

Referral Order

This workflow is for All Cardiac Catherization Referrals. Referrals are processed through a centralized triage process at Hamilton Health Sciences. This Referral Process is also embedded in the ACS power plan and the post HIU Powerplan.

Part One: Physicians:

Orders + Add Click on t	he Add button beside Orders
Search: Advanced Opt Search: Advanced Opt Search: Definition Search Search Search Search Cardiac Catheterization Cardiac Diet Cardiac Monitored Electrolyte Replacement Protocol Subple Cardiac Monitoring CARDIO Acetylsalicylic Acid (ASA) Desensitization CARDIO Acetylsalicylic Acid (ASA) Desensitization CARDIO Acetylsalicylic Acid (ASA) Desensitization CARDIO Cardiac Catheterization Post-Procedure CARDIO Cardiac Catheterization Process CARDIO Cardiac Catheterization Referral Process	tions V Type: Inpatie Copy Folder: hase Locate the Cardiac Catheterization Referral Process Powerplan
CARDIO Cardiology Discharge and Follow-up (QBP) CARDIO Cardiology Transport CARDIO Congestive Heart Failure (CHF) Admission (QBP) View Orders for Signature CARDIO Cardiac Catheterization Referral Process (Planned) Catheterization Catheterization Referral Process (Planned) Catheterization Cat	
Plan for Later	he order and click Initiate Now



P Cardiac Care Network Cath Refer	ral - ZZTEST, NIKOLE								
🗸 🖬 🔕 🕱 🗖 🛧 🕈 📾									
*Performed on: 05/Nov/2024	v 19.44 . EST								
CCL Cath Ref Patient Demographics	Patient Demographics								
Cardiac Cath Referral	r defente bennographies	D Cardiac Care Network Cath Refe	rnal - ZZTEST, NIKOLE					— 🗆 ×	
Comorbidity Assessment	History of Present Illness	+ B O K H + + B					Show Sign Confirmation		
		Performed on: 05/New/2024	N 1964 1964 187				By: NHS Test01, Physician - Woman's Health		
		Cardian Carb Pallenal	Cardiac Care Net	work Cath Re	ferral				
		Comorbidity Assessment	DATE OF REQUEST (DOR)	6/Nov/2024	1				
1			PHYSICIAN DETAILS			Name of Family Bhunin			
			Name of Referring Physician	Туре	Date of Request for Specialist	Consult (If different from Refe	ming) Name of Req	ested Procedural Physic	
			Setok, Rafi, MBChB, CCFP4EMLF	Specielut			1941	<u>R</u>	
			REASON(S) FOR REFERRAL						
	Patient Weight Patient Height		Primary Reason	CAD:	Aortic Stenosis:	Secondary Reason	CAD:	Aortic Stenosis:	
	radent weight radent height		Coronary Artery Disease (CAD) C Aprilo illenosis	C Elective Stable (CAD) C Unstable Angina	Echo valve area cmz:	C Coronary Artery Disease (CAD) C Autic stanuola	C Elective Stable (DAD) C Unstable angles	Echo valve area cm2	
	kg cm		C Congenital C Astruthnia	O INSTEMI O STEMI		C Corgenial C Arbeteria	C INSTEM C STEM		
	Special Instructions		C Cardonyopathy/Heart Falue	C Rule out CAD	Echo gradiant motion	C Cardonyopathy/Heart Falue	C Rule out 040	Echo gradient mmlat	
	special instructions		C Other		j ecno gradient nineg.	C Ofer	1	Ecro gradient mining.	
			Innerse Falsante from Only						
			Congett	_					
			C Urpert (in hospite) C Urpert (within 2 weeks)						
			C Decive Request Type						
			Patient Wait Location	Name of Hospital:	Name of Ward:				
			C Hospital C Ward C Hospital C Other						
			C ICU	-					
			0.000						
			Translator Required? Preferre	ed Language					
			© Yez						
			C No						



Complete the Cardiac Care Network Referral Form and click the green checkmark to save.

