



TRIAGING REFERRALS USER GUIDE

TELUS Collaborative Health Record

MARCH 31, 2023

Table of Contents

RATIONALE FOR THIS GUIDE.....2

 DEFINITIONS.....2

FILTERING YOUR REFERRALS INBOX.....3

 FILTERING INCOMING / INTERNAL REFERRALS3

ADDING THE MOST RECENT COMMENT TO REFERRAL FOLDERS.....3

ASSIGNING INCOMING AND INTERNAL REFERRALS4

 INCOMING REFERRAL: WHEN A REFERRAL COMES IN THROUGH FAX OR MAIL.....4

 INTERNAL REFERRAL: WHEN A REFERRAL COMES FROM ONE CHR USER TO ANOTHER.....6

FORCING ACCESS / ESTABLISHING A RELATIONSHIP WITH A PATIENT ON BEHALF OF THE CLINIC6

TRAIING REFERRALS.....7

 INTERNAL TRIAGE STATUSES.....7

 REQUIRES TRIAGE8

 TRIAE IS COMPLETE WITH DIRECTION TO BOOK APPOINTMENT.....8

 TRIAE IS COMPLETE WITH INSTRUCTIONS TO ADD TO WAITLIST10

 ADDITIONAL INFORMATION REQUIRED.....10

 THE ORDERING PROVIDER WILL FOLLOW THIS PROCESS WHEN ADDITIONAL INFORMATION IS REQUIRED11

 FOR INTERNAL REFERRALS.....11

 FOR OUTGOING REFERRALS12

REFERRAL REJECTED.....12

OTHER TRAIAGE STATUSES.....13

 REQUESTED.....13

 PENDING.....13

 ACCEPTED.....13

INTERNAL STAFF FOLLOW UP.....14

INTERNAL REFERRALS IN DRAFT STATUS.....14

TRANSFERRED.....15

ARCHIVED.....15

 OUTGOING STATUSES SERVE A DIFFERENT PURPOSE (see Sending Referrals User Guide)15

SENDING CORRESPONDENCE FOR INCOMING REFERRALS15

TRACKING THE STATUS OF INCOMING / OUTGOING REFERRALS16

CHR REFERRAL CONTACT LISTS.....16

RATIONALE FOR THIS GUIDE

To ensure providers are sending and receiving referrals on a consistent basis at a provincial level, the following best practices guide has been developed. Your EMR advisor can provide assistance to develop a workflow that best meets the needs of your clinic.

DEFINITIONS

REFERRAL TYPES – INTERNAL VERSUS INCOMING

There are two types of referrals. Those that come in directly from another CHR user (Internal), and those that come from external users through the fax (Incoming).

INTERNAL REFERRALS: Referrals sent from one CHR user to another. The referring provider sends their referral internally to the recipient (i.e. the specialist) or to the specialist's central intake. These internal referrals will not show up on the recipient's incoming fax. Since these referrals are sent internally, both referring and receiving providers can see these referrals through their internal referrals folder in their CHR. Referrals can also be tracked through a patient's chart.

INCOMING REFERRALS: Referrals sent to you from outside the CHR will appear in your incoming fax CHR inbox. Your MOA will assign these referrals to your Incoming Referrals folder or your central intake folder.

OUTGOING REFERRALS: Referrals sent from a CHR user to someone not on CHR would be sent via an outgoing referral option. These referrals are faxed to the receiving provider's location. Ordering providers will track these referrals through their outgoing referrals folder in their CHR. Referrals can also be tracked from the patient's chart. Since the referral is sent outside the CHR, if the receiving provider is not on CHR, the only way to track progress is if the recipient sends communication which would be updated on the referral (MOA to change status to **Received**).

REFERRING or ORDERING PROVIDER: A physician who sends a referral to another provider or program is the referring or ordering provider. The referring/ordering provider should track referrals through their outgoing or internal folders, or through the patient chart.

RECIPIENT or TRIAGING PROVIDER: A referral recipient could be another provider, a specialist, specialty clinic, or program. The recipient can receive referrals through their incoming fax (if sent as an outgoing referral), to their internal referrals folder (if sent internally) or to their central intake folder (if the referring provider chose a central intake contact). Recipients / triaging providers must ensure their filters are set up to capture all scenarios.

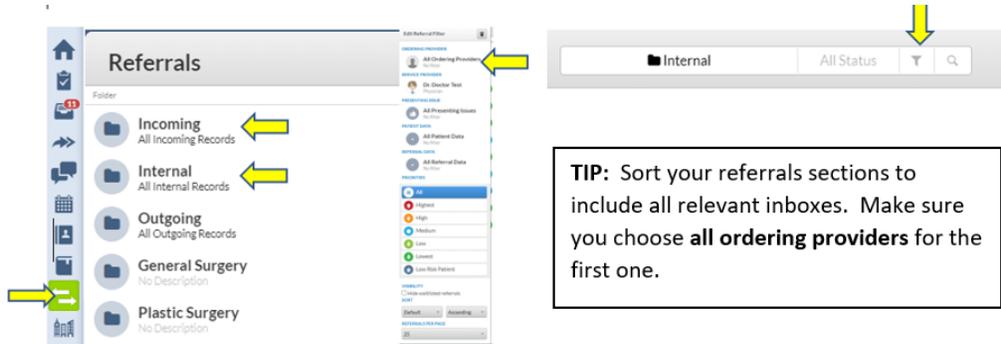
REFERRAL CARD: A referral card is the box that appears when you create a referral.

