

Connect Care Summary Notes

June 7, 2023 @ 1624

- NEW to CC: PREPARATION..... 3
 - PRACTICE: PLY (CONNECT CARE PLAY) 3
 - FIRST DAY & CC RESOURCES..... 3
- APPOINTMENT CHARTING (Outpatients & DIP) 4
 - STEPS..... 4
 - IF YOU FORGOT TO CHART SOMETHING... 7
 - IF YOUR ASSESSMENT NO – SHOWS..... 7
 - IF YOUR FOLLOW-UP NO – SHOWS 8
 - OTHER WAYS TO CREATE AN “ENCOUNTER” 8
- BOOKING APPOINTMENTS 9
 - ASSIGN A PATIENT TO YOU 9
 - BASIC BOOKING 9
 - DOUBLE BOOK OR SQUEEZE IN ANOTHER PATIENT..... 9
 - UNAVAILABLE TIME 10
- DIP – CLASSES (GDM & INSULIN START)..... 10
 - BOOKING PATIENTS INTO INSULIN CLASS 10
 - CHARTING GROUP CLASS ATTENDANCE..... 11
 - CHARTING CLASS NO-SHOW..... 12
 - CHARTING UNREGISTERED CLASS PATIENTS 13
- DIP- CLINIC ITEMS..... 13
 - BOOKING – DOUBLE BOOKING INTO ENDO DIP SCHEDULE..... 13
 - CHARTING JOINTLY (MD & Educator)..... 13
 - GLUCOSE RECORD UPLOADS 14
 - GLUCOSE RECORDS – STATUS OF UPLOAD NOTED ON MD SCHEDULE 14
 - PATIENT REMINDER LISTS..... 14
 - WRAP UP – AFTER CLINIC 15
- DIP – POST PARTUM LETTERS..... 15
- DIP - TRIAGE..... 16
- INSULIN ORDERS/PRESCRIPTIONS 16

LABS: ORDERING & REPRINTING LAB REQUISITIONS 18

NEW to CC: PREPARATION

PRACTICE: PLY (CONNECT CARE PLAY)

- PLY Login
 1. for RDS is DIET01 up to DIET20
 2. for RNs is NURSE01 up to NURSE20
 3. Department: EDM UAH KEC FAMILY MEDICINE ... (should be default for RNs; RDs is EDMONTON Zone Nutrition)
 4. Password: train
- PLY patients:
 1. Pregnant, choose ,mom (e.g first name is “mom”, last night unknown)
 2. Diabetes not pregnant, patient lookup Nadir-nurse (last name) and choose one.
 3. Note, the PLY server is designed around inpatients so things may look different.

FIRST DAY & CC RESOURCES

- First Day with Connect Care: <https://cumming.ucalgary.ca/resources/endocrinology-metabolism/diabetes-educators/dcc-charting-guidelines/commonly-used-links/first>
 - a. Log in to your **correct department**.
 - b. Customize your tab layout as shown on **this page**
 - c. Add Epic > Scheduling > View Schedules.
 - d. **See this video** for a demo
 - e. Add department Smart Phrases **as shown here** in print or **see this video**
- Chart ideally where there is a field for it
- Key resources online: endometab.ca > Diabetes Educators > How To (Start here)
 - a. [How to \(and help\)](#)
 - b. [Where to chart](#)
 - c. [Smart phrases](#)
 - d. [Charting Insulin](#)
 - e. Lia Zyla RD support
 - f. Admin view of schedule: Epic > Scheduling > View Schedules (use wrench place on top bar)

APPOINTMENT CHARTING (Outpatients & DIP)

Reminder: Every encounter requires two things to complete a chart note:

1. **A visit Dx (bottom of screen)**
2. **A note (right of screen)**
3. **(IF RD, also add in Nutrition Dx)**
4. **Related videos:**
 - Video: [Login & Check-In Patient](#) - 1.5 min
 - Video: [Pregnancy Related Tabs in CC](#) - 5 min - (Episodes of Care; OB Tools; History)
 - Video: Glucose Table - [Edit number of columns showing in table in chart note](#) (< 2 min)

