

# APPENDIX C

## Group Education Program Tracker

Last updated: August 8, 2022

A complete version of the Tracker Form as appears in EMR is included at the end of this Appendix.

Upon scheduling patients for Group Education sessions, the 'Group Education Program Tracker' form must be initiated for EACH program a participant registers for. **For example:** COPD would require 1 tracker form and Diabetes would require an additional tracker form.

Prior to initiating the form please ensure the following fields have been added within the **Patients section** of the record (these sections will be automatically pulled into the form):

- **Office Provider** (This field typically will already be filled in when the patient is attending a Community site within our EMR – If the provider works in our Community EMR please do not adjust the office provider field)

OR

- **Family Physician** (This field is used when a patient is seeing a Private Clinic for their Primary Care needs, this would be providers outside of our EMR – If the provider works in our Community EMR please do not fill in this field)

The screenshot shows a patient record form with the following fields and values:

- Last Name: EHealth, Health #: Search Only
- First Name: Ehealth 2, Identifier: Search Only
- Middle Name: Testing, Birthdate: MM/DD/YYYY
- Title: Mr., Suffix: , Patient Status: Active, Office Provider: Allen, Cindy
- Demographics: Birthdate: 01/03/1955, 66 Yr, Gender: M, Deceased:  MM/DD/YYYY
- Family Phys: --None--, Referring Phys: --None--
- Alias: Last Name: test, First Name: test, Alias Type: --None--
- Address: 13 Orange Road, Note: , City: Winnipeg, MB, Canada, Postal/Zip: R2L 2E4, Type:

From the EMR tab > Encounter Notes select the drop-down arrow and select the 'Group Education Program Tracker' from the list (Users have the option to add form as a short cut to their configure action bar > see last page of this document for steps on how to add)

The screenshot shows the 'Encounter Notes' form for patient EHealth, Ehealth 2 (66 years old male). The 'Forms' section is expanded, showing the following forms:

- Chart Sheets:
  - Group Education Program Tracker (Selected)
- Requisition Forms:
  - Communication Group Referral (SLP)
  - Diabetes Group Education - South Winnipeg - Referral

In the upper right-hand corner of the form select the main Clinician running the class within the 'Provider' field

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The screenshot shows the top portion of a web application window titled "Group Education Program Tracker - EHealth, Ehealth 2". The interface includes a title dropdown menu set to "Group Education Program", a "Not Reviewed" status indicator, a description text field, a "DOS" dropdown menu set to "--None--", and a "Provider" dropdown menu set to "Test, Provider". A red box highlights the "Provider" dropdown, and a red arrow points to the "Test, Provider" option.

Check the box to identify the referral source

### Referral Source:

Hospital  Primary Care Provider  Self Referral  Specialist  Other

If the patient was not referred by Primary Care Provider ask the provided question around consent to share information with the provided Family Physician or Primary Care Provider. Within the drop down select Yes or No

*If NOT referred by Primary Care Provider:*  
Do we have your consent to share information about whether you attended this program with your Family Physician or Primary Care Provider:

No  
Yes

Insert the email address in the provided text field and read the email address disclaimer for either the 'Virtual or In-person Program' to the patient and within the drop down select if they agree or disagree

Email Consent

Email address:

Virtual Program:

\* If I have provided an email address, I understand and agree that my email address may be shared with other participants in the group when a feedback survey and program handouts are sent out by email. Agree/Disagree:

OR

In-person Program:

If I choose to provide an email address, I understand and agree that it may be shared with other participants in the group when a feedback survey and program handouts are sent out by email. Agree/Disagree:

For Virtual classes only: In cases where the patient **disagrees** or has questions prior to agreeing – Double click on the \* and a pop-up window will appear. Per the directions send a task to the program facilitator to call client for further discussion

\*Client must agree to the provided statement to book Group Education Session\*  
\*If client does not agree please send task to Program Facilitator to call client for further discussion\*

Insert the Program start date and select the Program Location from the drop down

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Program Start Date:  Program Location:

Select the check box to identify whether this will be In Person, or Virtual program

In Person  Virtual

Select the Group Education Program the patient is registering for (*Please note each program requires its OWN form*)

Group Education Program

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> COPD   | <input type="checkbox"/> Chronic Pain Self-Management | <input type="checkbox"/> Cognitive Behavioural Therapy |
| <input type="checkbox"/> Commit to Quit                                 | <input type="checkbox"/> Craving Change               | <input type="checkbox"/> Diabetes                      |
| <input type="checkbox"/> Heart Health                                   | <input type="checkbox"/> Long Covid Self-Management   | <input type="checkbox"/> Nutrition for Busy People     |
| <input type="checkbox"/> Packing It In: Creating a Plan to Quit Smoking | <input type="checkbox"/> Physical Activity Essentials | <input type="checkbox"/> Preparing for Success         |
| <input type="checkbox"/> Well 4 U                                       |   |  |

