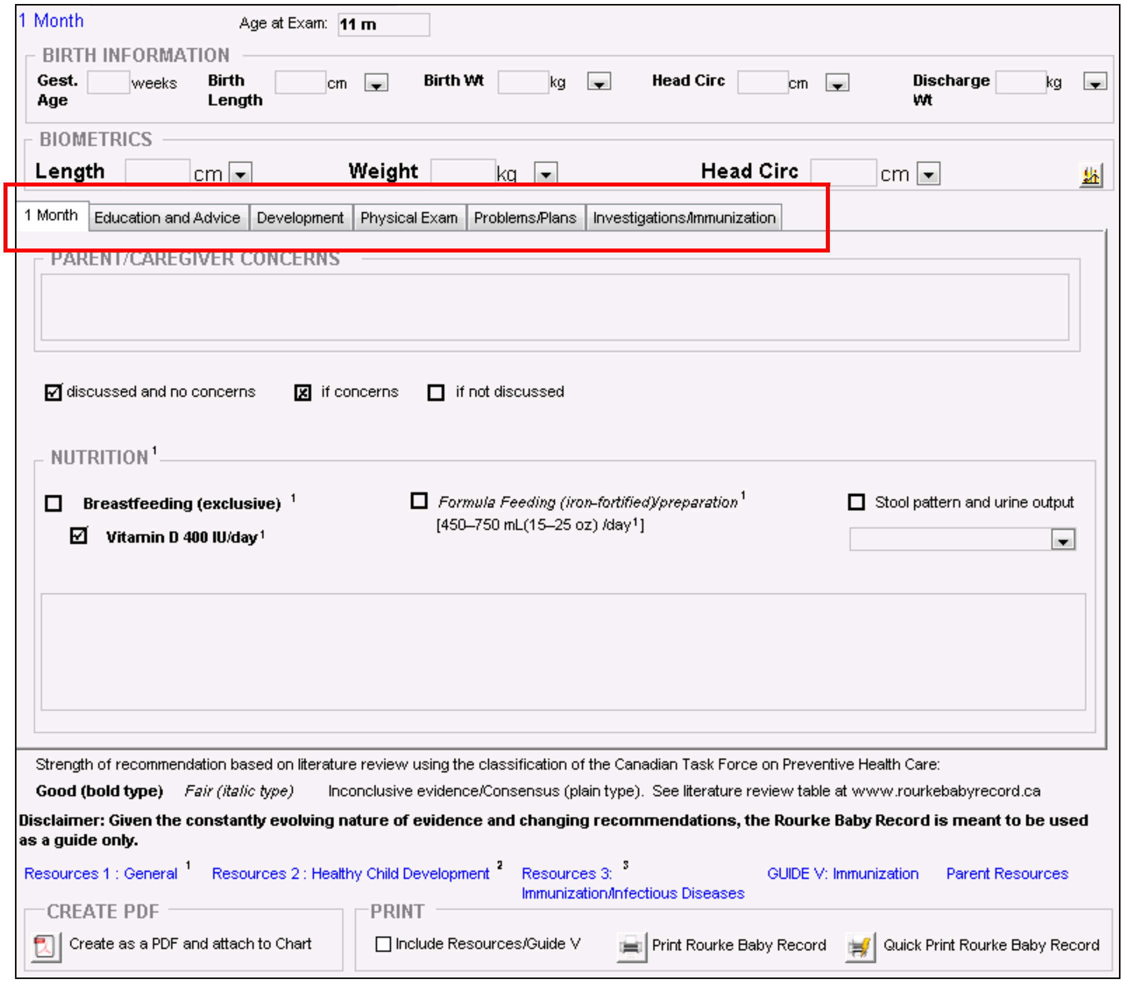
> **Tip**: The fields in the BIRTH INFORMATION section are synchronized with the related fields on the **Other Demographics** tab in the Patient Maintenance window; if you change these fields in RBR structured examinations, the EMR updates them in the Patient Maintenance, and vice versa.

> **Note**: The information you enter in a RBR structured examination is visible to the practitioner when they open the same RBR structured examination. The practitioner can modify the information you entered.

To record information in a Rourke Baby Record exam::

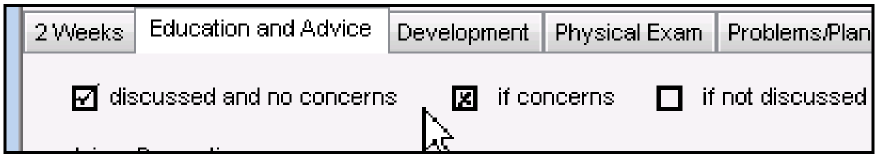
1. Open the Vital Entry window. See “Using the Vital Entry window” on page 241.
2. Click the **Vitals** tab.
3. In the **Structured Examinations** drop-down list, click the appropriate Rourke examination.
4. Enter the structured examination data and then close the window. Each Rourke examination has tabs for **<Age from name of exam>**, **Education and Advice**, **Development**,

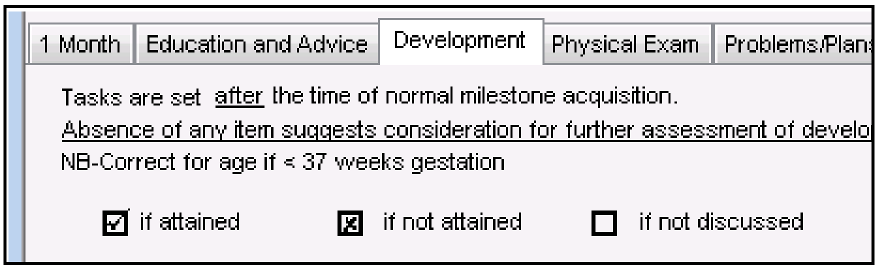
Physical Exam, **Problems/Plans**, and **Investigations/Immunization**. Click each tab and enter the associated information.



Note: The information you enter in the **Investigations/Immunizations** tab is not reflected in the patient's Vaccination Schedule or on the printed “GUIDE V: Immunization” RBR guide. To view the Vaccination Schedule, click the **View Vaccination Schedule** button.

Note: The check boxes on the **Education and Advice** and the **Development** tabs each support three different states (selected, crossed-out, and clear).





Click a check box to change the state.

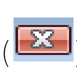
The state of the check box for certain fields is automatically carried over from previous visits. This helps to ensure you don't discuss the same subject (for example, car seat safety) on each visit. The time period (that is, for how long) that a field's state is carried over depends on the specific field.

5. Optionally, perform one or more of the following actions:

   - To save RBR exam to the patient's chart, click **Create as a PDF and attach to Chart** (). The EMR saves the RBR exam as a PDF in the **Documents** tab of the patient's Medical Summary. The document's **Content Type** is **Rourke Baby Record**.

Tip: You can attach your Rourke Baby Record notes to a referral only if you save them as a PDF in the **Documents** area of the patient's Medical Summary.

   - To print or fax the RBR to a selected printer or fax, click **Print Rourke Baby Record** ().
   - To print the RBR exam to your default printer, click **Quick Print Rourke Baby Record** ().

6. Click to save your changes and close the window, click **Close** ().The EMR returns you to the Vital Entry window.

Chapter 7

Electronic requisitions and forms (SMART forms)

In this chapter you learn how to complete electronic versions of requisitions and other forms using Wolf EMR SMART forms. SMART forms are Microsoft Word-based form templates. Wolf EMR contains hundreds of SMART forms for the most commonly used provincial and local forms (including lab and diagnostic imaging requisition forms). You use SMART forms to order labs and other investigations.

SMART forms are centralized in the WOLF database, and are available to all Wolf clients. If the Wolf development team creates a SMART form, the form automatically becomes available on your SMART forms list.

You can define which SMART forms are your favourites, making it easier to access your commonly used forms.

Using SMART forms

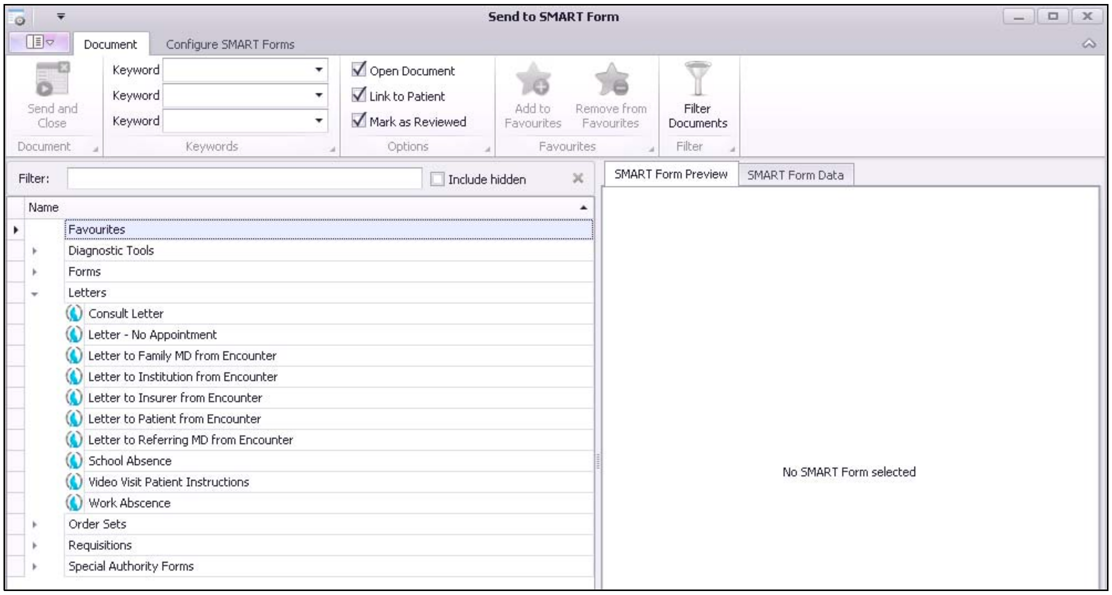
You can open and fill out a SMART form from almost any window related to a patient. Once opened, you “fill-out” the form by selecting check-boxes and entering data in text fields. You can then print or fax the form.

Opening SMART forms

To open a SMART form:

1. On any window related to a patient’s record (for example, the Medical Summary window or Vital Entry window), right-click and then, in the SMART menu, click one of the following options:
   - **New Requisition**: To select from SMART forms categorized as requisition forms.
   - **SMART Forms**: To select from all available SMART forms in your system.
   - **Favourite Requisition**: To select from SMART forms categorized as requisition forms and identified as favourites. See “SMART form favourites” on page 313.
   - **Favourite Order Set**: To select from order set SMART forms identified as favourites. See “Order Sets” on page 317.

The EMR opens the Send to SMART Form window with a list of SMART forms displayed in expandable categories.



2. In the list of SMART forms, expand the category of forms you want to view, (if not expanded already), and click the form. The EMR displays the selected form on the right side of the window.
3. If you cannot find the form you want:
   a) In the **Filter** field, enter a search term. (For example, "MRI".) The EMR filters the list of SMART forms to display only SMART forms containing your search term.

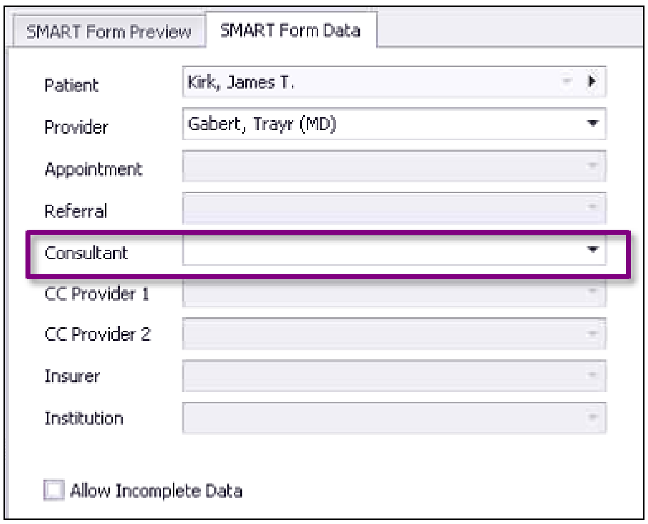
Tips for entering search criteria

- To find a lab requisition, enter the word "**Lab**"
- To find a diagnostic imaging requisitions, enter "**DI**" or "**Imaging**".
- SMART forms are named by region (for example, "**AB Cg"**), or company/type (for example, "**CDC**", or "**MIC**"). Try entering these terms to find a form specific to a certain region or company.

   b) In the filtered list of SMART forms, click the form you want. The EMR displays your selected form on the right side of the window.

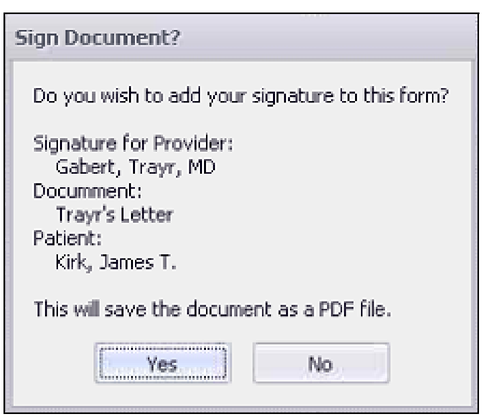
4. If the SMART form is programmed to pull information from the patient's record, but the information is not available in the current patient's record, the EMR displays a dialog box similar to the following.

and then displays the SMART Form Data tab, where you can enter the missing data.



Enter the missing data in the fields provided, or, to produce the SMART form without the missing data, select the **Allow Incomplete Data** check box.

5. If the SMART form contains an electronic signature, the EMR displays a dialog box with a prompt similar to the following.



To insert your signature, click **Yes**.

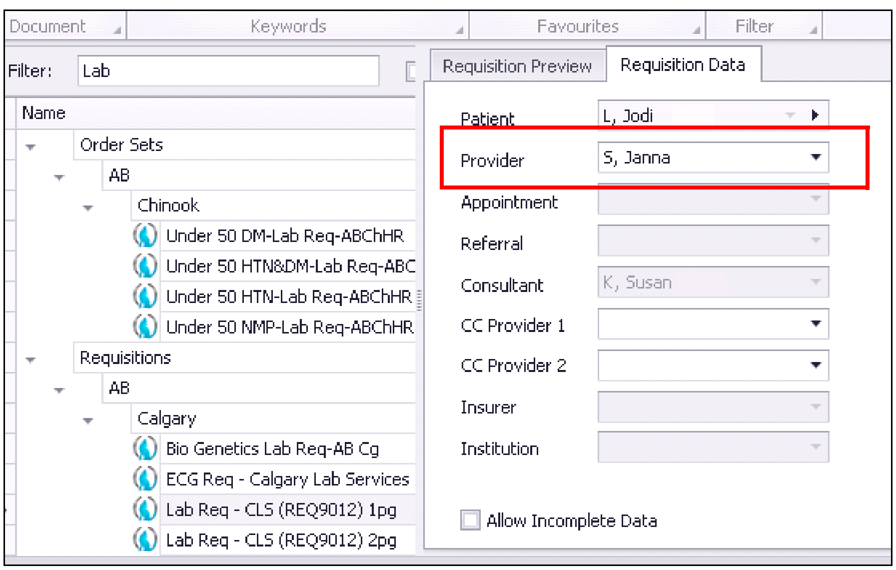
6. Click **Send and Close** (). The EMR opens the form in Microsoft Word.

Changing the practitioner name on SMART forms

When you open a SMART form, the EMR populates the form with the name of the patient's primary practitioner. However, if the patient's appointment is not with their primary practitioner, you need to change the practitioner name that populates the SMART form. For example, if you are completing a Drivers Medical SMART form, and the patient's primary practitioner is not seeing the patient, you can change the practitioner name on the SMART form. You change the practitioner name after you select the SMART form, but **before** you open the form by double-clicking it or clicking **Send and Close**.

To change the practitioner name on SMART forms:

1. Find and click the SMART form you want to open. See Step 1 to Step 3 in "Opening SMART forms" on page 307.
2. In the right pane, click the **SMART Form Data** tab or the **Requisition Data** tab.
3. In the **Provider** drop-down list, click the practitioner with whom the patient has an appointment.

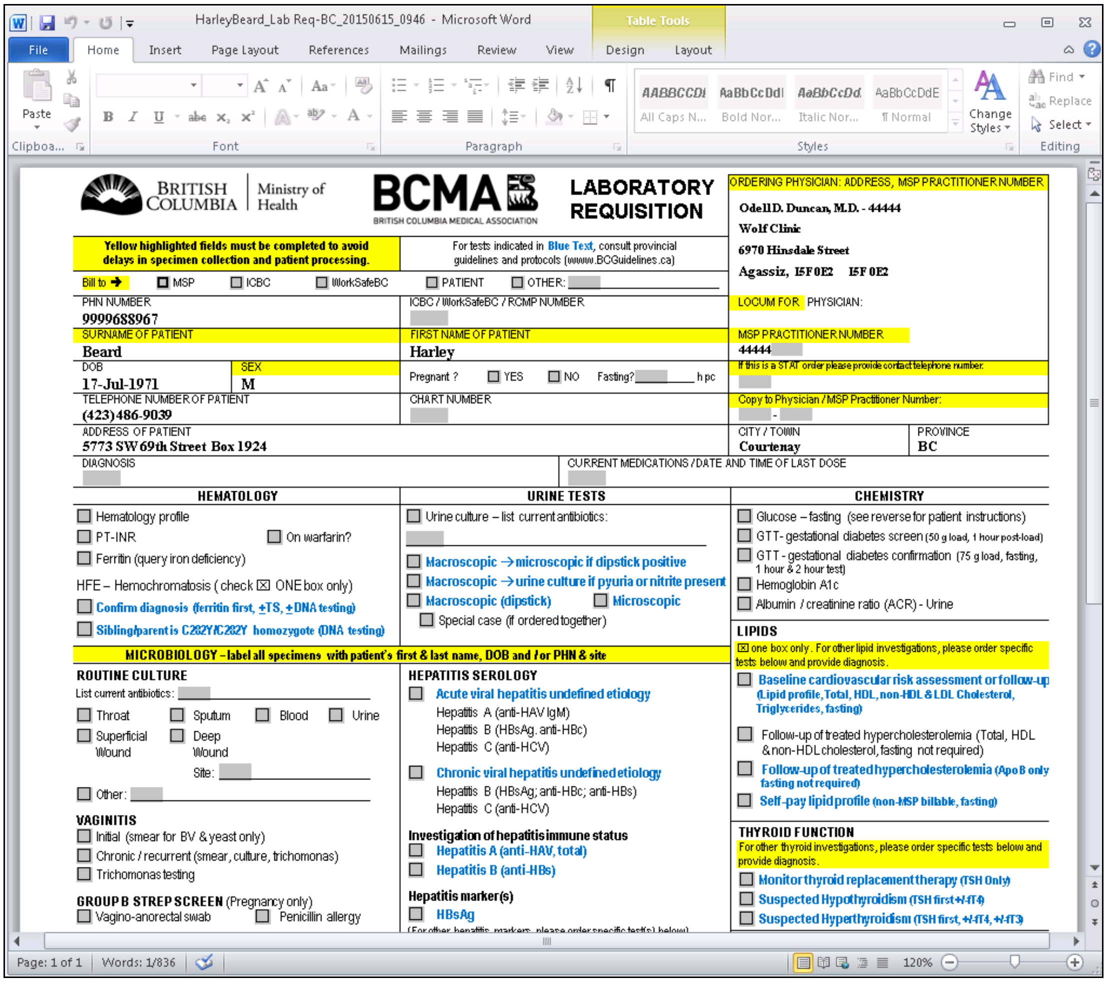


4. Click **Send and Close** (). The EMR opens the SMART form with the selected practitioner populated.

Completing SMART forms

To complete a SMART form:

1. Open the form. See "Opening SMART forms" on page 307. The EMR opens the SMART form in Microsoft Word, with editable check boxes and fields highlighted in grey.



2. Select any check boxes you want, and enter text into fields highlighted in grey.

> **Note**: You cannot edit text or other items on the form that are not highlighted in grey. For example, you cannot edit a patient's address on the SMART form. You must edit the address in the Patient Maintenance window.

3. To save the form, click **Save** (), or press **Ctrl + S**. The EMR saves the completed SMART form in the **Documents** area of the patient's Medical Summary.

4. To print or fax the form:

   a) In the Microsoft Word menu, click **File** > **Print**. Microsoft Word displays the print properties window.

   b) In the printer drop-down list, click the print or fax machine you want.

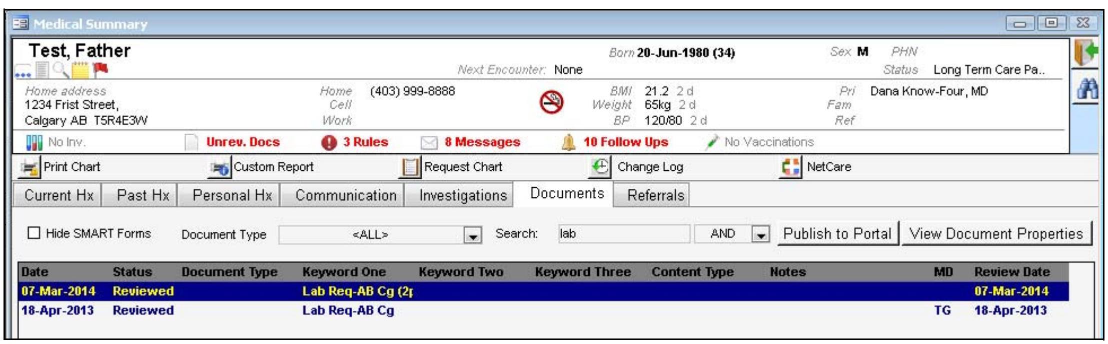
c) Click **Print** ().

Referencing previously completed SMART forms

After you complete and save a SMART form, the EMR saves the SMART form in the patient's chart. You can reference or reprint the form as needed.

To view a previously completed SMART form for a patient:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Documents** tab. The EMR displays a complete list of all of a patient's documents and SMART forms.
3. In the **Search** field, enter a word that you know is in the SMART form's name, (for example, "lab"). The EMR filters the list to display only documents and SMART forms that contain the search term.



4. In the filtered Documents list, double-click the form you want. The EMR opens the SMART form in Microsoft Word.

Tip: At this point, you can add to or edit information in the SMART form if needed. If you save your changes, the previous version is overwritten in the patient's Documents.

Note: If the practitioner has an eSignature on the form, the form is saved in the **Documents** tab as an un-editable PDF. You therefore cannot edit forms that contain eSignatures.

5. To print the form:

   a) On the Microsoft Windows menu, click **File** > **Print**. Microsoft Word displays the print properties window.

b) In the printer drop-down list, click the print or fax machine you want.

a) Click **Print** ( ).

SMART form favourites

Wolf EMR contains hundreds of SMART forms. With so many forms, it can be difficult to find the form you want. To make common SMART forms easy to find, designate these SMART forms as favourites. Favourite SMART forms display at the top of your SMART forms list. You can also open favourite SMART forms using the **Favourite Requisition** option on the SMART menu.

You can add SMART forms to or remove SMART forms from your favourite's list when you open SMART forms for patients (via the Send to SMART form window).

> **Note**: If you remove a Clinic Favourite from your favourites list, the SMART form will still display on the favourites list of other users in the clinic.

To add a SMART form to or remove a SMART form from your favourites list:

1. Open the Send to SMART form window and then, in the left pane, click the form. See Step 1 to Step 3 in "Opening SMART forms" on page 307.
2. At the top of the window, click one of the following options:

- **Add to Favourites** ( )

- **Remove from Favourites** ( )

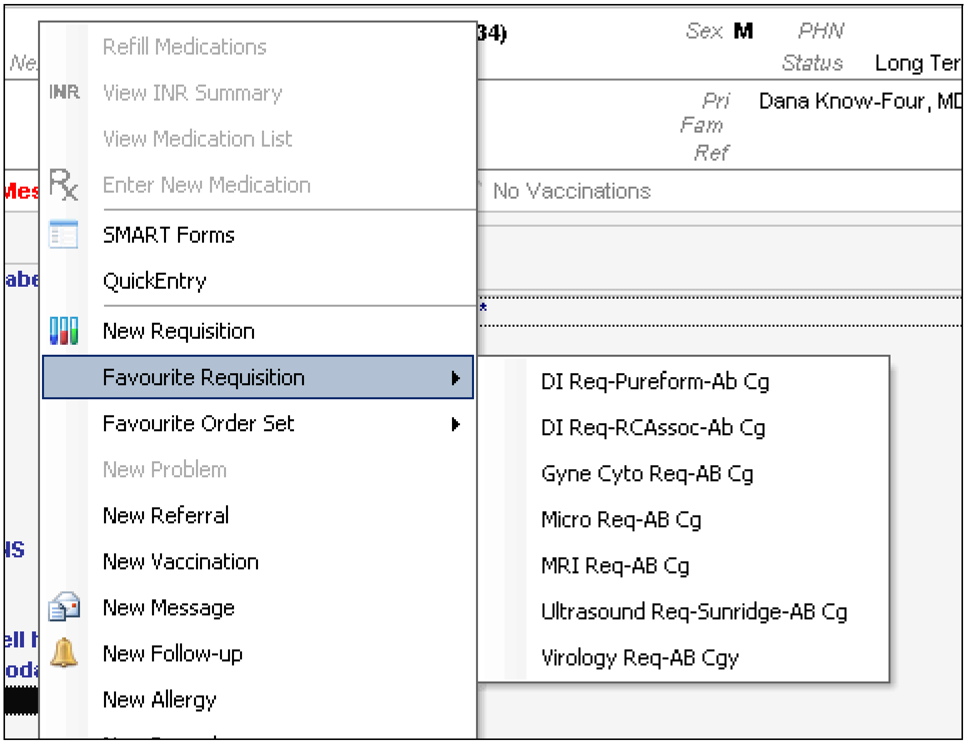
Tip: You can also add and remove SMART form favourites without having to open a SMART form for a patient (via the Wolf EMR Maintenance):

1. On the Wolf EMR Launch page, click the **Maintenance** tab.
2. Click **Configure My SMART Forms** ( ). The EMR displays the Configure My SMART Forms window, with a list of available SMART forms displayed in the left column.
3. Click the form, and then click **Add to Favourites** ( ) or **Remove from Favourites** ( )

Using your favourite SMART forms

To use a favourite SMART form:

1. On any window related to a patient's record (for example, the Medical Summary window or Vital Entry window), right-click and then, in the SMART menu, hover your cursor over **Favourite Requisition**. The EMR displays a list of your Favourite SMART forms.



2. Click the form that you want. The EMR opens the form in Microsoft Word.
3. Complete and print the form. See "Completing SMART forms" on page 310.

Tip: Your favourite SMART forms also display at the top of your SMART forms list in the Send to SMART Form window.

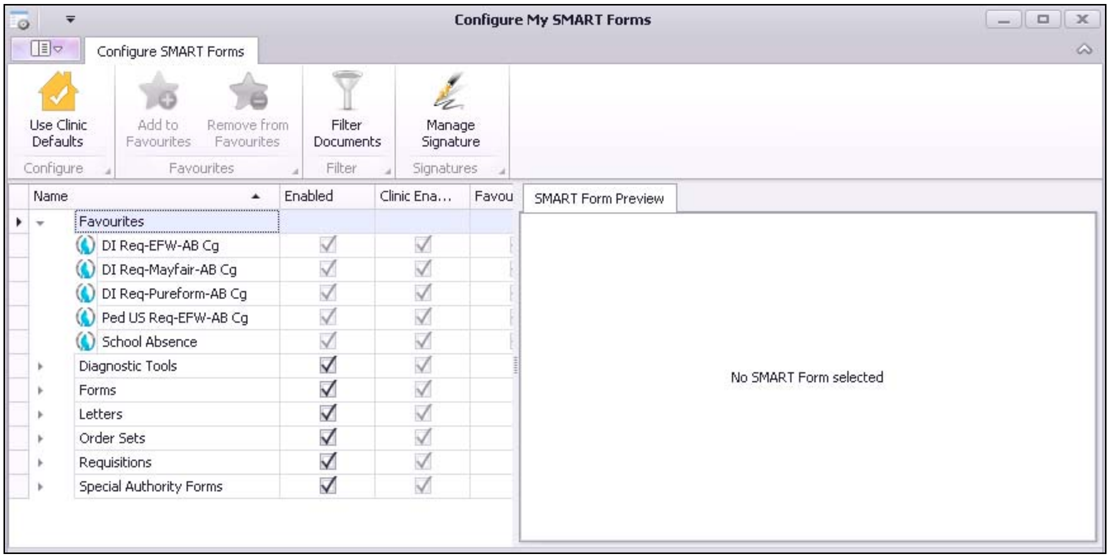
Hiding SMART forms

If there are forms in your clinic's list of SMART forms that you know you will never use (for example, forms from another region), you can hide those forms from your list. In hiding these forms, it becomes easier to find forms that you do use.

To hide a SMART form:

1. On the Wolf EMR Launch page, click the **Maintenance** tab.

2. Click **Configure My SMART Forms** (). The EMR displays the Configure My SMART Forms window, with a list of available SMART forms displayed in the left column.



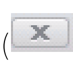
3. If your list of forms is extensive and you cannot find the form you want:

   a) Click **Filter Documents** (). The EMR displays a **Filter** field above your SMART form list.

   b) In the **Filter** field, enter a search term. (For example, “MRI”.) The EMR filters the SMART form list to display only SMART forms containing your search term.

4. In the filtered SMART forms list, click the form you want. The EMR previews the form in the right pane.

5. In the list of SMART forms, beside the SMART form you want to hide, clear the check box in the **Enabled** column.

6. When you are finished hiding SMART forms, click **Close** ().

Tip: If you later decide that you want the SMART form to display on your list of SMART forms, you can enable the SMART form by selecting the **Enabled** check box.

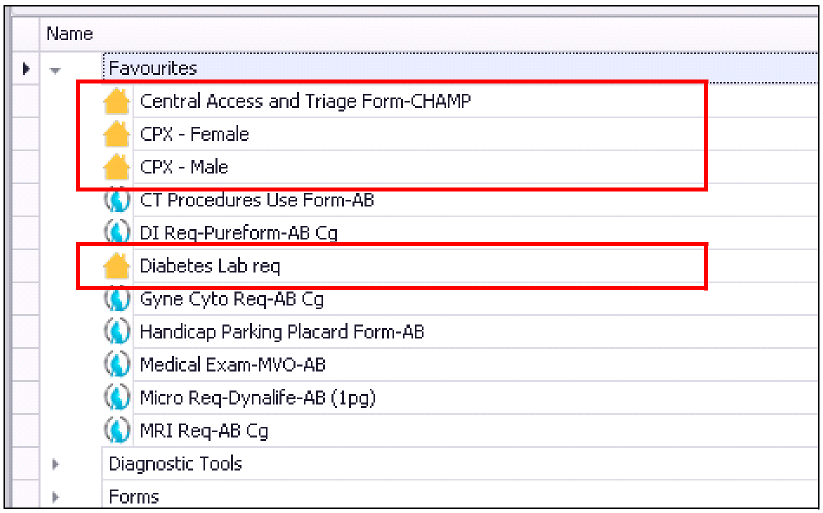
Order Sets

If you fill out certain requisition forms with similar information for specific groups of patients (for example, you select the same core base of lab tests for most diabetic patients), you can create customized copies of these SMART forms with check-boxes and text fields pre-populated.

Also, if you commonly complete a set of requisition forms together, you can customize SMART forms to combine multiple requisition forms, enabling you to open all forms together in one click.

Customized versions of SMART forms are called Order Sets. You can create as many Order Sets as you want for one form.

Order Sets display as “house forms” (with a house icon) in your list of SMART forms.



Note: House forms are forms that have been created or modified by your clinic. These forms are not maintained or updated by TELUS Health.

When you open an Order Set SMART form for a patient, you can edit the pre-populated data as needed before printing and saving the form.

For more information on how to create an order set, see the **Wolf EMR SMART Forms User Guide**.

Using Order Sets

To use an order set:

1. On any window related to a patient’s record (for example, the Medical Summary window or Vital Entry window), right-click and then, on the SMART menu, click one of the following options:
   - **New Requisition**: To view only SMART forms categorized as requisition forms.
   - **SMART Forms**: To view all available SMART forms in your system.

- **Favourite Order Sets**: To view only order set SMART forms defined as favourites.

  The EMR displays the Send to SMART Form Window with a list of available SMART forms displayed in the left column.

2. In the list of available SMART forms expand the **Order Set** folder, and then click the form you want. The EMR displays your selected form on the right side of the window.
3. Complete the SMART form. See "Completing SMART forms" on page 310.

Printing patient labels

After you complete and print a requisition form, you can print a corresponding patient label for the accompanying lab sample or for the form itself.

You can print a patient label from the patient's medical record (via the SMART menu), from the patient's appointment, or from the Patient Maintenance window. See "Printing a patient label" on page 43.

Chapter 8

Clinic communications and tasks

In this chapter you learn how to create and manage messages and tasks. Wolf EMR contains an intra-office communication feature similar to e-mail. Using this feature, you can:

- Create messages for yourself and other clinic users
- Create follow-up tasks for yourself and other clinic users
- Manage all of your tasks and messages from a centralized location on your WorkDesk

This chapter also covers how you can manage the following tasks from the **Clinical Queues** area on your WorkDesk:

- Patients you need to notify for a follow-up appointment
- Patient Rule Matches
- Incomplete WCB Reports
- Charts you need to pull
- Patients who are overdue for a PAP/Mammogram procedures outside of guidelines
- Clinical finding notifications

Creating messages

In Wolf EMR, you create messages primarily to:

- Inform users that they have received calls from patients, patient family members, external consultants (specialists), and so on.
- Notify clinic members of upcoming events (such as staff meetings), policy changes, and other non-patient related notifications.

You can create a message from your WorkDesk or from a patient's record. You can create a message regarding a specific patient, or you can create a non-patient message.

Messages regarding patients are saved in patient records, both in the **Communication** tab of the Medical Summary, and in the encounter list. The SMART patient banner also displays a notification if a patient has any outstanding messages.

Creating messages regarding patients

To create a message regarding a patient: (If a patient's chart is not currently open)

1. Perform one of the following actions:
   - If you have any window of the patient's record open (for example, the Vital Entry window or the Medical Summary), right-click and then, on the SMART menu, click **New Message**.
   - If you do not have the patient's record open:

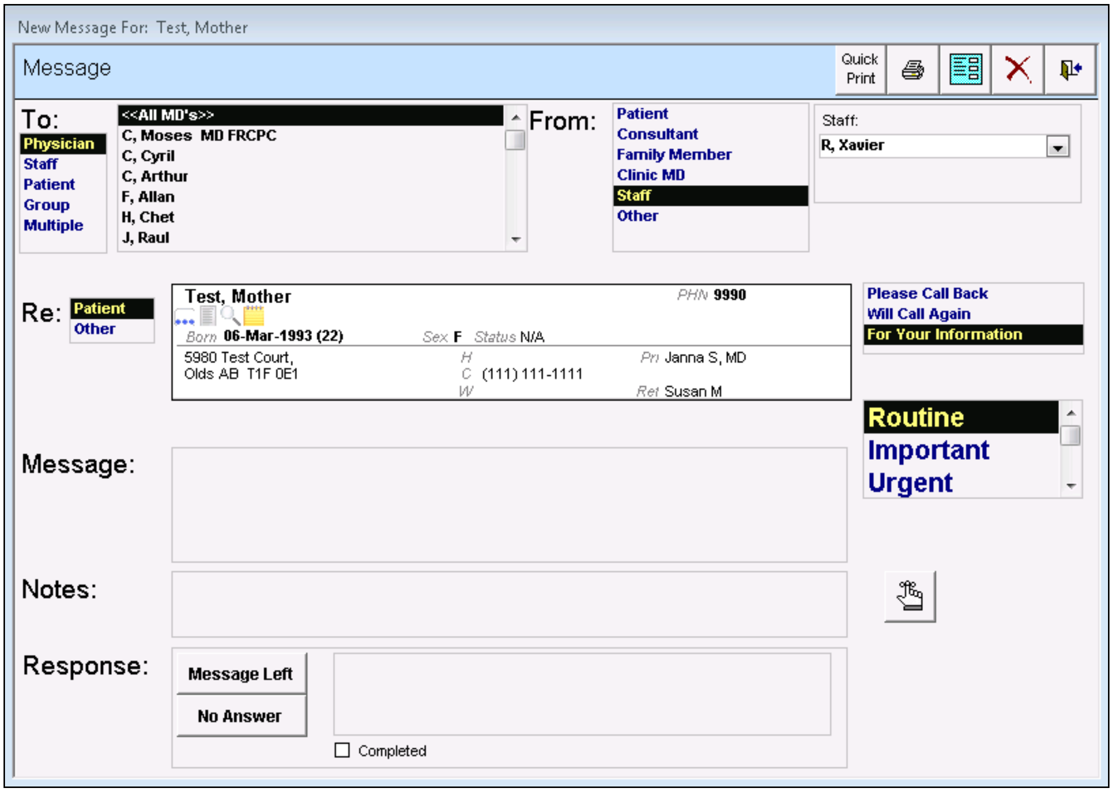
     a) On the WorkDesk, in the **Messages** area, click **Enter New Message**( ). The EMR displays a dialog box with the following prompt: "Patient Message? - SELECT YES, Intraoffice Message Not Related to a Patient - SELECT NO"

     b) Click **Yes**. The EMR displays the Patient Search window.

     c) Search for and select the patient.

   The EMR displays the New Message window with:

   - The **From** field defaulted to **Staff** and your name selected in the **Staff** drop-down list.
   - The **Re** field defaulted to **Patient**.
   - The patient's **SMART Patient Banner** displayed in the middle of the window..



Best practice: Always double check the **SMART Patient Banner** on the message to ensure that you selected the correct patient. Once a message is sent, it is permanently associated with the selected patient's chart (you cannot delete it).

Tip: If you want to view detailed information about the patient, in the middle of the New Message window, click on the SMART patient banner. The EMR displays the patient's Medical Summary.

2. In the **To** area, click the type of recipient you want to send the message to. The EMR displays a list of associated users and groups.

The following table describes the different user types available in the **To** list, and how they affect the user list you can choose from:

<table>
<tr><th>Recipient type</th><th>Result</th></tr>
<tr><td>Physician</td><td>All practitioners display.

You can send a message a specific practitioner or to All MD’s.

Note: If you send a message to All MD’s, only one message is created. After one of the recipients views and completes the message, it disappears from all other users' message lists.</td></tr>
<tr><td>Staff</td><td>All MOAs, and other front end staff display.

You can send a message a specific staff member or to All Employees (all staff members).

Note: If you send a message to All Employees, only one message is created. After one of the recipients views and completes the message, it disappears from all other users' message lists.</td></tr>
<tr><td>Patient</td><td>No user’s receive the message on their message list, so NO users display in the list to the right. Instead, the EMR attaches the message to the patient’s Medical Summary, and any user can reference and complete the message from there.

Tip: Use Patient as the recipient type when you are creating a message to document calls made to patients. See “Creating a message to document a call made to a patient” on page 328.

Note: Commonly used as “reminders” to perform tests or treatments on, or provide council to a patient during their next visit.</td></tr>
</table>

<table>
<tr><th>Recipient type</th><th>Result</th></tr>
<tr><td>Group</td><td>All messaging groups display.

If you send a message to a group, all users belonging to that group can view the message. By default, after one user completes the message, the message disappears from the message list of ALL group members. (For example, you send a message to all MOAs to perform a task, but you only require that one person actually completes the task.)

If you want each user in the group to view and complete the message individually, select the Resolve groups to individual addresses check box. (For example, there is a staff meeting this week and you want all clinic members to know.)

For information on how to use and create messaging groups (security groups), see Wolf EMR Online Help.</td></tr>
<tr><td>Multiple (AB and BC)</td><td>All practitioners and front end staff display. Click each user you want to send the message to.

Note: The message is sent to the selected users for each to view, and complete individually.</td></tr>
<tr><td>Multiple (NWT))</td><td>When you click this option, the EMR displays the following:

■ Create a copy for each recipient check box (selected by default): The functionality of this check box is the same as that of the Resolve groups to individual addresses check box (when To: “Group” is selected): if this check box is not selected, then when any recipient marks the item as completed, it is marked as completed for all recipients.

■ Address Book button: Use the Address Book to select the recipient(s) of the message. See “Using the Address Book (NWT only)” on page 326.</td></tr>
</table>

3. In the list of users and groups, click the user(s) you want to send the message to.
4. To send the message on behalf of someone else:
   a) In the **From** list, click the type of sender for the message. The EMR displays different fields, to the right of the **From** list, depending on your selection.
   b) In the field to the right of the **From** list, specify a name or facility.

The following table describes the **From** options, and case examples for each option.

Origin type	Fields displayed	Purpose and case example
Patient	The EMR displays a Patient Search window. Search for and select the patient.	Indicates that the recipient is to follow up with the patient directly. **Example**: A patient wants more information on diabetic programs available in your city. You don't have the information readily available now, so send you yourself a message to provide the information to the patient during their next visit.
Consultant	The EMR displays a **Consultant** drop-down list. Search for and select a consultant's name.	Indicates that the recipient is required to contact a consultant. **Example**: A consultant's office leaves you a phone message indicating that they require a patient's diagnostic reports before they can book an appointment. You send a message to yourself as a reminder to fax the reports to the consultant's office.
Family member	The EMR displays a **Name and Phone** text field. Enter the family member's name and phone number.	Indicates that the recipient is required to contact a patient's family member. **Example**: A practitioner sends you a message, requesting that you contact the daughter of one of their geriatric patient's.
Clinic MD	The EMR displays a **Clinic MD** drop-down list. Select a practitioner's name.	Indicates that a clinic practitioner is the message sender, and that any replies are to be made to that sender.
Staff	The EMR displays a **Staff** drop-down list. Select a front-end-staff member's name.	Indicates that a front end staff member is the message sender, and that any replies are to be made to that sender.

Origin type	Fields displayed	Purpose and case example
Other	The EMR displays a **Name and Phone** text field. Enter the person's name or facility and phone number.	Indicates that the message recipient is to contact an individual or facility (that is not a consultant, or family member.) **Example**: You send a message to yourself to follow up with a diagnostic imaging centre on the status of a report a practitioner is waiting for.

5. In the **Re** area, click one of the following options:
   - **Please Call Back**
   - **Will Call Again**
   - **For Your Information**
6. In the **Priority** list, located below the **Re** line, click one of the following options:
   - **Routine**: The EMR displays the message at the bottom of the recipient's message list.
   - **Important**: The EMR displays the message in the recipient's message list in red, with an asterisk (*****) in the first column, and lists the message above **Routine** messages in the list.
   - **Urgent**: The EMR displays the message in the recipient's message list in red, with an exclamation mark (**!**) in the first column, and lists the message at the top of the list.

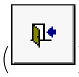
Note: If you select **Urgent**, the EMR displays an Urgent Message pop-up window on the WorkDesk of the recipient. The receiver must have the WorkDesk open in order to see the pop-up. This pop-up window re-appears about every 10 minutes for front end staff, and every 1 minute for practitioners, until the recipient completes the message.

Best practice: Mark a message as **Urgent** only if the recipient must address the message right away.

7. In the **Message** field, enter the text of your message.
8. If you have not performed any actions toward the completion of a task requested in the message, leave the **Notes**, and **Response** fields blank.

Note: The **Notes** and **Response** fields of the message are generally reserved for recipients to add notes on updates and actions they have done to complete a task.

If you do complete actions toward the task, then you can input your actions in the **Notes** and **Response** fields. The recipient can see and add to these notes.

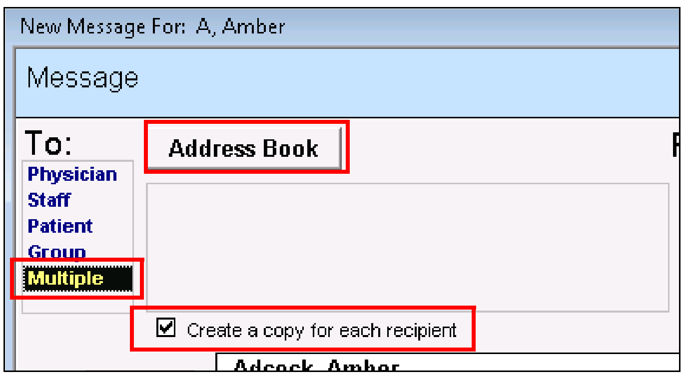
9. Click **Save & Close** ().

Using the Address Book (NWT only)

When you create a message, you can use the Address Book to specify multiple message recipients.

To use the Address Book:

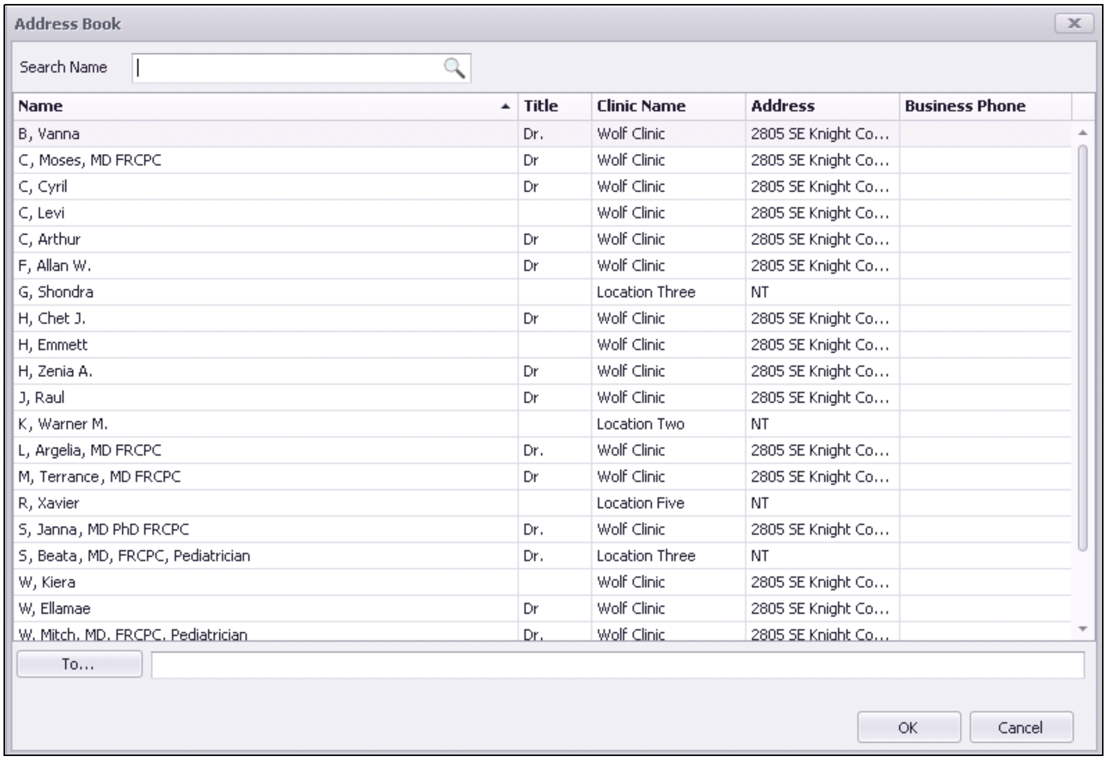
1. Start a message. See Step 1 in "Creating messages regarding patients" on page 320.
2. In the **To** field, click **Multiple**. The EMR displays the **Create a copy for each recipient** check box (selected by default), and the **Address Book** button.



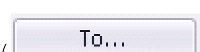
> **Note**: If the **Create a copy for each recipient** check box is selected, each recipient views and completes the message individually.

3. If you want the EMR to mark the message as completed for all recipients when any recipient marks the item as completed, clear the **Create a copy for each recipient** check box.

Click **Address Book**. The EMR displays the Address Book window with a list of all the active staff and practitioner users.



4. **(Optional)** To search for a person, in the **Search Name** field, enter part of their name (first or last) or other information (for example, their specialty). As you enter the text, the EMR filters the list to display only matching recipients.
5. Specify the message recipients. Use any of the following methods:
   - Click a person and press **Enter**. Repeat for each recipient.
   - Double-click a person. Repeat for each recipient.
   - To select more than one person, hold down the **Control** key, click each person and then press **Enter**.
   - To select more than one person, click the first person, hold down the **Shift** key, click the last person and then press **Enter**.

Tip: After you select your recipients, you can click **To** (

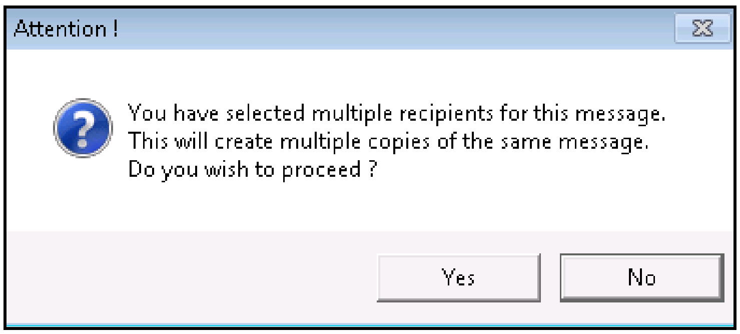
) instead of pressing **Enter**.

6. To remove a person from the recipients list, perform one of the following actions in the **To** field:
   - Click a name and then, on your keyboard, press **Delete** or **Backspace**.

- Place your cursor to the right of the person's name and then, on your keyboard, press **Delete** or **Backspace**.

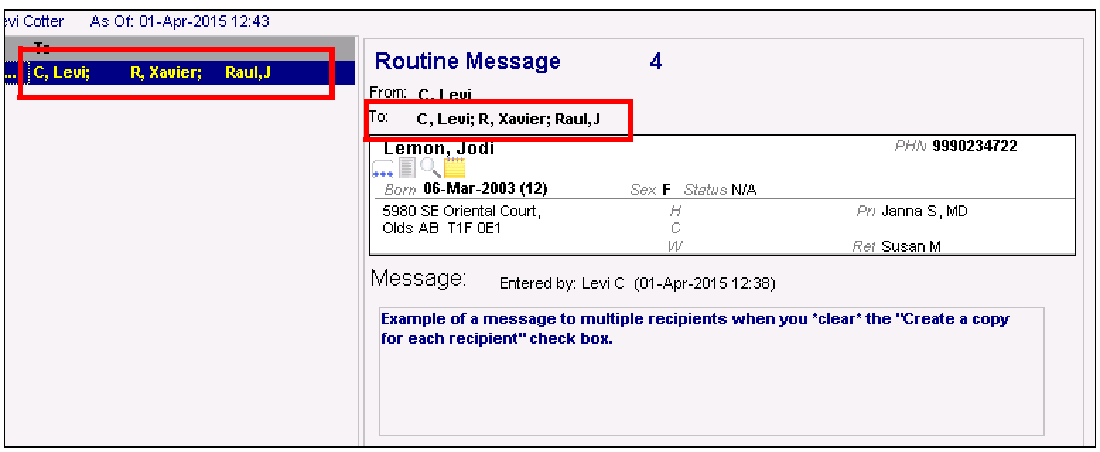
7. When you finish adding recipients, click **OK**. The EMR closes the Address Book window.
8. Complete the message. See Step 4 to Step 9 in "Creating messages regarding patients" on page 320.

