

## **TIP SHEET** HOSPITAL INFORMATION SYSTEM (HIS)

## Access EFR – post Millennium implementation

Access EFR will be used to print BLANK forms (no patient information) post go live

- 1. Login
- 2. Select "Forms Selection



- 3. Set Blank Forms as your Default Location (If you already have a default location *see below*.
  - 1) Click in the box "Set as" default location
  - 2) Select Submit"

## <u>Default Location -other than Blank Forms</u> when asked "Use Default Location? select NO and proceed to Step 3.



« Please select a location:

- 4. You will now be directed to the Forms Selection screen (see picture below)
  - 1) Highlight the form you want to print and press Add (1 in pic)
    - i. do this for each form you want to print (they will appear at the bottom as they are added (2 in pic).

*Note: Form Groups – "All Forms \*\*Select Forms Here\*\*" If the form you need to print isn't listed here look in "Downtime Forms".* 

- 2) Select how many copies of the form you wish to print (2 in pic)
  - i. To print multiple copies: select the # you want to print and save by clicking in the same row (so that the entire row is highlighted blue).
- 3) Select Printer from drop down (3 in pic)
  - i. If the printer you need is not listed go to step 5)
- 4) Select Process forms (4 in pic)

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- 5) Request PDF (5 in pic) select if the printer you need wasn't listed in the drop down
  - i. A PDF copy of the form will appear on your monitor







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ii. Click the printer icon and choose from your listed windows printers

Δ			Home   MOBILE   /	About   DOMAIN: NHS   USER: COLCAT99   Log off
CCESS.EFR				This is the Test Server
e forms Repository Forms Selection				
**Select Printer - click down arrow*1 Process Form	s 🔊 Request PDF	🧱 Search All Forms 🛛 눰 Manage	Form Favorites	
Show 20 - records				Show 100 - records
Form Groups		Form Name	Description	0
♥ Contains		♥  Contains	♥ Contains	
All Forms **SELECT FORMS HERE**	Add	ADM1	Payment Agreement Hospital	Î
Downtime Forms	Add	ADM2	Payment Agreement-Patient's Copy	
	Add	ADM3	Surgical Booking Form	
	Add	ASSMT004	Falls Risk Assessment Form and Intervention Tool for Complex Care-900783	
	Add	ASSMT007CC	Smoking Cessation with Picture	
1 - 2 of 2 records + + rev 1 next +	1 - 100 of 241 rec	ords		+ ≪ prev 1 2 3 next → +
Selected Forms				
Print Quantity Form Name	D	escription		
ADM2	P	ayment Agreement-Patient's Cop	y	