STEPS

1. **Login with your AHS password and choose the appropriate role**
2. **Choose department:**
 - a. RDs – CALGARY ZONE NUTRITION SERVICES, then click on down arrow by your name, and select the correct department)
 - b. CGY SHC DIABETES EDUCATORS
 - c. CGY SHC ENDOCRINOLOGY DIP
 - d. CGY RGH ENDOCRINOLOGY DIP
3. **From your schedule:**
 - a. Click once on patient name to see a quick snapshot of data
 - b. If your patient is here or you get them on the phone, click **CHECK IN** (top of screen). Do it now or max within 5 days or will be automatically no-showed.
 - c. Double-click to open chart (it opens the encounter)
4. **Storyboard on left**
 - a. Hover to discover for more info
 - b. Click to change or add e.g. on name to add email etc
 - c. The 'search' field there is VERY useful
 - d. Note Problem List on bottom
5. **Chart Review Tab**
 - a. Snapshot (summary)
 - b. Encounters (previous contacts & notes etc). Click once to view note on the right. Click twice to view it larger.
 - c. Labs
 - d. Media (attached items eg. Glucose records, sometimes endo notes...)
 - e. Referrals (if not here, check media)
6. **Add Primary Care Provider (PCP)**
 - a. In the Storyboard search field, type 'Teams'. Do not hit enter.
 - b. Select Care Teams when it shows you the options.
 - c. Add a PCP
7. **Problem List (click on Problem List in lower Storyboard)**
 - a. Enter **problems** if not there already e.g.
 - i. Diabetes type 1

- ii. Diabetes type 2
 - iii. Pregnancy
 - iv. Gestational diabetes
 - v. Presence of insulin pump
 - b. Under **Overview** (under Diabetes problem) put in
 - i. BG targets
 - ii. Authorized clinic to view data on Glooko or Libreview (don't type passwords; use personal yellow sticky OR reminder tables for DIP. More later).
 - iii. Note for DIP, there will likely be reminder tables with patient names and passwords, last visit, next visit, A1c, ... These tables will be viewable to whomever is given access.
- 8. Visit Dx (Bottom of page)**
- a. Click. You need at least one, but can choose more. You might need to click elsewhere to get back to a normal view.
- 9. Pregnancy Related Items (video)**
- Note: If can't find these tabs: *Episode of Care, OB Tools or History*, type into search bar in storyboard – do NOT hit enter.
- a. **Episodes of Care Tab**
 - i. Add pregnancy if required. You won't see OB tools if no 'episode of care' for it.
 - ii. Name of episode: Pregnancy/DIP; Type: Pregnancy
 - iii. If preconception: Name of episode: DIP Preconception; Type: ./Diabetes Chronic Diabetes Management
 - b. **OB Tools Tab**
 - i. Dating > EDD and GA. Ultrasound is most reliable but if not there, use last menstrual cycle. Be sure to click the dot button beside the method chosen.
 - ii. Prenatal Vitals and Notes: for pregravid weight and tracking of weight gain (Note, if adding past weights from Soprano, click "flowsheet" then "insert column" to back date the weight)
 - iii. History: This tab may not be present under OB tools. If it is, to chart GPA, choose 'Obstetrics on left; do not put in numbers for GPA but rather, add in individual past pregnancy dates and outcomes.
 - c. **OR alternatively for GPA, use History Tab to chart weights/height as shown in video.** (History Tab is a separate tab, search History on the search bar in Storyboard).
- 10. Rooming Tab (RN) or Nutrition tab (RD)**
- a. Reason for visit e.g medication adjustments, diabetes education, etc. If not there, free text, hit enter and choose to use the free text item you just entered.
 - b. Allergies (Can also search Allergies from storyboard)
 - c. **Medication Review** (meds from Netcare aren't automatically pulled in)
 - i. Use "patient reported" to add in the diabetes meds and insulins
 - ii. DO NOT put insulin DOSES in here. Instead, use .DCCCNOTETOPROVIDERS to remind others to check Insulin Instructions for doses.
 - iii. DO put in doses for metformin and other diabetes agents (not insulin).
 - iv. When searching meds, you might need to click "database lookup" for a bigger list of meds or dosing schedules

- v. If you can't find the dosing schedule e.g. glucornom 4 mg; 1 mg; 4 mg. enter the medication in twice. E.g 4 mg breakfast and Dinner then again as 1 mg at lunch.
- vi. You can note: Per Netcare or as per Soprano if abstracting data.

