

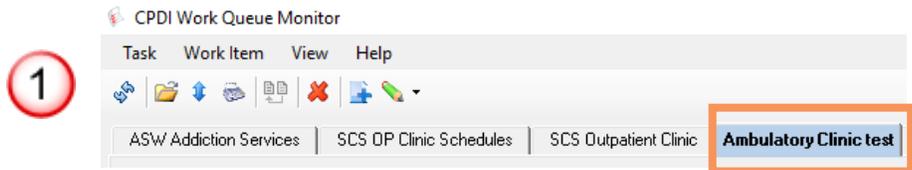


WQM - IDENTIFY REQUESTED SIGN HOSPITAL INFORMATION SYSTEM (HIS)

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.

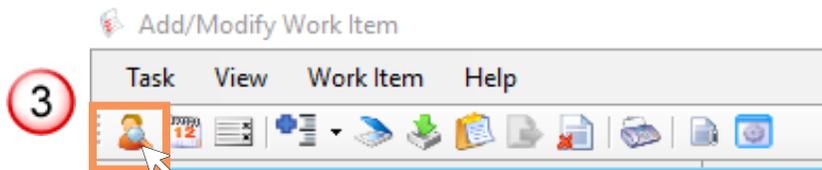
1. Accessing Your Department's Queue: Select the tab corresponding to your department's queue (e.g., Ambulatory Clinic)



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

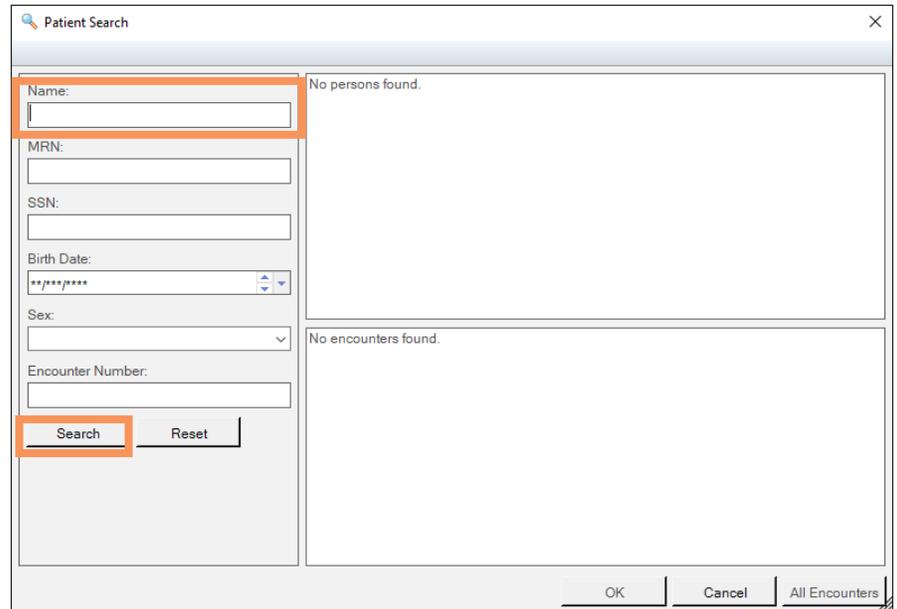
Person Name	Health Card Number	Date/Time	Elapsed Time	Status	Reason	Encounter Number	MRN	Document Type	Owner
ZZZTEST, WILL	3443678763	2023-Sep-14 15:34	269 d 23 hr	Available			88000010	Physician Order	NHS Test01, HUC
ZZZTEST, DAVID	3243243242	2024-Feb-21 08:42	110 d 5 hr	Available			11000359	Physician Order	NHS Test01, Reg/S
ZZZTEST, GM	3479164983	2024-Feb-21 08:42	110 d 5 hr	Available			11000709	Physician Order	NHS Test06, Reg/S
ZZZTEST, MACI	1212121212	2024-Feb-21 08:42	110 d 5 hr	Available			11000726	Physician Order	NHS Test01, Reg/S
ZZZTEST, BRIAN		2024-Feb-21 08:42	110 d 5 hr	Available			11000501	Physician Order	NHS Test01, Reg/S
ZZZTEST, BRIAN		2024-Feb-21 08:42	110 d 5 hr	Clarify	Invalid Order		11000501	Physician Order	NHS Test02, Reg/S
ZZZTEST, BRIAN		2024-Feb-21 08:42	110 d 5 hr	Available			11000501	Physician Order	NHS Test01, Reg/S
ZZZTEST, WILL	3443678763	2024-Mar-19 09:26	83 d 5 hr	Available			88000010	CT Documents	NHS Test02, Reg/S
ZZZTEST, A		2024-Mar-19 09:56	83 d 5 hr	Available			11001106	Physician Order	Little, Robert
		2024-Apr-02 09:51	69 d 5 hr	In Process				Consent Forms	NHS Test02, Reg/S
		2024-Apr-02 09:52	69 d 5 hr	Supplemental				BD Documents	NHS Test01, Reg/S
ZZZTEST, LOGAN	2334343676	2024-Apr-02 09:52	69 d 5 hr	Available			88000027	BD Documents	NHS Test01, Reg/S
ZZZTEST, NICK	9834584905	2024-May-08 12:27	33 d 2 hr	Available			11000526	BD Documents	Little, Robert
SCHED. TEST	2222666888	2024-May-16 09:04	25 d 6 hr	Available			88000096	Legal Documents	NHS Test03, Reg/S
		2024-Jun-03 13:57	7 d 1 hr	In Process					Little, Robert
ZZREHAB, WQMREFERRAL	5586453575	2024-Jun-03 13:57	7 d 1 hr	Available			88000143	Referral Letter	NHS Test01, HUC
		2024-Jun-03 13:57	7 d 1 hr	In Process					NHS Test01, HUC
		2024-Jun-03 13:57	7 d 1 hr	Available					NHS Test01, HUC

