



eResults Reroute Form (v13)

Use this form to Reroute results from one clinic to another clinic that will use the same PMB#. Forms should be submitted 15 or more business days prior to go-live date. PHCCA@nshealth.ca or Fax 902-407-3019

PLEASE PRINT

Section 1: Provider Identification *All fields Required*				Provider PMB or Location #:		
Last Name:		First Name:		Middle Initial:		
Discipline: (MD, NP, RN-AP, RPh etc.)				Phone Number:		
Provider's Email Address:						
Is Provider a Locum:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, if yes:	Locum Start Date: (mm/dd/yy)	Locum End Date: (mm/dd/yy)		
Locum covering for:						
Does provider currently receive results at other locations: <input type="checkbox"/> No <input type="checkbox"/> Yes						
After this requested change, how many locations/clinics will provider work at:						

Section 2: Results Rerouting (For Rerouting results from an existing Clinic or EMR to another Clinic).			
FROM EMR / Clinic (clinic location where provider wishes to stop receiving results)			
FROM EMR / Clinic:	<input type="checkbox"/> QHR/Accuro <input type="checkbox"/> TELUS/Med Access <input type="checkbox"/> Other / Paper: _____		
FROM Clinic Name:			
Requested Stop Date: (mm/dd/yy)		EMR Instance / Citrix ID: (If known)	

TO EMR / Clinic (clinic location where provider wishes to start receiving results)			
TO Clinic Name:			
TO Clinic Contact Name:		Contact Number:	
Contact Email:			

Street Address:					
Unit / Suite:		PO Box:		City/Town:	
Province:				Postal Code:	
Clinic Phone Number:				Fax Number:	
Clinic Email Address:					
Comments:					

Section 3: eResults Sign Up (Please complete this section for the TO clinic)	
EMR Vendor/Software:	<input type="checkbox"/> QHR/Accuro <input type="checkbox"/> TELUS/Med Access: <input type="checkbox"/> Other or Paper: _____
Is this clinic new to this EMR?:	<input type="checkbox"/> No <input type="checkbox"/> Yes EMR Go Live Date (if new clinic): (mm/dd/yy)
Is data being migrated / copied as part of this reroute?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>You require an active license with your vendor prior to submitting this form OR if you are submitting this form in advance of an EMR license and want your address updated, please add comment indicating this & expected EMR license date.</p> <p>Does the provider have an active license in the EMR, which <u>includes</u> eResults Delivery: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>EMR License Comments:</p>	
eResults should be Activated at this clinic location on Date (mm/dd/yy):	
EMR Instance / Citrix ID (If known):	
<p>EMR Vendor PMs: For Vendors submitting this form on behalf of a clinic, please provide:</p> <p>PM Name:</p> <p>PM email address:</p> <p>Reroute timeframe (Date / Time):</p> <p>Is a new WSDL (Clinic ID) required for this clinic (Yes / No):</p> <p>Please supply autofax forms for the TO & FROM clinics, along with new eResults Conditions of Use form</p>	

Form Submission

1. Sections 1, 2 and 3 are mandatory sections.
2. An Autofax form is required for both the FROM & TO clinic, in order to have faxed results during the reroute process, otherwise the clinic will get mailed copies.
3. The provider's signature is required at the bottom of the eResults Conditions of Appropriate Use form.
4. For termination or setup requests, please see our website for these forms:

<https://www.cdha.nshealth.ca/physicians/eresults-health-care-providers>

For Providers with results at multiple clinics

Please ensure the PMB / Location# located at the top of the page is the number associated with the clinic you want to setup.

- Each location receiving results requires a unique PMB/ Location #. For primary locations, if you are a physician, the PMB / Location # will be the same number as your college license #.

See eResults Conditions of Appropriate Use for more details on:

- Results that are not eligible for electronic delivery (paper/fax only results).
- Results that may be delivered to the primary location only.



eResults Conditions of Appropriate Use

All providers must complete and sign this document before being authorized to accept the delivery of electronic results (Laboratory (Lab), Diagnostic Imaging (DI) and Transcribed Reports (TR)) under the Digital Health Program (eResults).

The purpose of this document is to provide information and guidelines on appropriate use of eResults. The following areas are covered in this document:

- General Guidelines
- Administrative Processes
- Security
- Provider Support
- Functional Guidelines
- Waivers
- Agreement and Consequences

1. General Guidelines

The authority of health care providers, with respect to stewardship of patient information, does not change with the introduction of electronic results. The health care providers continue their stewardship of the data and are responsible for fulfilling their obligations under PIPEDA and PHIA, and for following policies and codes of ethics approved by their healthcare associations and licensing authorities.

Providers accepting electronic results (eResults) must comply and follow all policies outlined and referenced in this *eResults Conditions of Appropriate Use* form and must comply and follow all policies specified by the involved parties responsible for implementing and supporting the clinic's Electronic Medical Records (EMR) system.

