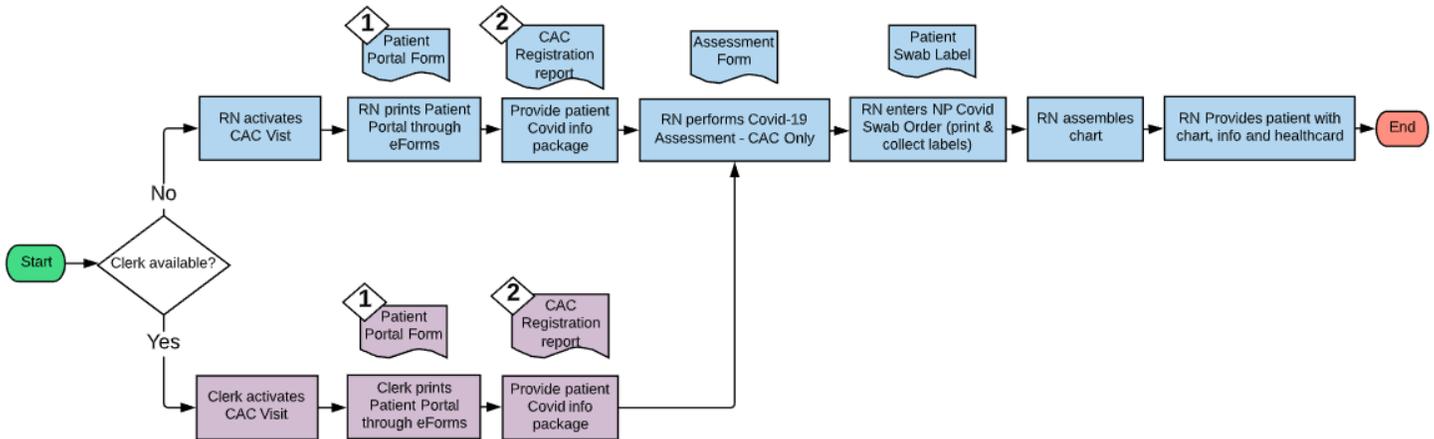


Covid-19 – EPR Visit & Assessment Process

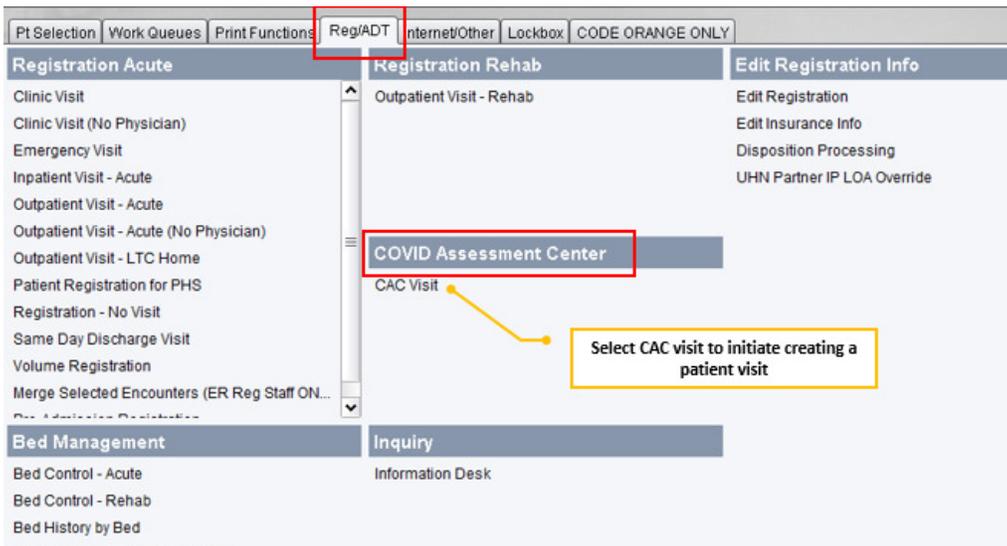
**Tip Sheet courtesy of the UHN CAC Centre*

***IMPORTANT – All of the following fields are used for Data Reporting to UHN Leadership to help make informed decisions. Please try to be accurate in you selections (ask clarifying questions with patients to be able to select the best options in EPR). Thank you!**

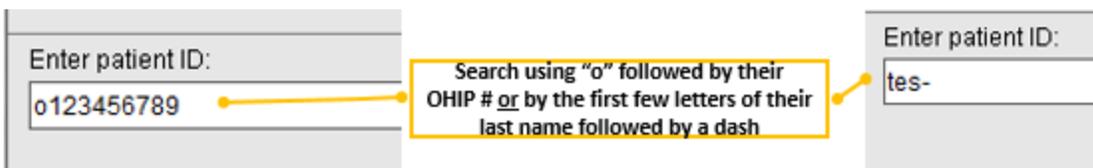


Phase 1: Visit Activation and Patient Portal Login (Clerk or RN to perform)

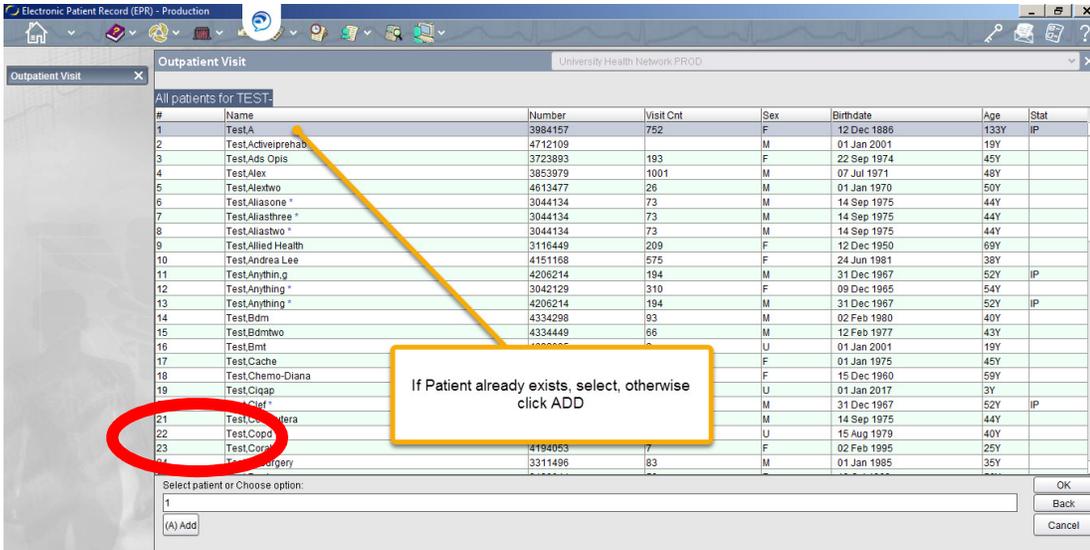
Step 1: Login to EPR, select the **Reg/ADT** tab and click on the **CAC Visit** under the **Covid Assessment Centre** heading



