

Covid-19 – EPR Visit & Assessment Process

### 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)



Pt Selection   Work Queues   Print Functions   R	eg/AD	T nternet/Other Lockbox	CODE ORANGE ONLY	
Registration Acute		Registration Rehab		Edit Registration Info
Clinic Visit Clinic Visit (No Physician) Emergency Visit Inpatient Visit - Acute Outpatient Visit - Acute Outpatient Visit - Acute (No Physician) Outpatient Visit - LTC Home Patient Registration for PHS Registration - No Visit Same Day Discharge Visit Volume Registration Merge Selected Encounters (ER Reg Staff ON		utpatient Visit - Rehab	enter Select CAC visit to patien	Edit Registration Edit Insurance Info Disposition Processing UHN Partner IP LOA Override
Bed Management	1	nquiry	3	
Bed Control - Acute	Ir	nformation Desk		
Bed History by Bed				

L

**Step 2:** If the person has a healthcard, enter the letter "o" followed by the person's OHIP card number <u>or if not</u>, 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 -

Enter notion (D)			Enter patient ID:
o123456789	Search using "o" followed by their OHIP # <u>or</u> by the first few letters of their last name followed by a dash	-	tes-



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	Outpat	ient Visit	University F	lealth Network PROD				
ient Visit	×							
	All patie	ents for TEST-	hturster	hereore	0.00	Districtor	4	lotet
	#	Taat A	Number 2004157	750	Sex	Difficulate 10 Dec 1006	Age	Stat
	1	TestA	3984157	/52	F	12 Dec 1886	1331	IP
	2	Test 4de Onie	4/ 12/09	102	M	01 Jan 2001	191	
	3	Test Alay	3723693	195	F	22 Sep 1974	451	_
	4	Test Alextus	3853979	1001	M	07 Jul 1971	481	
	5	Test Alexano I	4013477	20	M	01 Jan 1970	501	
	7	Test Aligethese *	2044134	70		14 Sep 1975	441	_
	0	Test Aliastrice	2044134	73	M	14 Sep 1975	441	
	0	Test Allied Health	2116440	200	E C	14 Sep 1975	441 60V	_
	10	Test Andrea Leo	4151169	575	r	12 Dec 1950	297	
	11	Test Anythin a	4151108	104	M	24 Jun 1967	50Y	IP
	12	Test Anything *	3042129	310	F	09 Dec 1965	541	-
	12	Test Anything *	4206214	194	M	21 Dec 1967	52Y	ID
	14	Test Bdm	4334298	03	M	02 Feb 1980	407	
	15	Test Bdmtwo	4334449	66	M	12 Feb 1977	431	_
	16	Test Bmt	1000005	00	U U	01. Jan 2001	191	-
	17	Test Cache			F	01.Jan 1975	45Y	_
	18	Test Chemo-Diana	-		F	15 Dec 1960	59Y	
	19	Test Cigan	If Patient already exists, select	ct, otherwise 📘	U	01.Jan 2017	3Y	_
		Clef*	click ADD		M	31 Dec 1967	52Y	IP
	21	Testo, Mera			M	14 Sep 1975	44Y	-
	22	Test Cond			U	15 Aug 1979	40Y	
	23	Test.Coral	14194053	17	F	02 Feb 1995	25Y	
	04	Tomorey	3311496	83	M	01 Jan 1985	35Y	
					-			
	Select p	atient or Choose option:						(

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.

- 1					_			
	CAC Visit					Universit	y Health Network I	DEV
	Location UHN Standard Re	Name New Patient gistration (CAC	1	<u>Number</u>	<u>Cnt</u>	<u>Sex</u>	<u>Birthdate</u>	Age
(	Patient Demograp	hics				2	Sex	** MRN auto assign
$\left( \right)$	** Duplicate MRI	V? Optional or OOP	fields to enter OHIP payment methods	n Name/Alias Ontario He	s ealth C	7 Card (OH	Preferred N HP)	lame
	10 OHIP Version	Code	11 OHIP Expiry Da	ate	12		Response Co	de
$\left(\right)$	16 Address				13	Reside	ancy Code	
(	18 Primary Phone	e Number	19 Secondary Pho	ne Number			-	
	Enter nationt name II	act Firefl						
	Enter parent name (C	աթվելութի։						

