



Input Health COVID-19 Tool User Guide for Clinicians

Last Updated May 14, 2020

For additional support, please contact the Local Support Team in your area

South West, please contact info@partneringforquality.ca

Waterloo Wellington, please contact info@ehealthce.ca

Erie St. Clair, please contact ESCvirtualcare@lhins.on.ca

Please note, this document is continuously being updated. For the most current version, please visit [https://www.swpca.ca/44/COVID-19 PHN Resources/](https://www.swpca.ca/44/COVID-19_PHN_Resources/).

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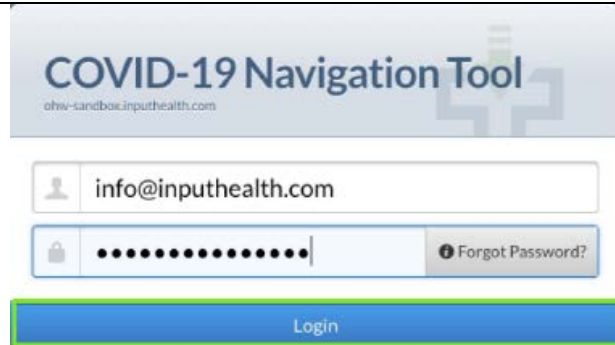
1) Log In

Log into

<https://lmccovid19.inputhealth.com/>

Select **"Staff"**

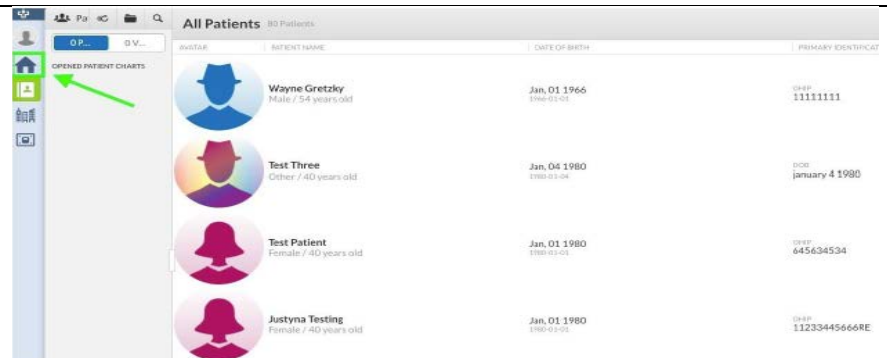
Enter your username (your email address) and password to log in



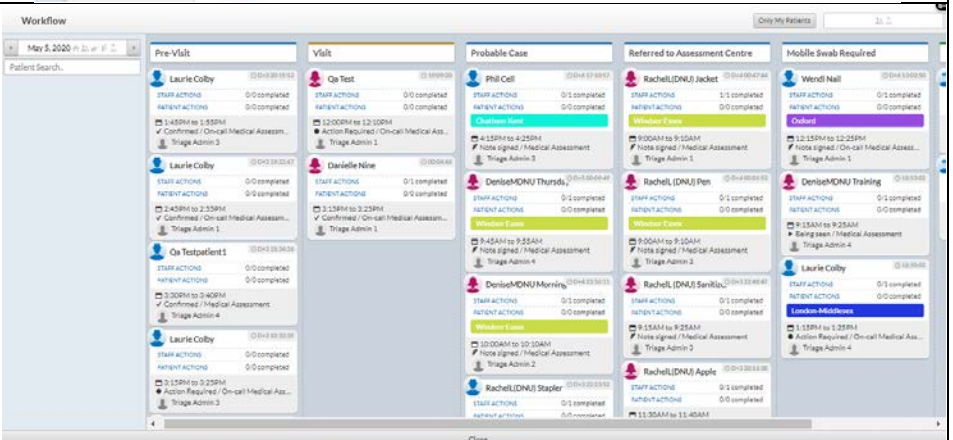
2) Open Workflow/Patient Chart

To start an encounter with a patient click on the **"Home"** icon on the top-left-side. This will open **"Workflow"** in a new window.

Workflow is the only tab you need to access for the purpose of the COVID tool.

