ALBERTA HEALTH SERVICES

ADM MEDITECH 5.67

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REGISTRATION MANAGEMENT DESKTOP FUNCTIONS

SCHEDULE: Records patient information: name, address, physician, insurance and billing information and expected date of service.

PRE-REGISTER: Records detailed demographics, next of kin, insurance and billing information, service date and location.

REGISTER: Admits or registers patients when they arrive at the hospital for their inpatient stay or their outpatient visit.

CHECK IN: Gives and overall view of the patient registration summary.

RE VISIT: Used for a re-visit of a recurring outpatient who has one account number for a series of visits.

IN TRANSFER: Transfer of service, requested accommodation, room/bed, room rate accommodation, changing of attending physician, bed swap, or multi-bed transfer.

OUT TRANSFER: To place an outpatient into a bed (eg. SDC sleepover).

DISCHARGE: Inpatient, emergency room patient and recurring patients are discharged.

EDIT: Used to edit name, DOB, gender, address, phone number, employer, contacts, guarantor, insurance, doctor (admitting and family only), overnight stay, DAL/Continuing Care/Lodge Resident, admit priority, reason for visit, entry code, arrived by and discharge date.

FIX: To change the Service Date/Time and location.

UNDO: Puts a registered patient back into a pre-registered status.

CANCEL: Cancels a registered patient visit when in a pre-registered status.

MAINTENANCE: Edit newborn mother, VIP/Confidential status, Pre-discharge referral.

CHANGE STATUS: To change SCHE/PRE or IN/INo pre-registered status patients to a new status (eg. DI to an ER)

ACCOUNT INFO: View patient, print patient summary, review patient activity, reprint admission form, view CCI data and patient directory.

DEMO RECALL: Change/Update Address, phone number, contact, guarantor, Insurance, family doctor and VIP.

EMR: Provincial Enterprise Medical Record

PATIENT SEARCH

To search for a patient, the system will automatically look through three systems to find the closest match to the information entered.

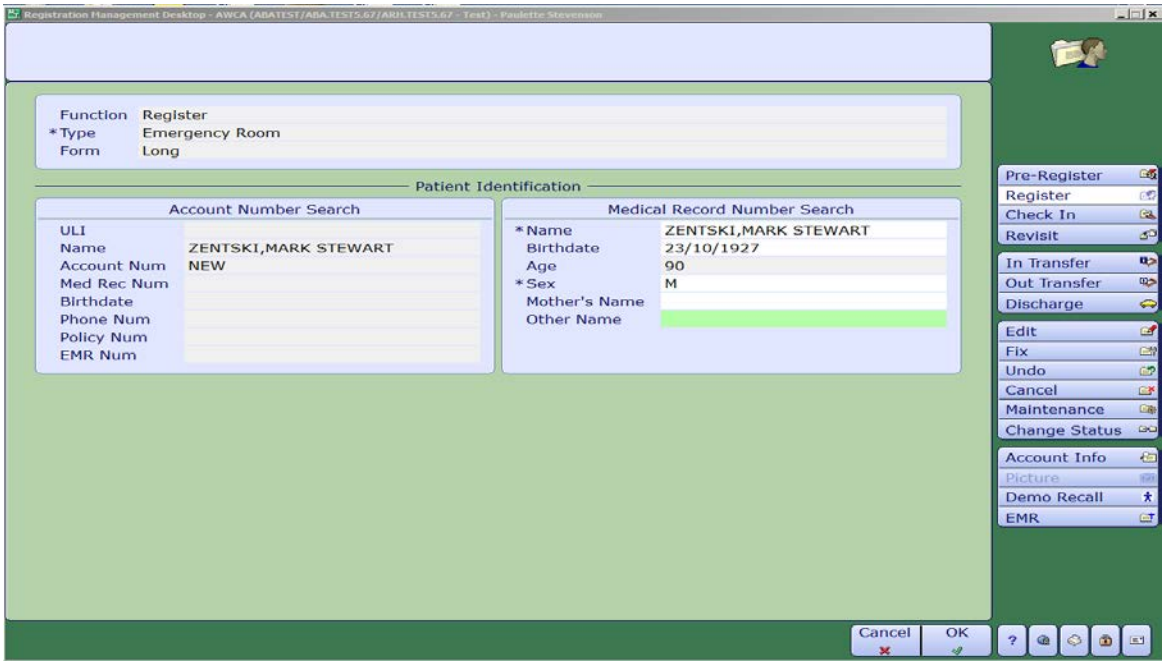
1. The **Active Account File**. This is a listing of any of the patient's previous visits to your facility within the last 90 days.
2. The **Master Patient Index**. The system will search the facility Medical Records module.
3. The **Enterprise Medical Record File**. The system will search the Provincial EMR for the patient. These are the most commonly used Patient Identification methods. Using more than one of these unique search fields increases the chances of finding the correct patient.

- ULI (Unique Lifetime Identifier)
- PATIENTS NAME
- ACCOUNT NUMBER
- MEDICAL RECORD NUMBER
- BIRTH DATE
- PHONE NUMBER
- POLICY NUMBER
- EMR NUMBER

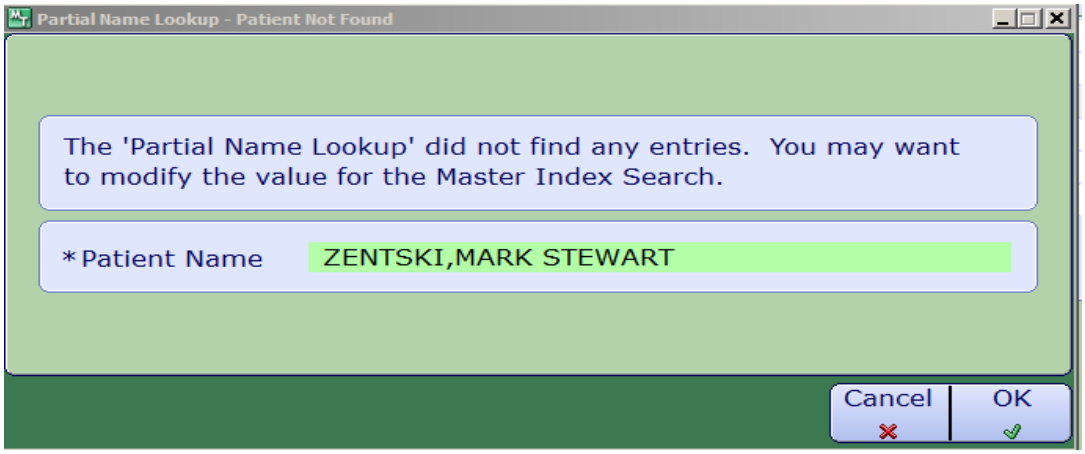
EXAMPLE

Mark Zentski arrives to the Emergency Department with stomach pain and he wants to see a doctor. All he has for ID is a driver's license and has said he has forgotten his AHC at home. He is not sure if he has been seen at this facility before.

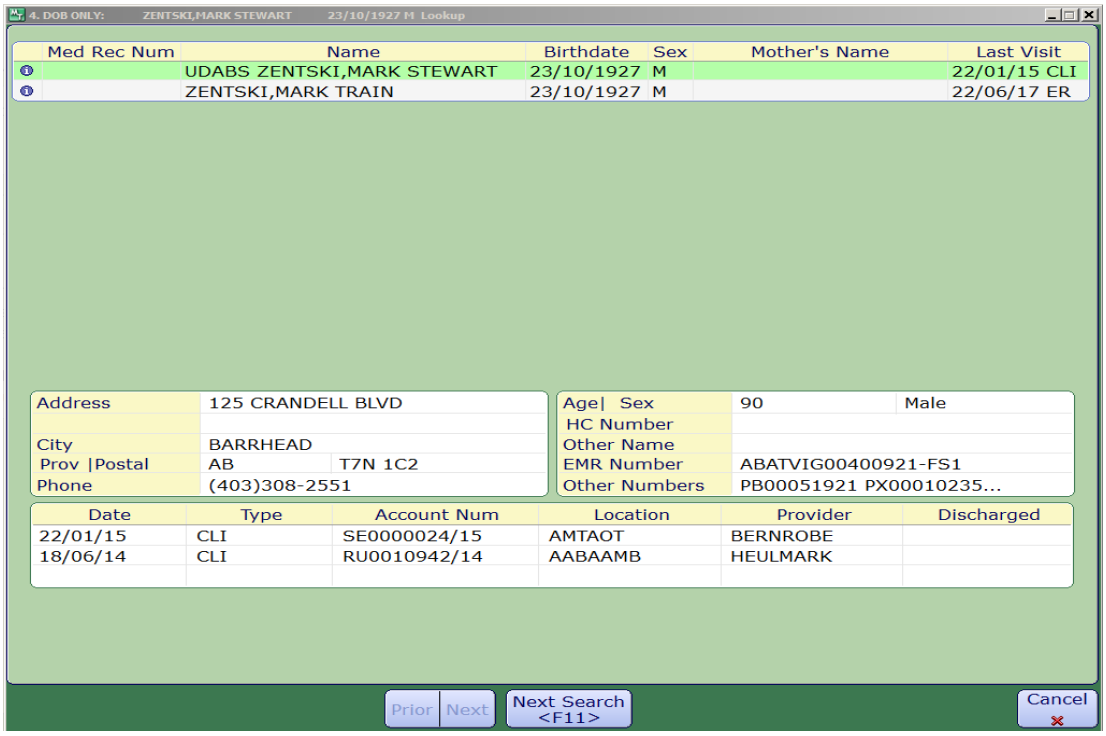
1. Enter as much information as you have available in the search fields by using the ID and confirming the demographics with the patient. (You no longer need to use the **#** key when entering the Health Care Card Number) Press Enter.



2. If the exact match is not found in your facility, it will attempt to check the Master Patient Index. Click on the green OK button to continue search.

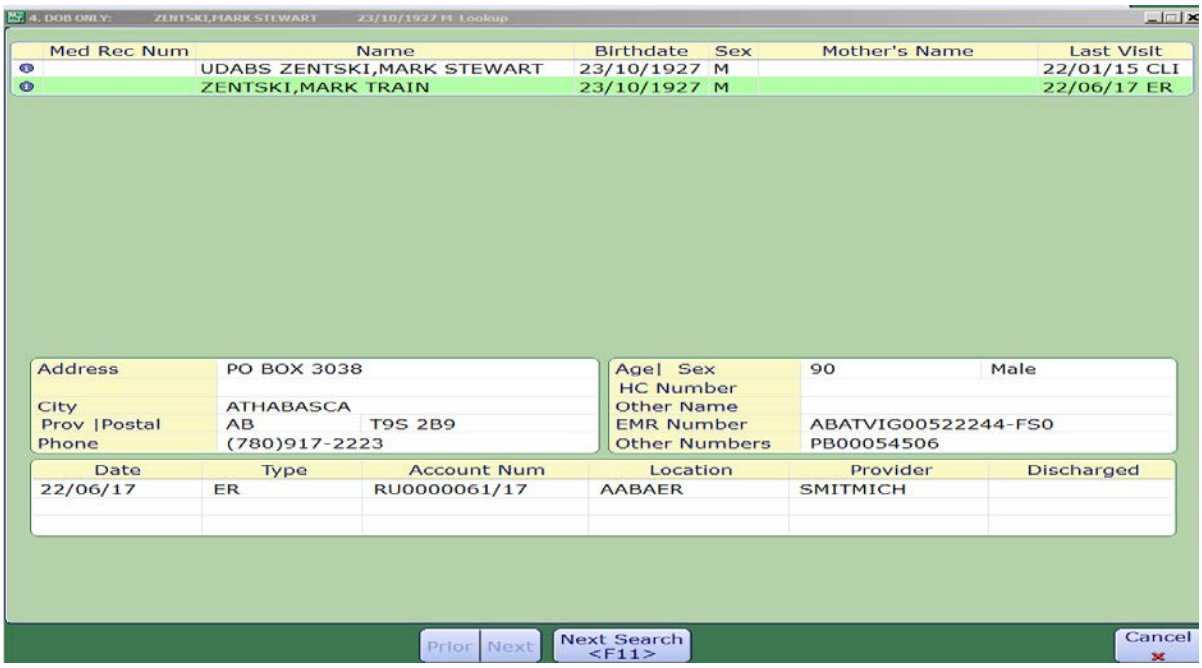


3. The Master Patient Index has found a patient with the exact birthdate. Confirm with patient if the demographics are correct.

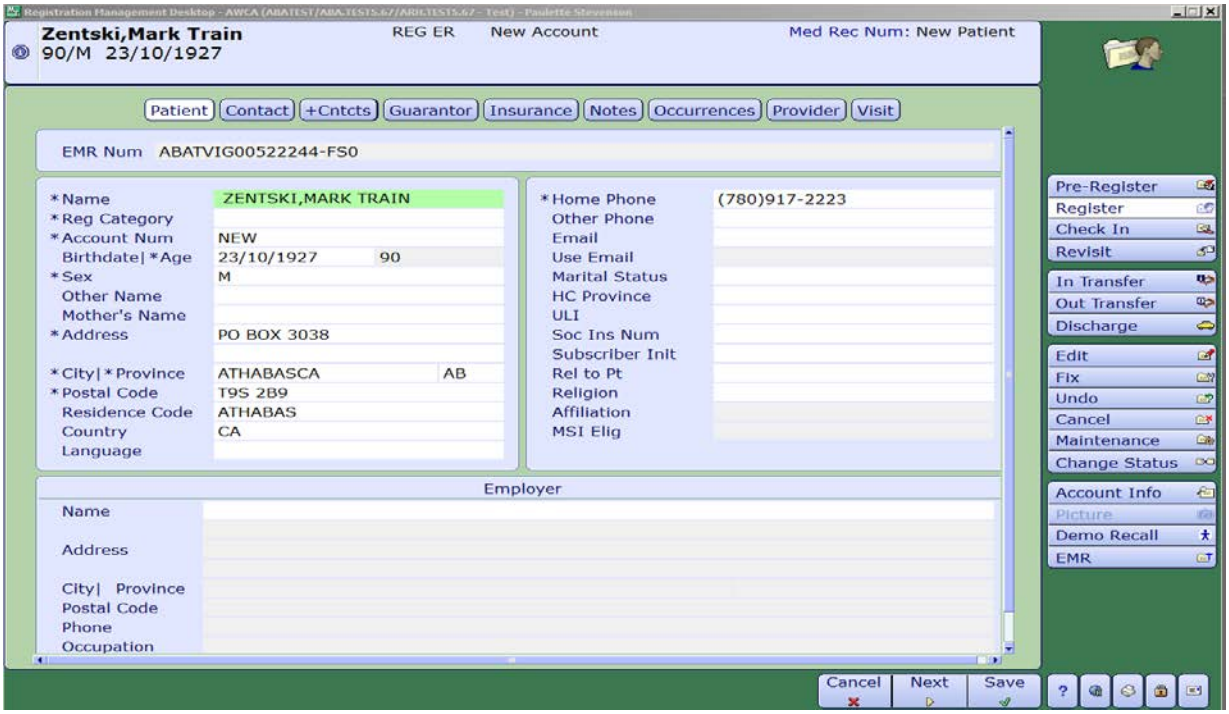


4. If this is the correct patient, press F12 to accept. If you're not sure if this is the correct patient, use the F11 (Next Search) button at the bottom of your screen to search for further patients.

5. The system has found two patients with similar birthdates. You can use your arrow buttons to highlight the patient in green. Again the demographics will show at the bottom of the screen, confirm with patient. If this is the correct patient, press enter or F12 to select.



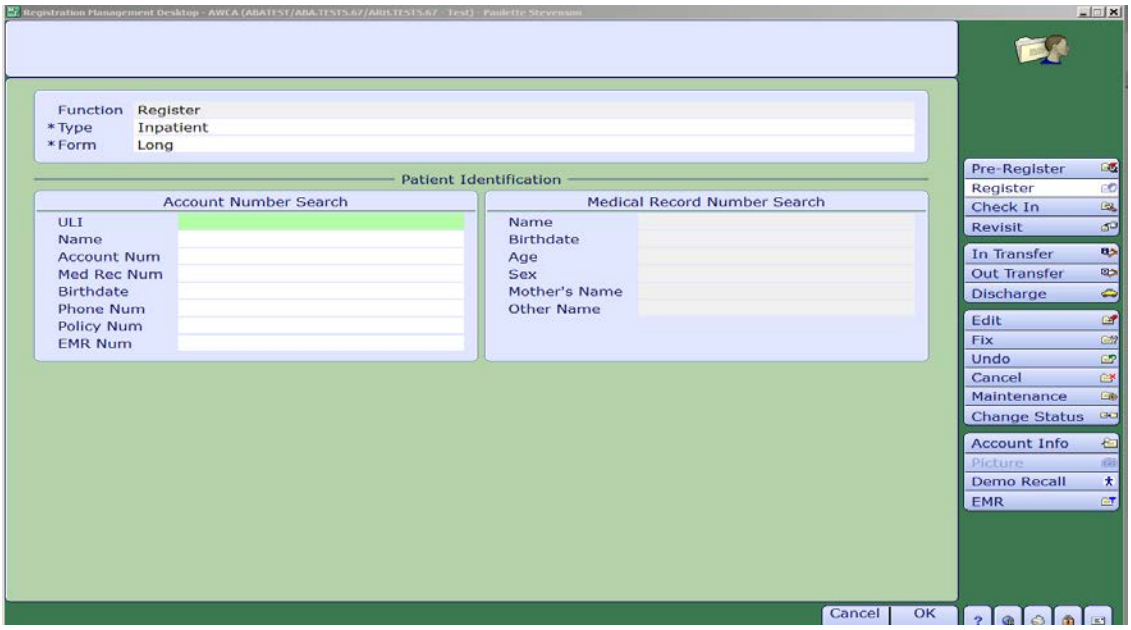
6. The registration field will then appear and auto populates all the demographics into the correct fields. Continue with registration.



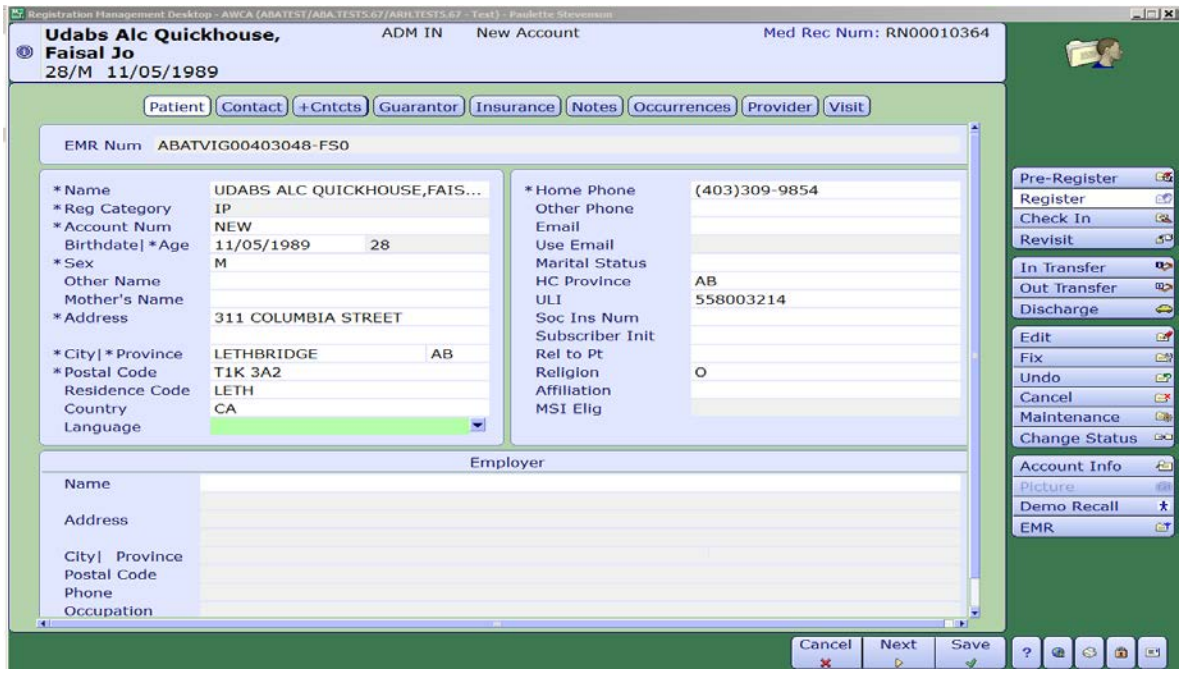
INPATIENT

- Pertains to persons who have been admitted to a health care facility for medical and/or facility services and who has been assigned an inpatient bed, bassinet or incubator. This includes patients who are admitted as inpatients but are held in interim assessment (within the emergency department).

