USING DYNAMIC DIGITAL SIGNATURE

EDOCSNL ELECTRONIC MEDICAL RECORD

For prescription writing in the EMR - with eFax

This documentation is based on the EMR user already having full provider and prescription (Rx) signing permissions, such as an MD, NP or Locum. If, after completing these instructions, you have issues with the functionality, please contact info@edocsnl.ca for further assistance.

It is also based on the premise that the EMR is enabled for eFax. (The Dynamic Digital Signature functionality can be used without eFax, but please contact <u>info@edocsnl.ca</u> for further discussion on this scenario).

TO ENABLE DYNAMIC DIGITAL SIGNATURE IN THE EMR:

Please note that you will only be able to enable the required Setting for Dynamic Digital Signature if you have access to Site Settings for your EMR. If you do not have access, please contact the appropriate person in your clinic who has this access or contact info@edocsnl.ca for assistance.

1. Site Settings – pull down the Features tab – Optional Features:

	Site Settings		
	General Privacy/Security Templates Site Macros Scheduler BCC Profiles Billing	Electronic Lab/DI 🔻	Features 🔻
Administration			
My Profile	Automatic Demographic Referring Provider Update	\$	
USER ADMINISTRATION			
User List	CIHI data extraction	# m	
User Groups		¥	J
Resources			-
Roles	Dynamic Digital Signature	0 ti	
SITE ADMINISTRATION			_
<u>S</u> ite Settings			

2. Slide the Dynamic Digital Signature radio button over to the right to enable Dynamic Digital Signature for the instance.



- 3. Go to the User List and enable Dynamic Digital Signature for each user as applicable, as per the below. Or, this step can be done by the eligible user themselves in their own Profile settings as per Step 4 below.
- 4. My Profile User Setting click on Features tab Dynamic Digital Signature: slide the radio button over to the right:

med access	2								h
User Settings	General Groups Password	s Macros	Signing Options	Preferences	Filters	Templates	Workflows	Features	C
	Preferred Mgmt Mobile								
	User Group Con	text: All		T					
	Dynamic Digital Signatur	e							
	These attributes override Site-leve	l attributes.							

5. Ensure that each user who wishes to use Dynamic Digital Signature, has the Signature Text field filled in their User Settings under the Signing Options tab:

med access	User Settings: doctortest	
User Settings	General Groups Passwords Macros Signing Options Preferences Preferred Mgmt Mobile	Filters
	Signature Text: Dr. Doctor Test, MD Footer: CONFIDENTIAL: DO NOT DISTRIBUT	Location:

 (Optional) If you want to have the selected Pharmacy information included at the bottom of the faxed prescription (Rx), also check in the "Include Pharmacy on Rx" box in the User Settings – Preferences tab:



User Settings: doctortest		
General Groups Passwords Macros Signing Options	Preferences	Filters
Bills Calendar: Current Month, Future Month Use imported by "me" by default: Turn task count on:		•
Prescription Preferences		
Include Indication on Rx		
Default Search Only Generic Drugs		
Paper Type: 8.5x11	•	
Default Drug Use Type:	Y	
Default Drug Monograph: Clinical Monograph	•	

If, after following the above instructions, authorized users do not see the Dynamic Digital Signature box when in the Meds functions, please contact <u>info@edocsnl.ca</u> for further assistance.



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USING A DYNAMIC DIGITAL SIGNATURE IN PRESCRIPTIONS:

- 1. Open the patient's chart as per normal workflow.
- 2. Initiate an Rx for the patient.
- 3. Hover over the "pill" icon and select "View Meds List" from the menu that appears:



TO SELECT A RECEIVING PHARMACY FOR A PATIENT:

Once in the patient's med list, the receiving Pharmacy information can be set as:

- (i) a default "Preferred Pharmacy" for the patient, and/or
- (ii) as a "one-time" Pharmacy for an specific Rx.
- 4. To select a **Preferred Pharmacy** for the patient:

Clinical (BARB TEST)			Fiter Renew Approve Discontinue Reprint Graph Print Yew Help
Drug Allergies and Intolerances			Options
Opiolds - Morphine Analogues:MORPHINE SULFATE Penicillins:PENICILLIN Opiolds-Meperidine and Related:MEPERIDINE HCL	Mild Moderate Severe	Rash - hives, Rash Fever, Respiratory Distress Rash - maculopapular, Respiratory Distress	Paper Chart Superseded Superseded Printing Compliance Package

If not already filled in or if the patient wants to select a different pharmacy:

