

CARE4 MODULE NAME: Patient Access & Bed Management

Message/Task Entries

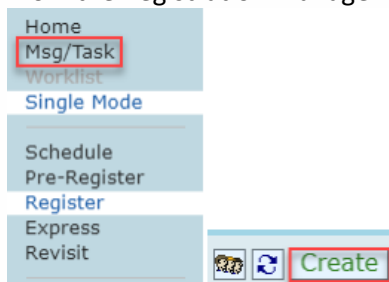
Overview

How to submit a request to have a Physician added to the system, Merge a duplicate Medical Record Number, Inputting a new pharmacy request, or Registration inquiries (Data Quality and Questions)

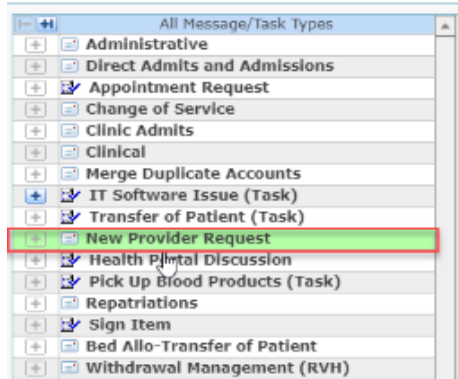
[Inputting a request for a ZZPENDING Physician.](#)

Register the patient completely, and if the physician is not in the MIS Lookup Dictionary put ZZPENDING in the Attending Provider, or Family Physician.

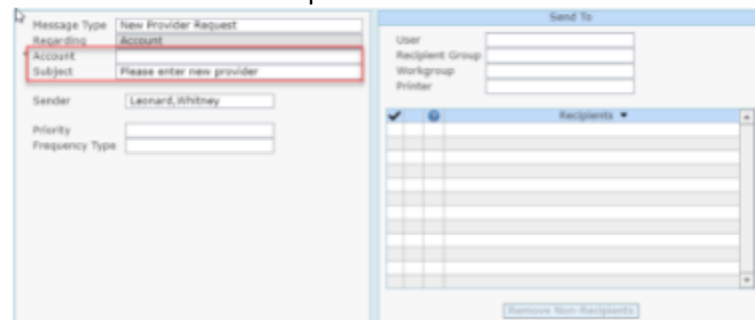
From the Registration Management Desktop select Msg/Task, and create.



Select the type New Provider Request.



In the account field hit <spacebar> enter and the account will default. Select priority.



Under the recipient group, select New Provider.

Send To

User

Recipient Group

Workgroup

Printer

<input checked="" type="checkbox"/>	Recipient Group	Mnemonic	Type
<input checked="" type="checkbox"/>	Cardioversions	RVCARDVERS	Dictionary
<input type="checkbox"/>	Diabetes Management	DIABMGTD	Dictionary
<input type="checkbox"/>	EVS Coordinators	EVSCORD	Dictionary
<input type="checkbox"/>	Geriatric Services	GERISERV	Dictionary
<input type="checkbox"/>	Hearing Aid Dispensing	HEARAIDDIS	Dictionary
<input type="checkbox"/>	Heart Function NP	HEARTFUNC	Dictionary
<input type="checkbox"/>	HIM Merge RV	HIMMGRV	Dictionary
<input type="checkbox"/>	Logistics Dispatch	LOGISTICS	Dictionary
<input checked="" type="checkbox"/>	New Provider	CPSOPROVID	Dictionary
<input type="checkbox"/>	Paed Eating Disorder	PAEEDDIS	Dictionary
<input type="checkbox"/>	PFT Methacholine Challenge	PFTMETH	Dictionary
<input type="checkbox"/>	Reg Inquiries	REGINQ	Dictionary
<input type="checkbox"/>	SUR Test Recp Group	SURTEST	Dictionary
<input type="checkbox"/>	TEE Appt Booking	RVTEEAPPT	Dictionary
<input type="checkbox"/>	TEST AMB	TEST.AMB	Dictionary

Select Discussion from the footer button. Go to the CPSO website and search for the physician and copy and paste the information in the document.