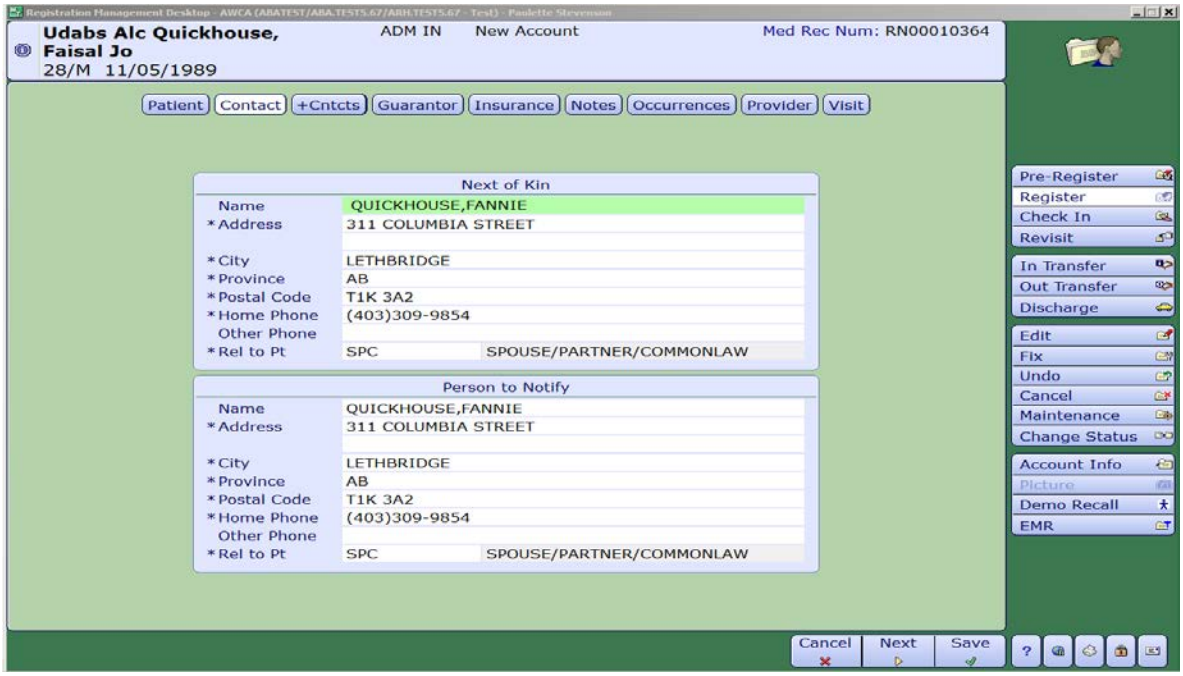
1. Using the pull down menu, choose Inpatient and Long Form.



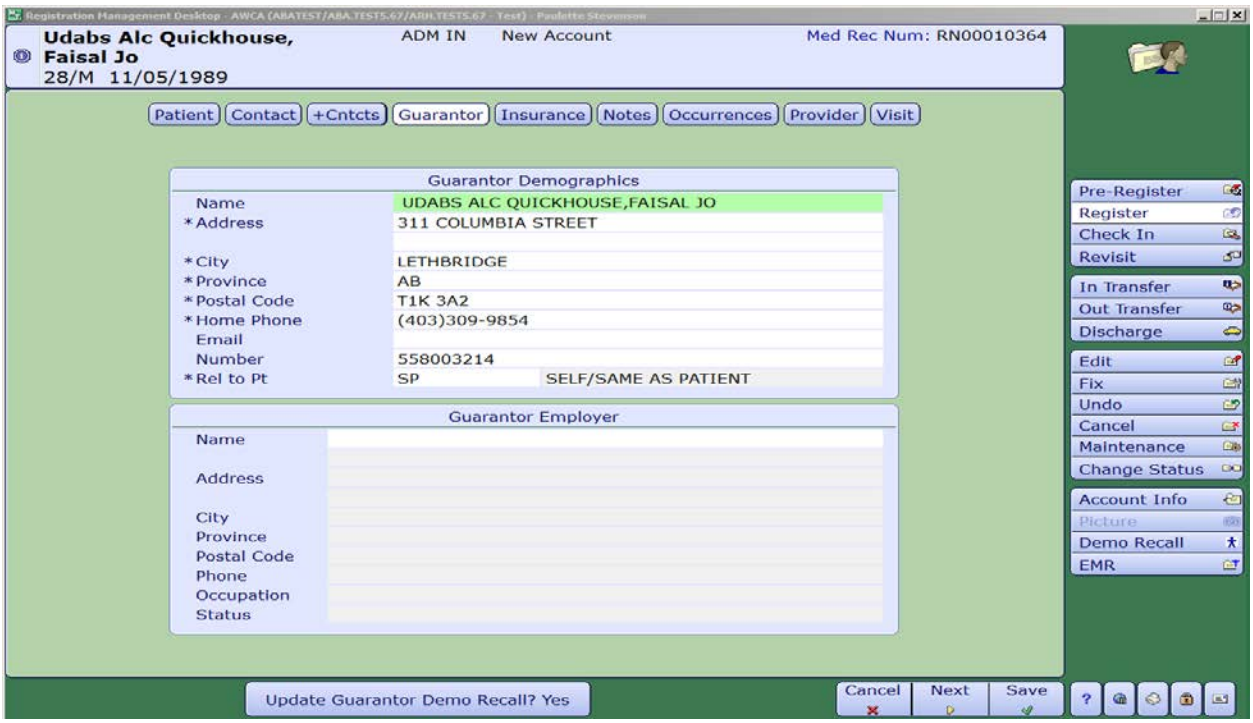
2. Identify the patient using one of the patient identification fields, or enter the ER account number if patient is being rolled into an Inpatient from an Emergency Visit.
3. Use the pull down menu in Reg Category and choose Inpatient. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.



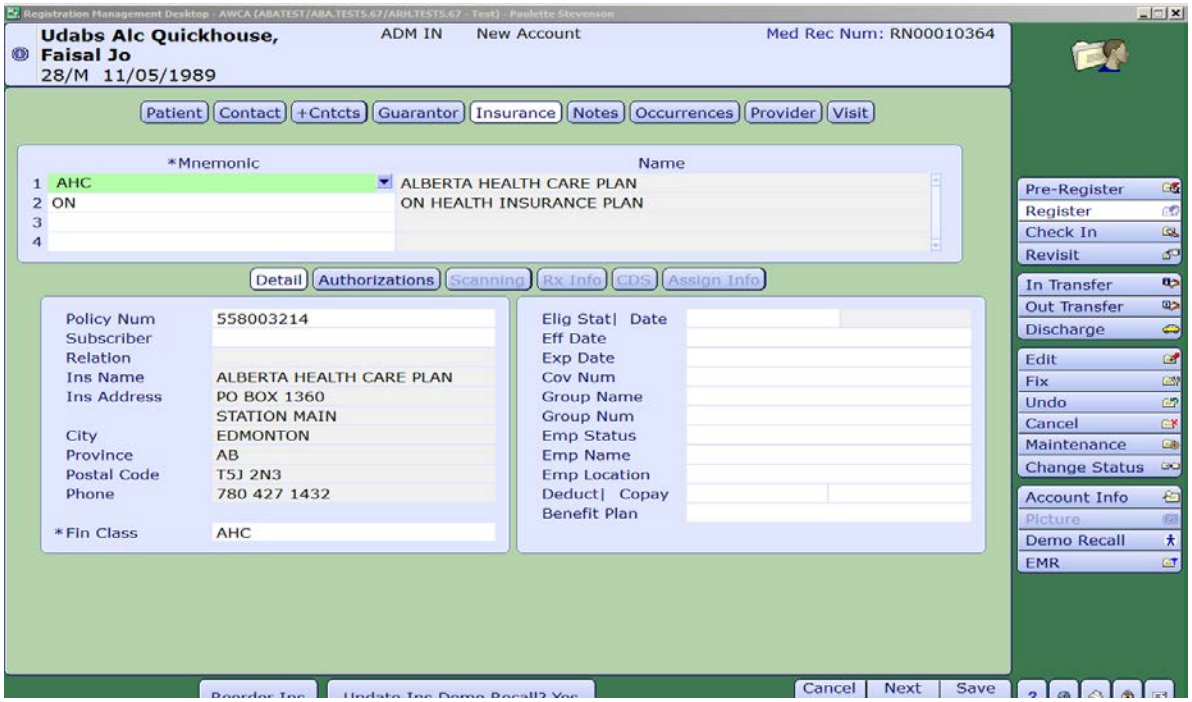
4. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.



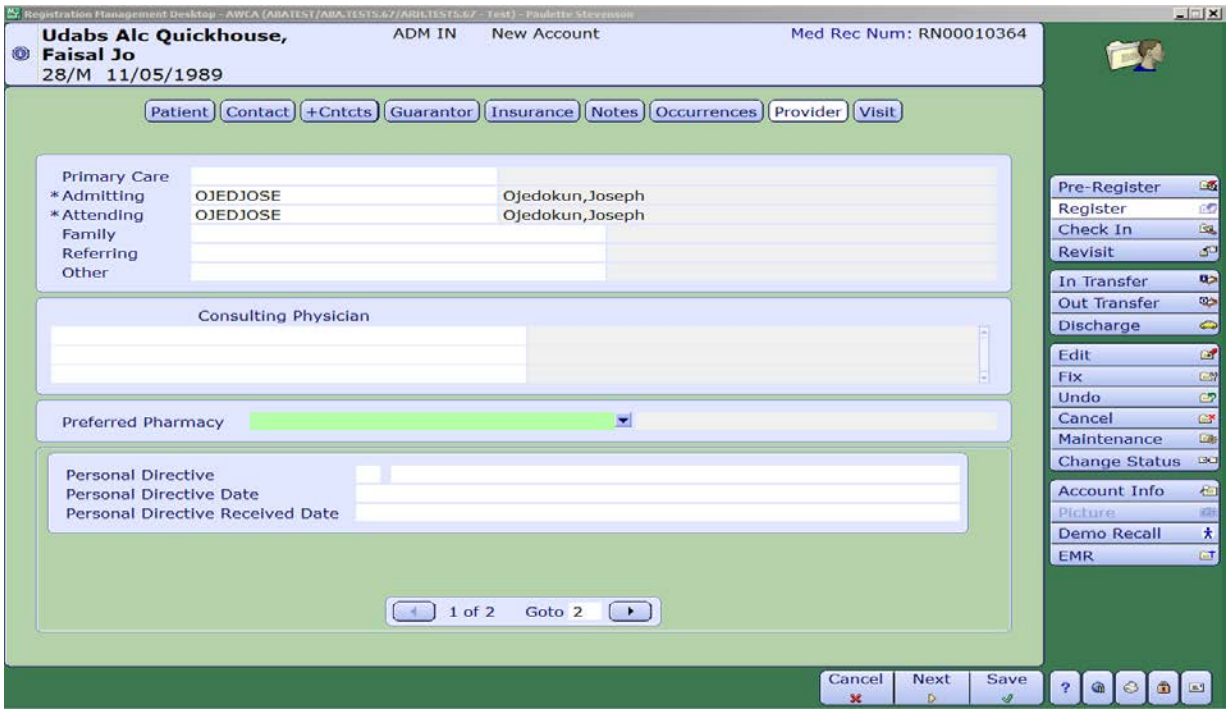
5. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



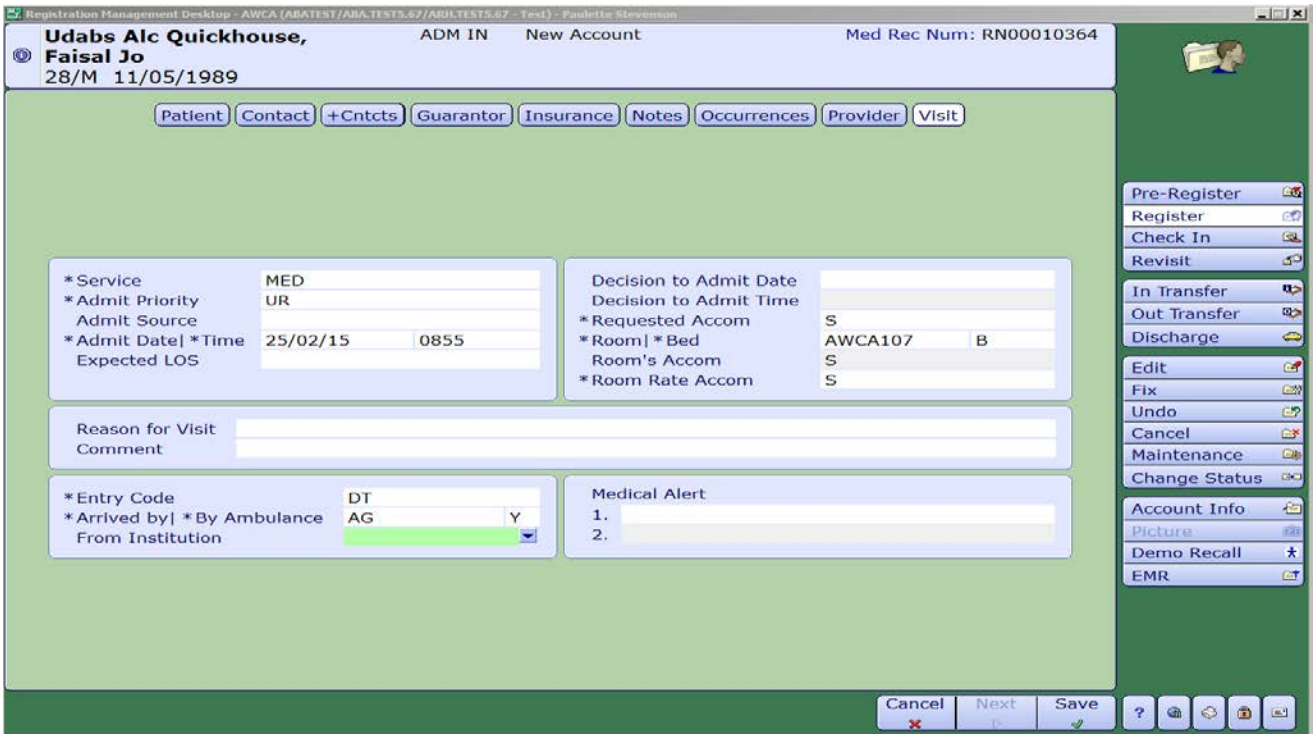
6. Tab to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
   Update Demo Recall "NO" unless a permanent insurance update is required.



7. Provider tab. This is where the Admitting/Attending/Family Physician is entered.
   a. The Admitting and Attending physician are the same.



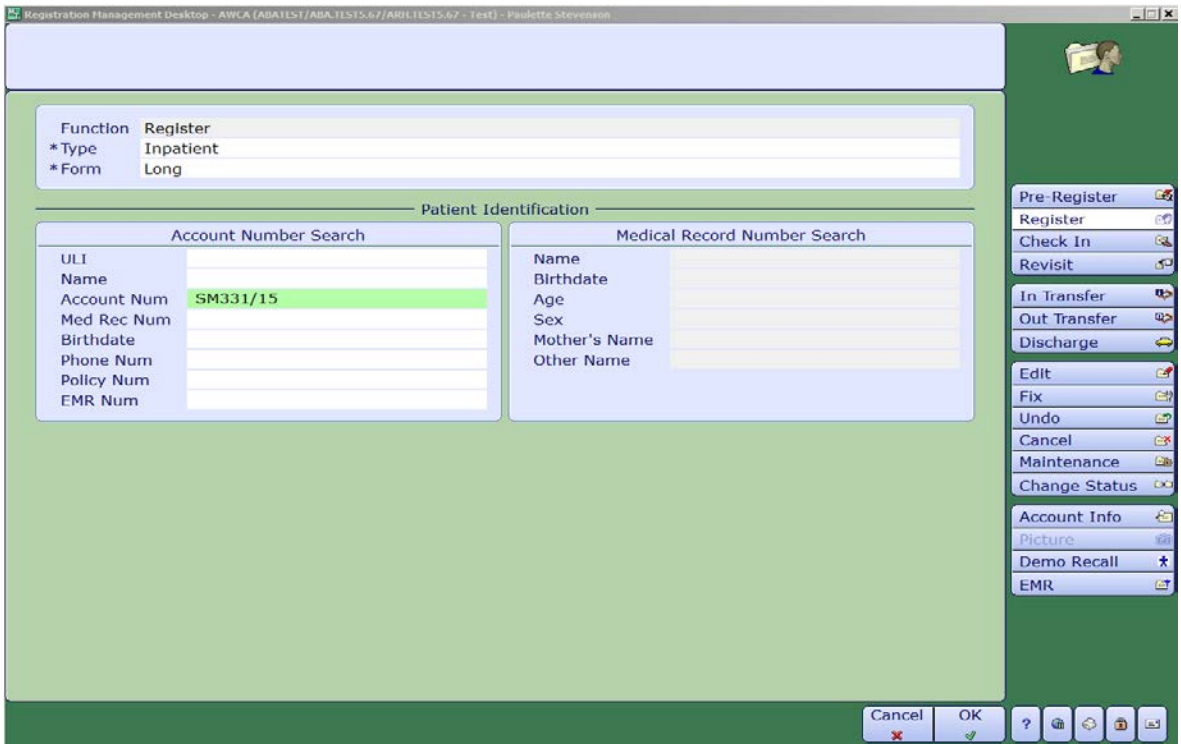
8. Under the Visit tab, use the pull down menu or F9 to fill in all information marked with an asterisk.



9. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.