vii. **Prenatal Vitamins**

- Materna, preg vit, centrum are available in database lookup and are easy enough to find.
- Otherwise, can use the only one on the “preference list” when you type Prenatal into the search bar
- From there, make a note under the instructions e.g. Jamiesons 1mg folic acid
- For other vitamins e.g. omega 3s, calcium etc under database look up, put in the amount you are looking for: e.g. “Calcium 500 vitamin d 1000” and that will narrow down the search a bit

11. Diabetes Management Tab (type Diabetes into Storyboard search if can't find)

- a. Safety checklist.
 - i. Clicking means you discussed, but no issues.
 - ii. If an issue, click the note to the left and free text in the issues for the day that you noted.
- b. Hypoglycemia
 - i. Note frequency per week
 - ii. Note the glucose reading at which they feel symptoms
- c. Glucose Readings are ones you are entering today.
 - i. Summarize current results under meal
 - ii. OR ..if need to backdate day by day results, click flowsheets. Be sure to choose “insert” column if putting in a past date.
 - iii. OR.. FMC does this:
 - breakfast they write: TIR _% , Time below _%, GMI _%, CV _%
 - After breakfast they write: TDD units, basal %
- d. Glucose Records are PAST records.
- e. Insulin Instructions
 - i. You record what the patient is leaving on
 - ii. There is currently no history (unless read past notes)
 - iii. **BOLD** the doses you adjusted this visit
- f. Foot Screening
- g. Lifestyle:
 - i. Dietitians review dietary history, and document the Nutrition Diagnosis under the Nutrition Care tab.
 - ii. Nurses briefly review safety considerations regarding dietary intake, and document any concerns under the Safety Checklist (as described above)

12. Note (far right)

- a. Use smartphrase
- b. Click insider note, start typing .dip or .dcc and wait; you will see a list appear and a short description. Choose the most appropriate.
- c. To make bigger, click inside note and F3 (to see)
- d. Yellow are items you must pick something (F2 to do) or delete

- e. You cannot finish a note if there are *** (you need to free text in or delete) or any yellow field that is not complete (F2 to do or delete it).

13. Wrap Up Tab

- a. Notes to Providers
 - i. Choose who to send communication to
 - ii. Choose 'All Notes' If not visible, hit the chevron >>
 - iii. Choose 'Send at sign note'
 - iv. Important: IF you need the MDs reply to be saved to the chart, you MUST send the letter or request for orders from inside an encounter using the Wrap Up tab. Do not use "route".
 - v. Any communication back is saved under the encounter (chart review, click encounter once and scroll to communications at bottom, click to see MD communications back e.g. if orders)
- b. Notes for patients
 - i. Choose AVS (after visit summary) if providing instructions for patient
 - ii. Write notes freehand
 - iii. And/or attach handouts if from myHealthAB
 - iv. It delivers via myAHSCconnect Or it prints to printer by default if not part of myAHSCconnect
 - v. Past AVS are saved in Media

14. Sign Note

- a. The chart disappears if you are successful.
- b. The chart gives advice on how to finish things if you are not successful.

IF YOU FORGOT TO CHART SOMETHING...

1. Patient Lookup (top of screen)
2. Past patients, find and open
3. Chart Review Tab > Encounters
 - a. Right click on the encounter
 - b. Choose make addendum
 - c. Make your additions or corrections
 - d. Sign

IF YOUR ASSESSMENT NO – SHOWS

Step 1: Inform Clerical

- Leave patient appointments in your schedule and do not mark as no-show or cancellation.
- **In-Basket the clerical pool 'P CGY RRDC DIABETES EDUCATOR SCHEDULING'** with the patient information. Indicate no-show and whether patient was already called (ie. virtual appointment) and if voice mail message was left or if you spoke with patient. As usual, no need to call the patient if was booked for onsite, in-person appointment.
- If you started the encounter, but didn't mean to, indicate "erroneous encounter" as the Visit Diagnosis, complete your note and sign the encounter.

Step 2: Inform the Physician

- Use Patient Lookup to open patient chart.
- Create a Documentation Encounter. Reason for Documentation = No Show
- Use the Smart Phrase .DCCCMISSEDAPPT . Document brief Note to send to PCP, or other provider as appropriate, informing them of No Show.
- Use the Communication tab to “Send All Notes” to PCP, or other providers as appropriate.