its for Referral Order			
talls 🔢 Order Comments 🛞 Offset Details 🕢 Diagnoses			
n h. F S			
uested Start Date/Time: 05/Nov/2024	EST "Service:	Cardiology 🗸	
*Reason for Referral: Heart Catheterization	Treatment To Date:		
Referral Type:	Refer to:	Provider Not Specified Hamilton General Hospital Heart I	*
Urgent Ves No	Instructions to Staff:	Refer to: Hamilton General Hospital Heart Investigation Unit PCI Referrals	
ble Diders For Cosignature Save as My Favorite			Orders Fo
Referral Provider Lookup		, ,	< l
E Referar Provider Cookup		,	
Search: Hamilton Gen			
Qualifiers:		+	
Search by: Practice		Search Clear	
Hamilton Health Sciences - Hamilton General	Anatomical Pathology, Anesthesiology, Cardiology, Cardiovascula Medicine (Emergency Medicine), General Surgery, Hematology, I Orthopedic Surgery, Bastir B	r & Thoracic Surgery, Critical Care, Family Internal Medicine, Nephrology, Neurology, Reconstructive Surgery, Vacular Surgery	
237 Barton Street East, Hamilton, Ontario LBL 2X2		Within Health System 27 Providers Available	
Hamilton General Hospital Heart Investigation Unit Cardiac Surgery Referra 237 Barton Street East, Hamilton, Ontario LBL 2X2	ls	Cardiovascular & Thoracic Surgery Within Health System	
Hamilton General Hospital Heart Investigation Unit PCI Referrals 237 Barton Street East, Hamilton, Ontario LBL 2X2	Card	dology, Cardiovascular & Thoracic Surgery Within Health System	
Hamilton Health Sciences - Juravinski Hospital	Anatomical Pathology, Anesthesiology, Cardiology, Family Medicini Hematolo	e (Emergency Medicine), General Surgery, 1997, Internal Medicine, Orthopedic Surgery	
711 Concession Street, Hamilton, Ontario LBV 1C3		Within Health System 12 Providers Available	
St. Joseph's Healthcare Hamilton - Charlton Campus	Cardiology, Cardiovascular & Thoracic Surgary, Child and Adol Radiology, Family Practice, General Practice, General Surgery, In Nephrology, Obstetrics and Gynecology, Opthalmology, Orthogetic Su	escent Psychiatry, Critical Care, Diagnostic nternal Medicine, Interventional Radiology, urgery, Pediatrics, Plastic & Reconstructive Development, Texasion Comparison	
50 Charlton Avenue East, Hamilton, Ontario LBN 446	2018a Av	Within Health System 30 Providers Available	
Brantford General Hospital 200 Terrace Hill Street, Brantford, Ontario N3R 1G9	Anatomical Pathology, Critical Care, Gener	ral Surgery, Internal Medicine, Nephrology Within Health System 4 Providers Available	
Hamilton Health Sciences - Juravinski Cancer Centre 698. Conservation. Stream. Manuface. Outside J SM EC3	Diagnostic Radiolo	gy, Medical Oncology, Radiation Oncology	1

Modify the Order (Only if necessary)

- The order must be modified and all the yellow required fields completed
- 2. Service: choose from the drop down
- 3. Reason for Referral: specify the reason
- 4. Refer to: click on the binoculars to choose the refer to location.
 - a. Change to Practice and search for Hamilton General Hospital Heart Investigation PCI Referral
- Optional: all other fields, but you can specific the Urgency and a Service Date
- Sign the referral and let the clerk know the patient has been referred for cardiac catheterization.



PART TWO: WARD CLERK: The referral must be electronically sent to HHS by a nurse or clerk.

