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eRequest to ATC Integration

Rachel Carmickle - 2023-03-01 - User Guides

eRequest t o ATC Inte gration

Steps in ATC

Adding patient to ATC waitlist

1. Go to your dashboard and click on "Unlisted Case Inbox" in your Task List.

| TASK LIST Click any task below to address. | 2 - 2 0 |
|--|---------|
| 2 Unlisted Case Inbox 📀 | |
| 1 Short Notice Patients ? | |

2. Click Add beside the patient you are looking for

| Add Registered Patient | Add Unr | egistered Patient | Patient History Unlisted Case Inbox (7) | | | | | |
|--------------------------|---|-------------------|---|-------------------------|--------------|--------|----------------------|------------|
| Enter a value in the fie | Enter a value in the fields below to filter the Unlisted Case Inbox | | | | | | | |
| Name | | | MRN | | | HCN | | |
| Care Venue | Ŧ | | Practitioner | | ¥ | | | |
| | | | Cle | ar Filter Ap | ply Filter | | | |
| 7 unlisted cases found | | | | | | | | |
| Name | MRN | HCN | Procedure | Target Days (Pri) | Practitioner | Anesth | Current Surg Date | Actions |
| Doe, Jane | | 123456 | | | Puskas,David | | | Add Remove |
| Greenley, Max | | 888888888 | | | Puskas,David | | | Add Remove |
| KLOWN, MUGSY | | 6249904134 | | | Puskas,David | | | Add Remove |
| MISTER, MISTER | | 2328968512 | | | Puskas,David | | | Add Remove |
| O'Brien, Conan | | 1111111111 | | | Puskas,David | | | Add Remove |
| Scott, Michael | | 1111111111 | | | Puskas,David | | | Add Remove |
| Scott, Michael | | 1111111111 | | | Puskas,David | | | Add Remove |

| Unlisted Case Inbox | | | | | | | Đ |
|-------------------------|-------------|---------------------------|----------------------------|---------------------|-----------------------|--------------------------|---|
| Patient search criteria | has been au | tomatically populated. Yo | u may Search Regis | tered Patients or a | add this patient as a | an Unregistered Patient. | |
| Search Registered | l Patients | Add Unregistered Patien | t | | | | |
| Enter a MRN, HCN, | , or Name | and Birthdate to sear | ch for a Registe | red Patient. Fi | elds marked '*' | are required. | |
| HCN:* | 62 | 49904134 | | | | | |
| O Name: | KL | OWN | Birthdate: (YYYY/MM/DD) | 1965/ | 08/06 | 2 | |
| O MRN: | | | | | | | |
| Care Venue:* | · · · · | , | | List Type:* | Practitione | r List 💿 Pooled Lis | t |
| | | | | Search | | | |
| | | | | | | | |

3. You will then be asked to confirm the correct patient and click $\ensuremath{\mathsf{OK}}$

4. You will now fill in the required fields. Some fields will pre-populate from data collected on the referral. (Diagnosis Category, Referral Type, Referral Source, Referring Physician, Date of Referral, Date of Consult, DARCs and Attachments)

| * denotes a mandatory field | | | |
|--|---------------|------------------------|------------------------|
| Pool | | | |
| Pool: * | | | |
| Ortho Pool 🔹 | | | |
| | | | |
| Practitioner | | | |
| Prostitionary * | Service: | | Care Venue: |
| Dr. Cullinan,Claude | Orthopedics • | | TB - OR |
| Additional Personnel: Manage | | | |
| Diagonatio | | | |
| Diagnosis | | | |
| Category for Diagnosis:* | | Diagnosi | s:* |
| Unlisted Case Diagnosis: X | | · | |
| | | | |
| Procedure(s) Add | - | | |
| Procedure 1 Practitioner: * Cullinan, Claude T | | | |
| Procedure 1: * Search QuickPick | ۲ | Short List 🔘 Full List | Est. Procedure Time: * |
| | | • | minutes |
| Unlisted Case Procedure: × | | | |
| | | | |
| Body Site:* | | Procedure Notes: | |
| | | | / |
| Responsibility For Dayments* | • | | |
| | | | |
| Unlisted Case Responsibility for Payment: 🗴 | | | |

