

#### **PROVIDER LETTERS**

#### How to use auto-text phrases for provider letters

- 1. Open the patient's chart from the **Ambulatory Organizer**. Select the correct encounter that corresponds with the date of service that the letter is in reference to.
- 2. Once in the patient's chart, click on the black dropdown next to **Communicate** and select **Provider Letter.**



# niagarahealth

Provider Letter





3. Search for and select a provider from the Search for Provider list, or select a provider from the Favorite or Recent Recipient tab. If you need to manually enter a recipient's click **Add Freetext Recipient**. The provider is added to the Recipient list.

vider Letter Recipients				×	
Select Provider					
PCP Referring P	hysician Dhuisian Madiat Oscala				
Declinea, Proviaer INHS Testor	, Physician - Meaical Oncolo	gy/Haematology			ıy Re
Search for Provider					18:14
Internal ~		鞈			
Favorite (0)					
Favor Prefix First Name	Last Name	Credentials Mode	Details		
		There are no items to show.			
cipient	Last Mano*	Credentiale Mode	Detaile*	+ Add Freetext Recipient	
<b>cipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient	J
<b>cipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient	
cipient vor Primary Prefix First Name ther Actions	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient	
cipient vor Primary Prefix First Name Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient More Delete	
cipient vor Primary Prefix First Name ther Actions	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient More Delete	ence
cipient vor Primary Prefix First Name ther Actions for Print To*: mmt 255) "Not Printed On Letter	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient More Delete	ence
ther Actions  Forward for Print To*:  Not Printed On Letter	Last Name*	Credentials Mode There are no items to show.	Details*	Add Freetext Recipient More Delete	ence





4. Select a cell from the Recipient list and update the provider's information as needed.

elect Provider						
00000,770	Referring Phys ovider NHS Test01, Pł	ician 1ysician - Medical Oncolog	y/Haematology			
earch for Provid	der					
Internal	~	Č.	<b>ሳ</b>			
avorite (0)						
Favor Prefix	First Name	Last Name	Credentials	Mode	Details	
pient or Primary f	Prefix First Name	Last Name*	Credentials	Mode	Details*	+ Add Freetext Recipi
	Physician - Medical	On NHS Test01		Fax Mail	~	
				Fax Inbox		
ther Actions						
<b>ther Actions</b>	int To*:					前
ther Actions	int To*:					

- 5. Fax numbers will only be available in the system for Faxes that have been verified by ICT Services. If a number is not available please follow NH policy for fax verification prior to inputting a fax number in the system. You can manually add the fax once verified. NOTE: Once you have verified a fax please contact ICT to have them begin the process of adding a fax to the system.
- 6. Click **OK**. The Create Letter dialog box is displayed.





Create Letter				- 🗆 X
Task Edit				
ZZTEST, AMB	MRN:11000218	Allergies: Allergies Not Recorded	Attending:Cerner Test, Physician - Anaesthesiology ReLoc:SC MINOR	
*Goals of Care: <no available="" data=""></no>	Isolation: <no available="" data=""></no>	Alerts:No Alerts Documented	Outpatient FIN: 22-000486 [Visit Dt: 2024-Jun-26 18:14:00] Visit Reason: Te	st
				1
Recipient				
Subject: Provider Letter V Sa	ave As: Provider Letter 🗸			
Transition of Care Browse Documents				
√ [12	K < % ⊨ @ % B U / 5 ≣≣ ≣ ≛ ⊷{	ঝ		
-1 48hourimaging *				<u>^</u>
ACRYOBIL2 *				
APHAKIAV * AnesPE *				
AnesPlan *				
AnesROS *				
Audio-AcceptWaitinglistRef *				
Audio-DecIRef *				
Audio-SigReq *				
BILYAGHIST *				
.BLEPH *				
.BLEPHLOW *				
BPG Alcoholintake *				
.BPG_BloodPressure *				
.BPG_DiabetesManagement *				
BPG_Diet *				
.BPG_OralContraceptiveHRT *				
.BPG_PhysicalActivity *				
.BPG_RecDrugUse *				
.BPG TobaccoUse *				
.BW/UrineReminder *				~
CANTHO *				
CATHISTORY *				R Add Results
.CCLCardiacCatheterizationInstructions *		Current Result Date	Previous Result Date Reference Range	
.CCLComunicationFromLab *		There are no items to show.		
CCL ReferralApprovedEorConsult *				
.CCLReferralConfirmation *				
.CCLReferralReceived *				
CCL ReferredPatientScheduled *				OK Cancel Preview
.CCOTFocusedAssessment *				

