



Quick Reference Guide - MedTech

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Launching an eReferral from MedTech

- 1. Search for your patient by selecting "Patient/Search", alternatively you can press F2 (shortcut).
- 2. Type in the first letters of the patient surname into the name field and select "Search".
- 3. Select "OK" when you have located the correct patient.

You will now be presented with the patient's Electronic Medical Record (EMR).





To access the eReferral template select "Module/Advanced Forms/New Form".



Alternatively you could set up the **Forms** icon on your system as a shortcut to accessing the eReferral form Pressing Shift+F3 is another shortcut to access the forms as well. (See next page).

Setting up the forms icon

Select Windows ▶ Toolbar ▶ Setup...

Within the Setup Toolbar Window, click on the **Forms.HLK** in **Not Selected**, then click on the ">" button to add it to the selected toolbar items. Click on **OK** to save this change.



Upon clicking **"New Form"** a **"New Patient Form"** pop-up box will appear. Select **"HEALTHLINK/HealthLink Forms"** then click **"OK**".

C MedTech-32 Healthlink - Training/Testing		
Eile Edit Patient Module Report Iools Utilities Setup ManageMyHealth CAT Window Help		
🔝 🕾 🖻 🕼 🖉 🗞 ke dx dx 🗣 Hx 🖄 🖬 🖬 11 22 🕰 🗊	¥ 🗟 🗟 🖉 🔯 🛛	🗄 🖭 💋
MOORE Martha (130335.1)	A3 - R	FVE7188
8 Sylvan Avenue, Mount Eden, 09 777 777, 09 555 555, 021 021 555	14 Aug 1979 31 yrs Female	Other European 0.00
New Patient Form Select the form type to create for this patient :- Common Forms HealthLink Forms MSD Medical Certificate Medtech ManageMyHealth HEALTHLINK HealthLink Forms		

Select CareConnect eReferrals.

SMedTech-32 Healthlink - Training/Testing		
<u>File Edit Patient Module Report Tools Utilities Setup ManageMy</u>	Health <u>C</u> AT <u>W</u> indow <u>H</u> elp	
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MOUSE Mickey (130292.1) A 3	- C JDR1234 DU 5	SFE A-?
12344 Disney Land, 112233445, 234234 01 Jan	1945 66 yrs Male 10.00	BD
New HealthLink Forms (HEALTHLINK)		
<u>W</u> eb More Audit		
B HealthLink Online		
Welcome to He	ealthLink Forms	
General Services	Referred Services	
Health Pages	Auckland Region eReferrals	
Healthpoint	HISO Vendor Validation Tool	
Help 🔻		

You will be presented with the CareConnect eReferrals template.

BealthLink Online				
	onnect Aucklan	d Region eReferra	S	Next
Referral service* Audiology Breast Cardiology	Cardiology	1. Referred for*	Outpatient Appointment 2. Acute Assessment Specialist Advice Investigation/Test Only Response to Information Request Priority Review Other	
Dermatology Diabetes Endocrinology Fertility Gastroenterology		Referral type*	First Specialist Assessment 3. Follow-up Referral	

- 1. Referral Service Library of referral forms.
- 2. **Referred For** Reason for referral.
- 3. Referral Type First Specialist Appointment" or "Follow-up Referral".
- 4. When the **"urgent"** tick box is selected you can add notes to support the referral urgency in the "Details" text box.

Section Tabs

B HealthLink Online

CALLAND Breast Ref	erral for Outpatient Appoin	ntment	
Clinical Information	Problem Impact Impact details	Impact rating*	Minc
Attachments / Reports No reports selected No files attached		SECTION	IS TA
Medications / Warnings	Previously Referred	Has patient been previously referred for this condition?	
warnings specified	ACC	ACC claim	Not
Medical History No medical history specified	BREAST		
	Reason for referral*	Lump	
Patient Disabilities No disabilities specified No mobility issues specified	Nature	Discrete	Side*
	Position	Nipple and Areola	Skin
Patient Information Mouse Mickey, 30yrs	Lump details 🍞		
ABC1235	Lump is located on the right a	areola inflamed.	
Administration Details			
Not Specified			
Referrer Details	History		
The Practice	Lymphadenopathy	Yes 💌	
WZMC 456/64NC	Breast disease history	C Yes C No C Unknown	