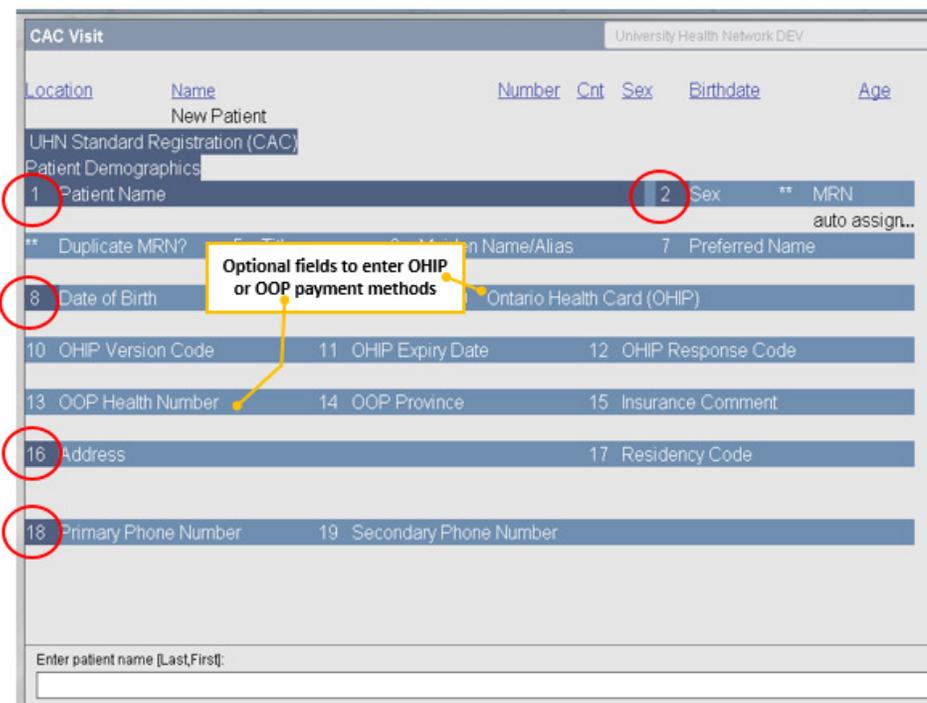
Step 2: If the person has a healthcard, enter the letter “o” followed by the person’s OHIP card number or if not, enter their name [last, first] or if the person has **been a patient at UHN before**, type the first few letters of their last name with a -



If the person has never been at UHN before, you need to select “Add” instead.



Step 3 (New Patients): For new patients you will be taken directly to the registration page, where you can enter fields 1 – Patient name, 2 - Sex, 8 – Date of Birth, 16 - Address and 18 – Primary Phone Number to document the appropriate information for a new patient registration.



Step 3 (For returning/existing patients): Select “Edit Registration” to verify and update their personal information.

UHN Standard Registration (CAC)

Location	Name	Number	Cnt	Sex	Birthdate	Age
TW-Amb11	Test,Abcdef	9006765	3	M	1 Jan 1990	30Y

Address: 123 jump
MISSISSAUGA, ON Can L5C 3K2
Home Phone: (416) 384-4844
OHIP #

Last Edit Time: Wed, 15 Jan 20 1108 (incomplete)

#	Visit Number	Start	Stop	Physician	Speciality	Vis
1	50000010055	19Mar20	19Mar20	Adler,Arno		TG
2	50000007497	19Sep19		QTPPhyFive		
3	50000007497	19Sep19	19Sep19			

Select visit or Choose option:

(A) Add A New Visit (E) Edit Registration

Enter fields 1 – Patient name, 2 - Sex, 8 – Date of Birth, 16 - Address and 18 – Primary Phone Number to document the appropriate information for a new patient registration.

UHN Standard Registration (CAC)

Patient Demographics

1 Patient Name	Test, Abcdef	2 Sex	Male	** MRN	9006765
** Duplicate MRN?	No	7 Preferred Name			
8 Date of Birth	Mon, 1 Jan 1990 (30Y)	9 Ontario Health Card (OHIP)			
10 OHIP Version Code		11 OHIP Expiry Date		12 OHIP Response Code	
13 OOP Health Number		14 OOP Province		15 Insurance Comment	
16 Address	123 jump MISSISSAUGA, ON Can L5C 3K2	17 Residency Code	2721		
18 Primary Phone Number	(416) 384-4844	19 Secondary Phone Number			

Select field to edit:

TIP: Do not print the new registration reports when prompted.

Print new registration reports? Choose option:

(Y) Yes (N) No

Step 4: Add a new visit.

Outpatient Visit University Health Network PROD

Location	Name	Number	Cnt	Sex	Birthdate	Age
	Test,Bmt	4692085	2	U	1 Jan 2001	19Y

Address: 123 Marble St
Marble, ON Can Z9Z 9Z9

Home Phone: (999) 999-9999
OHIP #

Last Edit Time: Thu, 4 Jun 20 1101

Visit History

#	Visit Number	Start	Stop	Physician	Specialty
1	50001482027	14Nov19	04Nov19	Lipton,Jef	
2	50001482034	14Nov19	04Nov19		

Select visit or Choose option:

(A) Add A New Visit (C) Copy (E) Edit Registration

The CAC visit encounter screen looks like this:

CAC Visit University Health Network DEV

Location	Name	Number	Cnt	Sex	Birthdate	Age
	Addams,Wednesday	9007887		F	3 Mar 1999	21Y

UHN COVID Assessment (CAC) Encounter

Encounter Information

1	Arrival Date/Time	**	Visit Number
	Tue, 3 Nov 20 1115		auto assigned
3	OHIP verification	4	Insurance/Payor
5	Initial Visit Location		
6	Physician		
	Lemieux, Camille M., MD		

Choose option:

(Y) Process (N) Not Process (A) Not Applicable

Step 5: Select Y to review the data and submit the OHIP information for final activation of this visit. Select N if the person has another form of payment.