- 7. When in the letter type "." and a list of auto-text phrases will populate (See Appendix
  - 1. These phrases are case sensitive so be sure to input them exactly.
  - 2. Please see Auto-text tip sheet for more information.
- 8. Double-click the correct auto-text phrase to input its contents into the note. Modify the note as needed.







Create Letter					-	- ×
ZZTEST, AMB Sex/Gender ID:ON 6542-198-755 *Goals of Care: <no available="" data=""></no>	MRN:11000218 DOB:04/Apr/1999 Isolation: <no available="" data=""></no>	Allergies: Allergies Not Recorded Age:25 years Alerts:No Alerts Documented	Attending:Cerner Test, Physician - Anaesth Dose Wt: <no available="" data=""> Outpatient FIN: 22-000486 [Visit Dt: 2024-J</no>	esiology Re <b>Loc:SC MINOR</b> Clinical Trials: un-26 18:14:00] Visit Reason: Test		
Recipient						
Subject: Provider Letter V Save As: Pr	rovider Letter 🗸 🗸					
Transition of Care Browse Documents						
Arial V 10 V 🛞 🔍 🔍	《 🖻 🖻 🕱 🖪 빈 / 당 📑 🗏 🚢 🜬 🍕	þ.				
We realize that emergencies do arise from time for time. Our minised. Your child will need to be revertered to the clinic by thit we are able to provide timely access for all patients. Upin in the future, if an emergency should arise that, will result in contract our office with at least 24-hour notice to cancel your Thank you for your cooperation.	office poicty is to discharge a patient from the clinic after ther primary Physician in order to be seen again. This is willigized appointments delay necessary care for other patie up child's mailing to make a scheduled appointment; w appointment.	3 scheduled vists are is necessary to ensure ents. we ask that you please				v
Results					🛤 Add	d Results
Result Name		Current Result Date	Previous Result Date	Reference Range		
9		There are no items to show.				
				ОК	Cancel	Preview

#### Adding Dot Phrases to a Note

The Abbreviation	The Description
This is what the end user types to bring up	This will display when the end user
the auto text term. *This is sensitive to	hovers the cursor over the auto text term
capitals and ensure you include the "." at	prior to selecting it. This can help clarify
the beginning. *	what will be selected.
.DMAdultNoShow	Diabetes No Show Adult
.DMChildNoShow	Diabetes No Show Child
.DMAdultTermination	Diabetes Termination Letter - Adult
.DMChildTermination	Diabetes Termination Letter - Child
.ThromboConsult	Thromboembolism Consult
.LDAP-Ref-Receipt	LDAP-Referral-Receipt