ROLL OVER INPATIENT REGISTRATION

1. Select IP as your Reg Category.
2. Register patient using the ER account number to roll over to IP account.

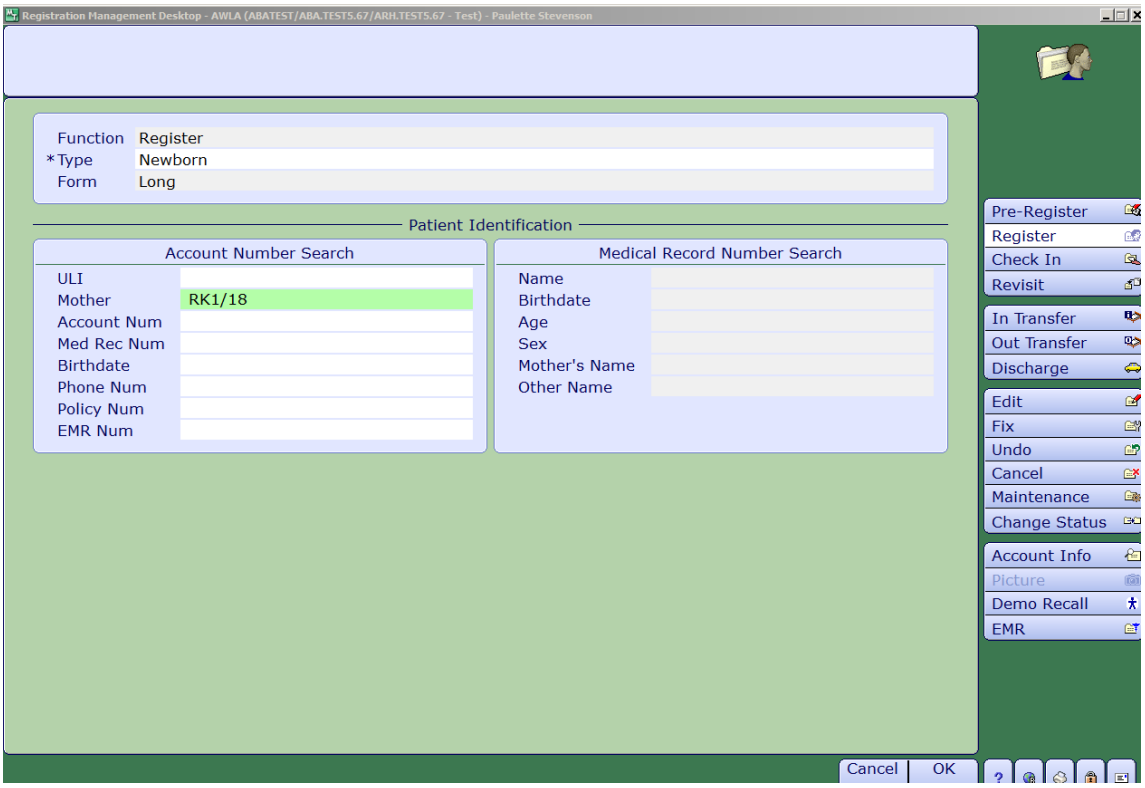


3. Tab through and confirm demographics/contact information and insurances.
4. Under the Provider tab complete the Admitting and Attending physician fields
5. Continue to the Visit tab and fill in the mandatory fields marked with asterisk using the pull down menu or the F9 button.
6. F12 or Save button and print off necessary forms and labels. . Patient will be given a new Account Number to show IP status.

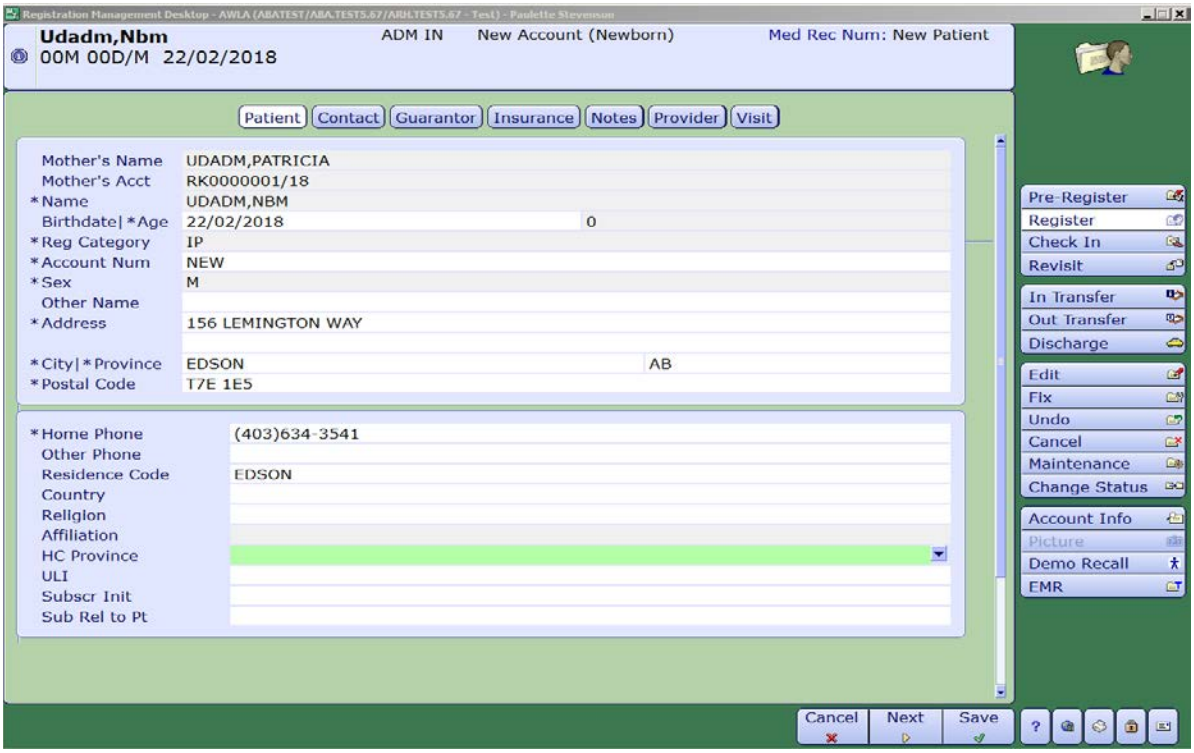
NEWBORN

- Newborns delivered within an acute care facility use the “Inpatient-Enter Newborn” routine. If delivered outside an acute care facility, use “Inpatient-Admission” routine.

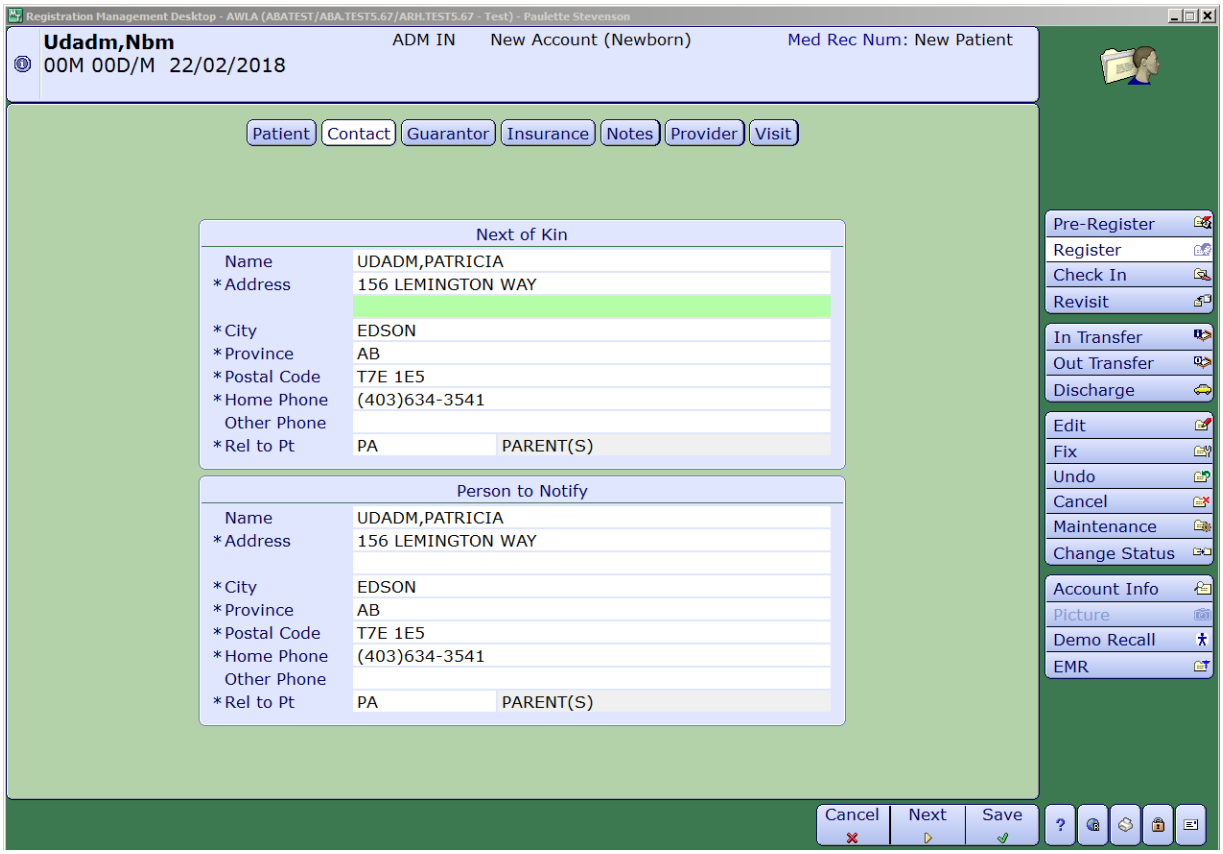
1. Using the pull down menu, choose Newborn and Long Form. Baby must be attached to the mom, so use the mom’s Inpatient number in the Mother tab under Account Number Search to connect mom and baby.



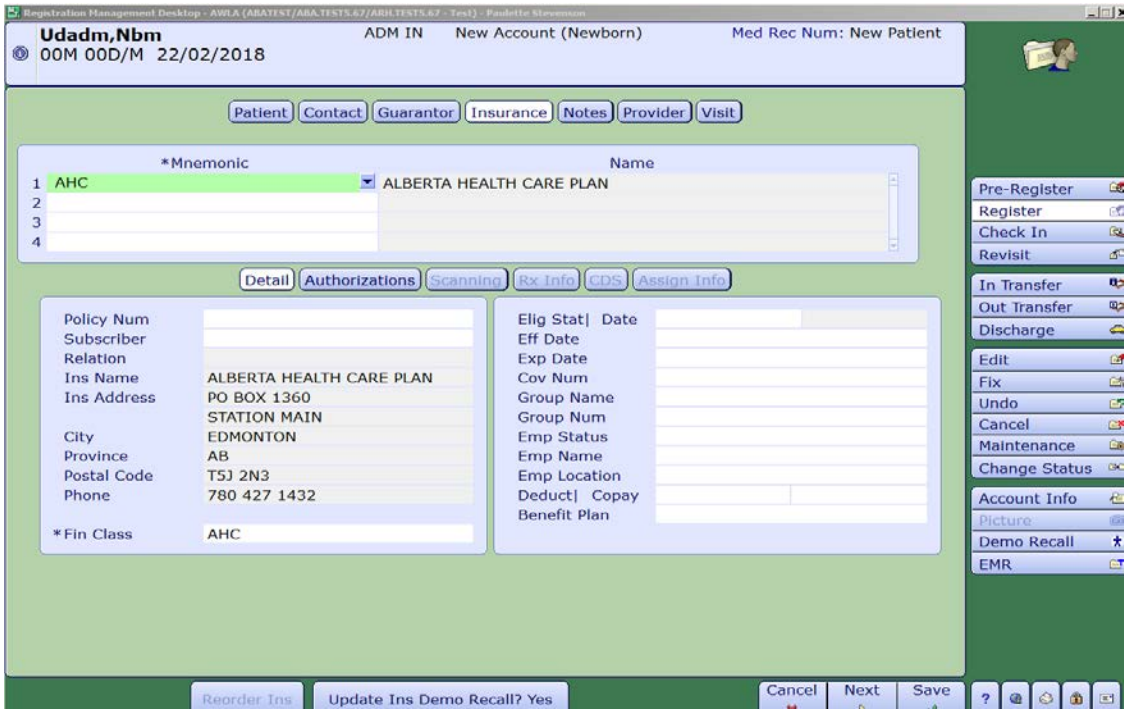
2. Mom’s demographics will automatically roll over into the Patient screen. In the name field, mom’s last name will appear. Follow standard naming convention ,add a comma and NBF if female or NBM if male in front of the last name, eg. PATCHUK,NBF



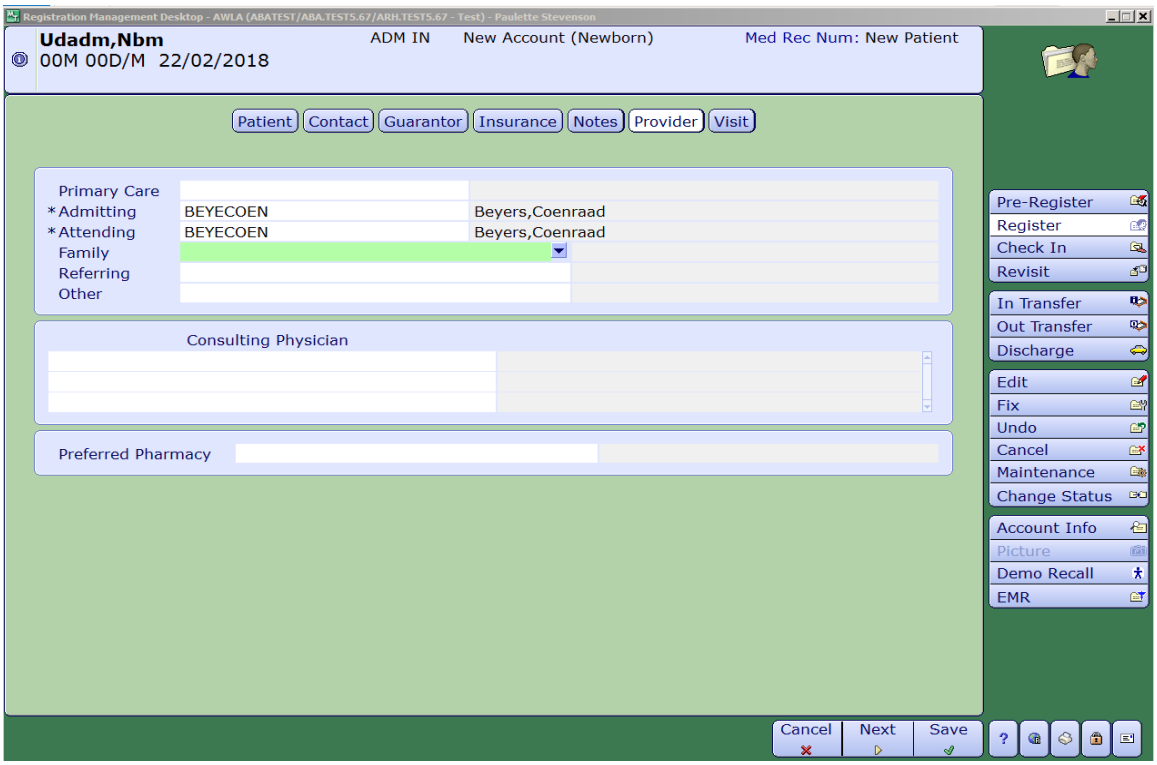
3. Tab through and fill in anything with an asterisk.
4. Mom's information will roll into to the Contact information and Guarantor.



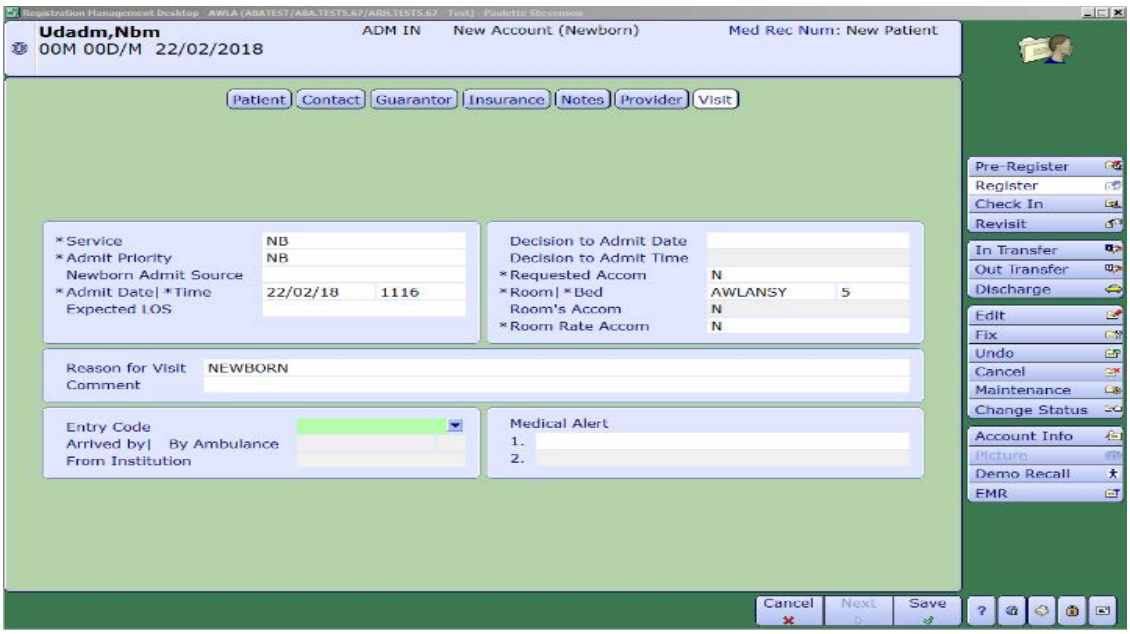
5. Insurance defaults to AHC as baby was born in the province of Alberta.



6. Provider tab. This is where the Admitting/Attending is entered.



7. Under Visit, tab through the fields and fill in information that is requested with an asterisk. Use the admit date and time as to when the baby was born.

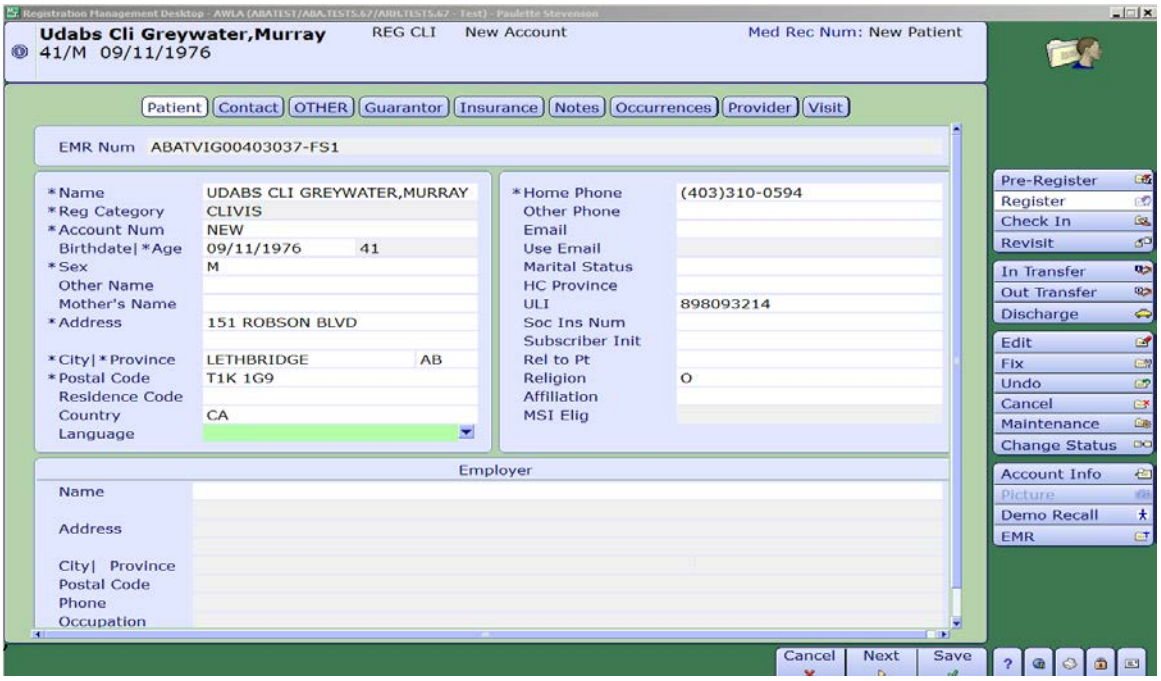


8. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.