The screenshot shows a 'New Referral - Internal' form. The 'REASON FOR REFERRAL' is 'Consultation' and the 'DATE ADDED' is 'Nov 08, 2022'. The 'STATUS' is 'Requested'. There are two 'No Provider Selected' messages for 'ORDERING PROVIDER' and 'SERVICE PROVIDER'. The 'PRIORITY' is 'Not yet triaged'. The 'WAITING LIST' is 'No Selected Waiting List'. The 'PATIENT INFORMATION' section shows 'No Patient Selected'. The 'ATTACHMENTS' section has an 'Add Attachment' button. The 'PATIENT DATA' and 'REFERRAL DATA' sections both show 'No Selected Patient' and 'No Referral Data Selected' respectively. At the bottom, there is a 'Comments' section and 'Cancel' and 'Save' buttons.

FILTERING YOUR REFERRALS INBOX

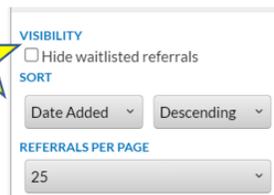
FILTERING INCOMING / INTERNAL REFERRALS

Users who enter / triage referrals should have filters set up on the applicable **incoming referrals**, **internal referrals**, and **provider** folders. Your EMR Advisor will help you set up your filters accordingly. When referrals come in from a fax (incoming referrals) the referral is set up directly from the CHR inbox, typically done by the MOA.



TIP: Sort your referrals sections to include all relevant inboxes. Make sure you choose **all ordering providers** for the first one.

At the bottom of the filter Make sure you **Sort by Date Added, Descending**

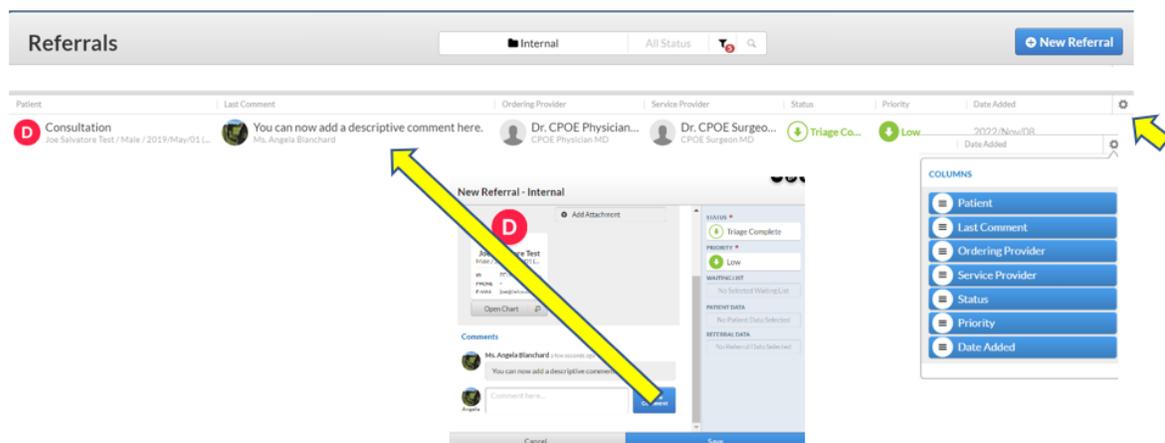


ADDING THE MOST RECENT COMMENT TO REFERRAL FOLDERS

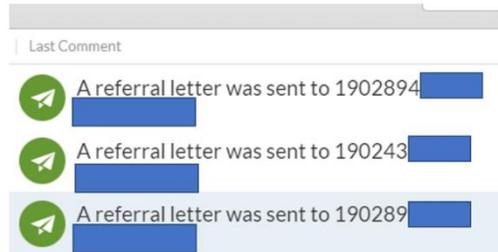
Users can now view the last referral card comment on their referral folder. This is a convenient way to add descriptive text to a referral. Please note that the **most recent comment** will appear in this section.

Steps:

1. In a referrals folder, click on the cog on the upper right.
2. Choose **Last Comment** so it is highlighted in blue
3. You can reorder where the comment appears on the folder by dragging it up and down on the list.
4. Click **Refresh**.



When a letter has been sent for outgoing referrals, the following comment will appear.



ASSIGNING INCOMING AND INTERNAL REFERRALS

INCOMING REFERRAL: WHEN A REFERRAL COMES IN THROUGH FAX OR MAIL

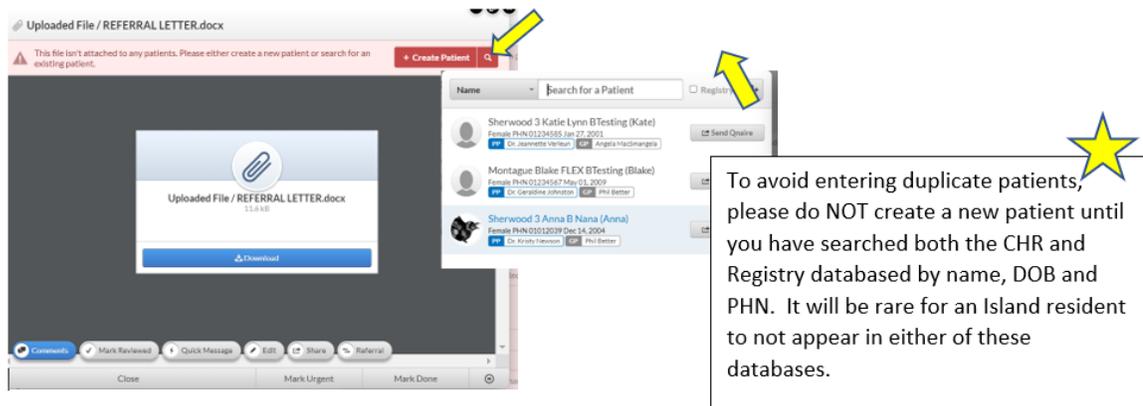
MOA ROLE: **When Referrals are Received:** Attach referral letter or form to patient chart (if required), rename referral, add referral file tag (for organized file management), create referral card, assign **Triage Required** status.

When Referrals have a Triage Complete Status: Search for **Triage Complete** status and book appointments, assign waitlist status, or reject according to provider comments. Send applicable correspondence (internal message or letter) to referring providers.