.GIMRAC-Ref-Receipt Rapid Assess	(GIMRAC) Referral Receipt Rapid Assessment Clinic.
.Nutri-NoShow-InPerson	NoShow-OutPtNutri-InPerson
.BW/UrineReminder	BW/UrineReminder
.Renal/diet-ConsultReminder	ConsultRenalNurse/DietReminder
.Nephro-PtApptLetter	PtApptLetterNephrology
.Nephro-PTMissedAppt	PTMissedApptNephro
.Aranesp.Dr-InjectionLetter	Dr.Aranesp.InjectionLetter
.DM-OneDayClass. Dr-NoShowLetter	Dr.NoShowF/U-OneDayClass- DM
.DM-PtCancelledAppt	Dr.PtCancelled Appt- DM
.NDC-Dr. RefNotSched	Dr. ReferralReceived-PtNoAnswer
.Neuro-PT-SchedPolicy	PT-Neuro SchedPolicy
.Ortho-PT-SchedPolicy	PT-OrthoSchedPolicy
.StrokePrevClinicAppt	StrokePrevClinicAppt
.Nephro.Rescheduled-PT-Appt-Letter	Rescheduled-PT-Appt-Letter Department of Nephrology
.Nephro-PT-Initial Appt	Initial PT APPT
.Homedialysis-PSW/PT Consent	PSW/PT ConsentHomedialysis
.Hemodialysis-Dr. KhandelwalAppt	Hemodialysis Dr. Khandelwal Appt
.HDS-AudioApptLetter	ApptLetterAudio
.HDS-Audio-SigReq	HearingAidsSignatureRequest
.Ortho/Neuro-returning Ref	returning ReferralOrtho/Neuro
.ortho-HandTherapy Resources	HandTherapy Resources







HDS.Dr- returnREf	Dr.referralreturnNotComplete
.Ortho Ref-detailsLetter	Dr.No MedsRef
.ReturnRef.OutsideRegion	Dr. ReturnReferral
.NailHook.RefRefusal	Dr.NoNailHookreferrals
.NailHook.RefRefusal2	Dr.referralDeclinedNailHook
.HDS-DrivingAssessRefusal	Dr.Refusal-NoReturnToDrivingAssessment
.HDS-Dr.Redirecting RefReturn	Dr.Redirecting ReferralReturn
.HDS-Ortho-UnableToReachPt	Dr.Returning ReferralOrtho
.MH&A- ECT/rTMS-Ref Deposition	MH&A. ECT/rTMS Adult Outpatient Referral
	Disposition Letter
.MH&A- CAPS-Deposition	Adult Outpatient Referral Disposition Letter
	Mental Health and Addictions
.MH&A-Adult OutReferDisposition	MH&A- Adult Outpatient Referral Disposition
	Letter
.MH&A-(RAAM)	Rapid Access Addiction Medicine (RAAM)
	Disposition Letter
.MH&A-NP-residentialprogram	MH&A.residential treatment program at New
	Port Centre
.OncoMissedAppt(discharge from clinic)	Oncology missed appointment letter-
	discharge from clinic
.OncMissedAppt(multiple attempts)	Oncology missed appointment letter- no
	further attempts to contact
.OncDischargeFromWFCC(atten:family phys	Letter from medical oncologist to primary
re palliative care)	care provider regarding palliative care plan/
	TOHOW UP







.OncCommunityPalliativeSupp	Oncology community palliative support letter (from palliative care physician to primary care provider)
.OncImmunoTherapyLetter	Oncology Immunotherapy regimen details for the patient
.CHRPInfoRequest	Cardiovascular Health & Rehabilitation Program (CHRP). Info Request
.CHRPRe-Re-referralRequest	CARDIOVASCULAR HEALTH & REHABILITATION PROGRAM
.CHRP(Bfit)	CARDIOVASCULAR HEALTH & REHABILITATION PROGRAM. (Bfit) Program
.MH&AEating Disorder Outpatient Program	CBT-E Treatment Summary
.Eating Disorder Outpatient Program	Interpersonal Psychotherapy Treatment Summary
.CHRP-ExerciseDischargeNote	Exercise Discharge Note
.TransplantReferral	Transplant referral Assessment
.PainClinic F/U	PainClinicF/U
.LDAP-EBUSComForm	EBUS Communication Form
.LDAP-LetterheadDoc	Letterhead Document
.LDAP-LetterheadReq	Letterhead Request for Information
.LDAP-ConsultRequest	Consult Request
.LDAP-NotAppropriate	Not Appropriate
.OncCareChartContact	Oncology care chart contact info for WFCC
.OncBreastSurvivorshipLetter	Letter sent to primary care provider for breast survivorship