| Referral Information | |
|--|---|
| Referral Type: * | Referral Source: * |
| New Referral | Central Intake |
| Unlisted Case Referral Type: 🎔 New Referral [Apply Mapping] | Unlisted Case Referral Source: 💙 Central Intake [Apply Mapping] |
| Wait 1 System Delay Personsy - Yes - No - | |
| Fait System beny reasons. O res O no Edit | |
| Referring Physician: | |
| Dr Maria Valente | |
| Important Dates (YYYY/MM/DD) | |
| | |
| Date of Referral: * 2018/06/19 Date of Consult: * 2018/09/ | 07 Decision to Treat Date: * |
| | Click to use Date of Consult |
| Dates Affecting Readiness: | |
| To Treat: * Yes Edit To Consult: * Yes | Edit |
| No (None Known) No (I | lone Known) |
| | |
| Priority & Physiological Status | General Info. & Alerts |
| Wait 2 Priority Set: * Please choose a procedure | Attend Yes No Patient Alerts: * Yes None Known Edit |
| Wait 1 Priority: * (Descriptions) | Short: |
| Unlisted Case Wait 1 Priority: 🗴 | Comorbidities: * • Yes • No (None Known) Edit |
| Physiological Status: * | Relevant Yes No (None Known) Edit |
| Descriptions | Medications: * |
| Unlisted Case Inbox Physiological Status: 🗴 | Admission Venue: * |
| Anesthetic: * | Unlisted Case Admission Venue: X |
| Unlisted Case Anesthetic: X | Destination: * |
| | Unlisted Case Post Procedural Destination: 🗴 |
| | Case is part of Repeat/Follow-up Series |
| Attachments | |
| The following attachments require reconciliation before adding the case (you | may add additional attachments after saving the case). |
| Use Attachment? Unlisted Case Attachment Type Unlisted Case | se Attachment Notes Preview |
| 1 • Yes O Ne Referral letter | Preview |
| × application/odf | |
| C. Service en | |
| Patient Concerns: (For Office Use Only) | Notes: (For Office Use Only) |
| - | • |
| | |
| | |
| | Submit Reset Cancel |

5. Once all necessary fields are filled in, click on Submit

6. This next box will appear (if adding to pooled list that box will appear), which pulls across the Reference number from eRequest

| KLOWN, MUGSY | |
|-----------------------|--|
| eReferral Information | |
| eReferral ID (?) | E-JEVDWSY |
| | Submit Back to View List |
| | (* denotes required field) Click the (?) for a detailed explanation of the question |

7. Now click submit to add the patient onto the waitlist

Mapping a provider from eRequest to ATC

eRequest Steps (done by eRequest admin)

• Make sure the provider is setup with the correct receiving types. eg. Hip & Knee Specialist would be the correct choice in this screenshot

| People Novari PRM" Home People | e Locations Organization: | s Communications Administration | Reports eRequest | | | | Tenant04 Tenant04 |
|--|---|--|---|---|---------|---|---------------------|
| NEVILA LULJA | | | | | | | |
| A Person Details Designation Details | Engagement 🗏 Account 🔒 eR | equest Permissions 🔲 Roster 🔲 Qu | sue 🗅 Templates 🗢 eRequ | Jest Preferences & Order Entry | | | |
| PERMISSIONS | Requesting Types | | Receiving Types | | × | | |
| Location 17215 LESUE STREET, UNIT C | Requesting Types are the spec create in eRequest. This will all as the requester. | fic referral types that this person can ow the person to show up on the referral | Receiving Types are for when to them at this location(eg. W | n a person can have referrals routed directly then routing to a certain specialist) | I Types | Access to elie at this location Count | guests 1 Edit |
| CUSTOM DASHBOARDS | Castivitag Castivitag Castivitag Castivitas Dagonosi changing Metical Imaging Metical Imaging | Diagnosti: Assessment Unit Diagnosti: Assessment Unit Companyi: Casessment Unit HSK Control Instan HSK Control Instan HSK Dear Units High & Kore | Disgnostic Imaging Disgnostic Imaging Based States Based States Radiologist | MSX Control Intole MSX Control Intole District Control | | Cardia: Electrolypology Cardia: Electrolypology Photosofie Hiffit III Electrolypology MSK Protocole Today's Appointments | ••• |

