



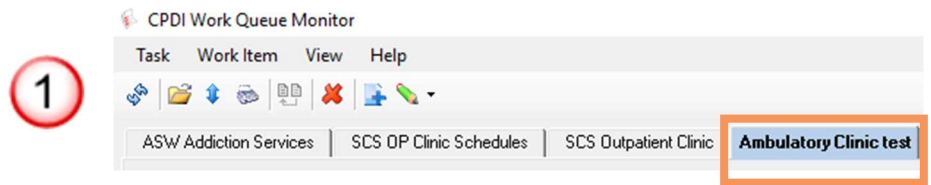
WQM – WITH REFERRAL MANAGEMENT HOSPITAL INFORMATION SYSTEM (HIS)

ALL ROLES

This tip sheet provides concise instructions for staff on how to use Work Queue Monitor (WQM) with regards to incoming external referrals. The process outlined below will help you manage document workflows seamlessly, from initial access to the final steps of document management.

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

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, WGMREFERRAL	5586453575	2024-Jun-03 13:57	56 d 20 hr	Available			88000143	Referral Letter	NHS Test01, HUC
		2024-Jun-17 10:04	43 d 0 hr	In Process					NHS Test01, Oncology Reg, Little, Robert
		2024-Jul-29 09:26	1 d 1 hr	Available					NHS Test01, HUC
		2024-Jul-29 09:27	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 09:29	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

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/minimol 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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The KidneyWise Clinical Toolkit helps primary care providers identify, detect, and manage chronic kidney disease (CKD).
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

16 Total Items in Queue

NHSHUC01 | P3076



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2. Navigating the Work Queue:

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** on the work item that is a **New Referral**.

2

Person Name	Health Card Number	Date/Time	Elapsed Time	Status	Reason	Encounter Number	MRN	Document Type	Owner
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		2024-Jul-29 09:31	1 d 1 hr	Available					Little, Robert

Single click for quick view
Or double click to select work item.

Double click to preview a page

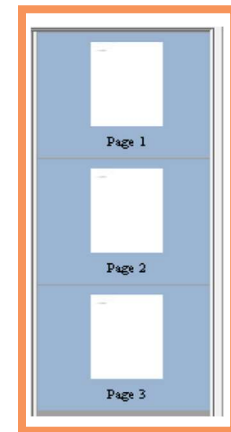
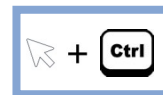
Blue arrows to preview pages



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3. Splitting Faxes: If in one Work Item (**Fax**), there are multiple different patient referrals choose the pages that need to be split by using Shift + Click for a contiguous section, or Ctrl + Click to select individual pages.

3



4. Split the Document: Click the “Split” icon, located below the thumbnail images on the right-hand side.

4



5. Patient Search: Click the Patient Search Button and search for the patient using details from the document (e.g., HCN, Last Name, First Name). Select the correct patient from the top half of the search results.

Click the “All Encounters” button and click “OK”.

Note: For this Process to work it must be attached at the **Person level (All Encounters)** and not attached to an Encounter.

5

Add/Modify Work Item



Patient Search

Name: [sched, test]
 MRN: []
 SSN: []
 Birth Date: []
 Sex: []
 Encounter Number: []

Name	Pronouns	SSN	MRN	Sex	Birth D
SCHED, TEST	She/Her		HD8800-0096, NH1100-0719	Female	01/Jan

Encounter Number	Enc Type	Enc Type(s)	Med Service	Facility
22-001010	PreReg		Ambulatory	SCS
81-000069	PreRecurring		Ambulatory	HDS
81-000049	PreRecurring		Ambulatory	HDS
22-000815	PreRecurring		Oncology	SCS
22-000639	PreReg		Diagnostic Imaging	SCS
22-001011	Outpatient		Ambulatory	SCS
81-000047	Recurring		Neurology	HDS
22-000646	Recurring		Nephrology/Dialysis	SCS
81-000031	Recurring		Rehab	HDS

OK Cancel All Encounters



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Assign Document Type

6. Select the Document Type:

Click “Document Type” drop down arrow. Scroll the list to **Referral Form** or start typing “Ref” and Assign the document type as **Referral Form**.

6

Document type:

Document type:

Referral Form

Referral Letter

Rehab Medicine Consultation

Rehab Medicine Progress Note

Rehab Medicine Progress Note

Rehab Outcome Measures

Rehab Reschedule Reasons

Rehabilitation Therapy Progress Note

Release from Treatment

Release of Information

Reminders

Renal Clinic Procedure

Renal Office Clinic Note

7. Selecting Document Status: Click “Status” drop down arrow. Scroll the list, and select **Complete**. Click on it to populate the field.

Click **“OK”** to complete the process. The fax is now in the Patients Chart under documentation.

7

Status:

Supplemental

Available

Canceled

Clarify

Complete

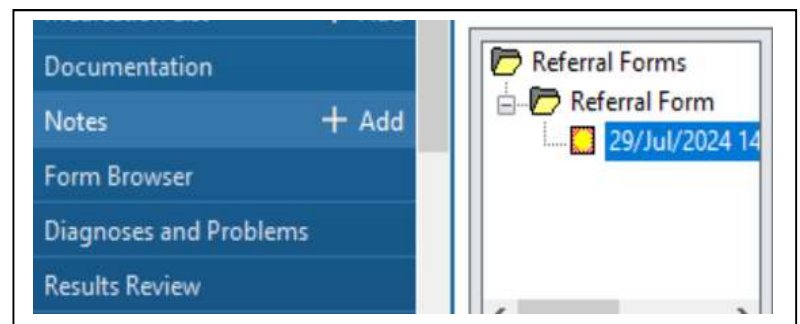
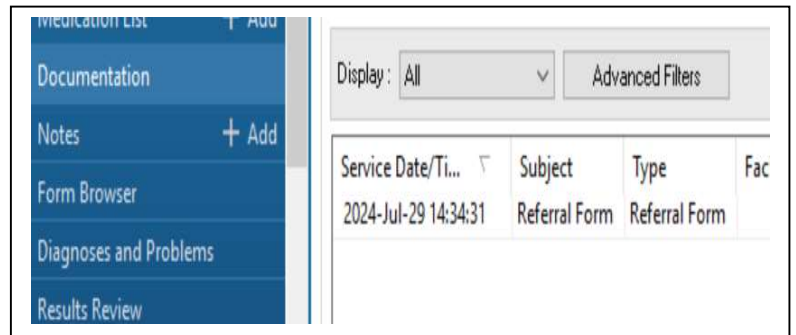
Supplemental

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8. Check in Power Chart: Login into Power Chart, Search for the Patient, on left hand side, under Menu, click on **Documentation** and check to see if the referral form you were just working on did end up there.

Or you can check in the **Notes** tab just below Documentation.

8



By following these steps, you have just moved the New Referral into the Patient's chart from WQM.

Refer to Referral: Receiving an External Referral Tip Sheet.