Clinical Information

B HealthLink Online							
Cardiology	Referral for Outpatient Ap	pointment			_		
the finite frames					Su	ibmit Preview Park	Help -
Clinical Information	Please fix the following error	S:					-
	Please select Fa	cility; Unable to verify patient's	regular DHB				
Attachments / Reports	Administrative F Cardiology Refe	acility is a required field rral Reason is a required field					
No files attached	 Patient ethnicitie 	s code 1 is a required field					
Medications / Warnings					J		
warnings specified	Problem Impact	Impact rating*	Nil				
Medical History	Previously Referred	Has patient been previously		_			
No medical history specified		referred for this condition?	Net Created				
Patient Disabilities	ACC		Two Specmed	<u> </u>			
No disabilities specified No mobility issues specified	CARDIOLOGY						
	Reason for referral*	Atrial Fibrillation / Flutter		-			
Patient Information	Atrial Fibrillation / Flutter						
JDR1234	Options						
Administration Details	(1) Poorly controlled without s	ymptoms		c			
Outpatient Appointment	(2) Poony controlled with sym (3) Controlled but recent onse	ptoms (e.g. Shortness of breat	n, presyncope)	° C			
Referrer Details	(4) Chronic state	(0			
Referred by Sam Entwistle Millstone Family Practice							
NZMC A88984-3	Pre-op non-cardiac surgery	Please Select	•				
	Primary / Secondary prevention	n 🗖					
	Investigations / Results to be	attached					

The clinical information section has 2 mandatory components;

1. General clinical information: These fields are displayed on every form.

Clinical Information

B HealthLink Online												
	nect	Endoci	inology Refe	erral for Outpatie	nt Appointment	t			Submit	Preview	Park	Help 🕶
Clinical Information		 At les Patie 	ast one of Endo nt ethnicities co	crinology Reason is ode 1 is a required fi	required eld							-
Attachments / Reports No reports selected No files attached Medications / Warnings No medications specified. No medical	Proble	em Impact t details 🍞	Im	npact rating*	Moderate	e	¥					
warnings specified Medical History No medical history specified	Previo	ously Refer	ed Ha	as patient been previ ferred for this conditi	ously T on?							
Patient Disabilities No disabilities specified No mobility issues specified	ACC Select	the ACC rec ACC45	AC cord associated Date	CC claim d with the referral* Is Work Related	Yes Location		Details					
Patient Information MICKEY MOUSE, 66yrs JDR1234	C ENDO	T667711	07/03/1999	false			fell on ear					
Administration Details Press Select Outpatient Appointment Vion Eligbie Referrer Details Referrer Dy Sam Entwistle Millatore Family Practice VZMC A398984-3	Reaso	n for referm Hyperthyroid Thyroid Nod Polycystic C Adrenal diso al details 🍞	al" ism ule / Goitre tvary Syndrome rders	- - - -	Hypothyroidism Pituitary abnorm Bone disorders Other	nality						

2. Service clinical information: These fields change depending on the service selected. Forms will have one of two sets of service clinical information fields.

Service Specific clinical Information: A number of fields specific to the Service selection. Length and complexity are also unique to the Service. All of these forms types however will include the following fields:

- Reason for Referral
- Referral Details

eReferral - Clinical Information

ENDOCRINOLOGY	
Reason for referral*	
Hyperthyroidism	Hypothyroidism
Thyroid Nodule / Goitre	Pituitary abnormality
Polycystic Ovary Syndrome	Bone disorders
Adrenal disorders	Other
Referral details 🖻 🗟	

Mandatory Form Fields

Mandatory fields are marked with a red asterisk (*).

If information is missing from mandatory fields, the tab and the field will be highlighted.

Clinical Attachments List Display

A number of specialty referrals require specific reports to be attached as part of the referral. Where required, this list is called a "Clinical Attachments List" and is displayed on both the bottom of the specialty fields in the clinical section and on the attachments tab.

Documents stored within the PMS system can also be attached to the referral form.

Attaching Last Consultation Notes

Both the eReferral web form and other parts of the PMS can be opened at the same time, this allows you to locate items like consultation notes that you wish to include within the eReferral. Use the standard windows copy and paste keys to complete this task. (CTRL C/CTRL V).

Alternatively, there is a shortcut icon in the form that can drop in the last consulation notes within the Clinical section.

Forms that have questions specific to the Service are located next to the 'Referral Details' rich text box, and within forms with generic clinical sections this is located next to the 'Reason / Provisional Diagnosis' field.