Note: If the **Create a copy for each recipient** check box was selected, the EMR displays the following dialog box:



9. Click **Yes**.

Note: When you use the "**To: Multiple**" option and you clear the **Create a copy for each recipient** check box, the **To** column and field show the recipients of the message.



Creating a message to document a call made to a patient

Since the EMR attaches messages regarding patients to their Medical Summary, you can create messages to document calls made to a patient (or any other tasks you completed for the patient). You, and other users, can then refer to these completed tasks in the patient's Medical Summary.

Tip: You can easily reference messages that document completed tasks in the patient's Medical Summary under the:

- **Current Hx** tab, in the **Encounters** list
- **Communication** tab, in the **Messages** list

When you create the message, ensure that you select **Patient** as the recipient type in the **To** field. After you document the call you made (or other tasks you completed), select the **Completed** check box in the **Response** area of the message.

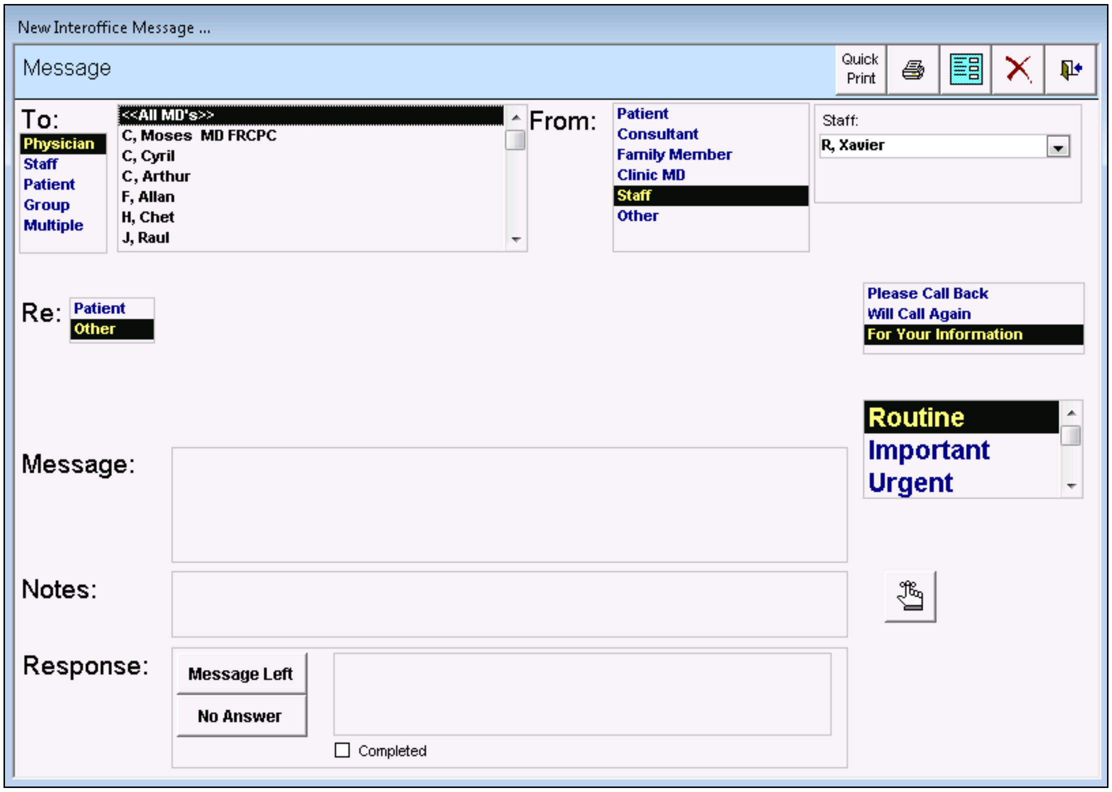
To create a message to document a call made to a patient:

1. Start a message. See Step 1 in "Creating messages regarding patients" on page 320.
2. In the list of recipient types in the **To** field, click **Patient**.
3. In the **Message**, **Notes** and **Response** areas document the call you made or other tasks you completed for the patient.
4. In the **Response** area, select the **Completed** check box.
5. Click **Save & Close** ( ) to save the message to the patient's Medical Summary.

Creating a message that is not associated with a patient

To send a message that is not associated to a patient:

1. In the **Messages** area of your WorkDesk, click **Enter New Message** ( ). The EMR displays a dialog box with the following prompt: "Patient Message? - SELECT YES. Intraoffice Message Not Related to a Patient - SELECT NO"
2. Click **No**. The EMR displays the New Message window, with:
   - The **From** field defaulted to **Staff** and your name in the **Staff** drop-down list.
   - The **Re** field defaulted to **Other**.
   - **For Your Information**, selected on the **Re** line.



3. In the **To** area, click the type of recipient you want to send the message to. The EMR displays a list of associated users and user groups.
4. Click the user(s) you want to send the message to. For more information, see the table in Step 3 of "Creating messages regarding patients" on page 320. This table describes the different user types available in the **To** list, and how they affect the user list you can choose from.
5. To send the message on behalf of someone else:
   a) In the **From** list, click the type of sender for the message. The EMR displays different fields, to the right of the **From** list, depending on your selection.
   b) In the field to the right of the **From** list, select or enter a name or facility.
6. In the **Re** field, leave **Other** selected.
7. Complete the message as you would for a patient-related message. See Step 5 to Step 9 in "Creating messages regarding patients" on page 320.

Creating follow-up tasks

Follow-up tasks are similar to messages in how they are created and used, however, they are created primarily to:

- Instruct or remind a staff member or practitioner to call a patient or schedule a return appointment (recall).
- Serve as a reminder in a patient's record for a practitioner to talk to the patient about a particular test result, treatment option, life style advice, or any other matter pertaining to the patient's health.

Note: Because follow-up tasks serve such a specific function, they have fewer options than Messages do. For example:

- You cannot send follow-up tasks to several users at once to complete individually. You can send a follow-up task only to a single user or security group. As soon as one member of the recipient group views and completes the task, the task disappears from the follow-up list of all group members.
- Follow-up tasks have fewer **From** options, than messages do. You cannot indicate that the message is originating from a patient, family member, consultant, or any other external source (unless you directly write it in the **Follow-up Reason** field.)

To create a follow-up task:

1. Perform one of the following actions:
   - If you have any window of the patient's record open (for example, the Vital Entry window or the Medical Summary), right-click and then, on the SMART menu, click **New Follow-up**.
   - If you do not have the patient's record open:

     a) On the WorkDesk, in the **Follow Up Tasks** area, click **Enter New Follow-up** ( ). The EMR displays a dialog box with the following prompt: "Patient Follow Up?"

     b) Click **Yes**. The EMR displays the **Patient Search** window.

     c) Search for and select the patient.

The EMR displays the Follow-ups window.

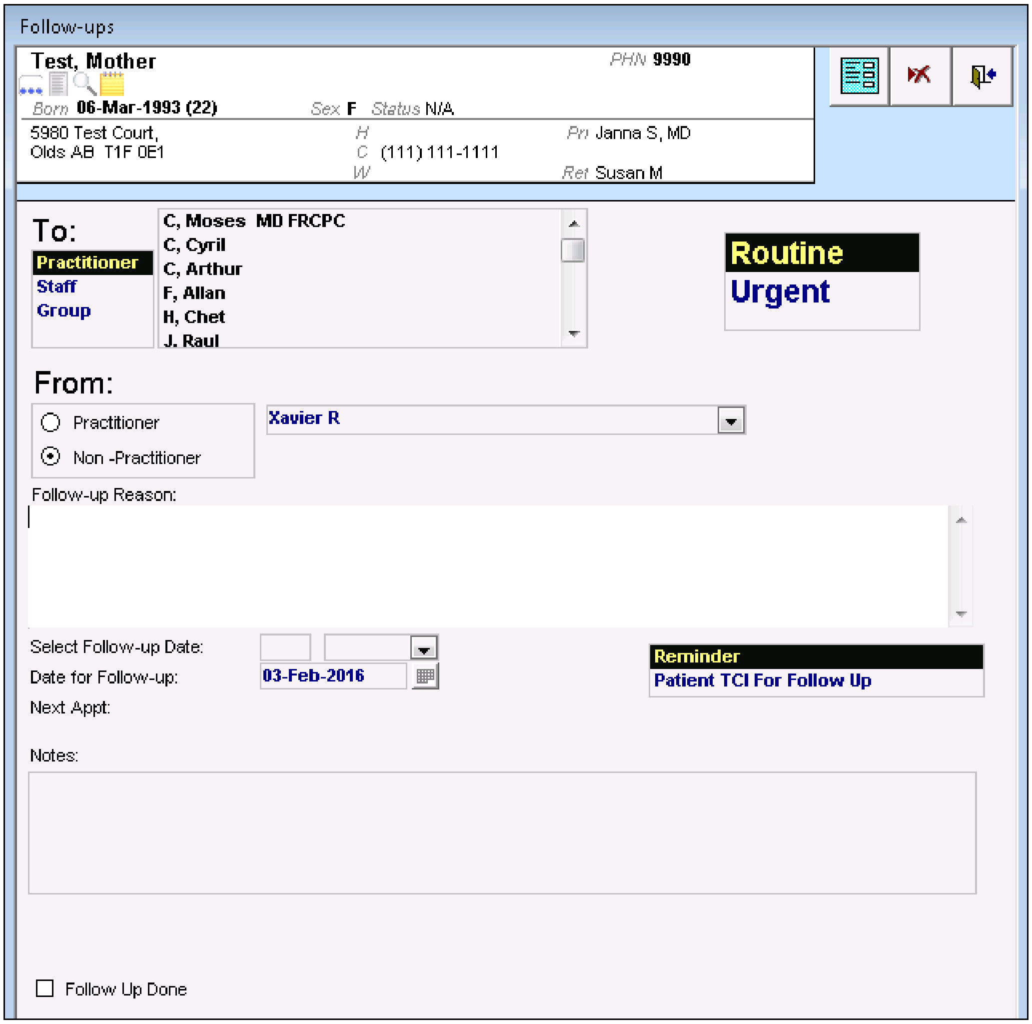
Note: You can also start a follow-up from a message. At the top of the Message window, click **Create New Follow Up Based on Message** ( ).

Use case: A practitioner sends you a message to contact a patient regarding an abnormal lab result. You call the patient, but you discover that the patient has gone overseas for three months. On the message, you click **Create New Follow Up Based on Message** ( ) to create a follow-up task. You delay the due date of the task to three months from today.

The Follow-ups window displays:

- The patient's SMART patient banner.
- The **From** option defaulted to **Non-Practitioner** and your name selected in the drop-down list.
- The patient's next booked appointment date/time displayed beside **Next Appt**.

Best practice: Always double check the SMART patient banner on the follow-up task to ensure that you selected the correct patient. Once a follow-up task is saved, it is permanently associated with the selected patient's chart (you cannot delete it.)



Tip: If you want to view detailed information about the patient, at the top of the Follow-ups window, click the SMART patient banner. The EMR displays the patient's Medical Summary.

2. In the **To** area, click the type of recipient you want to send the follow-up task to. The EMR displays a list of associated users or groups.
3. Click the user or group you want to send the follow-up to.
4. The following table describes the user types available in the **To** list, and how they affect the user list you can choose from:

Recipient type	Result
Practitioner	All practitioners display. **Note:** You can only select one practitioner.

Recipient type	Result
Staff	All MOA's, and other front end staff display. **Note:** You can only select one front-end staff member.
Group	All security groups, programed into your system.

Note: Sending a follow-up to a group

If you send a follow-up to a group, all users belonging to that group can view the follow-up, however, once the message is completed by one user, the follow-up disappears from the follow-up list of ALL group members.

If you want each user in the group to view and complete the task individually, then create a message instead. See "Creating messages" on page 319.

5. To send the follow-up on behalf of someone else:
   a) Select one of the following options:
      - **Practitioner**: If the sender is a practitioner.
      - **Non-practitioner**: If the sender is an MOA or other front end staff member.

   b) In the drop-down list, select the sender.
6. In the **Priority** list, click one of the following options:
   - **Routine**: The EMR displays the follow-up at the bottom of the recipient's follow-up list.
   - **Urgent**: The EMR displays the follow-up in the recipient's message list in red, with an exclamation mark (**!**) in the first column, and lists the follow-up at the top of the list.

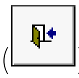
Best practice: Mark a follow-up as **Urgent** only if the recipient must address the follow-up right away.

7. In the **Follow-up Reason** area, enter the problem and reason for the follow-up.
8. If the due date is a day other than today:
   a) In the first **Select Follow-up Date** field, enter the number of days, weeks, months, or years when the follow-up is due.

   b) In the **Select Follow-up Date** drop-down list, select either: days, weeks, months, or years. The EMR displays the calculated date, based on the **Select Follow-up Date** fields, in the **Date for Follow-up** field.

Note: You can edit the **Date for Follow-up** field. Click **Calendar** () and then click the date you want.

9. In the **Notes** area, enter notes regarding actions you have taken toward completing the follow-up task. For example, “Informed patient during their visit that I will contact them to book an appointment if results are abnormal”.

10. Click **Save & Close** (). The follow-up displays in the recipient’s Follow-up List.

To Come In tasks

A To Come In task (also known as a Recall list) is a special type of follow-up task that practitioners can use to order a patient to come in for a visit.

Two actions occur when a To Come In task is created:

- You (MOA/Front end staff) receive a notification to contact the patient to book an appointment. The notification appears as a task in your **patients to notify** list in the **Clinical Queues** area of your WorkDesk. See “Managing your Patients To Notify list” on page 360.
- The practitioner receives a follow-up task, reminding them which topics to discuss with, or actions to perform on the patient when they come in for the follow-up visit.

> **Note**: The Follow Up Task also displays in the patient's SMART patient banner to remind the practitioner of topics to discuss or actions to perform.

As an MOA/Front end staff EMR user, you can create a To Come In type of follow-up task to accomplish the following two actions:

- Add patients to your **Patients To Notify** list, as a reminder to yourself to book the appointment.
- Create a follow-up task to remind the patient's practitioner to talk to the patient about a particular result, advice, or treatment options.

Some common instances that you can use To Come In tasks for, include:

- Following up with a patient on an investigation result.
- Following up with a patient on an over-due preventive care text. For example, an overdue pap smear, mammogram, or colonoscopy.

Creating To Come In tasks

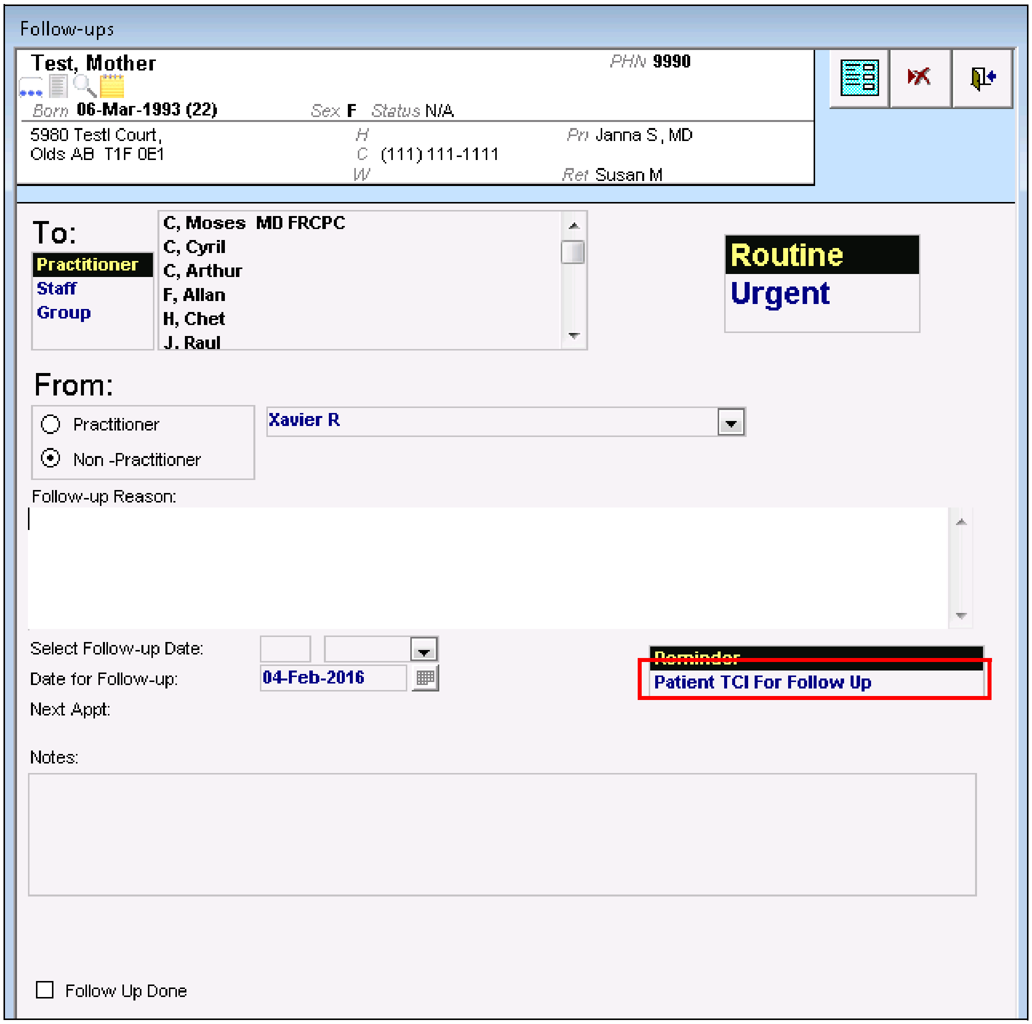
To add a patient to your Patients To Notify list, and to create a practitioner follow-up:

1. Start a follow-up task. See Step 1 in “Creating follow-up tasks” on page 331.
2. In the **To** field, click **Practitioner**, and then click the practitioner’s name in the list to the right.

3. Select the priority, reason, and due date for the follow-up. See Step 6 to Step 8 in "Creating follow-up tasks" on page 331.

Note: Enter a due date only if the follow-up is not due today.

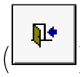
4. In the **Follow-up Type** list, on the right side of the follow-ups window, click **Patient TCI for Follow Up.** The EMR displays additional fields in the bottom right of the window.



5. In the **Notes** area, enter notes on actions you have taken toward completing the follow-up task.

6. Below the **Notes** area, click either **Routine** or **Urgent** as the priority. The selection defaults to the priority you set for the follow-up. The EMR displays the selected priority in your Patients To Notify list with the TCI task.

7. In the **Note** area, enter notes on any actions you have already taken toward completing the **patient to notify** task.

8. Click **Save & Close** (). The follow-up displays in the following locations:
   - On your WorkDesk in the **patients to notify** list, as a notification to contact the patient to book the appointment
   - In the practitioner's **Current Follow-up Tasks** list
   - On the Notification bar of the patient's Medical Summary, as a reminder to the practitioner to address the follow-up item with the patient during their appointment.

Managing your messages and follow-up tasks

You manage your messages and follow-up tasks from your WorkDesk. From here, you can:

- View your active and completed messages and follow-up tasks.
- Update or modify your messages and follow-up tasks.
- Complete your messages and follow-up tasks.
- Redirect your messages and follow-up tasks to other users.

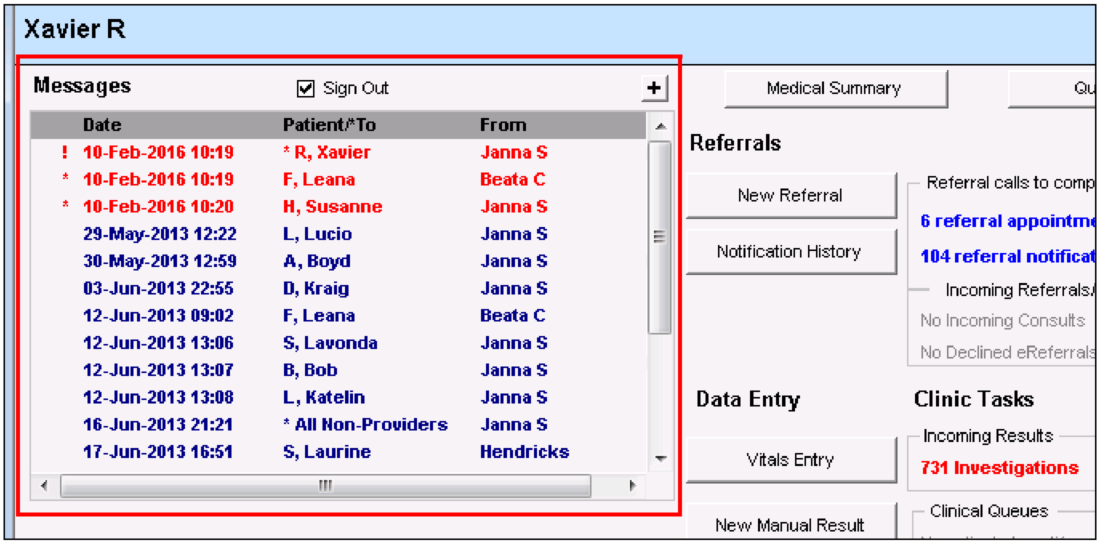
Viewing your messages

You can view your messages from a list ordered by due date and priority. You can also reorder your list of messages by patient, sender, and receiver.

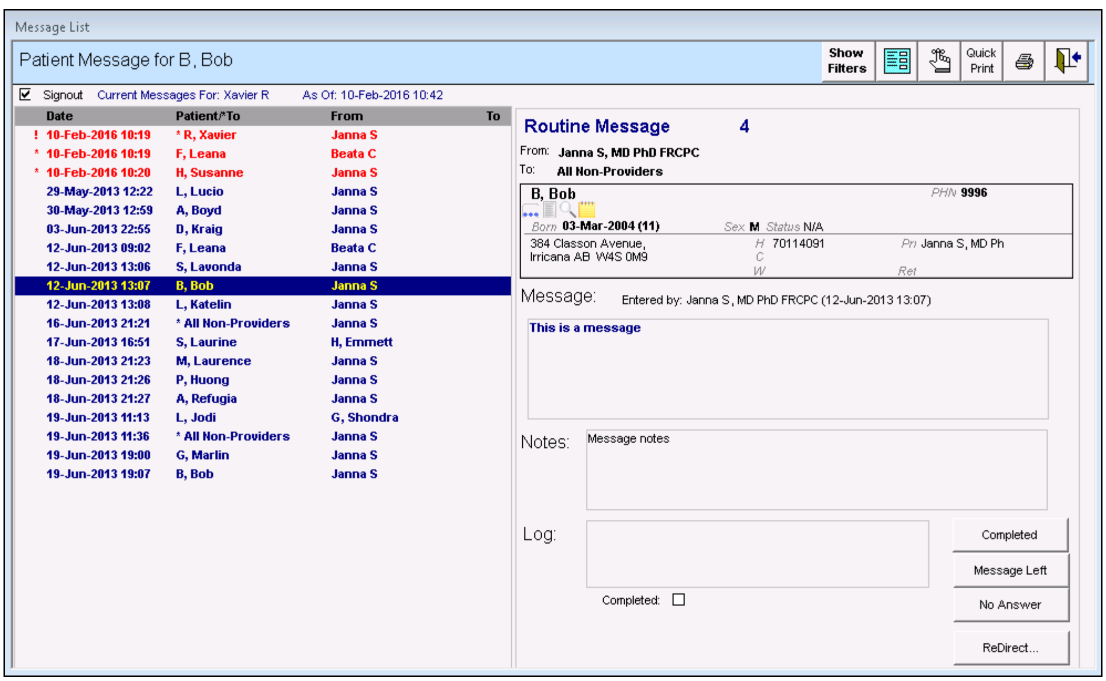
If your list of messages is extensive, and you want to minimize your list to only display specific types of messages, you can filter your list of messages, by sender, urgency, topic, and so on.

To view your messages:

1. On your WorkDesk, locate the **Messages** area. Your messages are listed chronologically in the following order:
   - Top: **Urgent** messages displayed in red, with an exclamation mark (**!**) in the first column.
   - Middle: **Important** messages displayed in red, with an asterisk (*****) in the fist column.
   - Bottom: **Routine** messages.



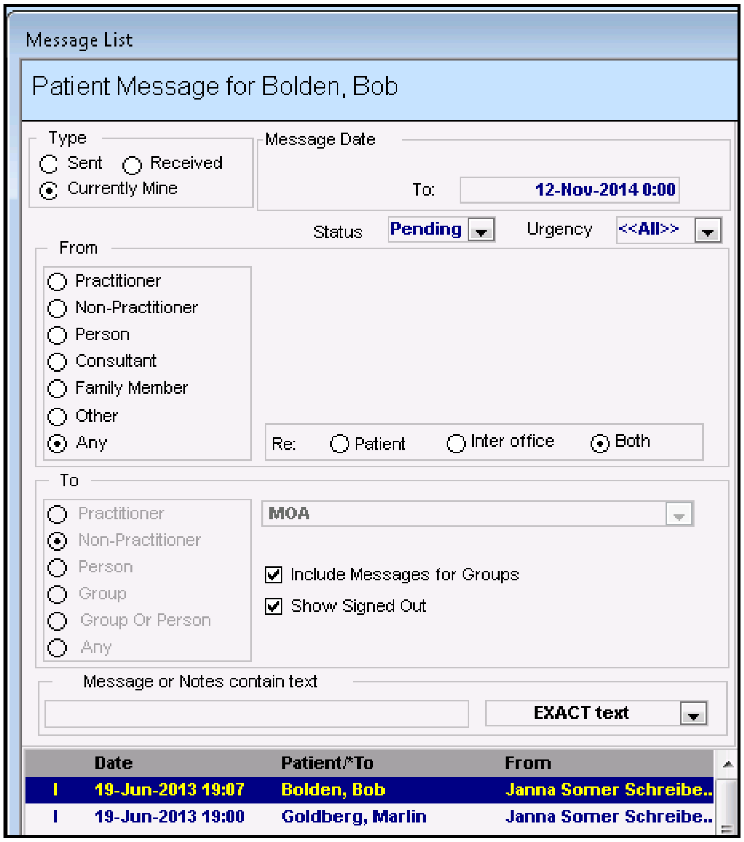
2. In the **Messages** list, double-click a message. The EMR displays the **Message List** window, with the selected message displayed on the right, and your full list of messages displayed on the left.



3. To re-order your message list, click a column header. The EMR re-orders the list alphabetically or chronologically based on the column selected.

4. To address specific groups of messages at once, filter the messages list to display only the messages you want to address. At the top of the Message List window, click **Show Filters** (

). The EMR displays filtering options on the left side of the window.



The following table describes your message filter options:

Filter	How to use
Type	Select one of the following options: ■ **Sent**: The EMR displays only active messages that you originally sent. ■ **Received:** The EMR displays only active messages you received. ■ **Currently Mine:** The EMR displays only active messages that are currently assigned to you.
Message Date	In the **To** field, enter a due date (using the format: **DD-MMM-YYYY H:MM)**. The EMR displays only messages with due dates earlier than, or on the date entered.

Filter	How to use
Status	In the **Status** drop-down list, click one of the following options: ■ **<<All>>**: The EMR displays all of your current and historic messages. ■ **Pending**: The EMR displays all of your active messages (messages not yet marked as complete.) ■ **Complete**: The EMR displays all of your historic messages (messages that have been marked as complete.)
Urgency	In the **Urgency** drop-down list, click one of the following options: ■ **<<All>>**: The EMR displays messages with any priority level assigned. ■ **Urgent**: The EMR only displays messages with a priority level of **Urgent**. ■ **Important**: The EMR only displays messages with a priority level of **Important**. ■ **Routine**: The EMR only displays messages with a priority level of **Routine**.
From	In the **From** area, select the sender type. The EMR displays only messages that have the same sender type defined in their **From** area. The EMR also displays different drop-down lists and input fields to the right of the **From** sender type options, depending on your selection. Select and input information into these fields to filter the list even further.
Re	In the **Re** area, select one of the following options: ■ **Patient**: The EMR only displays messages regarding a patient. ■ **Inter office**: The EMR only displays messages that do not regard a patient. ■ **Both**: The EMR displays both patient and non-patient related messages.
To	In the **To** area, select the receiver type. The EMR displays only messages that have the save receiver type defined in their **To** area. The EMR also displays different drop-down lists and input fields to the right of the **To** receiver type options, depending on your selection. Select and input information into these fields to filter the list even further.

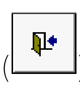
Filter	How to use
Include Messages for Groups	To view messages that were sent to messaging groups in which you are a member of, select the **Include Messages for Groups** check box. To only view messages that were sent to you directly (not through message groups), clear the **Include Messages for Groups** check box.
Show Signed Out	To view messages that belong to an absent MOA/Front Desk user who you covering for, select the **Show Signed Out** check box.
Message or Notes contain text	To view only messages that contain specific text in either the **Message** or **Notes** area: ■ In the **Message or Notes Contain Text** field, enter a search term. ■ In the drop-down list to the right of the text field, click an option describing how closely the search term must match the actual message text.

Tip: You can specify multiple message list filter criteria simultaneously.

5. In the filtered message list, click a message. The EMR displays the selected message on the right. The message list remains filtered as you select each message.

Note: Once you filter the message list, the list remains filtered until you either:

- Change the filter criteria.
- Close the Message List window.

6. When you finish viewing your messages, click **Save & Close** ().

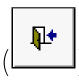
Updating or modifying your messages

If you complete some action toward a message, but do not fully complete the task, you can update the message to document the actions you take.

Also, if you do not have enough time to address a message, or receive a message that does not pertain to you, you can redirect the message to another clinic user.

To update a message:

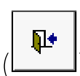
1. In the **Messages** area on your Workdesk, double-click the message you want to update. The EMR opens the Message List window with the message displayed on the right.
2. In the **Notes** area, enter the steps you have taken toward completing the task.

3. To indicate that you have called a patient, but did not talk to the patient directly, click one of the following options:
   - **Message Left**: The EMR displays the text "Message Left: [your name](current date and time)" in the **Log** area.
   - **No Answer**: The EMR displays the text "No Answer: [your name](current date and time)" in the **Log** area.
4. In the **Log** area, edit or enter text as necessary, to indicate your actions taken toward completing the task.
5. Perform one of the following actions:
   - If you are finished updating the message, click **Save & Close** (). The EMR saves your changes to the message and the message remains in your **Messages** list.
   - If you want to send the message to another user to complete, follow the steps below:

   a) At the bottom of the message, click **Redirect**. The EMR displays the Redirecting Patient Message window.

   b) In the **To** field, click the user or group you want to redirect the message to.

   c) In the **Notes** area, enter any additional notes or instructions to the receiver.

   d) Click **Save & Close** (). The EMR removes the message from your C**urrent Messages** list, and adds the message to the receiver's **Current Messages** list.

Completing your messages

To complete a message:

1. In the **Messages** area on your Workdesk, double-click the message you want to complete. The EMR opens the Message List window with the message displayed on the right.
2. In the **Notes** area, enter any notes on the steps you have taken toward completing the task.
3. Click **Completed** (Completed). If the message is a group-addressed message, the EMR displays a dialog box with the following prompt: "Completing this Message will cause the message to NOT display for other recipients of this message. Do you still want to Complete this message?."
4. To complete the message, click **Yes**. The EMR removes the message from your **Current Messages** list. The EMR also removes the message from the **Messages** list of all group members if the message was addressed to a group (without the **Resolve groups to individual Addressees** check box selected).

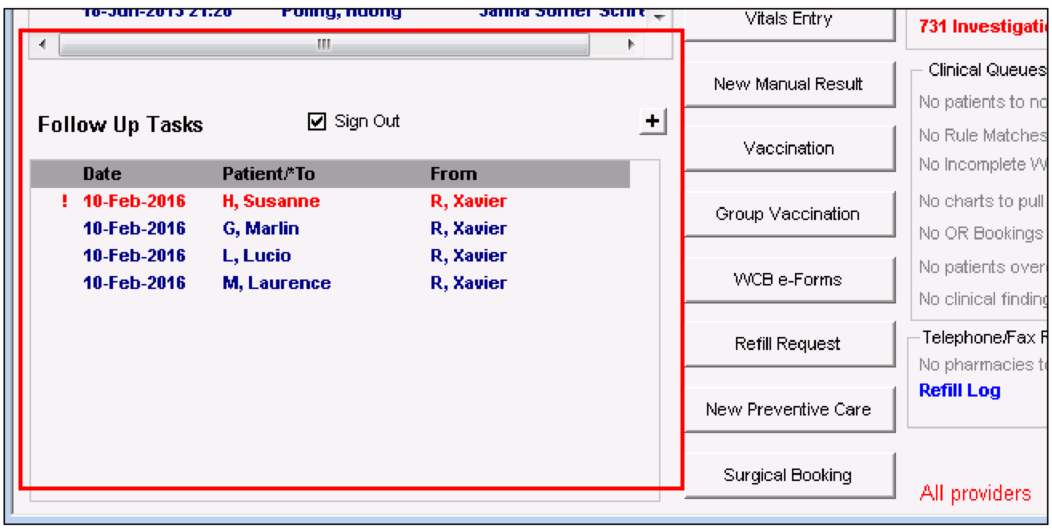
Viewing your follow-up tasks

Similar to messages, you can view your follow-up tasks from a list ordered by due date and priority. You can also reorder your list of follow-up tasks by patient, sender, and receiver.

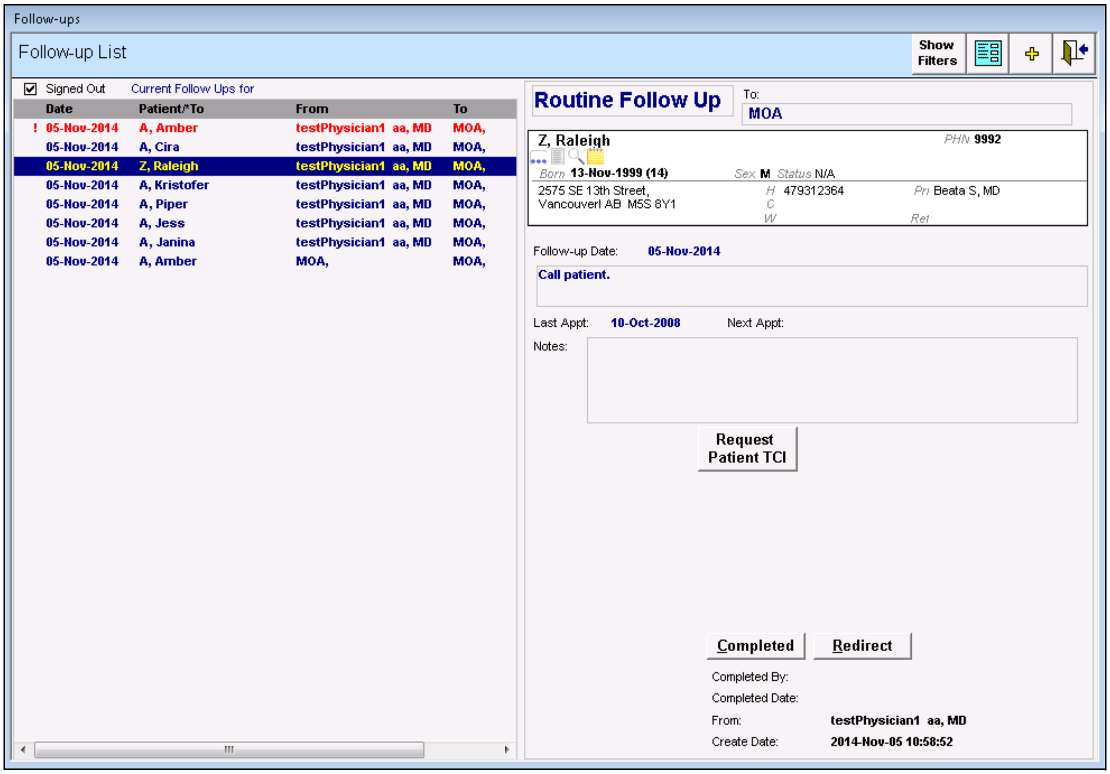
If your list of follow-up tasks is extensive, and you want to minimize your list to only display specific types of follow-up tasks, you can filter your list of follow-up tasks, by sender, urgency, topic, and so on.

To view your follow-up tasks:

1. On your WorkDesk, locate the **Follow Up Tasks** area. Your follow-up tasks are listed chronologically in the following order:
   - Top: **Urgent** messages displayed in red, with an exclamation mark (**!**) in the first column.
   - Bottom: **Routine** messages displayed in blue.



2. To view detailed information about a follow-up task, double-click a follow-up task. The EMR displays the Follow-up List window, with the selected follow-up displayed on the right, and your full list of follow-ups displayed on the left.



Note: If the selected follow-up originates from a To Come In task, then the EMR displays additional fields and check boxes. These fields and check boxes are directly linked to the **Patients to Notify** task on the front end staff's WorkDesk. Any notes and selections you make here reflect on the **Patients to Notify** list.

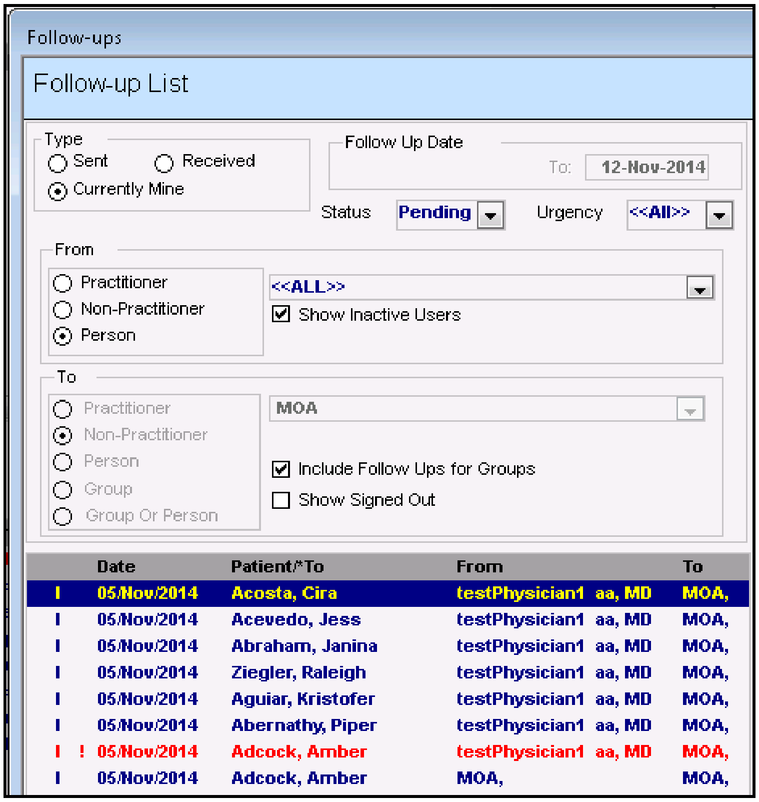
The additional fields for a To Come In task are:

- **Response log**
- **Note** (for the TCI)
- **Patient Notified** check-box
- **Cancelled** check-box

3. To re-order your Follow-up List, click a column header. The EMR re-orders the list alphabetically or chronologically based on the column selected.

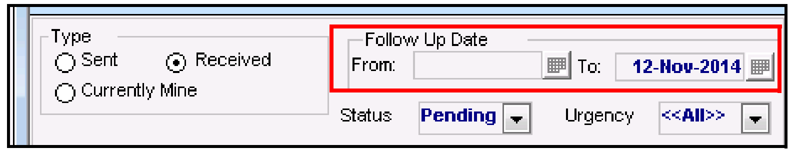
4. To address groups of follow-up tasks at once, you can search for and view only specific types of follow-ups at a time. At the top of the Follow-ups window, click **Show Filters** (

). The EMR displays filtering options on the left side of the window.



The following table describes your Follow-up List filter options:

Filter	How to use
Type	Select one of the following options: ■ **Sent**: The EMR displays only active follow-up tasks that you originally sent. ■ **Received:** The EMR displays only active follow-up tasks that you have received. ■ **Currently Mine:** The EMR displays only active follow-up tasks that are currently assigned to you.

<table>
<tr><th>Filter</th><th>How to use</th></tr>
<tr><td>Follow Up Date</td><td>In the Type area, select Received or Sent.
(This enables the To field. The EMR also displays the From field.)


In the To field, enter a due date (using the format: DD-MMM-YYYY H:MM). The EMR displays only follow-up tasks with due dates earlier than, or on the date entered.

To view follow-up tasks within a range of dates: In the From field, enter the start of the date range. In the To field, enter the end of the date range.</td></tr>
<tr><td>From</td><td>In the From area, select the sender type. The EMR displays only follow-up tasks that have the same sender type defined in their From area.

The EMR also displays different drop-down lists and input fields to the right of the From sender type options, depending on your selection. Select and input information into these fields to filter the list even further.</td></tr>
<tr><td>To</td><td>In the To area, select the receiver type. The EMR displays only follow-up tasks that have the save receiver type defined in their To area.

The EMR also displays different drop-down lists and input fields to the right of the To receiver type options, depending on your selection. Select and input information into these fields to filter the list even further.</td></tr>
<tr><td>Include Follow Ups for Groups</td><td>To view follow-up tasks that were sent to groups in which you are a member of, select the Include Follow Ups for Groups check box.

To only view follow-up tasks that were sent to you directly (not to groups), clear the Include Follow Ups for Groups check box.</td></tr>
<tr><td>Show Signed Out</td><td>To view follow-up tasks that are currently being viewed by and are signed out by other users, select the Show Signed Out check box.

Note: You can view, but cannot complete, follow-up tasks that are currently signed-out by other users.</td></tr>
</table>

Tip: You can specify multiple Follow-up List filter criteria simultaneously.

5. In the filtered Follow-up List, click a follow-up. The EMR displays the selected follow-up on the right. The Follow-up List remains filtered as you select each follow-up.

> **Note**: Once you filter the Follow-up List, it remains filtered until you either:
>
> - Change the filter criteria.
> - Close the Follow-up List window.

6. When you finish viewing your follow-up tasks, click **Save & Close** ( ).

Updating or modifying your follow-up tasks

If you complete some action toward a follow-up tasks, but do not fully complete the task, you can update the follow-up task to document the actions you take.

Also, if you do not have enough time to address a follow-up task, or receive a follow-up task that does not pertain to you, you can redirect the follow-up task to another clinic user.

To update a follow-up task:

1. In the **Follow Up Tasks** area on your Workdesk, double-click the follow-up you want to update. The EMR opens the Follow-up List window with the follow-up displayed on the right.
2. In the **Notes** area, enter the steps you have taken toward completing the task.
3. Perform one of the following actions:

   - If you are finished updating the follow-up, click **Save & Close** ( ). The EMR saves your changes to the follow-up and the follow-up remains in your **Follow Up Tasks** list.
   - If you want to assign the follow-up task to another user to complete, follow the steps below:

   a) At the bottom of the follow-up, click **Redirect**. The EMR displays the Redirect Patient Follow-up window.

   b) In the **To** area, click the user, or group, you want to redirect the message to.

   c) In the **Notes** area, enter any additional notes or instructions to the receiver.

   d) Click **Save & Close** ( ). The EMR removes the follow-up from your **Follow Up Tasks** list, and adds the follow-up to the receiver's Follow-up List.

Completing your follow-up tasks

To complete your follow-up tasks:

1. In the **Follow Up Tasks** area on your Workdesk, double-click the follow-up you want to complete. The EMR opens the Follow-up List window with the follow-up displayed on the right.
2. In the **Notes** area, enter the steps you have taken toward completing the task (optional.)
3. Select the **Patient Notified** check box (if not selected already.)

> **Note**: A patient remains on the Front end staff's **Patients to Notify** list, until the **Patient Notified** check box is selected. If you have followed up with a patient on a follow-up item, than there is no need for the patient to remain on the **Patients to Notify** list. For this reason, always select the check box if it is not already selected.

4. Click **Completed.** If the follow-up is a group-addressed follow-up, the EMR displays a dialog box with the following prompt: "Completing this task will cause the task to NOT display for other recipients of this task. Do you still want to Complete this task?."
5. Click **Yes**. The EMR removes the task from your **Follow Up Tasks** list. The EMR also removes the message from the Follow-Up List of all group members if the task was assigned to a group (without the **Resolve groups to individual Addressees** check box selected).

Managing messages and follow-up tasks for a specific patient

You can view at-a-glance if a patient has any outstanding active messages or follow-up tasks.

You can also view a patient's historic messages and follow-up tasks if you need to reference them during a visit. If you happen to find that one of a patient's messages or follow-up tasks are marked as complete, but should not be, then you can reactivate the message.

Viewing a patient's active messages and follow-ups

From a patient's Medical Summary, you can see at-a-glance if they have any active messages or follow-up items. You can then view, update, and complete a patient's messages and follow-up tasks from the Medical Summary.

To view a patient's active messages and follow-ups:

1. Open the patient's Medical Summary window. See "Opening a patient's Medical Summary" on page 163.
2. To view active messages pertaining to a particular patient:

    a) On the Notification bar, below the SMART Patient Banner, click **# Message(s)** ( ) (where # = the number of active messages for the patient). The EMR displays the

Messages For: [Patient name} window, with a list of the patient's current (active) messages on the left side of the window.

b) If the patient's list of active messages is extensive, and you want to search for a specific message or group of messages, click **Show Filters**. The EMR displays filter options above the list of messages.

> **Note**: The filters available are the same as the filters available when you are viewing your full list of active messages. For tips on how to use the various list filters, see "Viewing your messages" on page 337.

c) To view a specific message, in the patient's Current Messages list, click a message. The EMR displays the message details on the right side of the window.

d) To update or modify a message, follow Step 2 to Step 5 in "Updating or modifying your messages" on page 341.

e) To complete a message, follow Step 2 to Step 4 in "Completing your messages" on page 342.

f) Click **Save & Close** ( ) when you are finished.

3. To view active follow-ups pertaining to a specific patient:

a) Below the SMART Patient Banner, on the Notification bar, click **# Follow Up(s)** ( ) (where # = the number of active follow-up tasks pertaining to the patient). The EMR displays the Follow-ups for: [Patient name} window, with a list of the patient's current (active) follow-ups on the left side of the window.

b) If the patient's list of active follow-up tasks is extensive, and you want to search for a specific follow-up task or group of follow-up tasks, click **Show Filters**. The EMR displays filter options above the list of follow-up tasks.

> **Note**: The filters available are the same as the filters available when you are viewing your full list of active follow-up tasks. For tips on how to use the various list filters, see "Viewing your follow-up tasks" on page 343.

c) To view a specific follow-up task, in the patient's Follow-ups list, click a follow-up task. The EMR displays the follow-up task details on the right side of the window.

d) To update or modify a follow-up task, follow Step 2 to Step 3 in "Updating or modifying your follow-up tasks" on page 347.

e) To complete a follow-up task, follow Step 2 to Step 5 in "Completing your follow-up tasks" on page 347.

a) Click **Save & Close** ( ) when you are finished.

Viewing a patient's historic messages and follow-ups

To view a patient's historic messages and follow-ups:

1. Open the patient's Medical Summary window. "Opening a patient's Medical Summary" on page 163
2. Click the **Communications** tab. The EMR displays a list of both active (incomplete) and historic (completed) messages and follow-up tasks pertaining to the patient.

> **Note:**
> - A **C** beside the date indicates the message or follow-up task is complete.
> - An **I** beside the date indicates the message or follow-up task is incomplete.

3. To view detailed information about a patient's message:

   a) In the **Messages** list, double-click a message. The EMR displays the Messages For [Patient name} window, with the message open on the right and a full list of the patient's messages on the left.

   b) If the patient's list of messages is extensive, and you want to search for a specific message or group of messages, click **Show Filters**. The EMR displays filter options above the list of messages.

> **Note**: The filters available are the same as the filters available when you are viewing your full list of active messages. For tips on how to use the various list filters, see "Viewing your messages" on page 337.

   c) Click **Save & Close** ( ) when you are finished

4. To view detailed information about a follow-up task:

   a) In the **Follow Ups** list, double-click a follow-up. The EMR displays the Follow-ups for <Patient name> window, with the selected follow-up displayed on the right and a full list of the patient's follow-ups on the left.

   b) If the patient's list of follow-up tasks is extensive, and you want to search for a specific follow-up task or group of follow-up tasks, click **Show Filters**. The EMR displays filter options above the list of follow-ups.

> **Note**: The filters available are the same as the filters available when you are viewing your full list of active follow-ups. For tips on how to use the various list filters, see "Viewing your follow-up tasks" on page 343.

c) Click **Save & Close** ( ) when you are finished

Reactivating completed messages and follow-up tasks

To reactivate a completed message or follow-up for a patient:

1. Open the patient's Medical Summary window. "Opening a patient's Medical Summary" on page 163
2. Click the **Communications** tab. The EMR displays a list of both active (incomplete) and completed messages and follow-up tasks pertaining to the patient.

> **Note**:
> - A **C** beside the date indicates the message or follow-up task is complete.
> - An **I** beside the date indicates the message or follow-up task is incomplete.

3. In the **Messages**, or **Follow Ups** list, double-click the completed task you want to reactivate. The EMR displays either the Messages for [Patient name} window, or the Follow-ups for [Patient name} window, with the selected message or follow-up task displayed on the right.
4. If you are reactivating a message, clear the **Completed** check box. The EMR enables an option for **Redirect**.
5. Click **Redirect**. The EMR displays a new message or follow-up task window with the task details duplicated from the original message or follow-up task.
6. In the **To** area, click either the user or group you want the message or task to be assigned to.

> **Note**: You can select your own name as a message or task recipient.

7. Edit or add information to any of the message or follow-up fields.
8. Click **Save & Close** ( ) when you are finished.

