

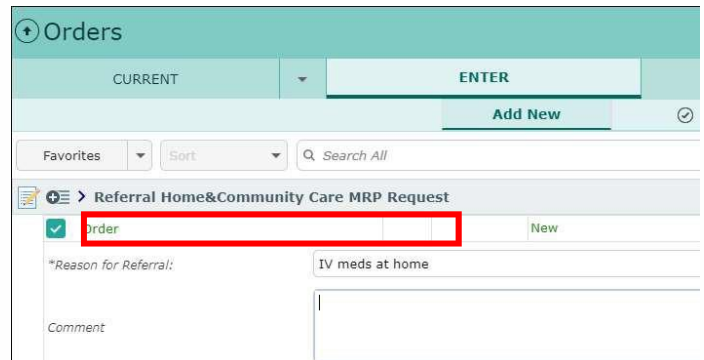
CARE4 MODULE NAME: OM (Order Management)

Home and Community Care (HCC) Referral

Overview

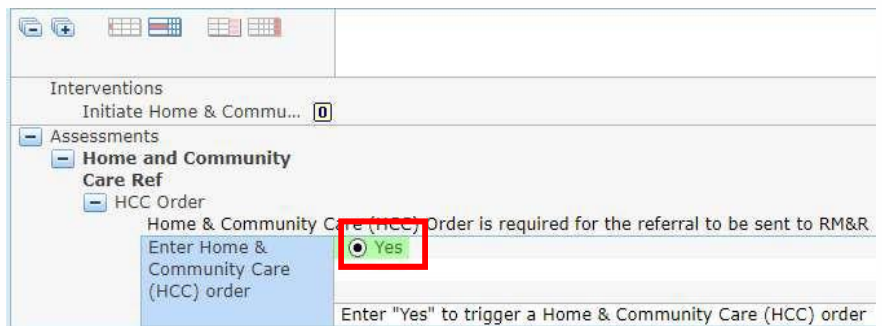
This document provides instructions on how to enter a Referral for Home and Community Care (HCC) using the OM and PCS Module.

Physicians will initially enter the order Referral Home&Community Care MRP Request that will show on the Nurse's Worklist.



This is a notification to the nurse that the Home and Community Care Referral Order is required

Click on "Document" to open up the intervention and then on "Yes" beside "Enter Home & Community Care (HCC) order" to trigger the order.



Click on "Save and Exit"



A Confirmation will pop-up asking if the Intervention should be completed. Click "Yes" and it will be removed from Worklist.

The Order pop-up will be triggered showing the order that will open up. Click on "OK" on the bottom right.

Suggested Orders/Interventions/Problems

Computation,Seven Code Status Not Ordered No Hx Avail VA000567
 75 M 12/12/1945 1.73m 81.647kg BSA:1.98m² BMI:27.4kg/m² None
 ADM IN V.IOOF IOOF.233A-1 Allergy/Adv: lactose, Sugars, Metabolically Active

Type	Suggestions	Action	Trigger
<input checked="" type="checkbox"/>	Order	Referral Home and Community Care	Order Now
			Enter Home & Community...

Triggered By

Trigger	Answer	Reason	Assessm
Enter Home & Community Care (HCC) order	Yes	Equal to Yes	Home and Comm

Select Action
Order Now

Enter Default Provider and Source

Provider	Source
Castillo, James	Conditional
Mt, Meditech	Medical Directive
Provider Group	Preference Card
Other Provider	Telephone Read Back (e-Sign)
	Therapeutic Assess/Protocol
	Verbal Order (e-Sign)
	Written Order

Ordering Provider and Source is required. MRP will default in and choose "Written Order"

The Referral Home and Community Care order is required by HCC to open the case within their system. There are required fields that need to be entered. All sites except for Headwaters will use this order (see below for Headwaters).

Manage Order List

Order	Status	Start/Stop	
Referral Home and Community Care	New*	Mon Sep 06 17:01	Edit
*Infection Control:			
*Other Infection Control:			
*Estimated Date of Discharge:			
*Primary Language	English		
*Speaks and Understands English:	Yes		
*Interpreter Required:	No		
*Referral Type:	Home Care		

The fields can be edited from the Manage Order List or click on "Edit" button

Order
Referral Home and Community Care Order

* Infection Control: None

Other Infection Control:

* Estimated Date of Discharge: 07/09/2021

* Primary Language: English

* Speaks and Understands English: Yes

* Interpreter Required: No

* Referral Type: Home Care

* Relevant Diagnosis for Referral: Sepsis

* Reason for Referral: IV meds at home

* Medical Orders: Faxed to CCAC

Main Unit Contact Ext: 88888

Some information will default in from other sources. Complete all the required fields and once the order is saved the information will be interfaced to LHIN.

****Please note that the MD form with the actual treatment required still needs to be faxed****

The LHIN will send a message back that will populate on the status board under "HHC" with details regarding the referral

MAR	TAR	HCC	TR/DC	Hold Q
22:38 sodiu...				
17:00 atorv...		ACC...	DC	
20:00 dalte...		Re...		
21:00 DULox...				

ACCEPTED - CCAC Accepts Referral

Headwaters Only: The order that will be triggered is called Referral Home and Community Care (LHIN). The fields can be edited from the Manage Order List or click on “Edit”

Manage Order List		Status	Start/Stop
<input checked="" type="checkbox"/> Order * Reason for Referral: Comment: * Estimated Date of Discharge: History of Diabetes Blaylock Score Family Physician Health Card Number		New*	Mon Sep 06 17:04
			+Edit
Order Referral Home and Community Care (LHIN) Order			
Current Medical Condition			
* Reason for Referral:	IV meds at home		
Comment:			
* Estimated Date of Discharge:	07/09/2021		
History of Diabetes			
Blaylock Score			
Family Physician	Sogoal Kachooie		
Health Card Number			
Street Name	201 Georgian Drive		
City	Barrie		
Patient Phone Number	(999)999-9999		
Notify	OM,SDM 44		
Relationship	Power Of Attorney		
Phone Number	12345678		

Some information will default in from other sources. Complete all the required fields and once the order is saved the information will automatically get faxed to HCC.