Once all fields have been filled in select 'OK' on the bottom right of the form to save to the record

**In cases where the client states they wish to withdraw from the program (before or after program start):**

Open the corresponding Group Education Program Tracker form and at the bottom of the form select the check mark for 'Patient Withdrew'

Identify how many sessions the patient attended and how many sessions the program consists of within the 'Attended' drop downs and Select OK

Program Outcome

Patient Withdrew

Attended  Out of  Sessions

Upon the completion of the program Facilitators will open the corresponding Group Education Program Tracker form and fill in the Program Outcome section of the form, identifying how many sessions the patient attended and how many sessions the program consists of within the 'Attended' drop downs

Program Outcome

Patient Withdrew

Attended  Out of  Sessions

Select OK to save the updates to the record

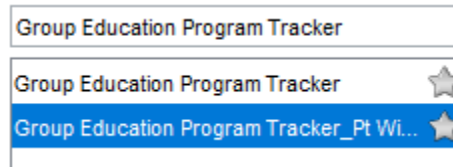
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## Group Education Program Tracker

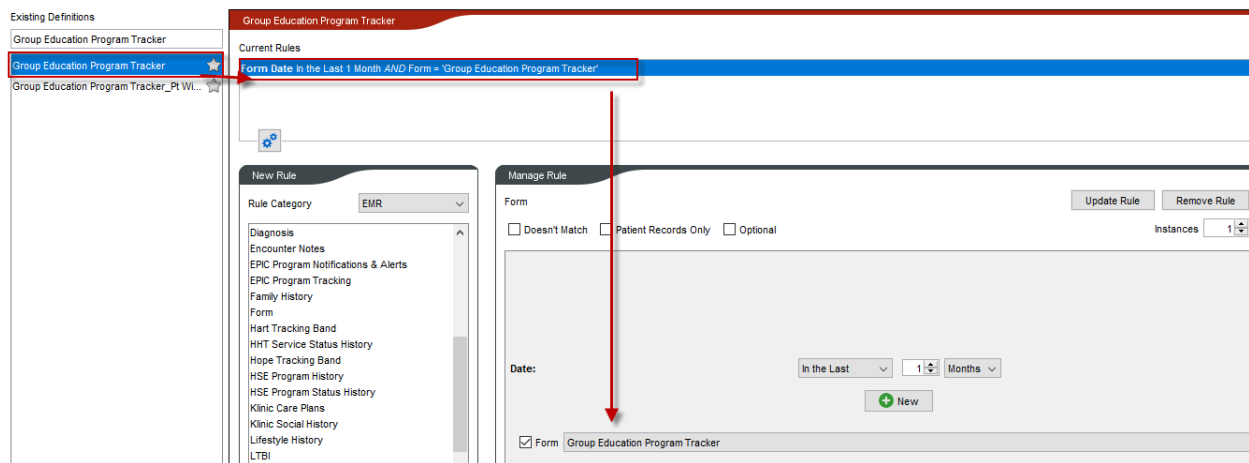
*Last updated: August 8, 2022*

### Group Education Program Tracker Report Query

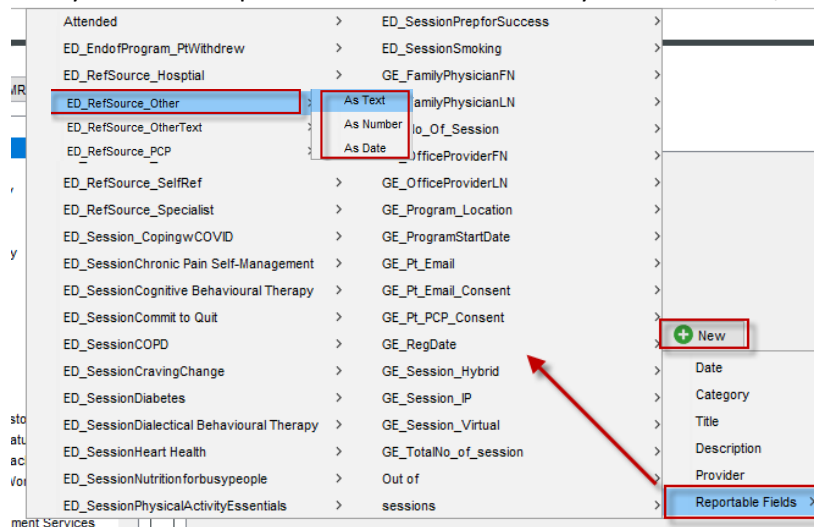
Select the Accuro Target> Reports> Query Alert  
 Search for Group Education Program Tracker  
 Select which report to run



