 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>PRIMARY HEALTH CARE OPERATIONAL GUIDELINES</p>	<p>Operational Guideline: Patient Status Criteria</p>	<p>Guideline Number: PCOG#10</p>
	<p>Approved By: Primary Care Service Area Leadership</p>	<p>Pages: 1 of 6</p>
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1. INTENT:

- To provide direction to determine the patient status on the Primary Care provider's (Physician and Nurse Practitioner) panel
- To provide direction to clinics to ensure each unique patient is associated with ONLY one medical record in the Electronic Medical Record (EMR)
- To utilize the Client Services Band to support the services that Primary Care clinicians may be providing and where they may or may not be attached to a Primary Care provider of the clinic
- To assist in attaining accurate data related to active patient panel size for purpose of accepting new patients and for Advanced Access data collection

2. DEFINITIONS:


- **Active** – A patient who meets criteria for being considered a current patient of the clinic. May also be referred to as “open”.
- **Inactive** – A patient who has exceeded the 36 month time-since-last-appointment parameter
- **Deceased** – Patient is deceased
- **Client Services** – A patient who is receiving a specific service within a primary care clinic. The patient may or may not be attached to a Primary Care provider of record.
- **Duplicate Patient** – Any unique patient with more than one associated medical record in the EMR. The corresponding identical parts of the duplicate medical records will be merged into one unique medical record.
- **Panel Size** – According to Advanced Access principles, panel size is the number of unique individuals who have seen a provider in the practice and which the provider has coordinated the majority of care within the last 18 months

3. GUIDELINE:

- 3.1 At a minimum, clinic teams should review the Primary Care Dashboard which contains site specific provider panels on a quarterly basis. Knowledge of panel data will help the clinic team determine the ability to take on new patients or not.
- 3.2 To ensure provider panel size data generated is accurate, it is important the **Patient Status** within the EMR is reviewed and updated accordingly as required. Patient status options include active, inactive (passively closed) or deceased. Refer to *Appendix A – Patient-Client Status* for instruction on how to change a patient status in the EMR.

Active:

- Patients are considered ‘active’ when they receive their Primary Care services at the clinic. Patients are advised when accepted at the clinic of the partnership they are entering into with the clinic and that they need to have contact with provider(s) in the clinic at minimum every 36 months. Should this not occur, status within the clinic may change.
- Continuity of care is preferred and when active patients are calling to schedule an appointment they should be scheduled with their previous provider. If

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continuity is not possible, then the patient should be booked with an appropriate provider.

Inactive:

- Patients are considered inactive when at least 36 months has passed since their last appointment (passively ‘closed’)
- All patients in this category should be called by clinic staff to discuss the patient’s ongoing medical care and determine if the patient wishes to remain active. If yes, and there are any outstanding items in F7 or their Primary Care Quality Indicators are flagged, they should be scheduled for an appointment with the provider they had seen previously to support appropriate management and follow-up of same.
- If not reachable by phone on the first attempt document by way of a follow-up letter should be completed and mailed to a patient indicating the potential change in status and requesting the patient contact the clinic if they wish to remain active at the clinic
- If no further contact is desired, the patient’s record is marked as ‘inactive’
- All inactive patients upon booking an appointment are reactivated. Continuity of care is preferred; patients should be scheduled with the most responsible provider. If continuity is not possible then the patient should be booked with an appropriate provider. The person they see will become their new primary provider and will be considered an active patient on that provider’s panel.
- An inactive patient’s first appointment should be considered an intake appointment so that the chart can be updated, and medications reconciled
- Inactive patients wishing to re-gain access to the clinic will not be declined service
- When necessary, the patient’s “enrollment status” within Primary Care can be viewed in the “Home Clinic” tab. Refer to *PCOG#25 Enrolment Process in Primary Care* for additional information.

Deceased:

- As of January 2022, the Home Clinic Portal has been upgraded to connect with Client Registry’s death information. Soon after Client Registry receives death information from a Hospital or Manitoba Health and Seniors Care (MHSC), the information is processed in the Home Clinic Repository resulting in notification to each Primary Care clinic (Home Clinic) during the nightly run of enrolment records. Refer to *APPENDIX C - Deceased Client Notifications-Quick Reference Guide*.
- This enhancement enables Home Clinics to receive notifications and information on deceased clients as reported in the provincial Client Registry system. Home Clinics will receive notifications directly into their EMR and can then action them accordingly (de-enroll the patient, enter the date of death, and follow all other discharge processes).
- As the data is coming from the provincial Client Registry system, it is a verifiable and trustworthy source so clinics can mark the patient as deceased based on the notifications. The date of death that is provided would be sufficient.