***IMPORTANT to complete the insurance type to ensure UHN is not billed for the visit**

Choose option:

(Y) Process (N) Not Process (A) Not Applicable

TIP: For other forms of payment you can search the list of payment methods to locate the correct one by first selecting “I (insert)”.

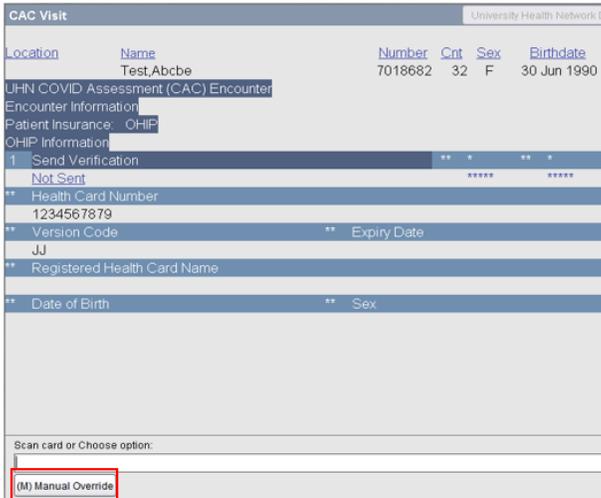
Select payment responsibility/insurance coverage to edit or Choose option:

(C) Copy (D) Delete **(I) Insert** (M) Move

Then select the appropriate payment method from the list. Please note the majority of private insurance methods require the policy # and ID #, you can find these on the insurance card.

CAC Visit			
Location	Name	Number	Cnt
	Test,Kate	7018239	2
UHN COVID Assessment (CAC) Encounter			
Encounter Information			
#	Common Insurance Options		
1	OHIP		
2	W.S.I.B.		
3	0-Yukon		
4	1-British Columbia		
5	2-Alberta		
6	3-Saskatchewan		
7	4-Manitoba		
8	5-Quebec		
9	6-Prince Edward Island		
10	7-New Brunswick		
11	8-Nova Scotia		
12	9-Newfoundland & Labrador		
13	Armed Forces		
14	Federal I.F.H.		
15	Self Pay - Canadian		
16	Self Pay - Non-Resident		
17	UHIP - Sun Life Insurance		
18	V-Nunavut		
19	XR 16-5351-C, CA013004		
20	XR-OCREB 16-002, IND.222		
21	7-COWAN INSURANCE GROUP		
Select payment responsibility/insurance coverage or Enter partial name or Choose option:			
<input type="text"/>			
(G) Generic List			

TIP: Select “Manual Override” if information requires updating.



CAC Visit University Health Network

Location	Name	Number	Cnt	Sex	Birthdate
UHN COVID Assessment (CAC) Encounter	Test,Abcbe	7018682	32	F	30 Jun 1990

Encounter Information
Patient Insurance: OHIP
OHIP Information

1 Send Verification ** * ** *
Not Sent *****

** Health Card Number
1234567879

** Version Code ** Expiry Date
JJ

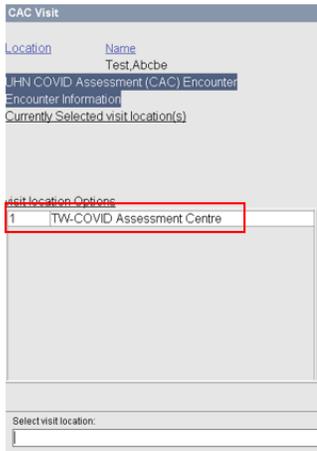
** Registered Health Card Name

** Date of Birth ** Sex

Scan card or Choose option:
[]

(M) Manual Override

Step 6: Select the testing location “TW-COVID Assessment Centre”



CAC Visit

Location: Test,Abcbe
UHN COVID Assessment (CAC) Encounter
Encounter Information
Currently Selected visit location(s)

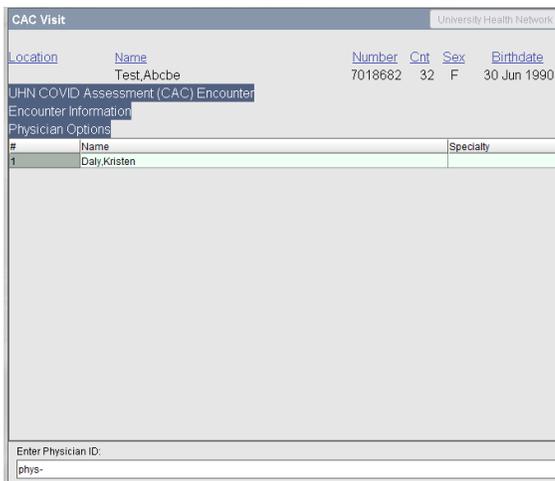
visit location Options

1	TW-COVID Assessment Centre
---	----------------------------

Select visit location:
[]

Step 7: Input the on-site Physician name to search for the appropriate physician.

HINT: You may type the first few letters of the physicians name, followed by a dash (-) to search for the physician.



CAC Visit University Health Network

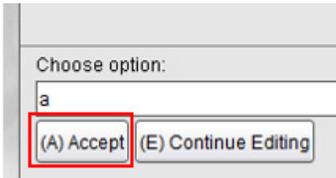
Location	Name	Number	Cnt	Sex	Birthdate
UHN COVID Assessment (CAC) Encounter	Test,Abcbe	7018682	32	F	30 Jun 1990

Encounter Information
Physician Options

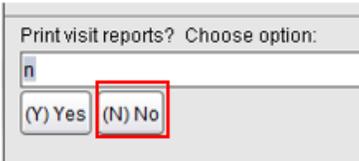
#	Name	Specialty
1	Daly,Kristen	

Enter Physician ID:
phys-

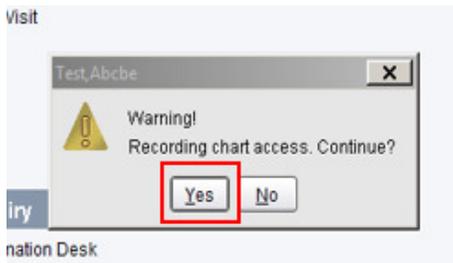
Step 8: Select “Accept” once all encounter information is completed.



TIP: Do not print the new visit reports when prompted.