Providers requesting to participate should have completed appropriate eResults training with their EMR vendor prior to receiving electronic results.

Providers wishing to subscribe to eResults must meet the following conditions of eligibility:

1. Providers must have an active license within their respective College in the province of Nova Scotia.
 - Hospital based Physicians are not eligible for eResults.
 - RNs, LPNs, and Other Healthcare Providers are not eligible for eResults, with the exception of approved Pharmacists and RN-APs.
 - Residents who do not have the ability to order paper results are not eligible for eResults.
2. Provider must be an EMR user with one of the provincially certified EMR products available in NS.
3. Providers, including locums and residents, must intend to practice at the clinic where they wish to receive eResults for a minimum of **3 months**.

2. Administrative Processes

2.1. Setup

Providers requesting eResults subscription must read, complete and submit the following forms **3 weeks prior** to the desired activation date to the PHCCA eResults Service Delivery Team:

- *eResults Conditions of Appropriate Use form*
- *eResults Request Form*

Forms and further information on setup is available on the following website:

<https://www.cdha.nshealth.ca/physicians/eresults-health-care-providers>

Forms can be submitted via fax or email (Fax 902-407-3019, PHCCA@nshealth.ca)

2.2. Modifications & Cancellation

To ensure the safety and continuity of patient care, providers wishing to **Cancel** or **Modify** any aspect of their eResults delivery must completed & submit the **eResults Request Form**.

The form should be submitted **3 weeks prior** to the effective date of the desired change to the PHCCA eResults Service Delivery Team (Fax 902-407-3019, PHCCA@nshealth.ca).

Modifications the eResults Service Delivery team should be notified of include:

- Provider Change
- Address Change
- Fax / Phone number Updates
- Provider Registration # change
- Change of clinic location / Name
- Change of EMR
- Provider will not be collection / reviewing eResults (Retirement, On-Leave, Leaving Province)

Providers who no longer intend to practice in the province of Nova Scotia are required to:

- Contact their respective college to ensure that all appropriate organizations and facilities are informed of the change.
- Complete the review and sign off any pending results within the EMR, including unsigned and unmatched results, prior to terminating eResults service.
- Ensure that eResults delivery to all locations has been terminated and paper delivery has been turned on.
- Ensure that appropriate arrangements have been made regarding transfer of results and patient care to another provider, including results that may be issued to the provider, once the provider has left the province.

2.3. Stop Prints

Lab and DI Print results will continue to be mailed or faxed simultaneously with electronic results until the Provider submits a request to stop printing. **During this period, the Provider is responsible for completing a level of verification to confirm electronic results are matching printed results.**

After a minimum of 10 business days and when a level of comfort with electronic results has been reached, a Stop Print can be requested.

To request a Stop Print, the requesting Provider will send an email to PHCCA@nshealth.ca with their request to stop printing and must include the following information:

- Provider Name
- Provider Registration Number
- Clinic Name & Clinic Address
- Requested Date to turn off print (Minimum 10 business days beyond eResults Go-live date)

***Stop Print requests are not applicable to IWK Transcribed Reports at this time.**

3. Security

Providers are responsible for all actions performed while accessing electronic results with their user ID and password. Providers must not reveal their user ID and password information to another person or allow it to be accessible to another person.

4. Provider Support

4.1. Misrouted Results: When a Provider receives a result in error, they are asked to inform the facility/site that issued the result, so that the issue can be investigated and corrective action can be taken, when possible. Any patient information delivered in error should be disposed of in a secure manner.

4.2. Missing Results: When a provider has not received a result they were expecting they are asked to verify with the patient that tests were completed, prior to contacting the facility/site where the results were expected to have been processed. If a patient has confirmed that tests were completed and the associated facility/site staff have confirmed that a result was issued, the provider is asked to then contact their EMR vendor to report the issue.

4.3. eResults Issues: Providers are asked to direct all other eResults issues to their **EMR Vendor Support Team**. Contact details, hours of operation and response time for incident resolution should be outlined by your EMR Vendor.

4.4. eResults Questions: Providers are asked to direct eResults questions to their **EMR Vendor Support Team**. Contact details, hours of operation and response time on support requests should be outlined by your EMR Vendor.