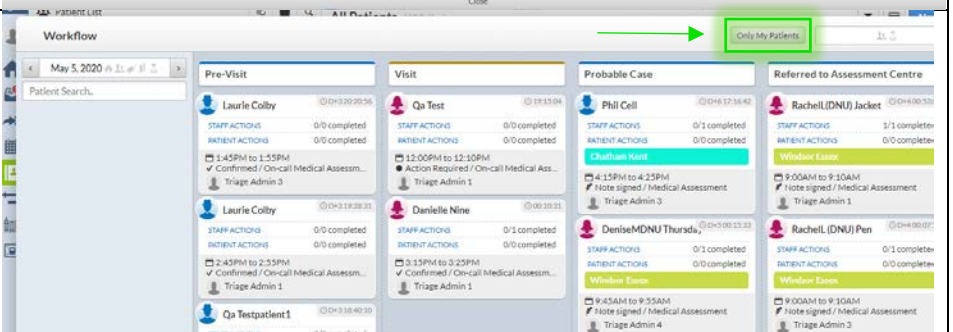


The default view in **Workflow** shows all patients in their various phases of care (definitions for the various phases can be found on page 8).



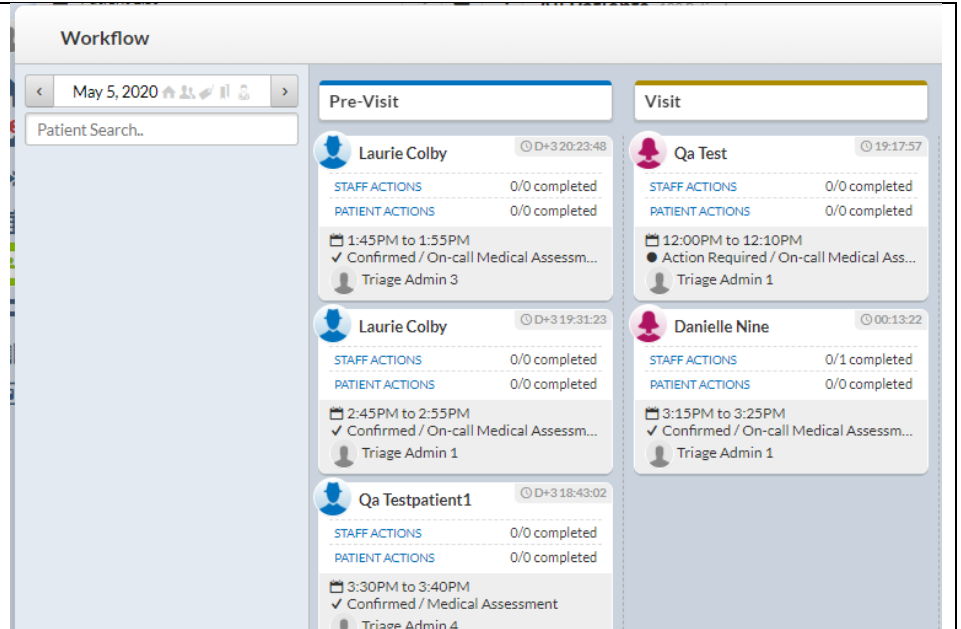
Click **"ONLY MY PATIENTS"** on the top right of the workflow window in order to only see the patients attached to you.

Patients will self-identify their family Clinician during their self-assessment. Only these patients will be assigned to you.



As mentioned above, the Workflow tab will show patients waiting for a virtual visit. Patients will first enter the system under the “Pre-Visit” Phase, but will be subsequently moved to the “Visit” phase by the Admin Coordinator.

At this time the Administrative Coordinator will send you an email notifying you that you have a patient waiting in the “Visit” Phase, and indicate their initials. . If you prefer a text message, you will need to respond to the first notification and provide your # for any future patients.

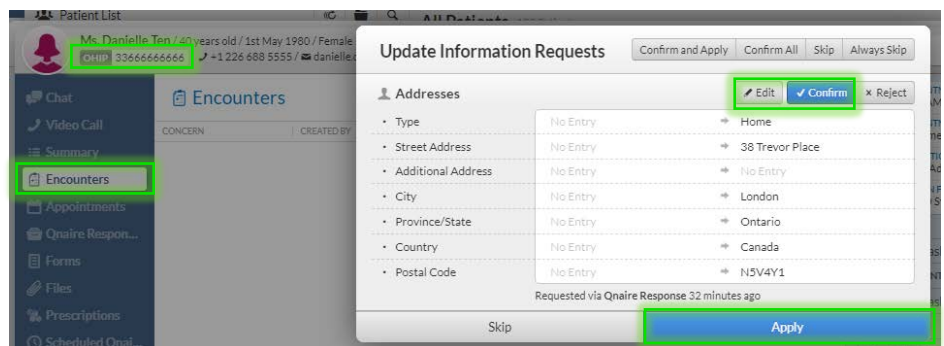


3) Completing Your Encounter

To begin a visit with a patient, click “Encounters” on the left side of the chart. It will ask you to confirm the patient’s demographics.