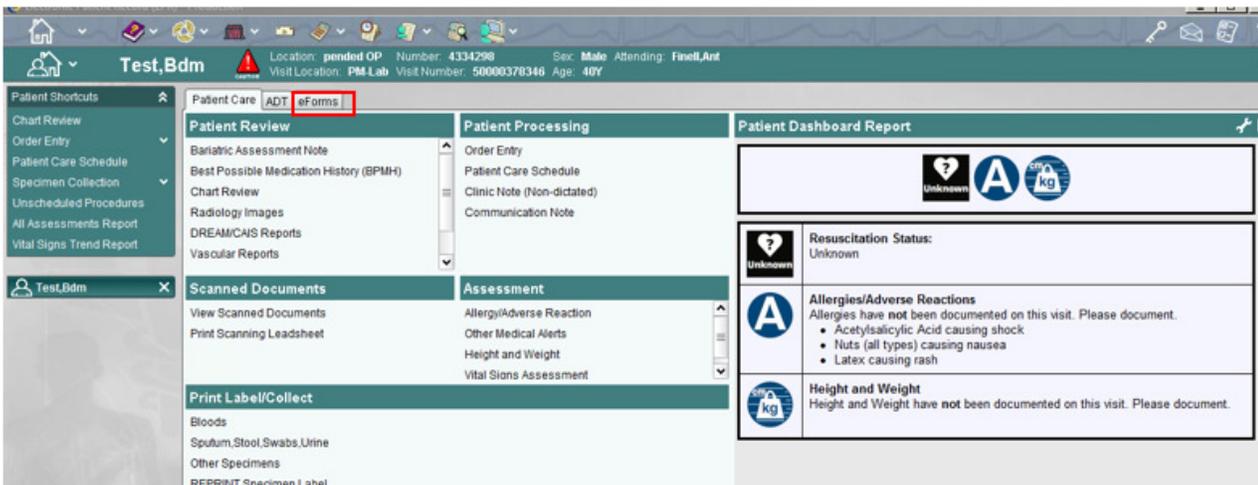


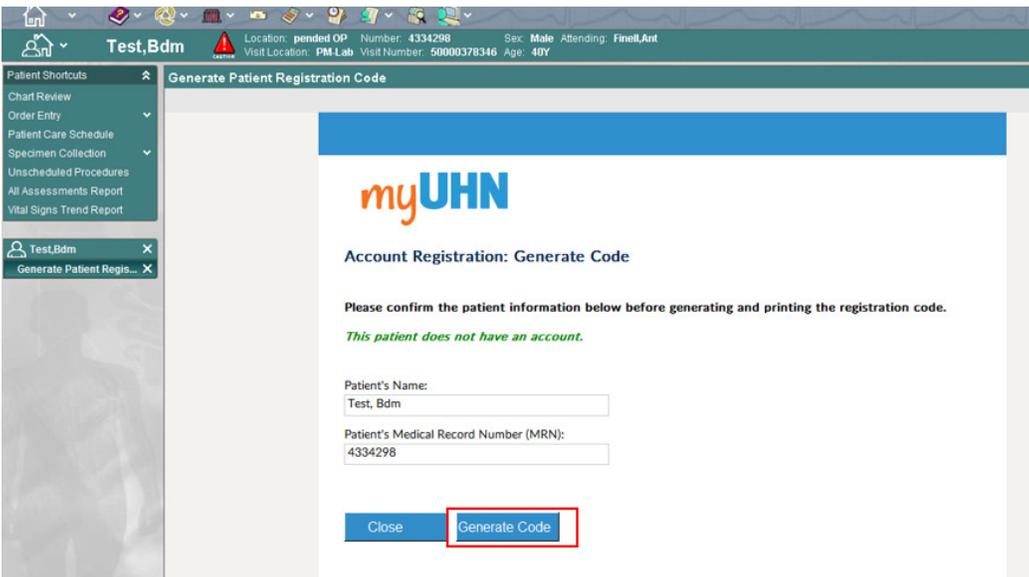
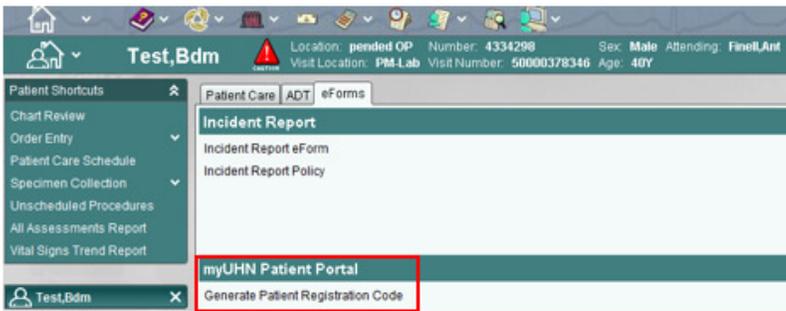
Step 9: Select “Yes” to enter the patients chart.



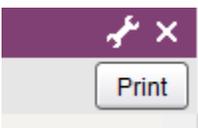
Step 10: Providing a patient their myUHN Patient Portal login information

TIP: Ask the patient if they have a myUHN patient account. If they do already, you can skip this step and remind them to use their OHIP number to login. If not please provide them a verification code to login to check their results. Advise the patient to use their OHIP number to login for the first time along with the activation code. If they do not have an OHIP number, provide them their UHN MRN number.





TIP: Print the myUHN generate code page and provide to the Patient. It contains all of the instructions on how to access their results.



Account Registration: Print Code

This code can be printed using the 'Print' button found on the top right hand corner of this page.

Registration Code for Test, B.