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



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Location TW-Amb11 Address 12 M Last Edit Tim Visit History # 1 2 6 3	Name Test, Abcdef 23 jump ISSISSAUGA, ON Wed, 15 Ja Visit Number 50000010055 50000007497 50000007497	Can L5C 3K2 an 20 1108 (incor 19Mar20 19Sep19 19Sep19	Number 9006765 mplete) Stop 19Mar20	Cnt Sex Bi 3 M 1 Ji Home Phone ( OHIP # Physician Adler,Amo	r <u>thdate</u> an 1990 416) 384-4844 Speciality	Age 30Y
# 1 2 3	Visit Number 50000010055 50000007497 50000007497	Start 19Mar20 19Sep19 19Sep19	Stop 19Mar20	Physician Adler,Arno	Speciality	Vis
1 2 ( 3	50000010055 50000007497 50000007497	19Mar20 19Sep19 19Sep19	19Mar20	Adler,Arno		TC
3	50000007497 50000007497	19Sep19				10
3	50000007497	19Sep19	and the second sec	QTPPhyFive		
			19Sep19			
Select visit or C	hoose option:					

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.

CAC Visit						Universi	ty Health Network D	EV
Location	Name			Number	Cnt	Sex	Birthdate	Age
TW-Amb11	Test,Abcdef			9006765	3	м	1 Jan 1990	30Y
UHN Standard	Registration (C.	AC)						
Patient Demog	raphics					-	<b>`</b>	
1 Patient Nar	ne						2 Sex *	* MRN
Test, Abcd	ef					~	Male	9006765
** Duplicate N	ARN? Ontion	al fields to	enter OHIP	den Name/Alias	;		7 Preferred Na	ame
No	or OO	P paymen	t methods					
8 Date of Birt	th			9 Ontario He	alth C	ard (O	HIP)	
Mon, 1 Jan	1990 (30Y)	14		Data	40		Deserves Cod	
TO OHIP Versi	on Code			/ Date	12	UNIP	Response Cou	e.
13 OOP Healt	h Number	14	00P Provin	ice	15	Insura	ince Comment	
5								
16 Address					17	Resid	lency Code	
123 jump						2721		
MISSISSAL	JGA, ON Can I	_5C 3K2						
18 Primary Ph	one Number	19	Secondary	Phone Number				
(416) 384-4	1844							
	20							
Select field to edit								

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





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#### Step 4: Add a new visit.

ocation	Maroa			University Heath	Network PROD
ast Edit Ti	Test,Bmt 123 Marble St. Marble, ON Can Z9Z me Thu, 4 Jun 2	9Z9 0 1101	Number Cr 4692085 Ho	t Sex Birthdate 2 U 1 Jan 200 me Phone (999) 9 #P #	Age 1 19Y 99-9999
and a state of the	Visit Number	Start	Stop	Physician	Speciality
	50001482027	14Nov19	04Nov19	Lipton, Jef	
	50001482034	14Nov19	04Nov19		

#### The CAC visit encounter screen looks like this:

CAC Visit				Universi	ty Health Network DEV	
Location Name Addams,Wednes UHN COVID Assessment (CAC) En Encounter Information	day counter	<u>Number</u> 9007887	<u>Cnt</u>	<u>Sex</u> F	<u>Birthdate</u> 3 Mar 1999	Age 21Y
1 Arrival Date/Time	** Visit Number					
Tue, 3 Nov 20-1115	auto assigned					
3 OHIP verification	4 Insurance/Payor					
5 Initial Visit Location						
6 Dhysician						
Choose option:						
(Y) Process (N) Not Process (A) Not App	blicable					

**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



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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	
<u>Location</u>	Name Number Cnt
	Assessment (CAC) Encounter
Encounter In	formation
#	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	Z-COWAN INSURANCE GROUP
Select paymer	nt responsibility/insurance coverage or Enter partial name or Choose option:
(G) Generic L	ist

TIP: Select "Manual Override" if information requires updating.



