# WQM FOR AMBULATORY

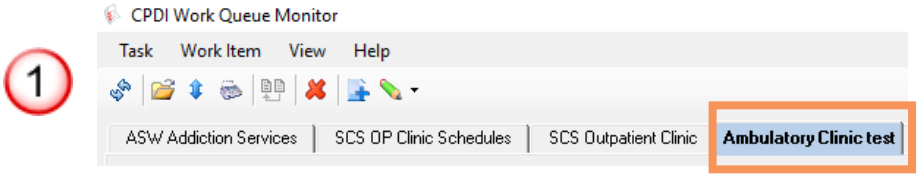
## HOSPITAL INFORMATION SYSTEM (HIS)

## AMBULATORY

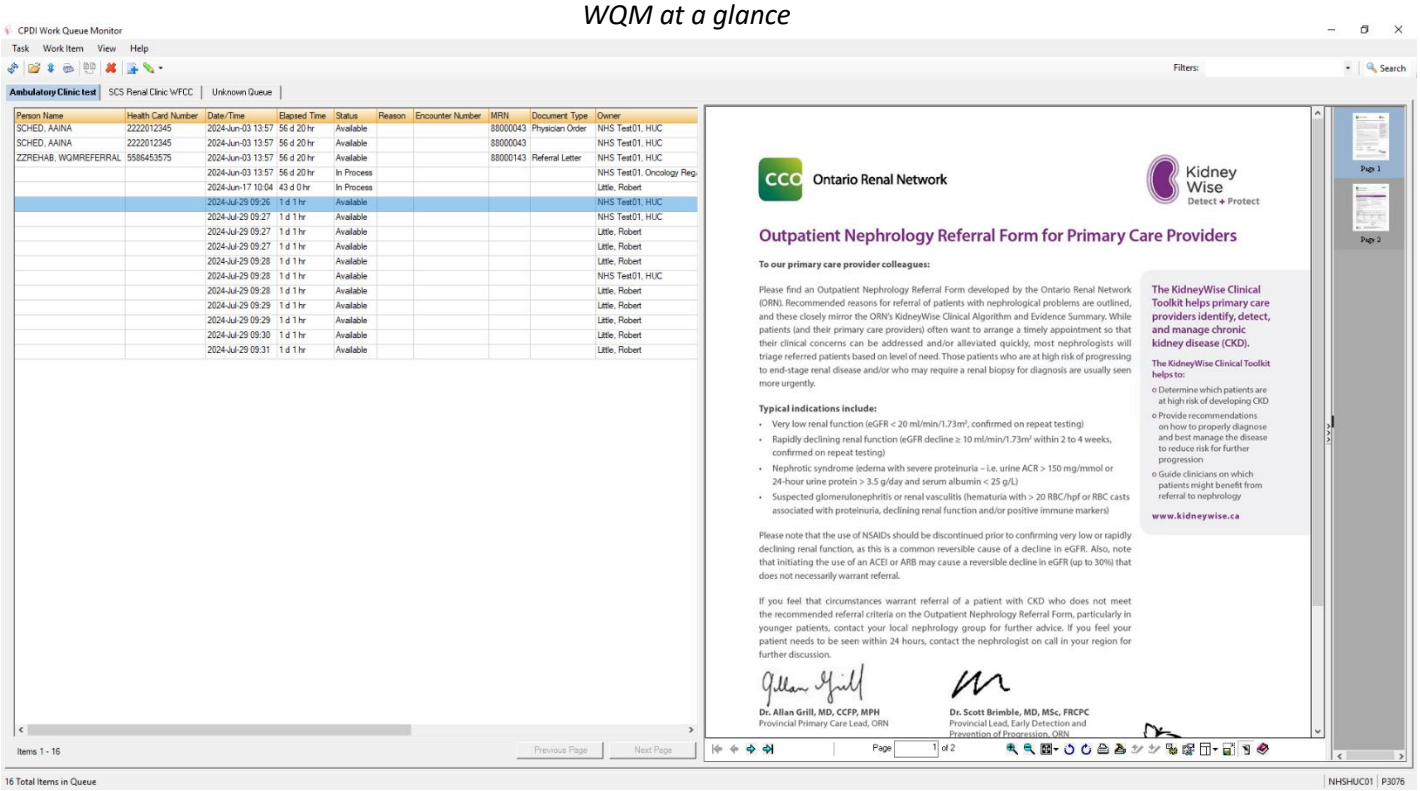
The Work Queue Monitor (WQM) workflow for Ambulatory Staff streamlines the process of managing and processing documents. This guide provides detailed steps on logging in, navigating the work queue, selecting and viewing work items, and performing patient searches. It also covers essential tasks such as splitting documents, assigning document types, updating work item statuses, and annotating images. By following these instructions, staff can efficiently handle their tasks, ensuring accurate and timely processing of documents within the Work Queue Monitor system.