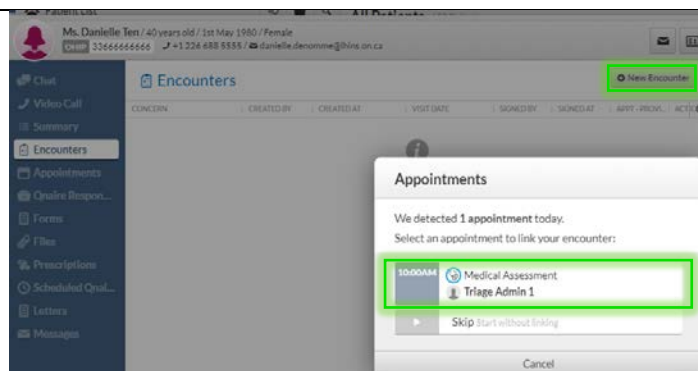
Once confirmed, click ‘Confirm’ and ‘Apply’ if the information is correct, or ‘Edit’, if it is not.

It is suggested to confirm the patient’s OHIP number located at the top left of the screen as well to ensure you get paid.



Click “New Encounter”.

Click on the **Appointment**



The **"Select Template"** box will pop up.

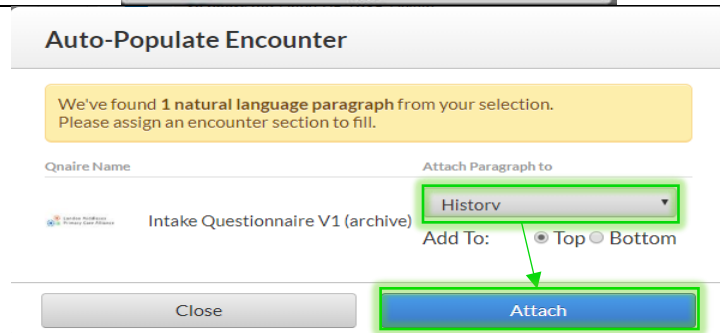
ALWAYS attach the **"COVID-19 Assessment"** by clicking on it. This will appear blue.

Click on **"Apply this template"**.

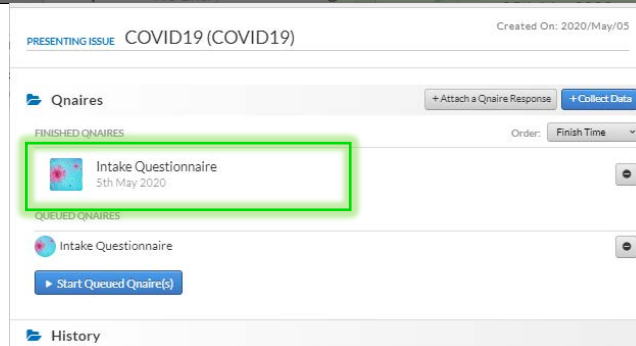


Attach the patients Intake Questionnaire responses to the encounter note template for you to reference during the call by clicking **"Attach"**

Ensure the default settings **"History"** and **"Top"** are selected.