PROVIDER ROLE: Triage referrals, add comments, change status to Triage Complete.

Role: MOA

1. Click on the magnifying glass to assign the referral to the correct patient.



Uploaded File / REFERRAL LETTER.docx

This file isn't attached to any patients. Please either create a new patient or search for an existing patient.

Create Patient

Name Search for a Patient Register

- Sherwood 3 Katie Lynn BTesting (Kate)
Female PHN:01234585 Jan 27, 2001
Dr. Jazminette Wilson Dr. Angela Hochmangera
- Montague Blake FLEX BTesting (Blake)
Female PHN:01234567 May 01, 2009
Dr. Geradine Johnson Dr. Phil Better
- Sherwood 3 Anna B Nana (Anna)
Female PHN:0120139 Dec 14, 2004
Dr. Krystal Heavens Dr. Phil Better

To avoid entering duplicate patients, please do NOT create a new patient until you have searched both the CHR and Registry databased by name, DOB and PHN. It will be rare for an Island resident to not appear in either of these databases.

2. Click **Edit** and rename the file according to your clinic's standardized naming conventions. Add referral file tag.
3. Clinics will also determine if the owner is to be notified within this stage. It may not be necessary to notify the owner at this stage if the provider checks the referral section each day.

Once the file is renamed, click on **Referral**. The referral card will appear. Free text the reason for the referral as per your clinic's standardized naming conventions.

4. **CHOOSE AN ORDERING PROVIDER AND A RECEIVING SERVICE PROVIDER OR CENTRAL INTAKE FOLDER.** This step is important. If these fields are not completed, the referral may not be visible on the filter search and may be missed.
5. Set status to **Triage Required**. Leave priority as **Not Yet Triaged**, click **Save**.

6. If required, the MOA adds a comment including additional information. Make sure to click **Leave Comment** or the information will not be saved. The last comment is now visible on the referral folder. **See adding last comment to referral folders.**

The screenshot shows the 'Update Received File' form. A yellow arrow points to the 'FILE NAME' field with the text 'Rename the file here'. Another yellow arrow points to the 'OWNER' dropdown menu with the text 'Choosing and notifying an owner at this stage is a clinic specific decision. Talk to your EMR Advisor to determine a suitable workflow.'. A third yellow arrow points to the 'Referral' tag in the 'TAGS' section with the text 'Tag the file to Referral'.



The screenshot shows the 'Edit Referral - Incoming' form. A yellow starburst graphic is placed over the 'ORDERING PROVIDER' and 'SERVICE PROVIDER' fields. A text box above the starburst contains the text: 'If the ordering or receiving service provider is missing, the referral may not be visible on the appropriate referral list or filter.'.

INTERNAL REFERRAL: WHEN A REFERRAL COMES FROM ONE CHR USER TO ANOTHER

Role: MOA

INTERNAL referrals have been created from within the CHR and automatically go to the **Internal Referral** inbox. These referrals do not show up in your CHR incoming fax inbox and are already assigned to a patient.

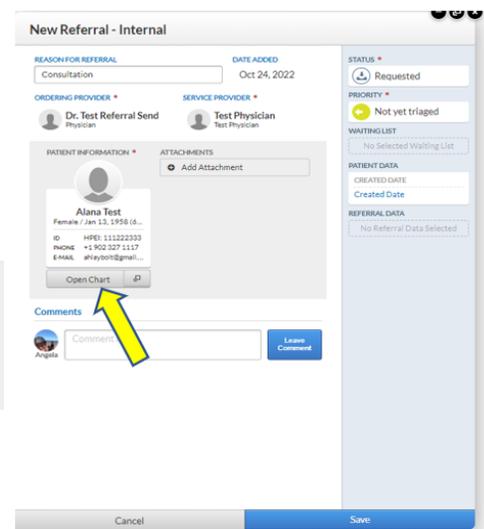
1. Open the referral card from the **Internal Referrals** folder.
2. **Edit** the reason for referral according to your clinic's standardized naming conventions.
3. **CHOOSE AN ORDERING PROVIDER AND A RECEIVING SERVICE PROVIDER OR WAIT LIST.** This step is important. If these fields are not completed, the referral may not be visible on the filter search and may be missed.
4. Set status to **Triage Required**. Leave priority as **Not Yet Triage**, click **Save**.
5. If required, the MOA adds a comment including additional information. Make sure to click **Leave Comment** or the information will not be saved.

FORCING ACCESS / ESTABLISHING A RELATIONSHIP WITH A PATIENT ON BEHALF OF THE CLINIC

The MOA is responsible for assigning clinic access for the patient. When a pop-up icon appears stating “**you don't have permission to do this**”, that means that the patient has not yet been established to your clinic therefore you have to state a reason for accessing the chart. To establish the relationship, the MOA must open the patient chart, enter a reason for accessing the chart, establish how long the patient relationship is required (the least amount of time the better), and save by entering the MOA's current CHR login password.



You can establish a relationship through the patient chart. If you realized the patient relationship has not been established and you are already in the referral card, you can open the patient chart directly through the referral by clicking on the **open chart** icon directly under the patient picture. If you click the box beside open chart, a new tab will open outside the referral card and will have to be closed (or you will end up with multiple CHR tabs open at once). Opening the chart from the Open Chart box will take you to the patient chart. You can go back to the referral by clicking the icon beside your task list on the bottom middle of your screen.