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HELPFUL HINT: When launching the patient record in eChart Manitoba from the EMR, providers may see a red banner at the top of the record indicating that the patient is deceased:



If the red banner does not appear, this is a result of the 'Demography Details' that display within eChart Manitoba defaulting to the 'Leading' record upon launching from EMR. The 'Leading' record is often not the MHSC record but rather from another facility that contributes to eChart Manitoba that may not have the deceased flag on their record (i.e., St.Boniface Hospital record). To confirm the deceased information for MHSC, select the magnifying glass at the top of the screen, and perform a search using the patient PHIN. You can tell which record belongs to MHSC by referring to the 'PHIN Eff. Date' column. If this is populated, choose it as your 'Leading' record from the far left column and then select 'Enter'. You should now see the deceased banner at the top of the screen for this patient if it has been flagged as deceased by MHSC:

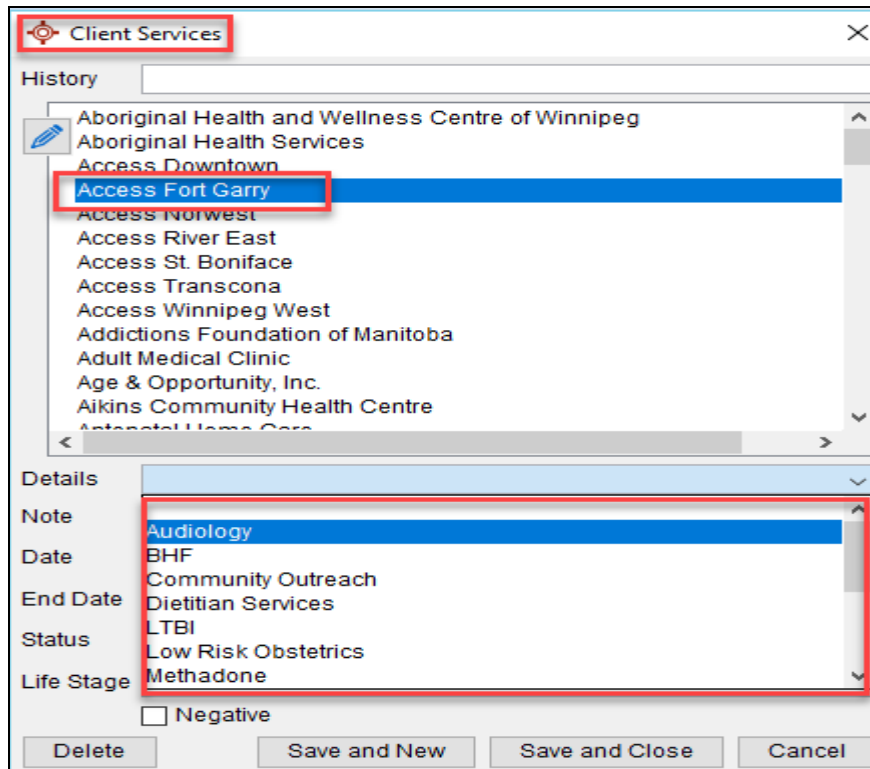


- Administrative staff will update the EMR and indicate on patient's record patient is deceased. This will remove the patient from the responsible provider's panel.
- If a staff person/provider/clinician hears that a patient of the clinic is deceased and the clinic is able to determine the information is reliable/accurate (i.e. via family member or obituary), Administrative staff can be instructed to change the status in the EMR chart and document accordingly at that point


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- Archiving of deceased patient records shall follow [Regional Policy #75.00.050 Retention and Destruction of Facility Health Records](#)