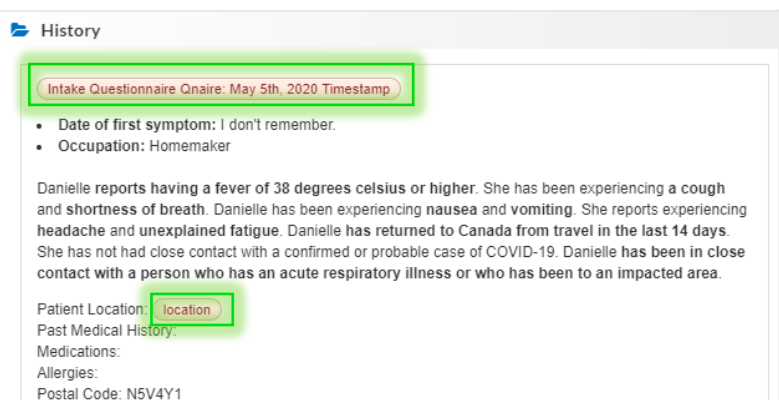


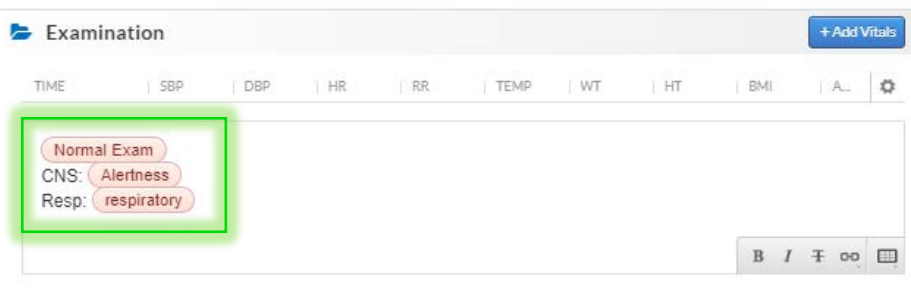
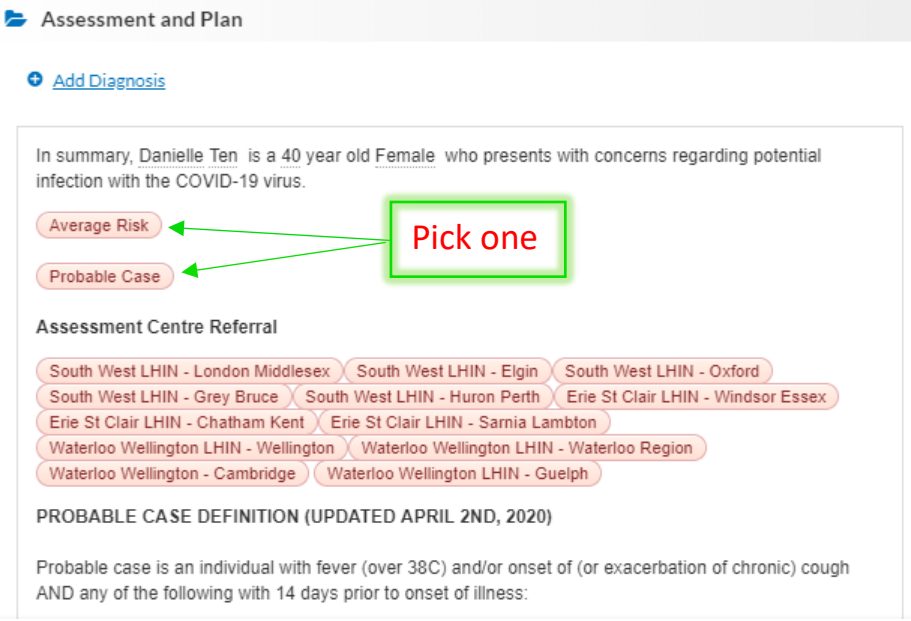
You will see the patients Intake Questionnaire is now listed at the top of the encounter. You can click on this at any time to review their answers or scroll to the History section of the encounter to view a summary.