CLINICAL

- Pertains to persons attending clinics for diagnostic, consultative, treatment or teaching services primarily for registered outpatients.

1. Click on register button.
2. Using the pull down menu choose Clinical and Long Form.
3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
4. Use the pull down menu in Reg Category and choose Clinical or Clinical Visit. Anything with an asterisk is a mandatory field and must be completed.



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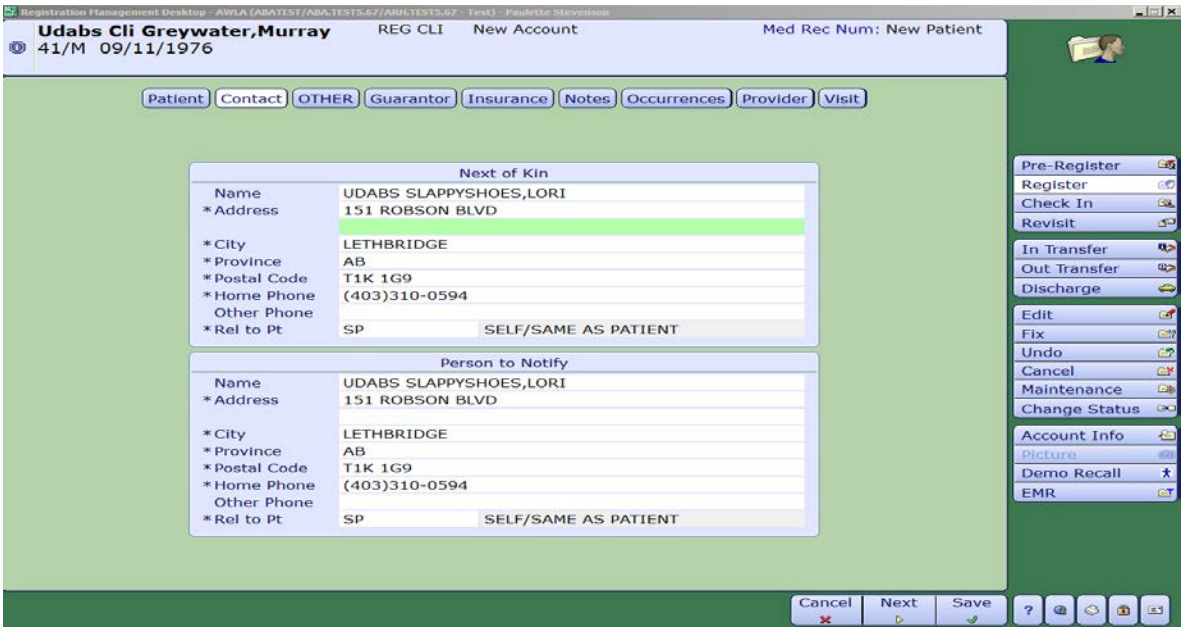

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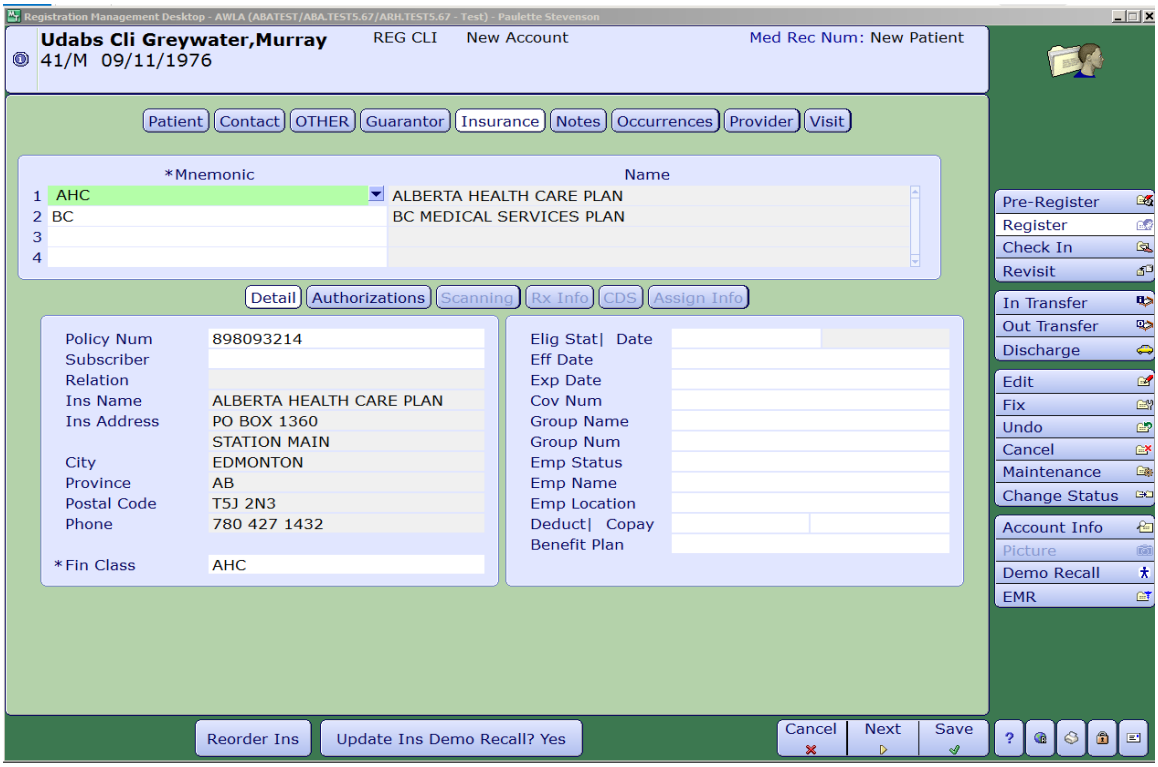
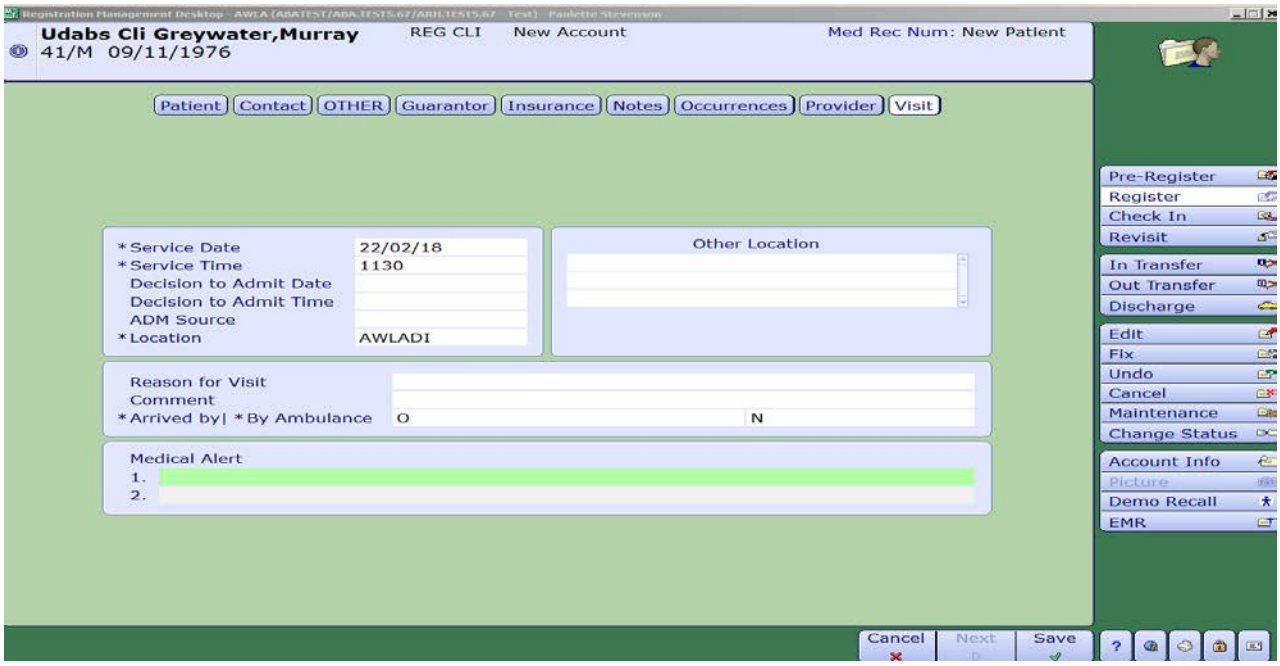
7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.



8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.

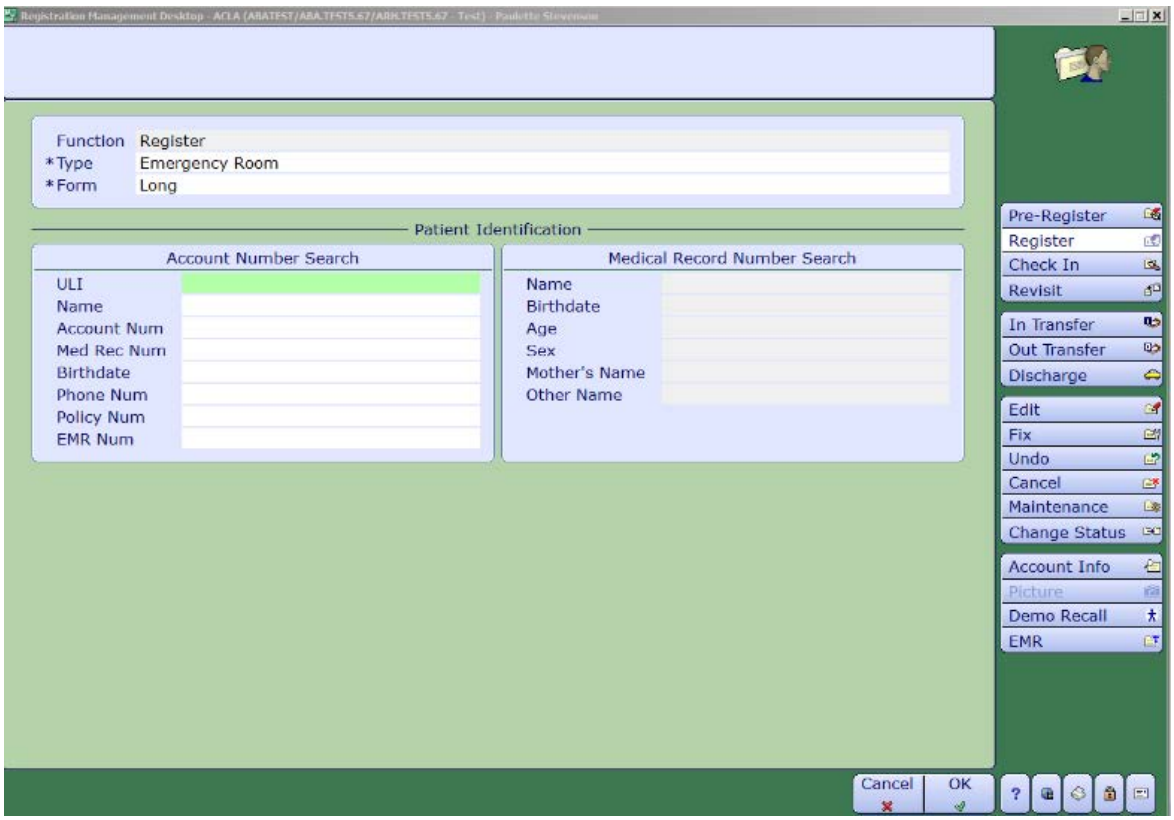


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

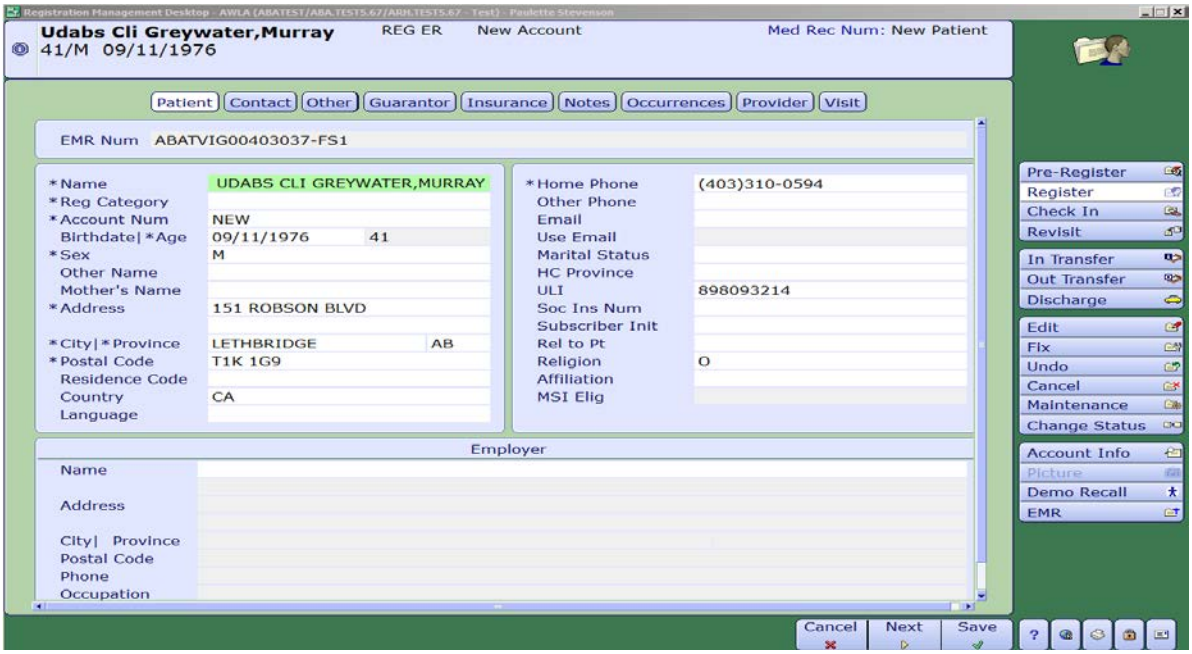
EMERGENCY

- Pertains to persons attending for assessment, diagnostic or treatment services provided for conditions requiring immediate attention.

1. Using the pull down menu, choose Emergency Room and Long Form.



2. Enter patients Alberta Health Care card number into the ULI field and enter. The system will search for the patient. If you do not have the AHC card, the more information you enter, the more accurate this search will be.
3. If this is the correct patient, confirm DOB, press Yes and confirm demographics with patient.
4. Use the pull down menu in Reg Category and choose Emergency Room. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.



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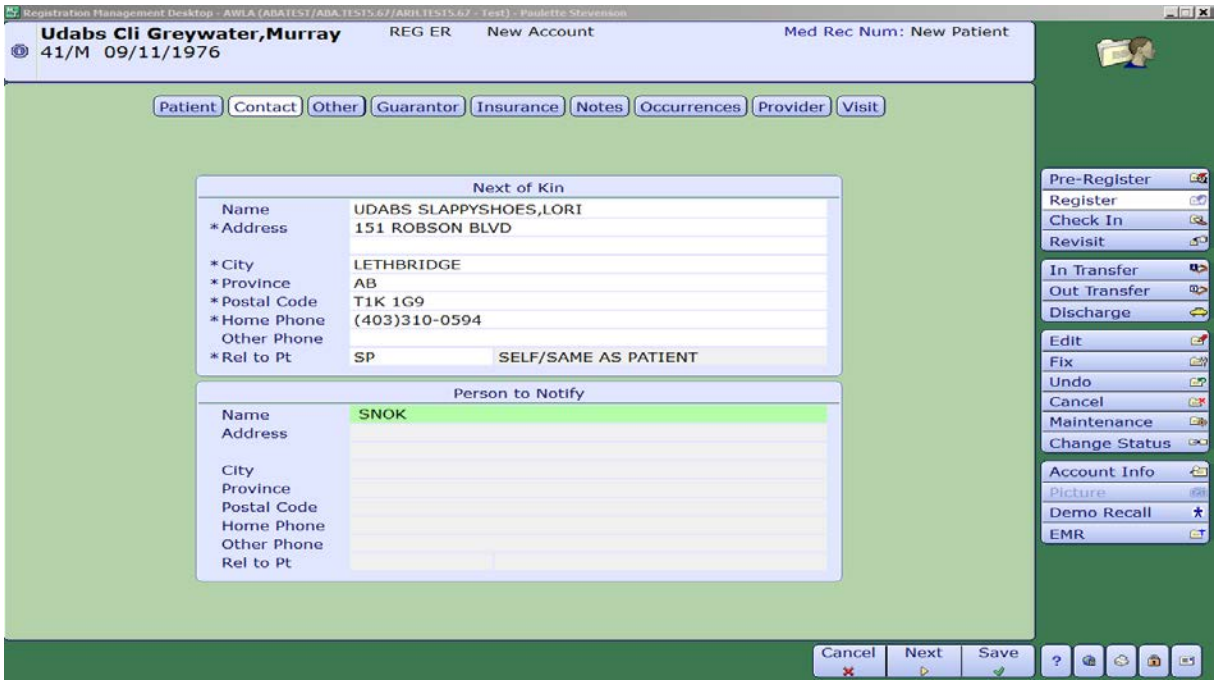

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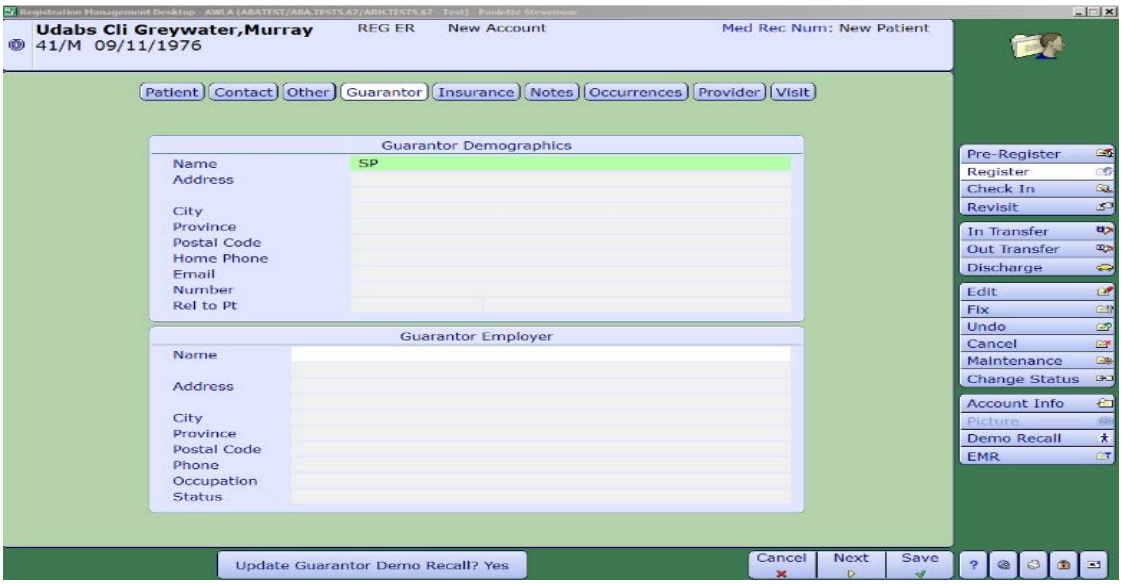