- Click on the Facility icon to the far right. (Hovering over the icon gives you information for that Pharmacy).
- This opens the current Preferred Pharmacy information for that specific patient:

BARB TEST 25 years	S					S Retur	n Add Pharmacy
Preferred Pharmac	ies						
Name	Address	City	Province	Phone	Fax	Sort	Remove
Shoppers Drug Mart	🔓 250 Lemarchant Road	STJOHNS	NL	<u>709-739-1300</u>	709-739-1631	_ ↑ ↓	×

- A. To add a Preferred Pharmacy to the patient's chart, click on the **Add Pharmacy** icon, which will take you to the Pharmacies in the <u>Facilities Provider Registry</u>.
- B. If you don't see the patient's preferred pharmacy in the list:

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- Search for it using a number of methods, such as adding at least the first 3 letters of the pharmacy name, a City, or changing the Province (note that selecting "All" for the Province will not return any results!).
- Any pharmacy that is already in your local facilities list (i.e. rolodex or address book) appears in non-bold text.
- Any pharmacy that is not in your local facilities list appears in bold.
- To add a pharmacy to your local facilities list, click on its name.
- Favorite that pharmacy for the user or clinic, as appropriate.
- 5. Pharmacies can be removed from a Patient's list of Preferred Pharmacies or the sort order can be changed so that the most frequently used pharmacy is at the top of the list and defaults into the Preferred Pharmacy on the patient's Rx.
- 6. "**One-time**" Pharmacy information can be entered from within the Rx by clicking on the **Facilities icon** and selecting the destination Pharmacy:

BARB TEST 25 years 🗒 🗿 🗐 🦚	
Prescription 🗸	Drug Allergies and Intolerances
Prescription Type Simple Rx © Continuous © Short Term Drug Name* ZENHALE 100 MCG-5 MCG INHALER (100-5 M Generic Drug Name mometasone furoate/formoterol fumarate	Opioids - Morphine Analogues:MORPHINE SULFATE Mild Rash - hives, Rash Penicillins:PENICILLIN Moderate Fever, Respiratory Distress Opioids-Meperidine and Related:MEPERIDINE HCL Severe Rash - maculopapular, Rej Observations
Dose Frequency PRN Duration Site 2 Inhalation(▼ BID - Twc ▼ 3 Mth30 ▼ #	Signature 🔛 🚫 🖋 🔲 🥥 🌰 🖹 🖋 🥸 💆 😓
Patient Instructions Pharmacy Instructions	Tast
Quantity* Refills Route* 360 Inhalation(s) ▼ Inhalation ▼ Indication ∅ ∅ ∅	
Ordering Provider* Start Date* End Date* Test, Doctor 01-Apr-2020 iiii 30-Jun-2020 iiiii Pharmacy ★ Shoppers Drug Mart, Phone: 709-739-1300, Fax: 709-739-1631, 250 Lemarchant Rc iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
Save 🕨 Approve Approve & Preview Approve & Fax 🗹	



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TO APPROVE AND eFAX AN Rx WITH DYNAMIC DIGITAL SIGNATURE – MULTIPLE SCENARIOS:

This section includes instructions on the following scenarios:

- A. To create a new Rx with one medication
- B. To create a new Rx with more than one medication
- C. To Renew Medications from the Meds List
- D. <u>To Renew/Approve Short-Term, Continuous and Non-Drug Meds on the Same</u> <u>Rx</u>

Return to the Meds List and complete medication reconciliation as required.

***TIP**: Keep the meds (short-term, continuous, and/or non-drug) that are to be included on the current Rx as "Pending" until you are ready to Approve them all and eFax together.

A. To create a <u>new</u> Rx with one medication:

After entering the medication and dosage information:

BARB TEST 25 years 🗒 😨 🧔	Template Note Print Menu
Prescription 🗸	Drug Allergies and Intolerances
Prescription Type Simple Rx	Opioids - Morphine Analogues MORPHINE SULFATE Mild Rash - hives, Rash Penicolline FPENICILLIN Moderate Fever, Respiratory Distress Opioids-Meperidine and Related.MEPERIDINE HCL Severe Rash - maculopapular, Respiratory Distress Observations Severe Rash - maculopapular, Respiratory Distress
Dose Frequency PRN Duration Site 1 Tablet(s) ▼ TID - Thrr ▼ 2 Mth30 ▼ Image: Compare the second s	signature 🔛 🔊 🖋 🖨 🥥 🌑 🖉 🏈 👹 💠 1. Tat My
Quantity* Refile Route* 180 Tablet(s) ▼ Indication Orlait ▼ Test, Doctor ▼ 31-Mar-2020 Pharmacy ★ Rocky Pharmacy, Phone: 709-454-4231, Fax: 709-454-4232, 4293 Pond Rd., Rocky Save Approve Approve & Preview	