### Navigating the Work Queue

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




*WQM at a glance*



Ambulatory Clinic test | SCS Renal Clinic WFCC | Unknown Queue

| Person Name | Health Card Number | Date/Time | Elapsed Time | Status | Reason | Encounter Number | MRN | Document Type | Owner |
|---|---|---|---|---|---|---|---|---|---|
| SCHED, AAINA | 2222012345 | 2024-Jun-03 13:57 | 56 d 20 hr | Available | | | 88000043 | Physician Order | NHS Test01, HUC |
| SCHED, AAINA | 2222012345 | 2024-Jun-03 13:57 | 56 d 20 hr | Available | | | 88000043 | | NHS Test01, HUC |
| ZZREHAB, WQMREFERRAL | 5586453575 | 2024-Jun-03 13:57 | 56 d 20 hr | Available | | | 88000143 | Referral Letter | NHS Test01, HUC |
| | | 2024-Jun-03 13:57 | 56 d 20 hr | In Process | | | | | NHS Test01, Oncology Reg |
| | | 2024-Jul-29 09:26 | 1 d 1 hr | Available | | | | | NHS Test01, HUC |
| | | 2024-Jul-29 09:27 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:27 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:28 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:28 | 1 d 1 hr | Available | | | | | NHS Test01, HUC |
| | | 2024-Jul-29 09:28 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:29 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:29 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:30 | 1 d 1 hr | Available | | | | | Little, Robert |
| | | 2024-Jul-29 09:31 | 1 d 1 hr | Available | | | | | Little, Robert |

Single click for quick view

Or double click to select work item.

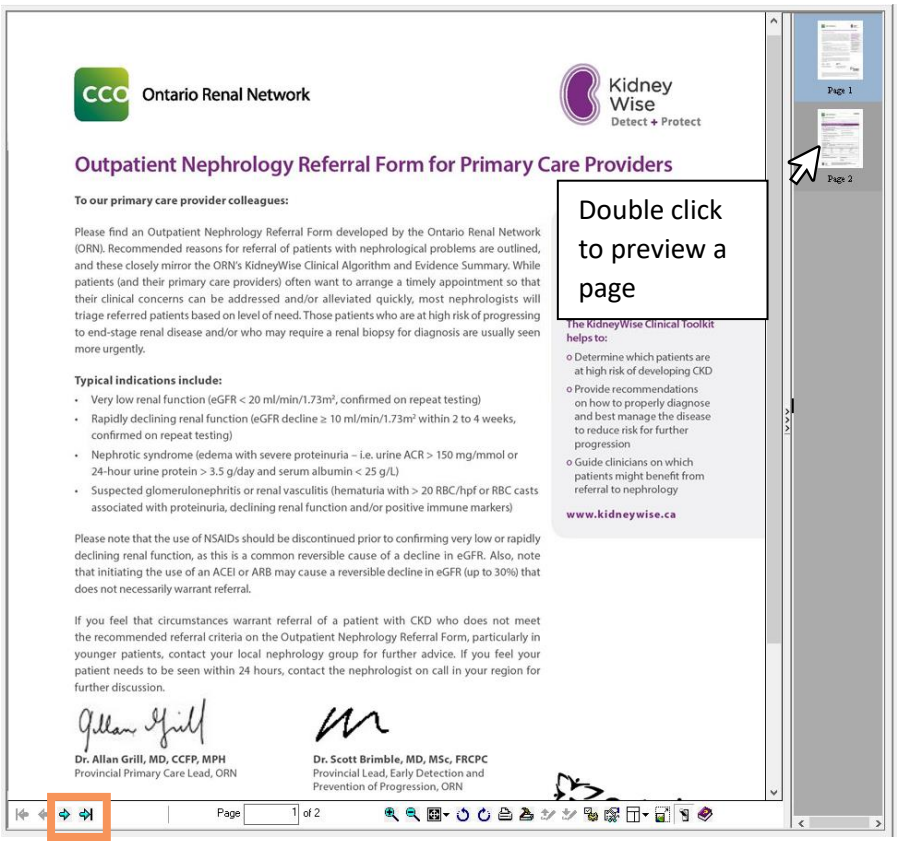
2. **Navigating the Work Queue**:

2

**Single Click** on each work item for a quick view.

**Double Click** on the thumbnail to the right of the preview pane to preview a page, **or use the blue arrows at the bottom** of the preview pane.