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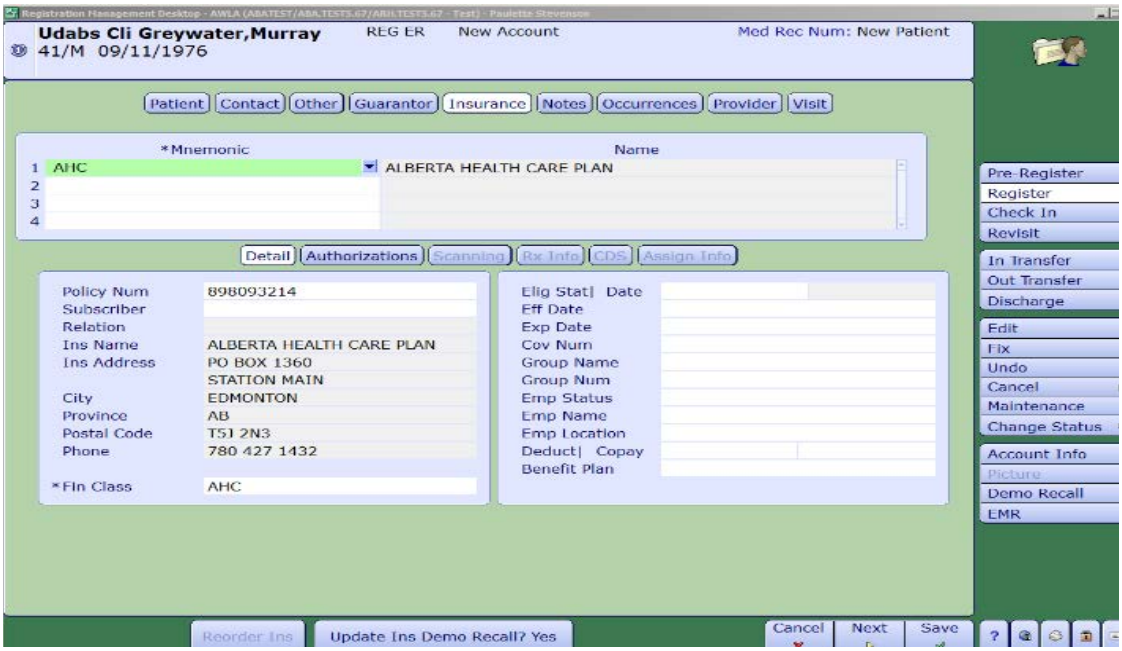

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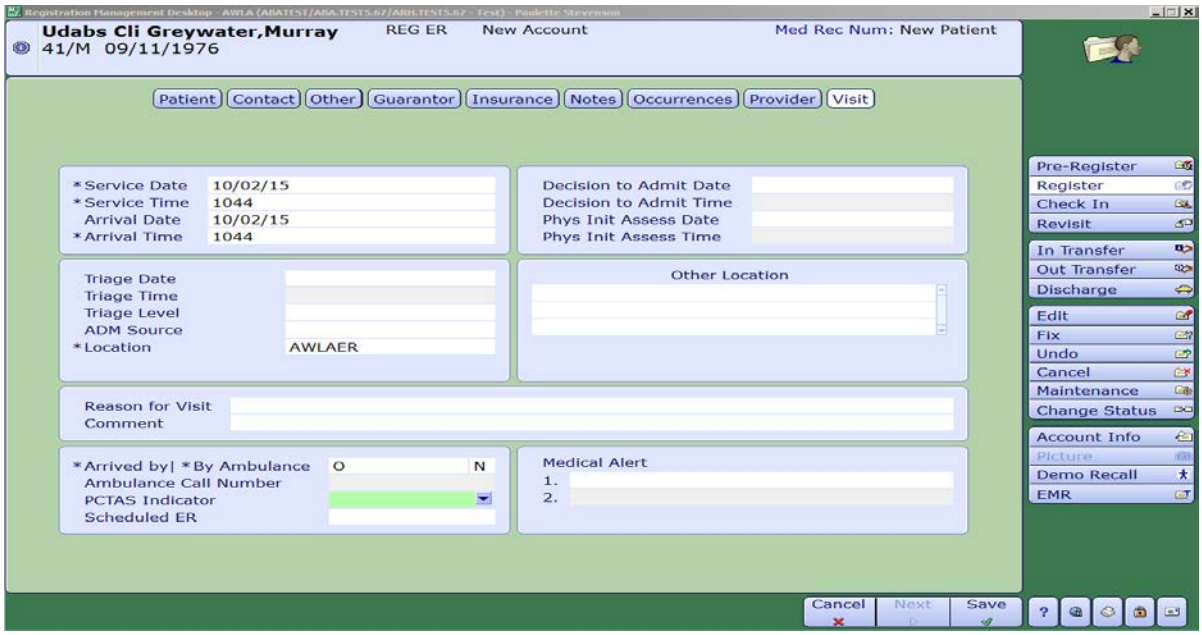
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

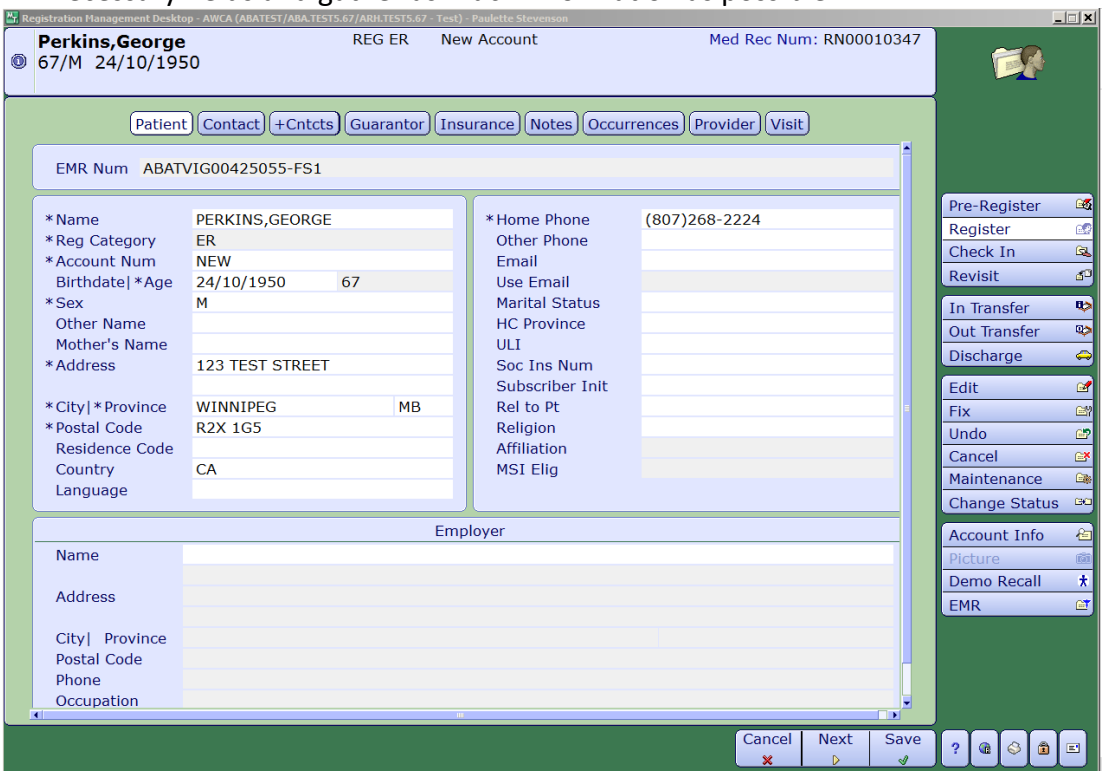
SELF PAY REGISTRATION

- Patients requesting preferred accommodations, (e.g. private room) and wish to have it billed to a private insurance company.
- Patients with no health care coverage.
- Patients with Out of Province coverage and do not have a health care card to show expiry date.
- Patients from Out of Country.

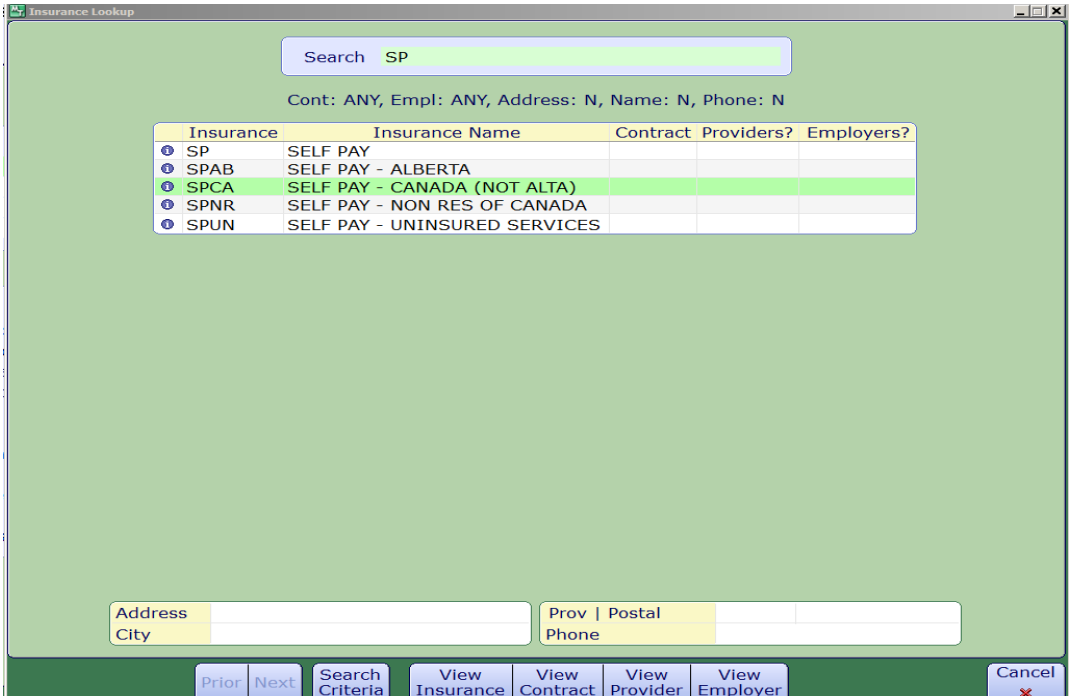
George Perkins, who is from Manitoba, presents to the Emergency Department with a laceration to his finger. He would like to see the Doctor on call to see if he needs stitches. He presented without his wallet so he does not have his OOP health care card with him and has never been to this facility before.

1. Register patient as Emergency.

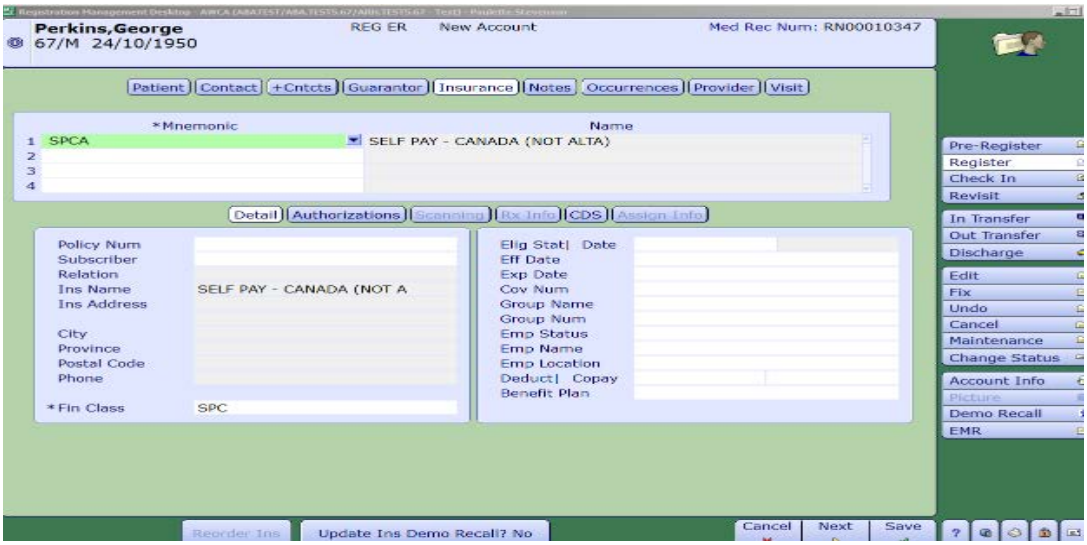
2. Fill in necessary fields and gather as much information as possible.



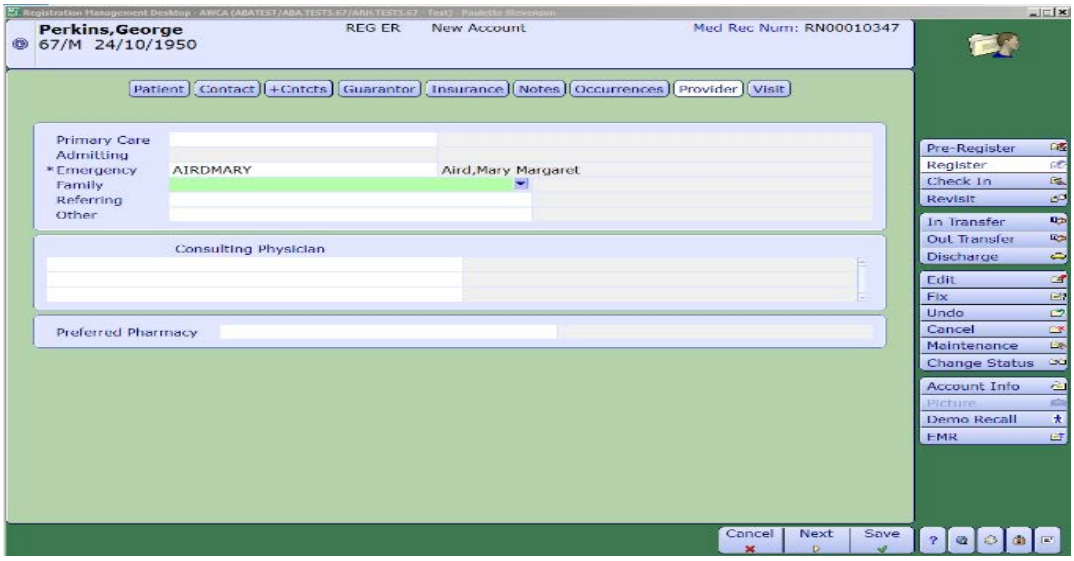
3. Once on the Insurance tab, enter SP then F9 on the first line. This will bring up a list of all Self Pay options. (DO NOT USE SP)



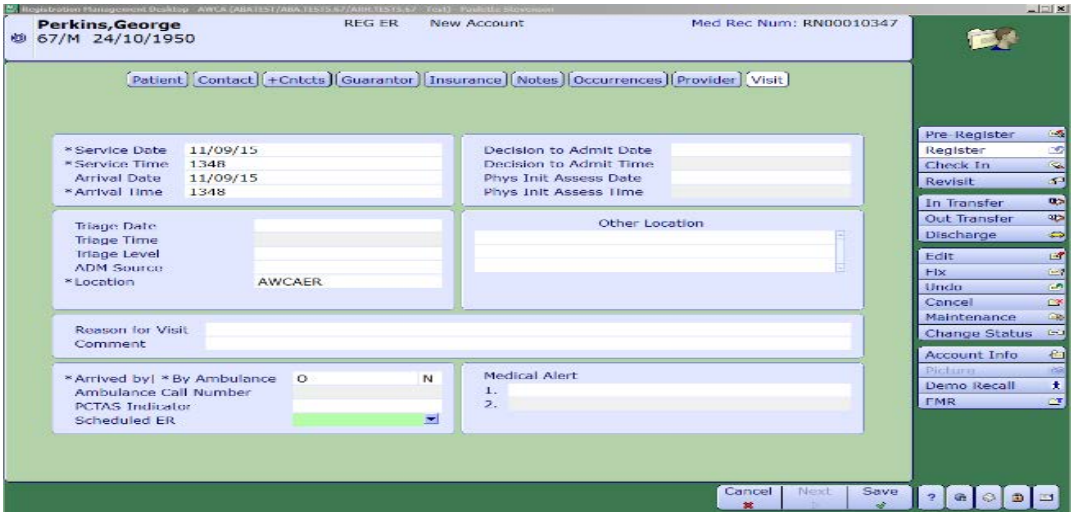
4. Select Self Pay Canada (NOT ALTA).



5. Continue on to the Provider tab



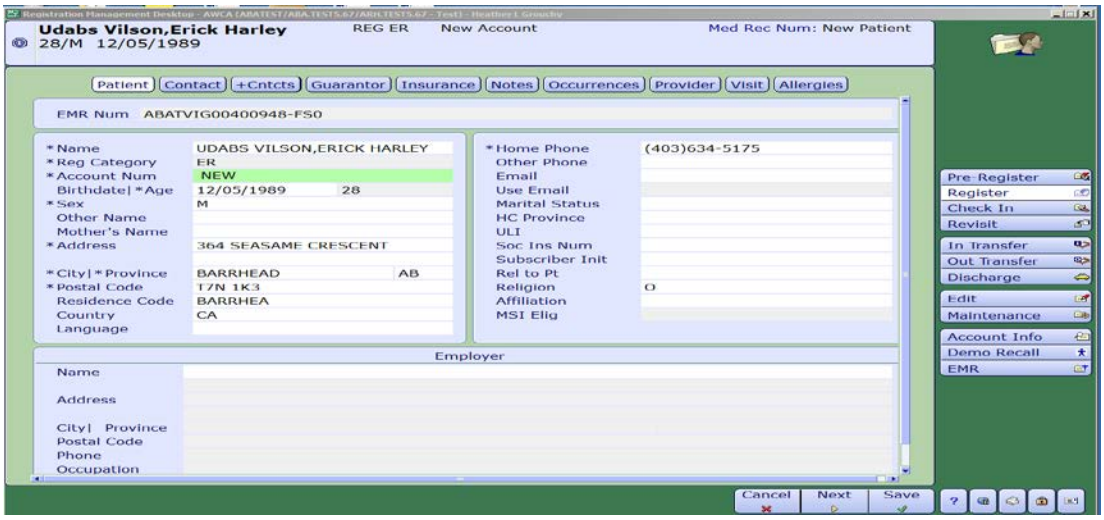
6. Complete Visit tab and fill in all necessary information marked with an asterisk.