Communicating with patients via the Patient Portal

If your clinic is set up for Patient Portal messaging, you can:

- Send messages to patients
- Delete messages that were sent to patients

- Track if patients have viewed their messages
- Receive messages from patients (if practitioners redirect Patient Portal messages to you)

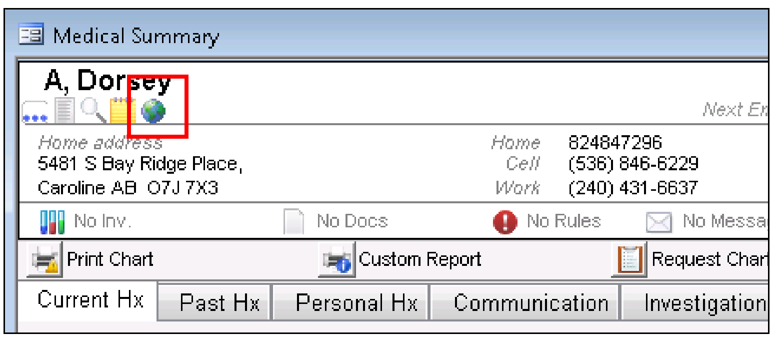
Sending messages to patients

Any clinic user can send a message to a patient via the Patient Portal. When you send a message to a patient, you are indicated as the sender. You cannot send a message on behalf of another user. You send messages to patients using the same messaging system you use to send messages to clinic members in Wolf EMR.

When patients receive a Patient Portal message, they are notified by e-mail. Patients can then log into the Patient Portal to view their message(s).

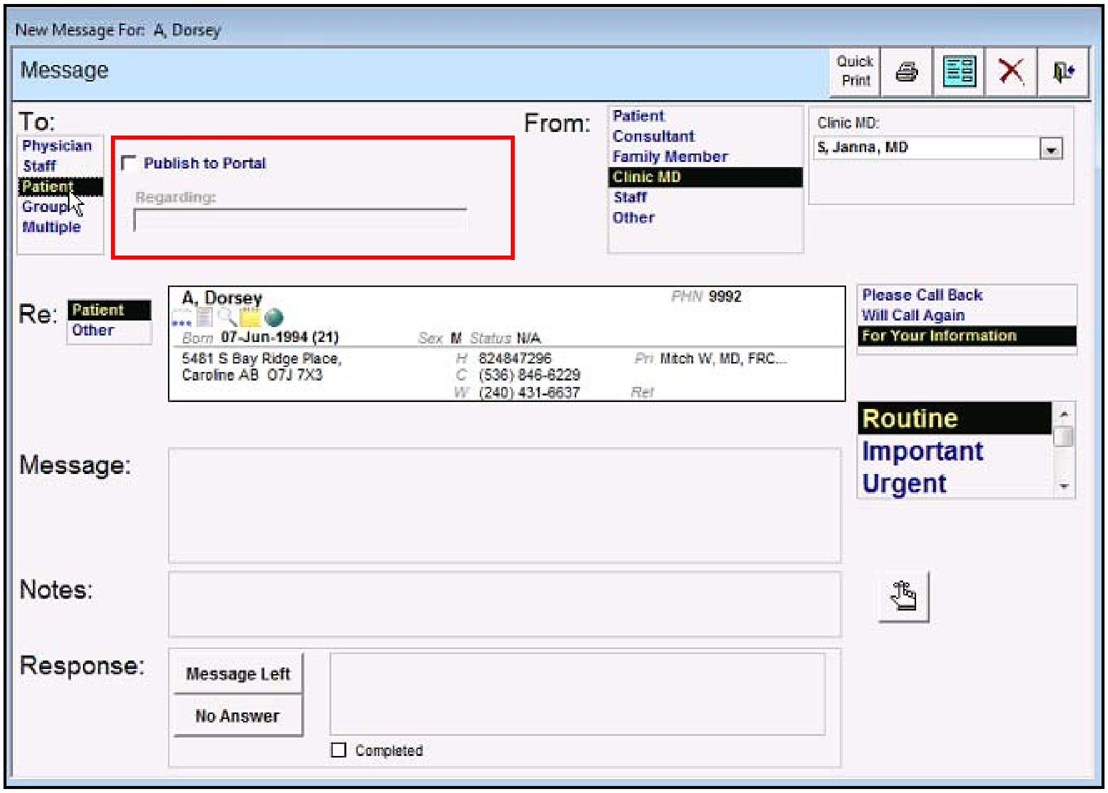
To send a message to a patient via the Patient Portal:

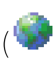
1. Open any window of the patient's chart (for example, the Medical Summary, or Vital Entry window). If the patient is a Patient Portal user, the EMR displays a Patient Portal icon ( ) in the SMART Patient Banner.



2. Right-click and then, in the SMART menu, click **New Message**. The EMR displays the New Message For: <patient name> window.

3. In the **To** area, click **Patient**. The EMR displays options for publishing the message to the Patient Portal.



> **Note**: If the Patient Portal messaging options do not display, the patient is likely not set up as a Patient Portal user. Ensure the Patient Portal icon () is displayed in the SMART patient banner.

4. Select the **Publish to Portal** check box. The EMR selects your name in the **From** area and changes the **From** area to be unavailable for editing.

> **Note**: You cannot send messages on behalf of someone else.

5. In the **Regarding** field, enter the reason or subject for the message.
6. In the **Message** area, enter the message body.
7. Click **Close & Save Message** (). The EMR sends an e-mail to the patient indicating that a message is available in the Patient Portal. The patient can log into the Patient Portal to view the message. See "Viewing messages from patients" on page 355.

Verifying that a patient has viewed a message

To verify that a patient has viewed their message:

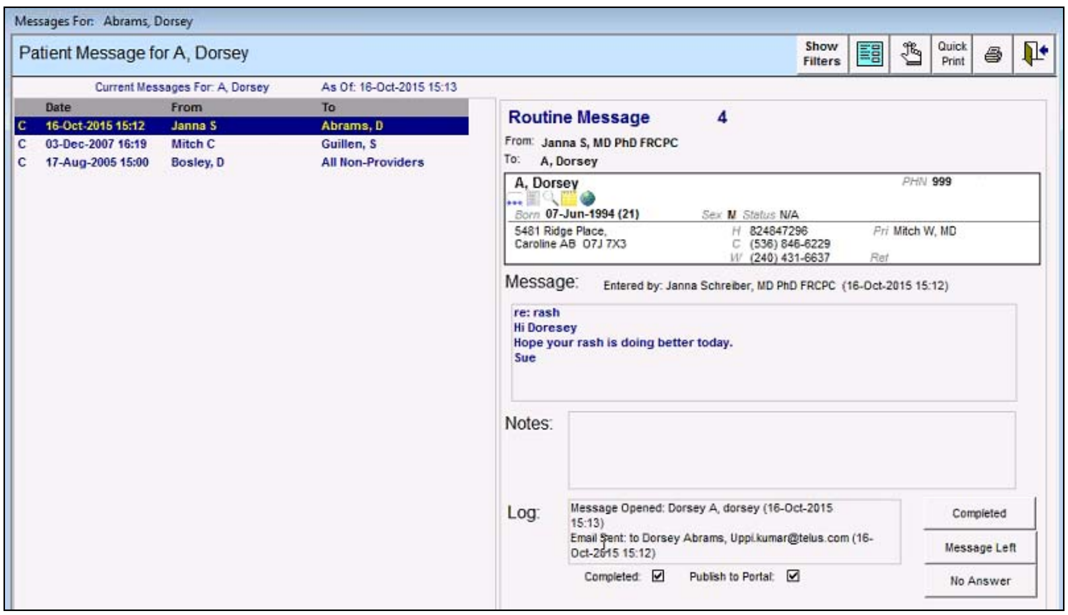
1. Open the message:

   a) Open the patient's Medical Summary.

   b) Click the **Communications** tab. The EMR displays a list of the patient's completed and outstanding messages in the left pane.

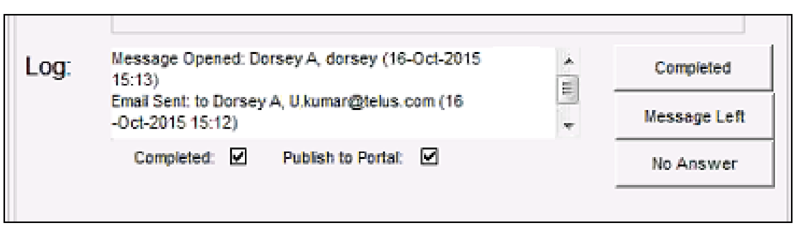
> **Note**: All Patient Portal messages are marked as complete as soon as they are sent to a patient (as indicated by a **C** to the left of the message).

   c) Double-click the message. The EMR displays the Patient Message for <patient name> window, with the selected message's details displayed in the right pane.



2. In the **Log** area of the message, scroll down to view information on:

   - When the message was sent and who sent the message
   - The date and time that the message was opened



Removing a message from the Patient Portal

If you send a message in error (for example, if you send a message to the wrong member of a family), you can remove the message from the Patient Portal.

To remove a message from the Patient Portal:

1. Open the message:

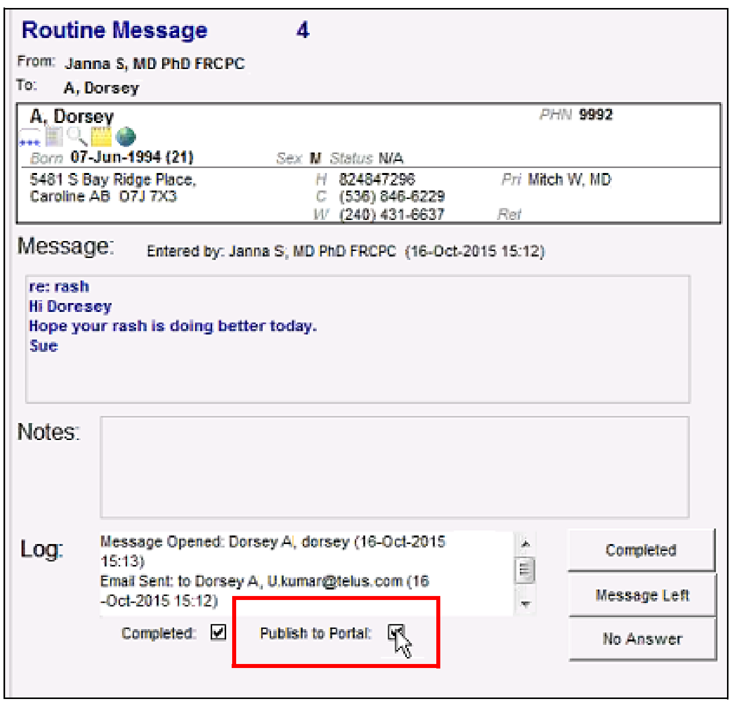
   a) Open the patient's Medical Summary.

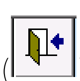
   b) Click the **Communications** tab. The EMR displays a list of the patient's completed and outstanding messages in the left pane.

   > **Note**: All Patient Portal messages are marked as complete as soon as they are sent to a patient (as indicated by a **C** to the left of the message).

   c) Double-click the message. The EMR displays the Patient Message for <patient name> window, with the selected message's details displayed in the right pane.

2. At the bottom of the message detail area, clear the **Publish to Portal** check box.



3. Click **Close Form** ().

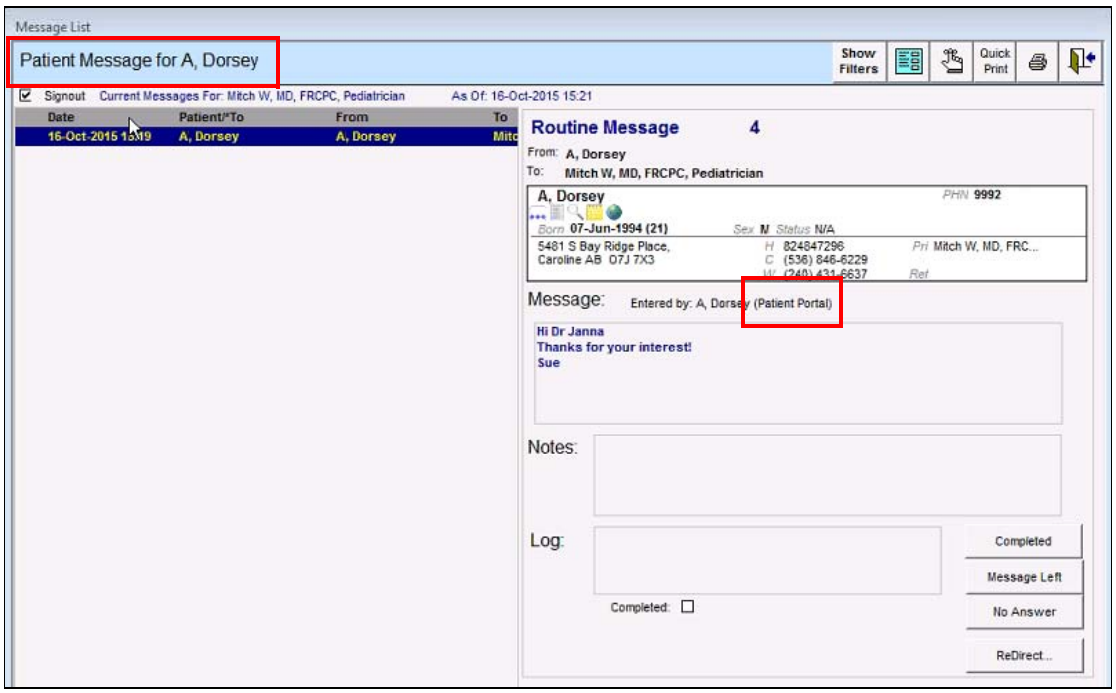
Viewing messages from patients

At this time, only practitioners can receive Patient Portal messages from patients. When they receive a Patient Portal message, the message displays in their Wolf EMR messages list.

If the practitioner does not want to manage messages originating from the Patient Portal, they can redirect patient portal messages to you.

To view Patient Portal messages that were redirected from a practitioner:

1. Open your outstanding Wolf EMR messages: Open the WorkDesk, and then on the blue banner (located at the top of the window), click **# Current Messages** (where **#** = the number of your outstanding messages). The EMR displays the Message List window.
2. In your list of outstanding messages, click a message that contains a patient name in the From column. The EMR displays:
   - The message title: **Patient Message for <patient name>** at the top of the window
   - The message contents in the right pane
   - Patient Portal" beside **Entered by:**



3. Perform one of the following actions:
   - To redirect the message to another staff member, click **ReDirect**.
   - To mark the message as viewed and to remove the message from your list of outstanding messages, click **Completed**.

Note: If you want to send a reply to the patient, you cannot reply directly from the message. Instead, you must compose a new message to the patient. See "Sending messages to patients" on page 352.

Covering absent staff members' messages and tasks

In the case that you, or another staff member is absent from the clinic (for example, for vacation or leave) you and other staff members can easily cover the messages and tasks for the absent person using the **Sign Out** feature. If you sign out another user, you automatically receive the users:

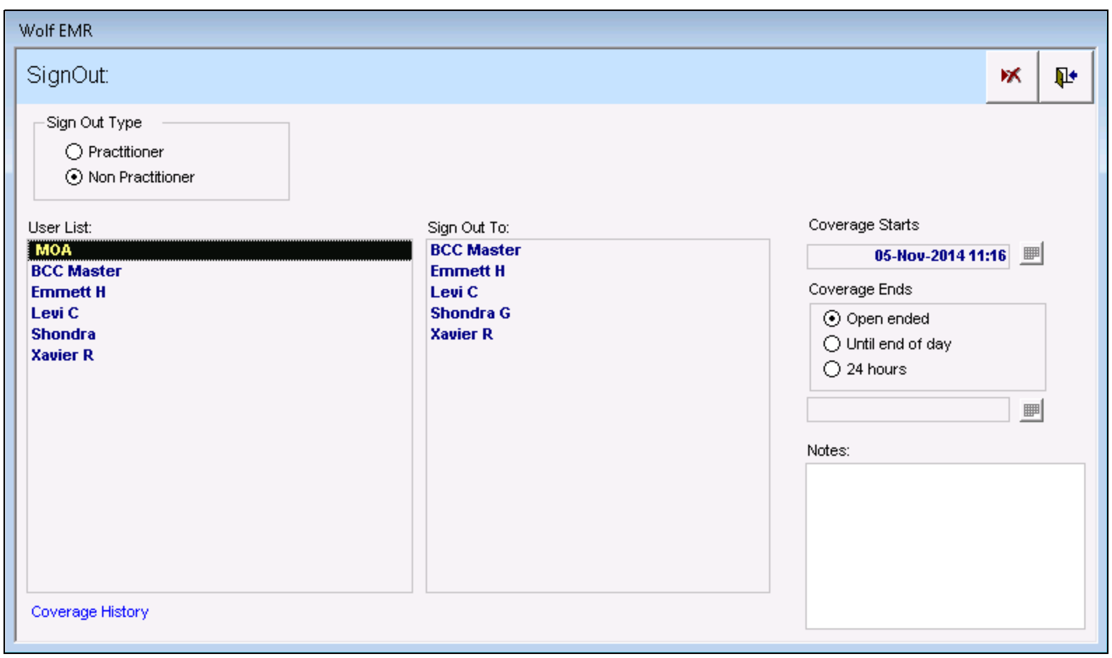
- Messages
- Follow-up tasks
- Electronic lab results notifications
- Electronic documents notifications

Setting up coverage for users

You can Sign Out, or "cover-for", another staff member for a defined period of time, and vice versa. Once set up, coverage starts and ends automatically.

To set up coverage for a staff member:

1. On the WorkDesk menu, click **Sign Out** > **Sign Out**. The EMR displays the SignOut window.



2. Under **Sign Out Type**, leave **Non-Practitioner** selected.
3. In the **User List,** click the user to be covered (the user who will be absent).
4. In the **Sign Out To** list, click the user who will receive the absent user's messages and tasks.

5. In the **Coverage Starts** area, click **Open Calendar** ( ). The EMR displays a calendar.
6. On the **Calendar**, enter a coverage start time in the **HR**, **MIN**, and **AM/PM** fields.
7. Double-click the date that the coverage is to start (the first day that the user will be absent.) The EMR populates the selected date and time into the **Coverage Starts** field.
8. In the **Coverage Ends** area, click either:
   - **Open ended**: The EMR forwards the absent user's messages to the covering user until you manually end the coverage.
   - **Until end of day**: The EMR forwards the absent user's messages to the covering user until the end of the **Coverage Starts** date.
   - **24 hours**: The EMR forwards the absent user's messages to the covering user for 24 hours after the **Coverage Starts** date and time.
   - **Open Calendar** ( ): The EMR displays a calendar. On the Calendar, enter a coverage start time in the **HR**, **MIN**, and **AM/PM** fields. Double-click the date that the coverage is to start (the first day that the user will be absent.) The EMR populates the selected date and time into the **Coverage Ends** field.
9. In the **Notes** field, enter any notes regarding the coverage.
10. Click **Save & Close** ( ).

Identifying coverage status of staff members

If you are a Signed out staff member, or are a staff member who has signed out another staff member, you can see a notification on your WorkDesk during the time that the coverage is active.

To identify if you are either signed-out or have signed out another staff member:

1. In the blue banner on the top of your WorkDesk, identify if either the follow text displays:
   - "[staff member} is signed out to you until...": Indicates that you currently have another staff member signed out (you are covering for another staff member.)
   - "Currently signed out to [staff member name] until...": Indicates that you are signed out by another staff member.

- "You are covering multiple persons": Indicates that you are covering for more than one staff member.

> **Tip**: If you are covering for multiple users and want to view which users you are covering for:
>
> - On the WorkDesk menu, click **Sign Out** > **Sign Out History**

> **Tip**: If you want to stop covering for another user, you can delete the coverage:
>
> - On the WorkDesk menu, click **Sign Out** > **Sign Out History**. Click the line that indicates the coverage, and then click **Delete Coverage** ( ).

Signing in

If someone else is covering for you, you can sign in to end that coverage. After you sign in, the person covering for you no longer receives your messages and tasks. Also, the EMR removes the notification from their WorkDesk indicating that they are covering for you.

> **Tip**: Coverage ends automatically if a **Coverage End** date is defined. However, if you return earlier than the **Coverage End** date, or the **Coverage End** date is open-ended, you can sign in to receive your messages and tasks.

To sign in:

1. On the WorkDesk menu, click **Sign Out** > **Sign In**. The EMR displays a dialog box asking "Do you want to Sign In?".
2. Click **Yes**.

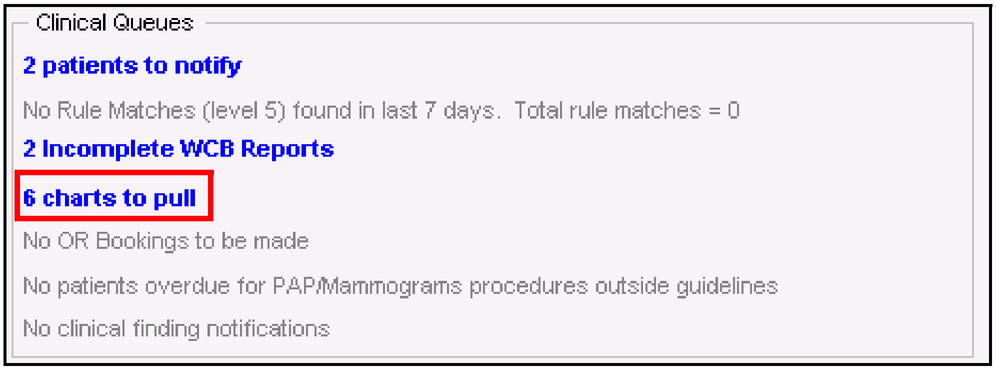
Managing your Clinical Queues

Your WorkDesk is the communication centre between practitioners, and staff members. Not only can you view all of your messages and follow-up tasks from your WorkDesk, but you can also manage other tasks such as patient's to notify and charts to pull.

You can manage the following tasks from the **Clinical Queues** area on your WorkDesk:

- Patients you need to notify for a follow-up appointment or referral
- Patient Rule Matches
- Incomplete WCB Reports
- Charts you need to pull
- Patients who are overdue for a PAP/Mammogram procedures outside of guidelines

- Clinical finding notifications



The following sections describe how to manage these tasks from the **Clinical Queues** area on your WorkDesk.

Managing your Patients To Notify list

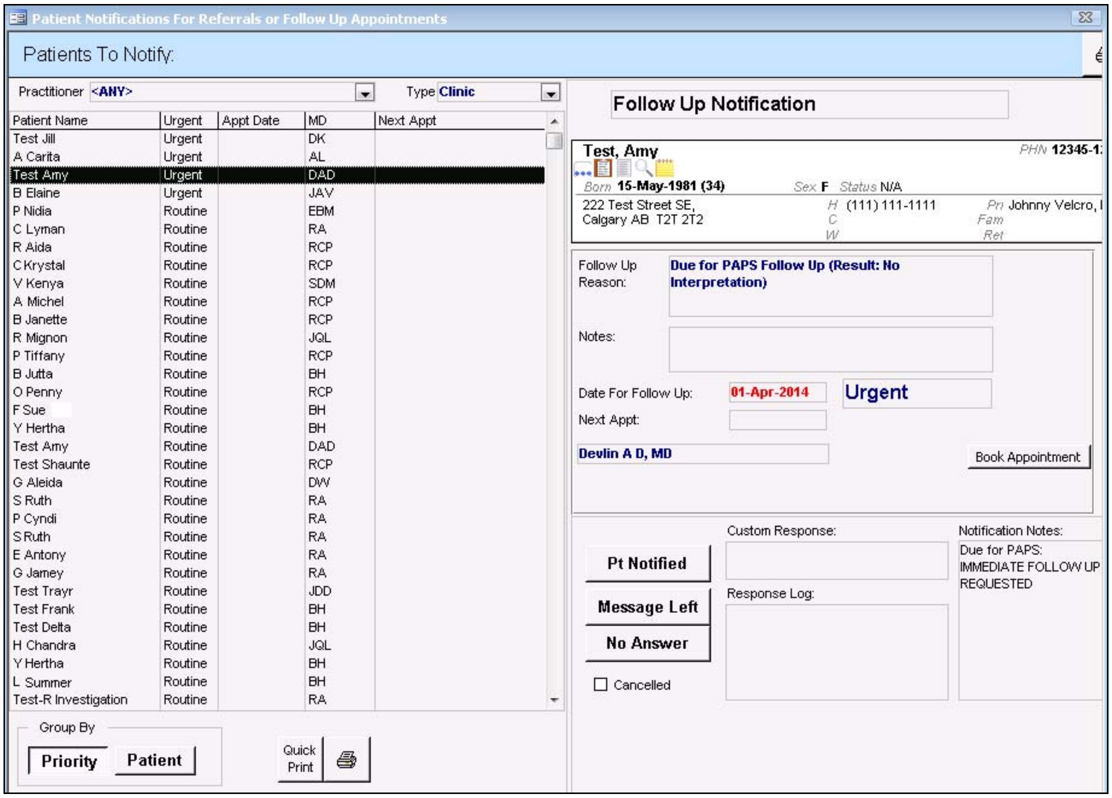
Your Patients To Notify list contains a list of patients who you need to notify for a follow-up appointment or a referral. The Patients To Notify list includes patients with:

- To Come in (TCI) follow-ups
- Referrals with appointment dates

To view and manage your Patients To Notify list:

1. On your WorkDesk, in the **Clinical Queues** area, click **<#> patients to notify** (where # = the number of patients to notify for follow-up appointments). The EMR displays the Patients To Notify window.
2. To view only a particular practitioner's patients, in the **Practitioner** drop-down list, click the practitioner's name.
3. In the **Type** drop-down list, click one of the following options to filter the type of items in the list:
   - **All**: The EMR displays follow-ups and referrals.
   - **Referral**: The EMR displays only referrals.
   - **Clinic** (default): The EMR displays only follow-ups.
4. In the **Group By** area, click one of the following:
   - **Priority** (default): The EMR lists the patients by the urgency of the Follow-up or referral.
   - **Patient**: The EMR lists the patients in alphabetical order by their last name.

5. In the left pane, click an entry for a patient. The EMR displays the Follow Up Notification or Referral Notification to the right.



6. Use the following table to enter information into the **Response Log**:

Field	Description
Pt Notified	Click this button to indicate that you notified the patient. The EMR adds the following information to the Response Log: **Patient Notified (<your name>/MM/DDD/YYYY HH:MM)**. **Note:** After you close the Patients To Notify list, the EMR removes the patient from your Patients To Notify list.
Message Left	Click this button to indicate that you called the patient and left a message. The EMR adds the following information to the Response Log: **Message Left (<your name>/MM/DDD/YYYY HH:MM)**.
No Answer	Click this button to indicate that you called the patient, but there was no answer. The EMR adds the following information to the Response Log: **No Answer (<your name>/MM/DDD/YYYY HH:MM)**.
Custom Response	Enter a custom response specific to this entry

Field	Description
Notification Log	Enter any notification notes.

Note: If the notification was entered by mistake, select the **Cancelled** check box. After you close the Patients To Notify window, the EMR removes the patient from your Patients To Notify list.

7. To book an appointment for the selected patient:

   a) In the Follow Up Notification area, click **Book Appointment**. The EMR opens the Appointment Scheduler with the patient's name selected in the **Patient Search** area.

   b) Book the patient for an appointment. See "Using patient lists (waiting lists)" on page 108.

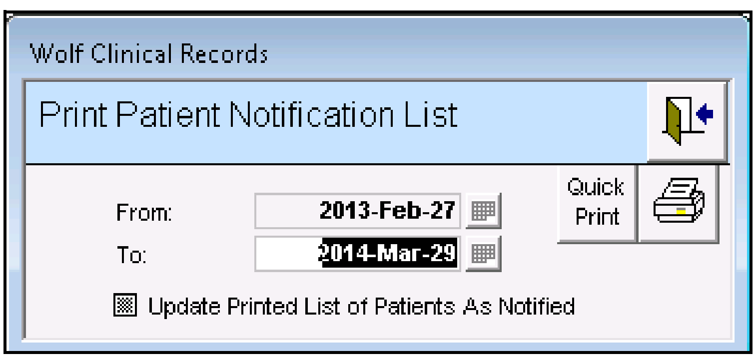
8. Click **Save & Close** ( ).

Printing your Patients To Notify list

To print your Patients to Notify list:

1. Open your Patients To Notify List and filter the list to display the information you want to print. See steps Step 1 to Step 4 in "Managing your Patients To Notify list" on page 360.

2. On the top right side of the Patients to Notify List window, click **Print** ( ). The EMR displays the Print Patient Notification window.

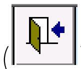


3. In the **From** and **To** fields, enter dates.

4. Select the **Update Printed List of Patients as Notified** check box, if required,

5. Click one of the following print options:

   - **Quick Print** ( ): To print to your default printer.
   - **Print** ( ): To specify a printer and printing options.

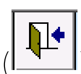
6. Click **Save & Close** ().

Removing a patient from your Patients To Notify list through a follow-up task

Tip: When a To Come in task (TCI) is created, the EMR creates a follow up task and adds the patient to the Patients To Notify list. You can therefore remove a patient from your Patients To Notify list either through the associated follow-up task or through the Patients To Notify list itself.

To remove a patient from the Patients To Notify list through a follow-up task:

1. In the **Follow Up Tasks** area on your Workdesk, double-click the follow-up you want to remove from your Patients To Notify list. The EMR opens the Follow-up List window with the follow-up displayed on the right.
2. Perform one of the following actions:
   - If you contacted the patient, select the **Patient Notified** check box.
   - if the patient was added to the list in error, select the **Cancelled** check box.

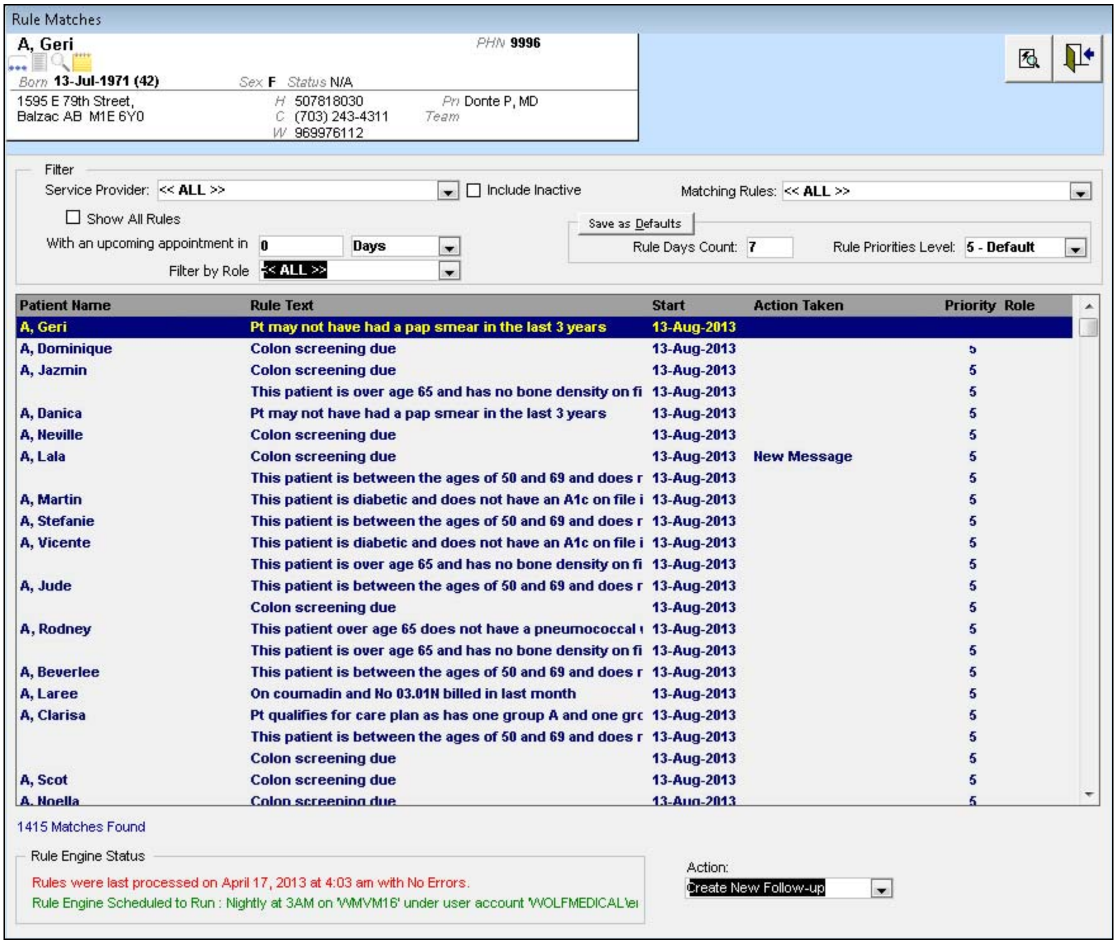
   The EMR removes the patient from your Patients To Notify list.
3. Click **Save & Close** ().

Managing patient rule matches

Rules are searches that automatically trigger reminders and notifications for practitioners and front office staff if a patient matches any rule criteria. For example, an active rule may indicate that a patient needs a follow-up scheduled, or a patient's CDM Hypertension Billing is incomplete. You can filter the rule matches results, and then take the appropriate action, depending on the rule match. You can learn how to create rules and manage rule matches in follow-up training.

To manage rule matches:

1. On your WorkDesk, in the **Clinical Queues** area, click **<#> Rule Matches** (where # = the number of R). The EMR displays the Rule Matches window.



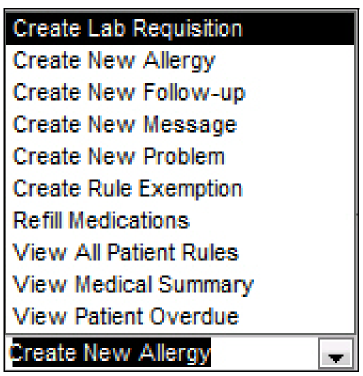
2. Use the following table to filter the rule match results.

Filter	Description
Service Provider	Select the Service Provider from the clinic.
Include Inactive	Includes rule matches that have inactive service providers
Matching Rules	Select the Rule that you want to match against. The pre-defined rules are listed.
Show All Rules	Show all rules with no filters applied
With an upcoming appointment in <x> <timeperiod>	Includes only patients who have an upcoming appointment in the specified time period. Use the text field and drop-down list to specify the number of days, weeks, or months.
Rule Days Count	Matches in the last 'x' number of days

Filter	Description
Rule Priorities Level	Scale of 1-9, where 1 is the highest, 5 is the default and 9 is the lowest. You can set up priority levels using Practice Search. **Note:** The selected priority filters Rule Matches by the priority number selected and above. For example, if you select 4, the rule matches that are displayed have priorities 4 and above (1, 2, 3).
Filter by Role	Show rules that have a specific security group/role assigned.
Rule Defaults	Save the **Rule Days Count** and the **Rule Priority Level** values as defaults for this practitioner

Note: To have these changes take effect and to appear filtered in the Rule Match notifications, you need to close and reopen your WorkDesk.

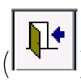
3. In the Rule Matches list click a rule match, and then click one of the actions in the **Action** drop-down list:



The following table describes each of the rule actions.

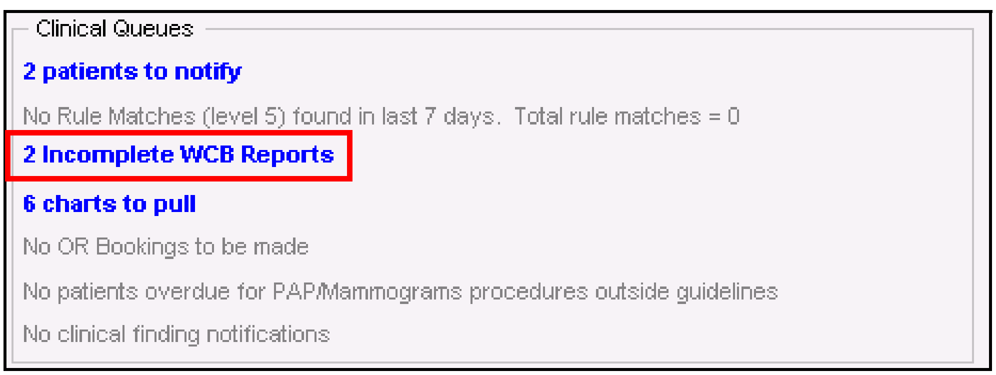
Action	Description
Create Lab Requisition	Opens the Requisitions window, where you can select a Requisition form and open a lab requisition
Create New Allergy	Opens the Clinical Records window, where you can create an allergy for this patient
Create New Follow-up	Opens the New Follow-ups window, where you can create a follow-up
Create New Message	Opens the New Message window, where you can create a message
Create New Problem	Opens the Problems List window, where you can create a problem

Action	Description
Create Rule Exemption	Opens the Rule Exemption window, where you can create a rule exemption
Refill Medications	Opens the Prescriptions window, where you can refill the patient's medications
View All Patient Rules	Opens the Rule Matches window, where you can view all available rule matches. This is the same window opened for the Active Rules
View Medical Summary	Opens the patient Medical Summary window
View Patient Overdue	Opens the CDM Flowsheet window, where you can search for any overdue patients.

4. The Rule Engine Status area, informs you when Rules were last processed, if there were any errors and when the Rule engine is scheduled to run.
5. Click **Save & Close** ().

Managing incomplete WCB reports

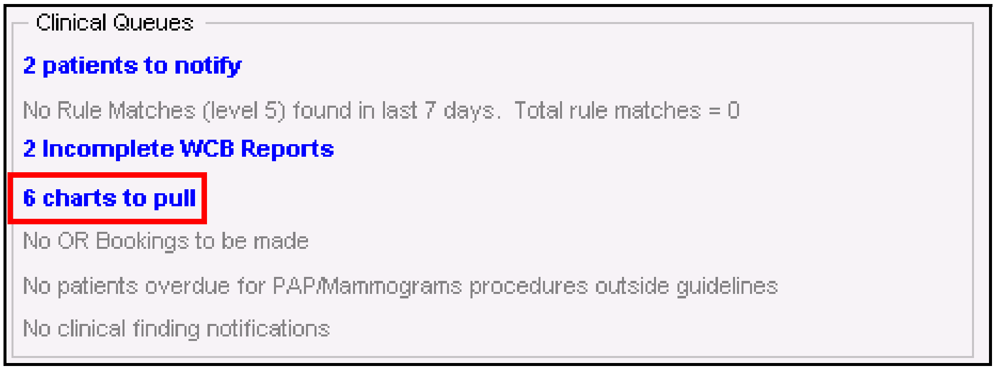
You can see, at a glance, how many WCB reports are incomplete from the **Clinical Queues** area on your WorkDesk.



When you click the **<#> Incomplete WCB Reports** link, the EMR displays the WCB Manager window with the **Incomplete Reports** tab open. You can then select and finish each incomplete WCB report. See "Tracking and managing incomplete WCB Reports clinic-wide" on page 296.

Managing chart requests

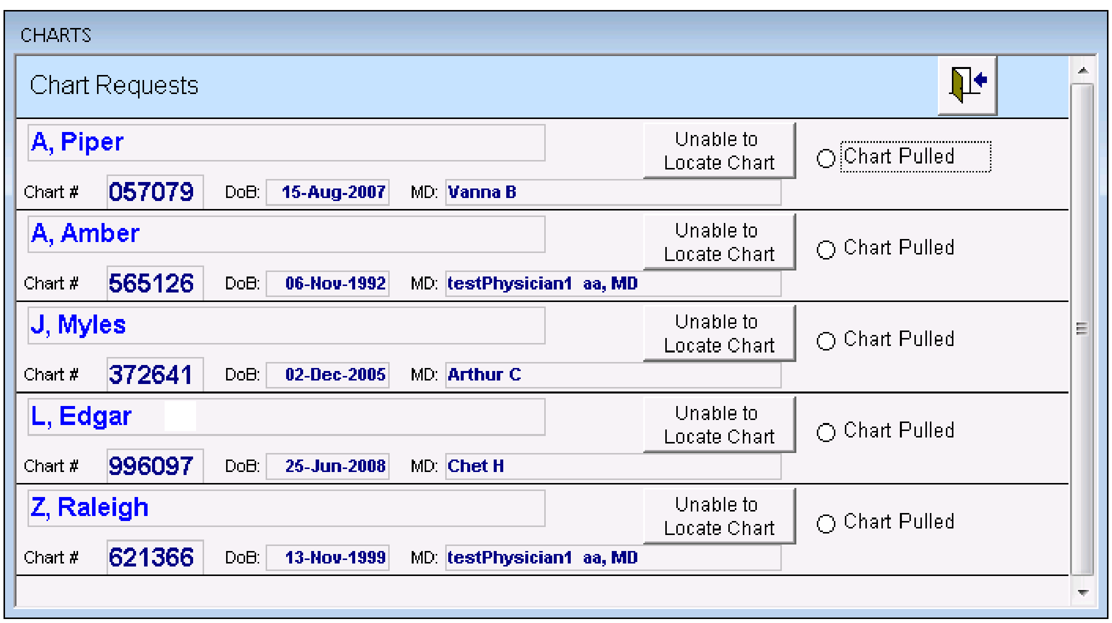
You can see, at a glance, how many paper charts you need to pull from the **Clinical Queues** area on your WorkDesk.



When you click the **<#> charts to pull** link, the EMR displays the Chart Requests window. You can use the Chart Requests window to keep track of the charts you need to pull. You can also send a notification to a practitioner if you are unable to locate the chart.

To manage chart requests:

1. On your WorkDesk, in the **Clinical Queues** area, click **<#> charts to pull** (where # = the number of charts to pull). The EMR displays the Chart Requests window. For each request, you can see the patient's name, paper chart number (if your clinic files charts by number), the patient's date of birth, and the requesting practitioner.



2. After you locate the patient's record and give it to the requesting practitioner, select **Chart Pulled** beside the patient's name. The EMR will remove these patients from the Chart Request window when you close the window.

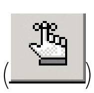
3. Leave the Chart Requests window open and continue to pull charts and mark them as pulled.
4. If you cannot locate a chart, click **Unable to Locate Chart**. The EMR displays the following prompt: “Notify Physician that chart cannot be located?”
5. Perform one of the following actions:
   - If you want to notify the practitioner, click **Yes**. The EMR opens a new message window for the practitioner. The Message field contains the following text: “Unable to locate this patient's paper chart as requested.” Click **Save & Close** to send the message.
   - If you do not want to notify the practitioner, click **No** and then click **Save & Close** to close the Chart Requests window.

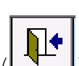
Managing overdue PAPs and mammograms

You can see, at a glance, how many patients are overdue for PAPs or mammograms from the **Clinical Queues** area on your WorkDesk. When you click the **<#> Patients overdue for PAPS/Mammograms procedures outside guidelines** link, the EMR displays the Patients Overdue for Preventive Care Tests Outside P.C. Guidelines window. From this window you can see the recommended due date for the procedure, and you can indicate if the follow-up procedure has been completed.

To manage overdue PAPs and mammograms:

1. On your WorkDesk, in the **Clinical Queues** area, click **<#> Patients overdue for PAPS/ Mammograms procedures outside guidelines** (where # = the number of patients with overdue procedures). The EMR displays the Patients Overdue for Preventive Care Tests Outside P.C. Guidelines window. You can see the patient's name, the practitioner's name, and the patient's home and business phone numbers. The **F/U Due** field displays the recommended date for a follow-up in red text. (This date is calculated based on the healthcare guideline.) This date gives you an idea of when to book the patient’s appointment.

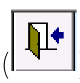
> **Tip**: Click the Follow-up button () if you want to send yourself a reminder to book an appointment for the procedure. If you select a follow-up type of **Patient TCI for Follow Up**, the EMR adds the patient to your Patients to Notify list.

2. If a follow up has been completed, select the **F/U Done?** check box. This patient does not appear on the Patients Overdue for Preventive Procedures the next time you open the Patients Overdue for Preventive Care Tests Outside P.C. Guidelines window.
3. Click **Save & Close** ().

Managing clinical finding notifications

When practitioners, such a nurses, enter a New Manual Result and set the status of the result as **Staff To Call**, the item appears as a **clinical finding notification** on your WorkDesk. When you click the **clinical finding notifications** link, the EMR opens the Manual Results window, with a list of patients who you need to phone to notify of test results.

To manage clinical finding notifications:

1. On your WorkDesk, in the **Clinical Queues** area, click **<#> clinical findings notifications** (where # = the number of clinical findings). The EMR displays the Manual Results window.
2. Perform one of the following actions:
   - If you have called the patient and notified them of the results: Document your call in the **Patient Instructions and Callback field** (for example, enter "Called patient".
   - If you have not yet called the patient to notify them of the results: Click **Call Patient**. The EMR opens a new Message window where you can send yourself a message as a reminder to call the patient with the result.
3. Click **Close Form** ().

Chapter 9

Managing incoming documents

Medical reports and other documents may come to your clinic via:

- Mail
- Fax
- and/or Electronic import

When a document comes via mail or paper fax you scan the document, and then link the document to the appropriate patient record. When a document comes via electronic fax you view and, if needed, edit the document before you link the document to a patient record. When a document comes via electronic import , the document is automatically linked to a patient's record, but displays in the ordering provider's Investigations/Documents In Basket for review.

Managing incoming electronic faxes

If your clinic receives faxes electronically, you should first view and, optionally, edit the faxed documents before you import them into the EMR. For example, faxes may be irrelevant to patients, have upside-down pages, contain cover-pages, or have information relating to more than one patient. Using a PDF editing application (for example, Adobe Acrobat), you can edit documents before they are linked to patients.

Best Practice: Review and edit all incoming electronic faxes before you link them to a patient's record.

Finding and opening electronic faxes

The location of the incoming faxes folder is unique to your clinic. Your instructor will show you the location of your faxes folder.

The incoming electronic faxes folder typically resides on one computer in the clinic, while other computers contain mapped drives to the faxes folder. If this is the case, to open the electronic faxes folder, on your Desktop, click the incoming electronic faxes link (**S:\Scans\Faxes**).

Best Practices:

- Open and review all faxes before importing them into the EMR.
- Delete irrelevant electronic faxes.
- Print electronic faxes that are not related to a patient.

Scanning documents (using Fujitsu ScanSnap scanners)

Best Practice: After you scan and import documents into Wolf EMR, retain the hard copies for 7 days following the scan date. After 7 days, you can then destroy the hard copies.

When you scan documents using a ScanSnap scanner, the process you follow depends on whether you are scanning single-page documents or multiple-page documents:

- **Single-page documents**: You place an entire pile of single-page documents into the scanner at once. The scanner scans all the documents, and then saves each document as a separate PDF file.
- **Multi-page documents**: You can scan only one multi-page document at a time. The scanner scans both sides of each page, and then saves the pages together as a single PDF file. Blank pages are removed automatically.

Tip: Before you start scanning, divide your documents into two separate piles:

- One pile for the single-page documents
- One pile for the multi-page documents. (Attach each multi-page document with a paperclip to keep them separated.)

Note: A one-page document with information on both sides is considered a multi-page document.

Note: If you do not have a ScanSnap scanner, follow the instructions provided by your IT Hardware provider.

Scanning single page documents

To scan a single-page document:

1. In the lower-right corner of your desktop, click the blue **Scan Snap** icon ( ) and then in the **Profile** menu, click **ONE FILE FOR EACH PAGE** (or the equivalent: the profile name may differ depending how your Scan Snap profiles are set up).
2. Place up to 10 single page documents in the scanner.

> **Note**: Single pages should not have content on both sides. If a page is double-sided, then scan the page as a multi-page document.

3. On the scanner, press the blue **Scan** button. Your scanned documents are saved to **S:\Scans**.

Scanning a multi-page document

> **Tip**: You do not have to flip over the pages to scan a double-sided document. The scanner automatically scans the back pages of the document.

To scan a multi-page document:

1. In the lower-right corner of your desktop, click the blue **Scan Snap** icon ( ), and then click **ONE FILE FOR ALL PAGES** (or the equivalent: the profile name may differ depending how your Scan Snap profiles are set up).
2. Place the multi-page document in the scanner.
3. On the scanner, press the blue **Scan** button. Your scanned document is saved to **S:\Scans**.

Editing faxes and scans using external PDF editing applications

If you want to edit a faxed or scanned document (for example, to remove a fax cover page, or to separate a faxed document into multiple documents) using an external PDF editing software application (for example, Adobe Acrobat), you must open, edit and save the document from the Scans or Faxes folder. You can then attach the document to a patient's record in Wolf EMR.

> **Tip**: For instructions on how to edit PDF documents using Adobe Acrobat, download the handout for **Editing faxes and scans using Adobe Acrobat**.

Linking documents

You can link electronic faxes and scanned documents to a patient’s record. You can also link documents to a specific problem as a resource or handout. If you assign effective keywords to documents you link to patients, you can easily identify and find the document you are looking for in the patient’s Medical Summary.

> **Tip**: You can also link an identification photo to a patient’s record.

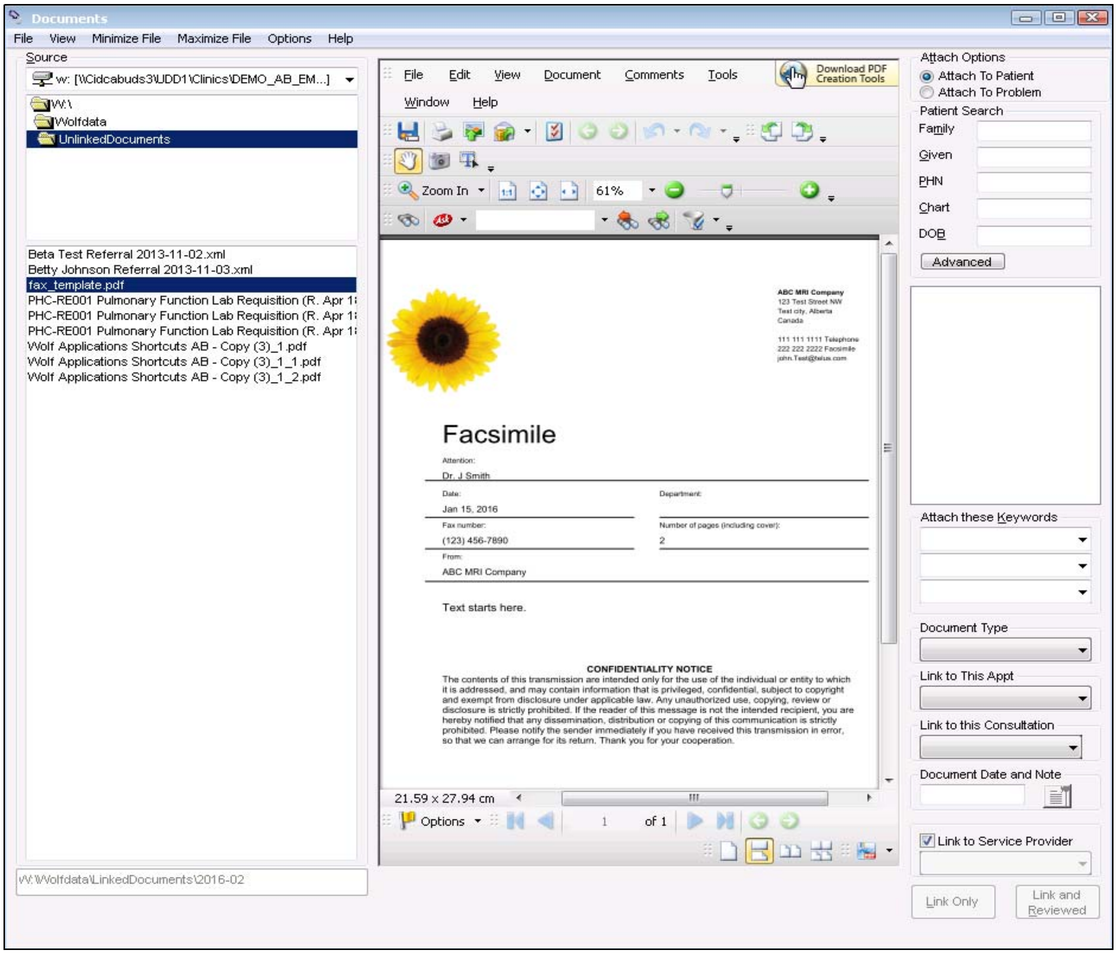
Linking documents to patient records

When you link a document to a patient record, that document becomes available under the **Documents** tab in the patient's Medical Summary.

