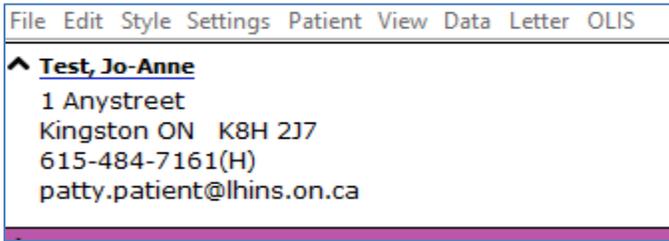
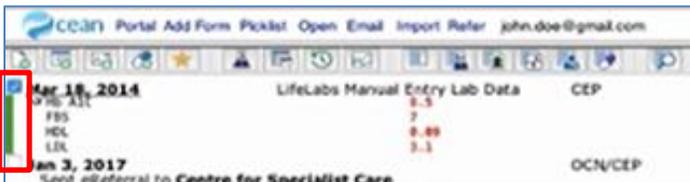


E-REFERRAL QUICK REFERENCE GUIDE – PCP - Telus

1. Open the patient record in Telus.



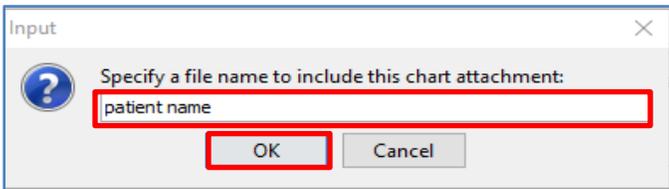
2. Greenbar any information you wish to attach to the eReferral, particularly any required Reports.



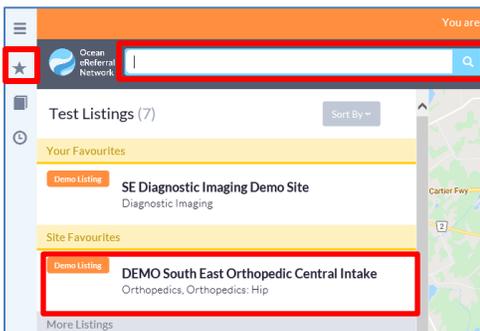
3. Click Refer on the Ocean Toolbar. There is no need to sign into Ocean, this integration is single sign in.



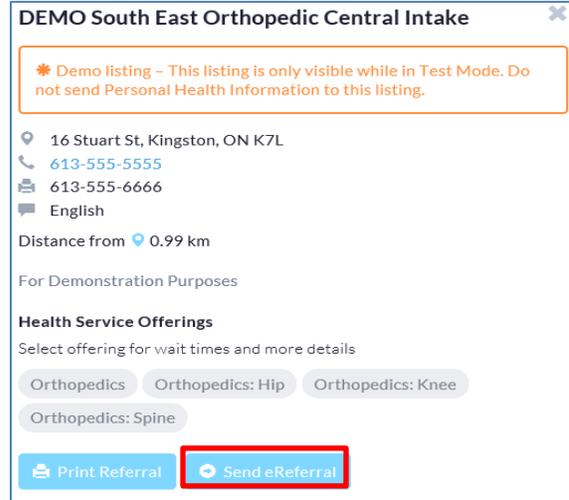
4. The Input window opens, with name assigned. Click OK. The attachment will auto upload into your ocean eReferral. You do not need to change the name.



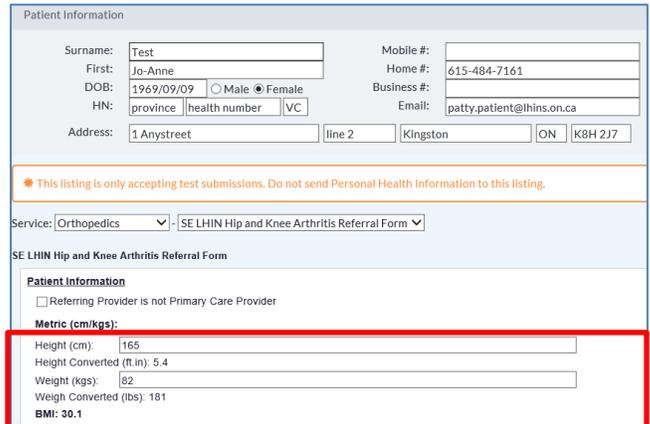
5. The Ocean Healthmap will open. Choose the Receiving site from your favourite (yellow star), or search in the search window for keywords such as Orthopedics.