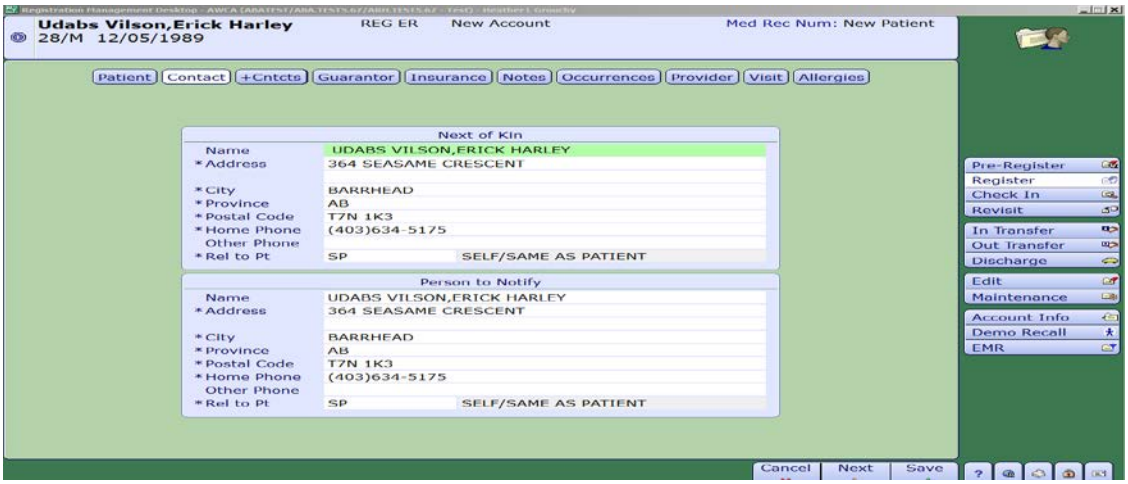
7. Save and print necessary forms.

WCB REGISTRATION

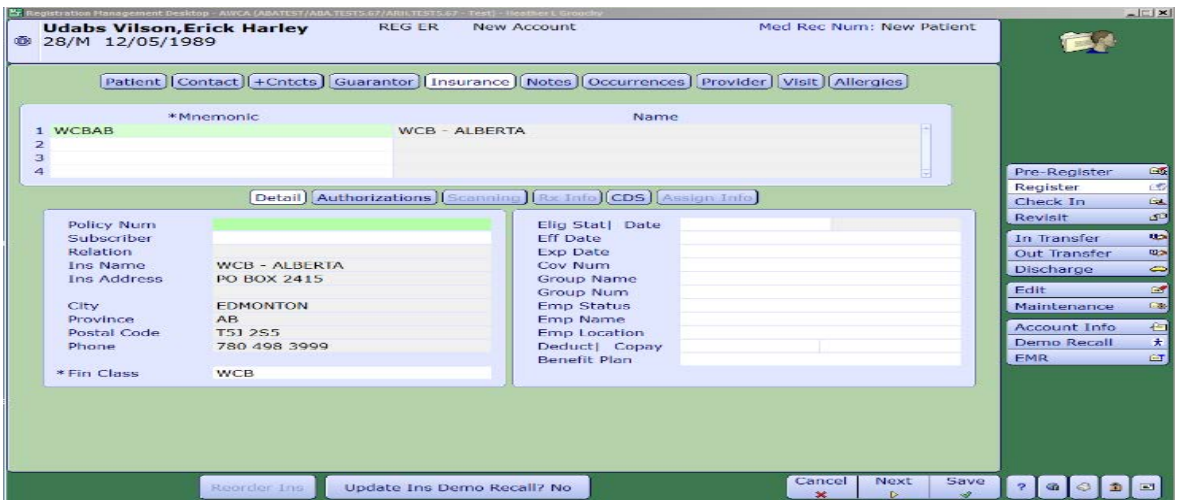
1. Register Patient



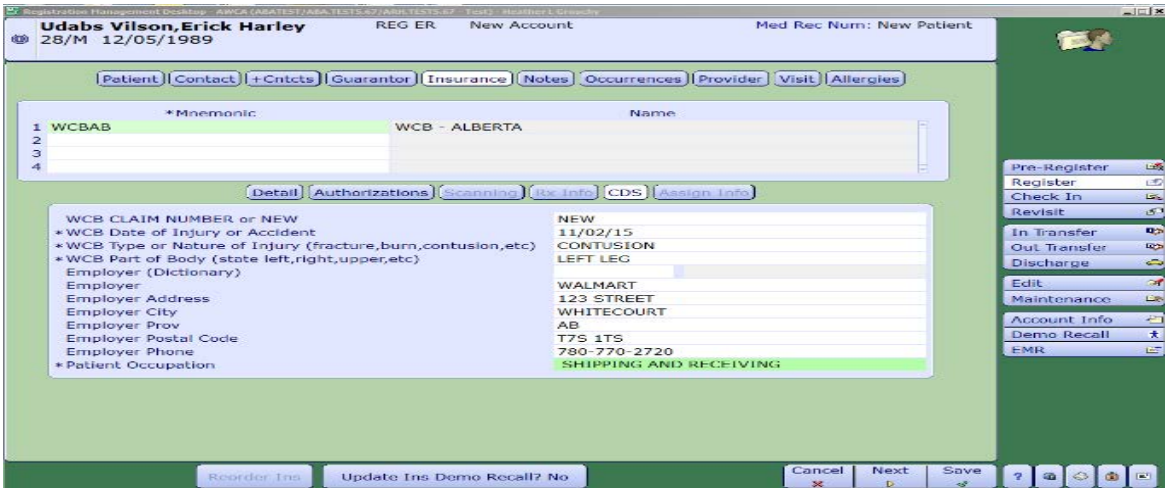
2. Confirm demographics, contact information and guarantor information with patient.



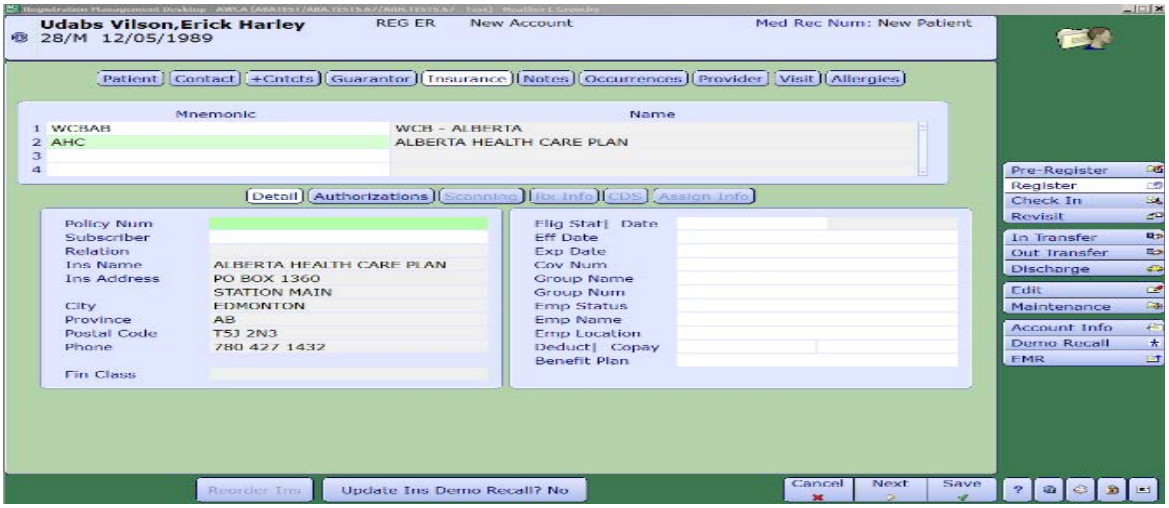
3. Under the Insurance Tab, enter WCB in the first line and press F9. Select the appropriate insurance.



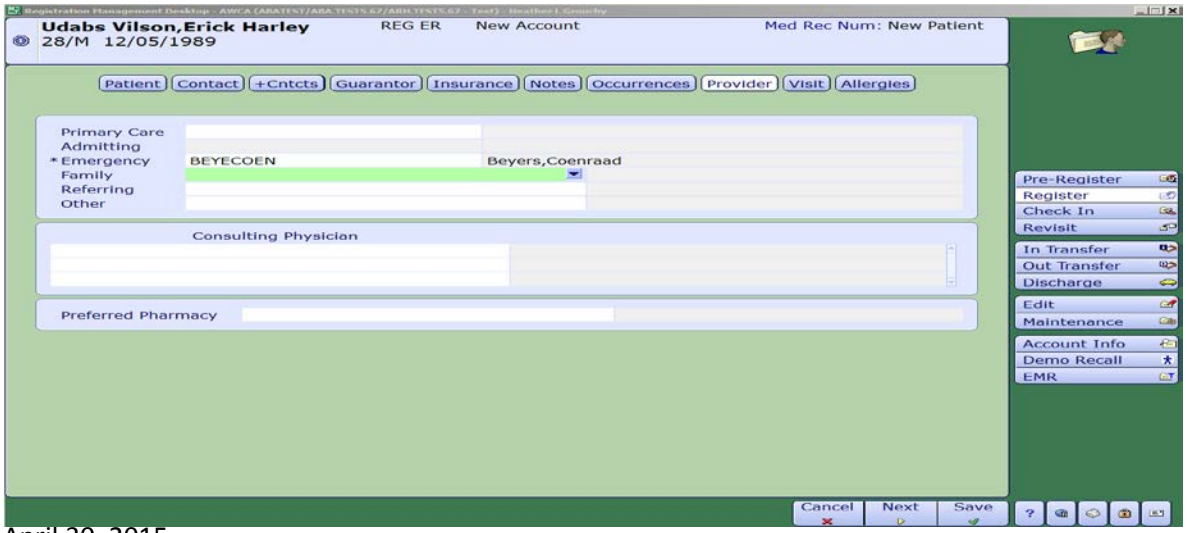
4. Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary WCB information into this screen.



5. Add secondary insurance, provincial (eg. AHC), into line 2 under WCB.



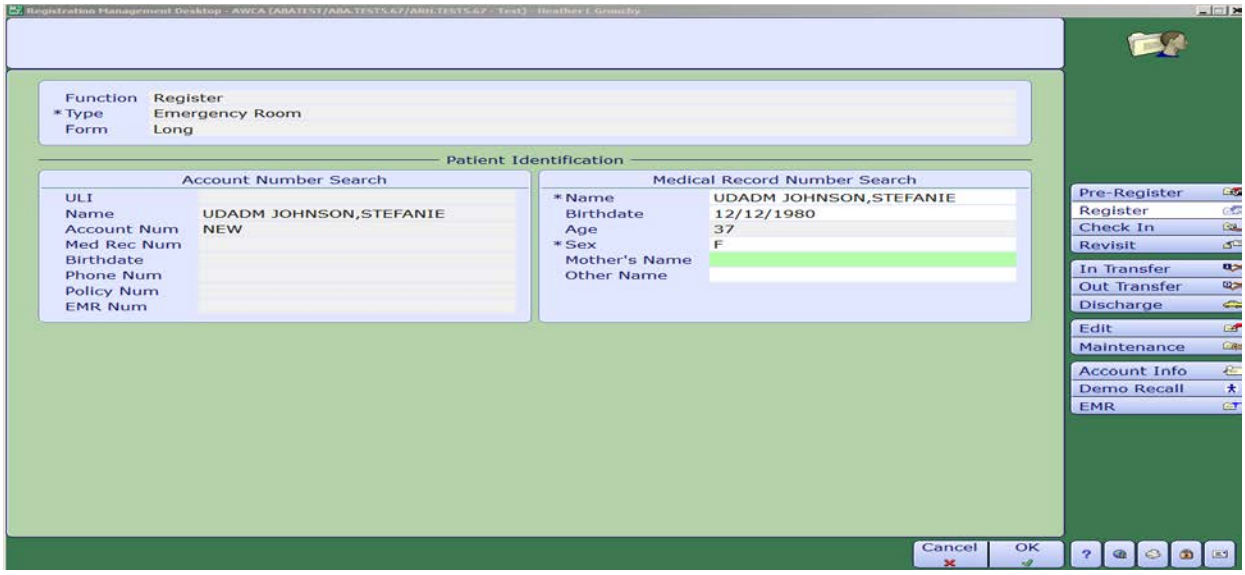
6. Update Ins Demo Recall button at the bottom of the screen is set to “NO” for WCB patients.
7. Continue to Provider tab and fill out Emergency Doctor.



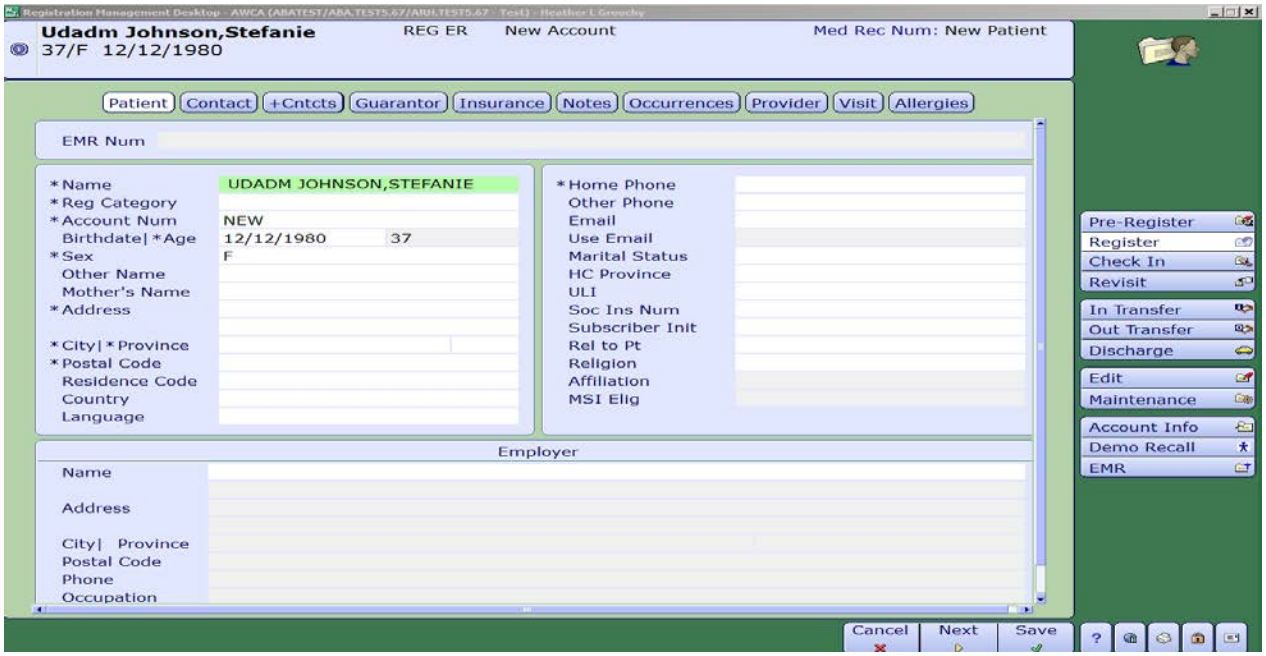
8. Complete Visit tab functions, save information and print necessary forms.

OOP REGISTRATION

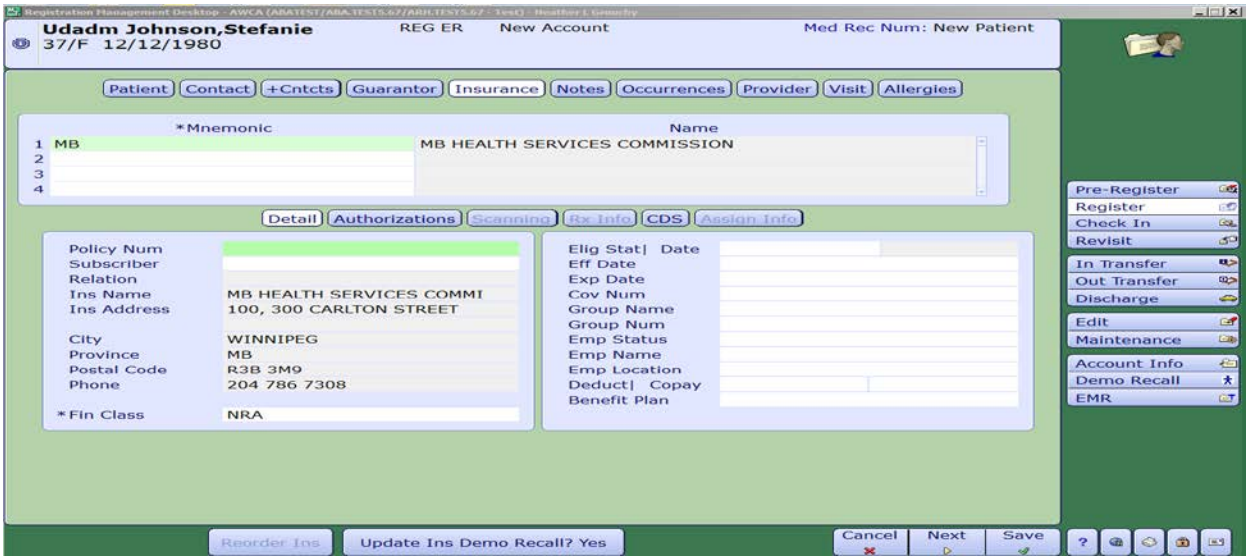
1. Using the pull down menu, choose the Type of Visit and use Long Form.
2. Enter in patients name and date of birth in the appropriate fields.



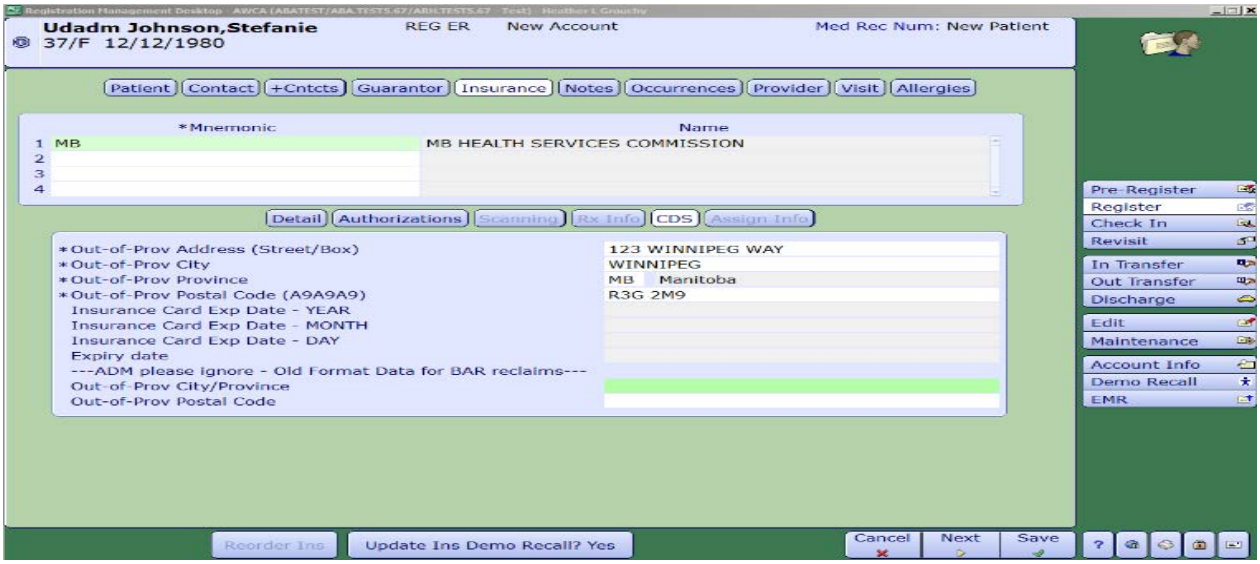
3. If the patient is new to the system, you will have to use the F11 button to go through any patient that has a partial match to the patient entered. Keep using the F11 button until you get the pop up that states patient not found. Once you Save or F12 this pop up, you can then fill in the demographics screen.