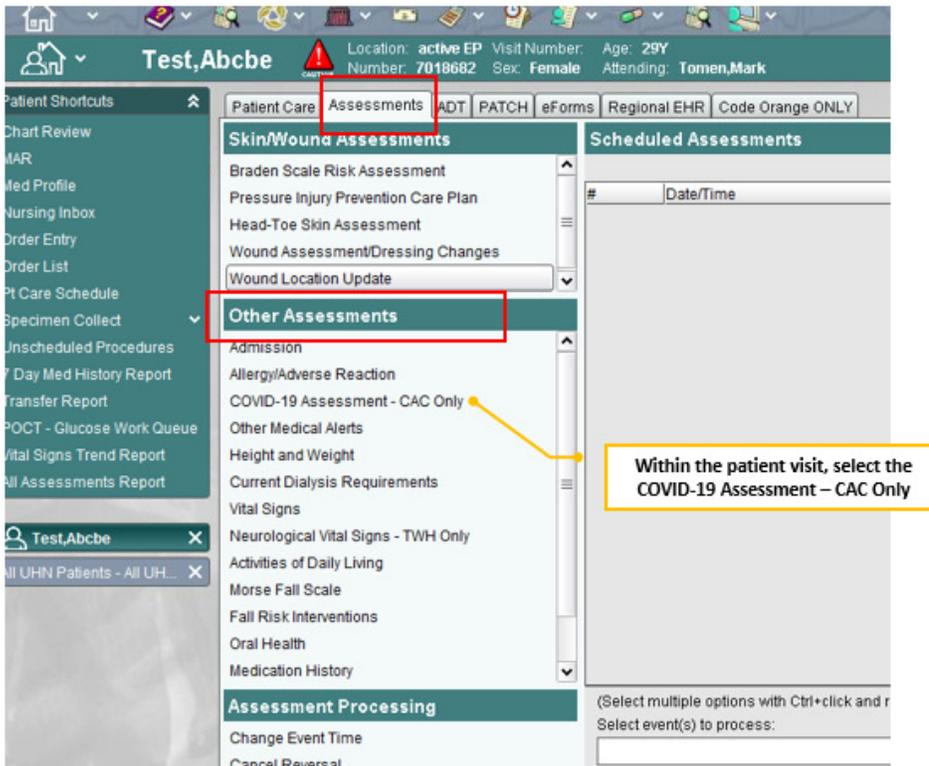


- The registration code above allows you to create a myUHN Patient Portal account.
- Visit www.myuhn.ca and click on "Register Now" to complete your registration.
- This registration code expires on **22-Jun-2020**.
- For help registering your account, contact myUHN Support by calling (416) 340-3777 or emailing myuhn@uhn.ca.

Keep this registration code private. After it is used, shred it before you throw it away.

Phase 2: RN Assessment and Covid Order Entry (RN ONLY to perform)

Step 1: Within the patient chart, find under the Assessments tab, the “Covid-19 Assessment – CAC Only”, select this to initiate a nursing assessment.



Step 2: Proceed through assessment items 1-3 (**please note:** The only mandatory field is symptoms however it is advisable to complete these to the best of your ability for reporting purposes.)

COVID-19 Assessment	
COVID-19 Assessment	
New Event Time	Tue, 3 Nov 20 1133
Prev Event Status	(unscheduled)
1) Symptom(s):	<input type="text"/>
2) COVID-19 Exposure:	<input type="text"/>
3) Occupation/Type:	<input type="text"/>

Symptoms: Any symptoms they have been having and the date of onset of that symptom.

***IMPORTANT to document all of the symptoms accurately and date of first onset as this will auto-populate in the Order Entry and be tied to the swab details. Please be as accurate as possible.**

COVID-19 Assessment	
COVID-19 Assessment	
New Event Time	Tue, 3 Nov 20 1133
Prev Event Status	(unscheduled)
1) Symptom(s):	Cough
2) Symptom onset date:	
3) COVID-19 Exposure:	
4) Occupation/Type:	
#	Covid Assessment Symptoms Options
1	None - No symptoms reported by patient
2	Fever
3	Dizziness
4	Headache
5	Runny nose
6	Cough
7	Diarrhea
8	Aches
9	Sore throat
10	Shortness of breath
11	Chills or shakes
12	Nausea/ vomiting
13	Productive sputum
14	Fatigue
15	Chest pain
16	Itchy eyes
17	General weakness
(Select multiple options with single click)	
Select None if no symptoms are present, otherwise select all applicable symptoms.:	
6,14	

HINT: Onset is by date

COVID-19 Assessment	
COVID-19 Assessment	
New Event Time	Tue, 3 Nov 20 1133
Prev Event Status	(unscheduled)
1) Symptom(s):	Cough, Fatigue
2) Symptom onset date:	
3) COVID-19 Exposure:	
4) Occupation/Type:	
Enter symptom onset date (eg 20Jan2016 or Jan2016 approximate date is fine but be specific when possible):	

Covid-19 Exposure: Any exposures they report.

TIP: If they report that public health has advised them to be tested and they have an exposure number you can document that when performing Order Entry for the swab.

COVID-19 Assessment															
New Event Time: Tue, 3 Nov 20 1133															
Prev Event Status: (unscheduled)															
1) Symptom(s):	Cough, Fatigue														
2) Symptom onset date:	Thu, 22 Oct 2020														
3) COVID-19 Exposure:															
4) Occupation/Type:															
<table border="1"> <thead> <tr> <th>#</th> <th>COVID Assessment Exposure Options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Contact - confirmed or probable case of COVID-19, 14 days prior to onset</td> </tr> <tr> <td>2</td> <td>Contact - someone with symptoms who has travelled, 14 days prior to onset</td> </tr> <tr> <td>3</td> <td>Contact - labs/ biological material containing COVID-19, 14 days prior to</td> </tr> <tr> <td>4</td> <td>Travel</td> </tr> <tr> <td>5</td> <td>None - No exposure reported by patient</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </tbody> </table>		#	COVID Assessment Exposure Options	1	Contact - confirmed or probable case of COVID-19, 14 days prior to onset	2	Contact - someone with symptoms who has travelled, 14 days prior to onset	3	Contact - labs/ biological material containing COVID-19, 14 days prior to	4	Travel	5	None - No exposure reported by patient	6	Other
#	COVID Assessment Exposure Options														
1	Contact - confirmed or probable case of COVID-19, 14 days prior to onset														
2	Contact - someone with symptoms who has travelled, 14 days prior to onset														
3	Contact - labs/ biological material containing COVID-19, 14 days prior to														
4	Travel														
5	None - No exposure reported by patient														
6	Other														
(Select multiple options with single click)															
Select all applicable means of covid-19 contact:															
<input type="text"/>															

Occupation/Type: Please ask if they are a UHN employee, they live with a UHN employee or they are a member of the public. If they are an employee, ask if they consent to notify the UHN occupational health services of their results.