6. The Site listing will appear. Select the Send eReferral button.



7. The appropriate eReferral Form will open with Patient Information fields autopopulated (including height and weight, which displays the BMI). The Health History (Comorbidities, Medications, Allergies, Past Medical History and Family History) also autopopulate where appropriate.



8. Complete ALL sections of the eReferral. Don't worry, if you miss one, when you send the eReferral, you will be taken back to the incomplete sections to enter the missing information.

XRay Report Requirements – When required eg Orthopedic Central Intake, You MUST have attached the XRay Report from your EMR. Click the Attachment Confirmation checkbox to indicate that the report is attached.

X-Ray Report Requirements
 Must accompany referral & be within the last 6 months. Referral cannot proceed without X-ray. Please attach below.
MRI IS NOT APPROPRIATE
****Patient MUST bring films to appointment if not done at hospital****

Attachment Confirmation
 Imaging reports of the affected joint(s) is attached. *

9. You may now either select the **Send eReferral** button, or **Save for Later**.

If the eReferral is complete, choose to **Send the eReferral**.

Referrer's Information

Site Name: DEMO SE Medical Clinic (PSS)	Phone: 613-332-5141
Address: 12	Fax: 613-332-5141
Anystreet	Billing #: 123456
City: Kingston	Professional ID: 12345
Province: ON	Signed: J. CroydonMD
Postal Code: K6V6E5	Clinician Type: Family Physician

If you are waiting for information, e.g. the XRay Report, select **Save for Later**. The eReferral will be saved in the Ocean Portal in the **Sent - Incomplete** sidetab until you are ready to send it to the Receiver, and appear in the status bar in Telus.

10. The Email Consent window will open. Select the appropriate response.

Obtain Patient's Email Consent

If the patient's email is included in the referral here, the patient will be notified with status updates to the referral.

Since the referral may contain **private health information**, please ensure you have the patient's consent before proceeding.

11. You must now review and **confirm the clinical information**, or cancel if the patient information is incorrect, or the referral was created on the wrong patient.

Confirm Clinical Information

For safety reasons, please confirm:

Patient: Jo-Anne Test - age 50

Referrer: J. CroydonMD - 12345 - fax 613-332-5141

12. The eReferral Sent window appears, advising the eReferral was sent successfully.

You have the option to **Close**, or **Print** the eReferral to provide the patient with a copy.

eReferral Sent

The eReferral was sent successfully.

Summary:

Sent eReferral to DEMO South East Orthopedic Central Intake
 16 Stuart St, Kingston, ON, K7L Phone: 613-555-5555 Fax: 613-555-6666
SE LHIN Hip and Knee Arthritis Referral Form

Patient Information
 Height (cm): 165
 Weight (kgs): 82
 BMI: 30.1
 Preferred Language: English
 WSIB: No

Reason for Referral
URGENT
 Affected Joint(s): Right Hip
 Diagnosis: Osteoarthritis
 Consultation Type: Hip Replacement (Primary)
 Would the patient consider replacement surgery? Yes

Include map

13. If the patient provided an email address, an email will be sent to them advising them that an eReferral has been sent on their behalf.

Your recent health referral was sent successfully

Dear Jo-Anne,

A referral was sent for you on 2019-11-07 by Dr. Jo-Anne Croydon for **Hip - Right** :

Location:
DEMO South East Orthopedic Central Intake

This is an automated message. Please do not reply, as this email address is not monitored. This email has been sent because you have requested email notifications regarding upcoming appointments.

To unsubscribe from the email referral notification service, please contact your health care provider. If you feel this was sent in error, please contact the referring health care provider Dr. Jo-Anne Croydon at 613-332-5141 and delete this email and any copies of it.

14. The Telus patient chart will be updated with the eReferral Information, and the status will be updated each time the eReferral is forwarded to another stakeholder, or the an appointment made.

Nov 7, 2019 Ocean eReferral JC

To View/Open an eReferral

In the Ocean Toolbar, Click on **View in Ocean**.



A list of the patients referrals will appear in the **Patient Dashboard**. Click on the referral you wish to open.



To Send a Message to another Stakeholder

Open the eReferral as above

In the **Messaging** section choose the Receiver from the dropdown in the TO field

Enter your message in the text field, Click **Send**.

To Respond to a Message from another Stakeholder

Open the eReferral in the **Needs Review** sidetab.

If required, **Edit the eReferral** by choosing the **Edit** button in the **Patient information** or **eReferral** sections.