To **select a work item**, click the work item you want to work on. **Double click** the highlighted work item.



CCO Ontario Renal Network

Kidney Wise Detect + Protect

Outpatient Nephrology Referral Form for Primary Care Providers

To our primary care provider colleagues:

Please find an Outpatient Nephrology Referral Form developed by the Ontario Renal Network (ORN). Recommended reasons for referral of patients with nephrological problems are outlined, and these closely mirror the ORN's KidneyWise Clinical Algorithm and Evidence Summary. While patients (and their primary care providers) often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred patients based on level of need. Those patients who are at high risk of progressing to end-stage renal disease and/or who may require a renal biopsy for diagnosis are usually seen more urgently.

Typical indications include:

- Very low renal function (eGFR < 20 ml/min/1.73m², confirmed on repeat testing)
- Rapidly declining renal function (eGFR decline ≥ 10 ml/min/1.73m² within 2 to 4 weeks, confirmed on repeat testing)
- Nephrotic syndrome (edema with severe proteinuria – i.e. urine ACR > 150 mg/mmol or 24-hour urine protein > 3.5 g/day and serum albumin < 25 g/L)
- Suspected glomerulonephritis or renal vasculitis (hematuria with > 20 RBC/hpf or RBC casts associated with proteinuria, declining renal function and/or positive immune markers)

Please note that the use of NSAIDs should be discontinued prior to confirming very low or rapidly declining renal function, as this is a common reversible cause of a decline in eGFR. Also, note that initiating the use of an ACEI or ARB may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

If you feel that circumstances warrant referral of a patient with CKD who does not meet the recommended referral criteria on the Outpatient Nephrology Referral Form, particularly in younger patients, contact your local nephrology group for further advice. If you feel your patient needs to be seen within 24 hours, contact the nephrologist on call in your region for further discussion.

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Provincial Primary Care Lead, ORN

Dr. Scott Brimble, MD, MSc, FRCPC
Provincial Lead, Early Detection and Prevention of Progression, ORN

The KidneyWise Clinical Toolkit helps to:

- Determine which patients are at high risk of developing CKD
- Provide recommendations on how to properly diagnose and best manage the disease to reduce risk for further progression
- Guide clinicians on which patients might benefit from referral to nephrology