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.

4



Patient Search

Name:

MRN:

SSN:

Birth Date:

Sex:

Encounter Number:

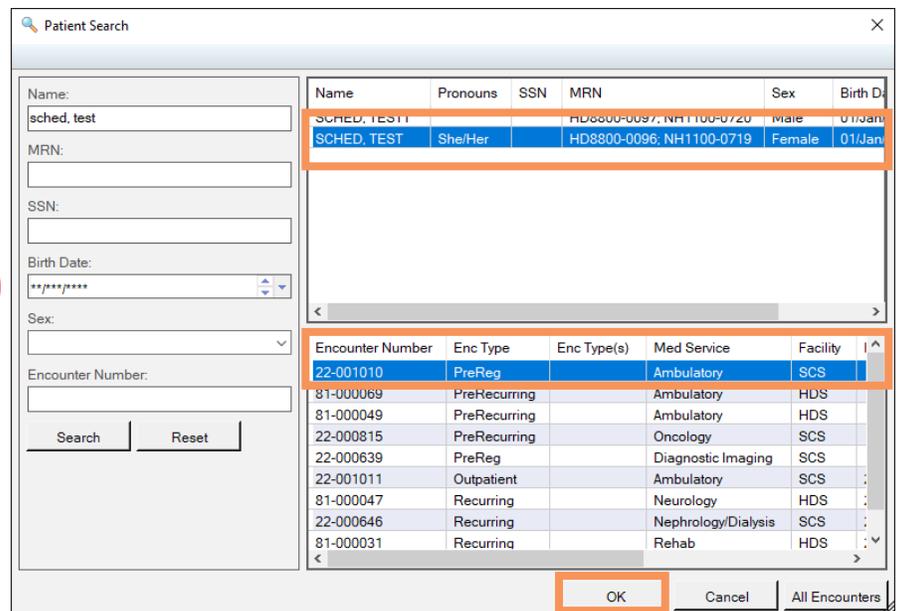
No persons found.

No encounters found.

5. **Correct Encounter:** Ensure the correct patient and encounter are selected. Click "OK". The "Patient Search" dialog box will close.

5

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



Patient Search

Name:

MRN:

SSN:

Birth Date:

Sex:

Encounter Number:

Name	Pronouns	SSN	MRN	Sex	Birth Date
SCHED, TEST			HD8800-0097; NH1100-0720	Male	01/Jan
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



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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

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

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

Document type:

6

- 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

Status:

- Complete
- Available
- Canceled
- Clarify
- Complete
- Supplemental

Comment:

8

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"**.

9

Provider Selection

Last name: test First name: Suffix: Search

Filter: Alias: Alias type: New Provider

Username: Preview Clear

Search By: Internal

Limit by group No data filtering
 Limit by organization Filtered: St. Catharines Site
 Limit by position No data filtering
 Limit by relationship No data filtering

View physicians only View active patient relationships only

Name	Organizations	Services
Test, Cemer		
Test, IMO -> IMO		
Test, IMO -> SND		
TEST_LDAP		
TEST_PROVIDER INTERFACE		
TEST_PROVIDER INTERFACE		
TEST_PROVIDER INTERFACE		

OK Cancel

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

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

10

Date of service

08/May/2024 2208 (GMT-05:0)

Post as authenticated

Sign date

/ **/**

***Provider**

Test, Cemer

Provider actions

Requested Sign
 Pending Sign
 Requested Review
 Completed Sign

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.