Select the query from the list and click on the current rule line – this will prompt items to appear under the 'Manage Rule' section



To report on specific reportable fields, select the 'New' button > Select 'Reportable Fields' and select the field you wish to report on the select if this entry is listed as text, number or a date



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Please note:

When reporting on sections which are a check box the text shall be 'Selected' or 'Not selected'

When reporting on Drop down fields within the form the text within the reportable section shall match the options available on the form

For example:

'Selected' = Patient withdrew

'Not Selected' = Patient withdrew check box was NOT selected

A screenshot of a report configuration field. On the left, a checkbox labeled 'Patient Withdrew' is checked and highlighted with a red box. To its right, the text 'Reportable Text: ED\_EndofProgram\_PtWithdrew:' is followed by a red box around the field name 'PtWithdrew:'. This is followed by a dropdown menu set to 'Equals' and a text input field containing the word 'Selected'.

A screenshot of a report configuration field. On the left, a dropdown menu labeled 'Program Location:' is set to 'Access Fort Garry' and highlighted with a red box. To its right, the text 'Reportable Text: GE\_Program\_Location:' is followed by a red box around the field name 'Program\_Location:'. This is followed by a dropdown menu set to 'Equals' and a text input field containing 'Access Fort Garry'.

Update the Date field as required

Select 'Update Rule' to save your changes

Select 'Run Report' double click on all Red X fields you wish to have displayed on the report

Ensure all three check boxes have been selected

Select 'Run'

A screenshot of a dialog box titled 'Check for Alert Matches'. The main title is 'Group Education Program Tracker\_Pt Withdraw'. On the left, under 'Apply Against', the 'All Patients' radio button is selected. Below it is a text area labeled 'Test, Provider'. On the right, under 'Fields to Display', a list of fields is shown with checkboxes. The 'Intended' field has a red 'X' icon next to it. Below the list, under 'Match Types to View', three checkboxes are present: 'Unassigned' (checked), 'Assigned', and 'Completed'. At the bottom right, there are 'Run' and 'Cancel' buttons, with the 'Run' button highlighted by a red box.

***If discrepancies arise please contact ESS for any questions***

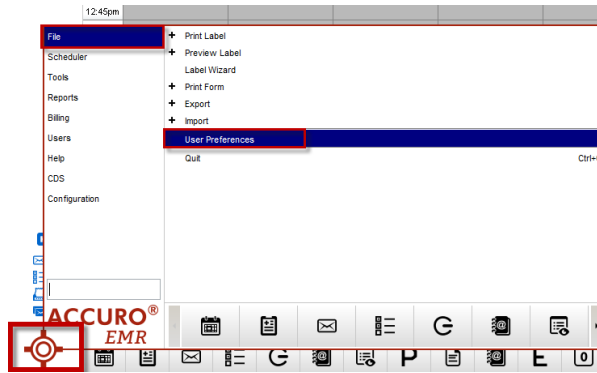
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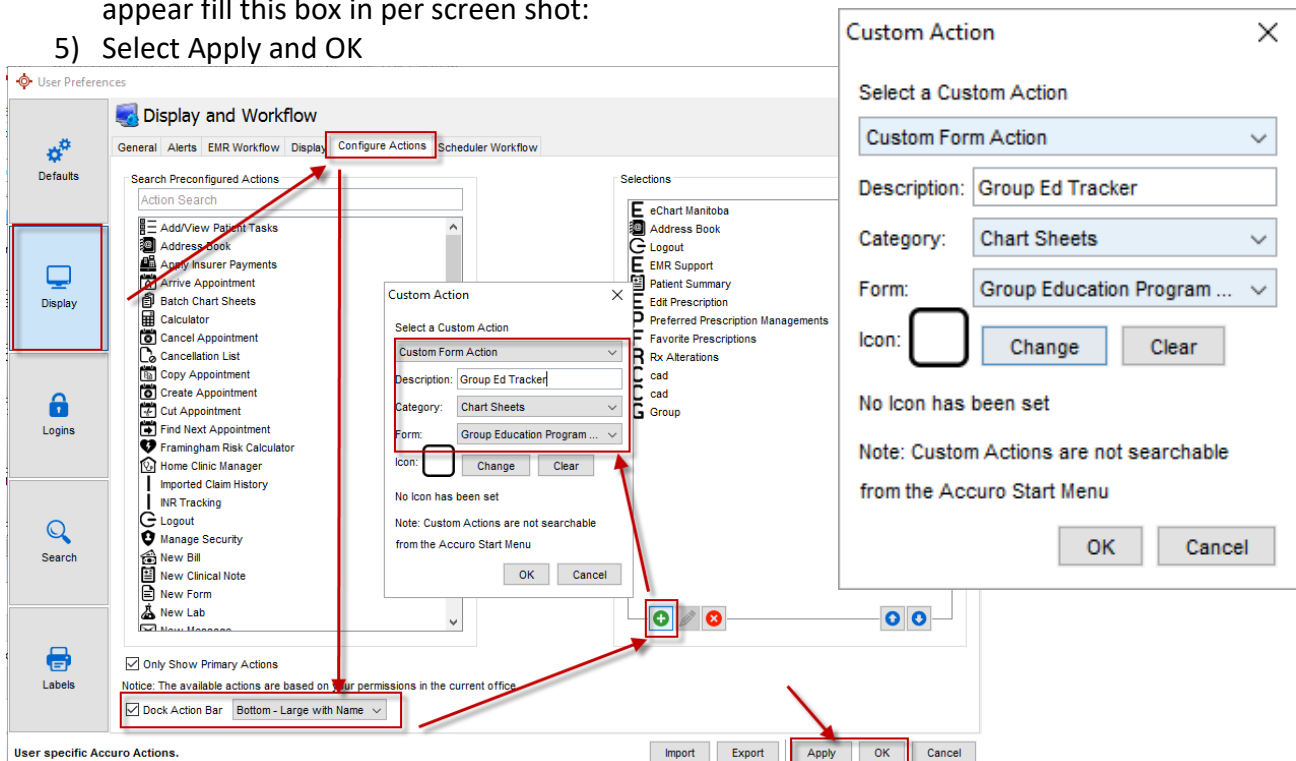
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### Adding Form Short cut to Configure Action bar