Discussion

Dr. Isaac Salib
 CPSO: #126382
 OHIP Billing: #044332

Address:
 Kingsbridge Medical Centre
 33 City Centre Drive, Suite 111
 Mississauga, ON
 L5B 2N5
 P: 905-507-1111
 F: 905-890-7102

Merging of duplicate Medical Record Numbers

Follow the same steps you completed above but instead choose Merge Duplicate Accounts.

A screenshot of a software interface showing a list of message and task types. The list includes categories like Administrative, Clinical, and IT. The item 'Merge Duplicate Accounts' is highlighted with a red rectangular box.

In the subject line, input "Please merge with (patient's proper MRN Number)". Select recipient group

Message Type: Merge Duplicate Accounts

Regarding: Account

Account:

Subject: Please Merge with

Sender:

Priority:

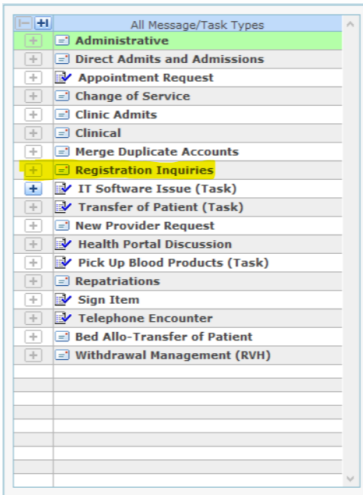
Frequency Type:

<input checked="" type="checkbox"/>	Recipient Group	Mnemonic	Type
<input checked="" type="checkbox"/>	Cardioversions	RVCARDVERS	Dictionary
<input type="checkbox"/>	Diabetes Management	DIABMGTD	Dictionary
<input type="checkbox"/>	EVS Coordinators	EVSCORD	Dictionary
<input type="checkbox"/>	Geriatric Services	GERISERV	Dictionary
<input type="checkbox"/>	Hearing Aid Dispensing	HEARAIDDIS	Dictionary
<input type="checkbox"/>	Heart Function NP	HEARTFUNC	Dictionary
<input type="checkbox"/>	HIM Merge RV	HIMMGRV	Dictionary
<input type="checkbox"/>	Logistics Dispatch	LOGISTICS	Dictionary
<input type="checkbox"/>	New Provider	CPSOPROVID	Dictionary
<input type="checkbox"/>	Paed Eating Disorder	PAEEDDIS	Dictionary
<input type="checkbox"/>	PFT Methacholine Challenge	PFTMETH	Dictionary
<input checked="" type="checkbox"/>	Reg Inquiries	REGINQ	Dictionary
<input type="checkbox"/>	SUR Test Recp Group	SURTEST	Dictionary
<input type="checkbox"/>	TEE Appt Booking	RVTEEAPPT	Dictionary
<input type="checkbox"/>	TEST AMB	TEST.AMB	Dictionary

It will populate Email, Registration. Select discussion, and in the discussion area, please put in the two MRN #'s to be merged and click send.

Registration Inquiries

Follow the same steps you completed above but instead choose Registration Inquiries.



In the subject line, input "Registration Inquiries and Select recipient group.

Message Type: Registration Inquiries
Regarding: Account
Account: Rvh,Test Chart VC0009262/21
Subject: [Empty]
Sender: Gilmour, Kenelda
Priority: [Empty]
Frequency Type: [Empty]

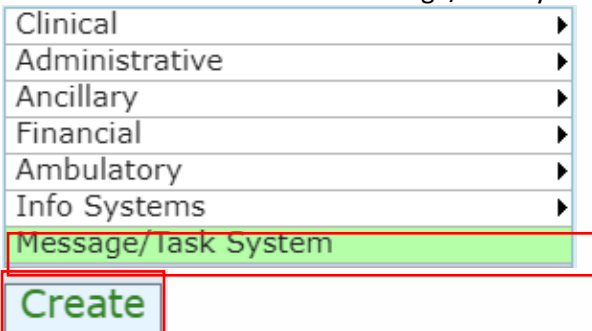
Search: [Empty]