To link a document to a patient record:

1. On the Wolf EMR Launch page, click **Documents** ( ). The EMR displays the Documents window.

2. On the left side of the window, click a document. The EMR displays a preview of the document.



Tip: Editing documents from the Documents window

If you do not have an external PDF editing application, and a document is up-side-down, in the Document's window, you can rotate the document before you link it to a patient's record:

1. In the left pane, select the document you want to edit. The EMR displays the selected document.

2. Above the document preview, click **Document** > **Rotate Pages**.

Note: From the Documents window, you cannot use any other document editing options unless you have purchased the PDF editing software from TELUS Health.

3. In the right pane, in the **Attach Options** area, select **Attach to Patient**.

4. In the **Patient Search** area, enter the Patient's Name, PHN, Chart #, or date of birth.

5. In the search results, click the patient’s name.

> **Tip**: If there are too many patient names in the search results, or if you want to associate the document with an inactive patient, click the **Advanced** button to perform an Advanced Patient Search. The Advanced Patient Search has more options to narrow your search.

6. In the **Attach these Keywords** drop-down list, select a keyword to describe the document, for example **ECG**. You can also type a keyword in the field. You can attach a maximum of three keywords to describe the document. See “Using keywords” on page 377.
7. In the **Document Type** drop-down list, select the document type.

> **Tips**:
>
> - The document type helps you identify and filter documents in the patient’s record.
> - If you start to type the Document Type, then the EMR automatically takes you to that area of the list.
>
> **Note:** You cannot free-type a value into this field.

8. To link the document to one of the patient's upcoming visits, in the **Link to This Appt** drop-down list, select the visit.
9. If the document is related to a referral (for example, a consult letter, or appointment confirmation), in the **Link to this Consultation** drop-down list, select the referral.

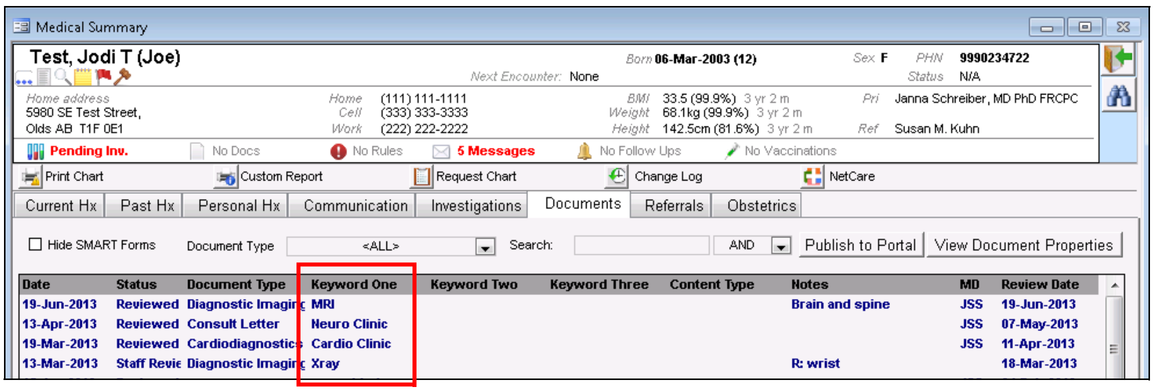
> **Note**: If you link a document to a referral, the referral status changes from **Pending** to **Completed**, and reconciles the referral.

10. In the **Document Date and Note** area, enter the date the document was <u>created</u>. Use the format: **ddmmyy** or **dd/mmm/yyyy**.
11. To add notes about the document, click the **Note** icon ( ). The EMR displays a note entry window. Type your notes and close the window when finished.
12. The **Link to Service Provider** check box is selected by default. When this check box is selected, the EMR links the document to the patent's primary service provider. If the patient does not have a primary service provider, or you want to link the document to another service provider:
    a) Clear the **Link to Service Provider** check box and then, in the drop down list below, click the service provider who you want to link the document to.
13. In the bottom right corner of the window, perform one of the following actions:

- Click **Link Only** to add the document to the patient's record and to notify the practitioner to review the document.
- Click **Link and Reviewed** to add the document to the patient's record without notifying the practitioner (typically used for scans that the practitioner has already viewed).

Using keywords

When you link a document, you use keywords to describe or categorize the document. These keywords help identify, or "label" the document and make it easier for you to find the document in a patient's chart.



Some keywords result in the document becoming available through a specific link in the EMR. Other keywords result in an icon appearing in the EMR. The following table contains some examples of keywords and how they affect the EMR.

Keyword	Result
Prenatal Form	When you link a document with the keyword **Prenatal Form**, the document is available through the **Patient Handouts** link on the Prenatal Record **for ALL patients**. **Important:** Ensure that the document does not contain any patient-specific or other confidential information. Examples of Prenatal handouts might include dietary education or breast feeding tips.
Prenatal US	When you link a document to a patient, with the keyword **Prenatal US**, the document becomes available through the **Ultrasound Images** link on the Prenatal Record. You can also view the document from the **Documents** tab in the Medical Summary.

Keyword	Result
IDPhoto	When you link a photo to a patient with the keyword **IDPhoto**, a camera icon ()appears in the following locations in the EMR: ■ Below the patient's name on the **Patient tab** on the Physician WorkDesk (Patient Resources area on the SMART Patient Banner) ■ Below the patient's name in the Medical Summary (Patient Resources area on the SMART Patient Banner) ■ Under the **Documents** tab in the Medical Summary Click the camera icon to display the photo.
Medical Summary	When you link documents such as previous important paper chart information or previous medical summary information with the keyword of **Medical Summary**, you can view the document from the **Documents** tab on the Medical Summary. **Important**: You can link many documents to the patient's Medical Summary using this keyword although only the last linked document is displayed by clicking the button (with a picture of an open book) that is displayed next to the patient's name on the **Patient** tab on the Physician WorkDesk.
Medical Image	When you link a document to a patient's Medical Summary with the keyword of **Medical Image**, the document appears on the **Investigations** tab in the Medical Summary.
PAPs or Mammogram	When you link scanned documents of previous PAP or Mammogram results to a patient's Medical Summary with the keyword of either **PAPS** or **Mammogram**, the document appears in the **Preventive Procedure Results** section on the **Investigations** tab, in the Medical Summary.

Note: You can select a maximum of three keywords for each document or photo.

Best practice: Although you can free-type keywords in the **Attach these Keywords** field, try to use keywords from the drop-down list instead. This way, documents are input with consistent descriptions and are easier to identify and search for in patient records.

Note: Only users with Administrative rights can add keywords to the **Attach these Keywords** drop-down list.

Linking documents to problems as resources or handouts

When you link a document to a problem, then that document is easily accessible directly from the SOAP Form when that problem is selected in the **Assessment** section.

You can link a document to a problem to use as a quick resource either for the practitioner or as a handout for the patient.

To view the document, simply click the **View Linked Documents** link beside the problem. You can also print the document if you want.

To link a document to a problem:

1. On the Wolf EMR Launch page, click **Documents** ( ). The EMR displays the Documents window.
2. In the left pane, click a document. The EMR displays a preview of the document.
3. In the top right corner of the window, in the **Attach Options** area, select **Attach to Problem**. The EMR displays the **Problem Search** area and a **Problem** field.
4. In the **Problem** field, enter the problem that you want to link the document to, and then on your keyboard, press **Enter**.
5. In the search results list, click a problem.

Tip: If there are no search results, try entering only one word to describe the problem, or the first few letters of the problem.

6. In the **Attach these Keywords** drop-down list, click a keyword to describe the document. You can also type a keyword in the field, for example **Diabetes handout**. You can attach a maximum of three keywords to describe the document.
7. In the **Document Type** drop-down list, click a document type.
8. In the **Document Date and Note** area, enter the document's date (the date it was created). Use the format: **ddmmyy** or **dd/mmm/yyyy**.
9. To add notes about the document, click the **Note** icon ( ). The EMR displays a note entry window. Type your notes and close the window when finished.
10. The **Link to Service Provider** check box is selected by default. When this check box is selected, the EMR links the document to the patent's primary service provider. If the patient

does not have a primary service provider, or you want to link the document to another service provider:

a) Clear the **Link to Service Provider** check box and then, in the drop down list below, click the service provider who you want to link the document to.

11. Click **Link and Reviewed**.

Viewing and modifying documents from a patient's record

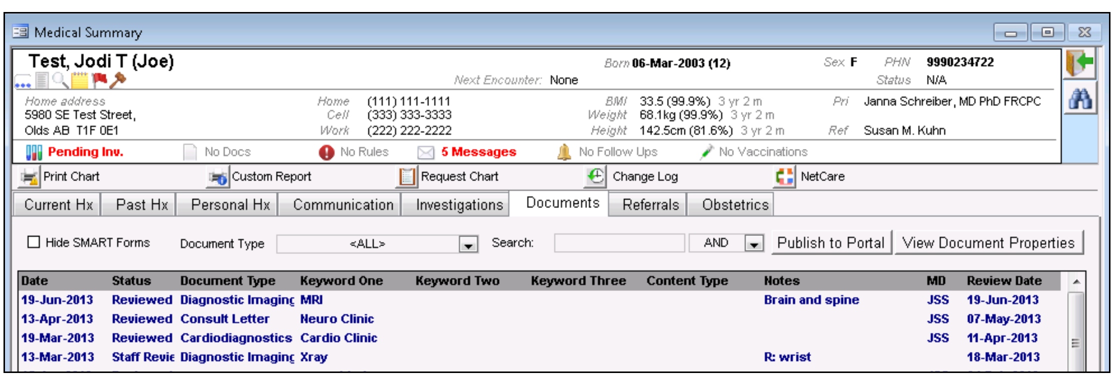
After you link a document to a patient's record, you can view and modify the document. You can modify the document's properties, for example you can change the keywords or add notes. If you add a document to a patient's Medical Summary in error, you can unlink that document (and then link it to another patient), or you can delete the document. If you delete a document linked to the patient's record, you can always retrieve it from the **DeletedDocuments** folder. You can also publish documents from a patient's record to the Patient Portal.

Viewing all documents linked to a patient

You can view documents linked to a patient from the **Documents** tab in the patient's Medical Summary. To open and view a document, simply double-click a document in the list.

To view all documents linked to a patient:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Documents** tab. The **Documents** tab lists all of the patient's documents.



3. Double-click the document you want to view.

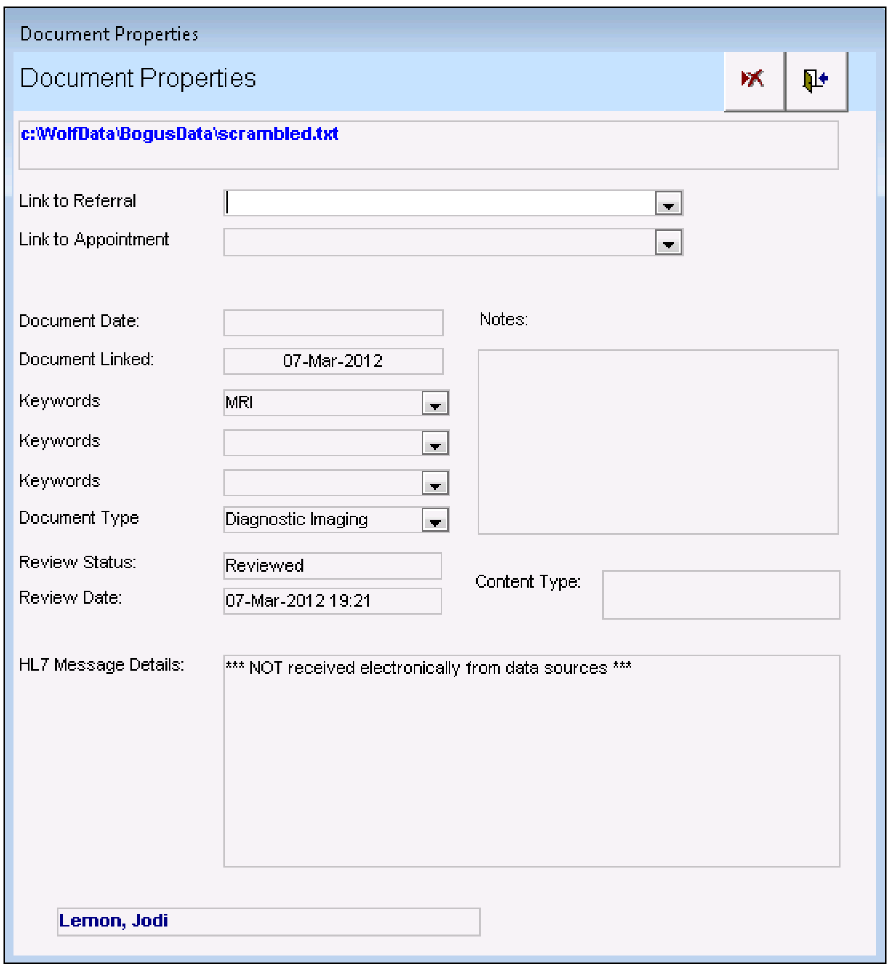
Modifying a document's properties

After you link a document to a patient's Medical Summary, you can edit the document's properties to do the following:

- Link the document to a referral or to an appointment
- Change the date of the document
- Add keywords and notes to remind you of the contents or purpose of the document as well as make the document easier to find in the future.
- Change the document type

To modify a linked document's properties:

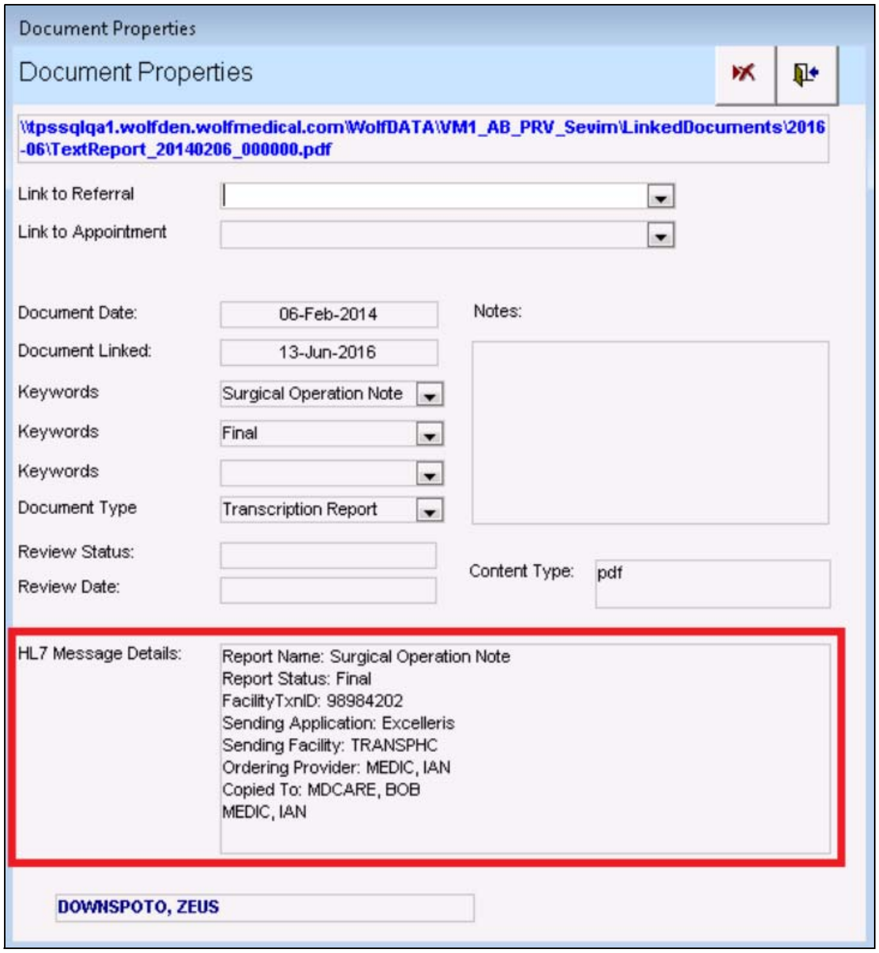
1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Documents** tab. The **Documents** tab lists all of the patient's documents.
3. Click a document, and then click **View Document Properties**. The EMR displays the Document Properties window.



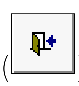
4. Use the following table to modify the document's properties.

Field	Description
Link to Referral	In the **Link to Referral** drop-down list, click the referral that you want to link the document to. The EMR marks the referral as **Completed**.
Link to Appointment	In the **Link to Appointment** drop-down list, click the appointment that you want to link the document to.
Document Date	Enter the date the document was received.
Keywords	Click a keyword from the **Keywords** drop-down list or type in a keyword in the field. You can enter up to three keywords.
Document Type	In the **Document Type** drop-down list, click a document type. Specifying a document type helps you to identify and filter documents in the patient's record.
Notes	Add notes to remind you of the contents or purpose of the document.
Publish to Portal	Select this check box if you want to publish the document to the Patient Portal. For mor information on publishing documents to the Patient Portal, see "Publishing documents to the Patient Portal from the Medical Summary" on page 385.

Note: If the document was received via electronic import, the EMR displays additional document details and messages in the **HL7 Message Details** area.



You cannot modify this information.

5. Click **Save Document Settings and Close Form** ().

Unlinking a document from a patient's record

If you want to remove a document from a patient's record, you must **unlink** the document from the patient's record. When you unlink a document from a patient's record, you have the choice to either:

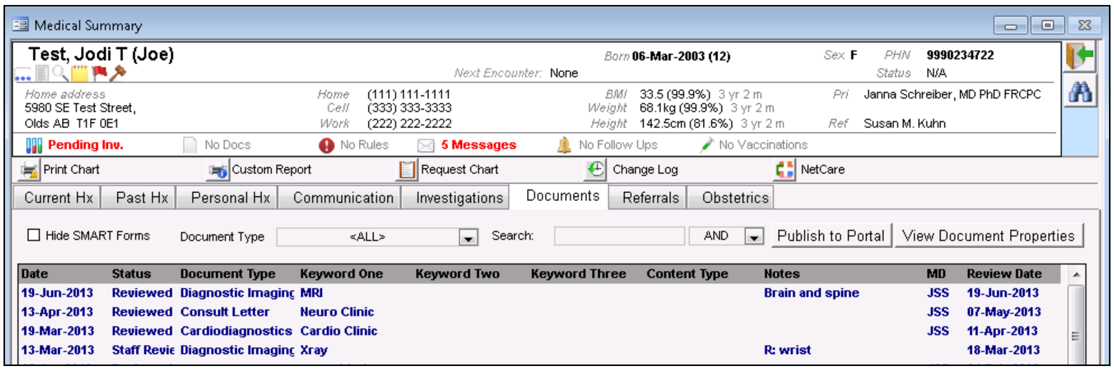
- **Unlink the document** and move the document to the **UnlinkedDocuments** folder, OR

- **Unlink the document** and move the document to the **DeletedDocuments** folder.

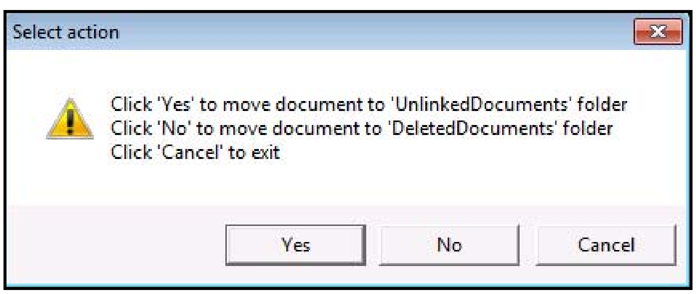
> **Note**: You can retrieve the document from the **DeletedDocuments** folder, if necessary. See “Retrieving a document from the DeletedDocuments folder” on page 385.

To unlink a document from a patient’s record:

1. Open the patient’s Medical Summary. See “Opening a patient’s Medical Summary” on page 163.
2. Click the **Documents** tab. The **Documents** tab lists all of the patient’s documents.



3. Click a document and then click **View Document Properties**. The EMR displays the Document Properties window.
4. In the Document Properties window, click **Cancel Link** ( ). The EMR displays the Select Action window with the following prompt:



5. Perform one of the following actions:
   - Click **Yes** to unlink the document and to move the document to the **UnlinkedDocuments** folder.
   - Click **No** to unlink the document and to move the document to the **DeletedDocuments** folder. (You can retrieve the document from the **DeletedDocuments** folder if necessary. See “Retrieving a document from the DeletedDocuments folder” on page 385.)

Retrieving a document from the DeletedDocuments folder

To retrieve a document from the **DeletedDocuments** folder, you simply move the document from the **DeletedDocuments** folder to the **UnlinkedDocuments** folder. Once the document is in the **UnlinkedDocuments** folder, you can link that document to a patient's record or to a problem.

To retrieve a document from the **DeletedDocuments** folder:

1. Open the **DeletedDocuments** folder. In most cases, the **DeletedDocuments** folder is located in **Wolf Lair/Data/DeletedDocuments**.
2. Click the document you want to retrieve.
3. On your keyboard press **Control + C** to copy the document.
4. Open the **UnlinkedDocuments** folder. In most cases, the **UnlinkedDocuments** folder is located in **Wolf Lair/Data/UnlinkedDocuments**.
5. On your keyboard press **Control + V** to paste the document into the **UnlinkedDocuments** folder.

> **Note**: Ensure that the document is in the **UnlinkedDocuments** folder before you go to the next step.

6. Go back to the **DeletedDocuments** folder.
7. Click the document you retrieved.
8. On your keyboard press **Delete** to delete the document.

Publishing documents to the Patient Portal from the Medical Summary

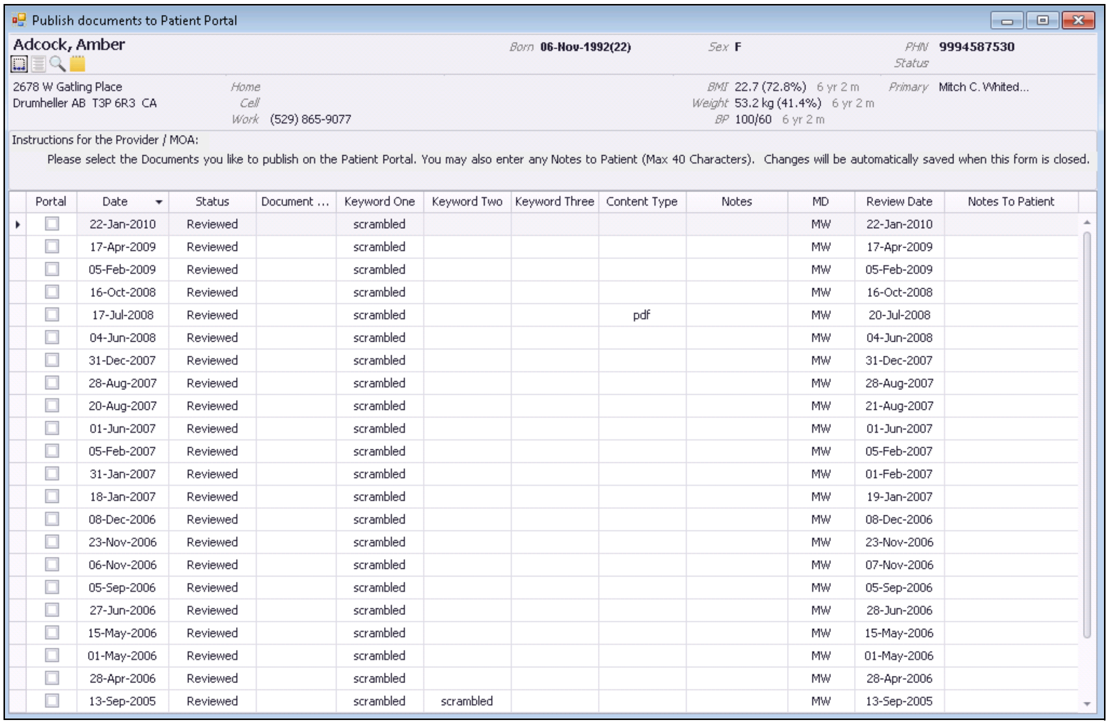
Documents, such as medical reports, that reside in the **Documents** area of a patient's Medical Summary are not automatically published to the Patient Portal. You must select which documents are to be published.

From a patient's Medical Summary, you can select one document or multiple documents at once to publish to the Patient Portal.

To publish documents to the Patient Portal from the Medical Summary:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.
2. Click the **Documents** tab.

3. Click **Publish to Portal**. The EMR displays the Publish documents to Patient Portal window with a complete list of the patient's documents.



Portal	Date	Status	Document ...	Keyword One	Keyword Two	Keyword Three	Content Type	Notes	MD	Review Date	Notes To Patient
☐	22-Jan-2010	Reviewed		scrambled					MW	22-Jan-2010	
☐	17-Apr-2009	Reviewed		scrambled					MW	17-Apr-2009	
☐	05-Feb-2009	Reviewed		scrambled					MW	05-Feb-2009	
☐	16-Oct-2008	Reviewed		scrambled					MW	16-Oct-2008	
☐	17-Jul-2008	Reviewed		scrambled			pdf		MW	20-Jul-2008	
☐	04-Jun-2008	Reviewed		scrambled					MW	04-Jun-2008	
☐	31-Dec-2007	Reviewed		scrambled					MW	31-Dec-2007	
☐	28-Aug-2007	Reviewed		scrambled					MW	28-Aug-2007	
☐	20-Aug-2007	Reviewed		scrambled					MW	21-Aug-2007	
☐	01-Jun-2007	Reviewed		scrambled					MW	01-Jun-2007	
☐	05-Feb-2007	Reviewed		scrambled					MW	05-Feb-2007	
☐	31-Jan-2007	Reviewed		scrambled					MW	01-Feb-2007	
☐	18-Jan-2007	Reviewed		scrambled					MW	19-Jan-2007	
☐	08-Dec-2006	Reviewed		scrambled					MW	08-Dec-2006	
☐	23-Nov-2006	Reviewed		scrambled					MW	23-Nov-2006	
☐	06-Nov-2006	Reviewed		scrambled					MW	07-Nov-2006	
☐	05-Sep-2006	Reviewed		scrambled					MW	05-Sep-2006	
☐	27-Jun-2006	Reviewed		scrambled					MW	28-Jun-2006	
☐	15-May-2006	Reviewed		scrambled					MW	15-May-2006	
☐	01-May-2006	Reviewed		scrambled					MW	01-May-2006	
☐	28-Apr-2006	Reviewed		scrambled					MW	28-Apr-2006	
☐	13-Sep-2005	Reviewed		scrambled	scrambled				MW	13-Sep-2005	

4. In the list of documents, select the check box beside each document you want to publish to the Patient Portal.
5. To add notes to the patient regarding a particular document, in the **Notes to Patient** column, enter your notes to the patient.
6. When you finish selecting documents, click **Close** (). The EMR displays a dialogue box with the following message: "Selected document(s) have been published/updated via the Patient Portal".
7. Click **OK**.

Chapter 10

Managing incoming electronic investigations

In Wolf EMR, you use the Import program to import new electronic investigations and to match unrecognized patients to investigations. Once you import electronic investigations, the ordering providers are automatically notified to review the investigations.

As a front end staff member you cannot mark imported labs as reviewed. If a provider is unavailable to review their investigations, you can redirect electronic investigations to other providers in the clinic for review.

Importing investigations and reports

The following sections explain how to:

- Import investigations and reports
- Match patients to investigations
- Manage patients added with an investigations import

Importing new investigations and reports

You can import electronic laboratory results, and other medical reports (depending on which feeds your clinic is set up for) for all providers in your clinic at once. Following import, providers can review and take action on received investigation results and reports.

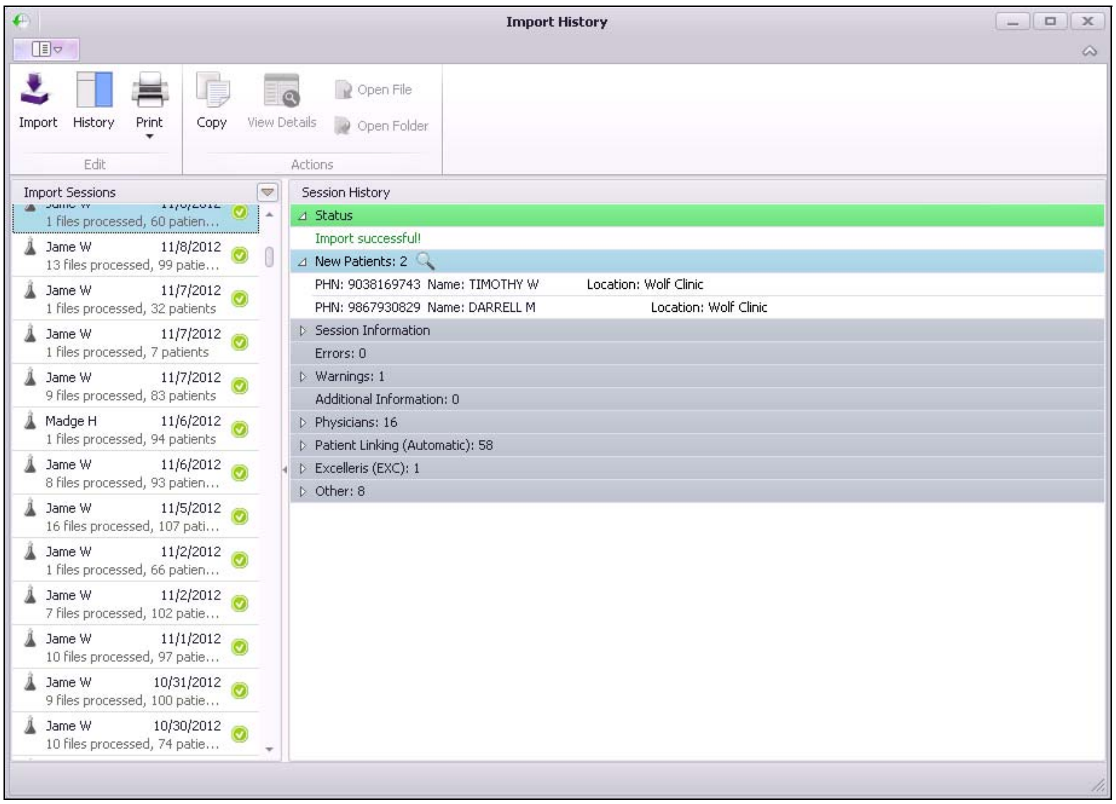
To receive the most up-to-date results, import 3 times daily. Wolf EMR imports all electronic investigations released since the last import.

Note: Any Wolf EMR user can download electronic investigations, no matter their role or security access. However, each user who downloads investigations must be configured to do so.

Tip: Assign specific users to be responsible for manually downloading lab investigations at similar times each day. This way you can ensure that lab downloads occur at regular intervals.

To import new investigations and reports:

1. On the Wolf EMR Launch page, click **Import**(). The EMR displays a dialog box with the following prompt: “Are you sure you would like to import new investigations at this time?”
2. Click **Yes**. The EMR imports investigations and reports from all of the lab and diagnostic imaging companies that you are set up to receive electronic imports from, and displays the imported investigations in the Import History window.



The Import History window contains the following information:

- **Import Sessions**: A list of users who have imported investigations, and on what dates and times those imports occurred.
- **Session History**: A status summary of your imports. Indicates if the current import is successful. Also details information on new patients added with the most recent

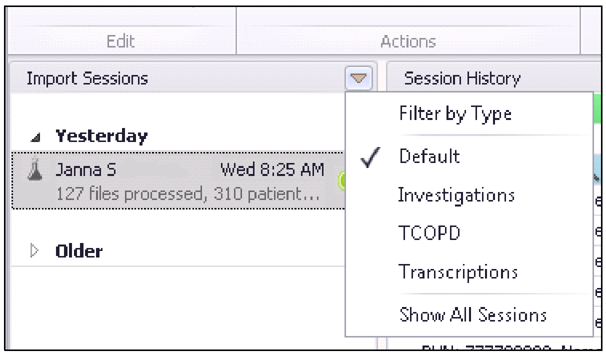
investigation import, including patient names, provincial health numbers, and clinic location (if your clinic has more than one clinic location).

Viewing investigation import information for multiple locations:

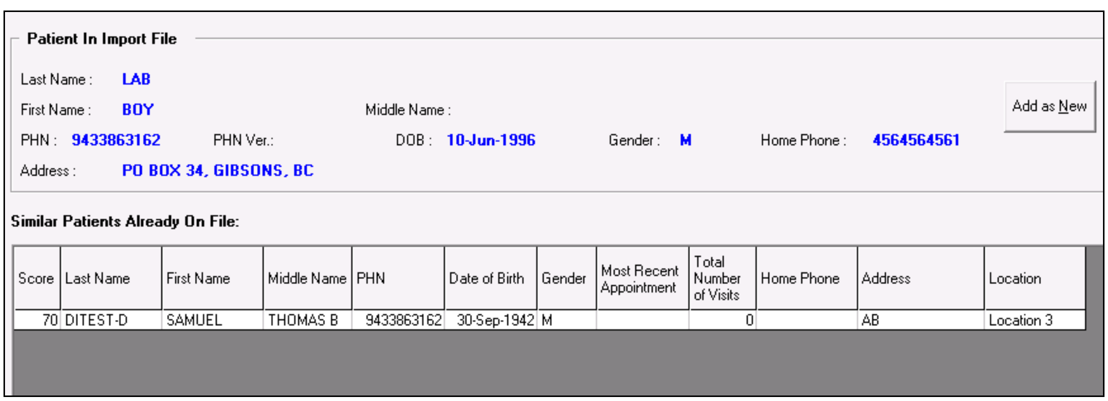
If your clinic has multiple locations, by default you see investigation import information only for locations that you are assigned to.

To view import information for all clinic locations:

- On the **Import Session** header, click the down arrow icon () and then, in the list of filter options, click **Show All Sessions**..



3. If the import contains an investigation belonging to a patient who cannot be identified in your system, the EMR opens the Patient Match Selection Form window. This window displays the imported patient information, and a list of possible patient matches below.



perform one of the following actions:

- To match the investigation to a patient in the **Similar Patient Already On File** list, double-click the patient's name.

- To add the patient as a new patient in your system, click **Add as New**.

Note: If your clinic has multiple clinic locations, the patient is automatically assigned to the ordering physician's primary location. You can manually assign imported patients to another location if needed. See "Managing patients added with investigation imports" on page 391.

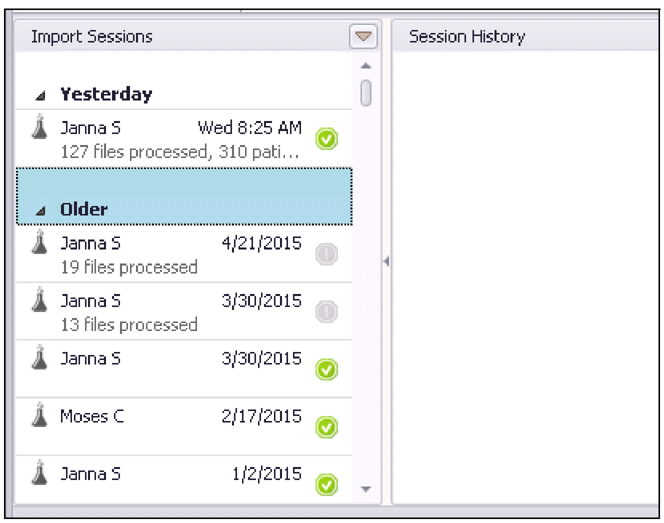
Once all unidentified patients are matched, the EMR displays the Import History window once more.

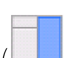
4. In the **Session History** area of the Import History window, review the status of your import to see if your import was successful or not.

Note: If there are any errors, the **Session History** window provides instructions to contact the Wolf EMR Support Team for further assistance.

5. To view detailed information for a previous import, in the **Import Sessions** area, click the import. The EMR displays detailed information for the import in the **Session History** area.

Tip: If the import you want is not available in the list, click the arrow to the left of **Older**. The EMR displays a complete list of previous imports.



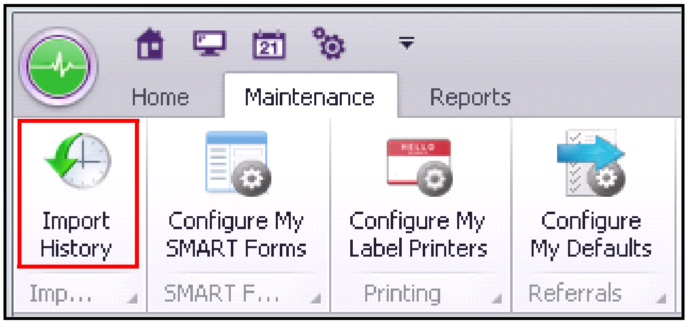
6. To expand the **Session History** area, click **History** (). The EMR hides the **Import Sessions** area.

7. To display the **Import Sessions** area, click **History** () once more.

8. When you finish reviewing the status of your import, click **Close** ().

Tip: If you want to view the Import History without importing investigations, you can access the Import History window from Wolf EMR Maintenance:

- On the Wolf EMR Launch page, and then click the **Maintenance** tab, and then click Import. History.



Managing patients added with investigation imports

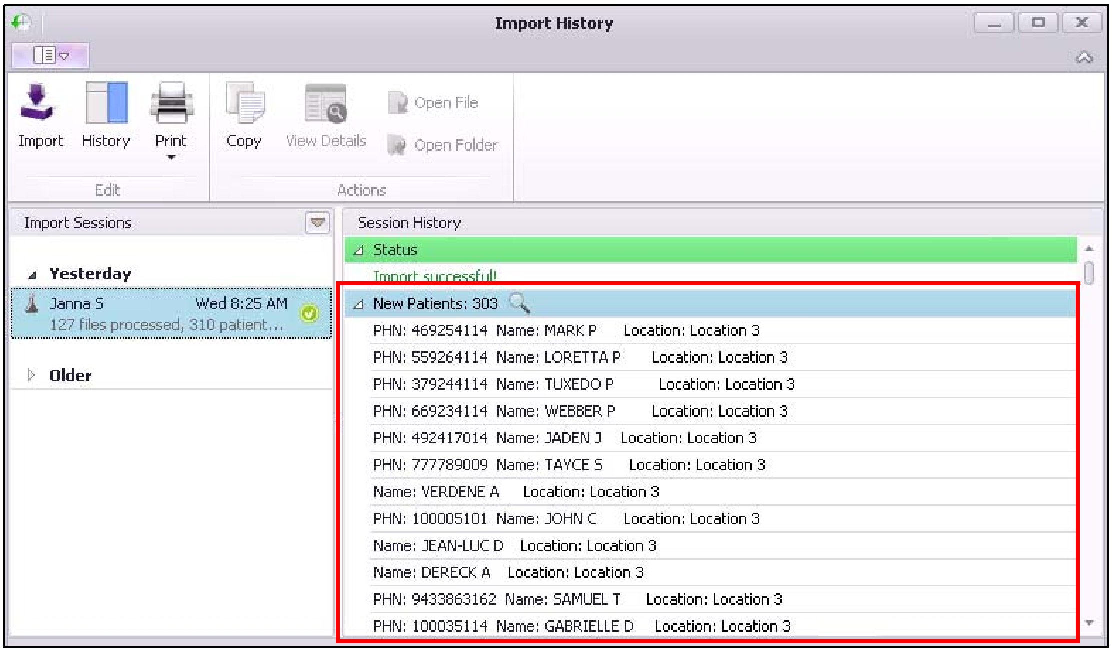
If new patients are added to your EMR with an investigation import (for example, if you receive labs for patients seen by a provider in hospital), from the Import History window, you can:

- Modify patient demographic information
- Deactivate the patients
- Assign the patients to a primary MD
- Assign the patients to a location
- Assign the patients to a care team
- Change the patients' status
- Create follow-up tasks for the patients

To manage patients added with an import:

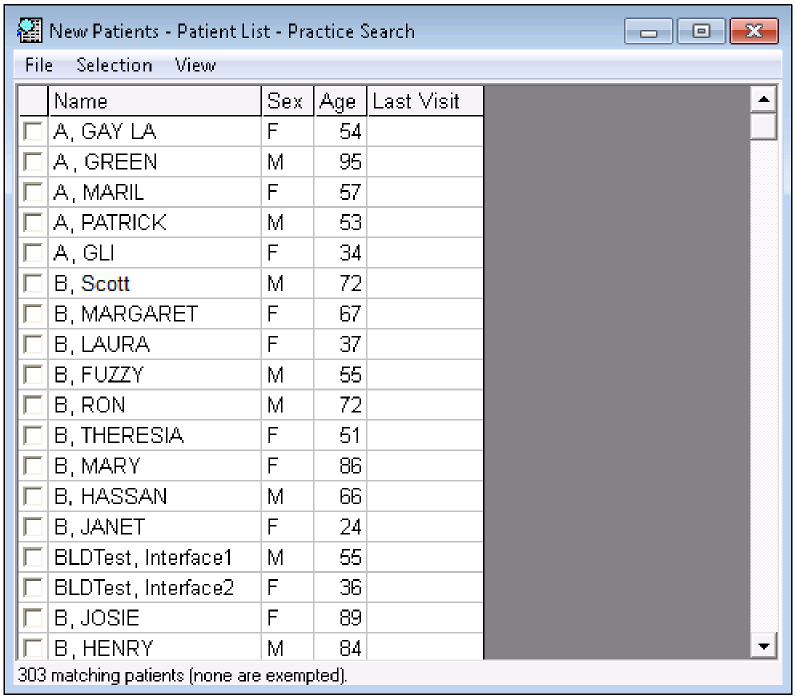
1. Open the Import History window, see "Importing investigations and reports" on page 387.
2. In the **Import Session** area, click the import you want to view and manage new patients for. The EMR displays information for the selected import in the **Session History** area, including a list of patients added to your system with the import. The list of patients includes:
    - Patient names
    - Provincial health numbers

- The clinic location the investigation was ordered from (displays only if your clinic has multiple clinic locations)



3. To view or modify a patient's demographic information, double-click the patient's name. The EMR displays the Patient Maintenance window.
4. To manage the imported patients as a group:

a) In the **Session History** area, on the **New Patients** header, click . The EMR opens a window displaying the list of new patients.


New Patients - Patient List - Practice Search

File Selection View

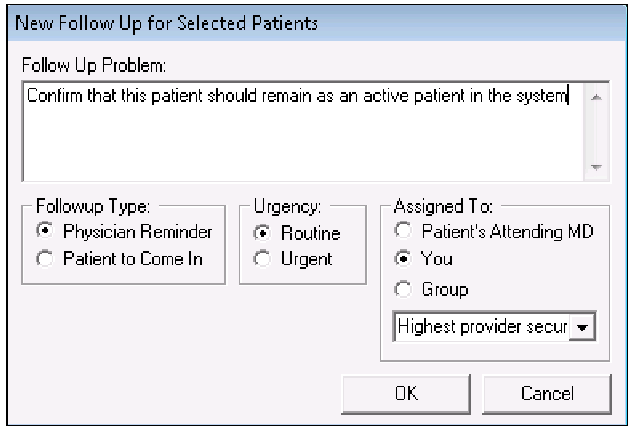
	Name	Sex	Age	Last Visit
	A, GAY LA	F	54	
	A, GREEN	M	95	
	A, MARIL	F	57	
	A, PATRICK	M	53	
	A, GLI	F	34	
	B, Scott	M	72	
	B, MARGARET	F	67	
	B, LAURA	F	37	
	B, FUZZY	M	55	
	B, RON	M	72	
	B, THERESIA	F	51	
	B, MARY	F	86	
	B, HASSAN	M	66	
	B, JANET	F	24	
	BLDTest, Interface1	M	55	
	BLDTest, Interface2	F	36	
	B, JOSIE	F	89	
	B, HENRY	M	84	

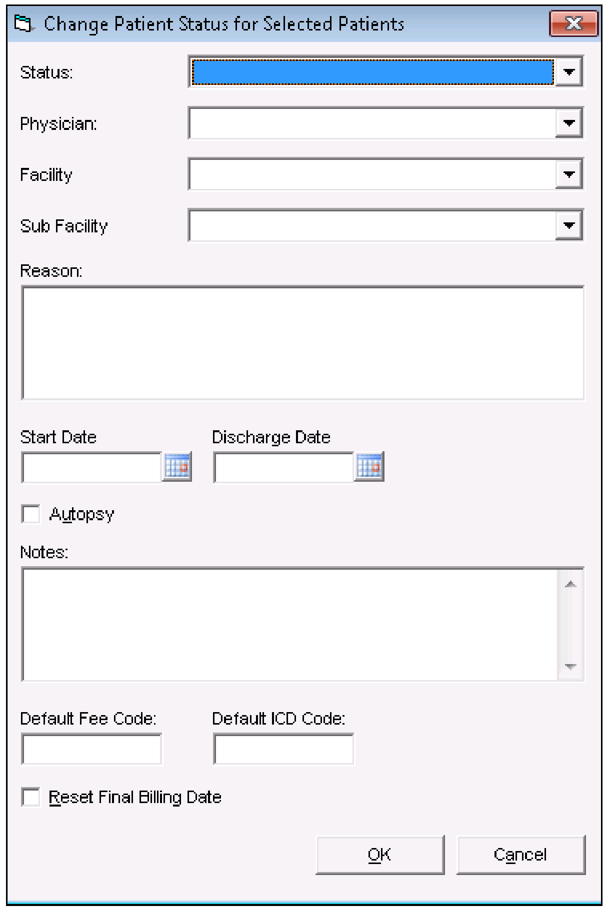
303 matching patients (none are exempted).

b) Select the check box beside the patients you want to modify, or to select all patients, click **Selection** > **Select All**.

c) In the menu, click **Selection**. The EMR displays a list of actions you can perform on the selected patients.

d) Using the following table, select an action to perform on the selected patients.

Action	Description
Add to Followup List	To create a follow-up task for the selected patients: 1. Click **Add to Followup List**. The EMR displays the New Follow Up for Selected Patients window.  2. Enter the following information, and then click **OK**: ■ **Follow Up Problem**: Enter a description for the follow up task. ■ **Follow up Type**: To assign the follow task(s) to a particular user or to a group, click **Physician Reminder**, or to create a to Come In task, click **Patient to Come In**. **Note:** For more information on To Come In (TCI) tasks, see "To Come In tasks" on page 335. ■ **Urgency**: Click **Routine** or **Urgent**. ■ **Assigned To**: Click the user or group the task(s) are to be assigned to.
Assign Primary MD	To assign the patients a primary provider, click **Assign Primary MD**.
Assign Care Team	If your clinic has care teams set up in Wolf EMR, and you want to assign the patients to a particular care team, click **Assign Care Team**.
Update Default Location	If your clinic has multiple clinic locations, and you want to assign the patients to a particular location, click **Update Default Location**. **Note:** By default, patient's are assigned to the location that their investigations were ordered from.

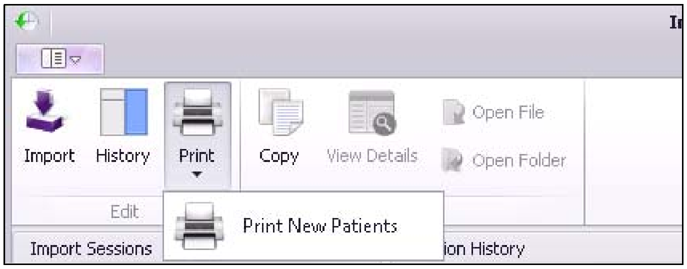
<table>
<tr><th>Action</th><th>Description</th></tr>
<tr><td>Update Patient Status</td><td>
To update the patients' status:
1. Click Update Patient Status. The EMR displays the Change Patient Status for Selected Patients window.


2. In the status drop-down list, click the status.
3. Complete the remainder of the fields, and then click OK.
Note: The information required depends on the status selection.
Note: If the status you want is not available on the list, a user with administrator authority can add statuses as needed.
</td></tr>
<tr><td>Deactivate Selected</td><td>To deactivate the selected patients, click Deactivate Selected.</td></tr>
</table>

Printing a list of new patients added during the current import session

You can print a list of new patients added during the current import session:

1. Open the Import History window. See “Importing investigations and reports” on page 387
2. On the ribbon bar, click **Print > Print New Patients**. The EMR prints the New Patient Summary report.



Redirecting electronic investigations

If a provider receives another provider’s electronic investigation(s) in error, or if a provider is covering for another provider, you can redirect investigation(s) to another (in clinic) provider.

Note: You can redirect an electronic investigation only if it has not yet been reviewed. If you do not see the **Redirect** button, the investigation has been reviewed or was entered manually.

To redirect an electronic investigation to another provider:

1. On your WorkDesk, in the **Incoming Results** area, click **Investigations**. The EMR opens the Investigation/Document In Basket window with a list of un-reviewed investigations displayed. You can filter the list, for example, by provider or by patient.
2. Click the investigation, and then click **Redirect**. The EMR displays the Select Service Provider window.
3. Select the provider you want to redirect the investigation to, and then click **OK**. The EMR:
   - Moves the investigation to the selected provider’s Investigation/Document In Basket.
   - Populates the investigation **Note** field with the following message: “Redirected by <your name> on <date>.”

Moving an investigation to another patient's chart (Administrators)

If an electronic investigation is linked to the wrong patient's chart, you can move the investigation to the correct patient chart.

