## ALL ROLES

The Work Queue Monitor (WQM) is designed to streamline the process of handling inbound faxes that require signatures. This tip sheet outlines the steps required to request a provider's signature on a document.

1. **Accessing Your Department's Queue**: Select the tab corresponding to your department's queue (e.g., Ambulatory Clinic)
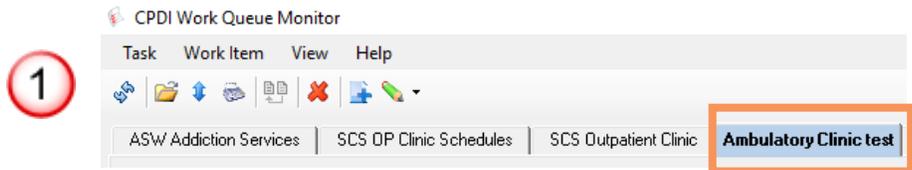


2. **Selecting a Work Item**: Double click the highlighted work item you want to work on. A dialogue box with patient information will appear.
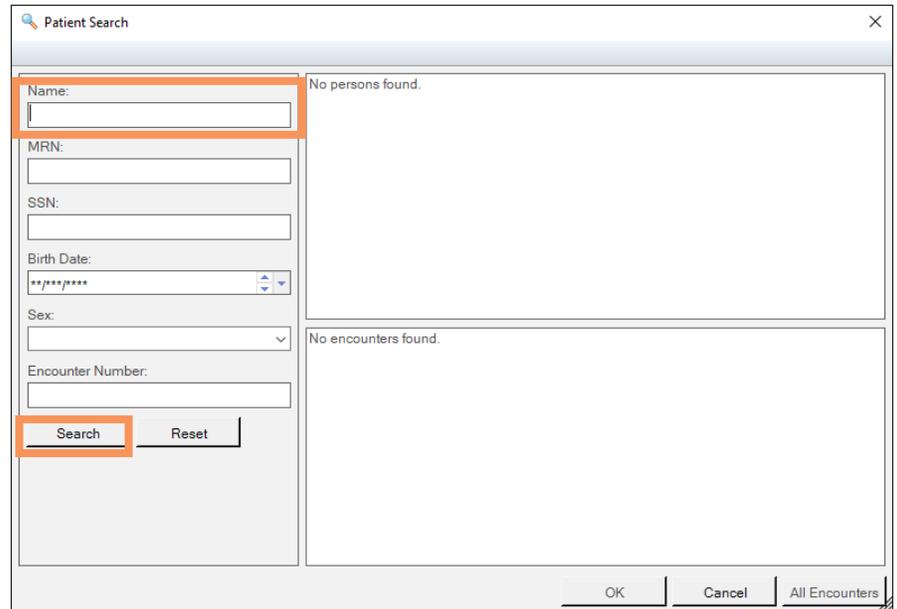


