## E-REFERRAL QUICK REFERENCE Portal Sender

1.Open your web browser and go to <a href="https://ocean.cognisantmd.com/">https://ocean.cognisantmd.com/</a> to securely login (should be to site Demo SE Medical Clinic- Portal). You should bookmark this URL.



To choose an alternate site click on your name at top right of screen and choose the site from the list. Go back to list and choose Make Default.



2. Ocean will open to the eReferrals page. At the bottom of the Sidetabs section on the left is the Actions section. Click on View Directory.



3. The Ocean Healthmap will Open. Click on the icon on the left Sidebar and choose the Receiver you wish to send the eReferral to.

4. The Receiver Information screen will open, showing the contact information, and displaying Health Service Offerings.

| Quinte Health Care - Belleville General Hospital 🛛 🗱<br>Diagnostic Imaging                                     |  |  |  |  |
|--|--|--|--|--|
| <ul> <li>265 Dundas St E., Belleville, Ontario K8N 5A9</li> <li>613-969-7400 x2494</li> <li>English</li> </ul> |  |  |  |  |
| Health Service Offerings   |  |  |  |  |
| Select offering for wait times and more details  |  |  |  |  |
| X-Ray / Radiography Ultrasound MRI Breast Ultrasound   |  |  |  |  |
| Mammography Show 17 More   |  |  |  |  |
| Send eReferral   |  |  |  |  |
|  |  |  |  |  |

5. To check Wait Times, click on the HSO (as above) and the wait time will appear.

| Abnormal Pregnancy | Screening Support      |
|--------------------|------------------------|
| ст                 | Accepting eReferrals 🖈 |
| Weit Time 27 days  |                        |

Click on Send eReferral.

Send eReferral

6. The eReferral form will open for that site. Enter the patient demographic information in the Patient Information section.

| Surname:       |  | Mobile #:   |       |
|----------------|--|-------------|-------|
| First:         |  | Home#:      |       |
| DOB:           | yyyy/mm/dd   | Business #: |       |
| Gender:<br>HN: | O Male O Female O Other<br>province health number VC | Email:      |       |
| Address:       | street   | line 2 city | provi |

7. Complete the rest of the form. Where there are choices, it is only necessary to choose the positive results, unless there is an asterisk at the end of the choice which indicates it is a mandatory field.

| Generic Diagnostic Imaging eReferral Form  |  |
|--|--|
| Patient Information  |  |
| Referring Provider is not Primary Care Provider  |  |
| Height (cm):   |  |
| Weight (kgs):  |  |
| Allergiez.   |  |
|  |  |
| Preferred Language: English Other<br>Patient Consents to Voicemail?<br>Motorized Wheelchair?<br>Hoyer Lift Required?<br>Pediatric Under 10 Years Old?<br>WSIB?<br>Other Insurance? | No Yes<br>No Yes<br>No Yes<br>No Yes<br>No Yes<br>No Yes |

8. At the bottom of the eReferral, choose Send eReferral and the eReferral will appear in the New sidetab in the Receiver portal. If interrupted choose Save for Later, so that the eReferral will move to the Incomplete sidetab of the portal.

| Referrer's Info  | rmation Dr. Jo-Anne Croydon 💙                       |  | Ø   |
|--|---|--|---|
| Site Name:<br>Address:<br>City:<br>Province:<br>Postal Code: | 12 Anystreet<br>Suite 303 and 305<br>Kingston<br>ON | Phone:<br>Fax:<br>Billing #:<br>Professional ID:<br>Signed:<br>Clinician Type: | 613-332-5141<br>613-332-5141<br>123456<br>12345<br>J. CroydonMD<br>Family Physician |
| Copy of referra  | al and status updates to: search direct             | ory  |   |
| X Cancel   |   |  | → Send TEST eReferral   |

## 9. The Email Consent window will open. Select the appropriate response.



10. 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.

11. The eReferral Sent window appears, advising the eReferral was sent successfully, and displaying the encapsulated referral.

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 <b>DEMO South East Orthopedic Central Intake</b><br>16 Stuart St, Kingston, ON, K7L Phone: 613-555-5555 Fax: 613-555-6666<br><u>SE LHIN Hip and Knee Arthritis Referral Form</u><br><u>Patient Information</u><br>Height (cm): 165<br>Weight (kgs): 82<br>BMI: 30.1<br>Preferred Language: English<br>WSIB: No | ė×.   |
| Reason for Referral<br>URGENT<br>Affected Joint(s): Right Hip<br>Diagnosis: Osteoarthritis<br>Consultation Type: Hip Replacement (Primary)   | ~     |
| X Close  | Print |

An email will be sent to the Receiving site, and to the patient.