## **PROVIDER LETTERS**

HOSPITAL INFORMATION SYSTEM (HIS)

.CHRP-NoContactFaxReturn	Fax Return to Physician for No Contact
.KCP-TAPChecklist	TAP Referral Checklist
.Nutri-NoShow-Phone	NoShow-PhoneNutri
.HDS-Audio-LettertoPhysician-CINotSeen	Letter to Physician CI Not Been Seen
.HDS-Audio-NewReferralLetter	New Referral Letter to Physician
.Geriatrics-LetterEnactingPOA	Letter Enacting POA
.Geriatrics-GAPAccepted	GAP Referral Accepted
.Geriatrics-GAPOnHold	GAP Referral On Hold
.Geriatrics-GAPDeclined	GAP Referral Declined
.Paediatrics-RSVProphylaxisScreening	RSV Prophylaxis Screening for Synagis
.PulmonaryRehabDischargeReport	Pulmonary Rehab Discharge Report
.DMDietitianGestationalLetter	Niagara Diabetes Centre - Dietitian
	Gestational Letter
.DMDietitianGestationalFollowUpLetter	Niagara Diabetes Centre - Dietitian
	Gestational Follow Up Letter
.DMIndividualCounselling	Niagara Diabetes Centre - Individual
	Counselling
.OutpatientRehabilitationDischargeReport	Outpatient Rehabilitation Discharge Report
.PacemakerClinicPatientDischargeInformation	Pacemaker Clinic Patient Discharge
	Information
.KFREScore	KFRE Score
.KCP-PDCatheterPlacement	Peritoneal Dialysis Catheter Placement
	Procedure
.PSAC-YourAppointment	Your Pre-Operative Clinic Appointment
.PSAC-GettingReady	Getting Ready for the Preoperative Clinic





#### PROVIDER LETTERS – WORK/SCHOOL RELEASE LETTER

#### How to create a work/school release letter in provider letters

- 1. Open the patient's chart from the **Ambulatory Organizer**. Select the correct encounter that corresponds with the date of service that the letter is in reference to.
- 2. Once in the patient's chart, click on the black dropdown next to **Communicate** and select **Provider Letter.**







•	<u>-</u>	ommunicate 👻 📗	) Med
	0	Message	
	0	Reminder	١t
		Patient Letter	C
	-	Provider Letter	Du

3. Search for and select a provider from the Search for Provider list, or select a provider from the Favorite or Recent Recipient tab. If you need to manually enter a recipient's click **Add Freetext Recipient**. The provider is added to the Recipient list.

					ŀ
PCP Referring I	Physician				
Declined, Provider NHS Test0	1, Physician - Medical Oncolog	gy/Haematology			
earch for Provider					
internal V	A	H.			
avorite (0)		-			
Favor Prefix First Name	Last Name	Credentials Mode	Details		
		There are no items to show.			
				📥 Add Freetext Recipient	11
cipient				•	4
<b>cipient</b> Ivor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
<b>cipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
<b>cipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
c <b>ipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
c <b>ipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
c <b>ipient</b> vor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
c <b>ipient</b> Vor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
<b>cipient</b> wor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
<b>scipient</b> nvor Primary Prefix First Name	Last Name*	Credentials Mode	Details*	More Delete	
<b>cipient</b> vor… Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
cipient wor Primary Prefix First Name	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
ecipient sevor Primary Prefix First Name vor Primary Prefix First Name Dther Actions	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
vcipient voor Primary Prefix First Name Dither Actions Forward for Print To*:	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
ccipient evor Primary Prefix First Name evor Primary Prefix First Name Dther Actions Groward for Print To*: Umit 255) Not Printed On Letter	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	
ccipient avor Primary Prefix First Name Dther Actions Comment:	Last Name*	Credentials Mode There are no items to show.	Details*	More Delete	