5. Functional Guidelines

5.1. Functional Use

The following is a list of guidelines related to the functional use of eResults (user controlled):

- Providers receiving electronic results are responsible for ensuring that their electronic results are reviewed and filed appropriately in the EMR.
- Providers must include Provider Medical Board (PMB) Number or College license#, alternate location number, mnemonic, and clinic details on requisitions (when applicable) to ensure successful delivery of electronic results.
- Providers will manually link electronic results to its related requisition (eResults will not be automatically linked to requisitions).
- Automatic matching of results to patients will only occur if the HCN, Province Code and Date of Birth match exactly. A discrepancy in any of these fields will cause results to go to the unmatched file.
- When a provider matches an unmatched result to one of their patients, the provider is responsible for ensuring that the result has been matched to the correct patient.
- In the event that a Provider receives multiple iterations of a result, the Provider must act on most recent instance of the result (i.e., updates, corrections, addendums, preliminary vs. final etc.). Note: Providers are able to view eResults stored in history but must act on most current results.
- In certain circumstances, additional reports (addenda or amendments) may be issued after verification of the original reported result thereby necessitating a change in diagnosis and/or management.
- Some results may not be able to be displayed in its entirety on the screen and therefore relevant information will appear at the end of the report. It is, therefore, critically important that providers **scroll down to the end of every newly received report to ensure important clinical details are not missed.**
- Please note a difference in the age or sex of the patient can influence the reference ranges. The reference range sent with the result is based on the age/sex entered in the sending Lab/DI system.
- Accepting an incorrect Date of Birth by matching a result to the patient chart may result in incorrect reference ranges populating the Patient's electronic file.
- As per the College of Physicians and Surgeons and the College of Nurses Standards of Practice, Physicians and Nurse Practitioners providing locum coverage are expected to manage the results for the provider they are covering during the period that they are providing coverage. This includes outstanding results ordered by the original provider. Locums should cc the responsible provider when ordering results during locum coverage.
- Occasionally eResults will need to be resent, creating a duplicate version of an eResult in the EMR. **Duplicates should not be deleted,** as this will delete all instances of the original eResult from the EMR.
- If provider information on a patient encounter is changed in the Laboratory or Diagnostic Imaging Information System(s) **after** the laboratory or DI result has been verified, the provider will **not** receive the updated result electronically. Only results verified **after** the provider information is updated will be sent. Some examples of this scenario include changing the requesting or admitting provider or adding a consulting provider.

5.2. Functional Guidelines

The following includes a list of guidelines related to the functionality of eResults (system and process controlled):

- Electronic results include Lab, DI and TR results, with some exceptions, as listed below

Report Type	Reports <u>Not</u> Delivered Electronically
DIs	IWK Inpatient results NS Provincial Breast Screening Program results Bone Density Cardiology reports from Northern, Eastern and Western zone
Labs	Inpatient Lab results Blood bank results from Northern, Eastern and Western zones. Blood bank transfusion histories and crossmatch summaries from Central Zone
*Transcribed Reports (TR)	Reports from Central Zone Mental Health Reports Reports originating in CORI *Note: "Transcribed Reports" vary by zone/facility therefore there may be additional exceptions to the result types listed above, depending on the zones/facilities from where you receive results.

- Providers working at multiple clinics can receive Central zone results at multiple clinic locations.
- Providers working at multiple clinics can receive Northern, Eastern and Western zone & IWK results at two clinic locations only.
- **Providers working at multiple clinics will receive some reports at their Primary Location only.**
Examples: Transcribed Reports / Consults, NS Breast Screening, ER Reports.
- An eResult will be issued once the result has been verified by the sending system.
- For some types of tests, IWK or Northern/Eastern/Western zones refer the test to Central zone for completion. In those instances, the Provider will get the electronic result (Central zone) and may also get a Paper/Faxed copy (referring hospital site). The IWK or Northern/Eastern/Western zones result will indicate that the test was performed within Central zone.
- Results for RCMP, Canadian Armed Forces, and out of country patients may appear in Provider's unmatched patient folder.
- When a Provider matches an unmatched result to one of their patients, the demographic information.
(Health Card Number and Date of Birth) stored on the patient's record within the EMR overwrites the demographic information in the eResult.
- On some of your printed reports, you may have received tests indicating that the results were pending for a particular specimen. With eResults, there will be no indication of pending results.
- Central zone will not send an electronic notification to providers for orders that have been cancelled. There may be a rare situation when IWK does not send a cancellation eResults.
- Test types, names, categories, and the way in which results are grouped and sorted are not standardized across zones and sending systems (Millennium, IWK, and MediTech CS).
- Reporting on reference ranges currently are not standardized across zones (Provider should not attempt to graph or trend results originating from different systems).