Referral details 📴 🗟	
Click to attach last consultation notes	

eReferrals - Attachments / Reports

Medications / Warnings

Clinical Information		Form is auto-parked. Please note that attachments need to be re-attached when resuming the parked form.								
Attachments / Reports No reports selected No files attached	Please fix the	 ease fix the following errors: At least one of Endocrinology Reason is required 								
Medications / Warnings 🖗 3 Current medications specified, 3 medical warnings specified	Current Medications 3									
Medical History	Date 🔻	Details	Dose	Units	Instructions	•				
Medical history specified	11/05/2010	Asciiimg anti biotics	100	mil	3 times a day, take with food	×				
Datiant Disabilities	10/03/2009	Asciiimg anti biotics	100	mil	3 times a day, take with food	×				
No disabilities specified No mobility issues specified	19/02/2009	5ml/100mg Paracetomol 200mg liquid	200.3	mg	take 12ml every four hours, max 4 times 24 hours	×				
Medication comments										
Micky Mouse, 12yrs JDR1234										

In the medications section of the Form the 'Current Medications' table is pre-populated by the PMS. All current medications that have been marked as 'Long term' or 'Regular' Medications within the PMS and have a last prescribed date within the last 6 months, should be included in this table when the form is launched.

Additional medications can also be added to the table during the referral process through using the '+' sign on the table to add another row which can be edited with Medication details.



Cardiology Referral for Response to Information Request

a+AUCKLAND					Submit			
Clinical Information	Please fix the following errors	Please fix the following errors:						
	Cardiology Refe	rral Reason is a required field						
Attachments / Reports No reports selected No files attached								
	Problem Impact	Impact rating*	Nil	-				
Medications / Warnings	riobicin impact							
3 Current medications specified, 3 medical warnings specified	Previously Referred	Has patient been previously referred for this condition?						
	ACC	ACC claim	Not Specified	-				
Medical History Medical history specified								
	CARDIOLOGY							
	Reason for referral*	Hypertension	~					
Patient Disabilities		riypertension						

On completion, the form can be submitted by selecting the "SUBMIT" button on the top right corner of the form.

Parking a Form and Retrieving a Parked Form

B HealthLink Online		
Care Conr eReferrals	Endocrinology Referral for Outpatient Appointment	Submit Preview Park Help -
Clinical Information	Please fix the following errors: • Please select Facility; Unable to verify patient's regular DHB • Administrative Facility is a required field • At the set one of Endocrinology Reason is required • Patient ethnicities code 1 is a required field	
Medications / Warnings No medications specified, No medical warnings specified Medical History No medical history specified	Problem Impact Impact rating* Moderate 💌	

An eReferral form can be parked at any time which saves the referral for later submission. This "parked" form will be saved in the relevant area within your PMS for re-editing.

Retrieving a parked form

Parked forms can be retrieved by selecting **Module/Advanced Forms/Parked** then selecting the patient the referral was made for.

Submission of the form can be made once editing has been completed. See "Submit form"

Within the form there will be a number of Help options to assist the Referrer in completing the form accurately.

Appears when the label is hovered over for 2 seconds.

Hover Help

n/a

Information Help



An information icon on the right side of the field label and presents a pop light box.

Field Help



A question mark icon on the right side of the field label and opens a webpage.

The editable view of the referral form will have the following sources of user help:

- Menu Help
- Subject Help

For issues with the operation of eReferrals, please contact:

• healthLink Helpdesk on 0800 288 887 or email helpdesk@healthlink.net.

For questions regarding the clinical content of eReferral forms, please contact:

• CareConnect eReferrals on 0508 227 326 or email <u>eReferrals@healthalliance.co.nz</u>.

For training materials or support, please visit the eReferrals website (<u>www.eReferrals.co.nz</u>) or contact your PHO trainer. If you would like to chat to someone online you can also click on the chat section of the eReferrals website.

The following services will be included in the first phase of eReferrals. All referrals will be received by the hospitals Central Referral Office and distributed accordingly.

Audiology	Oral Health
Breast	ORL
Cardiology	Orthapaedics
Dermatology	Paediatric
Diabetes	Pain Clinic
Endocrinology	Plastic (and Hand)
Fertility	Renal
Gastroenterology	Respiratory
General Medicine	Rheumatology
General Surgery	Skin Cancer
Haematology	Stroke / TIA
Immunology	Urology
Infectious Diseases	Vascular
Neurology	Women's Health
Opthalmology	



www.ereferrals.co.nz