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CAC Visit				Universi	ity Health	n Network E
Location Name Test,Abcbe UHN COVID Assessment (CAC) Encounter Encounter Information Patent Insurance: OHIP		<u>Number</u> 7018682	Cnt 32	<u>Sex</u> F	Birl 30 Ji	<u>hdate</u> un 1990
OHIP Information						
1 Send Verification			**	*	** 1	۲
Not Sent				*****		****
** Health Card Number						
1234567879						
** Version Code	**	Expiry Date				
JJ	_		_			
Registered Health Card Name						
** Date of Birth	**	Sev				
Date of Dirat		000				
Scan card or Choose option:						
(M) Manual Override						

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

CAC Visit	
ocation	Name Test,Abcbe
Encounter In Currently Se	Assessment (CAC) Encounter formation lected visit location(s)
isit location 1 TW-	Options COVID Assessment Centre
Select visit loc	ation:
L	

**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 E
Location	Name	Number Cnt Sex Birthdate
	Test,Abcbe	7018682 32 F 30 Jun 1990
UHN COVID	Assessment (CAC) Encounter	
Encounter In	formation	
Physician O	ptions	
#	Name	Specialty
1	Daly,Kristen	
Enter Physicia	an ID:	
phys-		



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#### Step 8: Select "Accept" once all encounter information is completed.



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

Print visit	reports?	Choose option:
n		
(Y) Yes	(N) No	

Step 9: Select "Yes" to enter the patients chart.

Test, Ab	cbe 🔁
	Warning! Recording chart access. Continue?
	Yes No

**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.





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



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



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#### 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-197	Assessment				
New Event Time	Tue, 3 Nov 20	1133	Prev Event Status	(unscheduled)			
1) Symptom(s):							
2) COVID-19 Exposur	e:						
3) Occupation/Type:							



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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 7	Time Tue, 3 Nov 2	0 1133	Prev Event Status	(unscheduled)		
1) Symptom(	s):	Cough				
2) Symptom (	onset date:					
3) COVID-191	Exposure:					
4) Occupation	uTwne:					
#	Covid Assessment Sym	ptoms Options				
1	None - No symptoms re	ported 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	Conoral weakness					
(Select multip	ole options with single clic	k)				
Select None i	f no symptoms are prese	nt, otherwise select all a	applicable symptoms.:			
6,14						
-						

#### HINT: Onset is by date

COVID-19 Assess	COVID-19 Assessment							
	COVID-19 Assessment							
New Event Time	Tue, 3 Nov 20	0 1133	Prev Event Status	(unscheduled)				
1) Symptom(s):		Cough, Fatigue						
2) Symptom onset da	ite:							
3) COVID-19 Exposure	e:							
4) Occupation/Type:								
Entor cumultance i	doto (cm 20100-	R or ion2018 amount	to dote in firs but here is					
Enter symptom onset	uale (eg 20jan201	i o or jari 2016 approxima	ale dale is rine put be specific	, when possible):				



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**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.

,		Number, 5007	our dex remaie	Alteriaria	g. Lenneu,cam	
COVID-19 Ass	COVID-19 Assessment					
			COVID-19	Assessment		
New Event Tim	ne 🏾	Fue, 3 Nov 20	1133	Prev Event Status	(unscheduled)	
1) Symptom(s):			Cough, Fatigue			
2) Symptom ons	et date	:	Thu, 22 Oct 2020			
3) COVID-19 Exp	osure:					
4) Occupation/Ty	pe:					
# 0		ssessment Exno	sure Options			
1 C	ontact -	confirmed or pro	bable case of COVID	-19 14 days prior to onse	et	
2 0	ontact -	someone with s	vmptoms who has tra	avelled, 14 days prior to o	nset	
3 C	ontact -	labs/ biological i	material containing C	OVID-19, 14 days prior to	)	
4 Tr	ravel		-			
5 N	one - N	o exposure repor	ted by patient			
6 01	ther					
(Select multiple (	ontione	with single click				
Collect all applies	opuons shla ma	one of covid-10 c	ontact:			
Selectiali applica	able me	ans or covid-19 t	Juniaci.			