<input checked="" type="checkbox"/>	Recipient Group	Mnemonic	Type
<input type="checkbox"/>	Cardioversions	RVCARDVERS	Dictionary
<input type="checkbox"/>	Diabetes Management	DIABMGTAD	Dictionary
<input type="checkbox"/>	Duplicate MRN	REGINQ	Dictionary
<input type="checkbox"/>	EVS Coordinators	EVSCORD	Dictionary
<input type="checkbox"/>	Geriatric Services	GERISERV	Dictionary
<input type="checkbox"/>	Hearing Aid Dispensing	HEARAIDDIS	Dictionary
<input type="checkbox"/>	Heart Function NP	HEARTFUNC	Dictionary
<input type="checkbox"/>	HIM Merge RV	HIMMGRV	Dictionary
<input type="checkbox"/>	Logistics Dispatch	LOGISTICS	Dictionary
<input type="checkbox"/>	New Provider	CPSOPROVID	Dictionary
<input type="checkbox"/>	Paed Eating Disorder	PAEDEDIS	Dictionary
<input type="checkbox"/>	PFT Methacholine Challenge	PFTMETH	Dictionary
<input checked="" type="checkbox"/>	Registration Inquiries	GENREG	Dictionary
<input type="checkbox"/>	SUR Test Recip Group	SURTEST	Dictionary
<input type="checkbox"/>	TEE Appt Booking	RVTEEAPPT	Dictionary
<input type="checkbox"/>	TEST AMB	TEST.AMB	Dictionary

Select discussion, and in the discussion area please enter all of the applicable information related to your data quality request or questions ie: the accounts that need to be removed.

Inputting a New Pharmacy Request

From the main menu- select Message/Task System, then Create.



Recipient Group Lookup

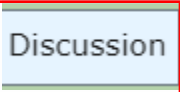
Search

<input checked="" type="checkbox"/> Recipient Group	Mnemonic	Type
<input type="checkbox"/> Cardioversions	RVCARDVERS	Dictionary
<input type="checkbox"/> Diabetes Management	DIABMGTD	Dictionary
<input type="checkbox"/> Duplicate MRN	REGINQ	Dictionary
<input type="checkbox"/> Geriatric Services	GERISERV	Dictionary
<input type="checkbox"/> Hearing Aid Dispensing	HEARAIDDIS	Dictionary
<input type="checkbox"/> Heart Function NP	HEARTFUNC	Dictionary
<input type="checkbox"/> HIM Merge RV	HIMMGRV	Dictionary
<input type="checkbox"/> New Pharmacy Request	NEWPHARM	Dictionary
<input type="checkbox"/> New Provider	NEWPROVIDE	Dictionary
<input type="checkbox"/> Paed Eating Disorder	PAEEDDIS	Dictionary
<input type="checkbox"/> PFT Methacholine Challenge	PFTMETH	Dictionary
<input type="checkbox"/> Registration Inquiries	GENREGINQ	Dictionary
<input type="checkbox"/> SUR Test Recip Group	SURTEST	Dictionary
<input type="checkbox"/> TEE Appt Booking	RVTEEAPPT	Dictionary

Prior Next Filter Cancel OK

Recipient Group
Mnemonic
Type
Selected Items

Click Discussion



From Google- find the pharmacy and in the discussion box- type out the Name of the Pharmacy, Address, City, Province, Postal Code, and Phone Number.

To: (2) *Kenelda Gilmour, Denise Roos*
 Subject: *New Pharmacy Request*
 Priority: *Low*
 Regarding: *Test Guideline*

[Shoppers Drug Mart
 1900 Mosley St Unit 4
 Wasaga Beach, ON
 L9Z 1Z3
 705-429-2203]

Then select Send.