Step 1: Set up an "Originating" List

List Maintenance							To se	et up the Referral List:
* Name			Lis	t Type	Sort			
Referrals to Hamilton PCI			0	riginating	▼ Update	• Date •	° 2. G	ive the name a list: Referrals to Hamilton
✓ Refer From Location	Availabl	e Locations				Selected Locations	PCI	
Refer From Clinical Staff						▼ St. Catharines Site		
Status Priority	Fort E	rie Site				SC 4DA (Ward) SC 4DC (Ward)	3. Pi	ck the Originating List type
Referral Type	+ Hotel	Dieu Snaver						0 0 //
Refer To Clinical Staff	Port 0	Colborne Site					4. Cl	ick on the referral list maintenance
Assignment	St. Ca	tharines Site					locat	ion
Referral Management							2	lick on Rofer from Location
🗚 🐚 📥 🖿 🔍 🔍 759	× •	4					d	
Referral Management × +	F						b) search and add the unit the referral is
Worklist Referrals to Hamilton PCI	5 List Maintenance						comi	ng from.
Patient *ZZTEST, NIKOLF 32 vre E	Referred By NHS Test01. Physici	Referred To Hamilton General Hospital Hea	Assigned To	Requested Service	Indicators	Insurance	5 0	ose your list maintenance and choose the
-:-	05/11/2024 19:48			Heart Catheterization			J. C	
-:-	05/11/2024 19:25	Cardiology Assessment Clinic		Cardiac Consultation			list fr	om your dropdown menu.
*ZZTEST, NIKOLE 32 yrs F :	NH5 Test01, Physici 05/11/2024 19:16	Cardiology Associates of Niagara		Cardiology Cardiac Consultation			6. Cl	ick in the blue box (not on the patient
							name	e) to launch into the referral
							- I GIII	
_								
ZZTEST, NIKOLE								
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N	IOV 1 99 1							MRN: 11054790 FIN: 22-006478
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta	IOV 1991 arted. Click the 'Start I	Referral' button to prepare for	r sending.					MRN: 11054790 FIN: 22-006478 Start Referral
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: Edit	IOV 1991 arted. Click the 'Start I	Referral' button to prepare for	r sending.					MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB; 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit	IOV 1991 arted. Click the 'Start I	Referral' button to prepare for	r sending.					MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me: Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been status: Not Started Edit Status: Not Started Edit Substatus: - Edit Summary Comments Cace Data Comments	IOV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling	r sending.					MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit Summary Comments Case Details This late in the status	IOV 1991 arted. Click the Start I	Referral' button to prepare for Insurance Scheduling	r sending.					MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit Summary Comments Case Details Medical Service Cardiology	IOV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Raferral Reason Heart Catheterization	r sending.	Codified Rease	201 201	 	reatment to Date	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: Edit Summary Comments Case Details Medical Service Cardiology Referral Type	OV 1991 arted. Click the 'Start I	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS Test01, Physician - Wo	r sending.	Codified Rease Refer from Loc St. Catharines	n stelon Ste/SC 4DA	T - R 1	reatment to Date	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: - Edit Summary Comments Case Details Medical Service Cardiology Referral Type - Reguested Start Date 11/05/702	OV 1991 arted. Click the 'Start I	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS Test01, Physician - Wo Service By Date	r sending.	Codified Rease 	ation Site/SC 4DA	Т 	reatment to Date	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339 Case Number: 245339 Case Number: 245339 Case Number: 245339 Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/2024	OV 1991 arted. Click the 'Start I	Referral' button to prepare for Insurance Scheduling Raferral Reason Heart Catheerization Refer from Provider NHS Test01, Physician - Wo Service By Date 	r sending.	Codified Reaso Refer from Loc St. Catharines Refer to Provic 	on zation Site/SC 4DA Jer	ТП 	reatment to Date - leferral Written Date 1/05/2024 lefer to Location Hamiton General Hot CI Referrals	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339 Case Number: 245339 Case Number: 245339 Case Number: 245339 Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/024 Priority Standard	IOV 1991 arted: Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Raferral Reason Heart Catheterization Rafer from Provider NH5 Test01, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General	r sending.	Codified Rease 	on zation der nt	Т Я 1 Н Р	reatment to Date Leferral Written Date 1/05/2024 Lefer to Location familton General Hor CI Referrals	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339 Case Number: 24539 Case Number: 2458 Case Number: 2
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/2024 Priority Standard	IOV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS Test01, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General Investigation Unit PCI Refer	r sending.	Codified Reaso 	on zation Sike/SC 4DA	Т 	reatment to Date Leferral Written Date 1/05/2024 Lefer to Location tamilton General Hot CI Referrals	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339 Edit spital Heart Investigation Unit 7. Confirm the details of the referral
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Edit Substatus: Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/2024 Priority Standard Patient Information	OV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS Test01, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General Investigation Unit PCI Refer	r sending.	Codified Reasc 	un zation Site/SC 4DA der	Т Я И Н Р	reatment to Date leferral Written Date loffer to Location familton General Hon CI Referrals	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: - Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/024 Priority Standard Patient Information Preferred Method of Contact	OV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS TestOL, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General Investigation Unit PCI Refer Home Phone	r sending, omen's Health Hospital Heart rrals	Codified Rease Refer from Lot St. Catharines Refer to Provic Order Commer Mobile Phone	in zation Site/SC 4DA iter	Т Я 1 1 Я Н Н Р 2 9 8 8	Treatment to Date Telefrral Written Date 1/05/2024 Lefer to Location familion General Hor CI Referrals	MRN: 11054790 FIN: 22-006478 Start Referral Unassigned Assign to me Assign Case Number: 245339
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: - Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/2024 Priority Standard Patient Information Preferred Method of Contact 	OV 1991 arted. Click the 'Start I	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer from Provider NHS Test01, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General Investigation Unit PCI Refer Home Phone 	r sending.	Codified Rease Rafer from Loc St. Catharines Rafer to Provic Order Commen Mobile Phone 	in ration Site/SC 4DA der	Т 	reatment to Date - - - ferral Written Date 1/05/2024 Lefer to Location familion General Hor CI Referrals Automatic Science Sc	spiral Heart Investigation Unit 7. Confirm the details of the referral. 8. Click "edit" to change any details needed on the referral
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: - Edit Summary Comments Case Details Medical Service Cardiology Referral Type Requested Start Date 11/05/2024 Priority Standard Patient Information Preferred Method of Contact Home Address	OV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Raferral Reason Heart Catheterization Rafer from Provider NHS Test01, Physician - Wo Service By Date 	r sending.	Codified Reaso 	on tation Site/SC 4DA iter	Т В 	reatment to Date - - - - - - - - - - - - -	spiral Heart Investigation Unit 7. Confirm the details of the referral. 8. Click "edit" to change any details needed on the referral
ZZTEST, NIKOLE 32 yrs Female DOB: 12 N This referral has not yet been sta Status: Not Started Ede Substatus: - Edit Summary Comments Case Details Medical Service Cardiology Referral Type - Requested Start Date 11/05/2024 Priority Standard Patient Information Preferred Method of Contact - Home Address	IOV 1991 arted. Click the 'Start I Documents	Referral' button to prepare for Insurance Scheduling Referral Reason Heart Catheterization Refer for Nervider NHS Test01, Physician - Wo Service By Date Instructions to Staff Refer to: Hamilton General Investigation Unit PCI Refer Home Phone 	r sending.	Codified Rease 	on zation Site/SC 4DA Istr	ТТ 	reatment to Date	Assion to me Assion Case Number: 245339