- 1. Sign in the blank Signature block using your mouse or a digital signature input device (stylus tablet, touchscreen monitor, etc.).
- 2. Leave the checkbox ticked if you <u>don't</u> want a cover letter page to go with the Rx.
- 3. Click on "Approve & Fax".
 - Confirm or cancel the Approval and Faxing of the Rx:





B. To create a <u>new</u> Rx with more than one medication:

• After entering the medication and dosage information:

Jeff Test 43 years (709) 782-1234 🗒 🗐	
Prescription V	Drug Allergies and Intolerances
Prescription Type Simple Rx ● Continuous Short Term Drug Name* AMOXICILLIN 500 mg CAPSULE Image: Short Term Generic Drug Name amoxicillin Image: Short Term Dose Frequency PRN Duration Site 1 Capsule(s ▼ TID - Thrt ▼ 1 Week(s) ▼ Image: Short Term Patient Instructions Image: Short Term Image: Short Term Image: Short Term Image: Short Term Pharmacy Instructions Image: Short Term Image: Short Term Image: Short Term Image: Short Term	No Drug Allergies Known No Drug Intolerances Known Observations Signature
Quantity* Refills Route* 21 Capsule(s) Indication Indication Indication Ordering Provider* Start Date* Test, Doctor Indication Pharmacy % Save Approve Approve & Preview	

- "Save and Add New" Meds until Rx is ready to be Approved and Signed.
- From the Meds List, click on the "Approve" icon:

Jef 43 y	f Test ears 18-Oct-197 Phone: (<u>709)</u>	76 Male 🗒) 782-1234	E. Pr	rovider: B. Blake						🐝)) Next Ger	n Launch Summan	Search	HEALTH	e NL Help
	Demog	Visits	Tasks	Allg	Meds	Profile	Labs		Invest	Consults	lmm		Ар	pt
Clin	nical							1		Filter Renew Approve	Discontinue Reprint	Graph	Print Ne	Help
Dri	ug Allergies	and Intoler	ances		Optic									
No No	Drug Allergies I Drug Intolerand	Known ces Known			Pap Sup Cor	er Chart Superseded press Warning Printing npliance Package	Re Prefer	efuse Pres red Pharma	cribelT Deferro	əd Rx				
State	Active and Re	ecently A 🔻	~											
Act	tive													
	©Use Type		≑Name			Dosage Info	Qty	Refills	Route	Start-End Date	Status			
	Continuous		ACCEL-ALENDRONA	ATE 70 MG TABLET		1 Tablet(s), 1x/week	53	0	Oral	11Dec17-11Dec18	Approved	63	O	E)
	Continuous		ACT SERTRALINE 50	0 MG CAPSULE		1 Capsule(s), QD, 2 then 2 Capsule(s), Q then 3 Capsule(s), Q	126	0	Oral	11Dec17-05Feb18	Approved	6	Ō	P,
: ():	Continuous		AMOXICILLIN 500 mg	g CAPSULE		1 Capsule(s), TID	21	0	Oral	02Apr20-09Apr20	Pending		E	Đ
	Continuous		APO-TRAZODONE 5	0 MG TABLET		0.5-1 Tablet(s), QHS	30	0	Oral	11Dec17-10Jan18	Approved	63	Õ	Ð
	Continuous		IRBESARTAN 300 mg	g TABLET		1 Tablet(s), QD	30	3	Oral	18Oct17-15Feb18	Approved	63	Ó	
	Short-Term	<u> </u>	sulfamethoxazole/trim	nethoprim 80 mg-16 mg/ml	L	2 mg, QD	2	0	Intravenous	02Apr20-02May20	Pending		F	Ð







Jeff	Test 43 years	(<u>709) 782-</u> 1	1234								← Return
Pres	scription Ap	provals									
Sele	t Pending		Name	Dosage Info	Qty	Route	Refills	Start-End Date	Authority	Status	Update
	Continuous		AMOXICILLIN 500 mg CAPSULE	1 Capsule(s), TID	21	Oral	0	02Apr20-09Apr20	paper	Pending	Ð
•	Short-Term	Manage 🔺	sulfamethoxazole/trimethoprim 80 mg-16 mg/mL	2 mg, QD	2	Intravenous	0	02Apr20-02May20	paper	Pending	
	On	dering Provider*	Test, Doctor V Compliance Package	T							
Pharm	nacy 💢			•							
Sho	opers Drug Mar	t, Phone: 709-7	39-1300, Fax: 709-739-1631, 250 Lemarchant Road, \$	ST JOHNS 2.							
			Signature 🛐 🚫 🖋 🔲 🥥 🧶 💈] 🖉 🐵 🚺 💠							
			Coctor To	- 4 ± 3.							_
Арр	ove Approve	& Preview Pr	review Approve & Fax 🗹 4.								