IF YOUR FOLLOW-UP NO – SHOWS

Step 1: Click as No Show

- If you have not started a follow-up encounter (e.g. the is not checked in; you have not "Started the Visit"), from the schedule, highlight the appointment, and click "No Show" at the top. The dialogue box allows you to chart Action, Outcome, Comments as relevant (e.g. tried calling patient and there was no answer, left message, etc)
- If you started the encounter, but didn't mean to, indicate "erroneous encounter" as the Visit Diagnosis, complete your note and sign the encounter.

Step 2: Inform the Physician

- Use Patient Lookup to open patient chart.
- Create a Documentation Encounter. Reason for Documentation = No Show
- Use the Smart Phrase .DCCCMISSEDAPPT . Document brief Note to send to PCP, or other provider as appropriate, informing them of No Show.
- Use the Communication tab to “Send All Notes” to PCP, or other providers as appropriate.

Step 2: OPTION B Inform the Physician

- Click Telephone on top of Epic bar
- Complete outgoing call, and outcome (e.g. left message)
- **Important**, under "Reason for Call" choose "no show"
- Create Note: Use the Smart Phrase .DCCCMISSEDAPPT
- Use the Communication tab to “Send All Notes” to PCP, or other providers as appropriate.

OTHER WAYS TO CREATE AN “ENCOUNTER”

1. Most common: View your schedule
 - a. Double-click to open the chart (which opens the encounter)
 - b. (Click once on a patient name to see a snapshot of their chart, view only)
2. Click “Telephone Call” at very top and search for patient

3. Click “Patient Lookup” at very top; search for patient, “create encounter”
 - a. e.g. Documentation, if want to request orders or didn’t see patient but adding something to chart...
 - b. Telehealth if unexpected call

BOOKING APPOINTMENTS

ASSIGN A PATIENT TO YOU

- e.g. you are helping a colleague and doing one of their patients
 1. Right click on the patient name inside the schedule
 2. Choose, “Change Provider to Me”

BASIC BOOKING

1. Top left EPIC > Scheduling > View Schedules (FYI you can “wrench” this to the top of your epic toolbar so easier to access)
2. On left under Select Providers: type in your name or colleague name
3. You can use the calendar on the right to choose days
4. HOWEVER, IMPORTANT, always check the date above the column you are booking into
5. Choose an open time spot, double click, input patient name, choose visit type, make appointment notes (patient can also see these) and select duration.
6. Accept
7. If prompted under Delay Dates > Remove All Entries (it won’t let you proceed until you click this)
8. Schedule
9. Accept (bottom right) > Choose Ignore warnings and continue anyway > Accept

DOUBLE BOOK OR SQUEEZE IN ANOTHER PATIENT

(e.g. an urgent for a DIP Endo clinic, or a patient you need to squeeze into your fully booked schedule) You have two options.

1. Shorten an appointment to open the remaining time as an available spot:
 - i. In “View Schedule”, right click on the patient name whose appt you want to shorten
 - ii. Choose Appt Desk
 - iii. Click once on the appointment you wish to shorten (to highlight it)
 - iv. On the bottom, click Change
 - v. Change the time
 - vi. When asked if you want to use your change or the system recommended change, choose yours
 - vii. Accept as usual
2. Or ask clerical to double book you or the endo.

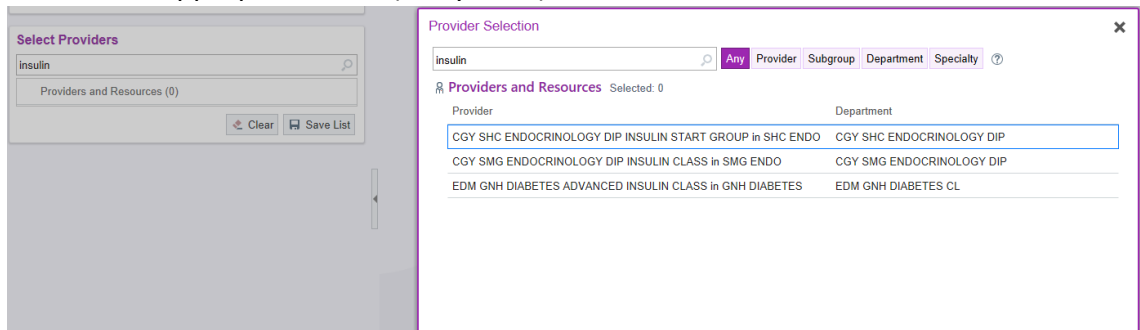
UNAVAILABLE TIME

1. Right click the time spot in your schedule
2. Choose the circle with the red slide (unavailable time)
3. Choose an appropriate reason and set the time
 - i. Do not use: "Client not identified..."
 - ii. Use Client Prep Work <For class preparation>
 - iii. Use Documentation or Report Writing <For post-class charting>
 - iv. Use Provider Requested <For ESL clients who need extra time or ther>
Ensure that you include a comment, e.g. "ESL"
 - v. Or another appropriate "reason" with the details you need (e.g. note patient name, DOB if want to call a non-pregnant outpatient while you are working DIP. You cannot book them into DIP)