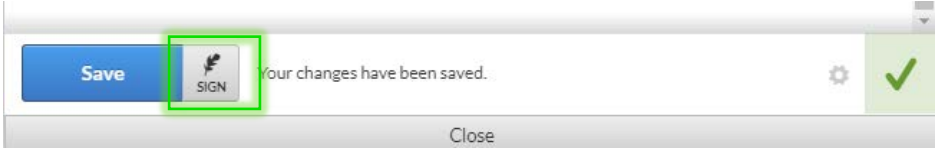


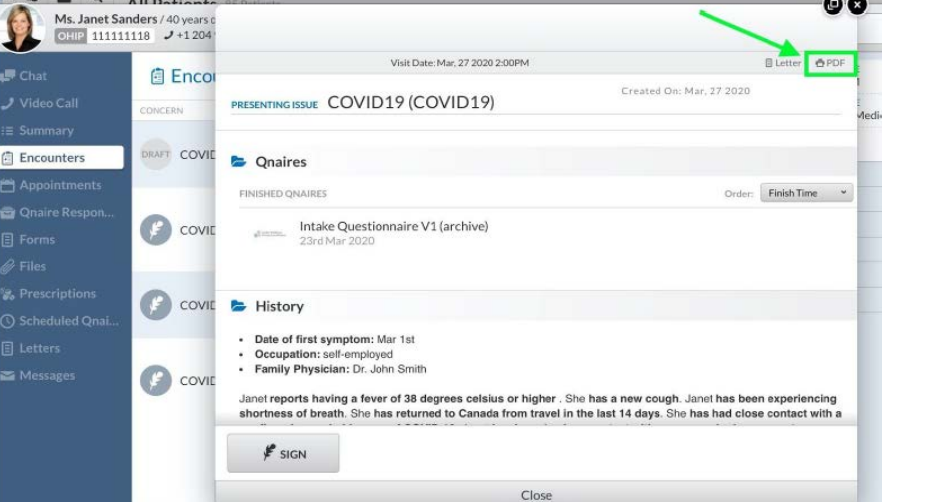
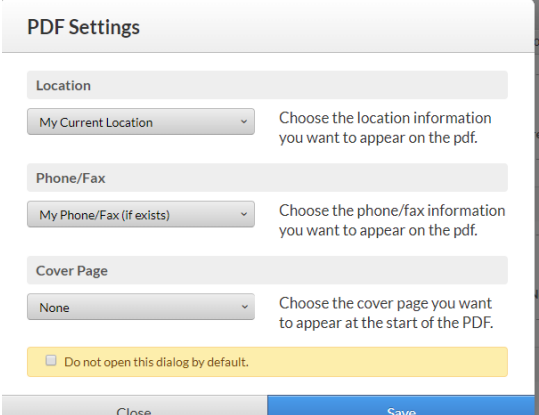
As you scroll down, you will then see the **"History"** section of the encounter.

This section summarizes the patient's intake questionnaire they filled in. The two actions required in this section are to click the orange bubble to date stamp you have reviewed their history and to click on **"Location"** and select where this person is from. Use your clinical judgement to complete the most appropriate note based on your assessment of the



<p>patient's history (i.e. do they have asthma or underlying conditions?).</p> <p>This is also a good place the document 'call attempts' with dates/times so a record exists if the patient does not answer. You can place your cursor under the postal code and add your own notes as required.</p>	
<p>Under the "Examination" section complete your overall assessment of the patient during your virtual visit. In this section of the encounter select each of the three orange bubbles labeled "Normal Exam", "Alertness" and "Respiratory". When you select each of these bubbles, options will appear for you to select the most applicable answer from your examination with the patient.</p> <p>The selections you make will be stamped into the encounter note. At any time you can free text in this section to add additional information you observed or were told by the patient.</p>	
<p>Under the "Assessment and Plan" section of the encounter, based on the information you collected from your assessment thus far, you will select one of the orange bubbles and decide if this case is "Average Risk" or "Probable Case". This decision is based on your clinical judgment. You should only select one. If you happen to click more than one, you can delete one by using backspace to remove the text.</p> <p>From there, you select the "Assessment Centre Referral" by clicking the region the patient is from. It will give you a list of Assessment Centres for that region with their contact information.</p> <p>As mentioned above, please feel free to document any additional plans you have made with the patient (i.e.: Pt is</p>	

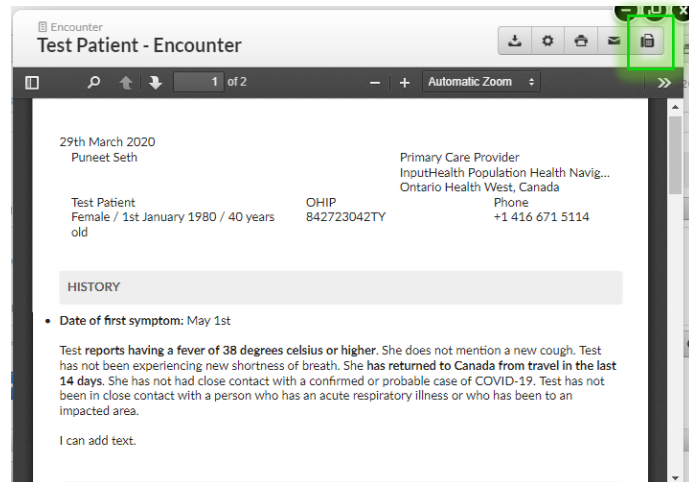
to take temperature daily; Pt is to monitor symptoms daily etc.).	
<p>If you are satisfied with the encounter and no further documentation is needed, please make sure to SIGN the encounter at the bottom. The encounter must be signed.</p>	
<p>If this is your first time signing an encounter, you will be walked through how to set up your electronic signature.</p>	
<p>It is not your responsibility to complete any other section of this encounter. Please leave the remaining sections blank.</p>	

<h4>4) Documenting the Encounter in your EMR</h4>	
<p>You will want to export the encounter for billing and documentation purposes.</p> <p>The most efficient way to do this is to create a PDF of the encounter and fax it to your clinic.</p> <p>Click PDF in the top right corner.</p>	
<p>Select the appropriate settings based on the need and click "SAVE".</p>	

A PDF will be generated and pop up.