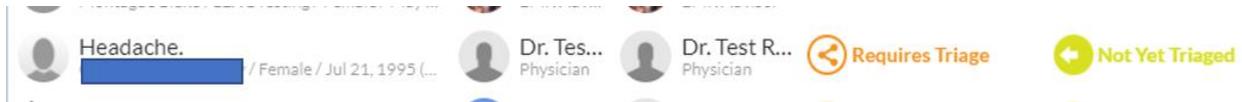


TRAIING REFERRALS

INTERNAL TRIAGE STATUSES

INTERNAL REFERRAL TRAIGE STATUSES	
REQUESTED	Not for Triage - Use this status when sending a referral
REQUIRES TRIAGE	Referral is ready for provider to triage. Status is assigned by MOA.
TRIAGE COMPLETE	Referral has been reviewed by provider. MOA to review comments and act accordingly.
BOOKED	MOA has booked appointment
WAITLISTED	Referral has been accepted but is waitlisted due to lack of appointment availability.
PENDING	Referral has been triaged but patient follow up is required to book appointment.
REJECTED	Triage is complete and referral has been rejected. Patient will NOT be seen by clinic.
ACCEPTED (this status is N/A in most clinics)	Referral has been accepted; MOA can book appointment.
TRANSFERRED	Not frequently used. Work with your EMR Advisor to determine if this tag will be used for your clinic.
ARCHIVED	Use this tag when you want the referral to be removed from your referral folder. An archived referral can be found on the patient's chart but will not appear on the referral folder list.
ADDITIONAL INFORMATION REQUIRED	Provider cannot complete triage because additional information is required from the referring provider. MOA to send message to referring provider asking for additional information.
DRAFT	Not frequently used for triaging. Work with your EMR Advisor to determine if this tag will be used for your clinic.
INTERNAL STAFF FOLLOW UP	<p>Dual Purpose Tag – Ordering provider uses this status when a referral is started but not ready to send. Make sure the referring provider is set as BOTH service provider AND ordering provider. See directions.</p> <p>Dual Purpose Tag – Triaging provider can use this status to alert MOA that follow up is required. Make sure the ordering provider is set to the referring provider and the service provider is set to the triaging provider.</p>
CREATED IN ERROR	Use to cancel a sent or draft referral
CANCELLED	

REQUIRES TRIAGE

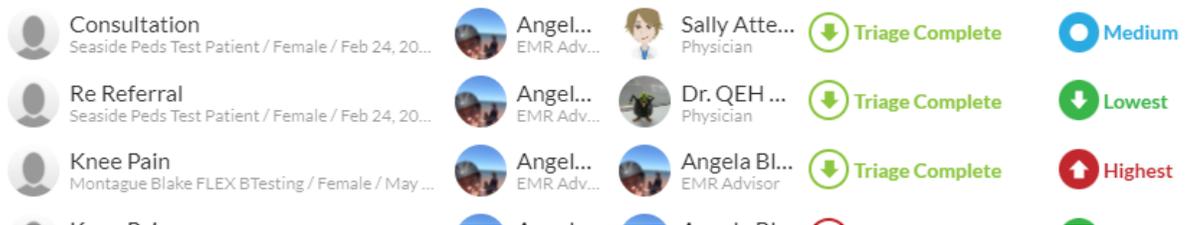


TRIAGING PROVIDER ROLE: Review the incoming and/or internal referrals for anything that has a status of **Triage Required**.

Referral Folders: Your EMR Advisor will help you set up the appropriate filters.

Role: Provider

1. Click on the referrals requiring triage.
2. Review any documentation you have on the patient (Cerner, former paper chart, Libre, etc).
3. Review the attachments on the referral card.
4. Provider adds comments and instructions for MOA to action and/or relay to the ordering provider. Make sure to click **Leave Comment** or the information will not be saved.
5. **CHOOSE AN ORDERING PROVIDER AND A RECEIVING SERVICE PROVIDER OR CENTRAL INTAKE FOLDER.** This step is important. If these fields are not completed, the referral may not be visible on the filter search therefore may be missed.
6. Change priority status from **Not Yet Triaged** to **Highest, High, Medium, Low, or Lowest**.
7. Change the status to **Triage Complete**.
8. Click **Save**. The referral will now show up as **Triage Complete** in the referrals folder.
9. There is no need to alert the front desk staff that the referral triage has been completed. They will be checking for **Triage Complete** referrals daily.