Note:

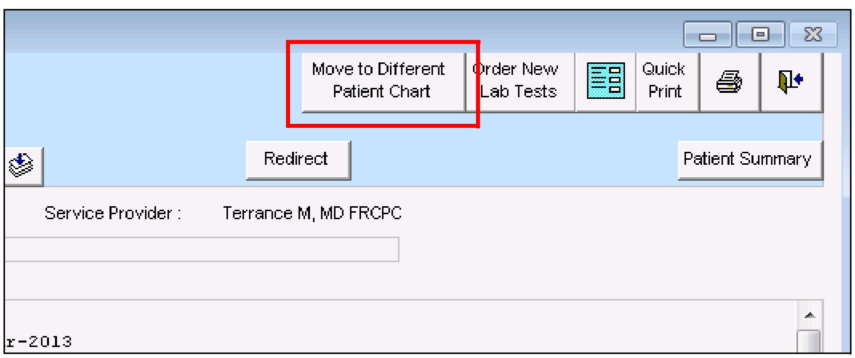
- Only users with administrative authority in Wolf EMR can move electronic investigation results and reports from one patient to another.
- When you move an investigation, if the investigation is an update to a previously received investigation, the original investigation is moved to the new patient's record as well.

To move an electronic investigation to another patient's chart:

1. On your WorkDesk, in the **Incoming Results** area, click **Investigations**. The EMR opens the Investigation/Document In Basket window with a list of un-reviewed investigations displayed.

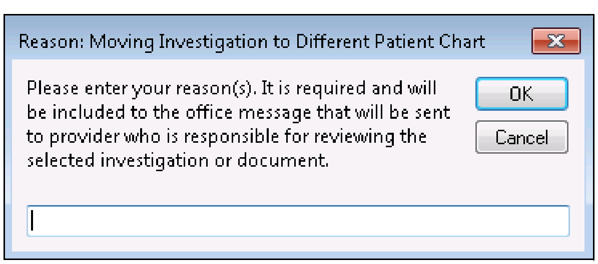
Tip: Using options in the left pane, you can filter the list of investigations to display only a specific provider's or a specific patient's investigations. You can also choose to display investigations that have been reviewed (by clearing the **New** check box).

2. Click the investigation, and then click **Move to Different Patient Chart**.



The EMR displays the Patient Search window.

3. Search for and select the patient you want to move the electronic investigation to. The EMR displays a dialog box asking for your reason for moving the investigation.



4. Enter your reason, and then click **OK**. The EMR:
   - Moves the electronic investigation to the selected patient's chart.
   - Sends a message to you and to the ordering provider indicating that the investigation has been moved. (The message displays in your Messages List.)

Chapter 11

Sending and managing referrals

In this chapter you learn how to send and manage referrals to external consultants and clinics. When you refer a patient to an external consultant, you initiate a referral in Wolf EMR. When you initiate a referral:

- Wolf EMR tracks where the patient is in the referral process (for example, if the referral letter needs to be completed, or if the patient is waiting for an appointment date/time)
- You create a referral letter from the referral

You have three choices on how you create a referral letter. You can use Basic Referral, you can use the Wolf EMR Referral Letter Composer, or you can use a SMART Form letter template.

Wolf EMR also has an eReferral feature. If your clinic has eReferral set up, you can send and receive referrals electronically to and from other Wolf EMR clinics. When you send an eReferral, the receiving clinic can import sections of the patient's Medical Summary that you choose to share.

Initiating referrals

Before you create a referral letter, you initiate a referral for the patient first. When you initiate a referral, you specify referral details such as the:

- Referral Type
- Consultant, clinic, or facility where you are referring the patient
- Urgency of the referral
- Referral reason

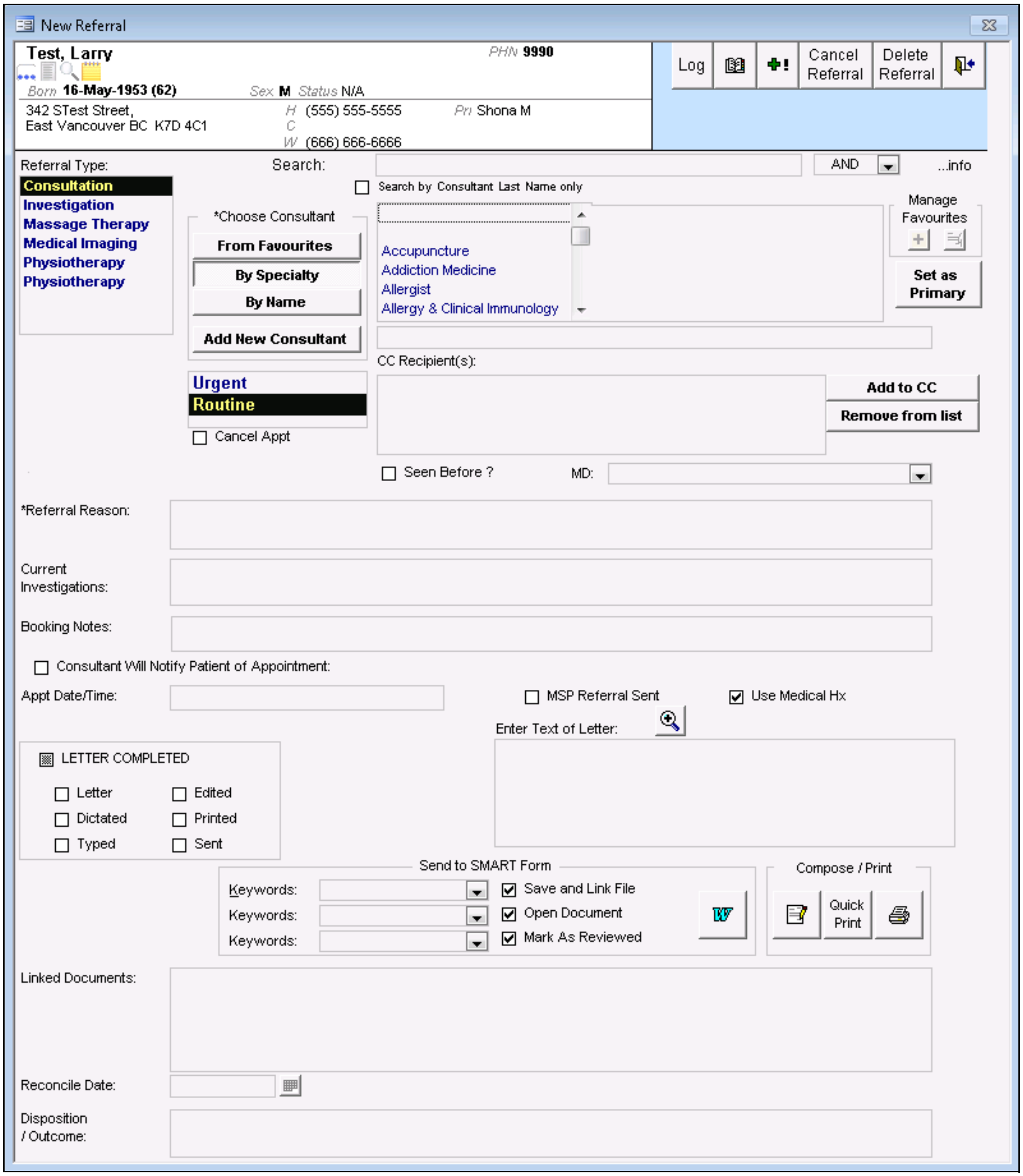
The referral details you enter automatically populate the referral letter. The referral details also help you track and manage actions you take towards a referral.

You can initiate a referral via the SMART menu, or from your WorkDesk.

To initiate a referral:

1. Perform one of the following actions:
   - If you have any window of the patient's medical record open (for example, the Vital Entry window or the Medical Summary window), right-click and then, in the SMART menu, click **New Referral**.
   - If you don't have the patient's medical record open:
     a) On your WorkDesk, in the **Referrals** area, click **New Referral**. The EMR opens the Patient Search window.
     b) Search for the patient and then double-click the patient's name.

   The EMR displays the New Referral window.



If a visit note has been created for the patient today, the EMR also displays a dialogue box with the following prompt: “Use current visit record to build referral letter?”

2. Perform one of the following actions:
   - To include today’s visit notes in the referral letter, click **Yes**.
   - To start a blank referral, click **No**.

3. In the **Referral Type** list, click the type that best describes what the referral is for. The selection defaults to **Consultation**.

> **Note**: Based on the Referral Type you select, the EMR filters the consultant list to display only consultants categorized under the selected type.

> **Want more Referral Type options?**
>
> Users with administrative authority can add, modify, or delete referral types.
>
> To add referral types:
>
> 1. On the Wolf EMR Launch page, click **Configuration** ( ).
> 2. On the Configuration menu, click **View** > **Physicians /Service Providers** > **Referral Types**. The EMR displays the Referral Types Maintenance window.

4. Search for and select a consultant using the **Search** field, or categorized consultants list:

   To search for a consultant using the **Search** field:

   a) In the **Search** field, enter the consultant's last name, or to see a list of consultants for a specific specialty, enter the specialty.

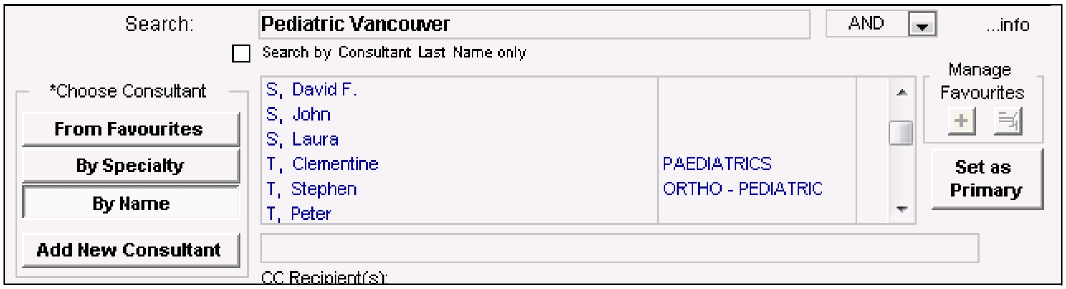
   b) To add additional search criteria, press the **Space bar**, and then enter the consultant's first name, specialty, practitioner number, or city (municipality).

   c) If you are searching based on a consultants last name only, below the **Search** field, select the **Search by Last Name only** check box. In the search results, the EMR includes only consultants with matching last names.

> **Tip**: You can set the **Search by Last Name only** check box to be selected by default:
>
> 1. On the WorkDesk menu, click **Configure** > **Configure Workdesk** ( ).
> 2. Click the **Referrals** tab.
> 3. Beside **Search for Consultant Last Name only**, clear the **Apply clinic Setting** check box, and then select the **User Setting** check box.

   d) In the drop-down list to the right of the **Search** field, click one of the following options:

   - To search for consultants that contain ALL keywords you enter, click **AND**.
   - To search for consultants that contain ANY of the keywords you enter, click **OR**.



e) In the list of matching consultants, click the consultant you want.

To search for a consultant using the categorized consultants list:

a) In the **Choose Consultant** area, click one of the following:

- **From Favourites (Default)**: The EMR displays a list of your favourite consultants.
- **By Speciality**: The EMR displays a list of specialties. Click the specialty you want. The EMR displays a list of consultants for the selected specialty.
- **By Name:** The EMR displays the entire consultants list in alphabetical order.
- **Add New Consultant**: The EMR displays the Enter New Consultant window. See "Adding a new consultant when you are creating a referral" on page 433.)

Tip: You can set what option is selected by default in the **Choose Consultant** area:

1. On the WorkDesk menu, click **Configure** > **Configure Workdesk** ( ).
2. Click the **Referrals** tab.
3. Beside **Default view of Consultants**, clear the **Apply clinic Setting** check box and then, in the **User Setting** drop-down list, select the option you want.

b) In the resulting consultants list, click the consultant you want.

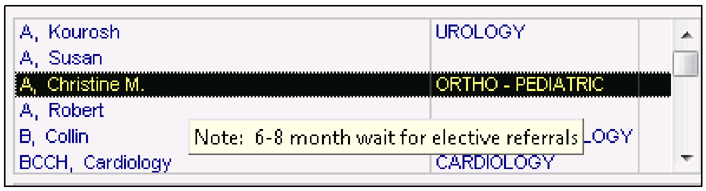
What if I don't know what consultant is available?

If you do not know the consultant you want (for example, if you do not know which specialists are available), you can instead select a generic specialist. Search for and select "**Next Available Specialist**".

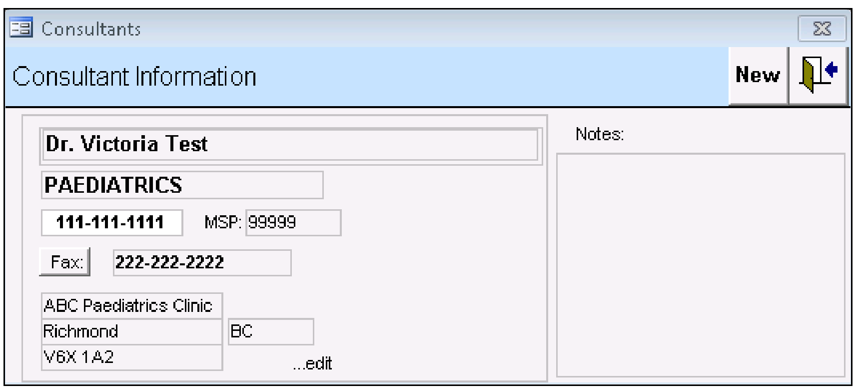
You, or another staff member, can change the consultant's name in the referral at a later time.

Tip: If there are notes entered for a consultant (for example, if there are notes on booking procedures for a specific consultant), you can view these notes from the list of consultants. To view consultant notes:

- In the list of consultants, click the consultant, and then hover your cursor over the consultant's name. The EMR displays any notes for that consultant as a tool tip.



5. To verify that you selected the correct consultant, in the top right corner of the window, click **...info**. The EMR displays the Consultant Information window, with details on the consultant you selected.



6. To set the selected consultant as the primary practitioner to receive the referral, click **Set as Primary**. The EMR displays the consultant's name in the field below the consultant list.

What if I set the wrong consultant as the Primary Consultant?

If you set the wrong provider as the Primary Consultant, click another provider from the consultants list, and then click **Set as Primary** again. The EMR replaces the Primary Consultant with the new selection.

7. If applicable, enter practitioners to be CC'd on the referral letter:

   a) Search for and select a consultant. See Step 4. to Step 5. .

b) Click **Add to CC**. The EMR inserts the selected practitioners name in the **CC Recipient(s)** area.

> **Tip**: To save the primary consultant, ensure you click **Set as Primary** before you add CC'd practitioners.

8. To define the Priority of the referral, click one of the following options:
   - **Routine** (default)
   - **Urgent**
9. Use the following table to enter information in the rest of the window:

Field/Check box	Description
Seen Before?	Select this check box if the patient was seen by a practitioner from your clinic, for the same referral reason. **Note:** In the **MD** drop-down list, click the practitioner that the patient saw.
MD	**Important:** If the patient was not seen before, you must click the referring practitioner's name in the **MD** drop-down list.
***Referral Reason**	Enter the reason and/or diagnosis for the referral. **Note:** This field is mandatory.
Current Investigations	Enter any investigations you are awaiting results on (including investigations that you have ordered today).
Booking Notes	Enter notes regarding the appointment booking. Information can include: - Type of specialist you want to refer to (for example, "Refer to cardiology") - Expected wait times for booking. (for example, "Expected wait time is 4mo"). **Note:** Information entered here displays in the **Notes** column in your **Referral Appointments to be made** list.

Field/Check box	Description
Consultant Will Notify Patient of Appointment	To indicate that the patient will be notified of the appointment time from the consultant's office, select this check box. The EMR immediately adds an item to your **Patients to Notify** list. You then know to call the patient to indicate that they can expect a call from the consultant's office. **Note:** If this check box is selected, the patient does not display in the **Appointments to be Made** list.
MSP Referral Sent	Select this check box if you want to send the referral billing to MSP. (This is a no charge fee referral 3333.) When you save the referral, the EMR automatically creates a bill in Billing with the patient's name, Fee Code, and the Specialist's name to whom the patient is referred. **Note:** If you do not send the referral billing to MSP now, you can send the referral billing to MSP later, from the Appointments To Be Made window: 1. On your WorkDesk, click **<x> referral appointments to be made**. The EMR displays the Appointments To Be Made window. 2. In the list of referral appointments to be made, click the referral that you want to send to MSP for billing. The EMR displays the referral details in the right pane. 3. In the right pane, select the **Billing Referral Sent** check box. The EMR displays the following prompt "Send Referral to MSP?" 4. Click **Yes**.
Use Medical Hx	This check box is selected by default. When this check box is selected, the EMR includes the patient's medical summary information in the referral letter. If you do not want to include medical summary information in the referral letter, clear this check box.

10. If you do not want to create a referral letter at this point, under LETTER COMPLETE, select the **Letter** check box. The EMR adds the patient to the practitioner's **Letters to Write** list.

11. Click **Save & Close Referral** ().

If you did not select the **MSP Referral Sent** check box, the EMR displays a dialog box with the following prompt “Send Referral to MSP?”.

12. Perform one of the following actions:
    - If you want to bill MSP for the referral, click **Yes**. The EMR automatically creates a bill in Billing with the patient's name, Fee Code and Specialist’s name to whom the patient is referred.
    - f you do not want ill MSP for the referral at this time, click **No**. The EMR closes the New Referral window.

Creating referral letters

After you initiate a referral, you can create a referral letter directly from the New Referral window.

You can create referral letters using the following methods:

- **Basic Referral**: You enter the text of the letter and then print. You can include medical summary information in the letter, but you cannot customize the content. You cannot attach documents to the letter. (Medical summary information is included in letter, if the **Use Medical Hx** check box is selected.) See “Creating a basic referral letter” on page 407.
- **Referral letter Composer**: Allows you to add more information from the patient’s medical summary and to attach documents to the referral letter. See “Creating a referral letter using the Referral Letter Composer” on page 409.
- **SMART Form-based Referral letter**: Allows you to include a full medical profile and to customize the referral letter. You can also format the referral letter using Microsoft Word formatting tools. You cannot attach other files or documents to a SMART Form-based consult letter as you can when using the Referral Letter Composer. See “SMART Form-based referral letters” on page 419.

After you create a referral letter you can print the referral or fax the letter to the Specialist.

> **Note**: Referrals received by Specialists have an expiration of six months. If the patient needs to be seen by a specialist after six months, you must send another referral letter.

Creating a basic referral letter

When you create a basic referral letter, you can include medical summary information in the letter, but you cannot customize the content. You cannot attach documents to the letter. (Medical summary information is included in letter, if the **Use Medical Hx** check box is selected.)

To create a basic referral letter:

1. Initiate a referral and complete the New Referral details. See “Initiating referrals” on page 399.

> **Note**: If you want to create a letter based on a previously started referral:
>
> 1. Open the patient’s Medical Summary. See “Opening a patient’s Medical Summary” on page 163.
> 2. Click the **Referrals** tab.
> 3. In the patient’s list of referrals, double-click the referral you want. The EMR opens the referral in the Existing Referral From <Date> window.

2. In the **Enter Text of Letter** field, enter the content of your letter.

> **Tip**: If the **Enter Text of Letter** field is too small for your letter content:
>
> 1. Click **Expand Area** ( ). The EMR expands the text area and hides the lower fields of the New Referral window.
> 2. When you finish entering your letter content, click **Minimize Area** ( ). The EMR minimizes the text area and displays the lower fields of the New Referral window again.

3. Print the referral letter. Perform one of the following actions:
   - Click **Quick Print** to send the referral letter to your default printer or fax machine.
   - Click **Print** ( ) to select a specific printer or fax machine before printing.
4. Indicate the status of the referral letter. In the **LETTER COMPLETED** area, select one or more of the following check boxes:

> **Note**: Most clinics (who do not have stenographers or transcriptionists) use only the **Sent** check box.
>
> The other check boxes, for example **Typed** and **Printed**, are used to go back in forth between the stenographer and the practitioner for review.

   - **LETTER COMPLETED**: If you have both written the letter and sent it to the consultant.
   - **Letter**: To indicate that a letter needs to be written, but has not been started or finished yet. The EMR adds the patient to the practitioner's **Letters to Write** list on their WorkDesk.
   - **Typed**: Indicates that the contents of the letter have been typed. If this check box is selected, the EMR adds the letter to the Practitioner’s **Letters to Edit** list.
   - **Printed**: To indicate that you have printed the letter.

- **Sent**: To indicate that you have sent the letter.

> **Note**: You can indicate the status of the referral later, from the **Referrals** tab in the patient's Medical Summary:
>
> 1. Open the patient's referral from the **Referrals** tab in Medical Summary window. (If you are not in the Medical Summary window, see "Opening a patient's Medical Summary" on page 163.)
> 2. Indicate the status of the referral letter.

5. Click **Save & Close Referral** ( ).

   If you did not select the **MSP Referral Sent** check box, the EMR displays a dialog box with the following prompt "Send Referral to MSP?".

6. Perform one of the following actions:
   - Click **Yes**, if you want to send the referral billing to MSP. The EMR automatically creates a bill in Billing with the patient's name, Fee Code and Specialist's name to whom the patient is referred.
   - Click **No** if you do not want to send the referral billing to MSP at this time. The EMR closes the New Referral window.

Creating a referral letter using the Referral Letter Composer

The Referral Letter Composer is a letter creation tool. In the Referral Letter Composer, you enter the basic letter message, select what medical information from the patient's record to include, and select what documents to attach to the referral letter. The EMR then produces a professional letter that includes the information you selected.

To create a referral letter using the Referral Letter Composer:

1. Initiate a referral and complete the New Referral details. See "Initiating referrals" on page 399.

> **Note**: If you want to create a letter based on a previously started referral:
>
> 1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.
> 2. Click the **Referrals** tab.
> 3. In the patient's list of referrals, double-click the referral you want. The EMR opens the referral in the Existing Referral From <Date> window.

2. In the **Enter Text of Letter** field, enter the content of your letter.

> **Tip**: If the **Enter Text of Letter** field is too small for your letter content:
>
> 1. Click **Expand Area** ( ). The EMR expands the text area and hides the lower fields of the New Referral window.
>
> 2. When you finish entering your letter content, click **Minimize Area** ( ). The EMR minimizes the text area and displays the lower fields of the New Referral window again.

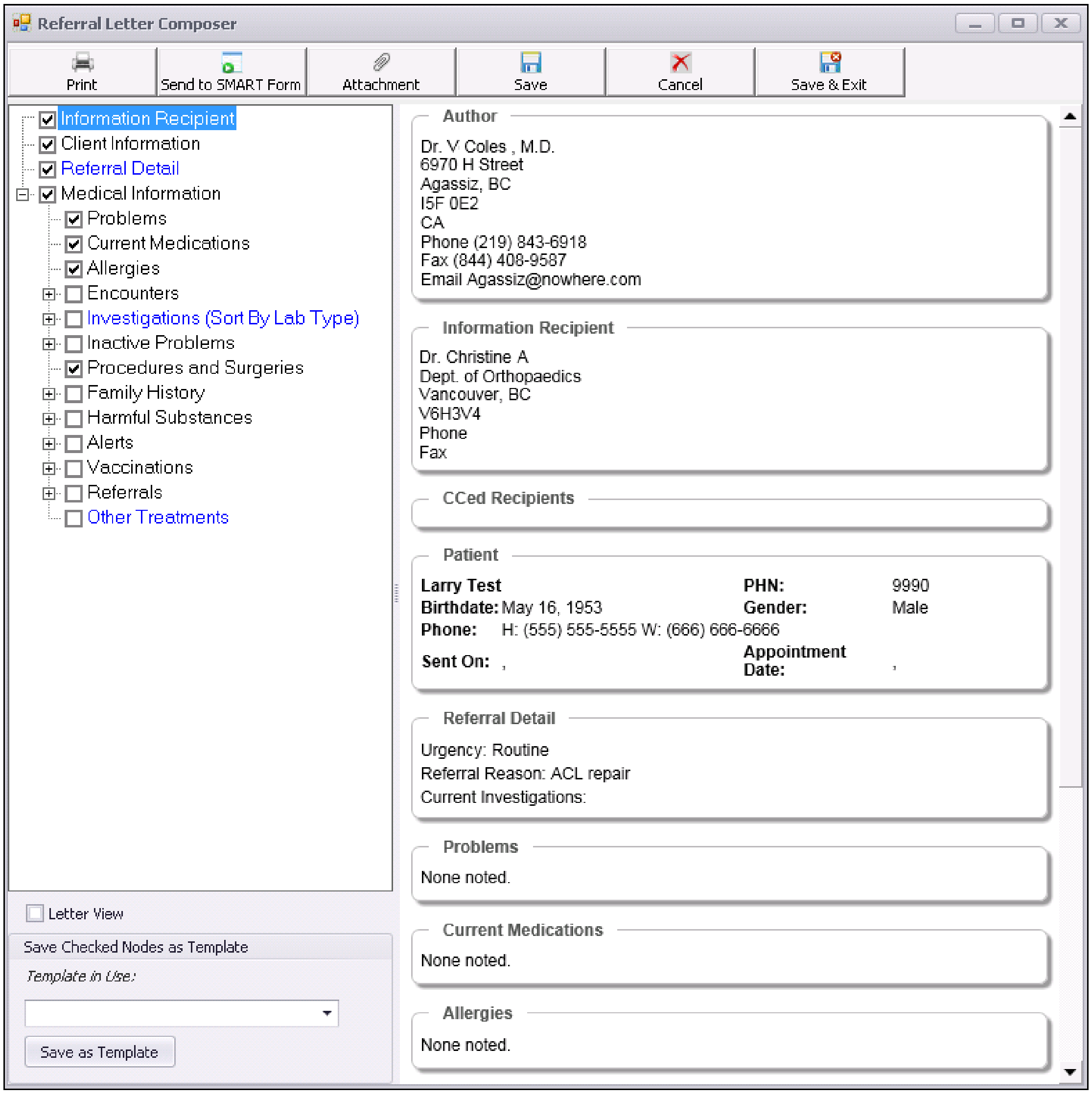
3. Click **Compose** ( ).

   If you did not select the **MSP Referral Sent** check box, the EMR displays a dialog box with the following prompt "Send Referral to MSP?".

4. Perform one of the following actions:

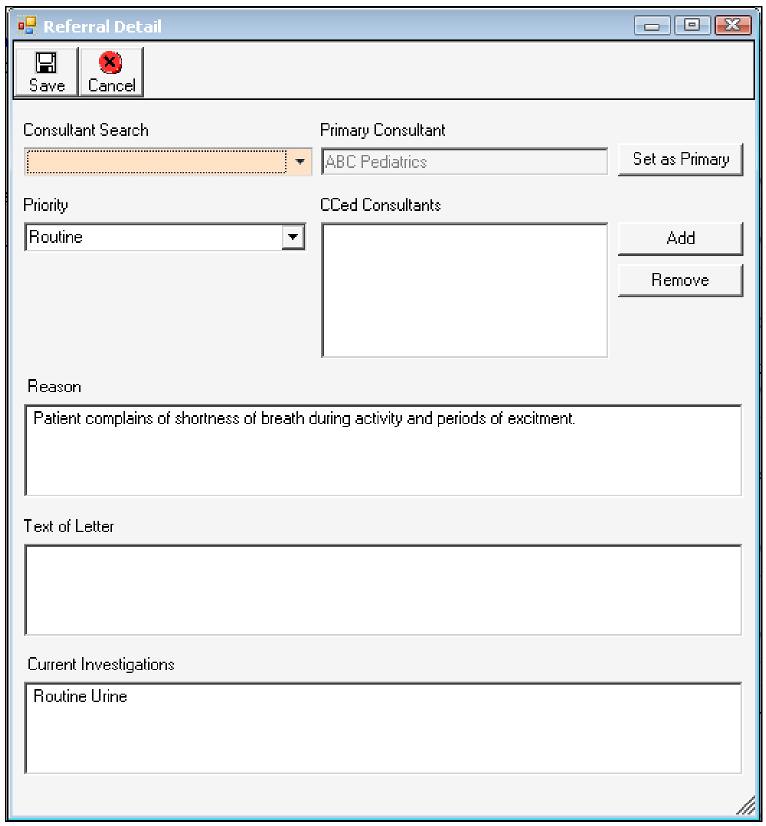
   - Click **Yes**, if you want to send the referral billing to MSP. The EMR automatically creates a bill in Billing with the patient's name, Fee Code and Specialist's name to whom the patient is referred.
   - Click **No** if you do not want to send the referral billing to MSP at this time. The EMR closes the New Referral window.

   The EMR displays the Referral Letter Composer window.



The Referral Letter Composer letter displays the following information sections by default:

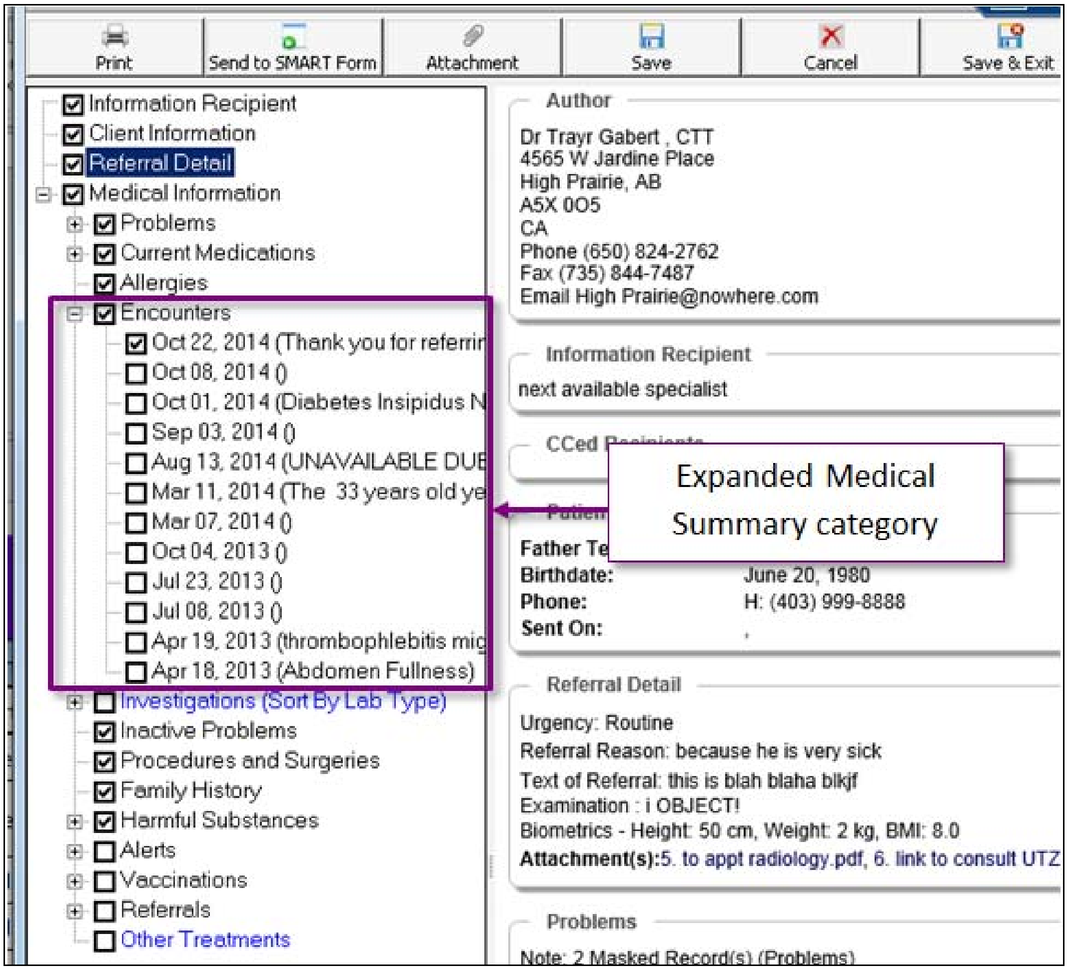
Information section	Information displayed
Author	The name, and contact information of the practitioner you selected in the **MD** drop-down list (the practitioner who saw the patient before for the same referral reason or the referring practitioner).
Information Recipient	The primary recipient's name and contact information.
CCed Recipients	Name and contact information for any practitioners that are CCed on the Referral.
Patient	Patient's name and demographic information.

Information section	Information displayed
Referral Detail	The urgency, referral reason, current investigations and referral letter text that you entered in the New Referral window. **Note:** You can add to or edit this information from the Referral Letter Composer window, if necessary. To add to or edit the Referral Detail information: 1. In the left pane of the Referral Letter Composer window, right-click **Referral Detail** (displayed with blue text). 2. Click **Properties**. The EMR displays the Referral Detail window.  3. Add or edit information as necessary. 4. If you change the **Primary Consultant**, click **Set as Primary**. 5. Click **Save** ().

5. To include additional medical history information, in the left pane:

a) Select the check boxes beside the Medical Summary categories you want to include in the referral letter (for example, Problems, Current Medications, Allergies, or Investigations).

b) To include only specific items from a Medical Summary category, expand the category, and then select the items you want.



Tip: Clear any pre-selected Medical Summary check boxes for information you want to exclude from the referral letter.

For example, if you select the **Current Medications**, check box, all of the patient's medications are selected in the expanded list below. You can exclude any of the patient's current medications listed below by clearing the check box beside the medication name.

Note: You cannot edit most information in the Referral Letter Composer window directly from the Referral Letter Composer window. Instead you must edit the information from the source.

For example, you must:

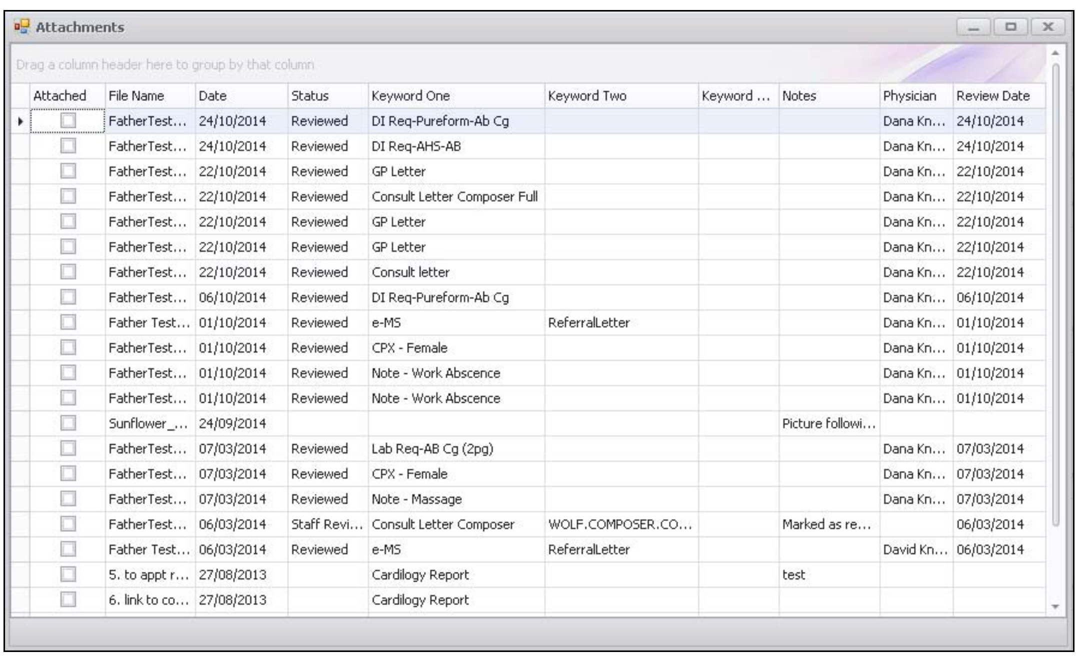
- Add or edit allergies in the patient's Medical Summary.
- Edit recipient contact information in the Edit Consultant Information Window.
- Edit patient information in the Patient Maintenance window.

Tip: Items that display in the left pane in blue text are customizable. To customize these items, right-click the blue text.

- **Referral Detail**: You can modify the Primary and CCed consultants, referral priority, referral reason, letter text, and current investigations.
- **Investigations**: You can change the sort order of a patient's listed investigations.
- **Other Treatments**: You can enter details of the patient's non-medication treatments.

6. To attach documents to the referral letter:

   a) At the top of the Referral Letter Composer window, click **Attachment** ( ). The EMR displays the Attachments window, with a list of files available in the **Documents** area of the patient's Medical Summary.



Attached	File Name	Date	Status	Keyword One	Keyword Two	Keyword ...	Notes	Physician	Review Date
	FatherTest...	24/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	24/10/2014
	FatherTest...	24/10/2014	Reviewed	DI Req-AHS-AB				Dana Kn...	24/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult Letter Composer Full				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult letter				Dana Kn...	22/10/2014
	FatherTest...	06/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	06/10/2014
	Father Test...	01/10/2014	Reviewed	e-MS	ReferralLetter			Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	CPX - Female				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	Sunflower_...	24/09/2014					Picture followi...		
	FatherTest...	07/03/2014	Reviewed	Lab Req-AB Cg (2pg)				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	CPX - Female				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	Note - Massage				Dana Kn...	07/03/2014
	FatherTest...	06/03/2014	Staff Revi...	Consult Letter Composer	WOLF.COMPOSER.CO...		Marked as re...		06/03/2014
	Father Test...	06/03/2014	Reviewed	e-MS	ReferralLetter			David Kn...	06/03/2014
	5. to appt r...	27/08/2013		Cardilogy Report			test		
	6. link to co...	27/08/2013		Cardilogy Report					

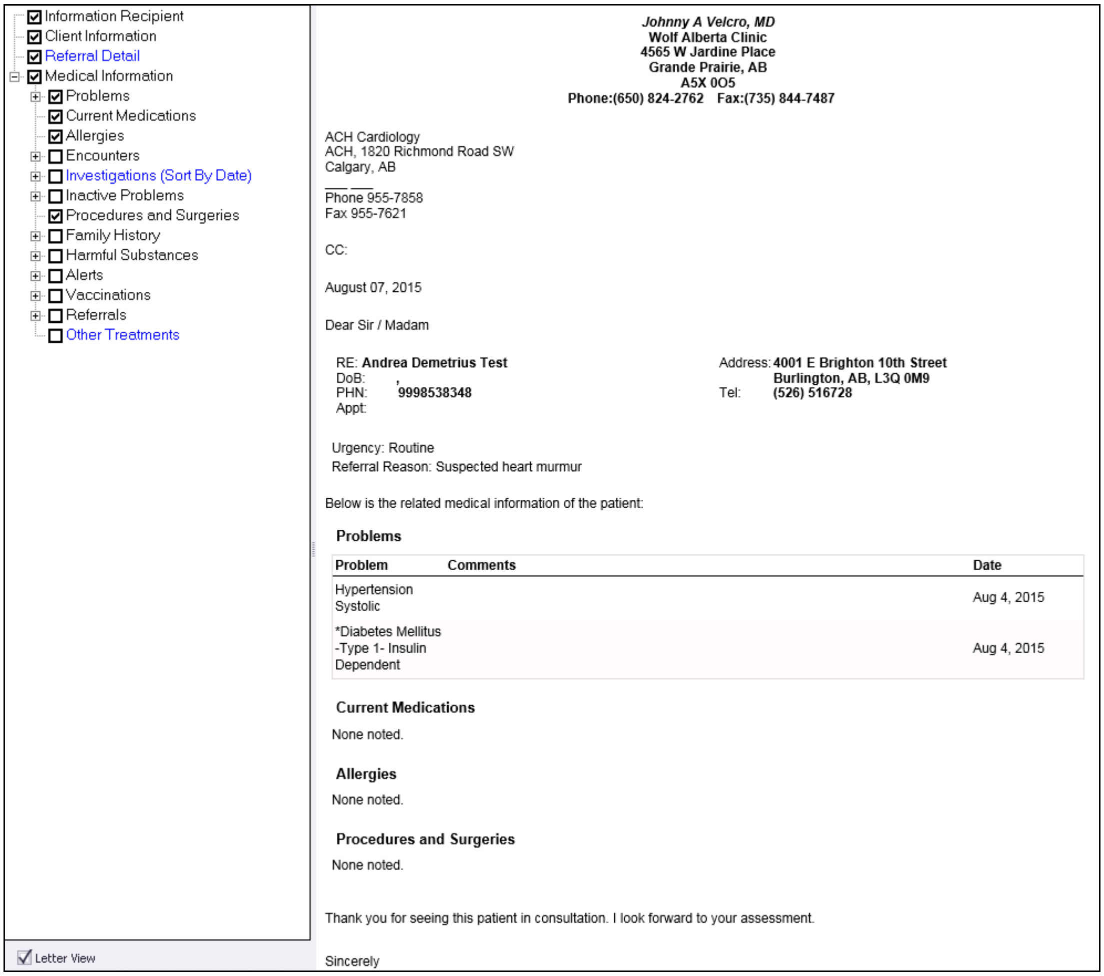
b) In the **Attached** column, select the check box beside all documents you want to include with your referral letter.

c) When you finish, click **Close** ( ). The EMR displays the selected document('s) name(s) in the **Referral Detail** area in the Referral Letter Composer window.

Note: You can attach only files that are available in the **Documents** tab of the patient's Medical Summary.

Note: To attach the prenatal form to a referral letter, you must save the prenatal form as a PDF in the Medical Summary **Documents** tab. You can then attach the prenatal form as you do other documents.

7. To preview the referral letter, on the bottom left of the window, select the **Letter View** check box. The EMR displays the letter in the format it will be printed.



Tip: To modify the letter format before it is sent:

1. Click **Send to SMART Form** (). The EMR opens the letter in Microsoft Word.

2. Edit the letter, and then click **Save** (). The EMR saves the edited letter in patient's Medical Summary, in the **Documents** tab.

8. To print, fax, or save the referral letter as a PDF:

   a) Click **Print** (). The EMR displays the Print Referral window, with the referral attachments indicated with selected check boxes.

   b) Perform one of the following actions:

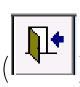
- To send the referral letter to your default printer or fax machine, click **Quick Print**.
- To select a specific printer or fax machine before printing, click **Print**.
- To save the referral letter as a PDF file, select the **Collate to PDF** check box, and then click **Quick Print**.

> **Note**: If you are printing or faxing the referral letter, ensure that the **Collate to PDF** check box is cleared.

9. Click **Save & Exit** ().
10. Open the patient's referral from the **Referrals** tab in Medical Summary window. (If you are not in the Medical Summary window, see "Opening a patient's Medical Summary" on page 163.)
11. In the Existing Referral window, indicate the status of the referral letter. In the **LETTER COMPLETED** area, select one or more of the following check boxes:

> **Note**: Clinics who do not have stenographers or transcriptionists use only the **Sent** check box.
>
> The other check boxes, for example **Typed** and **Printed**, are used to track the referral as it is sent back and forth between the stenographer and the practitioner for review.

- **LETTER COMPLETED**: If you have both written the letter and sent it to the consultant.
- **Letter**: To indicate that a letter needs to be written, but has not been started or finished yet. The EMR adds the patient to the practitioner's **Letters to Write** list on their WorkDesk.
- **Typed**: Indicates that the contents of the letter have been typed. If this check box is selected, the EMR adds the letter to the Practitioner's **Letters to Edit** list.
- **Printed**: To indicate that you have printed the letter.
- **Sent**: To indicate that you have sent the letter.

12. Click **Save & Close Referral** ().

Referral Letter Composer templates

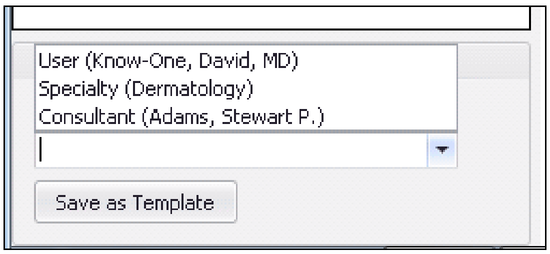
In the Referral Letter Composer, you can customize which Medical Summary categories are pre-selected by default. Default Medical Summary categories can be set for:

- The user who starts the referral letter

- Individual consultants whom you refer to
- Specialties of consultants whom you refer to

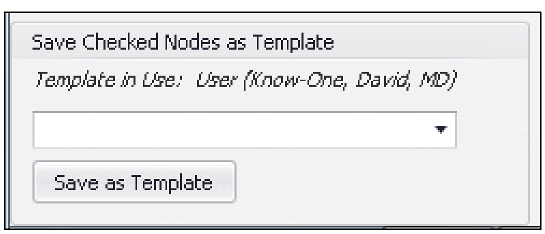
To set a Referral Letter Composer template:

1. Start a referral letter for a patient, and in the Referral Letter Composer window, select the Medical Summary categories you want to include in the letter template. See "Creating referral letters" on page 407.
2. In the **Save Checked Nodes as Template** area, click one of the following options in the drop-down list:



   - **User**: to indicate that the selected categories are to default for all referral letters that you initiate on behalf of this practitioner (or that this practitioner creates).
   - **Specialty**: to indicate that the selected categories are to default only when you refer a patient to a consultant with the selected specialty.
   - **Consultant**: to indicate that the selected categories are to default only when you refer a patient to the selected consultant.
3. Click **Save as Template**.

Tip: After you set default templates for the Referral Letter Composer, you can view which template the EMR defaults to for each referral letter you create. The EMR displays the **Template in Use** in the **Save Checked Nodes as Template** area on the Referral Letter Composer window.



SMART Form-based referral letters

If you want to include a full medical profile in a referral letter, and you are not attaching any extra medical information, other than the medical summary, then you can create the letter using a Microsoft Word-based SMART Form.

After initiating a referral, you can automatically populate a SMART Form with the referral information. You can then edit the letter using Microsoft Word formatting tools.

Creating a referral letter using a SMART Form

To create a referral letter using a SMART Form:

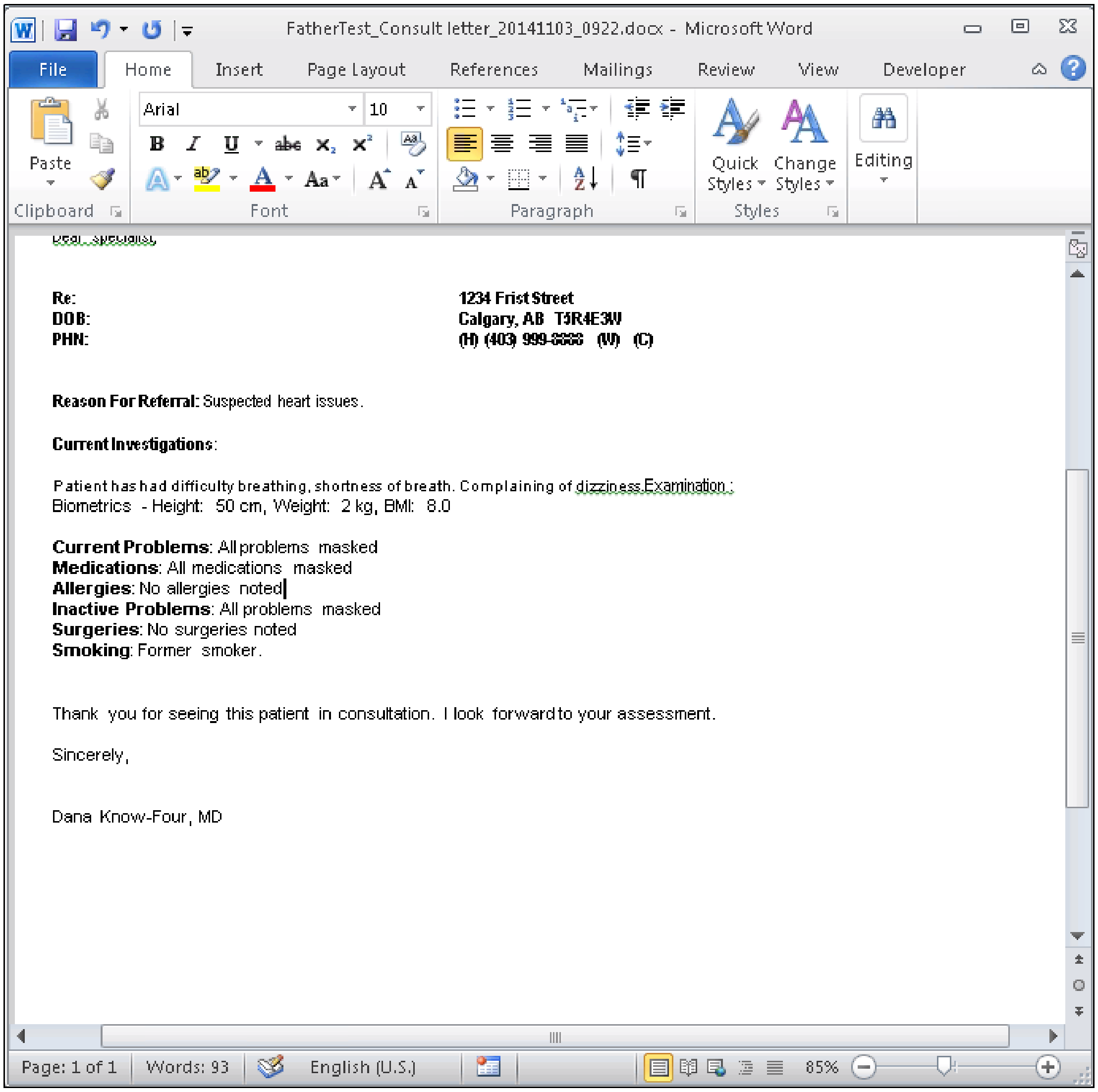
1. Initiate a referral and complete the New Referral details. See “Initiating referrals” on page 399.

> **Note**: If you want to create a letter based on a previously started referral:
>
> 1. Open the patient’s Medical Summary. See “Opening a patient’s Medical Summary” on page 163.
> 2. Click the **Referrals** tab.
> 3. In the patient’s list of referrals, double-click the referral you want. The EMR opens the referral in the Existing Referral From <Date> window.

2. On the New Referral (or Existing Referral) window, in the **Send to SMART Form** area, click an appropriate keyword in one or more of the **Keyword** drop-down lists.

> **Tip**: If you select keywords for your referral letter, you can search for your referral letter in the patient’s **Documents** list, using the keywords you select.

3. To start a referral letter using the clinic’s default SMART Form template, click **Send to SMART Form** ( ). The EMR displays a Microsoft Word-based letter document (SMART Form), with the text of your referral letter inserted.
4. To start a referral letter using your own customized referral letter SMART Form:
   a) Right-click anywhere in the New Referral (or Existing Referral) window. The EMR displays the SMART Menu.
   b) On the SMART Menu, click **SMART Forms.** The EMR displays the Send to SMART Form window.
   c) In the list of SMART Forms, expand the **Letters** category.
   d) Double click the SMART Form that you want. The EMR displays a Microsoft Word-based letter document (SMART Form), with the text of your referral letter inserted.



