



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</u> screenshot of a sample notification - the red X indicates the portion that will be removed.

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 Authorizing Fax: XXX-XXX-XXX PCP Fax: None

Dear Dr. Provider, MD:

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

Appointment Details for: Patient Name DOB: Happy Birthday ULLXXXXX 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 T2V 1P9 403-943-3702 Dn Arrival, report to: Main Floor, Diagnostic Imaging

Your patient <u>has been</u> 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 medications)

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.

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: DEF: Encourage clear fluids. RESTRUCTION: NO Barium study 45 hrs. prior. LABS: A serum Creatmine with GFR calculation is required within 3 months for outpatients with diabetes, patients over 60 years of age, or these who have risk factors for acute or chronic renal impairment. CONSENT: Consert is required for contrast arhenced studies for patients with significant risk factors (GFR less than 30 minut) 7.73m 30 pretretealed 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 Diagnostic imaging or that a two-physician consent is completed as per AHS Policy. COMMUNICATION Notify department if translation services are required. PATIENT ATTRE Patient to thing explasses and hearing acts. Remove any metallic objects from area of scan.