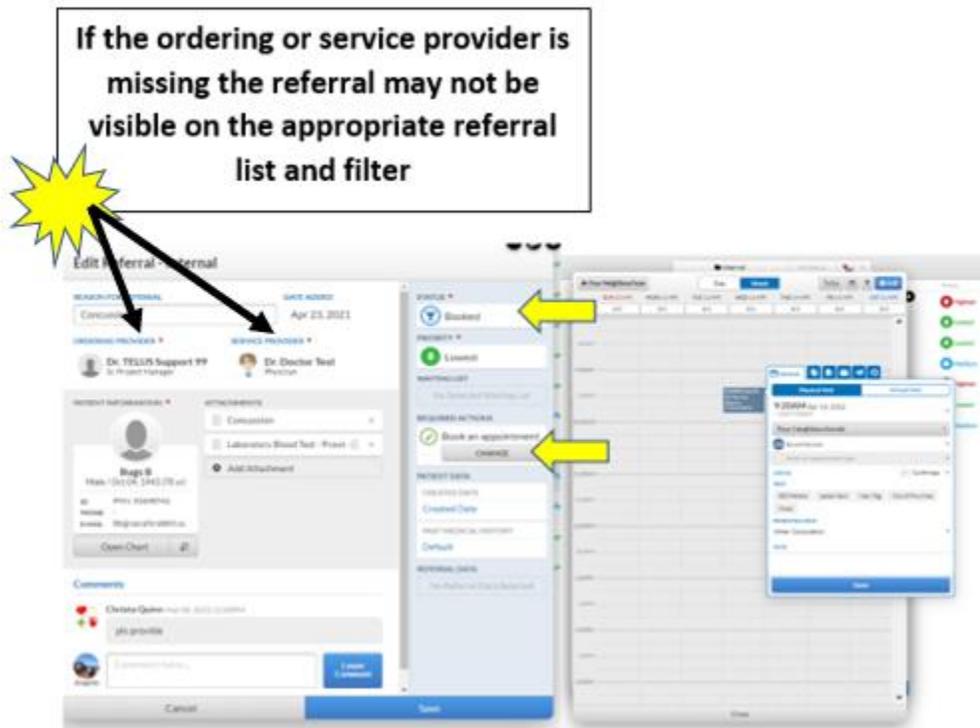


TRIAGE IS COMPLETE WITH DIRECTION TO BOOK APPOINTMENT

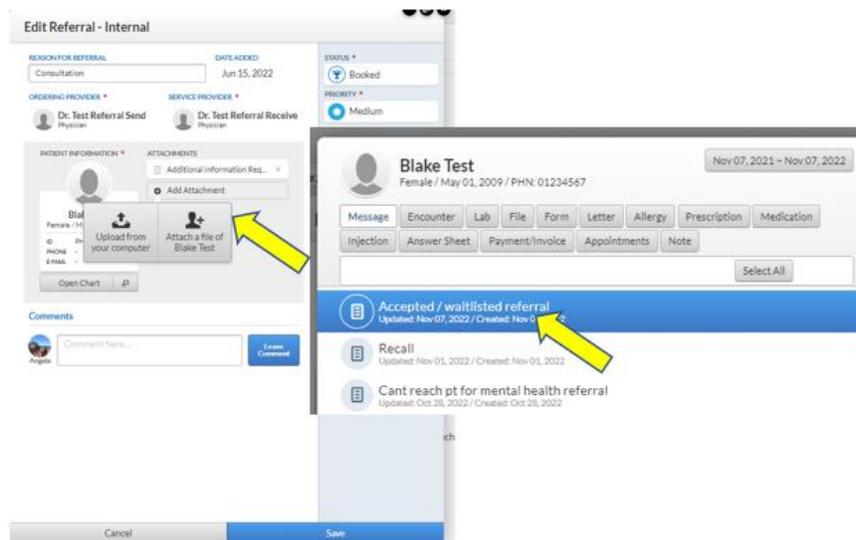
Role: MOA

1. Search for all referrals with **Triage Complete** status.
2. Click on the referral to open it review comments.
3. Change status to **Booked**.
4. Click **Book Now**. This will open the schedule and you can book the appointment as you normally would.
5. Contact patient through your clinic's preferred notification method.
6. Send referral acceptance letter to the ordering provider via internal message.
 - a. Open patient chart directly from the referral card.
 - b. Open an internal message.
 - c. Choose recipient.

- d. Choose **Accepted / Waitlisted Referral** message template.
- e. Choose attachments if required (follow prompts).
- f. Click **Submit**.
- g. **ATTACH THE MESSAGE DIRECTLY TO THE REFERRAL** (see second picture)
 - i. Open the referral card.
 - ii. Click Add Attachment.
 - iii. Choose **to attach a file of patient's chart**.
 - iv. Chose the appropriate message.



Attaching a Message to the Referral



TRIAGE IS COMPLETE WITH INSTRUCTIONS TO ADD TO WAITLIST

 Consultation Seaside Peds Test Patient / Female / Feb 24, 20...	 Angel... EMR Adv...	 Sally Atte... Physician	 Triage Complete	 Medium
 Re Referral Seaside Peds Test Patient / Female / Feb 24, 20...	 Angel... EMR Adv...	 Dr. QEH ... Physician	 Waitlisted	 Lowest
 Knee Pain Montague Blake FLEX BTesting / Female / May ...	 Angel... EMR Adv...	 Angela Bl... EMR Advisor	 Triage Complete	 Highest

When a referral is waitlisted due to appointment availability, send an internal message to referring provider that the referral has been waitlisted. Add specialist comments and recommendations (if applicable) for the referring provider to consider. (for example, advise patient to consider use of Mirena IUD while awaiting consult).

1. Search for all referrals with **Triage Complete** status.
2. Open the referral and review provider comments.
3. Change status to **Waitlisted**.
4. To send a referral waitlisted letter to the ordering provider via internal message:
 - a. Open patient chart directly from the referral card.
 - b. Open an internal message.
 - c. Choose the recipient.
 - d. Choose **Accepted / Waitlisted** message template.
 - e. Choose attachments if required (follow prompts).
 - f. Click **Submit**.
 - g. **ATTACH THE MESSAGE DIRECTLY TO THE REFERRAL**
 - i. Open the referral card
 - ii. Click **Add Attachment**
 - iii. Choose **to attach a file of** patient's chart.
 - iv. Choose the appropriate message.
5. Review waitlist frequently; As appointments become available book accordingly.

ADDITIONAL INFORMATION REQUIRED

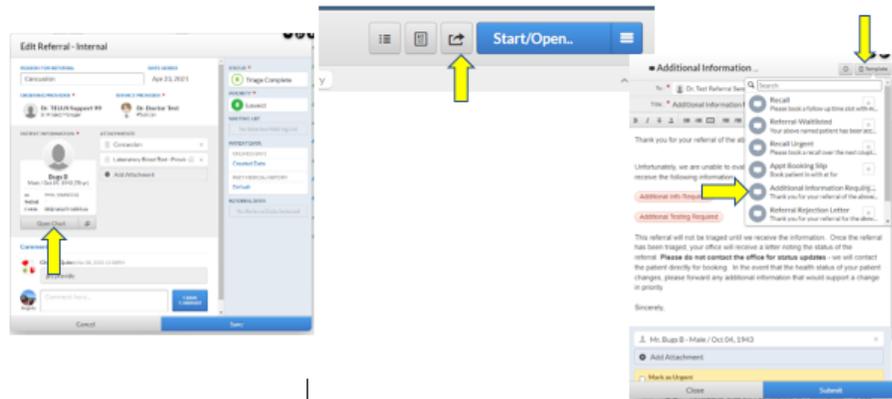
If an ordering provider sends a referral that requires additional information, **the triaging provider or MOA will quickly scan the CHR to see if the information is readily available on the patient chart.**

If they cannot quickly find the information, the MOA will send the ordering provider an internal message asking for additional information with details regarding what is missing.