COVID-19 Assessment									
New Event Time: Tue, 3 Nov 20 1133									
Prev Event Status: (unscheduled)									
1) Symptom(s):	Cough, Fatigue								
2) Symptom onset date:	Thu, 22 Oct 2020								
3) COVID-19 Exposure:	Contact with confirmed or probable case of COVID-19, 14 days prior to onset								
4) Occupation/Type:									
<table border="1"> <thead> <tr> <th colspan="2">Covid Assessment Occupation Options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>UHN Healthcare worker</td> </tr> <tr> <td>2</td> <td>Team UHN Household Member</td> </tr> <tr> <td>3</td> <td>Public</td> </tr> </tbody> </table>		Covid Assessment Occupation Options		1	UHN Healthcare worker	2	Team UHN Household Member	3	Public
Covid Assessment Occupation Options									
1	UHN Healthcare worker								
2	Team UHN Household Member								
3	Public								

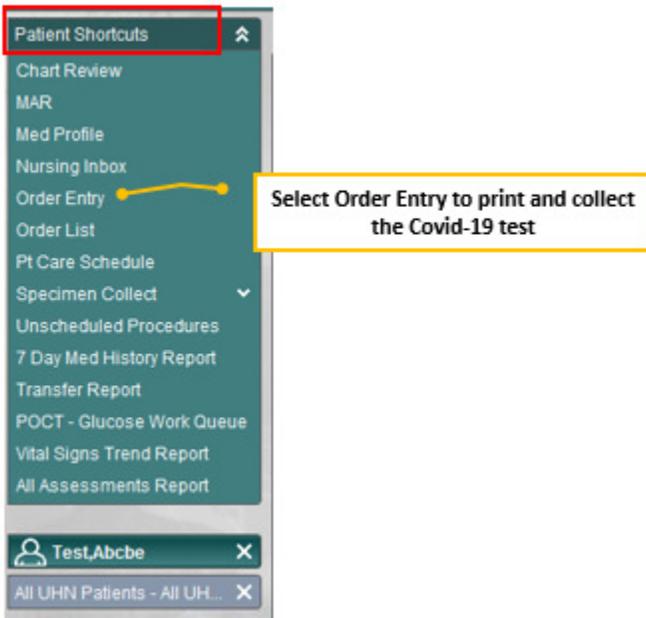
TIP: If a UHN employee presents to the CAC select the UHN Healthcare worker option #1. This will prompt you to ask the employee if they consent to Occupational Health services receiving their results. Select if they provide consent, “yes” or “no”.

6) Occ Health Consent:	
#	Covid Assessment Occupational Health Consent Options
1	Yes - Patient gave verbal consent to sharing information with Occ Health
2	No - Patient does not consent to sharing information with Occ Health
Select if patient gave consent to share information from this visit with UHN Occupational Health:	

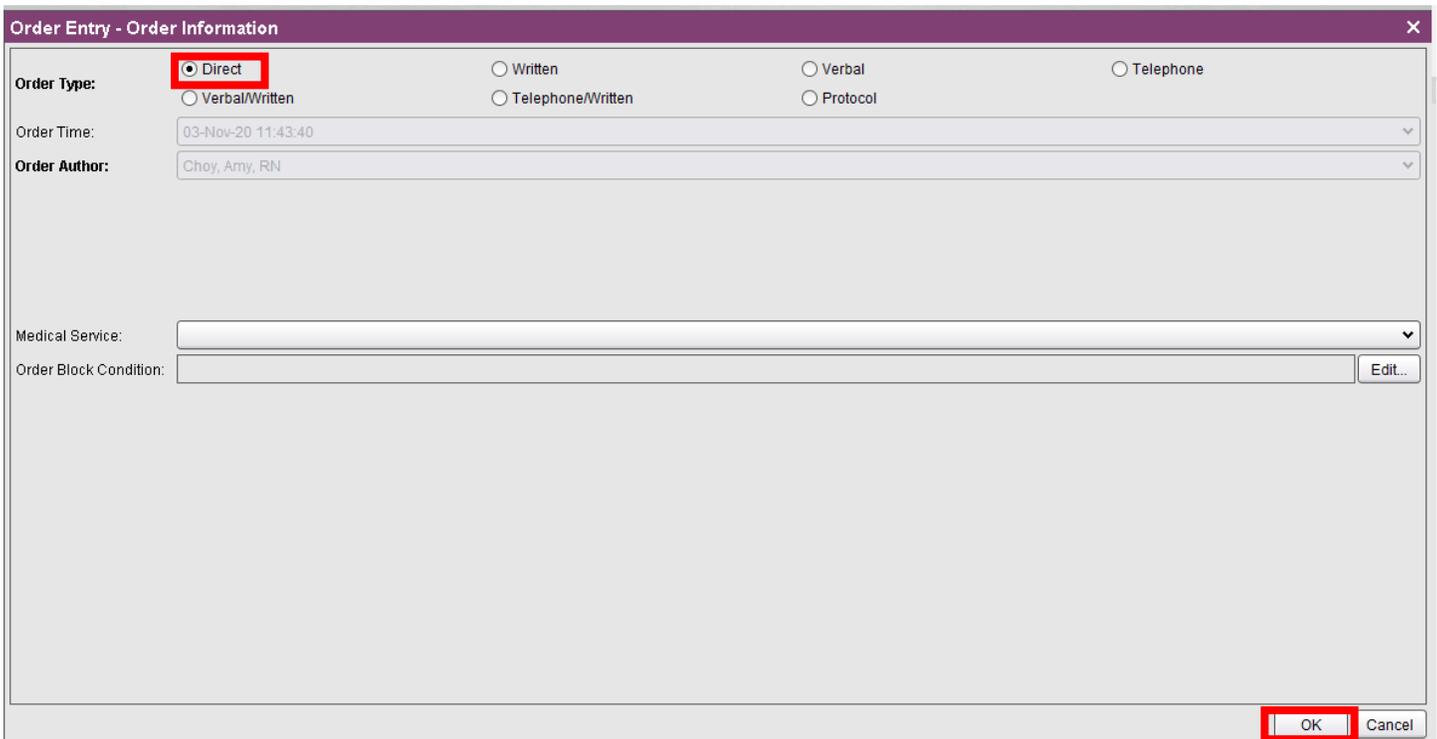
Once completed select “Accept”

COVID-19 Assessment	
COVID-19 Assessment	
New Event Time	Tue, 3 Nov 20 1133
Prev Event Status	(unscheduled)
1) Symptom(s):	Cough, Fatigue
2) Symptom onset date:	Thu, 22 Oct 2020
3) COVID-19 Exposure:	Contact with confirmed or probable case of COVID-19, 14 days prior to onset
4) Occupation/Type:	UHN Healthcare worker
5) Occ Health Consent:	Yes - Patient gave verbal consent to sharing information from this visit with UHN Occupational Health