Dear specialist,

Re: 1234 Frist Street
DOB: Calgary, AB T3R4E3W
PHN: (H) (403) 999-8888 (W) (C)

Reason For Referral: Suspected heart issues.

Current Investigations:

Patient has had difficulty breathing, shortness of breath. Complaining of dizziness.Examination :
Biometrics - Height: 50 cm, Weight: 2 kg, BMI: 8.0

Current Problems: All problems masked
Medications: All medications masked
Allergies: No allergies noted
Inactive Problems: All problems masked
Surgeries: No surgeries noted
Smoking: Former smoker.

Thank you for seeing this patient in consultation. I look forward to your assessment.

Sincerely,

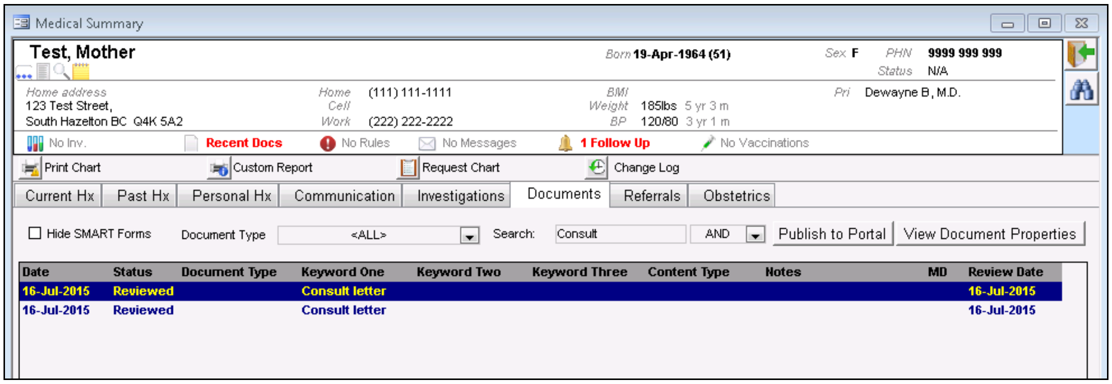
Dana Know-Four, MD

Tip: The Referral Letter SMART Form can automatically pull information such as patient demographics, and various aspects of the patient's medical history. You will learn how to customize your referral letter later in this module.

5. Enter your letter text and modify the format of your letter using the various tools available in Microsoft Word.
6. To print the referral letter:
    a) In the Microsoft Word menu, click **File** > **Print**. Microsoft Word displays the print properties window.
    b) In the printer list, click the printer or fax machine that you want.

c) Click **Print** ( ).

7. Click **Save** ( ), and then click **Close** ( ). The EMR saves your referral letter in the **Documents** area of the patient's Medical Summary.



Note: You cannot attach other files or documents to a SMART Form-based consult letter as you can when using the Referral Letter Composer. Instead, print or fax additional documents separately.

To print or fax attachments with a SMART Form based consult letter:

- On the **Documents** tab of the patient's Medical Summary, print or fax each document you want to include.

Customizing your Referral Letter SMART form

You can create your own customized SMART form referral letters, both for general referrals, or for specific types of referrals. For example, you want a referral letter for all cardiology referrals, and another for all endocrinology referrals. You can customize a Referral Letter SMART form to:

- Automatically pull information from the patient's chart, including the patient's Medical Summary
- Contain headings
- Contain pre-written text

And more...

Note: You can create a customized SMART form referral letter for your own use or for the entire clinic to use.

For complete instructions on how to customize your referral letter, see the **Wolf EMR SMART Forms User Guide**.

Tracking and managing referrals

You can track and manage new and pending referrals from your WorkDesk. The **Referrals** area contains several links to patient lists, including lists of patients who have:

- **letters to transcribe**
- **letters to print**
- **referral appointments to be made**
- **referral notifications** (Patients To Notify list)

You can monitor and manage all of your clinic's un-reconciled referrals from the Referral List.

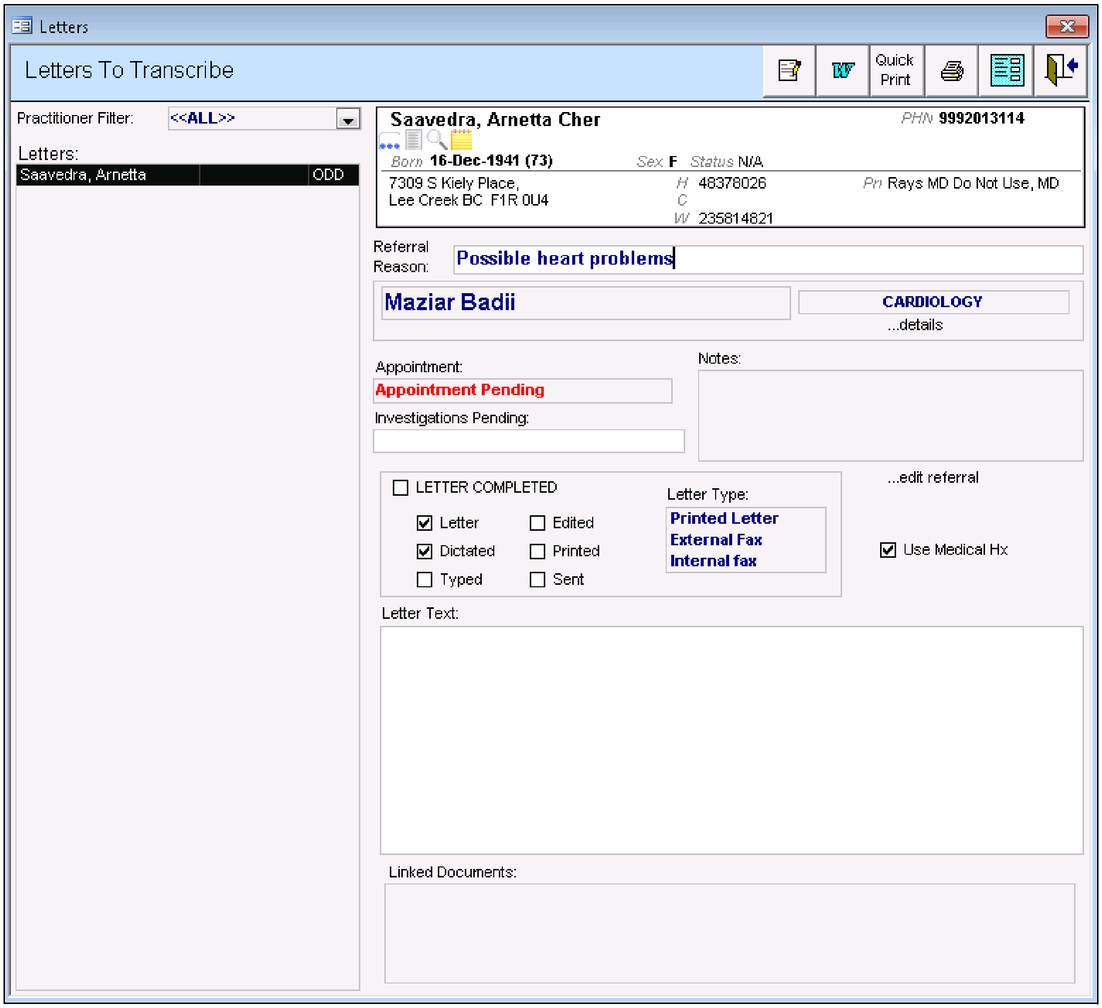
You can also view and update a specific patient's referral information and status in the **Referrals** area of their Medical Summary.

Managing referrals with letters that need to be transcribed

After a practitioner dictates a referral letter and sets the status as **Letter** and **Dictated**, the EMR adds the letter to your **Letters To Transcribe** list. You use the **letters to transcribe** link to keep track of letters you need to transcribe, and to indicate that you have typed the letter.

To track and update referrals with letters that need to be transcribed:

1. On the WorkDesk, in the **Referrals** area, under **Referral letters**, click **<#> letters to transcribe**. The EMR displays the Letters To Transcribe window.



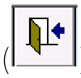
2. Click a patient in the list. The EMR displays the referral details to the right.
3. In the **Letter Text** field, type the letter.

Tip: You can also use the Referral Letter Composer, Word, or a SMART Form to type the letter:

- To use the Referral Letter Composer, click **Compose Referral Letter** ( ).
- To use a Word document, click **Run Word** ( ).
- To use a SMART Form, click **...edit referral**, and then in the Existing Referral window, click Send to SMART Form ( ).

4. After you type the letter, perform one of the following actions:

- Select the **Typed** check box to indicate the letter is ready to be edited.
- Select the **LETTER COMPLETED** check box, if you have also printed and/or sent the letter.

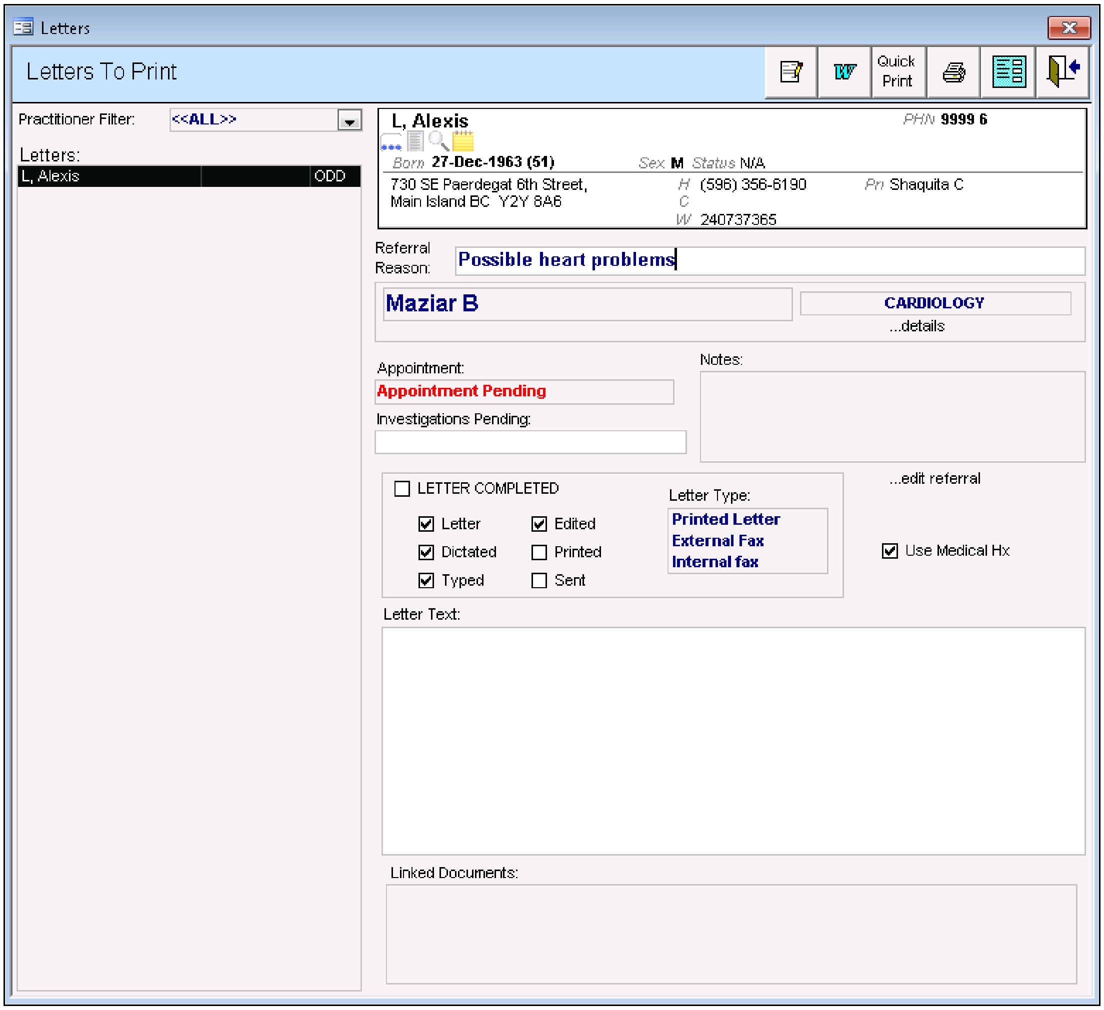
5. Click **Save & Close** ().

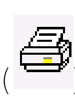
Managing letters that need to be printed or sent

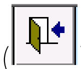
Referral letters that have been marked as **Letter**, **Dictated**, **Typed**, and **Edited** are ready to print and send. The EMR adds these letter to your **Letters To Print** list. You use the **letters to print** link to keep track of letters you need to print or send, and to indicate that you have printed and sent the letter.

To manage letters that need to be printed or sent:

1. On your Workdesk, in the **Referrals** area, under **Referral letters**, click **<#> letters to print**. The EMR displays the Letters To Print window.



2. In the **Letters** list, click a patient. The EMR displays the referral details to the right. The **Linked Documents** area lists referral letters that were created using the Referral Letter Composer or a SMART Form.
3. In the **Linked Documents** area, double-click a referral letter. The EMR opens the referral letter in the Referral Letter Composer or in Word as a SMART Form.
4. To print the referral letter, perform one of the following actions:
   - To send the referral letter to your default printer or fax machine, click **Quick Print**.
   - To select a specific printer or fax machine before printing, Click **Print** ().
5. After you print and/or send the referral letter, select the **Printed** and **Sent** check boxes. (You can also select the **LETTER COMPLETE** check box to indicate that all stages of the letter are complete.

6. Click **Save & Close** ().

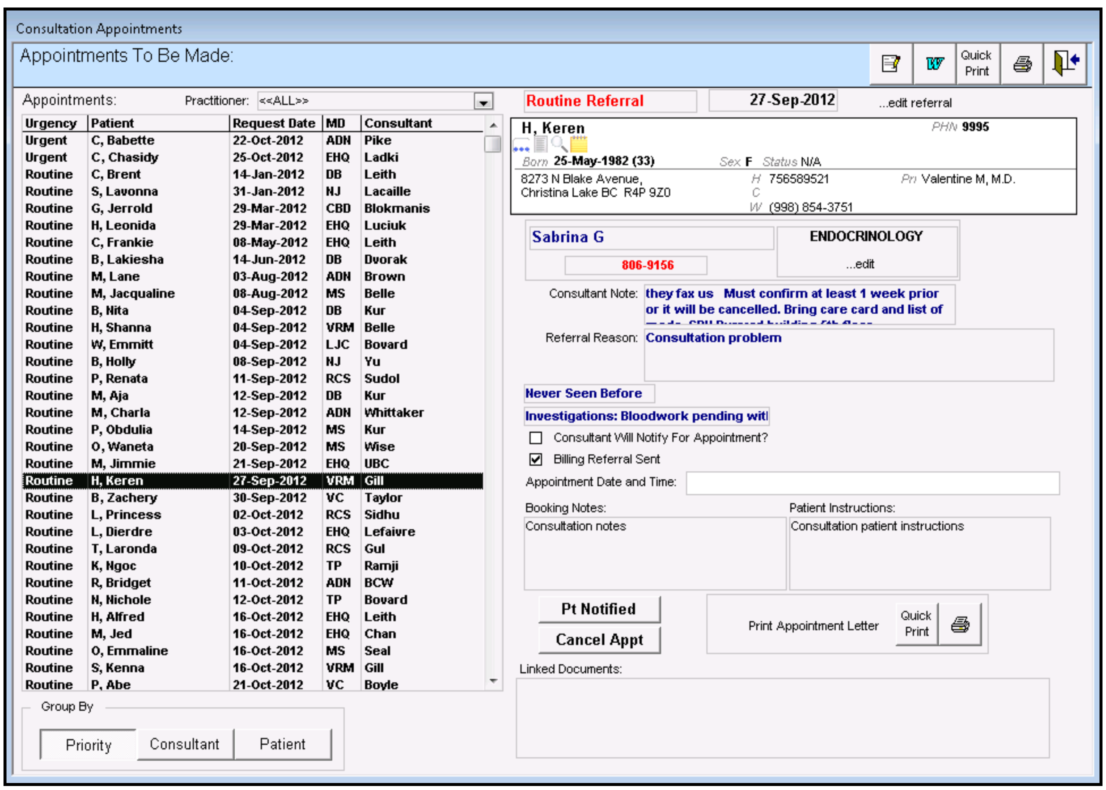
Indicating that a patient has received a booking date and time for their consult appointment

You use the **referral appointments to be made** link to track patients who are waiting for consult appointments and to indicate that a patient has received a booking date and time for their consult appointment.

After you enter the appointment date and time, the EMR removes the patient from your **Appointments To Be Made** list and adds the patient to your **Patients To Notify** list.

To indicate that a patient has received a booking date and time for their consult appointment:

1. On your WorkDesk, in the **Referrals** area, click **<#> referral appointments to be made**. The EMR displays the Appointments To Be Made window.
2. In the left pane, click the patient. The EMR displays the referral details to the right.



3. In the **Appointment Date and Time** field, enter the appointment date and time in the following format: **DD-Mmm-YYYY HH:MM AM/PM**.

4. Click **Save & Close** ( ). The EMR removes the patient from the **Appointments To Be Made** list and adds the patient to your Patients To Notify list.

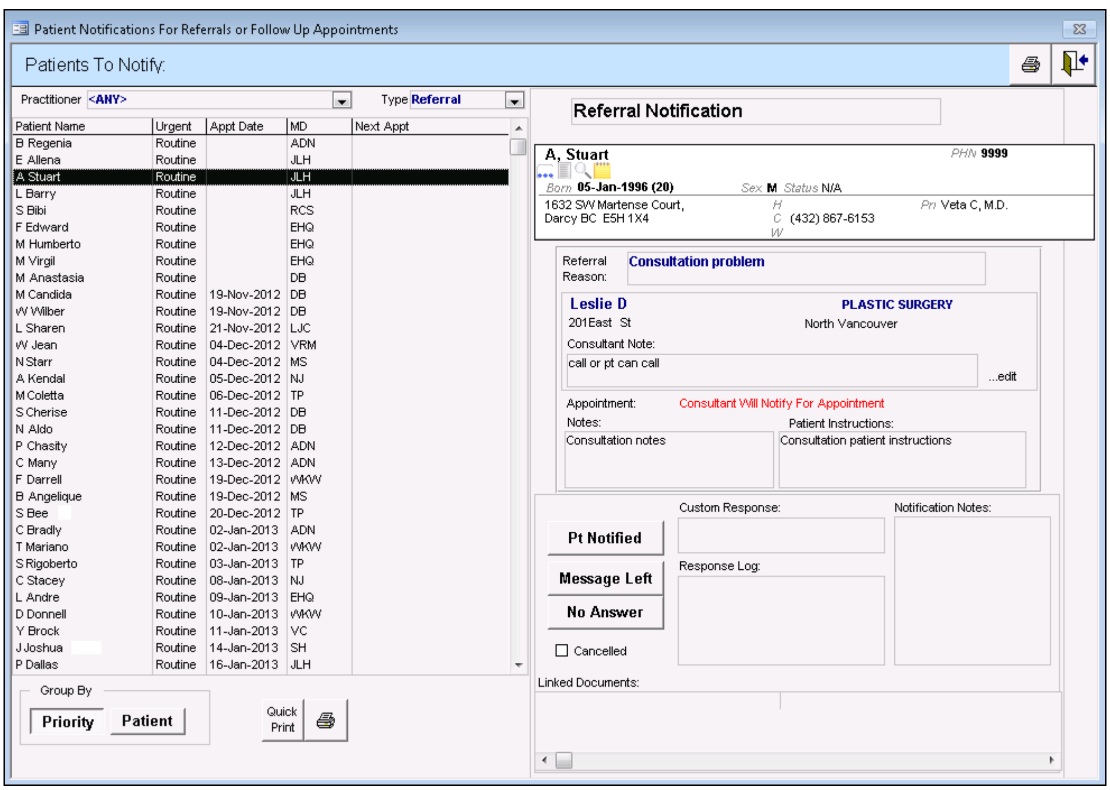
> **Note**: The EMR also populates the **Appt Date/Time** field in the patient's Existing Referral.

Managing patients who need to be notified of booked appointments

After the patient has received a referral appointment, you indicate when the patient is notified about the appointment. The **referral notifications** link opens the Patients To Notify list. This list contains all patients who have an Appointment Date and Time entered into the referral, but the patient has not yet been notified.

Manage patients who need to be notified of booked appointments:

1. On your Workdesk, in the **Referrals** area, under **Referral calls to complete**, click **<#> referral notifications**. The EMR displays the Patients To Notify window.
2. Click a patient in the list. The EMR displays the Referral Notification to the right.



> **Note**: Patients who have referrals to clinics that call patients directly with booking times also display on the **Patients to Notify** list. You can notify these patients to expect a call from the consultant's clinic.

3. Use the following table to enter information into the **Response Log**:

Field	Description
Pt Notified	Click to indicate that you notified the patient. The EMR adds the following information to the Response Log: **Patient Notified (<your name>/MM/DDD/YYYY HH:MM)**. **Note:** After you close the Patients To Notify list, the EMR removes the patient from your Patients To Notify list.
Message Left	Click to indicate that you called the patient and left a message. The EMR adds the following information to the Response Log: **Message Left (<your name>/MM/DDD/YYYY HH:MM)**.
No Answer	Click to indicate that you called the patient, but there was no answer. The EMR adds the following information to the Response Log: **No Answer (<your name>/MM/DDD/YYYY HH:MM)**.
Custom Response	Enter a custom response specific to this entry
Notification Log	Enter any notification notes.

Note: If the notification was entered by mistake, select the **Cancelled** check box. After you close the Patients To Notify window, the EMR removes the patient from your **Patients To Notify** list.

4. Click **Save & Close** ( ).

Managing referrals using the Referral List

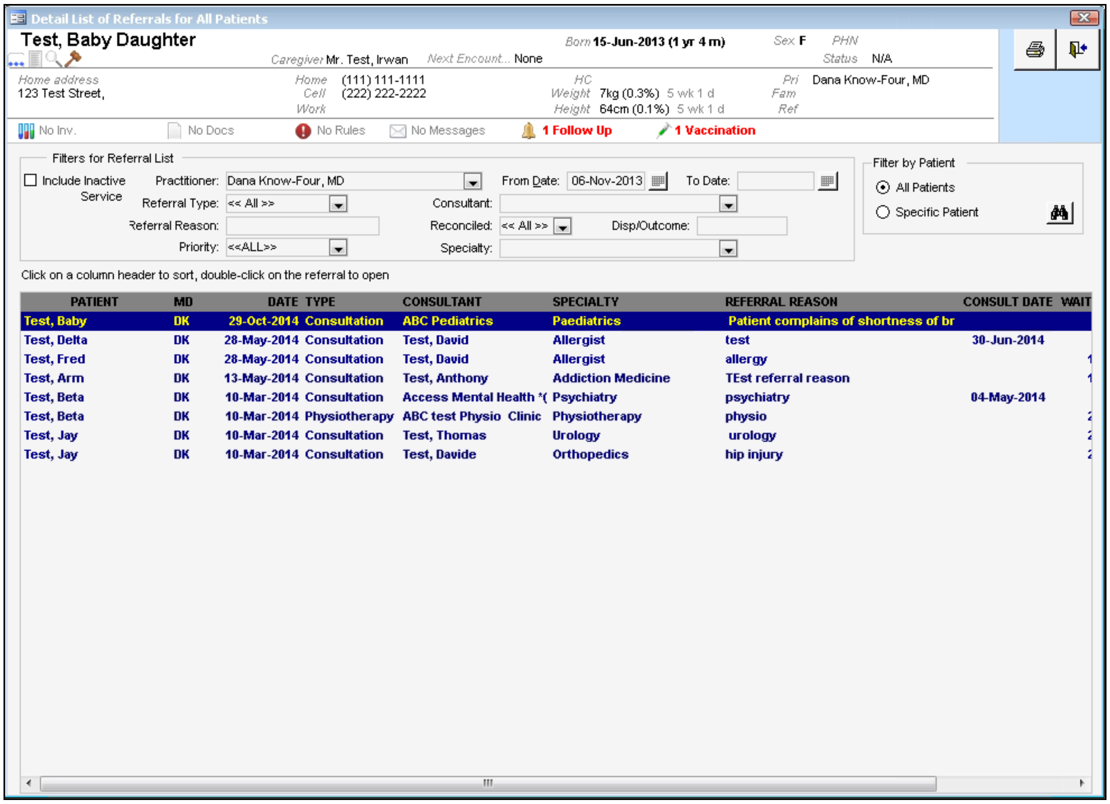
You can use the Referral List to view and manage outstanding referrals for the entire clinic. You can also find a specific patient's outstanding referrals and then modify the referral's information or status.

To view and manage outstanding referrals:

1. On the WorkDesk menu, click **Patients** > **Referral List**. The EMR displays the Detailed List of Referrals for All Patients window, with a list of outstanding referrals for all patients.

Tip: To view a specific patient's list of outstanding referrals:

- In the **Filter by Patients** area, select **Specific Patient**, and then find and select the patient in the Patient Search window.



The Referral List displays the following information for each referral:

- Patient
- Patient’s MD
- Date (that referral was created)
- Type (of referral)
- Consultant (name)
- Speciality (of consultant)
- Referral reason
- Consult date (if an appointment is booked)
- Wait (days since referral was initiated)
- Reconciled (status)
- Disposition / Outcome (if available)

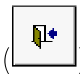
2. To re-sort the order of the referral list, click the header of the column you want to sort the list by.

3. If the list of referrals is extensive, you can filter the list using the selections available in the **Filters for Referral List** area. The following table describes the filter options:

Filter	Description
Include Inactive Service	To display referrals initiated by a practitioner who is no longer active in your clinic, select this check box.
Practitioner	To view referrals initiated by a specific practitioner in your clinic, in the drop-down list, click the practitioner's name.
Referral Type	To displays only referrals with a specific Referral Type selected, in the **Referral Type** drop-down list, click the Referral Type that you want. **Note: All** types is selected by default.
Referral Reason	To display only referrals with a specific referral reason, enter the reason in the **Referral Reason** field.
Priority	To display only referrals with a specific priority level, click either **Urgent**, or **Routine** in the **Priority** drop-down list. **Note: All** referrals is selected by default.
From Date	To limit the displayed referrals to a specific date range, enter the earliest date in the **From Date** field.
To Date	To limit the displayed referrals to a specific date range, enter the latest date in the **To Date** field.
Consultant	To display only referrals to a specific consultant, click the consultants name in the **Consultant** drop-down list.
Reconciled	To display only referrals that are either reconciled or not reconciled, click **No** or **Yes** in the **Reconciled** drop-down list. **Note: All** referrals is selected by default.
Disp/Outcome	To display only referrals that have the same outcome, enter the outcome in the **Disp/Outcome** field.
Specialty	To display only referrals that are for a specific Specialty, click a specialty in the **Specialty** drop-down list.
All Patients	To display referrals for all patients, in the **Filter by Patient** area, select **All Patients**. **Note:** This option is selected by default.
Specific Patient	To display referrals for a specific patient, in the **Filter by Patient** area, select **Specific Patient**. The EMR prompts you to search for the patient.

4. To view or update a specific referral on the list, double-click the referral. The EMR displays the Existing Referral window with all details of the referral displayed.

> **Tip**: You can enter any updates to the referral on the Existing Referral window.
>
> **Note:** Any updates you make do not reflect in the Referral List until you close and re-open the Detail List of Referrals for All Patients window.

5. When you finish viewing and managing your referrals, click **Close Form** ().

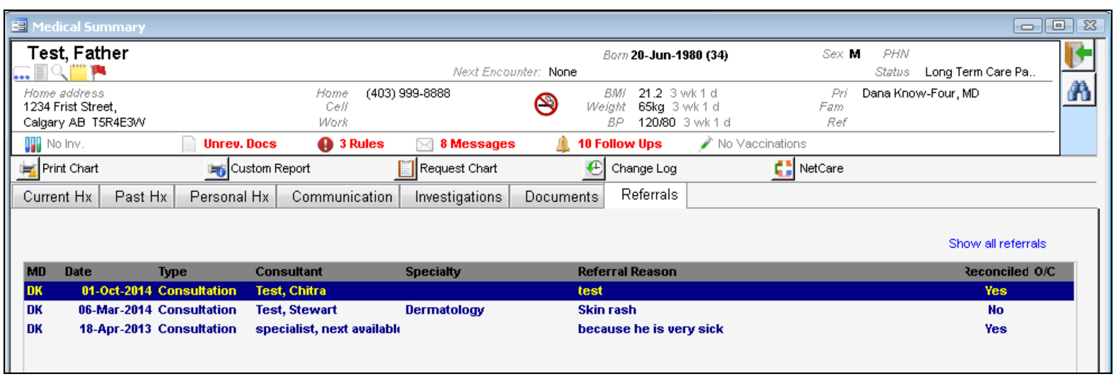
Managing a patient's referrals from their Medical Summary

You can view and update a specific patient's referral information and status in the **Referrals** area of their Medical Summary.

To view or update a patient's referral information:

1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.

2. Click the **Referrals** tab. The EMR displays a list of the patient's outstanding and completed referrals.



The Referral List displays the following information for each referral:

- Requesting MD
- Date (that referral was created)
- Type of referral
- Consultant's name
- Speciality of the consultant
- Referral Reason
- Reconciled status (Yes or No)

- Consultation disposition or outcome (if available)

3. To re-sort the order of the patient's referral list, click the header of the column you want to sort the list by.
4. If the patient's list of referrals is extensive, filter the list:
   a) Above the patients referral list, click **Show all referrals**. The EMR displays the Detail List of Referrals window, with the **Filters for Referral List** area at the top.
   b) In the **Filters for Referral List** area, use the various filters to find the referral(s) you want. The table in Step 3. of "Managing referrals using the Referral List" on page 428 describes how to use each filter option.
5. To view and or update details of a referral on the list, double-click the referral. The EMR displays the Existing Referral window with all details of the referral displayed.

> **Tip**: You can enter any updates to the referral on the Existing Referral window.
>
> **Note:** Any updates you make do not reflect in the Referral tab until you close and re-open the Medical Summary window.

Reconciling referrals

Depending on your clinics's workflow, and the consultant you are referring to a referral may be considered reconciled:

- After a patient has received an appointment with the specialist
- After the patient has seen the specialist
- After your clinic receives a report from the specialist

To indicate that a referral is reconciled, enter a date in the **Reconcile Date** field in the patient's referral.

To reconcile a referral:

1. Open the patient's referral that you want to reconcile. You can open the referral from the Referral list or from the patient's Medical Summary. See "Managing referrals using the Referral List" on page 428 or "Managing a patient's referrals from their Medical Summary" on page 431. The EMR displays the Existing Referral window.
2. In the **Reconcile Date** field, enter a date to indicate the referral is reconciled.
3. Click **Save & Close Referral** ( ). The EMR changes the **Reconciled** status from **No** to **Yes**.

> **Tip**: Any updates you make do not reflect in the **Referral** tab of the Medical Summary until you close and re-open the Medical Summary window.

Managing the external consultant list

You can refer patients only to consultants or clinics that are in your clinic's consultant list. If the consultant you want is not in the consultant's list, you can add a new consultant as you create a referral.

If you refer to a particular consultant regularly, you can identify the consultant as a favourite. You can then quickly select the consultant from your favourite consultants list when you initiate a referral.

Adding and editing consultants when creating a referral

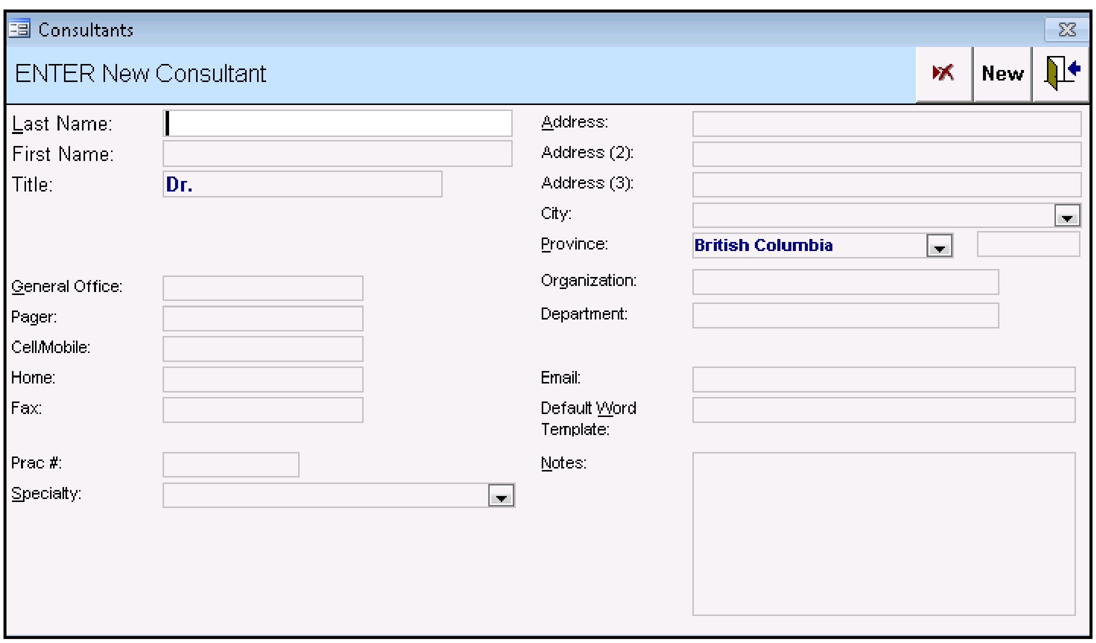
If the consultant you want is not available on the consultants list, you can add a consultant when you create a referral.

If you find the consultant you want, but see that any of the consultant's details are incorrect, you can also edit a consultant's details when you create a referral.

Adding a new consultant when you are creating a referral

To add a consultant to your clinic's consultants list when you are creating a referral:

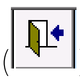
1. Start a referral. See "Initiating referrals" on page 399.
2. In the **Choose Consultant** area, click **Add New Consultant**. The EMR displays the ENTER New Consultant window.



3. Use the following table to enter the consultant's information.

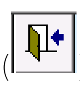
Field	Description
Last Name	Enter the consultant's last name.
First Name	Enter the consultant's first name.
Title	Enter an appropriate title for the consultant. For example, Dr., Mr., Miss. **Dr.** is the default.
General Office	Enter the consultant's office phone number. **Note:** You can call this number directly using the TELUS Health Mobile App.
Pager	Enter the consultant's pager number **Note:** You can call this number directly using the TELUS Health Mobile App
Cell/Mobile	Enter the consultant's personal cell phone number. **Note:** You can call this number directly using the TELUS Health Mobile App
Home	Enter the consultant's home phone number. **Note:** You can call this number directly using the TELUS Health Mobile App
Fax	Enter the consultant's office fax number.
Prac #	Enter the consultant's Practitioner ID number. **Note:** This number is used to identify the consultant when you bill for the referral.
Specialty	In the **Specialty** drop-down list, click the consultant's specialty. **Note:** Avoid adding new specialties to the list, unless the entire clinic agrees to the addition. This ensures consistency when entering and finding consultants.
Address	Enter the consultant's address. If you want to add additional address lines, enter this information into the **Address (2)**, and **Address (3)** fields.
City	In the drop-down list, click the consultant's city. If the city you want is not available on the list, enter the city name in the **City** field.
Province	The EMR populates the **Province** field by default.
Organization	Enter the consultant's company or clinic name.
Department	Enter the consultant's department, if applicable.

Field	Description
Email	Enter the consultant's email.
Default Word Template	If you have created customized consult letter SMART Forms (for example, for specific specialties), enter the name of the SMART Form you want to default to for this consultant. **Note:** When you click **Send to SMART Form** on the New Referral window, the consult letter SMART form you specify here displays.
Notes	Enter any notes regarding the consultant, or the consultant's referral policies. For example, "Call before faxing a referral."

4. When you finish, click **Save & Close** (). The EMR adds the consultant to your clinic's consultants list.

Editing a consultant when you are creating a referral

To edit a consultant on the consultant's list when you are creating a referral:

1. Start a referral and select a consultant. See "Initiating referrals" on page 399.
2. After you select a consultant, click **...info**. The EMR displays the Consultant Information window.
3. Click **...edit**. The EMR displays the Edit Consultant Information window.
4. Edit or add information in the fields as necessary.
5. When you finish, click **Save & Close** ().

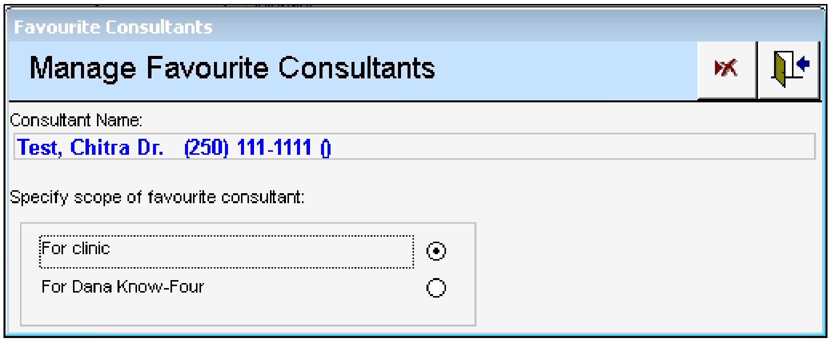
Defining your favourite consultants

After you search for and select a consultant for a referral, you can add that consultant to your favourites list. The next time you create a referral to the same consultant, you can then select the consultant from your favourites list.

To add a consultant to your favourites list:

1. Initiate a referral, and then search for and select a consultant. See Step 1. to Step 5. in "Initiating referrals" on page 399.

2. In the **Manage Favourites** area, click **Add currently selected consultant to favourite list** (). The EMR displays the Manage Favourite Consultants window, with the selected consultant's name and phone numbers displayed at the top.



3. In the **Specify scope of favourite consultant** area, click one of the following options:
   - **For clinic**: The EMR adds the consultant to the Favourite Consultants list of all users in the clinic.
   - **For <your name>**: The EMR adds the consultant to your Favourite Consultants list only.
4. Click **Save & Close** ().

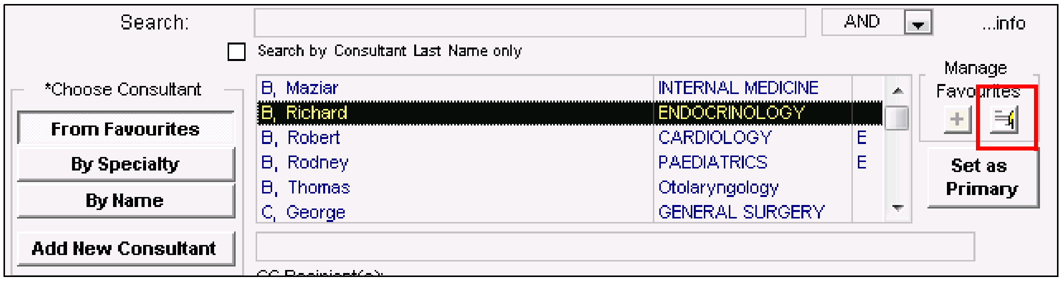
Managing your Favourite Consultants list

When specialists in your area come or go, or when you change your preferred specialists, you can easily edit your Favourites list to reflect the changes. You can remove a consultant, or change the scope of a consultant on your Favourites list from the New Referral window.

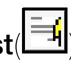
To manage your Favourite Consultants list:

1. Initiate a referral. See "Initiating referrals" on page 399.
2. In the **Choose Consultant** area, click **From Favourites**. The EMR displays your Favourite Consultants list.
3. If your list of Favourite Consultants is extensive, and you are having trouble locating the consultant you want to delete or modify:
   a) In the **Search** field, enter the consultants name or specialty.

b) Press **Enter.** The EMR filters your Consultant Favourites list to display only consultants who match your search term.



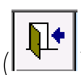
4. In the list of favourites, click the consultant you want to delete or modify.

5. In the **Manage Favourites** area, click **Modify favourite consultant list**(). The EMR displays the Manage Favourite Consultant window.

6. To change the scope of the favourite, in the **Specify scope of favourite consultant** area, click one of the following options:

   - **For clinic**: The EMR adds the consultant to the Favourite Consultants list of all users in the clinic.
   - **For <your name>**: The EMR adds the consultant to your Favourite Consultants list only.

7. To delete the favourite, click **Delete consultant from favourites list** ().

8. Click **Save & Close** ().

eReferrals

You can quickly and securely send electronic versions of referrals using the Wolf EMR eReferral messaging system. When you send an eReferral to a consultant, the consultant can open the referral in the Referral Letter Composer, import attached patient medical information, and then send you a reply through their Wolf EMR.

You can send eReferrals to consultants who:

- Use Wolf EMR

- Are set up to receive eReferrals

Note: If you want to send or receive eReferrals, the eReferral feature must be enabled for your clinic. To request access to the eReferral feature, contact the TELUS Health EMR Customer Care team using one of the following methods:

- E-mail: **accounts.wolfemr@telus.com**
- Online Case submission: Available on the **Cases** page of the **Wolf EMR Community Portal**.
- Phone: 1-866-879-9653 (Option 4)

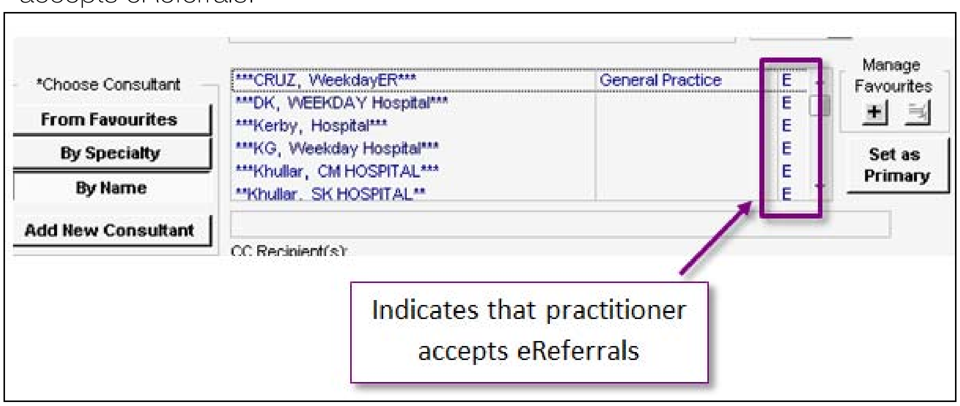
Sending eReferrals

To send an eReferral, you start a referral as normal and use the Referral Letter Composer to create your letter. When you click **Send**, the EMR sends the eReferral letter through the secure eReferral messaging system, with any attachments that you specified.

To create and send an eReferral:

1. Start a referral as normal. See "Initiating referrals" on page 399.

Important: When you select a consultant for an eReferral, ensure that the consultant has an **E** to the right of their name. The **E** indicates that the consultant accepts eReferrals.

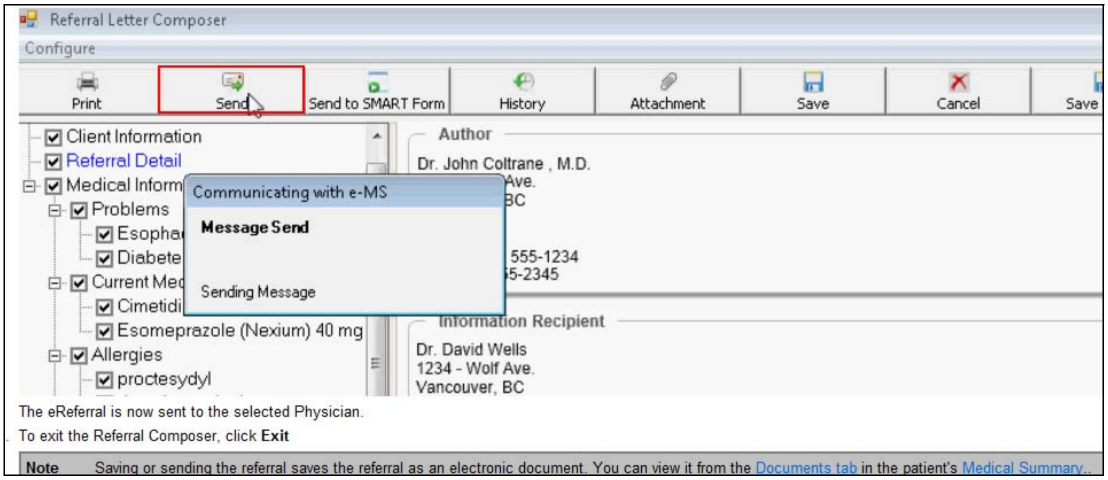


2. Create the referral letter using the Referral Letter Composer. See "Creating referral letters" on page 407.

Note: Consult letters created using SMART forms cannot be sent as eReferrals.

3. When you finish composing your letter and selecting any attachments, click **Send**. The EMR:
   - Displays a dialog box with the following notification: "Sending Message"

- Creates a PDF document of the Referral letter and specified attachments, and saves the PDF to the **Documents** tab of the patient's Medical Summary.
- Sends the referral and attached documents to the consultant.



Note: The consultant views the eReferral in the eReferral Letter Composer (not as a PDF document).

4. Click **Save & Exit** ( ).

Monitoring the status of eReferrals (accepted or declined)

As soon as a consultant's office accepts or declines your referral, you are notified on your WorkDesk. You can view and respond to any accepted or declined eReferrals in the **Referrals** area of your WorkDesk under the headings:

- **Incoming Consults**: Lists all accepted eReferrals, and eReferrals with new messages and attachments from the consultant.
- **Declined eReferrals**: Lists all declined eReferrals.

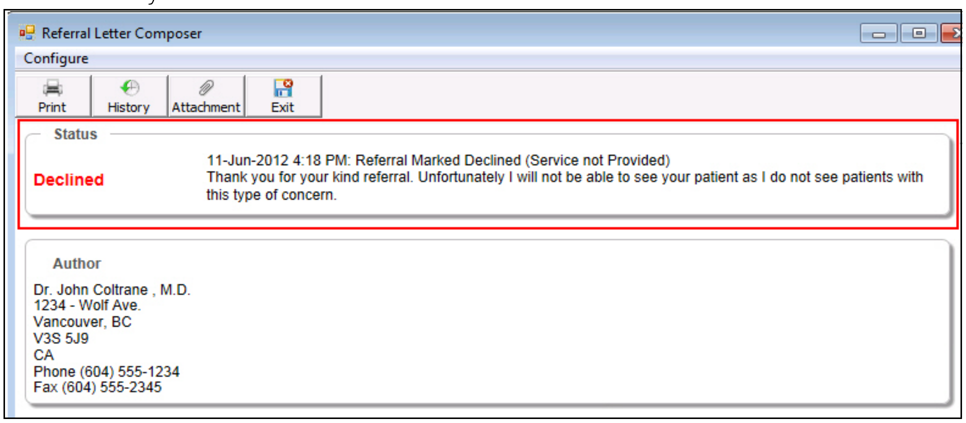
Viewing and responding to declined eReferrals

To view and respond to your declined eReferrals:

1. In the **Tasks** area on your Workdesk, under **Incoming Referrals/Consults**, click **# Declined eReferrals** (where # = the number of declined referrals). The EMR opens the Investigation/Document In Basket window with a list of declined referrals.
2. To view more information about a declined referral, including any messages from the consultant, double-click the referral.
3. To respond to the declined referral, click one of the following options:

- **Redirect**: To redirect the declined referral to a practitioner in your clinic.
- **To Come In**: To assign a task to your **Patient to Notify** list, and to create a Follow Up task for the practitioner.
- **Follow Up**: To create a Follow Up task for another clinic member that you specify.
- **Message**: To create a Message for you or for another clinic member that you specify.

Note: If you open a referral in the Referral Letter Composer window, that was declined through eReferral, a **Status** banner displays at the top of the window indicating that the referral is declined. The **Status** area also displays any notes included by the consultant's office.

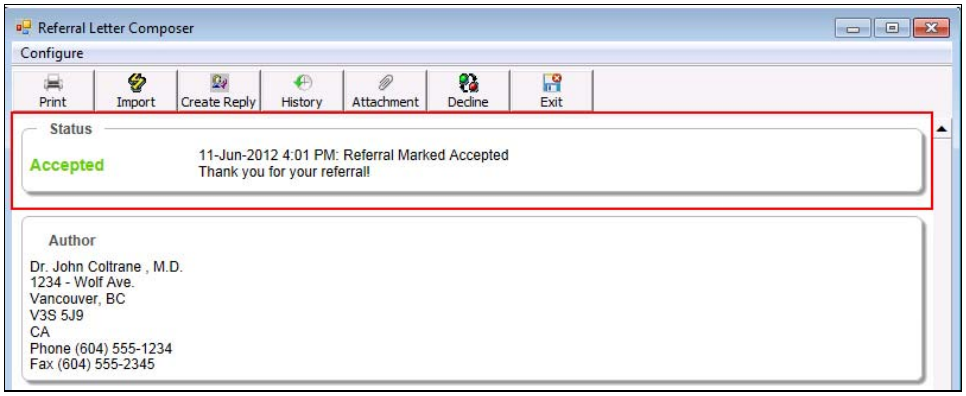


Viewing and responding to accepted eReferrals

To view and respond to your accepted eReferrals:

1. In the **Tasks** area on your Workdesk, under **Incoming Referrals/Consults**, click **# Incoming consults** (where # = the number of accepted or updated referrals). The EMR opens the Investigation/Document In Basket window with a list of accepted referrals displayed.
2. To respond to the accepted referral, click one of the following options:
   - **Redirect**: To redirect the referral response to a practitioner in your clinic.
   - **To Come In**: To assign a task to your **Patient to Notify** list, and to create a Follow Up task for the practitioner.
   - **Follow Up**: To create a Follow Up task for you another clinic member that you specify.
   - **Message**: To create a Message for you or for another clinic member that you specify.

Note: If you re-open a referral in the Referral Letter Composer window, that was accepted through eReferral, a **Status** banner displays at the top of the window indicating that the referral is accepted. The S**tatus** also displays any notes included by the consultant's office.



Sending and receiving messages, consult letters, and other documents to and from consultants

You can send messages, consult letters, and other documents back and forth to consultants through the eReferral Letter Composer.

When you receive eReferral messages or documents from consultants, they display on your WorkDesk, in your **Incoming Consuls** list.

Receiving messages, and other documents

If, after you send an eReferral, you receive messages or documents from the consultant's clinic, you are notified in the **Tasks** area of your WorkDesk under **Incoming Consults**. From here, you can view and respond to messages. The EMR attaches messages and attachments to the original referral.