DIP – CLASSES (GDM & INSULIN START)

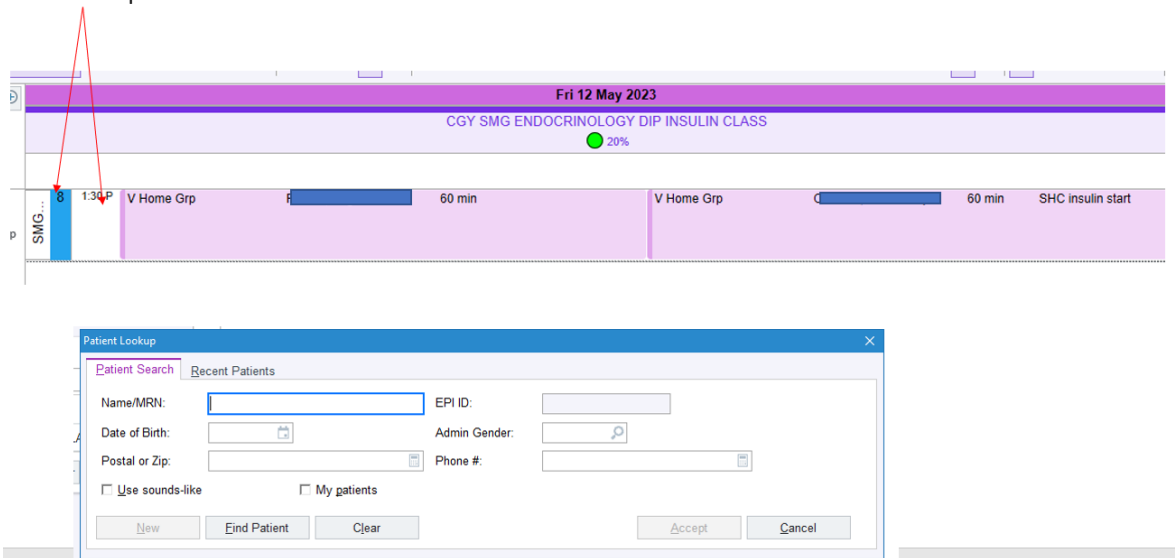
BOOKING PATIENTS INTO INSULIN CLASS

- Go to View Schedules (Epic > Scheduling > View Schedules if you don't have it on your Epic bar)
- On the left, under "Select Providers", type: Insulin or GDM
- Choose the appropriate class (likely SMG)



- Then double-click to book in a patient.

Double Click in either of these spots. The normal Patient Lookup window appears to book the patient.



CHARTING GROUP CLASS ATTENDANCE

See [this link](#) for the Connect Care tip sheet. **This video** walks through the steps below. **NOTE** **THERE IS AN ADDITIONAL STEP IN YELLOW BELOW.** Documenting group attendance as outlined below will automatically move patients to providers' schedules, without manually moving them.

1. Use the "Schedule" view in Connect Care. Choose the **department**, e.g. "CGY SMG Endocrinology DIP" and the **resource** that corresponds to the class you are teaching, e.g. "CGY SMG Endocrinology DIP Insulin Class".
2. Check-In people as they arrive to the class.
3. After class, click on "**Document Group**" at the top right (if it's not visible, use the "More" dropdown).
4. In the window that opens,
 - a. document the start time and end time, Topic = '**Education Class**', Department as appropriate for the class e.g. CGY SMG Endocrinology DIP Insulin Class. Click on 'Create'
5. Select the patients that attended.
 - a. If unscheduled patients attended the class, click on 'Open Patient Lookup' at the bottom left, and search for the patients individually.
 - b. Add Facilitator(s)