Step 3: Perform Order Entry to generate a label for the Covid-19 Swab and collect the specimen

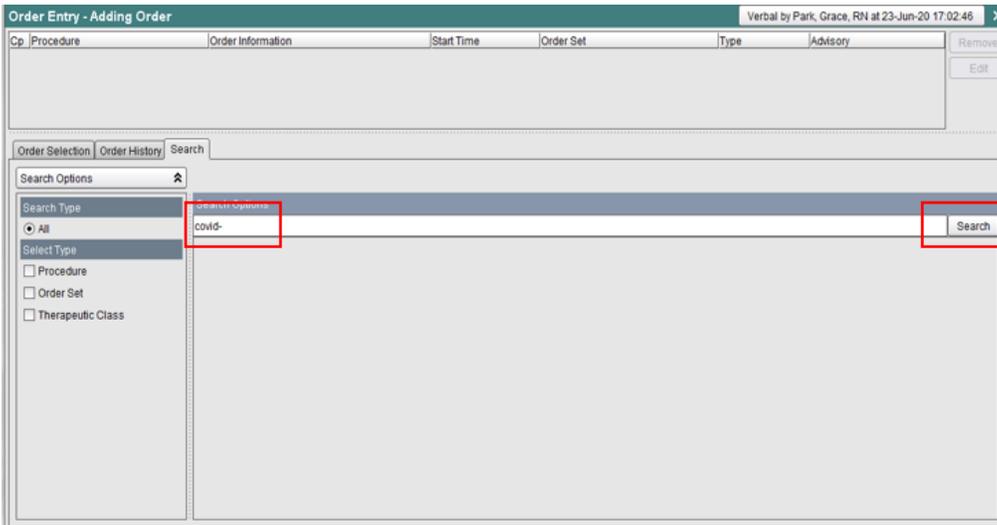


Step 4: Select "DIRECT" then click "OK"

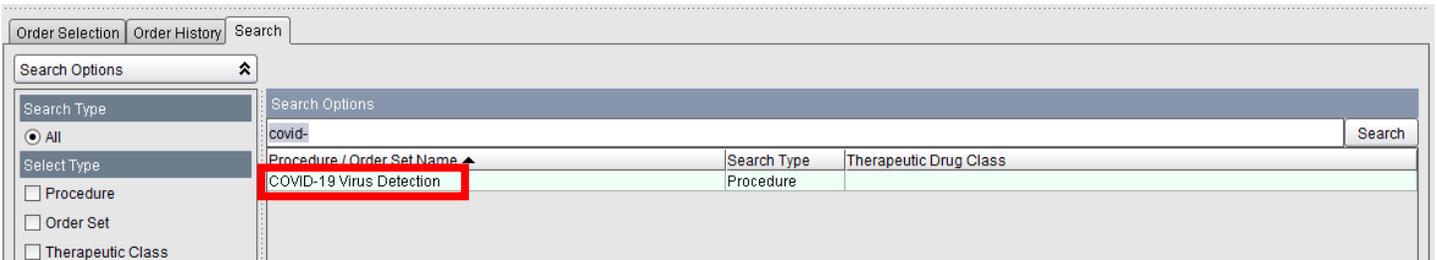


The screenshot shows the 'Order Entry - Order Information' form. The 'Order Type' section has radio buttons for 'Direct', 'Written', 'Verbal', 'Telephone', 'Verbal/Written', 'Telephone/Written', and 'Protocol'. The 'Direct' option is selected and highlighted with a red box. Below this, there are fields for 'Order Time' (03-Nov-20 11:43:40) and 'Order Author' (Choy, Amy, RN). There are also fields for 'Medical Service' and 'Order Block Condition' with an 'Edit...' button. At the bottom right, the 'OK' button is highlighted with a red box, next to a 'Cancel' button.

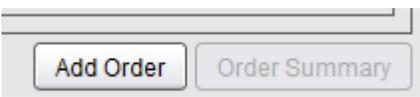
Step 5: Search for the Covid-19 Test by typing the first few letters followed by a dash (-). Then select "Search"



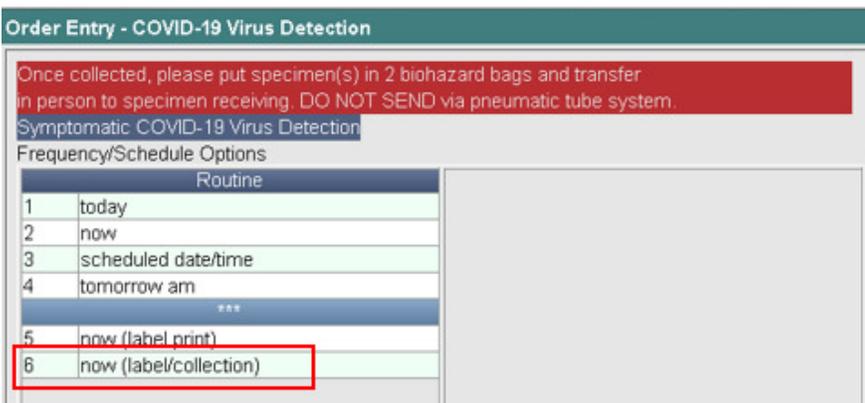
Step 6: Select the covid-19 Virus Detection Test



Once selected click on **“Add Order”**



Step 7: Select #6, **“now (label/collection)”**, then click ok



Step 8: Select #1, **“Nasopharyngeal Swab”**(#1) (unless advised otherwise – Saliva (#25) and Throat (#5) also available options), then click ok

Order Entry - COVID-19 Virus Detection

Once collected, please put specimen(s) in 2 biohazard bags and transfer in person to specimen receiving. DO NOT SEND via pneumatic tube system.

Symptomatic COVID-19 Virus Detection

2) When: Tuesday, 23 June 2020 1722 RVC

3) Specimen:

#	Specimen Definition Options
1	Nasopharyngeal Swab
2	Throat Swab
3	BAL
4	Blood - Virology (Lavender)
5	Bronch, Bronchial Washing
6	Lung Tissue, _____
7	Pleural Fluid, _____
8	Saliva
9	Sputum
10	Stool
11	Urine, MSU

Select specimen definition:

Step 9: Select an outbreak number associated with a **UHN outbreak** if necessary, otherwise select **NONE**. Then select ok.