When an additional information required message is received for an internal referral, the ordering provider completes the following steps:

1. Change the status to **Additional Information Required** status and leave the priority as **Not Yet Triaged**.
2. Leave comments for the MOA to add to the internal message.

3. The MOA will send an internal message to the ordering provider as per triaging providers comments. The **Additional Information Required** message template should be used as it outlines explicit directions for the ordering provider to attach missing documentation, leave a comment, and change status to Requested. The ordering provider will be asked to make no other changes to the referral card.
4. To send an **Additional Information Required** letter to the ordering provider via internal message:
 - a. Open patient chart directly from the referral card.
 - b. Open an internal message.
 - c. Choose Recipient.
 - d. Choose **Additional Information Required** letter template.
 - e. Choose attachments if required (follow prompts).
 - f. Click Submit.
 - g. **ATTACH THE MESSAGE DIRECTLY TO THE REFERRAL**
 - i. Open the referral
 - ii. Click Add Attachment
 - iii. Add attachment from patient's chart



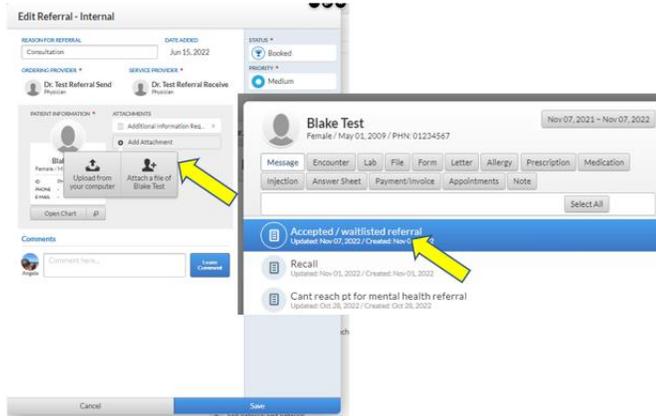
THE ORDERING PROVIDER WILL FOLLOW THIS PROCESS WHEN ADDITIONAL INFORMATION IS REQUIRED

FOR INTERNAL REFERRALS

If an ordering provider sends a referral that requires additional information, **the triaging provider or MOA will quickly scan the CHR to see if the information is readily available on the patient chart.**

If they cannot quickly find the information, they will send an internal message that additional information is required with details regarding what is missing. When an additional information required message is received for an internal referral, the ordering provider completes the following steps:

1. The ordering providers will attach any relevant files or information directly to the referral card. By clicking on **Add Attachment**.



2. The ordering provider will leave a comment that the additional information has been attached to the referral card. Don't forget to click **Leave Comment** or the information won't be saved.
3. The ordering provider will change the status from **Additional Information Required** back to **Requested**. Leave the priority as **Not Yet Triage**. This step is important as the recipient will be checking **Requested** statuses daily.
4. Click **Save**.

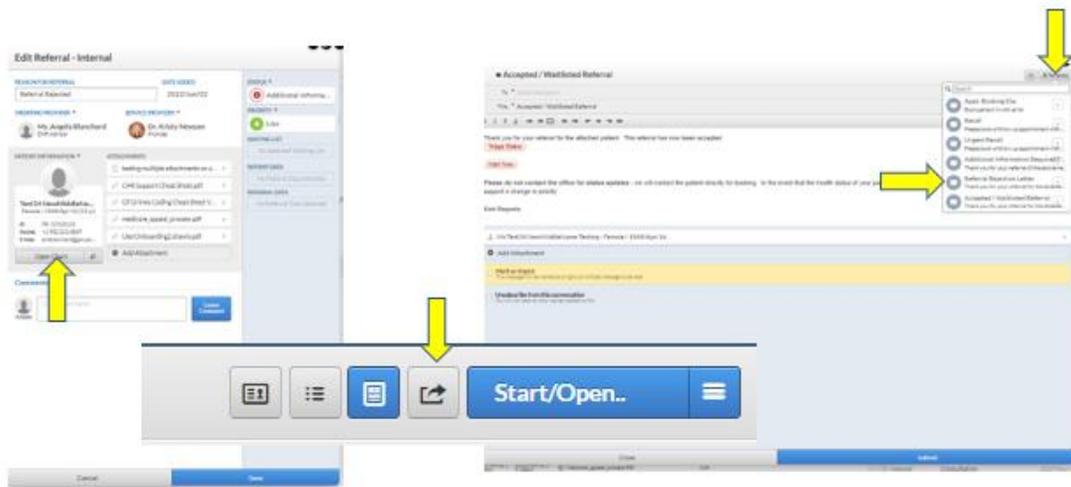
FOR OUTGOING REFERRALS

If the user is not on CHR, send a letter and attachments (instructions above) back to the ordering provider via fax.

REFERRAL REJECTED

If a referral is rejected, for example, if a patient was referred for a procedure that isn't available on Prince Edward Island, the MOA will change the status to **Rejected**. An internal message will be sent to the ordering provider as per the comments provided by the triaging specialist.

1. Search for all referrals with **Triage Complete** or **Referral Rejected** status.
2. Open the referral and review comments.
3. To send a referral rejected letter to the ordering provider via internal message:
 - a. Open patient chart directly from the referral card.
 - b. Open an internal message.
 - c. Choose Recipient.
 - d. Choose **Referral Rejection** letter template.
 - e. Choose attachments if required (follow prompts).
 - f. Click **Submit**.
 - g. **ATTACH THE MESSAGE DIRECTLY TO THE REFERRAL**
 - i. Open the referral.
 - ii. Click **Add Attachment**.
 - iii. Add attachment from patient's chart.