Patient:
Jackie Smith 
dob: Oct 10, 1989 F Age 30
71 Adam St
Belleville, ON
K8N 5K3
eparks@qhc.on.ca
555-555-5555 (M)

Current recipient:
Quinte Health Care Diagnostic
Imaging
265 Dundas St E.
Belleville, Ontario
K8N 5A9
613-969-7400

Referral Note

Quinte Health Care Diagnostic Imaging eReferral Form
Patient Information 
Height (cm): 189
Weight (kgs): 89
BMI: 24.9

Make your edits

In the **Messaging** section choose the Receiver from the dropdown in the **TO** field

Enter your message in the text field, Click **Send**.



Click **Reviewed and Close** at the bottom of the eReferral.



If an eReferral is Declined and you wish to resubmit to same Receiver with edits

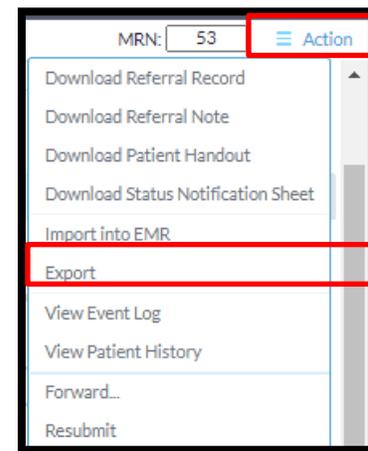
Check the portal daily for new **Declined Referrals**.

Forwarded (All)	Print Referrals				
Declined 10					
Cancelled					
Patient	MRN	DOB	Description	Booked	Date Sent
PHRTEST	53	50-01-01	Probiatry		May 11, 2020

If you want to **resubmit** the referral with an explanation, Open the eReferral and **send a message to the Receiver**, explaining why you are resubmitting,



Press **Send**, then Click on the **Action Menu** at top Right of referral and Choose **Resubmit**.



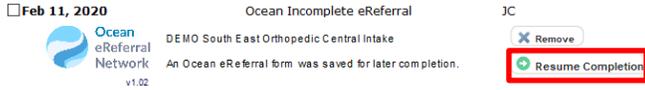
The referral will be resubmitted to the Receiver with the added information. Click **Close**.

Save for Later function

If you are interrupted while creating an eReferral, Click the **Save for Later** button at bottom of the eReferral.



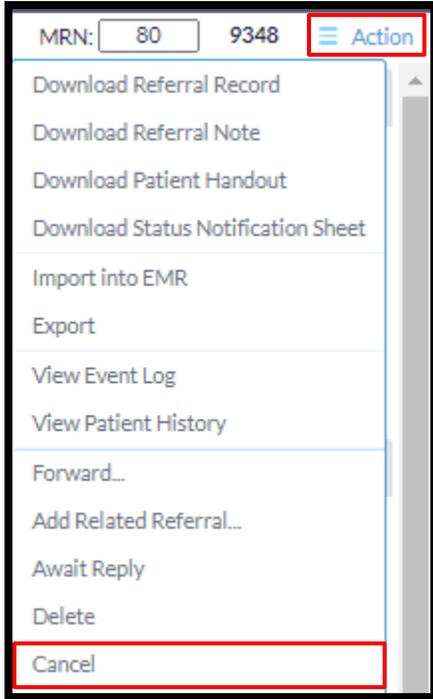
When you are ready to complete the eReferral, in the patient chart, click the **Resume Completion** button. The eReferral will open and you may proceed to complete and send.



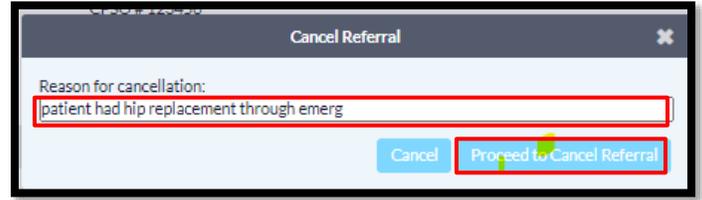
Cancel eReferrals

If you need to cancel an eReferral for any reason (eg patient deceased, patient had the surgery on an emergency basis, etc) open the eReferral in the patient chart.

Click on the Action menu at the top right of the eReferral and choose Cancel.



Enter a **reason for the cancellation**, eg, patient passed away, and click **Proceed to Cancel Referral**.



If the patient is deceased, **DO NOT** choose email the patient option. If you wish to advise the patient that the eReferral has been cancelled, choose Email Patient.