							~ ~ ~
ZZTEST 32 yrs Fe	, NIKOLE emale DOB: 12 N	OV 1991					MRN: 11054790 F7N: 22-006478
This referral	has not yet been st	arted. Click the 'Start	: Referral" button to p	repare for sending.			Siart Referral
Status: NO	Started Edit						Lunassigned Assign to me Assign
Substatus: -	- Edit						Case Number: 245339
Summary	Comments	Documents (1)	Insurance	Scheduling			2
Attached	Attached Documents Create					Create Letter	
Action	Date	Subject	Author	Туре	Source	Category	
Remove	11/05/2024	Cardiac Care Net	NHS Test01, Phy	Cardiac Care Net	Clinical		
Available	Available Documents Begin 10/06/2024					/2024	
Action	Date	Subject	Author	Type	Sou	rce	
No Documents Available							



faced Gauge Langue Debuggers Mellings Dennen Mont Date Langue Ut fall as robotion into	A &		
Create Letter Task Edit ZZTEST, NIKOLE DOB:12/Nov/1991 Age Isolation: <no available="" data=""> Recipient Hamilton General Hospital Heart Inve</no>	ergies: No Known Medication Alle ::32 years rts:No Alerts Documented	14. You can edit the provider letter just like Word, but the letter has been pre-populated with content.	in 1
		with content.	
Subject: <u>Wooware etter</u>		15. The Cath Lab (HIU) Referral is attached.	
12 √ ¹² √ ¹⁰ € € < 3 h € ¹⁰ K B U I 5 E Ξ 3 4 € ¢		16 Click proving in the bottom right corner	+0
Referral Details Medical Service: Cardiology Referral Reason: Heart Catheterization Codified Reason: -		review.	10
Refer from Provider: NHS Test01, Physician - Women's Health Refer from Location: St. <u>Catharines</u> Site/SC 4DA Referral Written Date: 11/05/2024 Requested Start Date: 11/05/2024		17. Confirm the Recipient.	
Promy: Standard Instructions to Staff: Refer to: Hamilton General Hospital Heart Investigation Unit PCI Referrals		18. Once confirmed click the "Ok" and the	
		referral will be sent to Hamilton.	
Letter Protes X Hamilton General Hospital Heart Investigation Unit PCI Referrals		19. Provider letter will save to patient chart	
Hamilton General Hospital Heart Investigation Unit PCI Referrals 237 Barton Street East Hamilton, Ontario LBL 2X2	Sample	of the Provider Letter.	
Re: NIKOLE ZZTEST	Sample	of documentation saved to patient	
Date of Visit: 04/Nov/2024	ahart	'	
Dear Hamilton General Hospital Heart Investigation Unit PCI Referrals,	chart.		
I am referring NIKOLE to your office for care. Attached your will find my notes and impressions from our visit.			
Please review referral.			
Referral Details Medical Service: Cardiology Referral Reason: Heart Catheterization Codified Reason: - Refer from Provider: NHS Test01, Physician - Women's Health Refer from Location: St. Catharines Site/SC 4DA Referral Written Date: 11/05/2004	Service Date/Ti 2024-Nov-05 20:24: 2024-Nov-05 19:44:	 Subject Type Provider Letter Provider Letter Cardiac Care Network Cath Referral Cardiac Care Network Cath Re 	
Cance			

Note: Please go to Source Net for more detailed Referral Management Tip Sheets; Provider Letter and Letterhead set up Tip Sheets.