www.kidneywise.ca

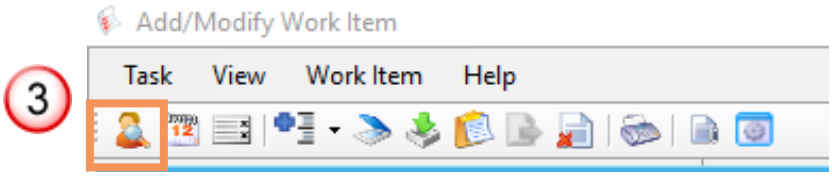
Page 1 of 2

Double click to preview a page

Blue arrows to preview pages

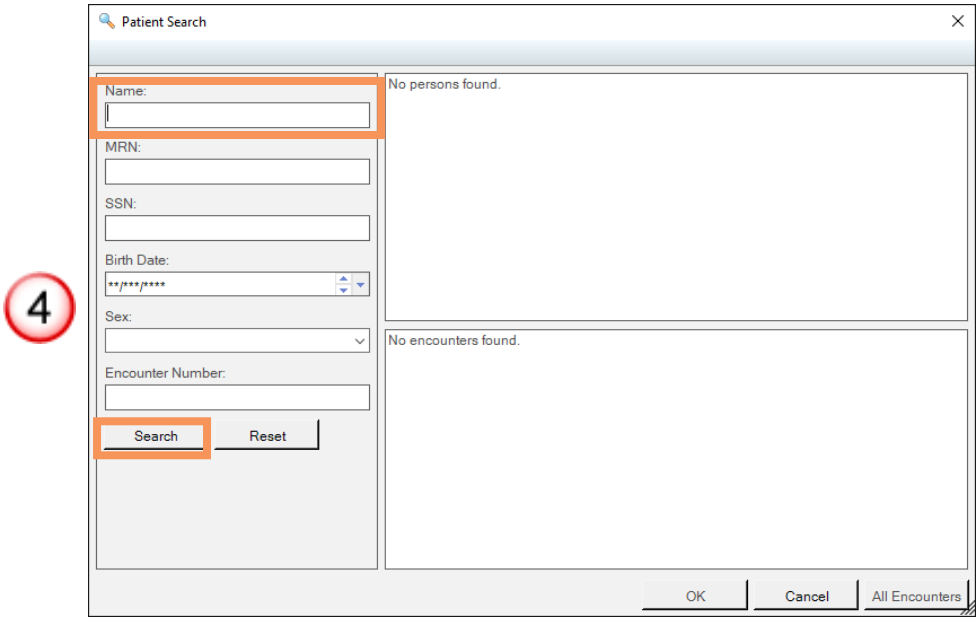
## Searching for a Patient

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.



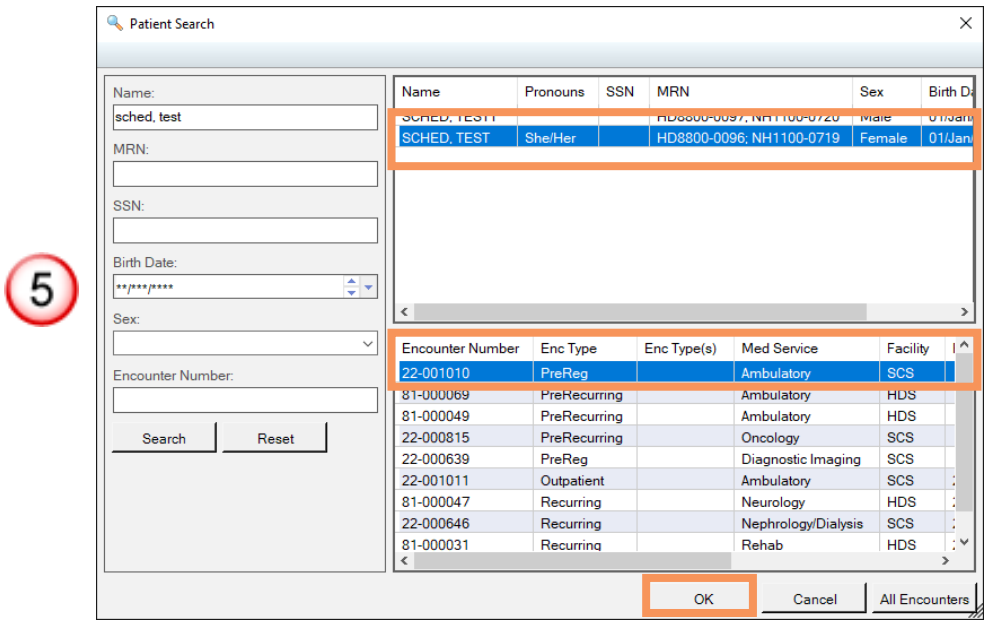

4. **Patient Search:** Search for the patient by entering the patients details (last name, first name). Click search.

Note: The more information you enter, the more accurate your results.



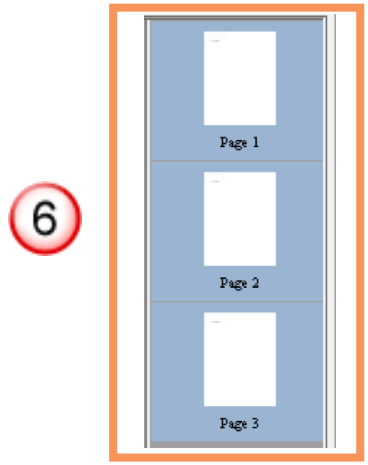

5. **Select the Correct Patient:** Click on the correct patient in the top half of the search results window. If there is an encounter listed in the bottom half an it is the correct one, click on it and then click **"OK".**

**Note**: Ensure a patient and MRN/Encounter are attached to the document. If there is no correct encounter there, you will need to create the encounter.



## Splitting Documents

6. **If needing to Split the Documents - Select pages to split:** Click the first page you wish to split. Hold the shift key and click the last page you want to split.