**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-	COVID-19 Assessment						
	COVID-19 Assessment						
New Ev	ent Time	Tue, 3 Nov 20	) 1133	Prev Event Status	(unscheduled)		
1) Sympt	tom(s):		Cough, Fatigue				
2) Symp	tom onset da	te:	Thu, 22 Oct 2020				
3) COVIE	3) COVID-19 Exposure:		Contact with confirmed or probable case of COVID-19, 14 days prior to onset				
4) Occup	pation/Type:						
Covid A	ssessmen	t Occupation C	ptions				
1	UHN Healt	hcare worker					
2	2 Team UHN Household Member						
3	Public						



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**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 Heal	th 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 pati	ent 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						



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**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"

Order Entry - Orde	r Information				×
Order Type:	<ul> <li>Direct</li> <li>Verbal/Written</li> </ul>	<ul><li>○ Written</li><li>○ Telephone/Written</li></ul>	◯ Verbal ◯ Protocol	⊖ Telephone	
Order Time:	03-Nov-20 11:43:40				~
Order Author:	Choy, Amy, RN				~
Medical Service:					<b>~</b>
Order Block Condition:					Edit
				ОК	Cancel

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



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er Entry - Adding C	Order			Verba	II by Park, Grace, RN at 23-Ju	in-20 17:02:46
Procedure	Order Information	Start Time	Order Set	Type	Advisory	Ren
ler Selection Order His	story Search					
arch Ontions	*					
arch Type	Bealth Options					1.00
All	covid-					Se
Hect Type						
Procedure						
Order Set						
Therapeutic Class						
	-					

#### Step 6: Select the covid-19 Virus Detection Test

ſ	Order Selection Order History Search					
	Search Options					
	Search Type	Search Options				
	• All	covid-				Search
	Select Type	Procedure / Order Set Name 🔺	Sea	arch Type	Therapeutic Drug Class	
	Recodura	COVID-19 Virus Detection	Proc	cedure		
	Order Set					
	Therapeutic Class					

#### Once selected click on "Add Order"



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

Onc	e collected, please put specimen(s) i	n 2 biohazard bags and transfer
in pe	rson to specimen receiving, DO NO	T SEND via pneumatic tube system.
Sym	ptomatic COVID-19 Virus Detection	
Freq	uency/Schedule Options	
	Routine	
1	today	
2	now	
3	scheduled date/time	
4	tomorrow am	
	***	
5	now (label print)	
6	now (label/collection)	

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



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		rejected by Public Realth Ontario Labora	
2) When: 3) Specimen:		Tuesday, 23 June 2020 1722 Rt/C	
,	Specimen Definition Options		
1	Nasopharyngeal Swab		
	Inroat Swap		
8	BAL		
1	Blood - Virology (Lavender)		
5	Bronch, Bronchial Washing		
5	Lung Tissue,		
7	Pleural Fluid,		
1	Saliva		
)	Sputum		
10	Stool		
11	Urine, MSU		

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				
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.

Respira	atory Virus Detection will be automaticall	y added to respiratory	
specim	ens ordered for COVID-19 Virus Detecti	on during flu season.	
Once c	Dnce collected, please put specimen(s) in 2 biohazard bags and transfer		
n person to specimen receiving. DO NOT SEND via pneumatic tube system.			
Sympto	matic COVID-19 Virus Detection		
.,		days prior to onset	
8) UHN Outbreak Number:		NONE	
9) Inves	stigation/Outbreak Number:		
#	Investigation/Outbreak Options		
1	NONE		
2	Ontario Renal Surveillance testing (for hemodialysis patients ONLY)		
2	External Outbreak Number		



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\*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.

NONE
External Outbreak Number
Toronto Western
Symptomatic

\*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 Rt/C			
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:				
9) Investigation/Outbreak Number:				
Site:	Toronto Western			
11) Comment	11) Comment			

**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.