• Under the location, click the ATC tab and enable ATC



Person Id from the URL and save this so you can enter it into ATC

| ← → C i test-identity.ca.novarihealth.net/person/18bd8bae-fei | 16-4220-913d-a2075df13d9a | | | \$ | a 🗢 🛪 📵 i |
|--|---|---|-----------------|---|-------------------|
| Provori PRM" Home People Locations | Organizations Communications Administration | Reports eRequest | | | Tenant04 Tenant04 |
| NEVILA LULJA | | | | | |
| 🛔 Person Details 📫 Designation Details 🔮 Engagement 🖾 Acc | ount 🖻 eRequest Permissions 📼 Roster 📼 Quer | ue 🗅 Templates 🗢 eRequest Preferences 🎄 Order Entry | | | |
| PERMISSIONS | | | | | |
| Location | Address | Requesting Types | Receiving Types | Access to eRequests at this location | |
| 17215 LESLIE STREET, UNIT C | 17215 LESUE STREET, UNIT C | Medical Imaging | | Grant | Edit |
| CUSTOM DASHBOARDS | | | | | Save |
| Admin Dashboard | Cardiac Administrator | Cardiac Diagnostics | | Cardiac Electrophysiology | |
| Cardiac Surgery | DI Administrator | DI Booking/Scheduling Clerk | | DI Protocoller | |
| Di Today's Schedule | Disease Site Dashboard | HRH MI Administrator | | HRH MI Booking/Scheduling Dashboard | |
| HRH MI Protocoller | MSK Administrator | MSK Central Intake | | MSK Protocoller | |
| MSK Receiver | RVH Cath | SRHC Cath | | Today's Appointments | |

In order for Physicians to show in the send to ATC outside of the appointment component, the

physician person record needs to be associated to the hospital location with rec eiving type for the hospital selected under permissions.

| Location | Address | Requesting Types | | Receiving Types | | Service Types | | Access to eRequests at this location |
|-----------------------------|----------------------|------------------------------|------|--------------------|------|---------------|------|--------------------------------------|
| Dr. Stephens Office | 25 Cumberland Street | Endoscopy Medical Imaging | Edit | Endoscopy Consult | Edit | | Edit | Grant |
| Cornwall Community Hospital | | Endoscopy Modical Imaging | Edit | Endoscopy Hospital | Edit | | Edit | Grant |

ATC Steps (done by ATC admin)

 Navigate to the provider you need to add mappings for in Metadata Management (Administrator --> Application Settings Metadata Management Tool --> Provider --> Select the appropriate provider)

| Apt./Suite |] | | |
|--|---------------------|-------------------------|---|
| Street Address | | | |
| City | | | Set up for WTIS? |
| Province | | | Cases will be sent to WTIS under this physician with mapping '23' for the following services: |
| Country | | | WTIS Adult Orthopaedic Surgery |
| Mailing Code | | | WTIS Paediatric Orthopaedic Surgery |
| Drouider Mannings | | | |
| Provider Mappings | Code Description | Code Value | |
| WITE | wate | 23 | |
| WIIS | WIIS | 23 | |
| SIS SCHEDULING | SIS SCHEDULING | | |
| SIS CASE COMPLETION | | | |
| PICIS SCHEDULING | PICIS SCHEDULING | | |
| PICIS CASE COMPLETION | | | |
| PHS SCHEDULING | PHS SCHEDULING | | |
| Novari Health Center WTIS | | | |
| MEDITECH SCHEDULING | MEDITECH SCHEDULING | | |
| MEDITECH CASE COMPLETION | | | |
| Interface | | | |
| HSM CASE COMPLETION | | | |
| eRequest Mapping | | 291DABB1-5868-48B5-B9A1 | |
| Dictation | | | |
| COLDFEED | | | |
| CJRR (Canadian Joint Replacement Registry) | | | |
| CERNER SCHEDULING | CERNER SCHEDULING | | |
| CERNER CASE COMPLETION | | | |
| CCO Colonoscopy Screening - Data Translation | | | |
| CCO Colonoscopy Screening | | | |
| ARRAY SCHEDULING | ARRAY SCHEDULING | | |
| ARRAY CASE COMPLETION | | | |
| Upd | late Cancel | | |

• Add the Person Id from above to the eRequest Mapping field

Attachments

• <u>eRequest-to-ATC-guide.pdf (545.03 KB)</u>