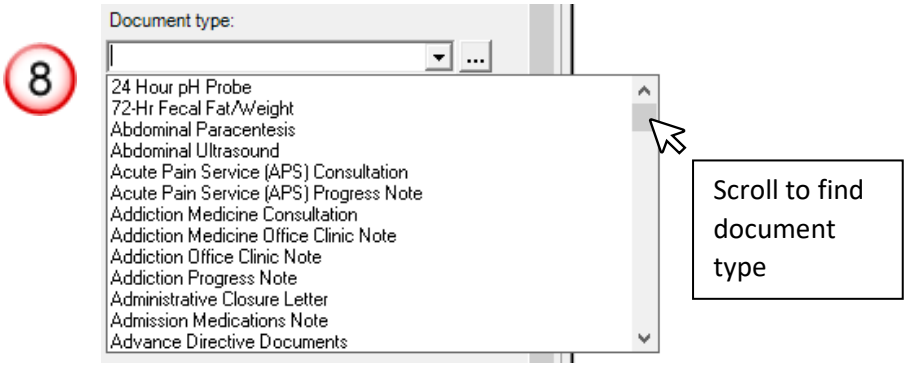



7. **Split the Document:** Click the **"Split"** icon, located below the thumbnail images on the right-hand side.

## Assign Document Type

8. **Selecting Document Type:** Click "Document Type" drop down arrow. Scroll the list, find the Document Type, and click on it to populate the field.

Note: Only clinical documentation can be reviewed or signed by a provider (e.g., provider order, consent). If the document type does not hold a clinical value, you will not be able to access the provider field or actions.



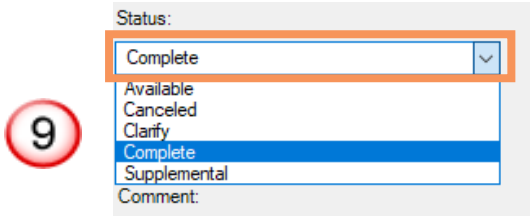
## Update Work Item Status

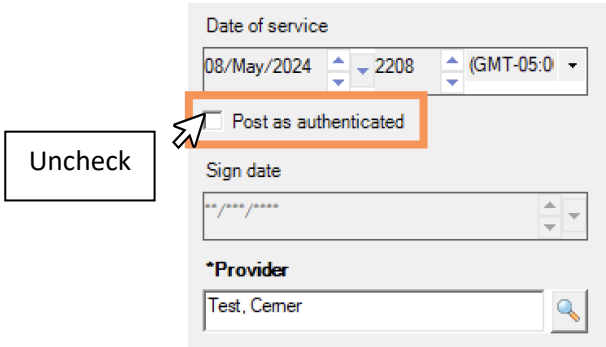
9. **Click Status Drop-down Arrow:** Scroll down further to the "Status" drop-down and select "Complete" for the status.

Edit the "Date of Service" if desired.

**Uncheck** the "Post as Authenticated Box" if it not unchecked by default.

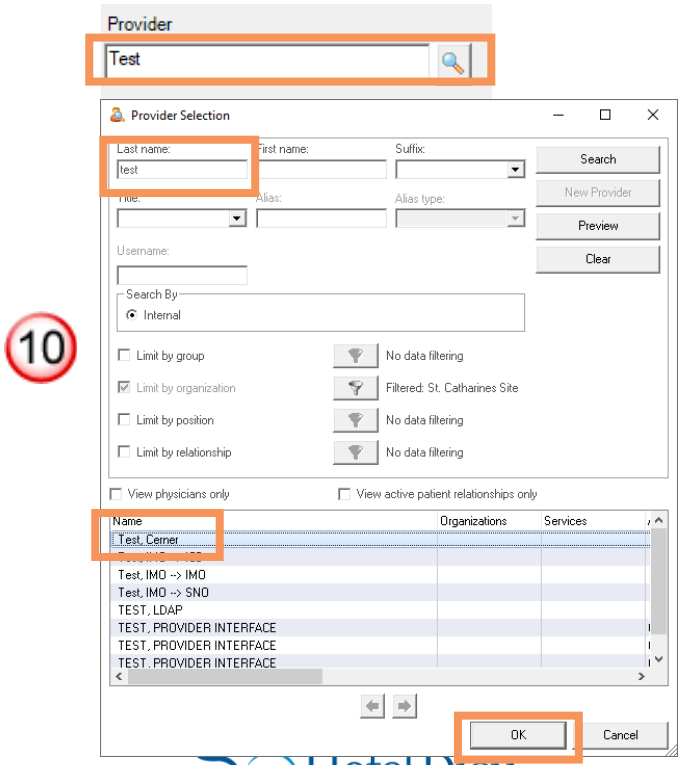
**Note:** This field is only available if you have selected the document type as clinical (e.g., consent forms; legal documents).