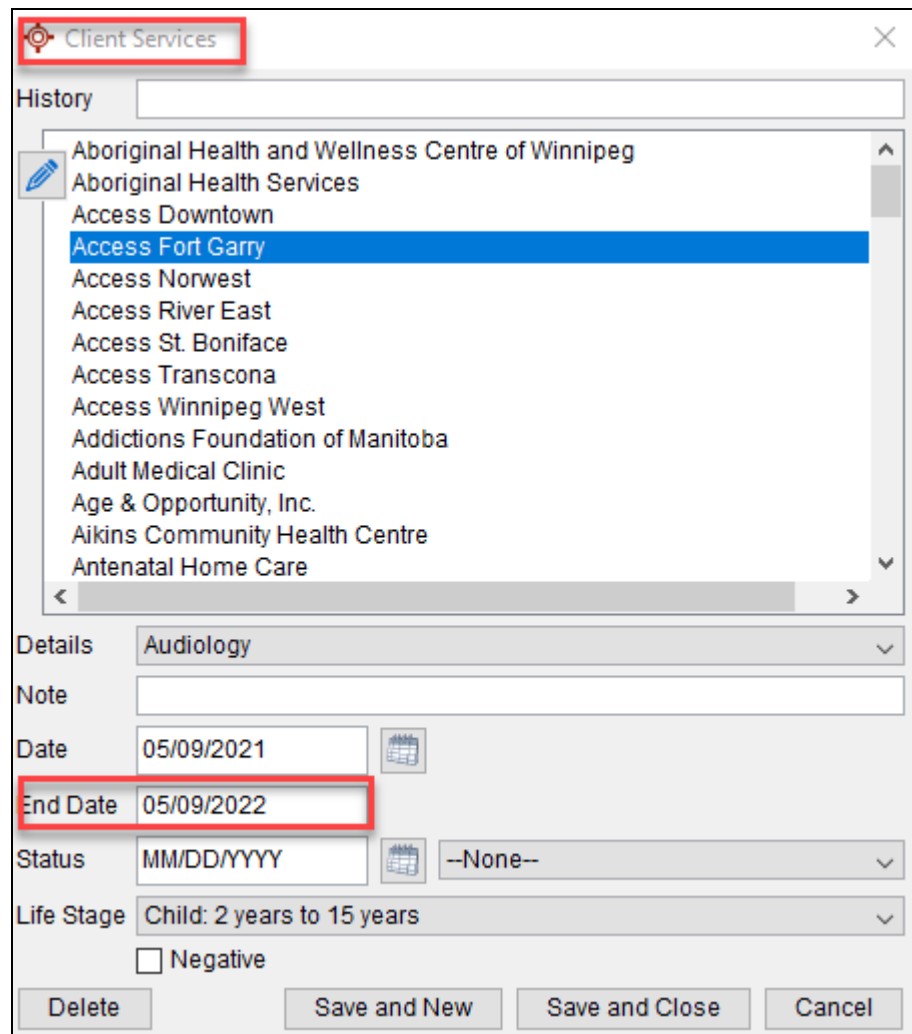
3.3 If a patient is receiving care from a primary care provider for a “Client Service” identified in the EMR, the provider shall select the appropriate service(s) in the **Client Services Band** drop down (example below):



The screenshot shows a software interface for selecting client services. At the top, a dropdown menu labeled "Client Services" is open, showing a list of service locations. "Access Fort Garry" is highlighted in blue. Below this, a "Details" section is visible, containing a list of service types. "Audiology" is highlighted in blue in this list. At the bottom, there are buttons for "Delete", "Save and New", "Save and Close", and "Cancel".


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Once the patient has been discharged from the “Client Service” the clinician will select the appropriate service(s) and discharge the patient from the service (example below):



It is important to ensure that flexibility in adding, changing and/or removing Client Services is maintained in order to meet ever changing service delivery needs. All requests for additions, changes, and/or removal of Client Services shall be vetted through the Program Specialist for discussion and approval at the WRHA Primary Care Direct Operation table.

- 3.4 If a **Duplicate Patient Record** exists for any one patient in the EMR, the clinic that identifies and/or creates the duplicate is responsible to merge the duplicate record. The Team Manager (or designate) will be responsible for merging the identified duplicate medical records and will require appropriate EMR role access to complete the process. Refer to *APPENDIX B – Merge a Patient*.

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Duplicate medical records may be created as a result of patient identification errors. Often times, duplicate medical records are partial duplicates that only capture a portion of a patient's medical history. Duplicate charts may have been created as a result of three different scenarios. Within these scenarios there are differing merging responsibilities and actions required as follows:

- Duplicates created within own site – **Site responsibility**
- Duplicates identified due to inactive file – **Site responsibility**
- Duplicates created or identified with multi service/program involvement that have an active status in the status history – **Team Manager (or designate) responsibility; Team Manager identifying the duplicate medical record may contact EMR Support Services through Service Desk for assistance with merging, if required**

As a safeguard and for quality assurance purposes, the Team Manager shall contact EMR Support Services semi-annually requesting the generation of a **Duplicate Patient Report** which identifies any duplicate patients requiring merge at that office. Once received, the clinic shall action the list accordingly.

- Within the '**Patient**' section, Administrative Staff to add a patient note. Must document "file merged" which provides a date stamp of when the merge occurred.

4. REFERENCES:

- Home Clinic Team – Communication (January 15, 2022) announcing Home Clinic Portal upgrade to connect with Client Registry's death information; includes "Deceased Client Information-Quick Reference Guide"
- Consultation with Primary Care Service Area Leadership, Primary Care Direct Operation Clinic Team Managers, Community Area Directors, Regional Primary Health Care Quality Team and EMR Support Services (May 2022)

5. APPENDICES:

- APPENDIX A – Patient-Client Status
- APPENDIX B – Merge a Patient
- APPENDIX C – Deceased Client Notifications-Quick Reference Guide

SCOPE: Applicable to all WRHA Primary Care Direct Operated Clinics (including Walk-In Connected Care Clinics), Midwifery Services and Antenatal Home Care Program.

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

***Questions regarding this or any other Primary Care Operating guideline should be directed to Primary Care Service Area Leadership**