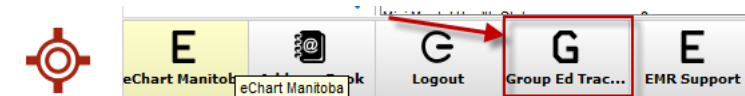
- 1) From the home button > Select File > Select User Preferences



- 2) The User Preferences box will appear > Select Display > Select the Configure Actions tab
- 3) Ensure the Dock action bar check box has been selected (bottom left)
- 4) Select the Green plus sign on the right side of the screen > A Custom Action window will appear fill this box in per screen shot:
- 5) Select Apply and OK



The Action bar will now appear on the screen > Please note this short cut button will only open NEW forms > to access an existing form users will need to go into the chart



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## Group Education Program Tracker

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### Group Education Program Tracker

Client Surname	PatLastName
Given Name	PatFirstName
Date of Birth	2022-Aug-08
Gender	M
MHSC	123456
PHIN	9123456780

#### Referral Source:

Hospital  Primary Care Provider  Self Referral  Specialist  Other

If NOT referred by Primary Care Provider:

Do we have your consent to share information about whether you attended this program with your

Family Physician or Primary Care Provider:

#### Email Consent

Email address:

#### Virtual Program:

\* If I have provided an email address, I understand and agree that my email address may be shared with other participants in the group when a feedback survey and program handouts are sent out by email. Agree/Disagree:

OR

#### In-person Program:

If I choose to provide an email address, I understand and agree that it may be shared with other participants in the group when a feedback survey and program handouts are sent out by email. Agree/Disagree:

**For CBTm classes please ensure the  
Mental Health Referral Information form is also initiated**

Program Start Date:  Program Location:

In Person  Virtual

#### Group Education Program

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> COPD   | <input type="checkbox"/> Chronic Pain Self-Management | <input type="checkbox"/> Cognitive Behavioural Therapy |
| <input type="checkbox"/> Commit to Quit                                 | <input type="checkbox"/> Craving Change               | <input type="checkbox"/> Diabetes                      |
| <input type="checkbox"/> Heart Health                                   | <input type="checkbox"/> Long Covid Self-Management   | <input type="checkbox"/> Nutrition for Busy People     |
| <input type="checkbox"/> Packing It In: Creating a Plan to Quit Smoking | <input type="checkbox"/> Physical Activity Essentials | <input type="checkbox"/> Preparing for Success         |
| <input type="checkbox"/> Well 4 U                                       |   |  |

#### Program Outcome

Patient Withdrew

Attended  Out of  Sessions