4. Fill in contact and guarantor information.
5. Under the Insurance Tab, enter the provincial health care, eg. MB for Manitoba and F9 to choose correct Insurance.



6. Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary OOP information.

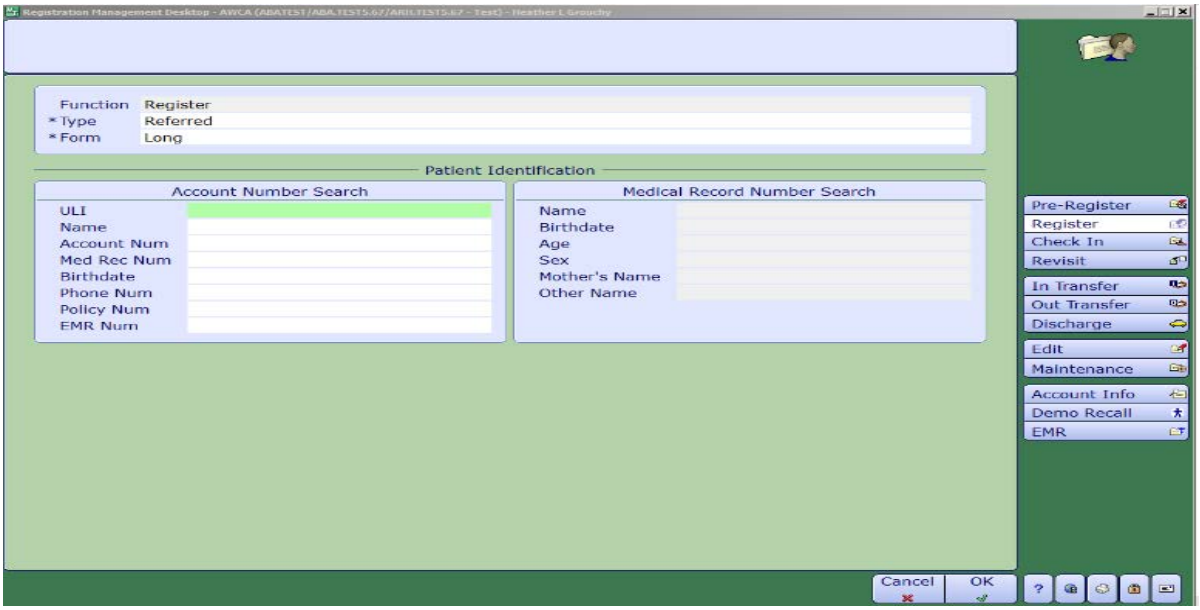


7. Make sure the Update Ins Demo Recall button at the bottom of the screen is set to **Yes**.
8. Continue to Provider tab and fill out Emergency Doctor.
9. Complete Visit tab functions, save information and print necessary forms.

REFERRED

- patients sent for diagnostic testing (laboratory)
- referred in bodies for autopsy
- all routines for either Referred or Referred Client at the same

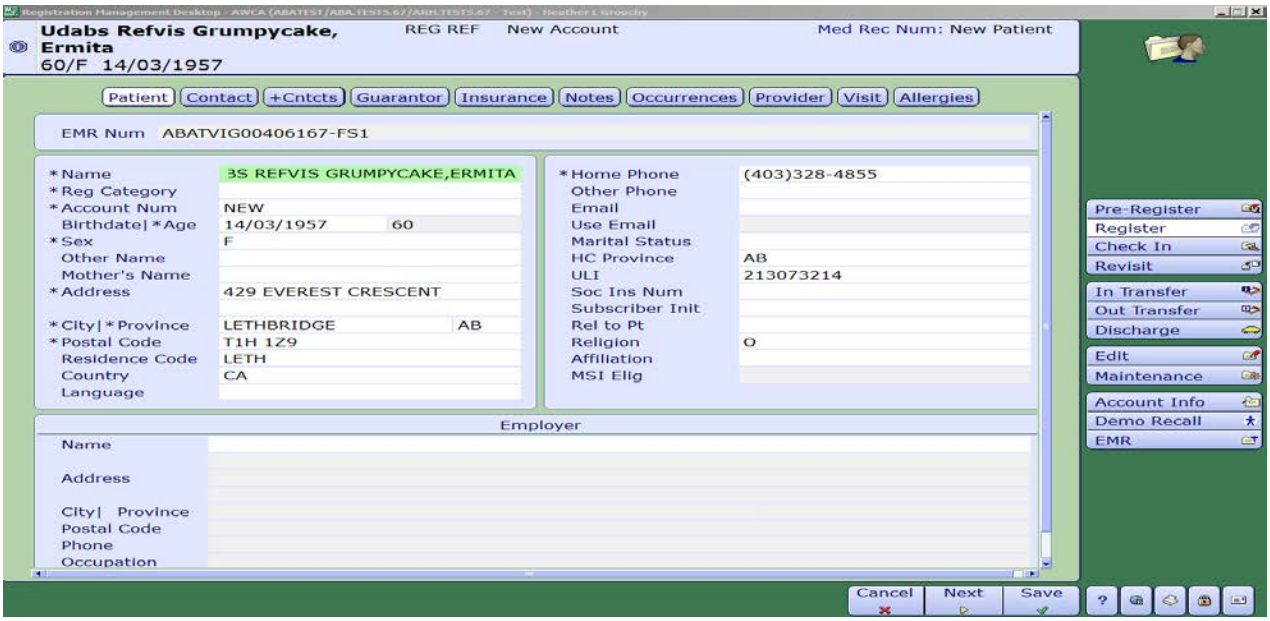
1. Click on register button.
2. Using the pull down menu choose Referred and Long Form.



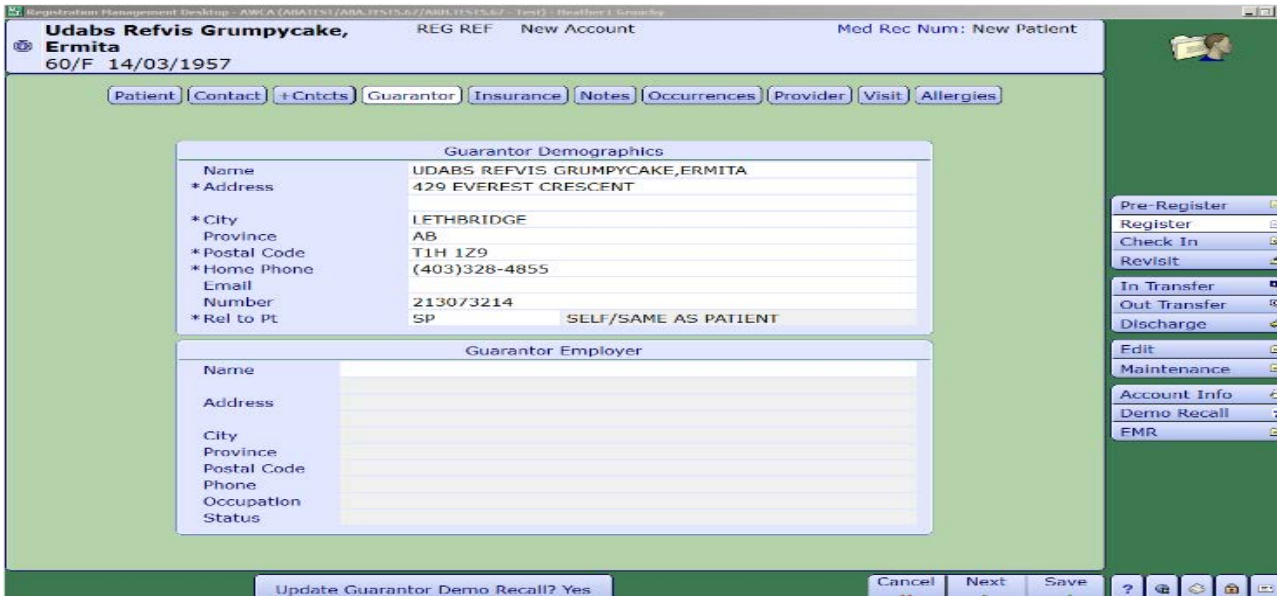
14

3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.

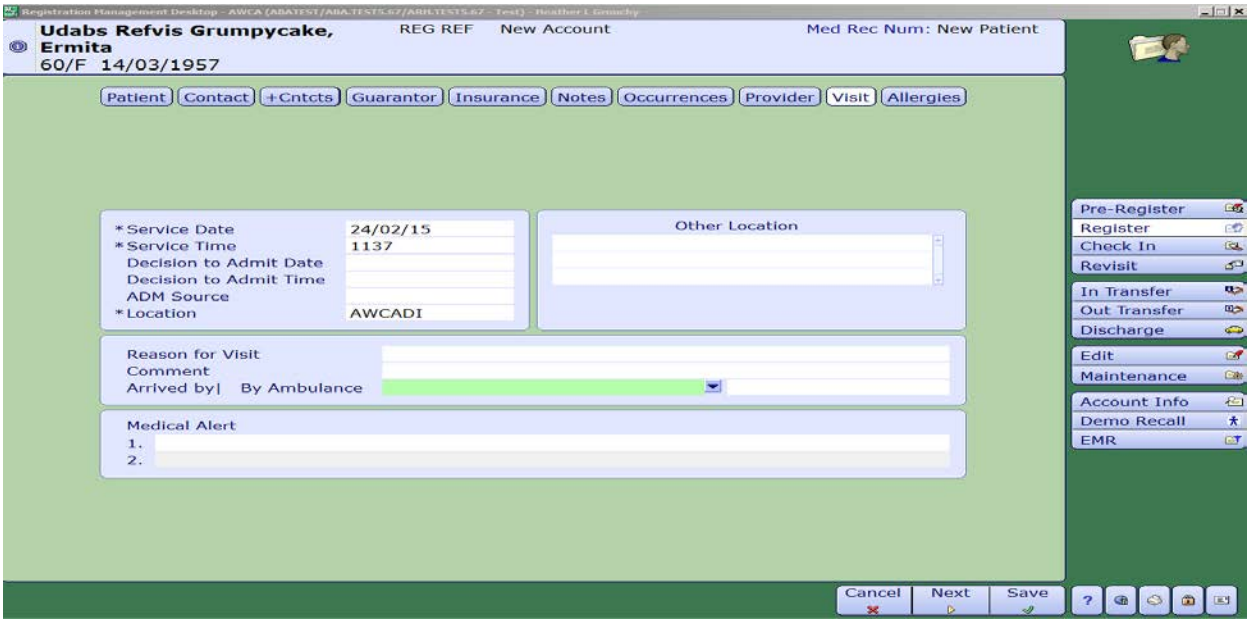
4. Use the pull down menu in Reg Category and choose Referred or Referred Visit. Anything with an asterisk is a mandatory field and must be completed.



5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
8. Provider tab. This is where the Attending/Family Physician is entered.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.

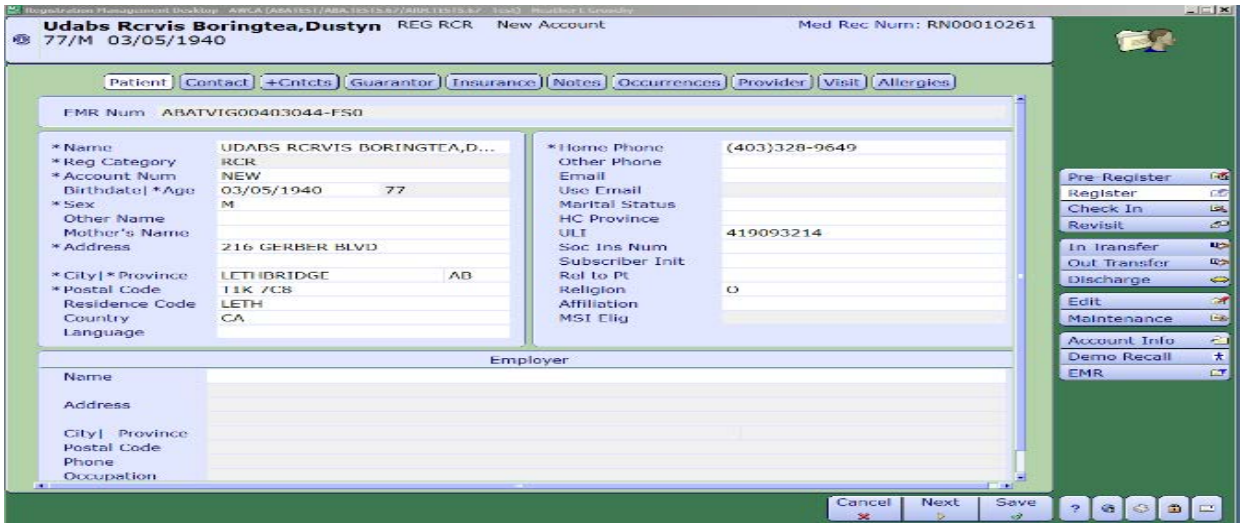


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

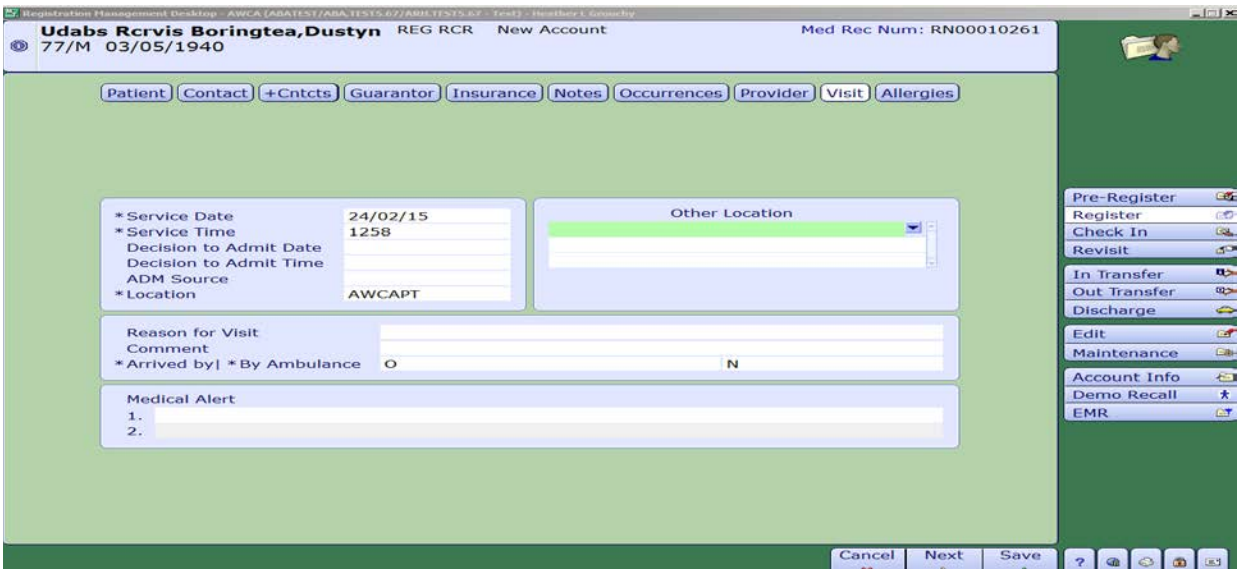
RECURRING

- Pertains to Clinical Registration visits that occur on a Recurring basis

1. Click on register button.
2. Using the pull down menu choose Recurring and Long Form.
3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
4. Use the pull down menu in Reg Category and choose Recurring or Recurring Visit. Anything with an asterisk is a mandatory field and must be completed.



5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.
7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.

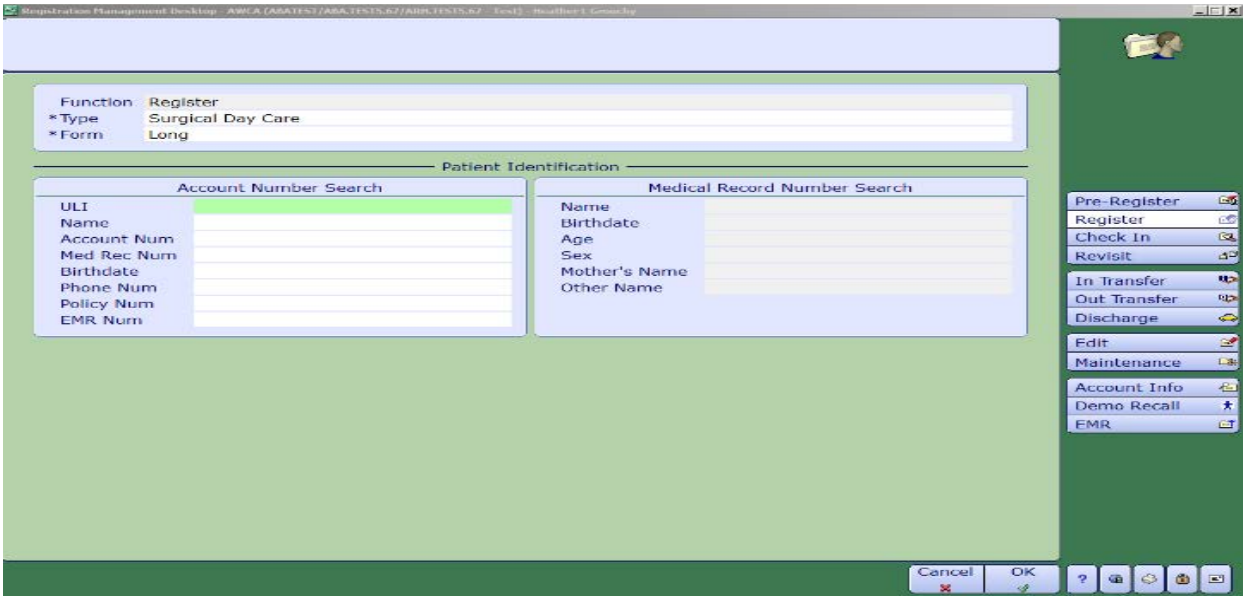


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

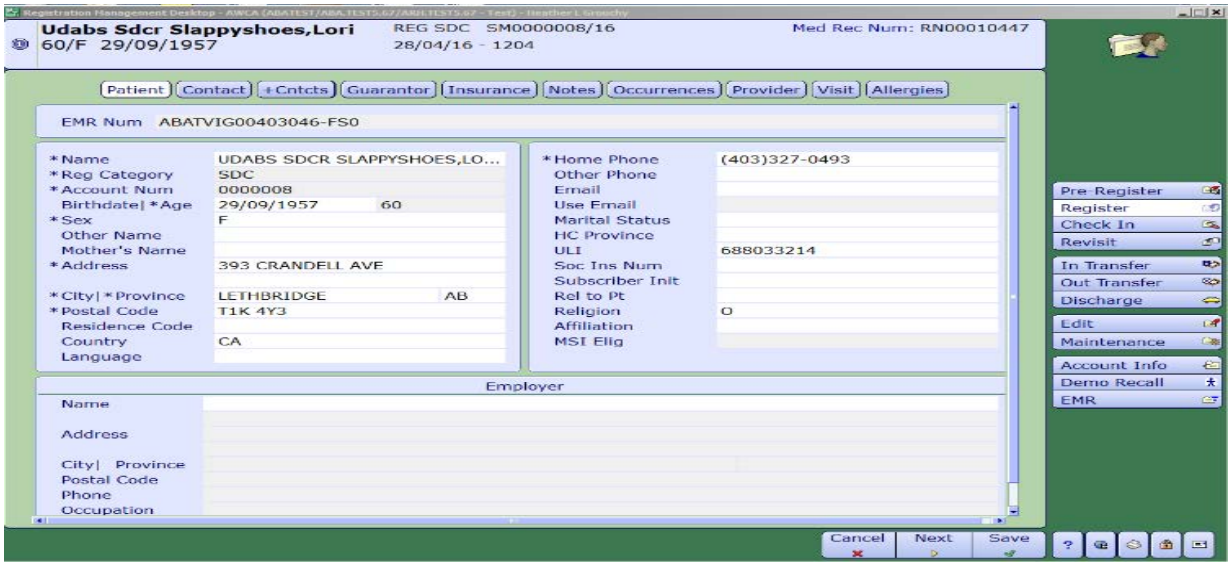
SURGICAL DAY CARE

- Outpatients presenting for procedures in a specifically designed, staffed and equipped surgical operating room.