By selecting the **fax icon** at the top right, the encounter can be faxed to your office and scanned into the patient's chart using the normal scanning procedures implemented in your office.

**Note- If you wish, you can also select the mail icon and email the encounter to the patient for their record or to take to the assessment center. **



The **Fax Encounter** screen will pop up.

You will then fill in their office fax number with a "1" before the 10 digit fax number and click **"SEND"**.

Do not use any spaces, brackets or dashes in the fax number.

Once the fax is received at your clinic, staff will follow their developed workflow for incoming faxes to ensure the encounter is scanned into the patient's chart.

You may now use the (X) to close out of the encounter to bring to you back to the patient's chart.

Fax Encounter

TO

Contact

15195555555

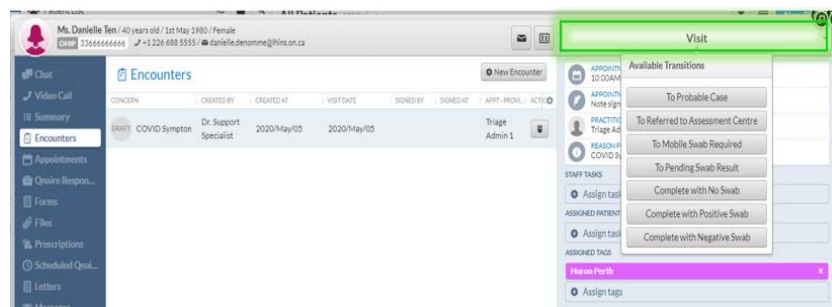
Close


Send

6) Assigning a Patient to the Correct Phase/Completing Assessment

Please note that this functionality is not used in every region. Please connect with your local support team for questions/concerns.

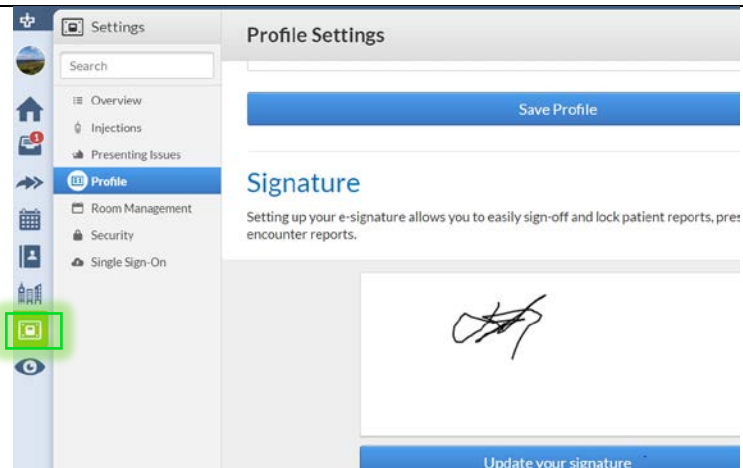
After you have completed your encounter, it is important to assign the patient to the