OTHER TRIAGE STATUSES

To address referrals that require further action and/or are not immediately booked (status other than triage complete), other triage statuses may be used. Please review the following scenarios and act accordingly. **Clinic specific workflows may vary.** For example, the provider may change the status to Rejected, Waitlisted, Pending, or Additional Information Required with comments for the MOA to send messages. Or, the provider may leave it in Triage Complete status and the MOA changes the status according to instructions provided in the referral card comment section.

REQUESTED

A requested status is used by the referring provider and is not used for triage.

PENDING

If the referral has been triaged however additional action is required from the patient, (for example the patient has to submit paperwork, complete additional exams, or the appointment has a very specific time frame (a patient awaiting HSG procedure and has to call on first day of period), MOA is to call patient to make them aware of any outstanding issues. MOA adds comments to referral card that this call was made and switches the status to **Pending**.

1. View **Triage Complete** Status.
2. Review provider comments.
3. Inform patient of action required.
4. Add comments that patient was contacted (provide conversation details if required).
5. Change Status to **Pending**.
6. When patient completes required action, book appointment or change status depending on the scenarios listed above.

ACCEPTED

An Accepted status means the triage has been completed and the clinic / provider has agreed to see the patient. This status may be considered redundant because an accepted referral would normally be booked or waitlisted right away. This status may be used in instances where a referral was accepted but will not be booked or waitlisted in the near future. Work with your EMR Advisor to determine if this

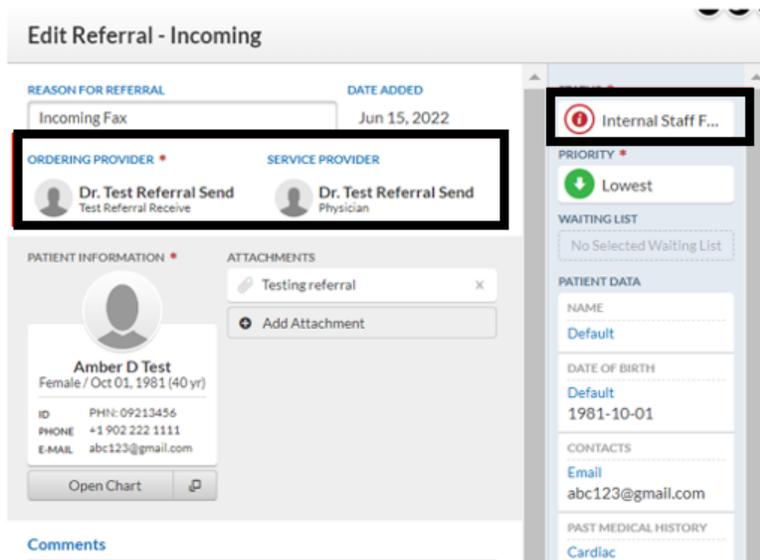
status will be used by your clinic. If so, a clinic-specific status description and staff directions will be created.

INTERNAL STAFF FOLLOW UP

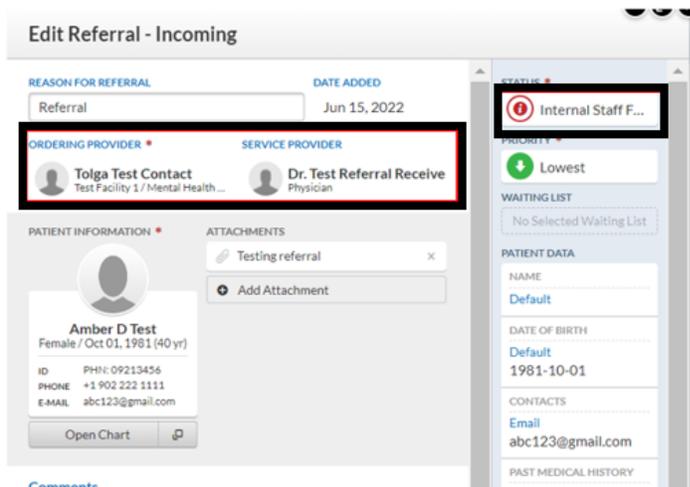
Internal Staff Follow Up is a dual service tag that can be used by the ordering or triaging provider. To avoid confusion regarding which clinic is responsible for the **Internal Staff Follow Up**, it is important to make sure the ordering provider and service provider are defined appropriately. Talk to your EMR Advisor to see if this status is appropriate for your clinic.

INTERNAL REFERRALS IN DRAFT STATUS

Ordering Provider: Uses this status when a referral is started but not ready to send. Make sure the ordering provider is set as **BOTH service provider AND ordering provider**. If not set up in this manner, the referral may not show up in the correct referral folder as per your designated filter settings.



Triaging Provider: A triaging provider can use this status to alert MOA that follow up is required. Make sure the ordering provider is set to the referring provider and the service provider is set to the triaging provider. If not set up in this manner, the referral may not show up in the correct referral folder as per your designated filter settings.



TRANSFERRED

A transferred status is not commonly used by most clinics. Discuss this status with your EMR Advisor. If required, create a definition and directions for when and how this status will be used.

ARCHIVED

When you are comfortable that a referral cycle is complete and no longer has to be tracked by your clinic, change the status to **Archive**. (talk to your EMR advisor about the workflow that best suits your clinic) For example: The patient's surgery or procedure has been performed; the patient is now being followed / case managed by another program; the patient is no longer being followed by the specialist or program.

OUTGOING STATUSES SERVE A DIFFERENT PURPOSE (see [Sending Referrals User Guide](#))

Outgoing referral correspondence must be intentionally sent by clicking **send** then clicking **fax**. Internal referrals are sent as soon as they are saved. To avoid the additional clicks of sending an outgoing referral and the need to manually track the referral's progress, it is best to send a referral internally to all CHR users.