### ACCESS PORTAL

To access the Portal at any time from the Healthmap click on your name at top right and choose Home.



## EXPLAINING THE PORTAL

#### The Sidetabs are:



1. Needs Review – messages that require a response appear here.

2. For me – some sights forward referrals to a particular staff member who will access their messages here.

3. Sent all – all referrals sent from this site appear here.

4. Incomplete – all referrals Saved for Later will appear here until (a) completed and sent or (b) be removed if no action taken within 30 days.

5. Awaiting respons – all referrals sent but not yet accepted appear here.

6. Acccepted as Walk-In – generally used by DI sites for walk in XRay referrals.

7. Pending Booking - displays all referrals that are Accepted but not yet Booked.

8. Booked Unconfirmed – displays all referrals that have been booked but are not yet confirmed by the patient.

9. Booked Confirmed – displays referrals where the patient has confirmed the appointment.

10. Completed – displays the referrals where the receiver marks the patient interaction as complete.

11. Declined – displays all referrals which have been declined. A message also appears in Needs Review for each declined referral so that the Receiver is advised of the Decline.

12. Cancelled – displays all cancelled referrals.

13. Deletion Warnings – displays all referrals which are about to be deleted from the system.

#### FILTERING

eReferrals can be filtered by patient, provider and Referrer by typing name in the search field and choosing the filter, eg patient with surname test as below.

| test  |   | × | Q  |
|---|---|---|----|
| Patient with surname 'tes'                      | - |   | ~  |
| Referring clinician with name containing 'test' |   |   | ×. |
| Provider with name containing 'test'            | Ŧ |   | 0  |

## SAVE FOR LATER FUNCTION

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



2. The referral will appear in the Incomplete Sidetab in the Ocean Portal.



You should open and complete the eReferral and Click Send eReferral at the bottom of the page.

#### **REFERRAL LIST**

This displays the patient name, dob, Status, Service, Recipient (Receiver), Clinician and messages. To open a referral they simply click on the referral from the Referral List.

| Patient                             | DOB      | EMR ID | Status   | Service |
|-------------------------------------|----------|--------|--|---------|
| ·                                   | 57-20-20 |        | Senter many extremented by Second provide miniging democrate | <b></b> |
| fname Iname                         | 59-10-10 |        | Sent - Not yet reviewed by SE Diagnostic Imaging Demo Site   | ст      |
| <ul> <li>fname last name</li> </ul> | 59-02-02 |        | Sent - Not yet reviewed by SE Diagnostic Imaging Demo Site   | CT      |
| Iname fname                         | 59-10-10 |        | Sent - Not yet reviewed by SE Diagnostic Imaging Demo Site   | СТ      |

### **RESPONDING TO MESSAGES**

1. Open the eReferral in the Needs Review sidetab.

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

| Patient:<br>Jackie Smith<br>dob: Oct 10, 1989 Fage 30<br>71 Adam St<br>Belleville, ON<br>K8N 5K3<br>eparks@qhc.on.ca<br>555-5555 (M) | Current recipient:<br>Quinte Health Care Diagnostic<br>Imaging<br>265 Dundas St E.<br>Belleville, Ontario<br>K8N 5A9<br>\$ 613-969-7400 |
|--|---|
| Referral Note  |   |
| Quinte Health Care Diagnostic Imagi<br><u>Patient Information</u><br>Height (cm): 189<br>Weight (kg): 89<br>BMI: 24.9                | ing eReferral Form 🧭  |

#### Make your edits

3. In the Messaging section choose the Receiver from the dropdown in the TO field

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

| Messaging  | *                    |
|--|----------------------|
| Dr. Jo-Anne Croydon – Referrer (DEMO SE Medical Clinic (PSS))<br>To: DEMO South East Orthopedic Central Intake | Nov 11, 2019 1:53 pm |
| Attachment   |                      |
| english-class-x-hip-fig09-normal-anatomy-ap-image-hip-blanco (1).jpg   |                      |
| To: Referrer (DEMO SE Medical Clinic ( •   | -                    |
| enter text here  |                      |
| Add Attachments  | A Send               |

# 4. Click Reviewed and Close at the bottom of the eReferral.



### **CANCEL AN EREFERRAL**

1. 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.

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



3. Enter a Reason for the cancellation, eg, patient deceased, received care on emergency basis etc., and click Proceed to Cancel Referral. An email will be sent to the Receiving site advising them of the cancellation, and the reason.

#### **RESUBMIT A DECLINED REFERRAL**

1. If an eReferral is Declined you will receive a message in the Needs Review sidetab.

2. 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,



3. 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.