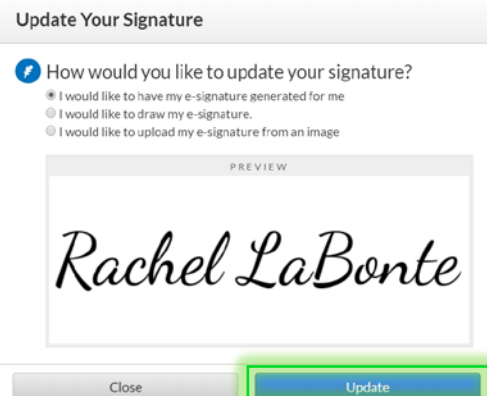
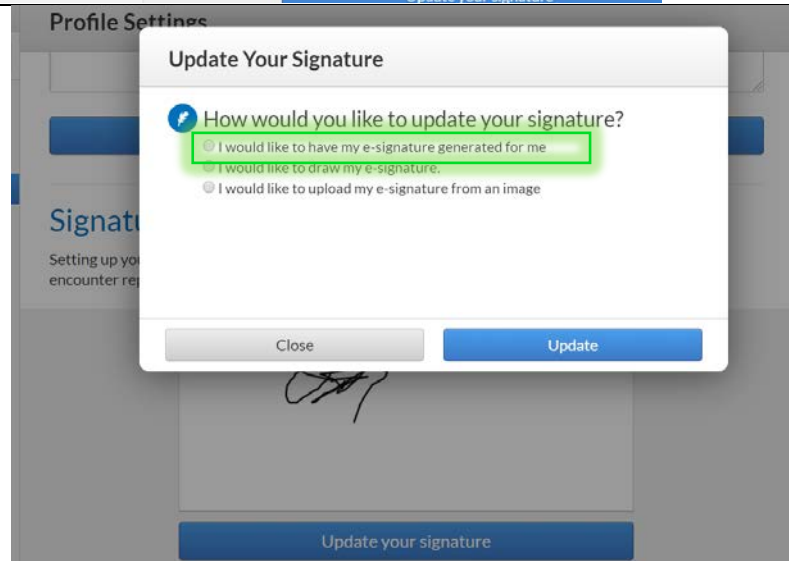
<p>correct phase based on your findings during your assessment.</p> <p>Click “Visit” on the top right side of the patients chart. Select the appropriate phase based on your clinical knowledge and the processes in your area. Definitions of each phase can be found to the right.</p> <p>This will be sent to the screening tool admin staff who will ensure the encounter is faxed to Public Health that day as required depending on the region.</p>	<p>Pre Visit – where patients enter the workflow, aka the “virtual waiting room”. Visit – patients with assessments currently underway, or those awaiting an assessment but primary provider/on call provider has been notified of their status. Probable Case – those patients that meet the criteria of a “probable COVID-19” case as defined by the Ministry of Health and based on your clinical judgment. A complete definition of “probable case” can be found in the patient encounter. Referred to Assessment Centre – those patients being referred an assessment centre for testing in their region based on the guidelines determined by the Ministry of Health. A complete list of the guidelines and assessment centre locations can be found in the patient encounter. Mobile Swab Required – Patients deemed a “probable COVID-19” case that are unable to travel to an Assessment Centre and require a swab to be brought to them. *Not available in all regions* Pending Swab Result – Patient can be moved to this phase if confirmation has been received that patient completed swab/testing and are awaiting results. Complete with No Swab – Patient does not meet criteria for Probable Case that requires testing and no further action is required. Patient will leave the system. Complete with Positive Swab – Patient swab results have been received and the patient is positive for COVID-19. Patient will leave the system. Complete with Negative Swab – Patient swab results have been received and the patient is negative for COVID-19. Patient will leave the system.</p>
<p>Click the (x) on the top right of the patient chart to close the chart. If you have deemed the patient to be a probable case, the Administrative Coordinator will ensure the encounter is reported to the appropriate Public Health Unit by the end of the day.</p>	 <p>The screenshot shows a web-based patient chart interface. At the top, there's a header with patient information: 'Mr. Mario Lemieux / 52 years old / 27th Mar 1968 / Male'. Below this is a sidebar with navigation options: Chat, Video Call, Summary, Encounters, Appointments, and Onsite Respon... The main content area is titled 'Visit' and contains appointment details: 'APPOINTMENT TIME: 11:30AM to 11:40AM', 'APPOINTMENT TYPE: Note signed / Medical Assessment', 'PRACTITIONER: Triage Admin 3', and 'REASON FOR VISIT: Covid19'. A green box highlights a close button (x) in the top right corner of the chart area.</p>

CREATING or UPDATING YOUR SIGNATURE

Go to settings (the icon second from the bottom). Choose “**profile**”, and scroll to the bottom of the page.



Select the option you prefer. For ease of use, we have used the “**I would like to have my e-signature generated for me**”. If you choose to draw your signature, use your mouse pad and sign your name. Then ‘**update**’ your signature.