- c. Add the 'Group Name' and 'Group Summary' then click 'Continue' (make it simple, just summarize the class name for both e.g. CGM Class or GDM Insulin Start Class.)
6. The Group Note will generate for the first person on the class list. You can confirm which patient you are looking at on the Storyboard.
7. You may see a summary tab with these warnings. These will be addressed below.
 - a. No diagnosis for this encounter
 - b. You have an incomplete note
 - c. ! Recommended – The encounter provider CGY SMG Endocrinology DIP INSULIN CLASS is a generic resource. Please change the encounter provider to the actual provider [you will click this notice later, to change it to you]
8. Add a visit Dx at bottom
9. Ensure that the problem list is accurate, to the best of your knowledge.
10. Open Episodes tab, click “Link this visit”, say Yes to the pop up.
11. Reason for Visit (Rooming tab or Nutrition Tab) = Group Education
12. Under Note, use your class smartphrase.
13. Send the Note to appropriate providers. Communications Tab > Send to MDs (all notes) > Sign when signing visit.
14. Summary tab:
 - a. click the warning “! Recommended – The encounter provider CGY SMG Endocrinology DIP INSULIN CLASS is a generic resource. Please change the encounter provider to the actual provider”
 - b. Change to your name, to assign to you
 - c. You will get another warning that this time on your schedule is unavailable for you. Disregard and click continue.
15. Sign Note and Next!
16. Continue the process through each chart of patients who attended the class.
17. If you forgot to assign the patients to you, when done, go back to the class schedule. Right click on the patient name, choose "change provider to me".

CHARTING CLASS NO-SHOW

Option 1 : If patient is enrolled at your site call patient to reschedule.

- From the schedule, highlight the appointment/patient’s name, and click “No Show” at the top.
 1. The dialogue box allows you to chart Action, Outcome, Comments as relevant.
- From the schedule, highlight the appointment/patient’s name and click on “chart.”
- Create a documentation encounter. Reason for documentation = No show
 1. Document brief note to send to PCP, or other provider as appropriate, informing them of No Show, and the outcome of the phone call. Use the Smartphrase DIPCMISSDAPPT
- Use the Communication tab to “Send All Notes” to PCP, or other providers as appropriate.

Option 2: If patient is enrolled at another site, do not contact patient to re-schedule. Defer to their original site to complete this task.

- From the schedule, highlight the appointment/patient's name and click on "chart."
- Create a documentation encounter. Reason for documentation = No show
 1. Document brief note to send to PCP, or other provider as appropriate, informing them of No Show. Use the Smartphrase .DIPCMISSEDAPPT
 2. **Action:** Patient did not attend the GDM class via Zoom. Educator informs RGH DIP clinic.
 3. **Plan:** Other site [e.g. RGH DIP] clinic to re-schedule patient.
- Use the Communication tab to "Send All Notes" to PCP, or other providers as appropriate.
- Send **In Basket message to the appropriate DIP clinical support pool** (e.g. p CGY RGH Endocrinology DIP Clinical Support) to inform team that patient did not attend and to reschedule patient.

CHARTING UNREGISTERED CLASS PATIENTS

Non-registered patients (e.g. AHLP) To document the activity for patients who are not registered to the program, e.g. Alberta Healthy Living Program (AHLP) patients who do not register with PHN: [See this Tip Sheet](#) OR [7 minute video](#)

DIP- CLINIC ITEMS

BOOKING – DOUBLE BOOKING INTO ENDO DIP SCHEDULE

If you need to double book someone into an endo dip clinic, you have two options:

1. Shorten one of the appts to make room for another.
2. Or ask clerical to do it.

To shorten an endo appointment and open the remaining time as an available spot:

- In View Schedules, right click on the patient name whose appt you want to shorten
- Choose Appt Desk
- Click once on the appointment you wish to shorten (to highlight it)
- On the bottom, click Change
- Change the time
- When asked if you want to use your change or the system recommended change, choose yours
- Accept as usual

CHARTING JOINTLY (MD & Educator)

- Charting if the educator sees one of the endo's patients (joint charting)
 1. Open the endo's schedule
 2. Double click on the patient you also saw

3. Charting happens as usual. Note that 2 or even 3 providers can have the same encounter open at the same time. Data entered by one provider will update for each provider.
4. **Each provider** creates their own note, and Accepts the note as usual.
5. Once all providers are done with their notes, a **communication** can be sent, using "Send all Notes."
6. Educators see a new tab, '**Attendance/Visit**' tab. You need to fill it in to document your stats activity (since you opened the encounter from the endo's schedule, this tab appears).
7. **Once all providers are done** with their notes, Sign the Visit.
 - Note that CC will not allow you to sign the visit until all providers have accepted their notes.
 - Until the encounter is signed, there will be an In Basket message alerting providers that there's still an open encounter.