Order Entry - COVID-19 Virus Detection

Respiratory Virus Detection will be automatically added to respiratory specimens ordered for COVID-19 Virus Detection during flu season. Once collected, please put specimen(s) in 2 biohazard bags and transfer in person to specimen receiving. DO NOT SEND via pneumatic tube system.

Symptomatic COVID-19 Virus Detection

UHN Outbreak Number Options

1	NONE
2	TR-UC-7S: 3895-2020-01348

Step 10: Select an **investigation/outbreak option** if patient identifies as being a **hemodialysis patient or part of an outbreak outside of UHN**.

Order Entry - COVID-19 Virus Detection

Respiratory Virus Detection will be automatically added to respiratory specimens ordered for COVID-19 Virus Detection during flu season. Once collected, please put specimen(s) in 2 biohazard bags and transfer in person to specimen receiving. DO NOT SEND via pneumatic tube system.

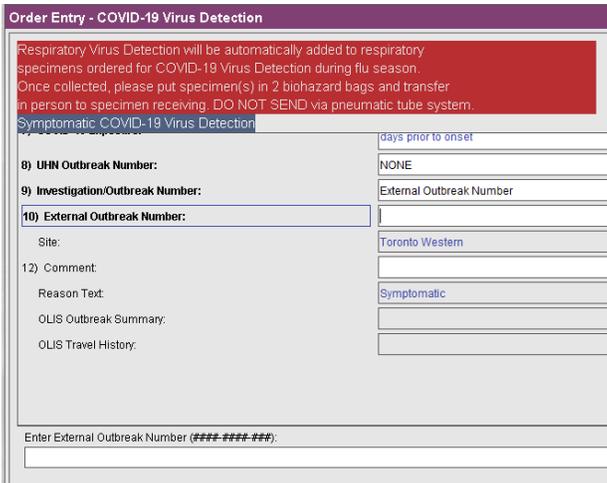
Symptomatic COVID-19 Virus Detection

8) UHN Outbreak Number: NONE

9) Investigation/Outbreak Number:

#	Investigation/Outbreak Options
1	NONE
2	Ontario Renal Surveillance testing (for hemodialysis patients ONLY)
3	External Outbreak Number

***HINT: The person presenting should have received a phone call or letter advising them they were part of an outbreak. The outbreak number should have been provided to them – if not they may need to follow-up.**



Order Entry - COVID-19 Virus Detection

Respiratory Virus Detection will be automatically added to respiratory specimens ordered for COVID-19 Virus Detection during flu season. Once collected, please put specimen(s) in 2 biohazard bags and transfer in person to specimen receiving. DO NOT SEND via pneumatic tube system.

Symptomatic COVID-19 Virus Detection

8) UHN Outbreak Number: NONE

9) Investigation/Outbreak Number: External Outbreak Number

10) External Outbreak Number: [Empty]

Site: Toronto Western

12) Comment: Symptomatic

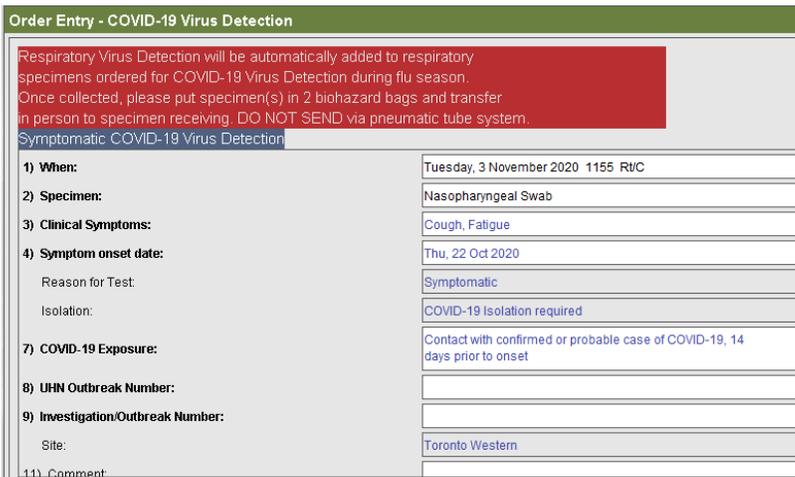
Reason Text: [Empty]

OLIS Outbreak Summary: [Empty]

OLIS Travel History: [Empty]

Enter External Outbreak Number (####-####-####): [Empty]

***NOTE: The Clinical Symptoms, Symptom onset date, Reason for Test, Isolation, Covid-19 Exposure and site are all pre-populated based on information input in the assessment. It is extremely important you be accurate in the assessment as this information is tied to the specimen itself.**



Order Entry - COVID-19 Virus Detection

Respiratory Virus Detection will be automatically added to respiratory specimens ordered for COVID-19 Virus Detection during flu season. Once collected, please put specimen(s) in 2 biohazard bags and transfer in person to specimen receiving. DO NOT SEND via pneumatic tube system.

Symptomatic COVID-19 Virus Detection

1) When: Tuesday, 3 November 2020 1155 RvC

2) Specimen: Nasopharyngeal Swab

3) Clinical Symptoms: Cough, Fatigue

4) Symptom onset date: Thu, 22 Oct 2020

Reason for Test: Symptomatic

Isolation: COVID-19 Isolation required

7) COVID-19 Exposure: Contact with confirmed or probable case of COVID-19, 14 days prior to onset

8) UHN Outbreak Number: [Empty]

9) Investigation/Outbreak Number: [Empty]

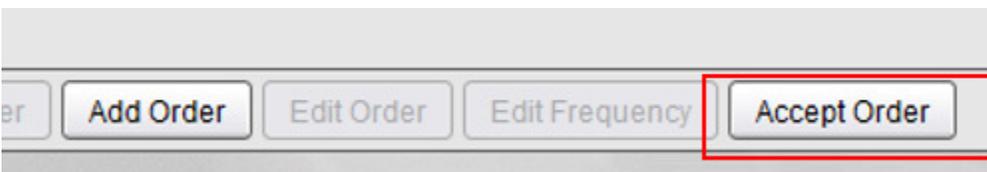
Site: Toronto Western

11) Comment: [Empty]

Step 10: Select “Order Summary” then “Accept order” to finalize and print the label. Obtain the label from the label printer to provide the patient for their test.



Add Order **Order Summary**



er Add Order Edit Order Edit Frequency **Accept Order**