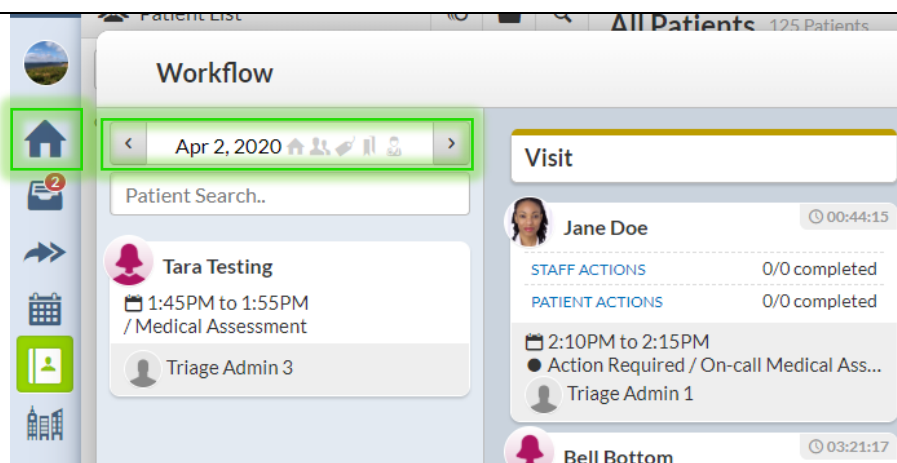
GROUPING & FILTERING CLINICIANS

Some Clinician groups work on call or see their colleague's patients to provide coverage. To make it easy for this to continue, the platform allows Clinicians to filter and create a "group" so your patients AND your colleagues patients are visible to you.

Click the **"Home"** icon to open the Workflow.

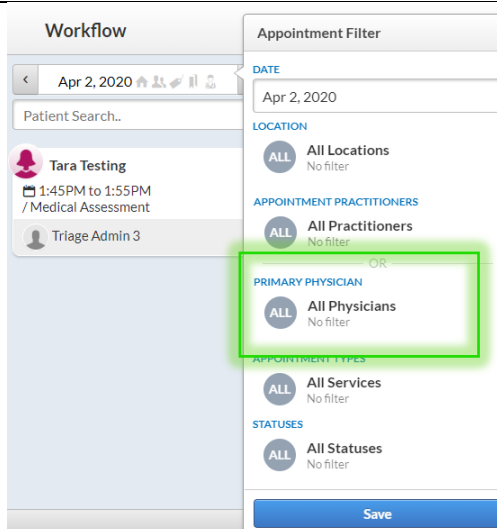
Click on the date under Workflow.

**You may notice a similar looking box to the right of the "Only My Patients" button. Please do NOT use this button.*



The Appointment Filter box will appear.

It is encouraged to sort by the **"Primary Clinicians"** filter.



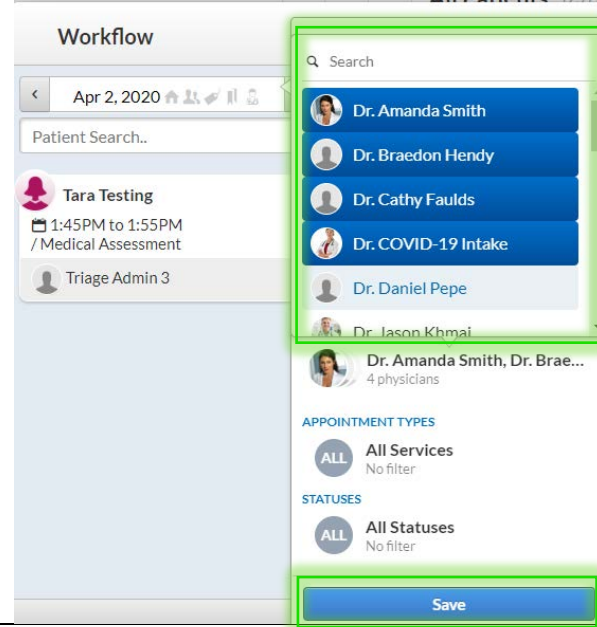
Clicking on **“Primary Clinicians”** will provide you a list of Clinicians.

Click on the providers you wish to see from your group. The provider will turn **blue** once they have been selected.

**Alternatively, you can type the Clinician’s name you are looking for in the search field*

Click **“Save”**

Going forward this will be saved as your default. To remove the grouping you must complete the above steps and **DESELECT the Clinicians you highlighted in blue and click save.*



You will know if you do not have filters/groupings selected if the area is greyed out.

The first image shows they have a grouping as you see a red circle with a 2 in it.

The second image shows no filters on as it is greyed out.