3. **Click the patient search button**: Click the "Select Patient" button (Identified as a person with a magnifying glass). A "Patient Search" dialogue box will appear.
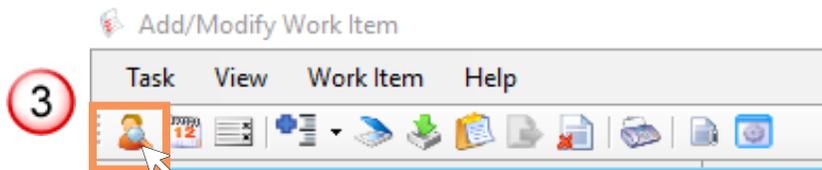
4. **Patient Search:** Search for the patient by entering the patients details (last name, first name, HCN, etc.). Click search.
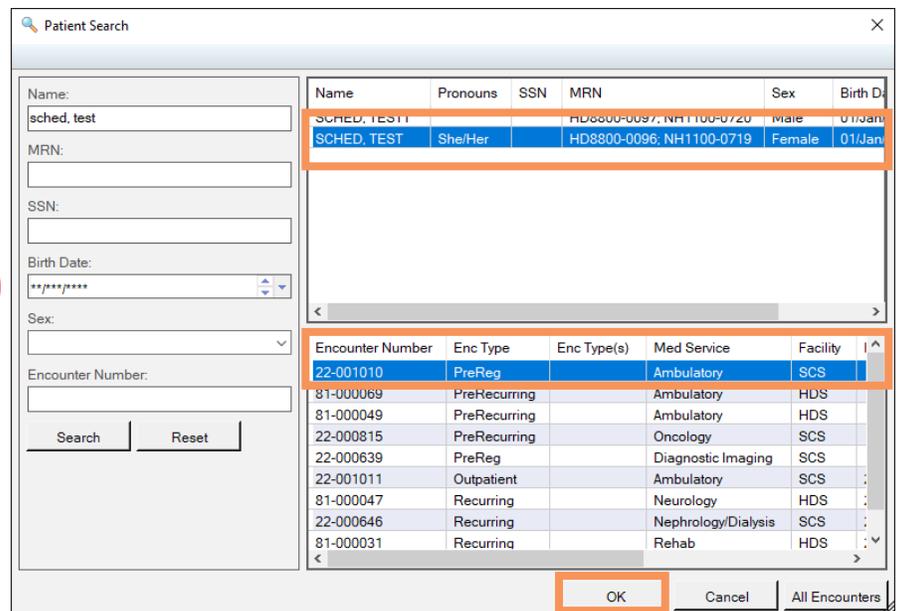
5. **Correct Encounter:** Ensure the correct patient and encounter are selected. Click "OK". The "Patient Search" dialogue box will close.

NOTE: For this process to work, you must have an MRN/Encounter attached to the patient.

6. **Categorize the document**: In the left side panel, select the document type from the drop-down menu containing available categories (e.g., Consent Forms, Legal Documents).

NOTE: Only clinical documentation can be reviewed or signed by a

**Document type:**

Consent Forms

| Consent Forms |
| Consultation Note |
| COPD Progress Note |
| COVID Treatment Clinic Note |
| Critical Care / Intensivist Procedure |
| Critical Care Consultation |
| Critical Care Progress Note |
| Critical Lab Values |
| CRT insertion |
| CS Documents |
| CT Documents |
| CT Order Emergency Department - Text |
| CTC Admission Information - Text |

Scroll down to view more

7. **Set the document status:** Once the correct document type has been selected, change the status of the document to "Complete"

**Status:**

Complete

| Available |
| Canceled |
| Clarify |
| Complete |
| Supplemental |

Comment:

8. **Associate a provider:** Scroll down the side panel to **select the "Provider" box**. Type the providers name until there is an exact match for the correct provider. Or **click on the magnifying glass** to search

**Provider**

Test

Location:
St. Catharines Site//St. Catharines Site//SC BD

Document type:
Legal Documents

Subject:
Legal Documents

Priority:
NOW

Scheduling Request List:

modality:
Bone Density

Last Contact

Referring physician:

Status:
Available

Reason:

Comment:

Date of service
10/Jun/2024   1723   (GMT-05:0

☑ Post as authenticated

Sign date
**/***/****

9. **Associate a Provider Search:** If the magnifying glass was clicked, a new window will pop up. Type in part or all the provider's last name and click **"Search".** Click on the correct provider and then click **"OK".**

10. **Uncheck** the "post as authenticated" box.

Select the **"Requested Sign"** radial button from the **"Provider Actions"** field. Select **"Add".**

11. **OPTIONAL:**

Click on the document where the provider would be signing and their name will appear where you click.

Select "Ok" to complete the requested sign.

**Navigate to the bottom-right side** of the window and **select "OK"** to complete the sign request.

**Requested Sign: Test, Cerner**

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Route    OK    Cancel