GLUCOSE RECORD UPLOADS

- In most cases, the DIP clerk will upload. Exceptions may be for those patients who are late in sending.
- Video: [Upload Glucose Records to media manager - future encounter](#) - 2 min
 1. Top Right Magnify class > type Media > choose Media Manager
 2. Search patient name
 3. Under patient name, click the small arrow, choose Encounter
 4. Then select the encounter date/person you will associate this upload with
 5. Click Scan at top of new open window (hit ok to error notice)
 6. Choose date, Document type (clinical), Write a description
 7. Click "import" at top of the box > Click Upload (bottom right)

GLUCOSE RECORDS – STATUS OF UPLOAD NOTED ON MD SCHEDULE

- Video: [Status of Glucose Record Attachment](#) - 1 min –
On the day's schedule for MD, left of the patient name, click to see a round dot. Assign as green colour if you've uploaded glucose records, or yellow if you've contacted patient to remind them to send records.

PATIENT REMINDER LISTS

- See this video https://albertahealthservices-my.sharepoint.com/:v/g/person/shelley_bender_albertahealthservices_ca/EaH3Mz4Cw59Pq1GW1DIM6nIBu2E7lusKcpAnxP4O9NHvsA?email=Bev.Madrack%40albertahealthservices.ca&e=4%3aJALaAW&at=9

WRAP UP – AFTER CLINIC

- Endo to send the finished note to the DIP clinical pool
 - Wrap up > + Communications > in the search field type the appropriate pool
 - p cgy fmc endocrinology dip
 - p cgy rgh endocrinology dip
 - p cgy shc endocrinology dip
 - p cgy smg endocrinology dip
- Choose “send all notes”, “send at sign visit”
- The educator doing wrap up will view the pool, take the baton, read the note, complete the items and mark done. (Perhaps take the baton of all of the clinic patients at once, so that none are accidentally deleted by others).

DIP – POST PARTUM LETTERS

The following process can be used whether post-partum information is reviewed during a scheduled visit or a phone call.

- If you are not seeing the patient, create a Documentation Encounter and choose the “communications” tab. Then follow instructions below.
- If you are contacting the patient, complete the regular visit “notes” (noting that post-partum teaching has been done). As usual in Wrap Up, add PCP for communications, send all notes, send at sign visit as usual. Then follow instructions below.
- To send a separate post-partum letter to MD
 1. In Wrap up (or just communications tab if in Documentation Encounter) > communications, add **another new communication**
 - Recipient = Primary Care Provider
 - Template = Blank (if missing, click “other templates” and search ‘blank’)
 - Within the open window, type and choose “.DIPCPPForMD”
 - Click “Send at sign visit”
- To send or print post-partum letter to patient
 1. In Wrap up (or just communications tab if in Documentation Encounter) > communications, add **another new communication**
 - Recipient = Patient or Print for Patient
 - Template = Blank (if missing, click “other templates” and search ‘blank’)
 - Within the open window, type and choose “.DIPCPPEnglish” (or translated letter if applicable)
 - Print now (letter can be mailed to patient, if the visit is by phone or virtual)

Both letters will be available for viewing under Chart Review > Letters. When looking under “Letters” they are not specifically labelled as post-partum letters. It will be evident if a

team member sent them; you can quickly click to open them in order to verify they are the post-partum letters.