- 1. Select the meds that you want to have on this Rx.
- 2. Verify/select patient's pharmacy (**TIP:** the Approve & eFax button does not appear until a Pharmacy is added).
- 3. Sign.
- 4. Approve and eFax (unselect check box if you <u>do</u> want a cover page to go with the Rx).

nlchitest.med-access.net says		
Are you SURE you wish to approve and Mart at fax #709-739-1631'?	send fax to 'Shoppe	rs Drug
	ок	Cancel

5. Click "OK" to send by eFax.

C. To Renew Medications from the Meds List:

After clicking on **Renew** icon:

Clinical 📡 (BARB TEST)		Filte Renew Approve Discontinue Reprint Graph Print New Help		
Drug Allergies and Intolerances			Options	
Opioids - Morphine Analogues:MORPHINE SULFATE Penicillins:PENICILLIN Opioids-Meperidine and Related:MEPERIDINE HCL	Mild Moderate Severe	Rash - hives, Rash Fever, Respiratory Distress Rash - maculopapular, Respiratory Distress	 Paper Chart Superseded Suppress Warning 	Refuse PrescribeIT Deferred Rx Preferred Pharmacy

1. Select specific medications to be renewed.

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2. Synchronize the "Days Remaining" to "0" by clicking on blue refresh icon.

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 Enter the desired length of the renewal by pulling down "Synch Duration of Therapy". If there were remaining days or refills outstanding on those specific meds, you will get the following message. Click "OK":



- 4. Select the patient's **Pharmacy (Preferred or One-Time)**, if not already indicated.
- 5. Sign.
- 6. "Renew, Approve and Fax".

BAR	BARB TEST 25 years									
Pres	cription Renewals					2				
	I 1.					2.				
	Name	Dosage Info	Duration	Qty	Route	🗘 Refills 🗘 Days Remaining				
	METFORMIN HCL 500 mg TABLET metformin HCl	1 Tablet(s), BID	3 Mth30	180	Oral	0 0				
	TUDORZA GENUAIR 400MCG INHALER aclidinium bromide	1 Inhalation(s), BID	3 Mth30	180	Inhalation	0 0				
	ZENHALE 100 MCG-5 MCG INHALER (100-5 MCG) mometasone furoate/formoterol fumarate	2 Inhalation(s), BID	3 Mth30	360	Inhalation	0 0				
•	acetaminophen 325 mg CAPSULE acetaminophen	1 Capsule(s), TID	3 Mth30	270	Oral	0 0 <u>3</u> .				
					Sync Duration of T	herapy 3 Mth30 V				
Pharm	acy 🏗 🗱									
Shop	pers Drug Mart, Phone: 709-739-1300, Fax: 709-739-1631, 250 Lemarchant Road, ST JOHN	IS 4 .								
	Signature 🔛 🚫 🖋 💽 🧼 😂 🕎 😓									
	Doctor Test 5.									
Ren	w Renew & Approve Renew, Approve & Preview Renew, Approve & Fax 🗸	i.								

7. Click "OK":





D. To Renew/Approve Short-Term, Continuous and Non-Drug Meds on the Same Rx:

***TIP**: Renew as applicable first and keep the meds (short-term, continuous, and/or nondrug) that are to be included on the current Rx as "Pending" until you are ready to Approve them all and eFax together.