To view messages and attachments regarding an eReferral:

1. In the **Tasks** area of your WorkDesk, under **Incoming Referrals/Consults**, click # **Incoming Consults** (where **#** = the number of your accepted referrals and referrals with new messages and/or attachments). The EMR opens the Investigation/Documents In-basket.

2. In the list of pending and updated eReferrals, double-click the eReferral. The EMR displays the eReferral in the Referral Letter Composer window, with any messages from the consultant displayed under **Other Treatments**.

3. To view any new attachments from the consultant (for example, a consult letter), click **Attachment** (). The EMR displays the Attachment window.
4. Respond to the message if needed. See “Sending messages, and other documents” on page 442.
5. When you finish, click **Exit** ().

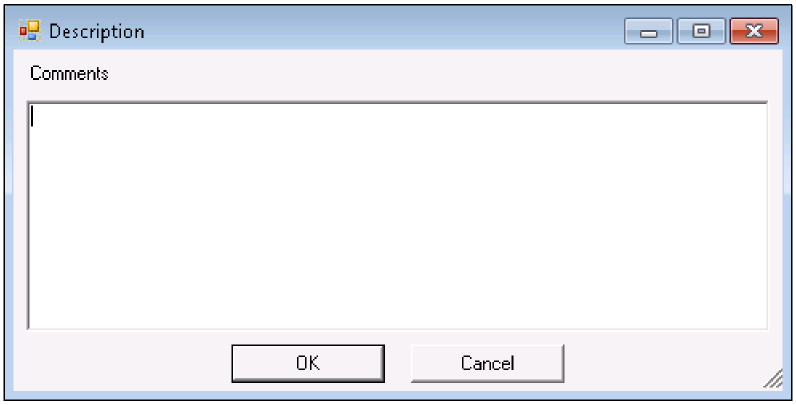
Sending messages, and other documents

Through the Referral Letter Composer, you can send consultants messages and additional documents after you send the original eReferral.

To send messages, and documents to a consultant’s clinic:

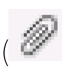
1. Open the patient’s Medical Summary.
2. Click the **Documents** tab.
3. In the patient’s list of documents, double-click the eReferral. The EMR displays the referral in the Referral Letter Composer window.
4. At the top of the eReferral Letter Composer window, click **Create Reply** (). The EMR opens the Referral Letter Composer in send mode.
5. If you want to send a message to the consultant, enter the message as an Other Treatment:
   a) In the left pane, select the **Other Treatments** check box.

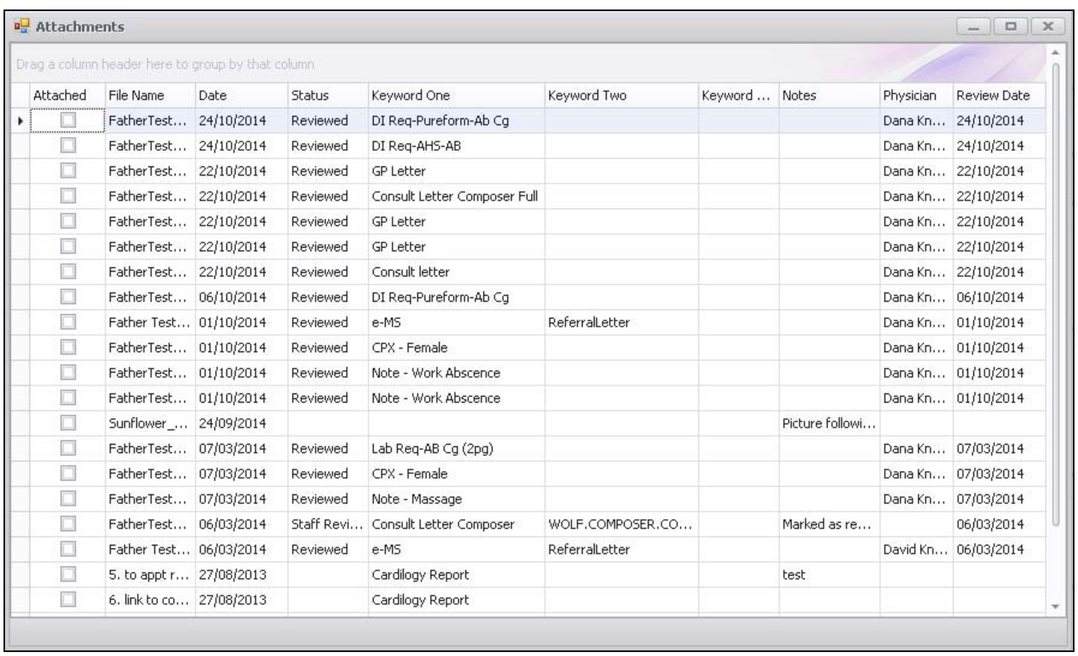
b) Right-click the **Other Treatments** tag (in blue), and then click **Properties**. The EMR displays the Description window.



c) In the **Comments** area, enter your message, and then click **OK**.

6. If you want to send a document to the consultant:

a) Click **Attachment** (). The EMR displays the Attachments window, with a list of files available in the **Documents** area of the patient's Medical Summary.


Attachments

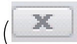
Drag a column header here to group by that column

Attached	File Name	Date	Status	Keyword One	Keyword Two	Keyword ...	Notes	Physician	Review Date
	FatherTest...	24/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	24/10/2014
	FatherTest...	24/10/2014	Reviewed	DI Req-AHS-AB				Dana Kn...	24/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult Letter Composer Full				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult letter				Dana Kn...	22/10/2014
	FatherTest...	06/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	06/10/2014
	Father Test...	01/10/2014	Reviewed	e-MS	ReferralLetter			Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	CPX - Female				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	Sunflower_...	24/09/2014					Picture followi...		
	FatherTest...	07/03/2014	Reviewed	Lab Req-AB Cg (2pg)				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	CPX - Female				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	Note - Massage				Dana Kn...	07/03/2014
	FatherTest...	06/03/2014	Staff Revi...	Consult Letter Composer	WOLF.COMPOSER.CO...		Marked as re...		06/03/2014
	Father Test...	06/03/2014	Reviewed	e-MS	ReferralLetter			David Kn...	06/03/2014
	5. to appt r...	27/08/2013		Cardiology Report			test		
	6. link to co...	27/08/2013		Cardiology Report					

Note: You can attach only files that are available in the **Documents** tab of the patient's Medical Summary.

You can attach letters, growth charts, prenatal records, and WCB forms only if they are saved as documents in the patient's record.

b) In the **Attached** column, select the check box beside all documents you want to send.

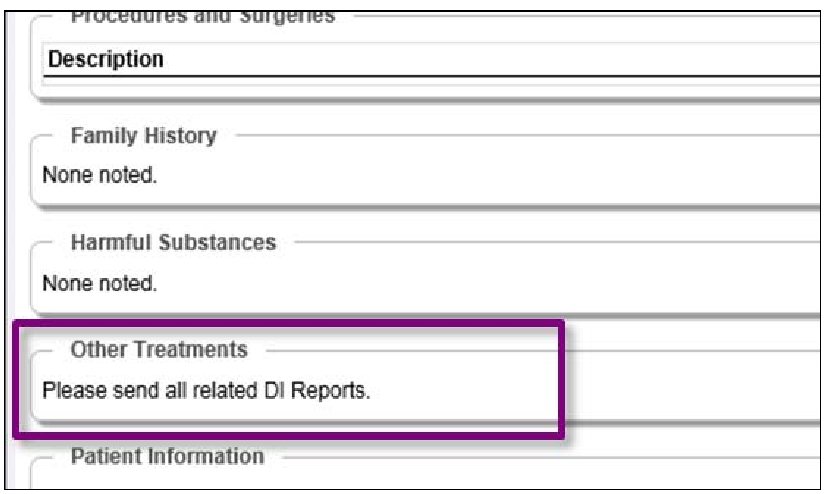
c) Click **Close** (). The EMR displays the selected document('s) name(s) in the **Referral Detail** area on the Referral Letter Composer window.

7. On the Referral Letter Composer window, click **Send**.

The EMR sends a notification to the consultant.

Note: The consultant receives the notification in their **Incoming Referrals** list.

When the consultant opens the referral, any messages you entered display under **Other Treatments**.



Chapter 12

Tracking and managing incoming referrals (Specialists)

In this module you learn how to track, manage, and respond to incoming referrals in Wolf EMR. Depending on your clinic's processes you may receive referrals through fax, mail, eReferral, or through a combination of these methods. No matter how referrals are received, you can track incoming referrals using:

- Incoming Referrals list
- Messages
- Patient lists

Using SMART forms, you can send notifications to referring clinics. Using messages, you can track calls made in response to referrals.

Linking incoming referrals to patients

When you receive an incoming faxed or mailed (scanned) referral, your fist step is to link the document to a patient record (similar to how you link other documents to patients) and assign **Incoming Referral** as the **Document Type**. If the patient is not yet added to your system, you can add the patient as you are linking the document.

After you define a referral document as an **Incoming Referral**, the referral displays in the provider's **Incoming Referrals** list.

> **Note**: If you do not define the document as an **Incoming Referral**, the referral letter displays in the practitioner's **New Documents** list.

To link an incoming referral to a patient:

1. On the Wolf EMR Launch page, click **Documents** ( ).The EMR displays the Documents window.
2. Link the referral letter to a patient as you do other documents. See “Linking documents to patient records” on page 374. The following exception applies to referral letters:
   - In the **Document Type** drop-down list, select **Incoming Referral**.

3. If the patient is not yet in your system, you can add the patient from the Documents window:

   a) In the **Patient Search** area, click **Advanced**, and then click **New Patient** ( ) or, on your keyboard, press **F9**.

   b) In the Patient Maintenance window, enter the patient's information. See "Adding patients" on page 9.

> **Tips for adding referred patients**:
>
> - In the Patient Maintenance window, ensure you record the patient's referring provider, and the referral expiry date.
> - If the referring provider you want is not on the consultants list, you can add the referring provider to the consultants list from the Appointment Scheduler:
>
>   1. On the Appointment Scheduler menu, click **Configure** > **New Referral Consultant (Quick Add)**.
>   2. Enter the referring provider's information, and then click **Save**.

   c) In the Documents window, search for and select the added patient.

4. When you finish entering information in the Documents window, click **Link Only**. The EMR adds the referral to the **Incoming Referrals** list, and the provider can now review and respond to the referral.

Viewing and responding to accepted, declined, and "need more information" referrals

When you link a referral letter to a patient's record, the provider is notified on their WorkDesk via the **Incoming Referrals** list. The provider can then view and respond to the referral. When the provider responds to the referral, you receive a message indicating if the referral is accepted, declined, or requires more information. From the message, you can perform a number of actions.

To view and respond to your referral-related messages:

1. On your WorkDesk, in the **Messages** area, double-click the message. The EMR displays the message details. See "Viewing your messages" on page 337.
2. From the message, you can perform one or more of the following actions:
   - Modify the patient's demographic information (for example, if the provider declined the referral, you can change the patient's Status to Inactive): On the message, in the SMART patient banner, click **View patient demographic information** ( ). See "Managing declined referrals" on page 452.

- Add the patient to a patient list (appointment waiting list). See "Tracking referred patients using Patient Lists" on page 447.
- Record any calls made or notifications sent to the referring clinic or patient. See "Recording what notifications have been sent to referring clinics" on page 452.

Tracking referred patients using Patient Lists

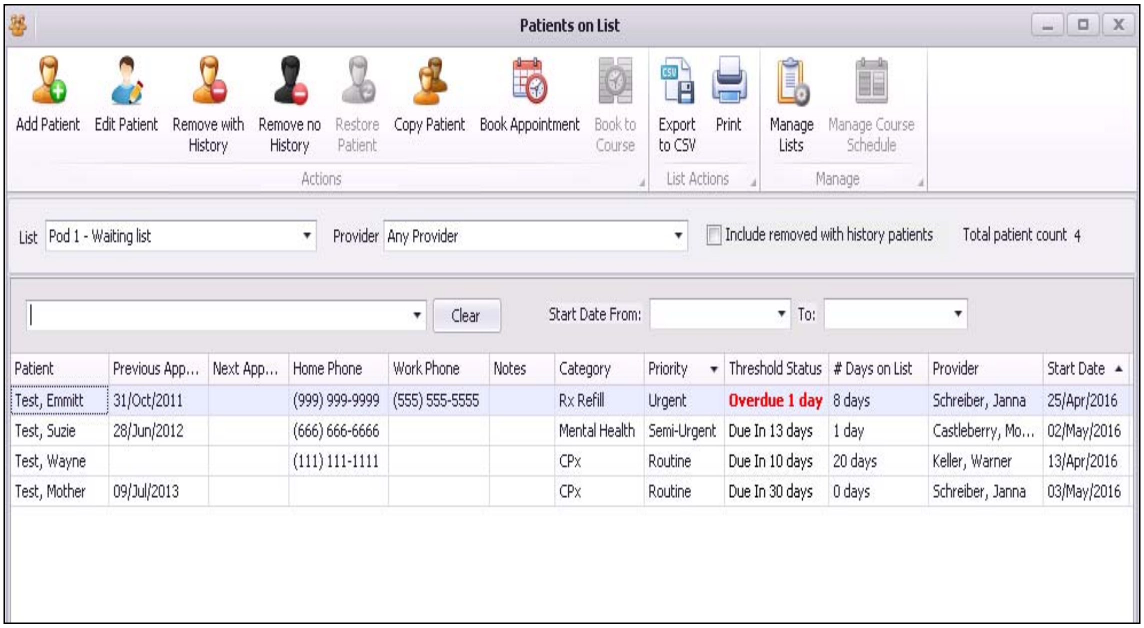
Wolf EMR patient lists are running lists of patients, where you manually add, remove, and restore patients as needed. You can use patient lists to track patients waiting for appointment bookings, and to track patients at different stages in the referral process.

For listed patients, you can:

- Enter notes
- Assign a category and priority
- Book an appointment. See "Booking an appointment for a patient on a patient list" on page 118.
- Search for patients and view information such as the number of days the patient has been on the list and if the patient is overdue or near-due for an appointment booking. See "Viewing patient lists" on page 112.

When you book a patient who is on a list for an appointment, you can choose to remove the patient from the patient list automatically.

Your clinic can create as many patient lists as you want, and tailor the lists to suit your referral workflow. For example, you can have an appointment waiting list for Priority 2 patients, an appointment waiting list for Priority 3 patients, a cancellations list, a list tracking patients who have been called (with no answer), and so on.



Adding patients to referral-related patient lists

You can add a patient to a patient list either from the Appointments Scheduler or from the Patient Maintenance window. Most often, you add a patient to a waiting list after you receive a provider's response message to the referral. For example, the provider sends a message indicating that the referral is accepted and that the patient is a Priority 2. You can then add the patient to your Priority 2 waiting list from the message itself (via the Patient Maintenance window).

To add a patient to a patient list:

1. Perform one of the following actions:
   - If you are adding a patient to the waiting list in response to a message, from the message open the patient's Patient Maintenance window: On the message, in the SMART patient banner, click **View patient demographics information** ( ) or, on your keyboard, press **F9**.
   - If you do not have a patient message open, on the Appointment Scheduler, in the **Patient Search** area, search for and select a patient.
2. On your keyboard, press **Ctrl**+ **G**. The EMR displays the Assigned Lists window for the patient.
3. Enter the patient's list information, and then close the window. See "Adding patients to patient lists" on page 110.

Sending and recording notifications to referring clinics and patients

Depending on your clinic's workflow for managing incoming referrals, you may notify the referring clinic when:

- You receive the referral
- You require additional patient information before the referral can be accepted
- The referral is accepted or declined
- An appointment is booked

If you send notifications via fax, you can fax a letter using a SMART form.

You can track that you have sent notifications and updates to a clinic by updating the original message or follow-up task sent by the provider in response to the referral. In a patient message, you can document that the clinic was called and what was said.

Sending notifications to referring clinics

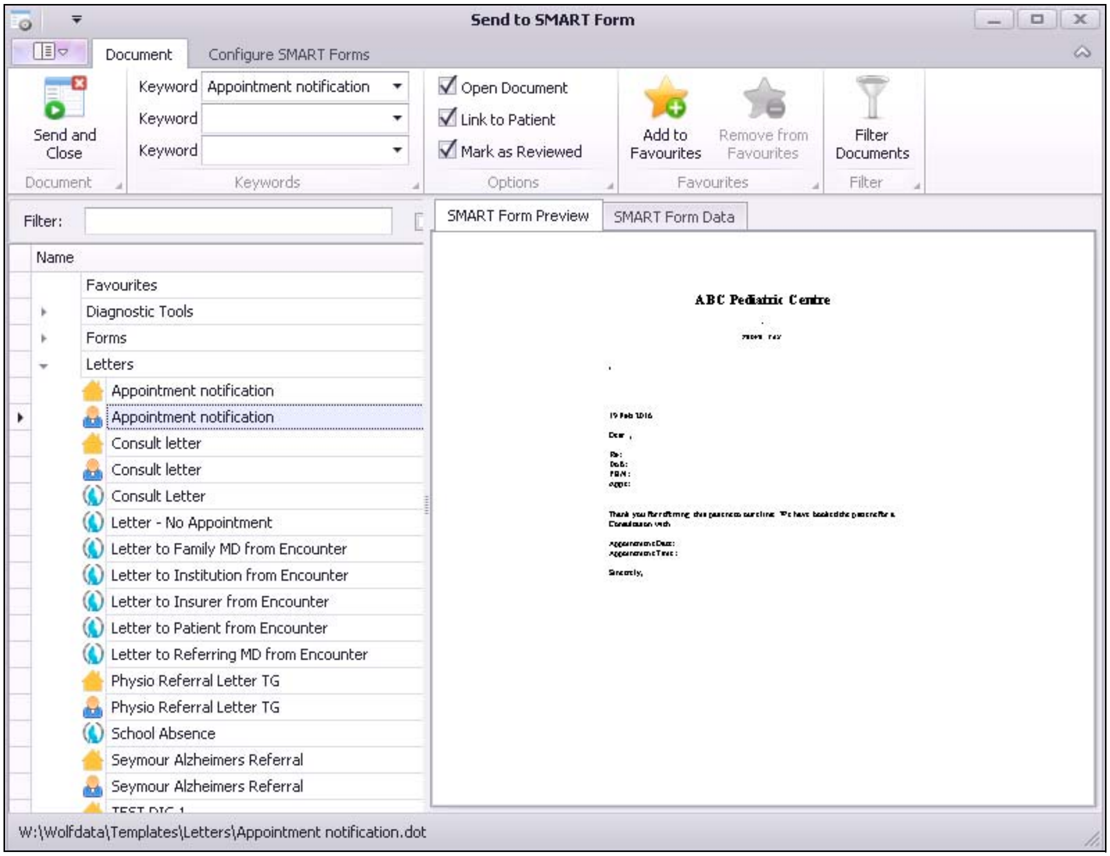
You can use SMART form letter templates to send referral notification letters to referring clinics. When a SMART form letter is sent, it is saved in the patient's Medical Summary, in the **Documents** tab. This way, you can track what letters were sent and when. You can also re-send a letter if needed.

To send a notification using a SMART form letter template:

1. On any window related to a patient's record (for example, the Medical Summary window or Vital Entry window), right-click and then, in the SMART menu, click **SMART Forms**. The EMR opens the Send to SMART Form window.

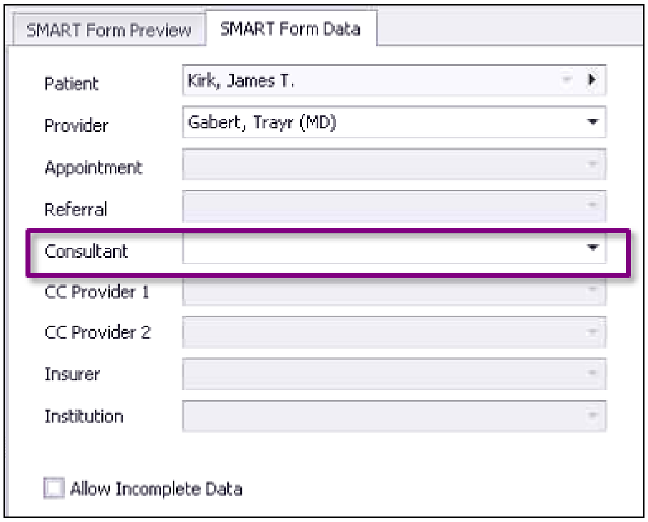
> **Tip**: You can start a SMART form letter right from a patient message via the SMART menu (right-click menu). For example, if a provider sends you a message indicating that the referral is rejected, you can create a rejection letter right from the message.

2. In the list of SMART forms, expand the **Letter** category, and then click the letter template you want to use. The EMR displays the selected letter template on the right side of the window.



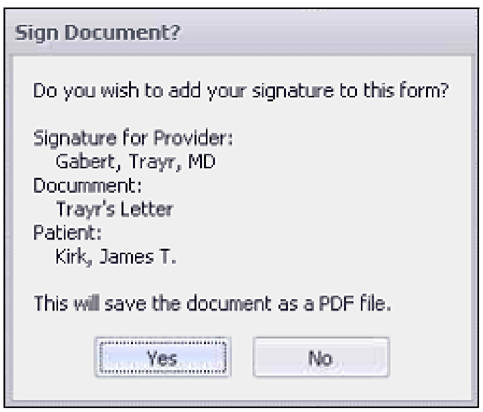
3. If the SMART form is programmed to pull information from the patient's record, but the information is not available in the current patient's record, the EMR displays a dialog box similar to the following.

and then displays the **SMART Form Data** tab, where you can enter the missing data.



Enter the missing data in the fields provided, or, to produce the SMART form without the missing data, select the **Allow Incomplete Data** check box.

4. If the SMART form contains an electronic signature, the EMR displays a dialog box with a prompt similar to the following.



To insert your signature, click **Yes**.

5. Click **Send and Close** ( ) or, in the list of SMART forms, double-click the form. The EMR opens the letter in Microsoft Word, with some of the patient and provider's information populated.
6. Enter or modify information in the letter as needed.
7. To save the letter, click **Save** ( ), or press **Ctrl + S**. The EMR saves the completed SMART form in the **Documents** tab of the patient's Medical Summary.

8. To print or fax the letter, in the Microsoft Word menu, click **File** > **Print**.

Recording that letters have been faxed

When you fax a notification letter, you can record that the letter was successfully faxed in the SMART form Document properties:

1. Open the patient's Medical Summary, and then click the **Documents** tab.
2. In the Documents list, click the SMART form letter, and then click **View Document Properties**.
3. In the Document Properties window, in the **Notes** area, enter "Letter faxed" with the date and time.

Recording what notifications have been sent to referring clinics

When a provider responds to an incoming referral, you receive a message. In the message's **Log** and **Notes** areas, you can record any phone calls you made or messages you left with the patient and/or referring clinic. You can also create numerous follow up tasks from the message. See "Managing your messages and follow-up tasks" on page 337.

When you have completed your tasks for the accepted or rejected referral, you can then Complete the message. The message and all actions you documented in the message are saved in the patient's record.

Managing declined referrals

When you decline a referral, you first notify the referring clinic and/or patient (see "Sending and recording notifications to referring clinics and patients" on page 174). You can then change the patient's status to inactive. It is important that you deactivate the patient so that they do not appear as part of the provider's panel.

To change a patient's status to inactive:

1. Open the patient's Patient Maintenance window, and then click the **Patient Status** tab.
2. Click **New Status**.
3. In the **Status** drop-down list, select an inactive-type status.

Note: The **Status** options are customized by your clinic. For example, you may have an inactive status called "Refused" or "Declined".

4. (Optionally) Enter a **Reason** and any **Notes** regarding the status change.
5. Click **Save Status**.

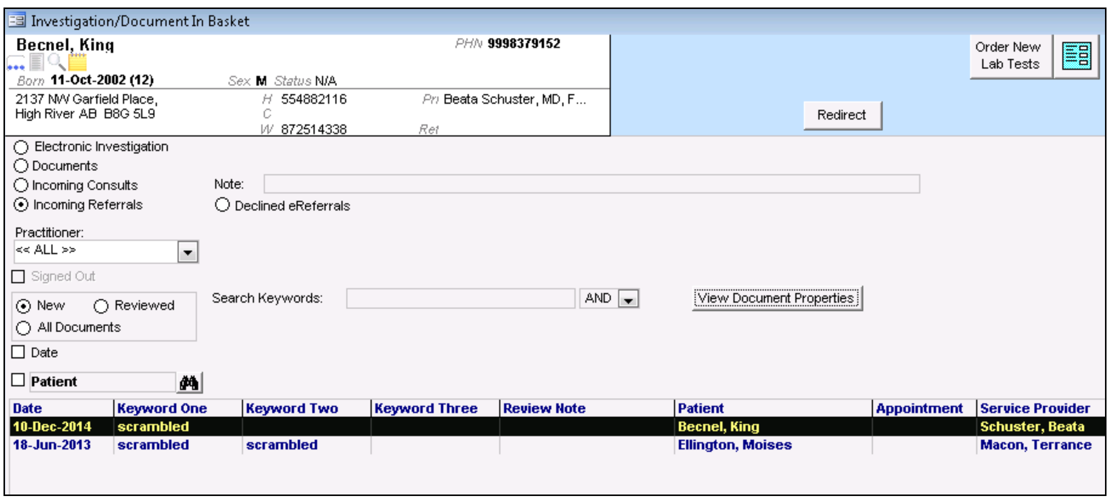
Monitoring incoming referrals

You can view incoming faxed or mailed referrals and eReferrals from the **Incoming Referrals** link on your WorkDesk.

Note: You must select **Incoming Referral** as the **Document Type** on incoming faxed or mailed referral documents for them to display in the Incoming Referrals list.

To view incoming Referrals:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. In the **Referrals** area, click <#> **Incoming Referrals** (where # = the number of new Referrals (This number includes faxed or mailed referrals with the **Document Type** of **Incoming Referral**, and eReferrals). The EMR opens the Investigation/Documents In-basket window a list of un-reviewed incoming referrals displayed.



3. To review incoming referrals for a specific practitioner, in the **Practitioner** drop-down list, click the practitioner's name.
4. To filter the list of documents, use one or more of the filter options described in the following table:

Filter option	Description
New (default selection)	Select this option to display only new incoming referrals that are not marked as Reviewed.
Reviewed	Select this option to display only reviewed incoming referrals.
All Documents	Select this option to display both new and reviewed incoming referrals.

Filter option	Description
Search Keywords	Enter word(s) in the **Search Keywords** field and press **Enter**. The EMR displays only incoming referrals containing the word(s) you entered in the **Search Keywords** field.
Date	Select this check box and enter a date or click the Calendar icon ( ) to select a date. The EMR displays incoming referrals for that date.
Patient	Select this check box and Search for a patient. Use the Patient Search window or select a patient name from the list of documents. The EMR displays incoming referrals only for that patient.

5. In the list of incoming referrals, double-click a referral. The EMR displays the referral in:
   - The PDF x-Change viewer: If the referral came in the form of fax or mail (scan).
   - The Referral Letter Composer window: If the referral is an eReferral.

eReferrals

Using the TELUS Health eReferral feature, other clinics can send you referrals directly from their EMR. Incoming eReferrals appear in your **Incoming Referrals** list along with your faxed and mailed referrals.

With eReferrals, you can:

- Import a patient's medical information into your EMR
- View and import referral attachments into your EMR
- Accept, or reject a referral at the click of a button, with the referring clinic being notified immediately. Your front end staff does not have to call or send a letter to the referring clinic.
- Send messages and documents to, and respond to messages from, the referring clinic.
- Link the referral to an appointment.

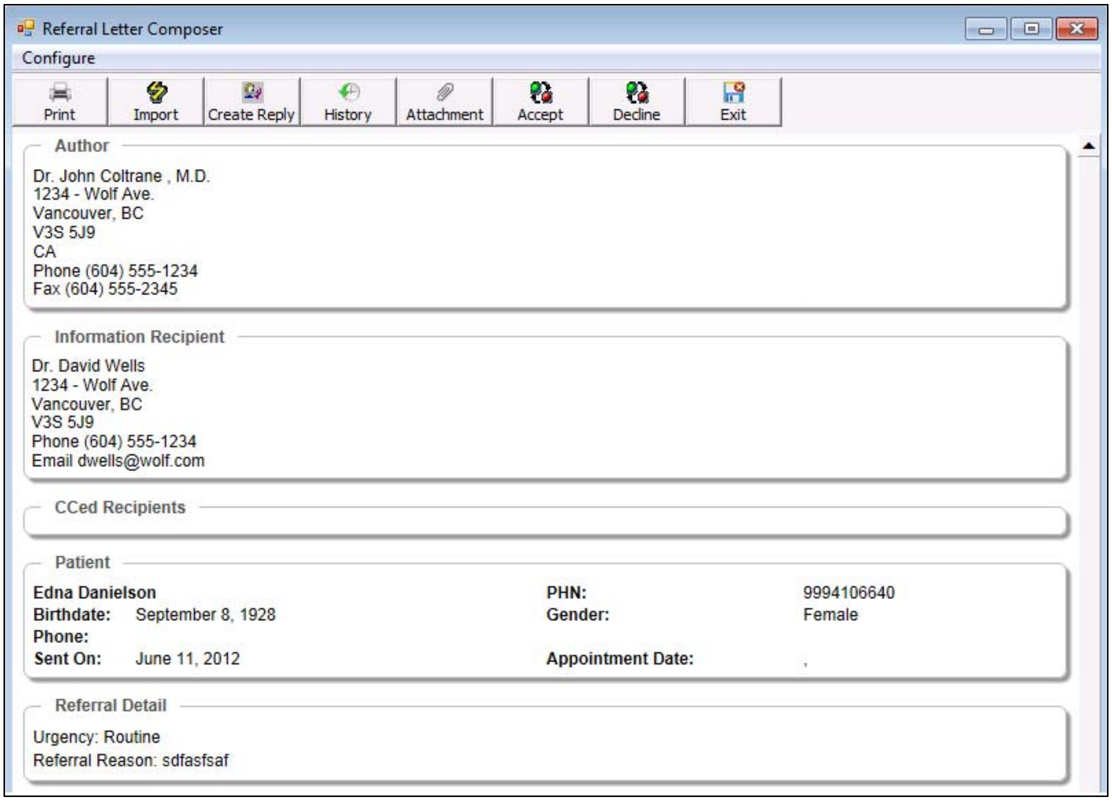
Note: If you want to send or receive eReferrals, you must be enabled to do so. To request access to the eReferral features, contact the TELUS Health EMR Customer Care team using one of the following methods:

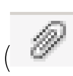
- E-mail: **accounts.wolfemr@telus.com**
- Online Case submission: Available on the **Cases** page of the **Wolf EMR Community Portal**.
- Phone: 1-866-879-9653 (Option 4)

Opening and viewing eReferrals

To open and view an Referral:

1. Open the referral as you do for regular referrals. See “Monitoring incoming referrals” on page 453. The EMR displays the eReferral and any associated attachments and medical information in the eReferral Letter Composer window.



2. To view attachments that came with the referral, click **Attachment** (). The EMR displays the Attachment window.

3. Complete one of the following actions:

   - To close the eReferral without responding, click **Exit** ().
   - To redirect the eReferral to another practitioner in your clinic, see “Redirecting eReferrals” on page 456.
   - To accept the eReferral, see “Accepting eReferrals” on page 456.
   - To decline the eReferral, see “Declining eReferrals” on page 458.
   - To request more information, see “Requesting more information from the referring practitioner” on page 459.

- To send a message back to the clinic (without accepting or declining the eReferral), see “Sending messages, and documents” on page 461.

Responding to eReferrals

You can accept or decline an eReferral and the referring clinic is notified immediately. You do not have to call or send a letter to the referring clinic to let them know about the status of the referral. Through your EMR you can also send a message to the referring clinic, for example, to request more information about the patient, or you can redirect an eReferral to another practitioner in your clinic.

Redirecting eReferrals

A practitioner may receive a consult request, but does not have the availability to accept the referral. However, if another practitioner in your clinic has room to take the patient, you can redirect the referral to them. When you redirect a referral, the EMR moves the referral to the other practitioner’s Incoming Referrals list and removes the referral from the practitioner’s Incoming Referrals list who first received the referral.

To redirect an eReferral:

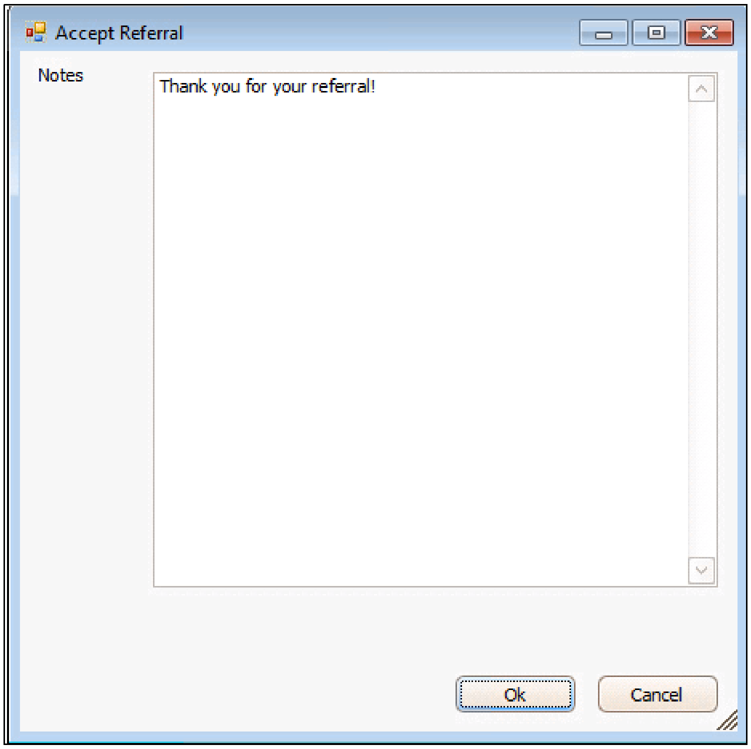
1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. In the **Referrals** area, click **<#> Incoming Referrals**. The EMR opens the Investigation/ Documents In-basket window a list of un-reviewed incoming referrals displayed.
3. Click a referral in the list.
4. Click **Redirect**. The EMR displays the Select Service Provider window.
5. Click the practitioner’s name who you want to redirect the referral to.
6. Click **OK**. The EMR moves the referral to the Incoming Referrals list of the practitioner you specified. The EMR adds the following note to the referral “Redirected by <your name> on <date>”.

Accepting eReferrals

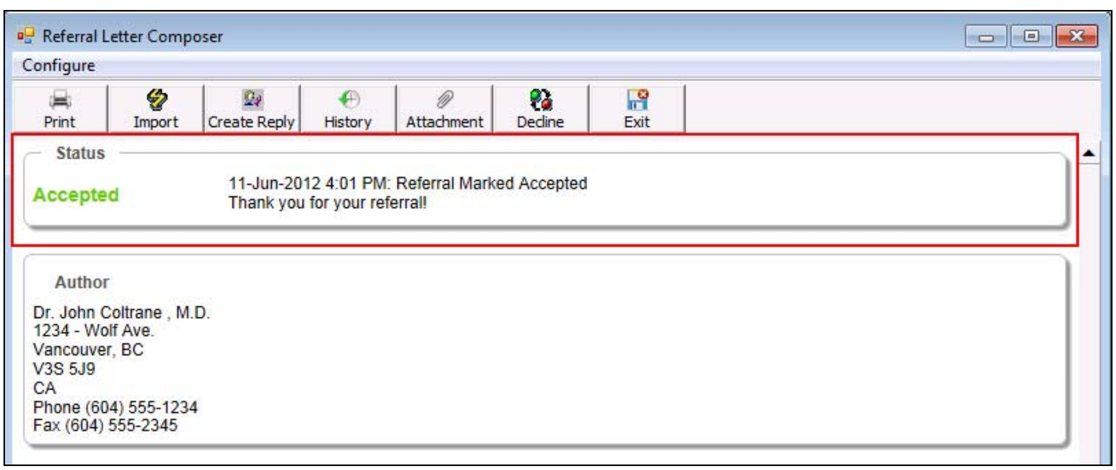
To accept an eReferral:

1. Open and view the referral. See “Opening and viewing eReferrals” on page 455.
2. On the top of the Referral Letter Composer window, click **Accept** (). The EMR displays the Accept Referral window.

3. In the **Notes** field, enter a message to the referring practitioner if desired



4. Click **OK**. The EMR displays an **Accepted** status header both on your view and on the referring practitioner's view in the Referral Letter Composer.



5. Click **Create Reply** (). The EMR opens the eReferral Letter Composer in Send mode.

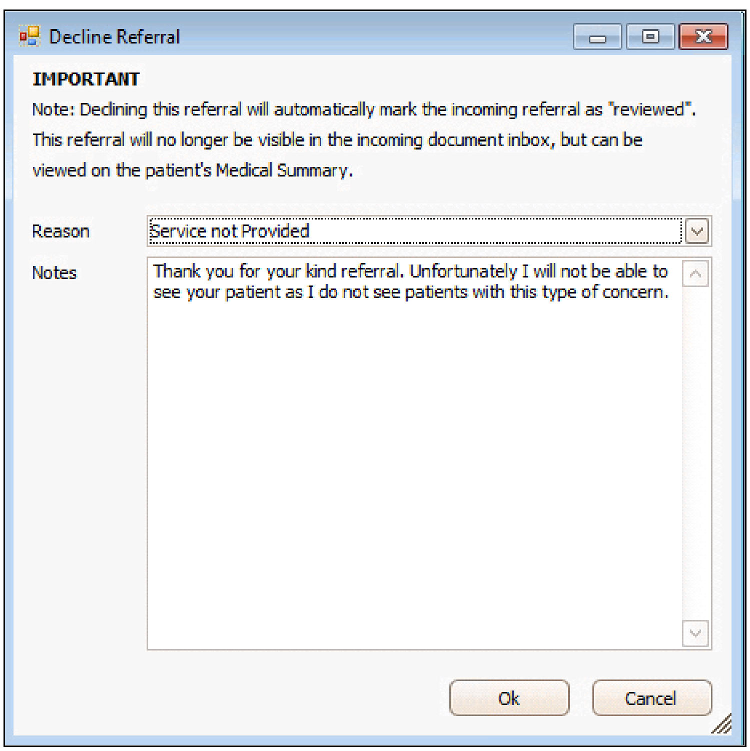
6. Click **Send** (). The EMR sends your response to the referring practitioner's **Incoming Consults** list. The EMR displays an **Accepted** status header on the referring practitioner's view of the Referral Letter Composer.

> **Important:** You must create a reply when you accept an eReferral, <u>in addition to</u> clicking **Accept**. This way, the referring clinic receives a notification. If you do not click **Create Reply** () and enter a message, the referring clinic does not receive a notification regarding the accepted eReferral.

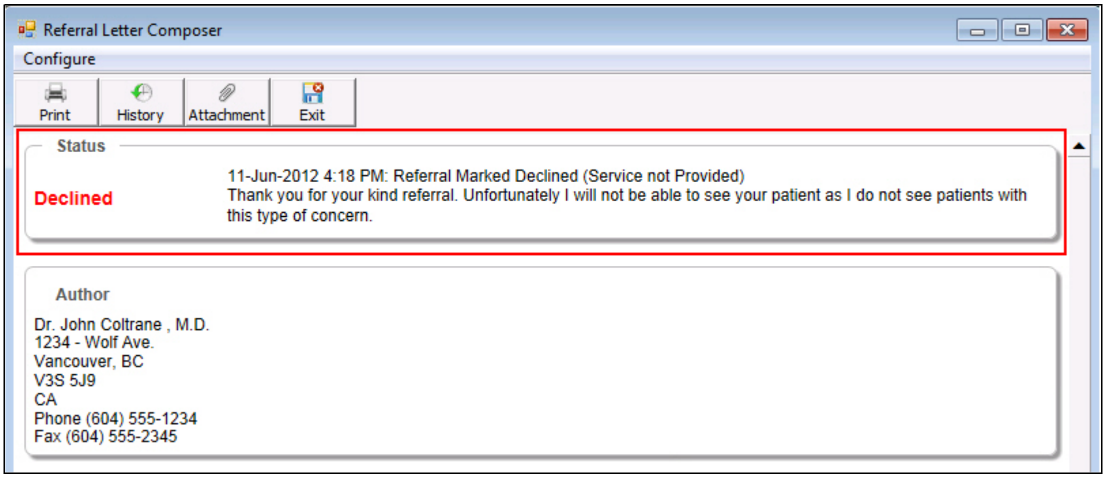
Declining eReferrals

To decline an eReferral:

1. Open and view the referral. See "Opening and viewing eReferrals" on page 455.
2. On the top of the Referral Letter Composer window, click **Decline** (). The EMR displays the Decline Referral window.
3. In the **Reason** drop-down list, click your reason for declining the referral, or if the reason you want is not available in the **Reason** drop-down list, enter the reason.
4. In the **Notes** area, enter a message to the referring practitioner if desired



5. Click **OK**. The EMR:
   - Displays a **Declined** status header in your Referral Letter Composer window.
   - Sends your response to the referring practitioner's **Declined eReferrals** list.
   - Displays a **Declined** status header on the referring practitioner's view of the Referral Letter Composer.



Requesting more information from the referring practitioner

You can send messages to the referring practitioner if needed. For example, if a referring practitioner has not attached enough information for you to accept the referral, you can request more information from the referring practitioner.

To request more information from the referring practitioner:

1. Open and view the referral. See "Opening and viewing eReferrals" on page 455.
2. On the top of the Referral Letter Composer window, click **Accept** (). The EMR displays the Accept Referral window.
3. In the **Notes** area, enter a message to the referring practitioner, detailing what information you require.
4. Click **OK**. The EMR:
   - Displays an **Accepted** status header both on your view and on the referring practitioner's view of the Referral Letter Composer, with your message requesting more information displayed.
   - Sends a notification to the referring practitioner. This notification displays in the referring practitioner's **Incoming Consults** list.

Importing a patient's clinical information from an eReferral

If the referring clinic attaches clinical information such as the patient's problem list, family history, current medications, and allergies to an eReferral, you can import this clinical information directly into the patient's Medical Summary in your EMR. Also, if the referring clinic attaches documents such as diagnostic imaging reports, WCB reports, or prenatal records, you can import these documents into the Documents tab of the patients Medical Summary.

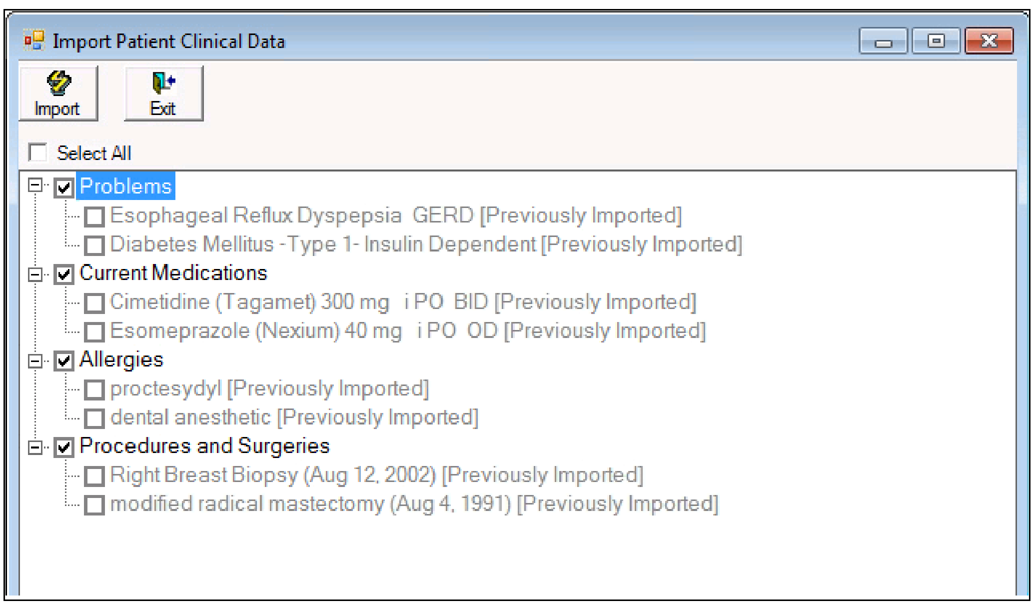
To import the patient's clinical data into your EMR at a later time:

1. Open the eReferral:
   - If you are viewing and responding to the eReferral for the first time, see "Responding to eReferrals" on page 456.
   - If you are importing the patient's medical information at a later time (for example, during the patient's first visit):

     a) Navigate to the **Documents** tab of the patient's Medical Summary.

     b) In the patient's list of documents, double-click the eReferral. The EMR displays the referral in the Referral Letter Composer window.

2. On the top of the Referral Letter Composer window, click **Import** ( ). The EMR displays the Import Patient Clinical Data window, with a list of clinical information that the referring clinic attached to the referral.



3. Select the check box beside items you want to import into the patient's chart.

4. Click **Import** ( ). The EMR does the following:

- Displays a dialogue box with the following message: “# records saved to the database successfully” (where “#” = the number of imported items).
- Imports the selected clinical data into the appropriate areas of the patient’s Medical Summary.

Note: The EMR does not import any Encounters attached in the eReferral into the patient's Medical Summary.

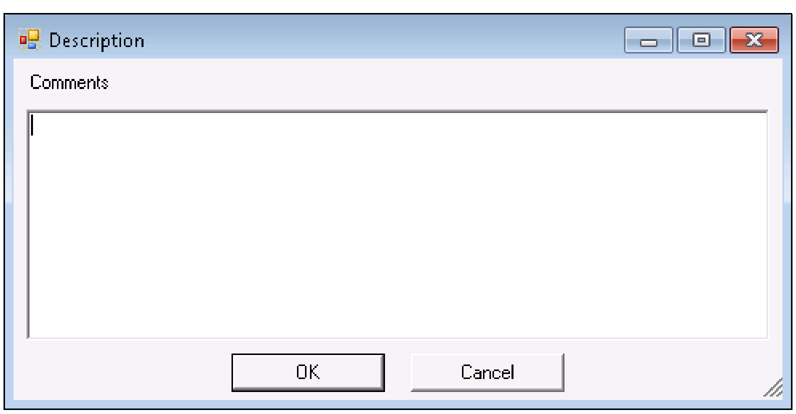
Sending messages and documents back and forth to referring practitioners

You can send messages, consult letters, and other documents back and forth to referring clinics through the eReferral Letter Composer.

Sending messages, and documents

To send messages, and documents to the referring clinic:

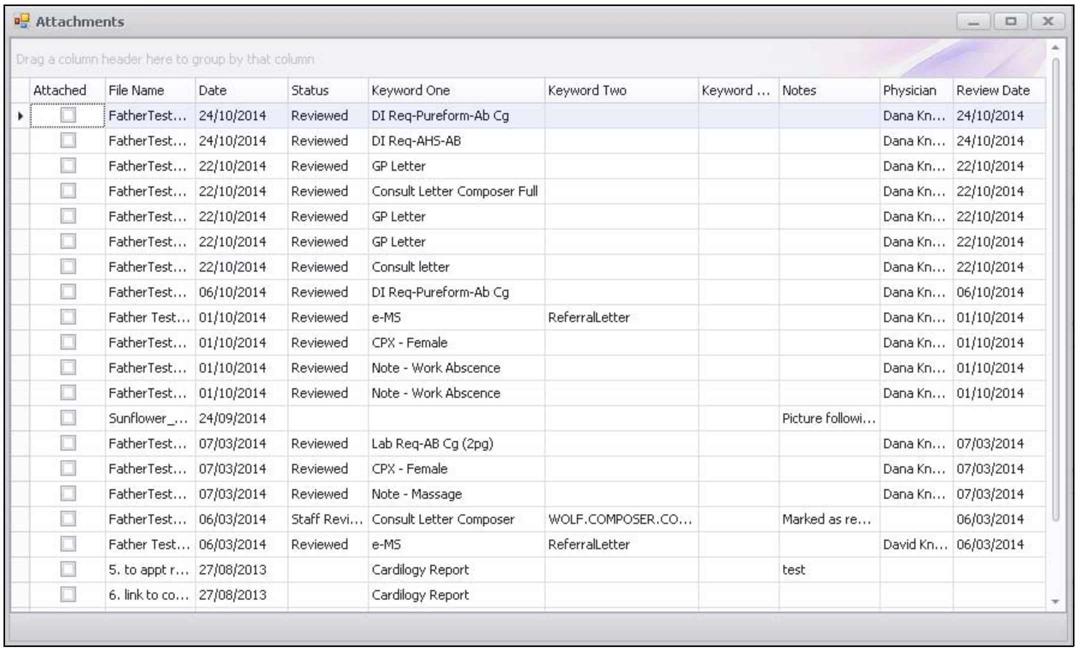
1. Open the eReferral:
   a) Navigate to the **Documents** tab of the patient’s Medical Summary.
   b) In the patient’s list of documents, double-click the eReferral. The EMR displays the referral in the Referral Letter Composer window.
2. At the top of the eReferral Letter Composer window, click **Create Reply** (). The EMR opens the eReferral Letter Composer in send mode.
3. If you want to send a message to the referring clinic, enter the message as an Other Treatment:
   a) In the left pane, select the **Other Treatments** check box.
   b) Right-click the **Other Treatments** tag (in blue), and then click **Properties**. The EMR displays the Description window.



c) In the **Comments** area, enter your message, and then click **OK**.

4. If you want to send a document to the referring clinic:

a) Click **Attachment** ( ). The EMR displays the Attachments window, with a list of files available in the **Documents** area of the patient's Medical Summary.


Attachments

Drag a column header here to group by that column

Attached	File Name	Date	Status	Keyword One	Keyword Two	Keyword ...	Notes	Physician	Review Date
	FatherTest...	24/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	24/10/2014
	FatherTest...	24/10/2014	Reviewed	DI Req-AHS-AB				Dana Kn...	24/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult Letter Composer Full				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	GP Letter				Dana Kn...	22/10/2014
	FatherTest...	22/10/2014	Reviewed	Consult letter				Dana Kn...	22/10/2014
	FatherTest...	06/10/2014	Reviewed	DI Req-Pureform-Ab Cg				Dana Kn...	06/10/2014
	Father Test...	01/10/2014	Reviewed	e-MS	ReferralLetter			Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	CPX - Female				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	FatherTest...	01/10/2014	Reviewed	Note - Work Abscence				Dana Kn...	01/10/2014
	Sunflower_...	24/09/2014					Picture followi...		
	FatherTest...	07/03/2014	Reviewed	Lab Req-AB Cg (2pg)				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	CPX - Female				Dana Kn...	07/03/2014
	FatherTest...	07/03/2014	Reviewed	Note - Massage				Dana Kn...	07/03/2014
	FatherTest...	06/03/2014	Staff Revi...	Consult Letter Composer	WOLF.COMPOSER.CO...		Marked as re...		06/03/2014
	Father Test...	06/03/2014	Reviewed	e-MS	ReferralLetter			David Kn...	06/03/2014
	5. to appt r...	27/08/2013		Cardiology Report			test		
	6. link to co...	27/08/2013		Cardiology Report					

Note: You can attach only files that are available in the **Documents** tab of the patient's Medical Summary.