DIP - TRIAGE

- **DIP Triage video** (access restricted to AHS) or **DIP Triage PDF Instructions**
- **Quick summary after adding Workqueue 2 to your Epic toolbar**
 1. Double click the work queue to open; Click once on a patient
 2. Look below (or to the right) for the section called Workqueue Notes. You may see comments from another team member e.g. endo contacted
 3. Double click the patient
 4. On the left, review these 3 headings
 - General
 - Referred to/by
 - Communications
 5. Under Communications, scroll to History.
 - There may be multiple entries. Look for one saying, “referral attachment” if coming from a non-connect care site. (If from a cc site, you’ll see it and click. There is no pdf. Read the minimal comments and visit the chart.)
 - Single click that “referral attachment” line if present
 - Directly to the right, (wait a few seconds to see) you’ll see “attachment” and then “preview”. Single click on “preview” to open the PDF referral.
 - If there is no attachment, open the chart (click chart in a top toolbar) and look for the referral by going into the chart > chart review > media
 6. Review the chart: Click on “chart” at the top, and from the “storyboard” access Netcare. You can also use “Chart Review” tab > Labs (or other info). Close the chart.
 7. Accept or Decline referral (button up top)
 - Change status if required e.g. from routine to urgent. You will get a notice if you input a date for the urgent. "Would you like to add the following periods to the administrative pathway...?" Choose “Add” (do not choose open pathway)
 - Decline: Use smartphrase .DIPCTRIAGEDECLINE (you need to click inside the smartphrase and hit F2 to see your options)
 8. If you need to note that you contacted an endo, e.g. you cannot make a decision, single click on the patient in the workqueue and click on “Notes” icon at the top. Type your comments.

INSULIN ORDERS/PRESCRIPTIONS

Of note: Prescriptions can be read in MD notes but cannot be printed by educators or clerks.

- MDs may print a paper copy of prescription, sign and give to patient or call prescription into pharmacy THEN chart Insulin Instructions (doses) in Connect Care (Diabetes Management Tab).

If the MD forgets to put into Insulin Instructions, educators can see the order/prescription in the note and chart in Insulin Instructions (Diabetes Mgt Tab).

- or MDs may provide a verbal order for insulin to educator.
 1. Educators at DCC may accept verbal/telephone orders from internal prescribers. Verification with a signature or email order is required ideally within a week. For a video demonstration, [please open this link](#).
 2. Receive the verbal/telephone order.
 3. Confirm that the physician is not able to enter the order directly at the time. Read back the order.
 4. If you are with the patient, use the current open encounter. If you are not with the patient, Create an Encounter > Documentation.
 5. Click on 'Add Order' at the bottom of the patient chart.
 6. Search for and choose the correct insulin.
 - Note that the initial search for the insulin is searching your Preference List. For dietitians especially, the insulin will not appear on your first search. Go to the top right, and click on Facility List, then Database.
 - When the correct insulin is found, click on 'Select and Stay' at the bottom (so that it will be on your Preference List the next time you search), then **Accept**.
 7. In the dialogue box that comes up:
 - Click the 'Use Free Text' button, near the top.
 - For dispense Quantity, enter 1 pen/cartridge/vial. Refill = 0 if starting patient on insulin and dispensing.
 - Under **Patient Sig** enter 'Take as directed'.
 - For **Class**, specify '**No Print**'. **This is very important**, to make sure that a prescription is not printed at the pharmacy.
 - Click Accept.
 8. Click 'Sign Order' at the bottom right.
 9. In the dialogue box that opens:
 - Specify Order mode = 'Verbal with readback' or 'Telephone with readback'.
 - Ordering Provider: Search for and select the physician who ordered the insulin.
 - Authorizing Provider: Search for and select the physician who ordered the insulin.
 - (Note that the authorizing provider will get an In Basket message to confirm and co-sign the order.)
 10. Click **Accept**.
 11. The rest of the charting is done following the usual charting procedures. Make note of the following specific guidelines:
 - Reason for Visit (*Rooming Tab*) = Insulin start

- If you are providing a sample of insulin, chart the **lot number and expiry date** in your free text note.
- [Chart the insulin doses](#) under *Diabetes Management tab > Insulin Instructions*

LABS: ORDERING & REPRINTING LAB REQUISITIONS

Paper requisitions will be provided to patients (either in person or via mail) until all laboratories are live in Connect Care. Educators may also fax to the pharmacy.

- Ordering Labs
 1. Click "+ Add Order" at the bottom of the open chart
 2. Search for HbA1c or A1c or meter check (add twice if requesting both).
 3. Indicate "Future", "Routine", "Lab Collect"
 4. Sign orders - Authorizing Provider is usually the Referring Physician.
 5. The lab requisition will print to your configured printer (or you can choose RightFax to send to the pharmacy)
- Reprinting a lab requisition
 1. Go to Chart Review > Labs
 2. Single-click the lab you need printed
 3. On the right-hand side where the preview opens, click "Order Details"
 4. Click "Reprint Order Requisition" to your printer