• Click on Approve icon:

Jef 43 y	ff Test ears 18-Oct-1976 M Phone: (<u>709) 782</u>	Nale -1234	Provider B Blake						メット タート Next Ger	Launch Summar	y Search	HEALTH	le NL Help
	Demog	Visit	s Tasks Allg	Meds	Profile	Labs		Invest	Consults	Imm		Ар	pt
Clir	nical								Filter Renew Approve	Discontinue Reprin	t Graph	Print N	aw Help
Dr	ug Allergies and	d Into	lerances	Opti									
No No	Drug Allergies Knov Drug Intolerances K	vn (nown		Pa Su Co	oper Chart Superseded oppress Warning Printing ompliance Package	Pref	lefuse Pre erred Pharn	escribelT Defe nacy	rred Rx				
State	e: Active and Recent	ly A	• •										
Ac	tive		Name	r	Joseffe Infe	Otre	Defille	Douto	Start End Data	Statua			
:0:	Continuous		ACCEL-ALENDRONATE 70 MG TABLET	1	1 Tablet(s), 1x/week	53	0	Oral	02Apr20-02Apr21	Pending			E)
	Continuous		ACCEL-ALENDRONATE 70 MG TABLET	1	1 Tablet(s), 1x/week	53	0	Oral	11Dec17-11Dec18	Approved	R)		P.
	Continuous	D	ACT SERTRALINE 50 MG CAPSULE	1 t t	1 Capsule(s), QD, 2 hen 2 Capsule(s), Q hen 3 Capsule(s), Q	126	0	Oral	11Dec17-05Feb18	Approved	63		Đ
	Short-Term		AMOXICILLIN 500 mg CAPSULE	1	1 Capsule(s), TID	21	0	Oral	02Apr20-09Apr20	Pending			Đ
	Continuous		APO-TRAZODONE 50 MG TABLET	(0.5-1 Tablet(s), QHS	30	0	Oral	11Dec17-10Jan18	Approved	63	Ö	E)
	Continuous		IRBESARTAN 300 mg TABLET	1	1 Tablet(s), QD	30	3	Oral	18Oct17-15Feb18	Approved	ß	Ö	Ð
No	n-Drugs						_						
	⊜Use lype	¢	Name	D	osage Into	Qty	Refills	Route	Start-End Date	Status		-	- D
, și	Non-drug	C	ompression Stockings	C	ompression Stockin	1	0		02Apr20-02Apr21	Pending	Lø	×	E/

Jeff	Jeff Test ⁴³ years (<u>709) 782-1234</u>										
Pre ⊄A	scription Approvals										
Sele	ect Pending	Name	Dosage Info	Qty	Route	Refills	Start-End Date	Authority	Status	Update	
	Continuous	ACCEL-ALENDRONATE 70 MG TABLET	1 Tablet(s), 1x/week	53	Oral	0	02Apr20-02Apr21	paper	Pending		Ð
	Short-Term	AMOXICILLIN 500 mg CAPSULE	1 Capsule(s), TID	21	Oral	0	02Apr20-09Apr20	paper	Pending		Ð
	Non-drug		Compression Stockin	1		0	02Apr20-02Apr21	paper	Pending		Đ
	Ordering Provide	r* Test, Doctor ▼ Compliance Package	¥								
Phan	macy 💢		_								
Sho	ppers Drug Mart, Phone: 70	9-739-1300, Fax: 709-739-1631, 250 Lemarchant Road,	ST JOHNS 2.								E
	Shoppers Drug Mart, Phone: 709-739-1531, 250 Lemarchant Koad, S1 JOHNS ~										
Арр	Approve Approve & Preview Preview Approve & Fax 🗸 4.										

1. Select the meds that you want to have Approved and on this Rx.

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2. Verify/select patient's pharmacy (**TIP:** the Approve & eFax button does not appear until a Pharmacy is added).





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- 3. Sign.
- 4. Approve and eFax (unselect check box if you <u>do</u> want a cover page to go with the Rx).

nlchitest.med-access.net says		
Are you SURE you wish to approve ar Mart at fax #709-739-1631'?	nd send fax to 'Shopp	ers Drug
	ОК	Cancel

5. Click "OK" to send by eFax.

E. Checking the Fax Queue:

At any time, users can check the status of faxes sent/received through eFax by clicking on the Fax icon on the main Dashboard:

Logout Profile EHR	C.KILLICK.ALL Test, Doctor		Doctor Multi Viw Jarch My Jakis My Appts	eports Msg Providers
	E -	EMR Messenger	🗟 Ro 😧 🗕 📤	
Fax Queue				Fax Status Help
Fax Status Type All	something to search		Sent By Test, Doctor	Limit 25 ▼
Nothing four PEN SUG FAI CAI	NDING CCESS LED NCELED			

- Pull down the **Fax Status**, if required.
- Change the **Sort By**, if required, to see faxes sent by different users.
- Hovering over the **Fax Status icon** will show you the status of your fax machine (ie. Online) and the number of Inbound/Outbound faxes and a total page count for the month.