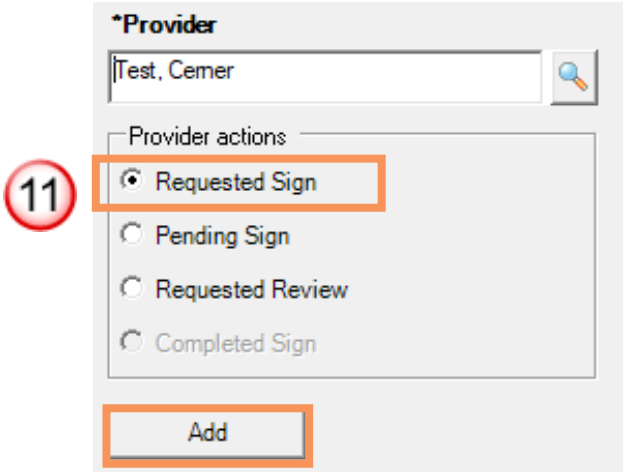




## Assign Provider

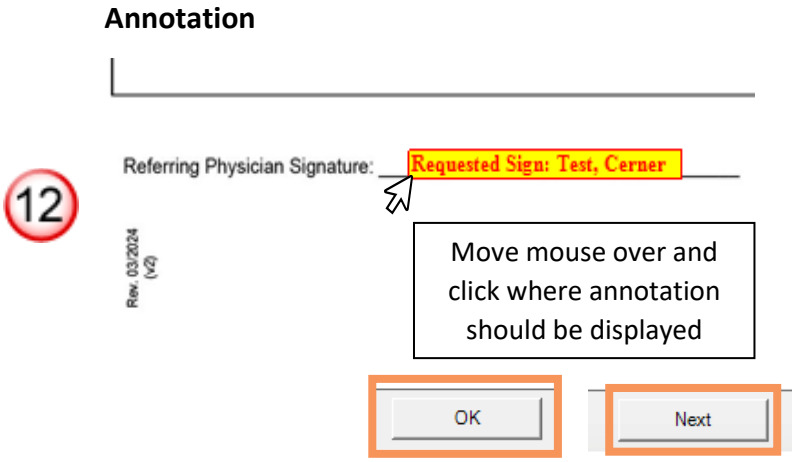
10. **Search for Provider:** Use the magnifying glass icon, type in the provider's name, find the correct provider, and double click on the name.



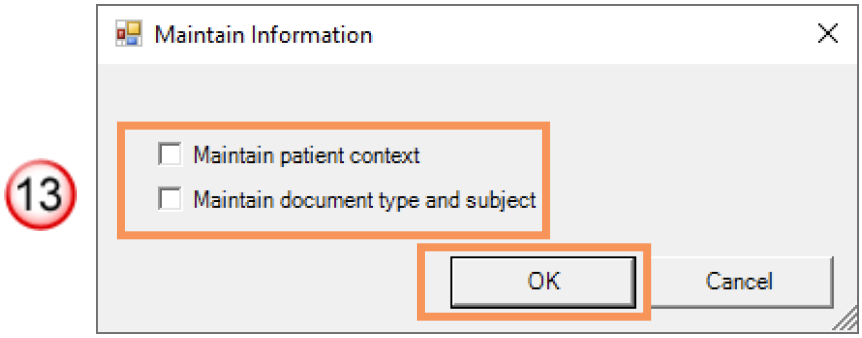
11. **Provider Action:** Ensure radio button for "**Requested Sign**" is selected, then click the "**Add**" button directly below.




12. **Annotate Image:** Move the mouse over to the document and click where you wish to display the annotation. Click "**OK**" will send document to Patients chart. Or click "**Next**" if in the middle of a split.




## Maintaining Information (If Document Split)

13. **Maintain Information:** Check the appropriate box for this document: "**Maintain patient context**" or "**Maintain document type and subject**". Click "**OK**" (this only displays if you have split the documents).

Repeat Steps 8 and 9 for the split item to complete this workflow.