You can attach consult letters, prenatal records, and WCB forms only if they are saved as documents in the patient's record.

b) In the **Attached** column, select the check box beside all documents you want to send.

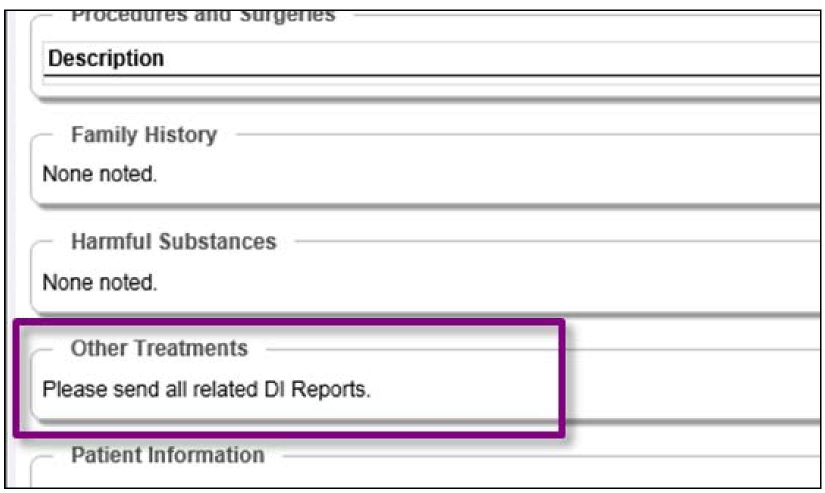
c) Click **Close** ( ). The EMR displays the selected document('s) name(s) in the **Referral Detail** area on the Referral Letter Composer window.

5. On the Referral Letter Composer window, click **Send**.

The EMR sends a notification to the referring practitioner.

Note: The referring practitioner receives the notification in their **Incoming Consults** list.

When the referring practitioner opens the referral, any messages you entered display under **Other Treatments**.

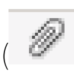


Receiving messages, and other documents

If, after you receive an eReferral, you receive other related messages or documents from the referring clinic, you are notified in the **Tasks** area of your WorkDesk under **Incoming Referrals**. From here, you can view and respond to messages. The EMR also attaches the messages and attachments to the original referral.

To view messages and attachments regarding an eReferral:

1. In the **Tasks** area of your WorkDesk, in the **Referrals** area, click # **Incoming Referrals** (where **#** = the number of your pending incoming referrals and referrals with new messages and/or attachments). The EMR opens the Investigation/Documents In-basket.
2. In the list of pending and updated eReferrals, double-click the eReferral. The EMR displays the eReferral in the eReferral Letter Composer window, with any messages from the referring practitioner displayed under **Other Treatments**.

3. To view any new attachments, click **Attachment** (). The EMR displays the Attachment window.
4. Respond to the message if needed. See “Sending messages, and documents” on page 461.
5. When you finish, click **Exit** ().

Linking an eReferral to an appointment

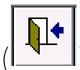
You can link an eReferral to an upcoming booked appointment. Then during the appointment, if the practitioner is using the Consult Letter Examination form, they can click the **Respond to eReferral** link to quickly access and reply to the eReferral.

To link a referral to an appointment:

1. Open the **Documents** tab of the patient’s Medical Summary.
2. In the list of documents, click the eReferral.
3. Click **View Document Properties**. The EMR displays the Document Properties window.

4. In the **Link to Appointment** drop-down list, click the appointment that you want to link the document to.

Note: You can only link a referral to an appointment if you have already booked the appointment. If you have not booked the appointment, the appointment will not appear in the drop-down list.

5. Click **Save and Close** ().

Chapter 13

Medications and prescriptions

In this chapter, you learn how to record a patients medications in the Medical Summary. You also learn how to manage prescription refill requests from pharmacies, and how to manage the pharmacy list.

Adding medications to a patient's Medical Summary

The following sections explain how to add medications to a patient's Medical Summary using two different methods:

- Adding medications using the New Medications window
- Adding medications using the Quick Entry Form

Workflow examples of when you would add medications include:

- When a new patient joins the clinic, you would enter the patient's current medications.
- When an external practitioner prescribes a medication for a patient, you would add that medication as a reference.

Adding medications using the New Medications window

The following sections describe the main steps you would perform to add medications using the New Medications window:

- Opening the Add New Medications window
- Searching for and selecting the medication to add
- Entering medication details

Opening the Add New Medications window

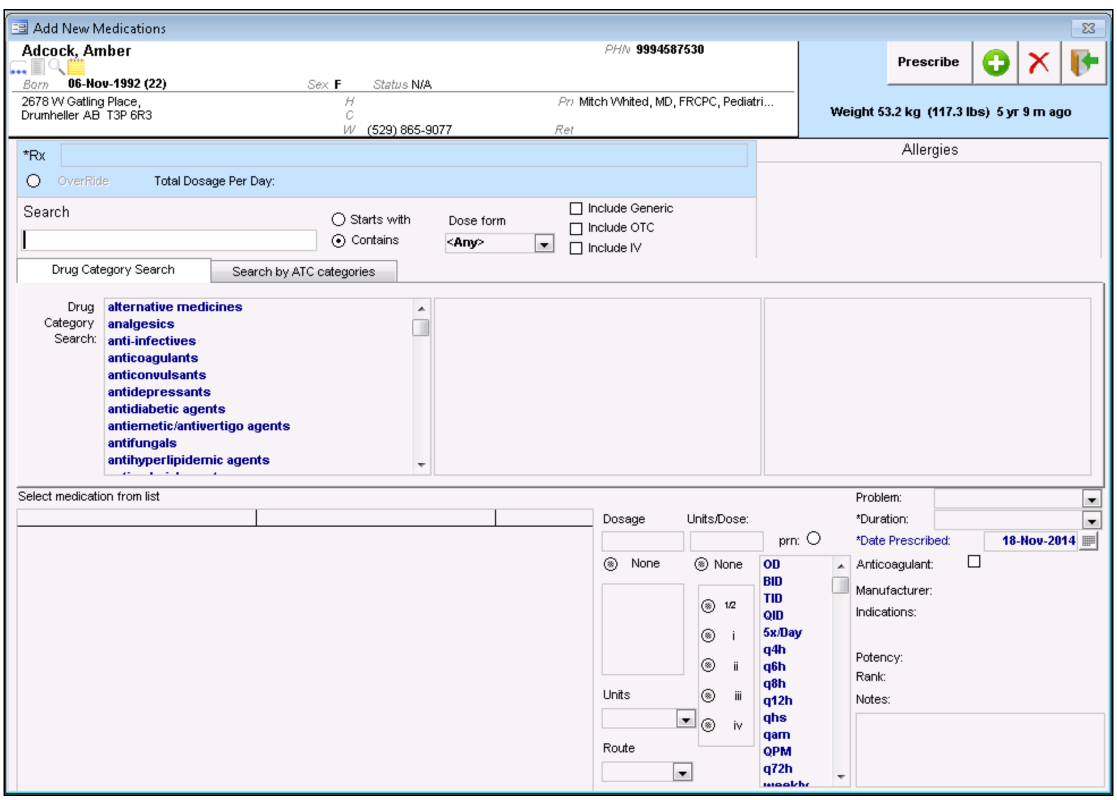
Tip: You can use the SMART Menu to open the Add New Medications window:

- On any window related to the patient (for example, the Medical Summary window or Vital Entry window) right-click and then, in the SMART menu, click **Enter New Medication**.

You can also open the Add New Medications window from the **Current Medications** area in the patient's Medical Summary; simply double-click **<<Add New Medication>>**.

To open the Add New Medications window:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. Open the patient's Medical Summary. See "Opening a patient's Medical Summary". The EMR displays the Medical Summary window with the **Current Hx** tab open.
3. In the **Current Medications** area, double-click **<<Add New Medication>>**. The EMR opens the Add New Medications window.



Searching for and selecting a medication to add

To search for and select a medication to add:

1. Open the Add New Medications window. See "Opening the Add New Medications window" on page 468.
2. In the **Search** field, enter the name or partial name of a medication, and then on your keyboard, press **Enter**. The EMR displays a list of medications in the bottom pane.

Best Practice: If you are not sure how to spell a particular medication name, then in the **Search** field, enter only the first three or four letters of that name.

This Best Practice saves time and minimizes the chance of spelling errors.

Tips for searching for medications:

- By default, the EMR displays a list of medications that **contain** the letters or words you entered in the **Search** field. To view a list of medications that start with the letters or words you entered in the **Search** field, select the **Starts with** option.
- Wolf provides an enhanced search where you can add a second or third string to the search. For example, to search for amoxicillin in capsule form, select **CAP** in the **Dose form** drop-down list. The search results return all amoxicillin options available in capsule form.
- To exclude generic medication names from the search results, clear the **Include Generic** check box.
- To include over-the-counter medications in the search results, select the **Include OTC** check box.
- To include intravenous medications in the search results, select the **Include IV** check box.
- If there are several medications in the search results with the same name, this means that there are various dosage types available for that medication. To view the dosage type and size: In the medication list, click the medication name, then hover your curser over the medication name. The EMR displays the dosage type and size as a pop-up message.

3. In the medication list, click the medication you want. The EMR displays the medication name in the blue **RX** field.

Entering medication details

After you select the medication you want to add, the EMR usually pre-populates the **Dosage**, **Units, Frequency**, **Route**, **Duration**, and **Date Prescribed** fields. You can edit these fields if necessary.

You can also associate the medication with a medical problem. After you make this association, when you view the details of the problem, the EMR displays the medication in the **Medications For This Problem** area.

To enter medication details:

1. Open the Add New Medications window. See "Opening the Add New Medications window" on page 468.
2. Search for and select the medication you want to add. See "Searching for and selecting a medication to add" on page 468.
3. Edit the **Dosage**, **Units, Frequency**, **Route**, **Duration**, and **Date Prescribed** fields if necessary.
4. If the medication is an anti-coagulation medication that requires regular INR testing, select the **Anticoagulant** check box.
5. To associate the medication with a medical problem, in the **Problems** drop-down list, click a problem. You can also add a new problem by clicking **<Add New>**.
6. Perform one of the following actions:
   - If you want to add another medication, click **Enter New Medication** ( ), and then repeat Step 1. to Step 6. .
   - If you are finished adding medications, click **Save and Close** ( ). The EMR adds the medication(s) to the patient's Current Medications list in their Medical Summary.

Adding medications using the Quick Entry Form

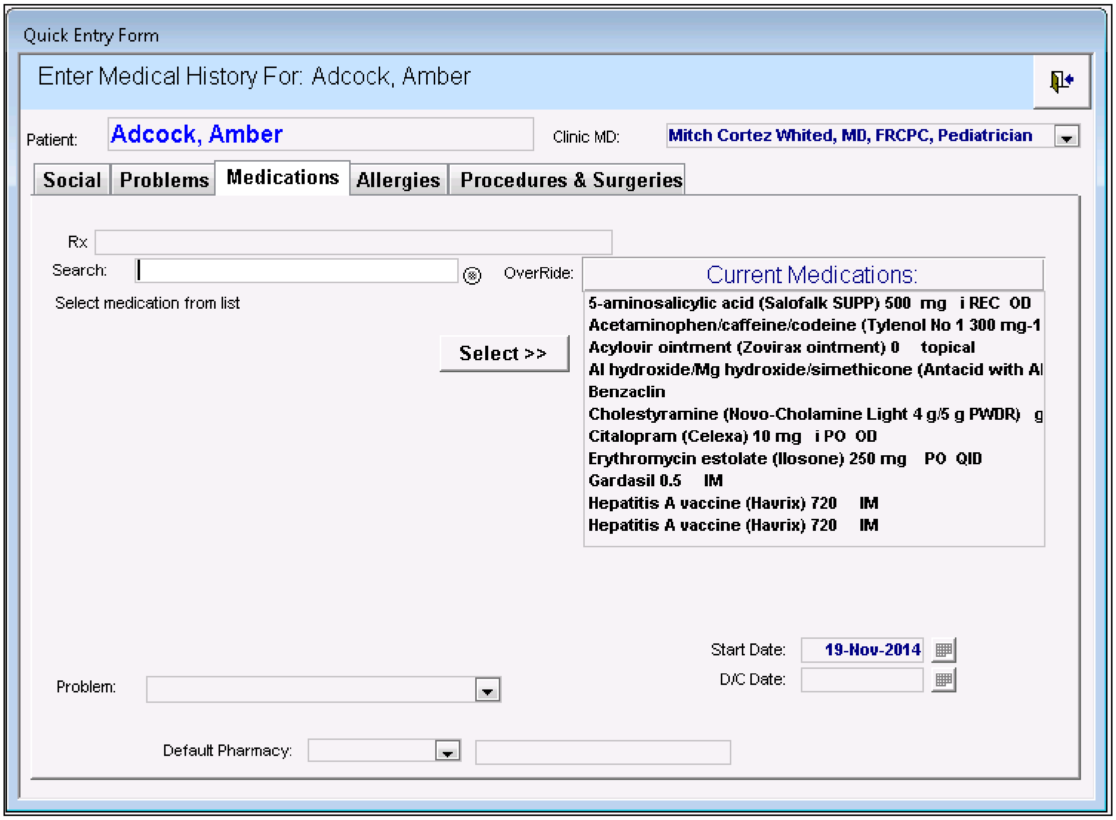
You can access the Quick Entry Form by clicking the **Quick Entry** button on your WorkDesk. The Quick Entry method can be the quickest way to add a new medication, as you have less information to enter. After you select a medication to add, the EMR populates many of the fields with default values (although you can change these fields or leave them blank if you want).

> **Note**: One of the limitations of the Quick Entry form is the lack of additional levels of search criteria. For example, if you need to enter a specific dose form, it may be quicker to add the medication in the Add New Medication window, as you can filter by Dose form.

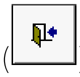
To add a medication using the Quick Entry method:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. Click **Quick Entry**. The EMR opens the Patient Search window.

3. Search for the patient and then double-click the patient's name. The EMR displays the Quick Entry Form window.
4. Click the **Medications** tab.



5. In the **Search** field, enter the name or partial name of a medication, and then on your keyboard, press **Enter**. The EMR displays a list of medications in the lower pane.
6. In the medication list, click the medication you want. The EMR displays the medication name in **Rx** field in blue text and also displays the medication details fields.
7. **(Optional)** Edit the **Dosage**, **Units,** and **Frequency** fields if necessary.
8. **(Optional)** To associate the medication with a medical problem, in the **Problems** drop-down list, click a problem. You can also add a new problem by clicking **<Add New>**.
9. **(Optional)** In the **Default Pharmacy** drop-down list, click the main pharmacy that the patient uses.
10. Click **Select >>**. The EMR adds the medication to the Current Medications list.
11. Perform one of the following actions:
    - If you want to add another medication, repeat Step 5. to Step 11. .

- If you are finished adding medications, click **Close and Save** (). The EMR adds the medication(s) to the patient's Current Medications list in their Medical Summary.

Managing prescription refill requests from pharmacies

The following sections explain how to:

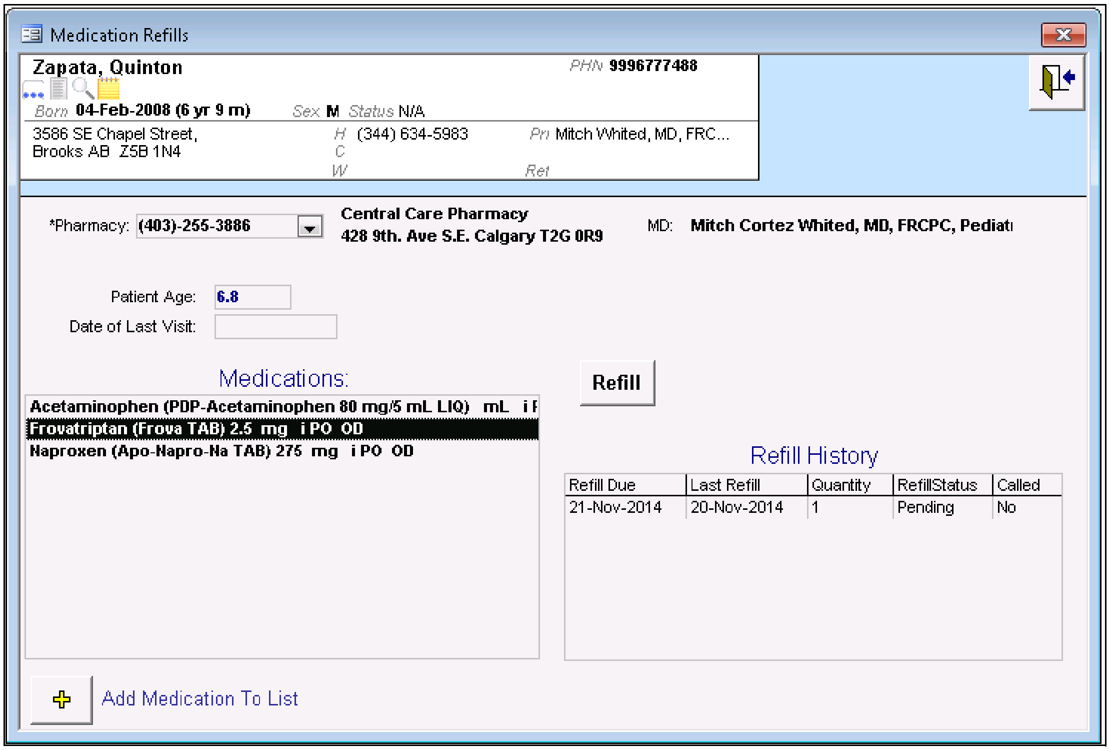
- Send a prescription refill request to a practitioner
- Manage pharmacy callbacks using the Pharmacies to Call list
- View the Refill Log
- Reprint a prescription

Sending a prescription refill request to a practitioner

You can send a prescription refill request to a practitioner from your WorkDesk. When you create a refill request with the status of **Pending**, the practitioner receives a notification on their WorkDesk to approve the refill. The refill request appears on the practitioner's WorkDesk on the **Tasks** tab under the heading **Refill Requests**.

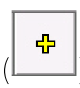
To send a prescription refill request to a practitioner:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. In the **Data Entry** area, click **Refill Request.** The EMR opens the Patient Search window.
3. Search for the patient and then double-click the patient's name. The EMR displays the Medication Refills window.



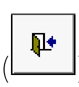
4. In the **Pharmacy** drop-down list, click the pharmacy that called to request a refill for the patient.

5. In the **Medications** list, click the requested medication to refill. The **Refill History** area displays refill information for the medication.

Tip: If you do not see the requested medication in the list, you can click () to add the medication to the list.

6. Click **Refill**. The EMR displays the Prescriptions window.

7. Enter the **Quantity** and then ensure that **Duration** and **Start Date** are appropriate.

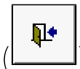
8. Click **Close and Save** (). The EMR displays a window prompting you to confirm that you want to save the prescription.

9. Click **Yes**. The EMR displays a window asking you if you want to print the prescription.

10. Perform one of the following actions:

- If you want to print the prescription for the practitioner to sign, click **Yes**.
- If you do not want to print the prescription, click **No**.

The EMR returns you to the Medication Refills window.

11. Click **Close Form**. ().

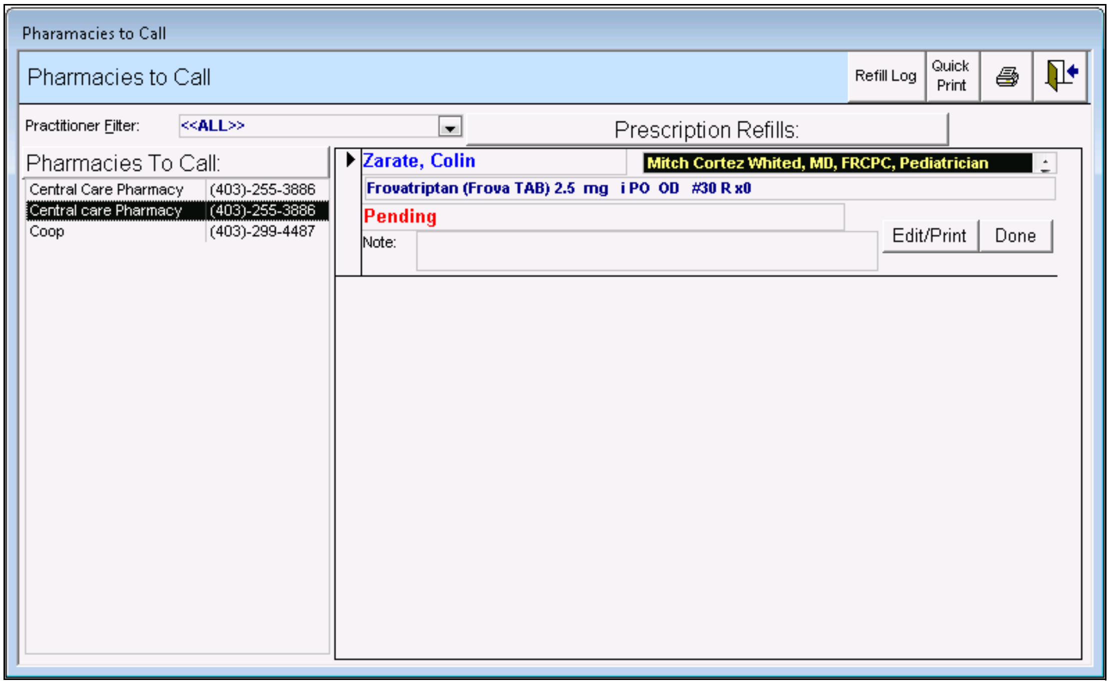
Managing pharmacy callbacks using the Pharmacies to Call list

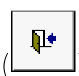
After you send a refill request to a practitioner, you must wait until they approve the refill before you call the pharmacy. You can keep track of which pharmacies to call using the Pharmacies to Call list. The **pharmacies to call** link on your WorkDesk displays the number of pharmacies you need to call. Click the **pharmacies to call** link to open the Pharmacies to Call list to see which refill requests are approved.

To manage pharmacy callbacks using the Pharmacies to Call list:

1. On your WorkDesk, in the **Clinic Tasks** area, click **<#> pharmacies to call** (where # = the number of pharmacies you need to call). The EMR displays the Pharmacies to Call list. The **Pharmacies To Call** area lists all pharmacies that have patients who require prescription callbacks.
2. Under the **Pharmacies To Call** area, click a pharmacy name. The **Prescription Refills** pane to the right displays the patients requiring refills and their prescription information. The status of the refill request appears in red text. A status of **Okayed**, means the practitioner has approved the refill request.

Tip: You can click the **Edit/Print** button to return to the Prescription screen and edit or print the prescription.



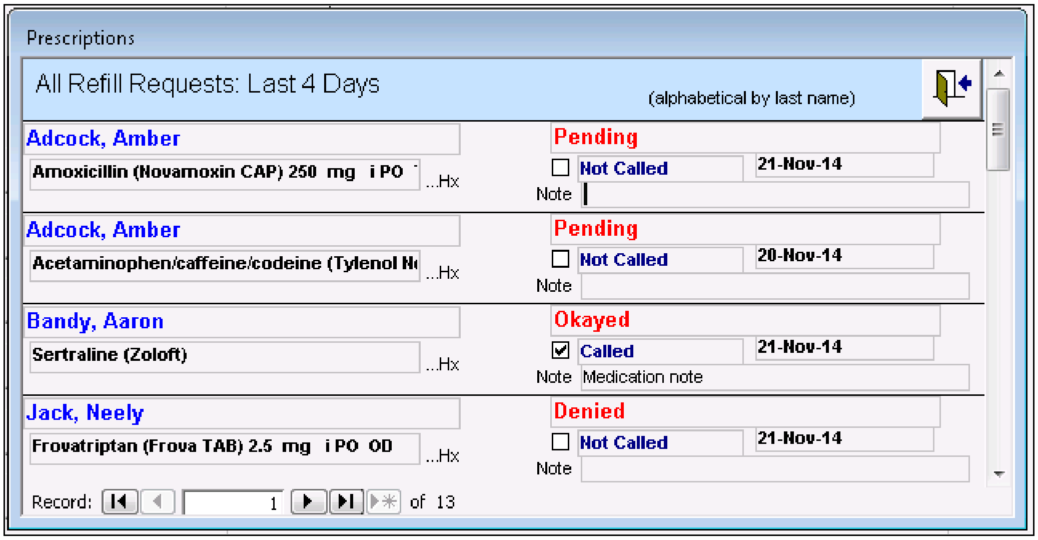
3. If the status of the refill is **Okayed**, call the pharmacy to refill the prescription and then click **Done**. The EMR removes the patient from the list and indicates the patient was called in the Refill Log.
4. Click **Close** ().

Viewing and updating the Refill Log

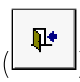
The Refill Log lists all refill requests in the last four days. You can view the status of the refill requests and indicate if the pharmacy was called.

To view and update the Refill Log:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. In the **Clinic Tasks** area, click **Refill Log**. The EMR displays the Refill Log.



3. To indicate that you called the pharmacy, select the check box beside **Not Called**. The EMR changes **Not Called** to **Called.**

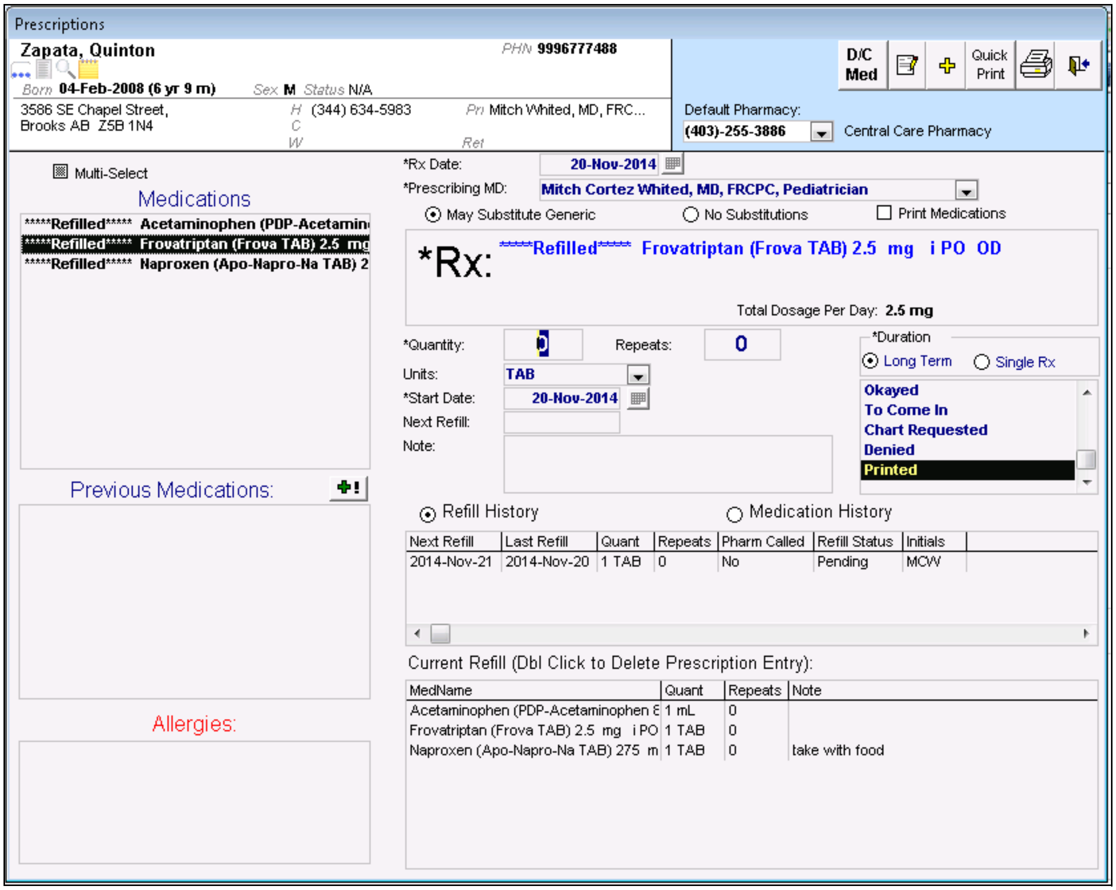
4. When you are finished, click **Close** ().

Reprinting a prescription

To reprint a prescription:

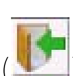
1. Open the patient's Medical Summary. See "Opening a patient's Medical Summary" on page 163.

2. Right-click anywhere in the patient's Medical Summary, and then click **Refill Medications**. The EMR displays the Prescriptions window.



3. In the **Default Pharmacy** field at the top of the window, click the pharmacy that the prescription will be going to. This Pharmacy will be automatically selected when you print prescriptions in the future for this patient.

Note: You can select a Default Pharmacy only if Pharmacies are configured in the EMR.

4. In the **Medications** list, click the medication for the prescription you want to reprint.
5. Click the calendar icon beside the **Rx Date** field and then double-click a date in the calendar.
6. In the **Prescribing MD** field, click a practitioner's name.
7. Click **Quick Print**.
8. **Save and Close** ().

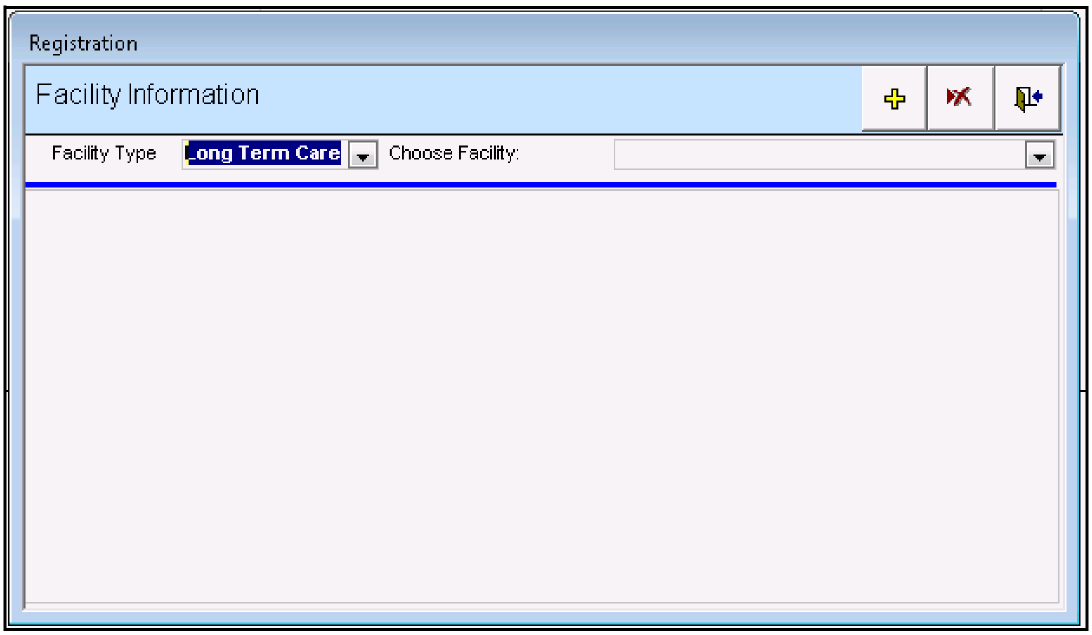
Managing the pharmacy list

The pharmacy list is a handy reference of all of the pharmacies that your clinic uses. You can access this list to look up pharmacy contact information, such as a fax number. You can also add a pharmacy to the list or edit the information for a pharmacy on the list if necessary.

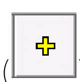
Adding a pharmacy to the pharmacy list

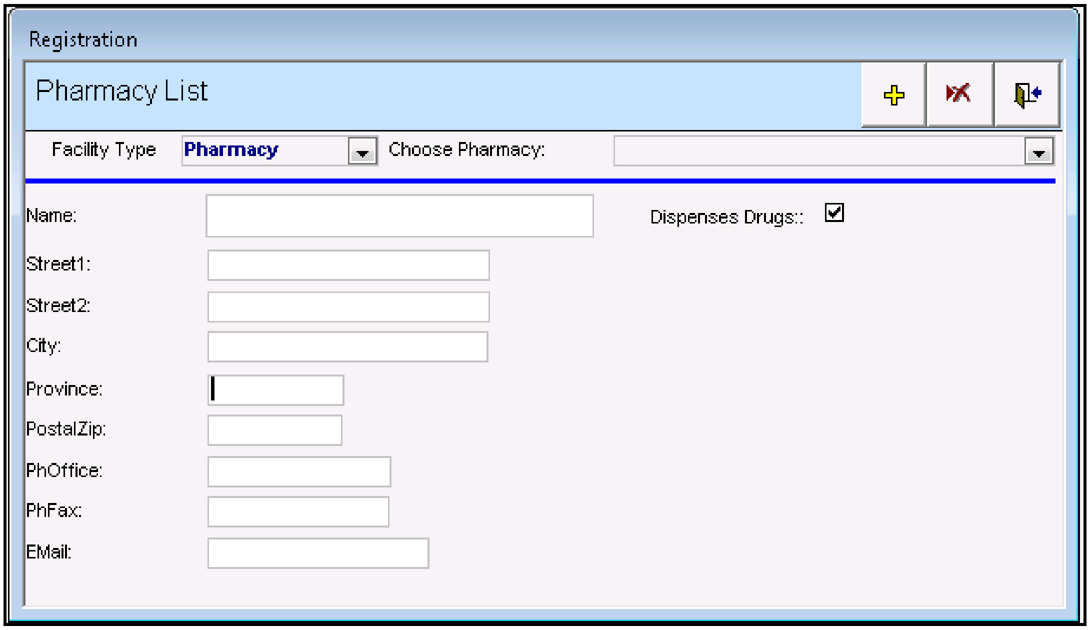
To add a pharmacy to the pharmacy list:

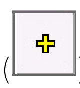
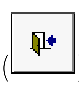
1. On the WorkDesk menu, click **Reference > Pharmacy/Facility List**. The EMR displays the Facility Information window.



2. In the **Facility Type** drop-down list, click **Pharmacy**. The EMR changes the **Choose Facility** drop-down list to the **Choose Pharmacy** drop-down list.

3. Click **Add** (). The EMR displays an empty pharmacy form.



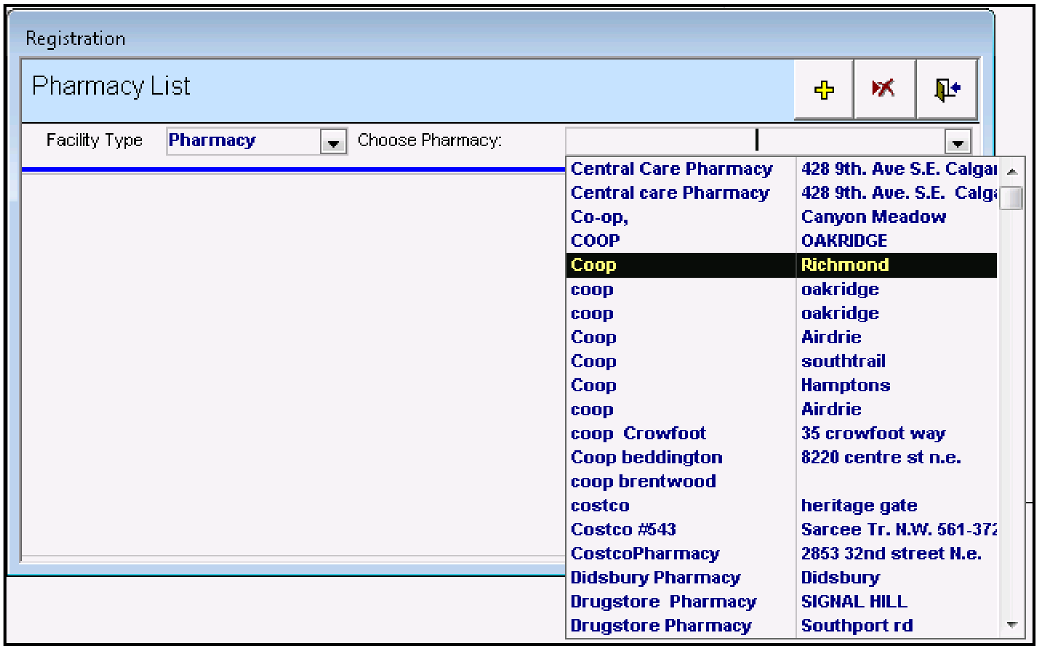
4. Enter the pharmacy's information. At minimum, enter information in the **Name**, **City**, and **PhFax** (fax number) fields.
5. Perform one of the following actions:
   - To add another pharmacy, click **Add** ().
   - If you are finished adding pharmacies, click **Close and Save** ().

Viewing and editing a pharmacy on the pharmacy list

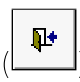
To view and edit a pharmacy on the pharmacy list:

1. Open your WorkDesk: On the Wolf EMR Launch page, on the **Wolf Programs** menu bar, click **WorkDesk**.
2. On the WorkDesk menu, click **Reference > Pharmacy/Facility List**. The EMR displays the Facility Information window.
3. In the **Facility Type** drop-down list, click **Pharmacy**. The EMR changes the **Choose Facility** drop-down list to the **Choose Pharmacy** drop-down list.

4. In the **Choose Pharmacy** drop-down list, click the pharmacy that you want to view or edit.



The EMR displays the pharmacy information.

5. Edit the information as necessary and then click **Close and Save** ().

Chapter 14

Patient billing

This chapter introduces you to patient billing for uninsured services. You learn how to create a bill, how to record a payment (or a partial payment), and how to reverse a payment.

> **Tip**: This module covers only basic information about billing patients directly. For detailed information on billing in Wolf EMR, see the **Wolf EMR Billing User Guide for BC**.

Creating a bill for a patient

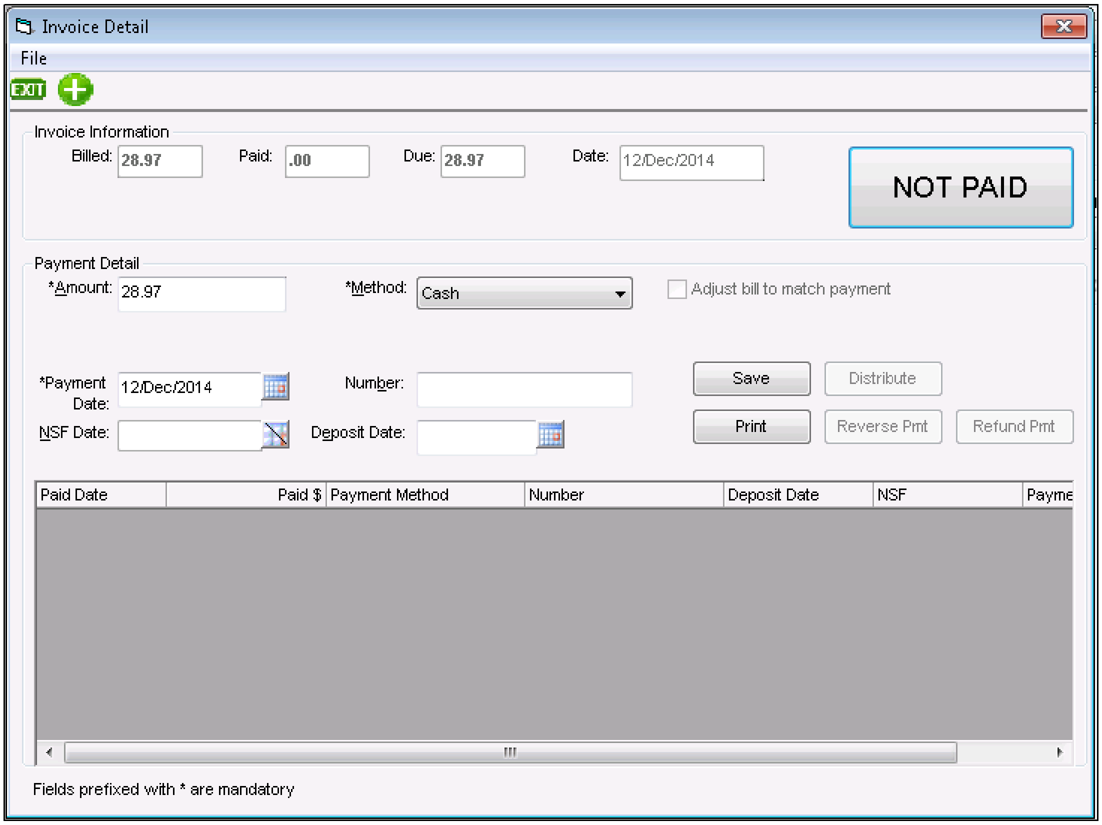
To create a bill for a patient:

1. On the Wolf EMR Launch page, click **Billing** ( ). The EMR displays the Billing window.
2. In the practitioner drop-down list (located in the top left corner), click a practitioner.
3. If you are creating a bill for a day other than today, click **Calendar**, and then click the Service Date.
4. Click **New Bill**. The EMR displays the Patient Search window.
5. Search for the patient and then double-click the patient's name. The EMR displays the patient's name in the **New Bill Patient** field.
6. In the **Bill To** drop-down list, select **Patient**, if not already selected.
7. Use the following table to enter information in the rest of the fields.

Field	Description
Bill To	In the **Bill To** drop-down list, select **Patient**.

Field	Description
Fee Code/ Desc	1. In the **Fee Code/Desc** field, enter the fee code or service description, and then press **Enter**. 2. In the drop-down list below, click a fee code. **Note:** Before you can bill for a service, the service must be entered in Wolf EMR as a fee code. You typically create custom fee codes for services and products you charge to patients. See "Managing service fee codes and fee schedules" on page 197.
Units	Enter the number of services performed or products provided. For example, if the service fee is for vitamins, and the patient is purchasing 3 containers of vitamins, in the **Units** field, enter **3**. The EMR multiplies the Rate by the number of **Units** and displays the total billed amount in the **Bill $$** column in the billing list.
Rate (field to the right of Fee Code/ Desc)	If you want to charge a different rate than the default, in the **Rate** field, modify the amount.

8. Click **Save**. The EMR displays the following prompt: "Are all services entered for this bill?"
9. Perform one of the following actions:
   - If all services are entered for this bill, click **Yes**. An Invoice Detail window is displayed, where you can mark the bill as paid or not paid and fill in the appropriate payment details.
   - To add more services to the bill, click **No**. The EMR inserts another line into the original bill to allow you to add a second item to same invoice. Repeat Step 7. and Step 8. .
10. In the Invoice Detail window, perform one of the following actions:
    - If the patient has paid the bill at the time of the visit, click the payment method in the **Method** drop-down list, click **Save**, and then click **Exit**.
    - If the patient paid part of the bill, enter the partial payment in the **Amount** field, click the payment method in the **Method** drop-down list, click **Save** and then click **Exit**.
    - If the patient has not paid the bill, click **NOT PAID**. You can take a payment at a later time and record it in the EMR. See "Recording a payment to a patient's invoice" on page 483.



The EMR displays a prompt asking if you want to print the invoice.

11. Perform one of the following actions:

- If you want to print the invoice or receipt, click **Yes**.
  Note: Another way to print an invoice is to click the bill in the Billing list, and then on the Billing menu click **File > Print Invoice**.
- If you do not want to print the invoice or receipt, click **No**.

Recording a payment to a patient's invoice

If you do not receive complete payment at the time you bill a patient (for example, if you bill a patient for missing an appointment and send the bill by mail), you can record a partial or complete payment at a later time when you receive payment.

It is important that you always record a payment as soon as you receive it because the EMR cannot report which bills were paid and or not paid unless you record them in the system.

To record a payment to a patient's invoice:

1. Open the Patient Maintenance window for the patient:

a) Open the Scheduler: On the Wolf EMR Launch page, click **Scheduling** ( ).

b) In the **Family Name /Portion** field, enter the patient's last name, and then on your keyboard press **Enter**. Your cursor moves to the **Given** (first name) field.

c) In the **Given** field, enter the patient's first name, and then on your keyboard press **Enter**.

d) In the search results list, click the patient name, and then, on your keyboard, press **F9**. The EMR displays the Patient Maintenance window.

> **Tip**: You can also access the Patient Maintenance window from your WorkDesk and from Billing:
>
> - **Workdesk**: On your WorkDesk, click **Demographics**.
> - **Billing**: On the Billing menu, click **View > Patient Maintenance**.
>
> The EMR displays the Patient Search window.
> Search for the patient and then double-click the patient's name.

2. Click the **Billing** tab.
3. In the patient's list of bills, click the bill you want to record a payment for.
4. On the Patient Maintenance menu, click **View > Invoice Payment** or, on your keyboard, press **Ctrl + P**. The EMR opens the Invoice Detail window.
5. Perform one of the following actions:
   - If the patient has paid the full amount, ensure that the correct payment amount is in the **Amount** field and then click the payment method in the **Method** drop-down list.
   - If the patient made a partial payment, enter the partial payment amount in the **Amount** field, and then click the payment method in the **Method** drop-down list.
6. Click **Save**. The EMR displays the payment in the lower pane of the Invoice Detail window.
7. Click **Print**.The EMR displays Print Report window
8. In the **Copies** field, enter number of copies to print and then click **Print**.
9. Click **Exit**. The EMR displays the payment in the **Paid** column in the Billing window.

Reversing payments

If you record a payment for a bill in error, you can reverse the payment. You reverse a payment from the patient's Invoice Detail window, which you can access from the Billing program, or from the **Billing** tab on the Patient Maintenance window.

> **Note**: You can only revers a payment if a deposit has **NOT** been run for that bill. If the deposit has been done, you must **refund** the payment.

To reverse a payment:

1. Perform one of the following actions:

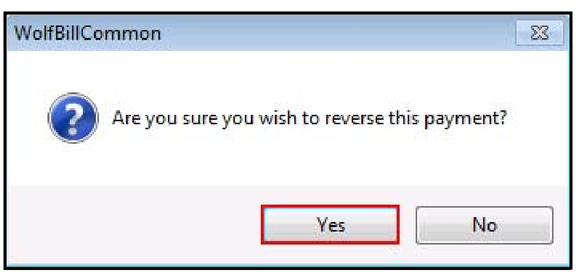
   - Open the Billing program: On the Wolf EMR Launch page, click **Billing** ( ). The EMR displays the Billing window.
   - Open the Patient Maintenance window, and then click the **Billing** tab. See Step 1. to Step 2. in "Recording a payment to a patient's invoice" on page 483.

2. Click the invoice you want to reverse a payment for.
3. Perform one of the following actions:

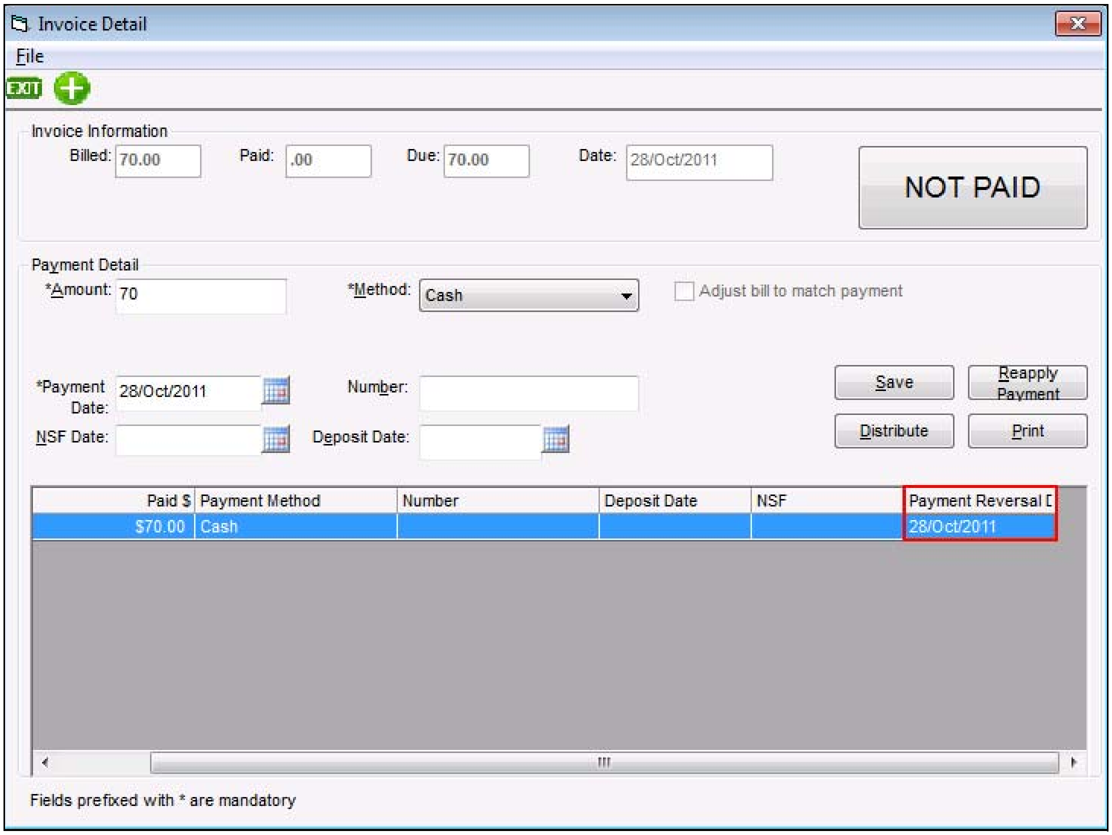
   - If you are in the Billing program: On the Billing menu click **File > Enter Invoice Payment**.
   - If you are on the **Billing** tab of the Patient Maintenance window: On the Patient Maintenance menu, click **View > Invoice Payment**. (You can also press **Ctrl** + **P**.)

   The EMR displays the Invoice Detail window.

4. In the lower pane of the Invoice Detail window, click the payment you want to reverse.
5. Click **Reverse Pmt**. The EMR displays the following prompt:



6. Click **Yes**. The payment is then treated as unpaid. If you scroll to the right of the payment row, you can see the Payment Reversal Date.



7. Click **Exit**.

Questions?

WolfEMR.Support@telus.com

1-866-879-9653 (Option 1)

Wolf EMR Community Portal at
https://telushealthcommunity.force.com/wolfcommunity

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