#### 4. Select a cell from the Recipient list and update the provider's information as needed.

elect Provider							
Declined Dravider	✓ Keterring Physician	an Madical Oncol	an / Haamatalaan				
Declinea, Proviaer	NHS Testol, Physica	an - Meaicai Oncoi	ogy/Haematology				
earch for Provider							
Internal ~			ρ.				
avorite (0)							
Favor Prefix First	Name Li	ast Name	Credentials	Mode	Details		
			Th				
			There are no items to	snow.			
						🕂 Add Freetext	Recipie
ipient						🕂 Add Freetext	Recipie
<b>ipient</b>	First Name	Lact Name*	Credentials	Mode	Details*	+ Add Freetext	Recipie
ipient or Primary Prefix	First Name	Last Name*	Credentials	Mode	Details*	🕂 Add Freetext	<b>Recipi</b> e
ipient or Primary Prefix Ig II	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax	Details*	+ Add Freetext	Recipie Dele
ipient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail	Details*	+ Add Freetext	Recipie Dele
<b>ipient</b> or Primary Prefix Ig III	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax	Details*	+ Add Freetext	Recipie Dele
ipient or Primary Prefix ∦ ☑	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Recipie Dele
ipient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Recipie Dele
ipient or Primary Prefix Ir ⊠	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Recipie Dele
pient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Dele
i <b>pient</b> or Primary Prefix ☑ ☑	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Dele
ipient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext More	Dele Dele
ipient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext More	Dele
ipient or Primary Prefix ₩ ₩	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext	Dele
ipient or Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Dele >
ipient ror Primary Prefix € ⊠	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	+ Add Freetext	Dele
ipient ror Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext More	Dele
ipient ror Primary Prefix	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext More	Dele
ther Actions	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext I	Dele X
ther Actions	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext	Dele
ther Actions	First Name Physician - Medical On o <sup>*</sup> :	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext	Dele
ther Actions	First Name Physician - Medical On	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext	Dele
ipient ror Primary Prefix  Tor Primary Prefix  Tor  ther Actions Forward for Print mit 255) *Not Printe	First Name Physician - Medical On p <sup>*</sup> :	Last Name* NHS Test01	Credentials	Mode Fax Mail Fax Inbox	Details*	Add Freetext	Dele





5. Click **OK**. The Create Letter dialog box is displayed. Select the drop-down arrow beside the **Subject** field and select **Work/School Release Letter.** Fill out the text field with relevant information and select **OK** when complete.

Create Letter					- 🗆 🗙	
Task Edit ZZTEST, OREO Admin Sex:Female *Code Status: <no available="" data=""></no>	MRN:11001448 DOB:26/Apr/1990 Isolation:≺No Data Available>	Allergies: bee stings Age:34 years Alerts:No Alerts Documented	Attending: Dose Wt: <no available="" data=""> Emergency FIN: 22-001585 (Admit Dt: 2024</no>	Loc:WS ED; ASMT 4; A HCN:ON 1478-523-699 Apr-18 11:44:01 Disch Dt: 2024-May	-01 10:59:00	Э
Recipient						1
Subject: Provider Letter	Save As: Provider Letter ~					
Transitic Patient Questionnaire						a
Referral Information Request for Information	९ ९ ४ ७ ≋ ४ В ⊻ / ୫ 🗏 ≣ ॾ 🚢 ७(०	ŧ.				ī.
Results Notification School / Work Release Letter					^	•
Transition of Care						ŀ
						E.
						IF.
						I.
						P
						H
						÷
						1
Results					Add Results	-
Result Name		Current Result	Date Previous Result Date R	eference Range		1
		There are no items to show.		,		11
						ŀ
				ок	Cancel Preview	-



