

Connect Care

Changes to AHS DI Appointment Notifications Sent to Ordering Providers

Key Messages

- AHS diagnostic imaging (DI) appointment notifications sent to healthcare providers have been shortened: They no longer include a copy of the patient notification letter.
- This change is expected to shorten AHS DI fax notifications by one to three pages.
- AHS DI appointment details will still be sent directly to patients by mail, phone or MyAHS Connect.
- AHS DI appointment notifications sent to healthcare providers will continue to include appointment details and process instructions.

What's happening?

As of **June 10, 2024**, the appointment notification letters sent to community providers by AHS DI no longer include the patient information portion. Prior to this change, provider notifications included a copy of the notification letter that is sent by AHS DI to the patient. Provider notifications continue to include the appointment details and process instructions. The AHS DI team will continue to contact the patient directly with preparation instructions prior to their appointment. For any questions on patient instructions, please contact the AHS DI department that the patient is scheduled at, which is indicated on the notification.

Connect Care generates these DI notifications if the appointment is booked more than 48 hours from the time of scheduling and sends them via fax and/or Connect Care In Basket to the healthcare provider who ordered the tests.

This change is expected to reduce each faxed notification by one to three pages. <u>Click to see screenshot of a sample notification - the red X indicates the portion that will be removed.</u>

Why the change?

Over the past four years, AHS DI has received requests from community providers to turn off fax and/or In Basket notifications. At this time, Connect Care cannot differentiate between an AHS Connect Care provider and a community provider, so faxes and/or In Basket messaging cannot be turned off for only a sub-set of providers.

Instead, each faxed notification has been shortened to minimize the impact of the notifications on all recipients. The patient portion of the provider notification has been removed from notifications sent to both Connect Care providers and community providers.

What's the impact on patients?

Patients will continue to receive appointment details and preparation requirements directly from AHS DI by phone, mail, or MyAHS Connect.



Page: 1 of 4 ULI: XXXXXXX Patient Name: This is my name.



Referring Health Care Professional Notification of Diagnostic Imaging Appointment

PCP Fax: None

The Diagnostic Imaging appointment has been scheduled for your patient as per your request.

Appointment Details for:

Patient Name DOB: Happy Birthday
ULEXXXXX MRN: XXXXXX
Contact: XXX-XXX-XXX (home)

CT ABDOMEN PELVIS ENHANCED Arrive by 07:30 Appt Date: Wednesday 17/January/2024 Appt Time: 08:00

Location: ROCKYVIEW GENERAL HOSPITAL CT DEPARTMENT 7007 14 STREET SW CALGARY AB TZV 1P9 403-943-3702 On Arrival, report to: Main Floor, Diagnostic Imaging

Your patient has been provided with the information regarding their appointment. Included here are PROCESS INSTRUCTIONS and PATIENT NOTIFICATION letter sent to the patient for reference and aware

The ordering provider is responsible for supporting the patient in preparing for their scheduled DI appointment by:

1. Reviewing the details included in the process instructions below AND

- 2. Completing the following actions:
- · ORDER (if applicable) any required pre-medications and/or any pain medication for intra or post procedure

 PROVIDE your patient with order(s) and requisition(s) for pre-procedure laboratory tests (as listed in
- process instructions)
- PROVIDE any instructions in regard to stopping and/or starting medication (i.e. coagulation)

As part of Diagnostic Imaging's safety screening process for image guided interventional procedures your patient will be asked if they have completed a Goals of Care (GOC) Designation Order form with their physician. If this has been completed, please ensure they bring a copy with them to their appointment.

ULI: XXXXXXX



Arrive by 07:30 Appt Date: Monday 20/No Appt Time: 08:00

Location: ROCKYVIEW GENERAL DEPARTMENT 7007 14 STREET SW CALGARY AB T2V 1P9

You have been scheduled for an ag

provider.
If you can't make the appointment or want to be pl as possible ntact Of at 403-793-6670 as so

CT ARDOMEN PELVIS ENHANCED Prepara

More information about DI pro

https://myhealth.alb
 www.albestahealths

WEEKS or DAYS prepare

- ange for a family member or friend (must be an adult) to accompany you to you of patients should consult with their doctor before proceeding with an imaging en king DIABETES MEDICATIONS or using Insulin Furno Therapy consult their d
- 1: Process laws, unequality when the way of the stay with children during the procedure. ex Arrange childcare or bring family member or a friend to stay with children during the procedure.

Page: 2 of 4 ULI: XXXXXXX Patient Name: This is my name

If your patient does not show up for their appointment, you will be notified. If you have any questions or concerns or would like to reschedule this exam, please call 403-793-6670.

Process Instructions:

Process Instructions:
DIET: Encourage clear fluids.
RESTRICTION: NO Barrium study 48 hrs. prior.
LABS: A serum Creatmine with GFR calculation is required within 3 months for outpatients with diabetes, patients over 50 years of age, or those who have risk factors for acute or chronic renal impairment.
CONSENT: Consent is required for contrast enhanced studies for patients with significant risk factors (GFR less than 30 mLmin/17,27m3 or pretreated for a high risk of cortrast reactions), if the patient is unable to give consent independently, ensure that the co-decision maker or alternate decision maker(s) accompany the patient to Engineous funzaging, or that a two-physician consent is completed as per AHS Policy.
COMMUNICATION Notify department if translation services are required.
PATIENT ATTIRE. Patient to bring eyegissesses and hearing aids.
Remove any metallic objects from area of scan.

Page: 4 of 4 HI I: XXXXXXX Patient Name: This is my name

Preparation: You may be contacted by a Diagnostic Imaging staff member 1 to 2 days before your pro-

- study 48 hours before CT exam cannot be done if you had barrum be your regular medication(s) as prescribed. Their preparation needed before the exam. of unter before arming for the appointment. On armival your may be

BRING to appoin

- Remove jewelry or piercings that are near to Leave valuable tems at home as you may n Please limit the number of items you bring to
- e a sec

AT the appointment

- You will be asked to You will have an intr The test requires an njection will be through The procedure will to be admitted to the hi body more visible on the images. The
- catheter (tube). I to 5 hours and the length depends on yo ic condition and anatomy. You will

AFTER the appointr