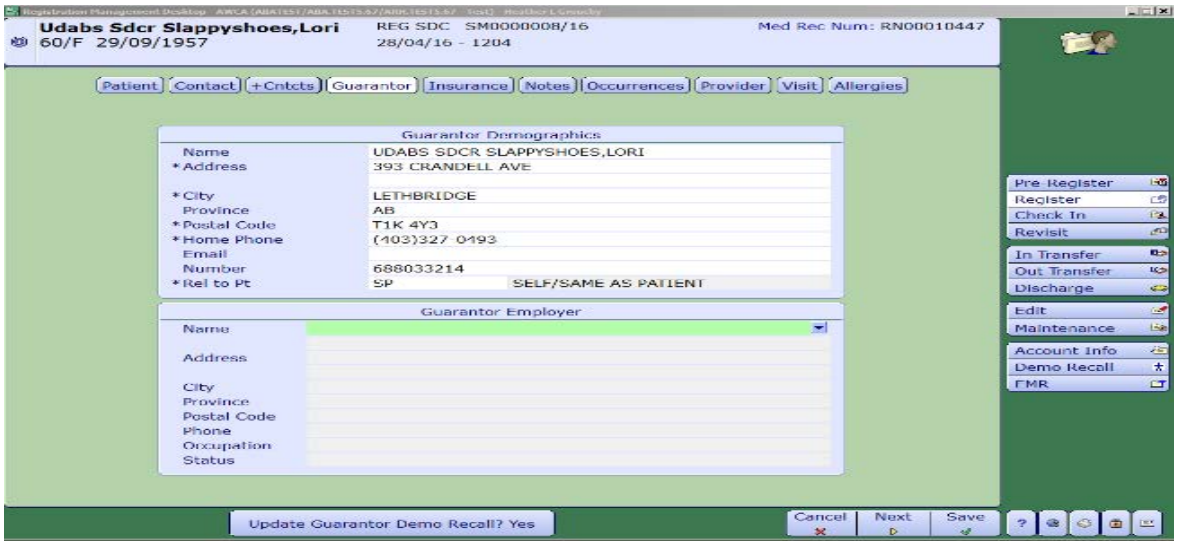
1. Click on register button.
2. Using the pull down menu choose Surgical Day Care and Long Form.
3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.



4. Use the pull down menu in Reg Category and choose Surgical Day Care. Anything with an asteriskis a mandatory field and must be completed.

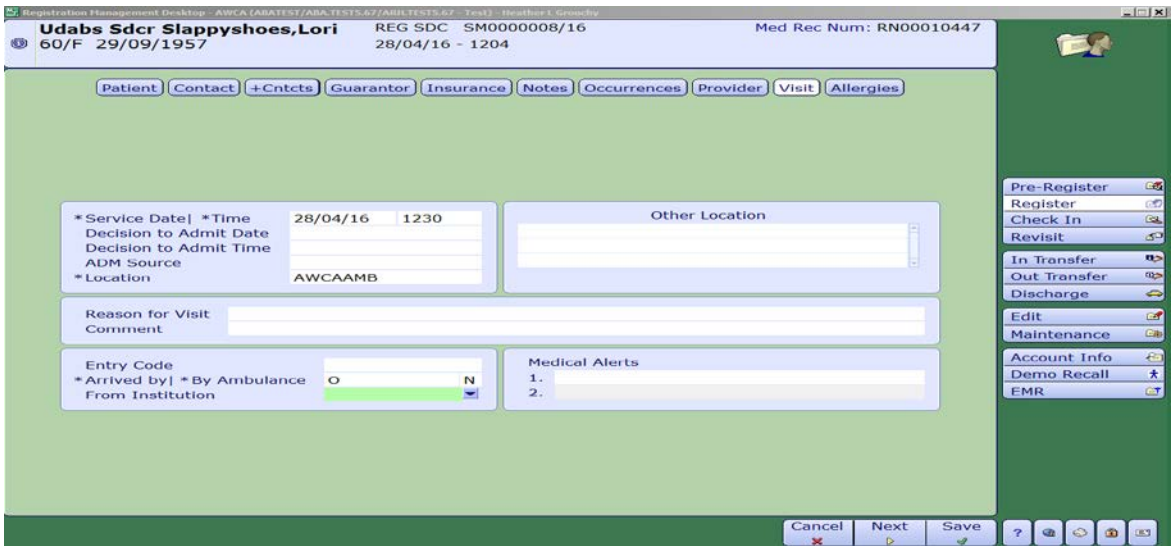


5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.

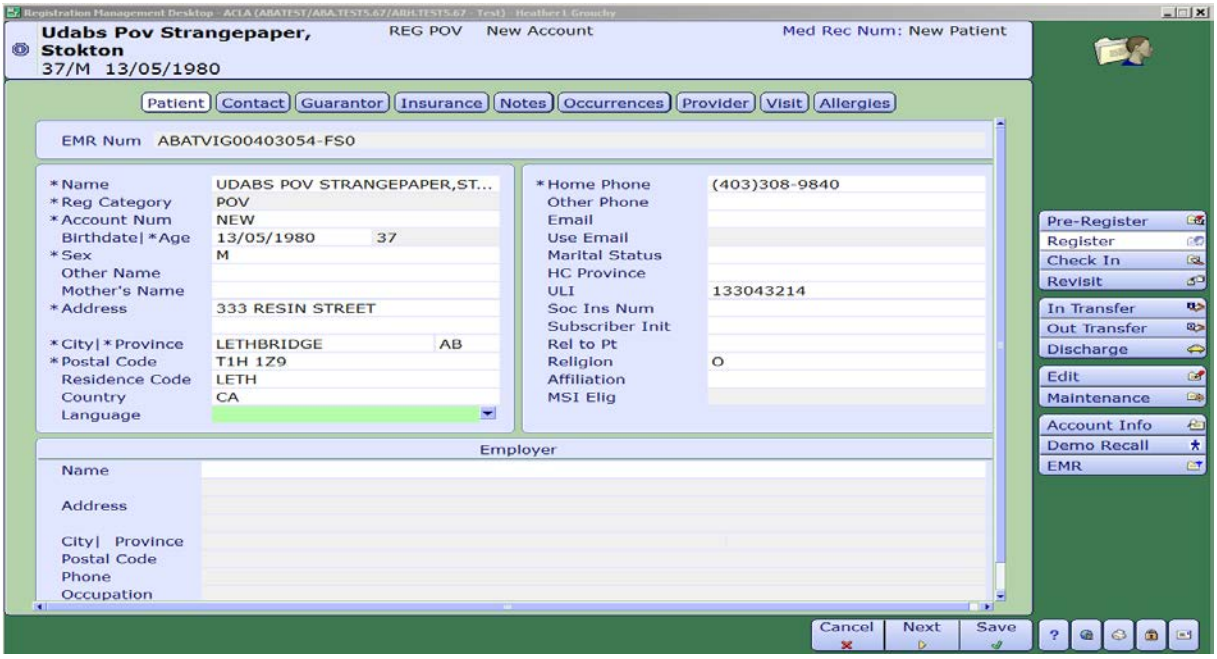
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tabthrough and fill in the necessary fields marked with the asterisk.



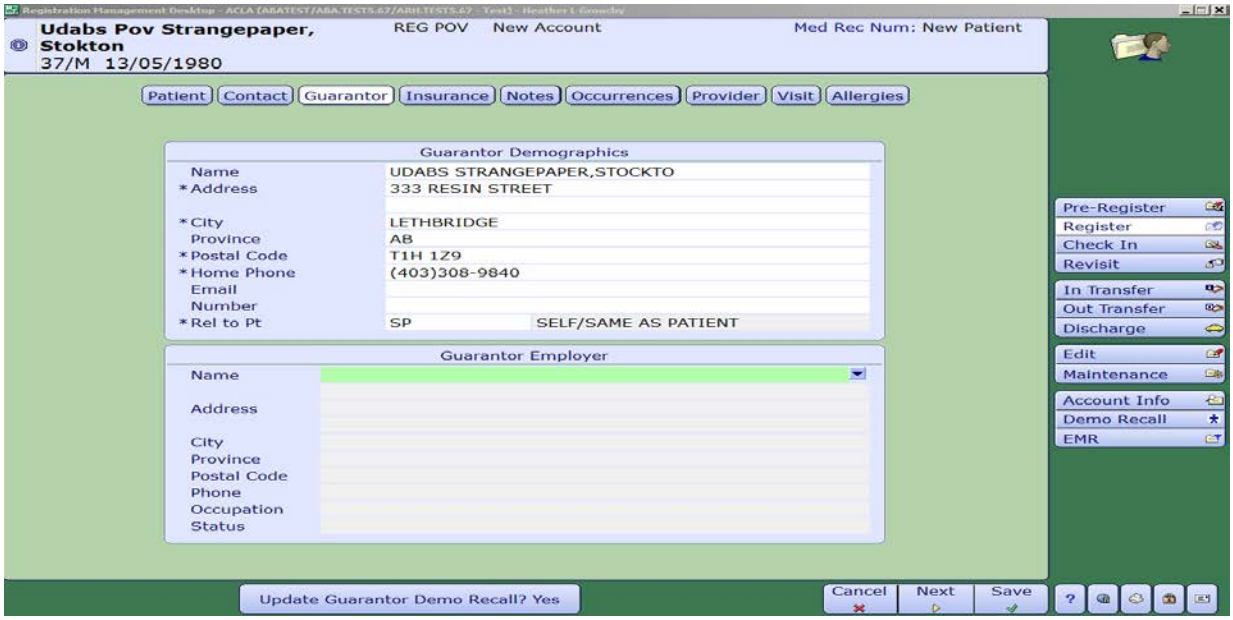
10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

PROVIDER OFFICE VISIT

1. Click on register button.
2. Using the pull down menu choose Provider Office Visit and Long Form.
3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
4. Use the pull down menu in Reg Category and choose POV. Anything with an asterisk is a mandatory field and must be completed.

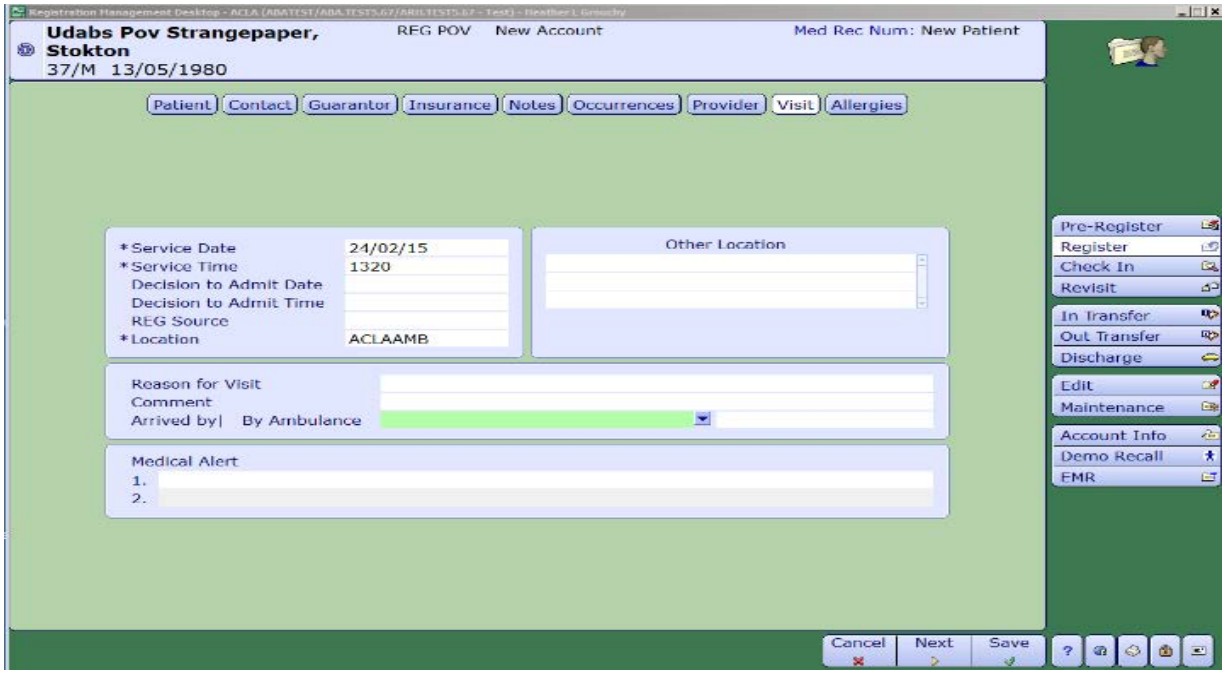


5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

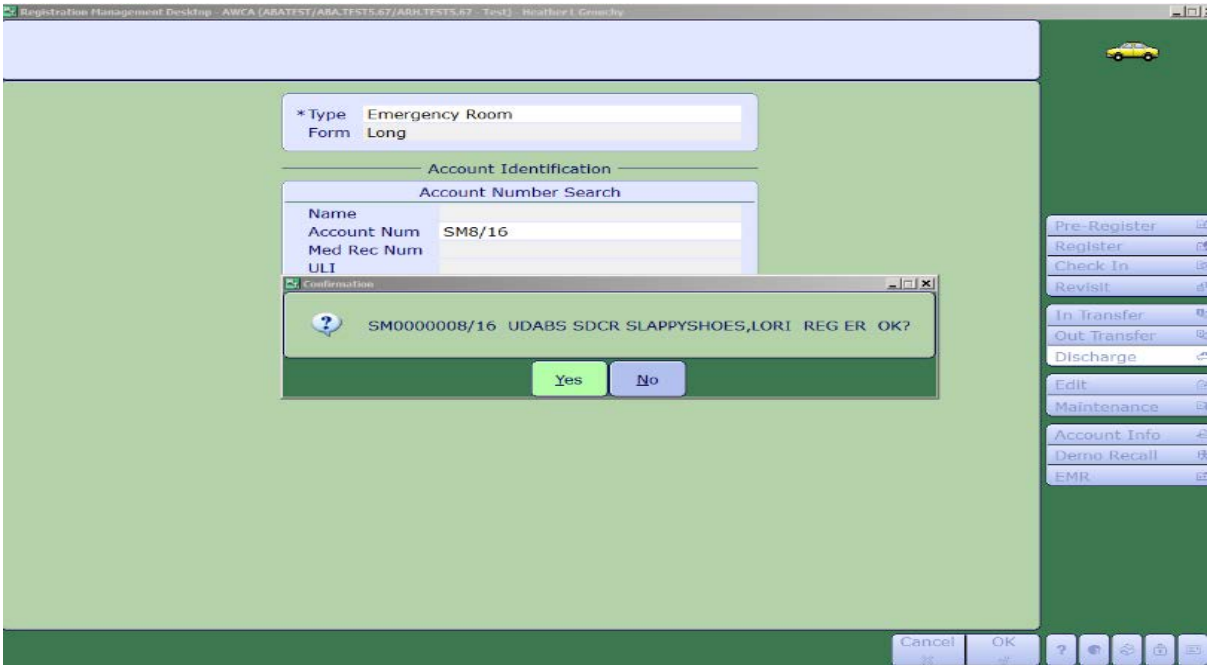
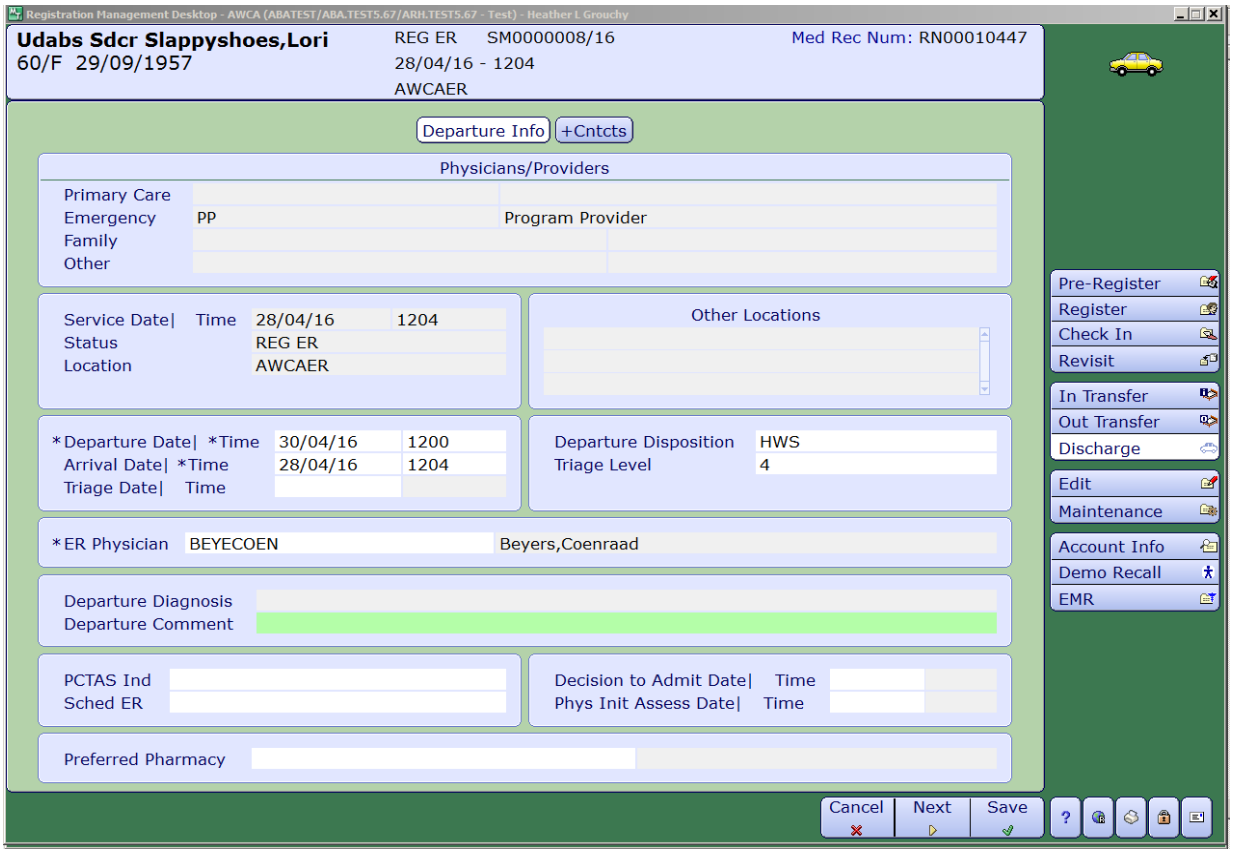
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

DISCHARGE

1. Registration Management Desktop
2. Discharge Tab.
3. Enter account number or spacebar enter to pull up last visit.



4. Fill in mandatory areas marked with an asterisk, e.g. Departure Date/Time and discharge disposition.
5. To complete discharge F12 or Save.