OUTGOING REFERRAL STATUSES	
LETTER SENT	Use this status when the provider sends the referral
RECEIVED	Use if an ordering provider received confirmation that the referral has been received and wants to record that information on the referral See directions.
DRAFT	Use this status when outgoing referral is started but not ready to send. See directions
READY (N/A in most Clinics)	Use this Status if MOA completes the referral. Ready status will alert the MOA that it is ready to send.
ARCHIVED	Use this tag when you want the referral to be removed from your referral folder. An archived referral can be found on the patient's chart but will not appear on the referral folder list.
CANCELLED	Use to cancel a sent or draft referral
NEEDS FOLLOW UP	For triage or when additional information is requested by the triaging service provider only. Do not use when sending a referral

SENDING CORRESPONDENCE FOR INCOMING REFERRALS

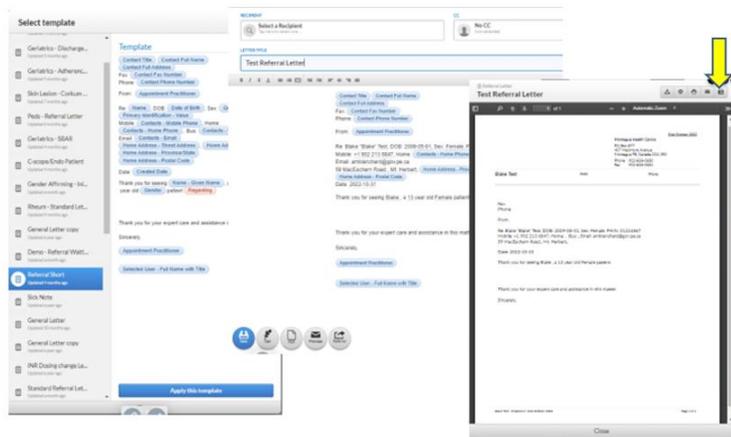
Correspondence for Incoming Referrals (sent outside CHR) must be faxed.

If sending correspondence to providers not on CHR, a letter must be created. Internal messaging will not work because the referring provider is not on CHR. When triaging an incoming referral, acceptance, booked, waitlisted, or rejected letters must be created outside the referral by creating a letter in the patient chart.

Steps

1. Open patient chart.
2. Go to Start/Open.
3. Go to Letters.
4. Choose **New Letter**.
5. Choose your template (if applicable).
6. Write / edit / update your letter.

7. View your letter by clicking on PDF (if you need to make additional edits, close the PDF by clicking on the grey close bar at the bottom. This will bring you back to your letter).
8. Click Save.
9. Click Sign PDF.
10. Your letter is complete. You can **fax** the letter from the PDF by clicking the fax icon on the upper right hand corner.
11. **ATTACH THE LETTER DIRECTLY TO THE REFERRAL**
 - i. Open the referral
 - ii. Click Add Attachment
 - iii. Add attachment from patient's chart
12. This letter can also be found in the patient chart under **letters**.



TRACKING THE STATUS OF INCOMING / OUTGOING REFERRALS

Incoming / outgoing referrals must be tracked manually, especially if the receiving provider is not on CHR. When a specialist provider or program sends a referral acceptance letter back to the ordering provider, the MOA of the ordering provider can change the status of the referral to **Received**.

1. When the acceptance letter arrives by e-fax or mail, upload or scan it to the patient chart.
2. Go to your outgoing referrals folder, or the patient chart, find the referral, and change the status to **Received**,
3. Attach the referral accepted letter to the referral card's attachment section.
4. You may archive if you choose.

CHR REFERRAL CONTACT LISTS

The contacts are different for internal referrals and outgoing referrals. All CHR users show up in the contact search of an internal referral whereas all Island (and some off Island) providers show up in the outgoing referral contact list. If you cannot find a provider when searching on the internal contact list, the provider has likely not joined CHR yet and the referral will have to be sent as an outgoing referral. Any off-Island provider will have to be sent as an outgoing referral.

Edit Referral - Internal

REASON FOR REFERRAL: Elbow Pain/Injury

DATE ADDED: Aug 08, 2022

STATUS: Booked

PRIORITY: Medium

ORDERING PROVIDER: Angela Blanchard, EMR Advisor

SERVICE PROVIDER: Dr. Test Referral Receive, Physician

PATIENT INFORMATION: Sherwood 3 Katie Ly...
Female / Jan 27, 2001 (21 yr)
ID: 01234567
PHONE: +1 902 213 6847
E-MAIL: amblanchard@govp...

ATTACHMENTS: Elbow Pain, Uploaded File / REFERRAL, Form, Add Attachment

PAST MEDICAL HISTORY: Default

REFERRAL DATE: [blank]

This contact list includes CHR users only. A list of CHR users will be updated regularly on the EMR Guidance and Support Webpage.

Edit Referral - Outgoing

REASON FOR REFERRAL: Consultation

DATE ADDED: Jun 17, 2022

STATUS: Draft

PRIORITY: Lowest

ORDERING PROVIDER: Angela Blanchard, EMR Advisor

SERVICE PROVIDER: Dr. Test Referral Receive, Test Referral Receive

PATIENT INFORMATION: Homer J. Simpson
Male / Aug 30, 1969 (52 yr)
ID: HFEI: 242424242
PHONE: +1 902 402 2580
E-MAIL: [blank]

ATTACHMENTS: Sending an Internal Referral, Add Attachment

DATE OF BIRTH: Default
1969-08-30

ADDITIONAL CONTACTS: Home Phone

PAST MEDICAL HISTORY: [blank]

This contact list includes both CHR and Non-CHR Users. Off-Island contacts are here as well. New contacts can be added by contacting EMRsupport@gov.pe.ca

<https://www.princeedwardisland.ca/en/information/health-and-wellness/for-emr-users-guidance-and-support>