- Results may be sent with flags indicating important information about the specimen/result. The legend is:

Result Flags	Flag Description
#	Delta
L	Below low normal (numeric results) /Abnormal (non-numeric results)
#L	Below low normal, delta
H	Above high normal (numeric results) /Abnormal (non-numeric results)
#H	Above high normal, delta
* or #* or A	Abnormal (non-numeric results)
*L or LL	Critical low
#*L	Critical low, delta
*H or HH	Critical high
#*H	Critical high, delta
#*C	Critical, delta
*C or C or AA	Critical
I	Intermediate (microbiology susceptibilities only)
R	Resistant (microbiology susceptibilities only)
S	Susceptible (microbiology susceptibilities only)

6. Waivers

I acknowledge that the Department of Health and Wellness is not in the practice of medicine and that the systems used to deliver electronic results are not a substitute for competent medical advisors. The successful operation of electronic results is dependent on my use of procedures and systems. Because of these and other variables, the Department of Health and Wellness and NSHA can make no representations, warranties, or guarantees with regard to the results obtained from the involved information systems.

I have the duty to:

1. Ensure that the systems are operated properly and healthcare support staff are trained to use them.
2. Review the results and information obtained from the information systems.
3. Satisfy myself that results and information are true, complete, and correct.
4. Ensure proper interpretations of results have been completed.
5. Ensure that delayed results are reviewed and feedback regarding patient impacts are reported back to the eResults Service Delivery team in a timely manner.

Inappropriate use exposes the eResults process to risks that could compromise the quality and reliability in the delivery of patient results. Failure to follow the Conditions of Appropriate Use will also increase the risk of compromising confidential patient information.

7. Agreement to Conditions of Appropriate Use and Consequences

Any breach of these Conditions of Appropriate Use may result in immediate termination of access to eResults. I will report any breaches of system security that comes to my attention to PHCCA@nshealth.ca

I have read the above requirements and waivers for authorized use of eResults. I understand the conditions of appropriate use and agree to abide by them.

Clinic Name

Provider Name

Provider License#

Signature of Provider

Date

Submit signed last page of this form via email or Fax to:

PHCCA eResults Service Delivery Team

Email:PHCCA@nshealth.ca

Fax: (902) 407-3019

Phone: 1-866-224-2555 (Service Desk)

PHCCA eResults Service Delivery address:

Primary Health Care & Community Applications (PHCCA)

15 Western Pkwy (6th Floor – NSHA), Bedford NS B4B 0G4



CLIENT/HEALTH CARE PROVIDER AGREEMENT AUTOFAXING OF LAB AND DIAGNOSTIC IMAGING REPORTS

Please attach to Assyst Service Request or FAX the completed form to the LIS Coordinator/LAB Manager/ Designate at the number below.

Initial the appropriate action box

START - AUTOFAX The undersigned agrees to:

- participate in a program that will FAX laboratory and diagnostic imaging reports (when available) to his or her facility's FAX machine.
- ensure the security of the confidential information being transmitted by FAX by placing the receiving FAX unit in a secure location, accessible **ONLY** to the undersigned or appropriate designated persons and to inform the laboratory or DI department of any planned changes to fax numbers or client/physician information.

NOTE:

- *Laboratory Services, Diagnostic Imaging department or NSHA-IM/IT is unable to phone the receiving client either immediately prior to transmission or immediately after transmission for confirmation of receipt of information.*
- *If the FAX fails after several attempts, the reports will print to the site's designated printer. The site's department will distribute these reports to the appropriate Health Care Provider.*
- *A plain paper FAX machine is required.*
- *Diagnostic Imaging reports will fax immediately upon reaching a signed status. Lab reports will print at designated print times.*

CHANGE - AUTOFAX NUMBER The undersigned requests:

- a change to the fax number presently in use for autofaxing.

Previous Fax#: _____ New Fax#: _____

STOP - AUTOFAX The undersigned agrees to:

- Stop participation in the above program which will end the faxing of laboratory and diagnostic imaging reports to his or her facility's FAX machine. **Reports will now be printed to the site's designated printer in the relevant department (Lab or Diagnostic Imaging).**

.....
Completion of this section confirms your agreement to assume responsibility for the appropriate actions listed above:

Client/Health Care Provider (print): _____ PMB #: _____

Date of Request: _____ Office Phone #: _____ Office Fax #: _____

Address: _____

Signature of Client/Health Care Provider: _____

Did you confirm a test fax to the Office Fax # above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person (print): _____	Phone Number: _____
Fax Number to return to LAB: _____	
Signature of LIS Coordinator/Facility Manager/Lab Contact: _____	



CLIENT/HEALTH CARE PROVIDER AGREEMENT AUTOFAXING OF LAB AND DIAGNOSTIC IMAGING REPORTS

Please attach to Assyst Service Request or FAX the completed form to the LIS Coordinator/LAB Manager/ Designate at the number below.

Initial the appropriate action box

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Date of Request: _____ Office Phone #: _____ Office Fax #: _____

Address: _____

Signature of Client/Health Care Provider: _____

Did you confirm a test fax to the Office Fax # above? Yes No

Contact Person (print): _____ Phone Number: _____

Fax Number to return to LAB: _____

Signature of LIS Coordinator/Facility Manager/Lab Contact: _____