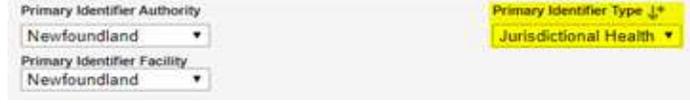
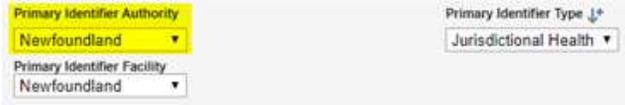
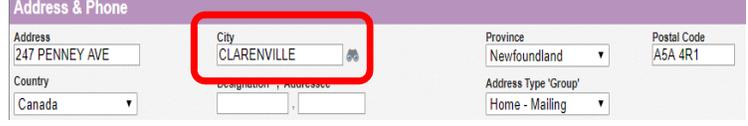
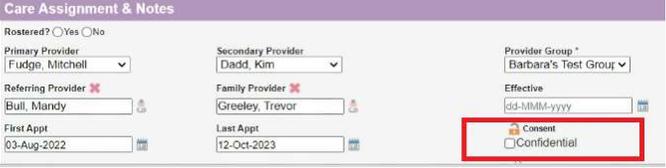
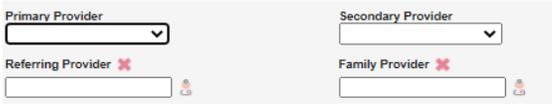
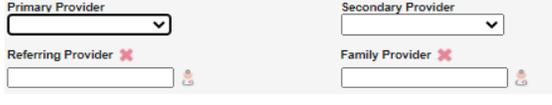
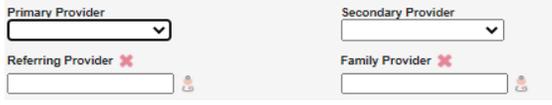
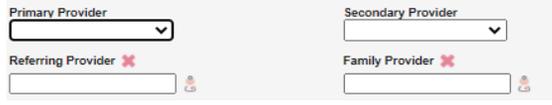
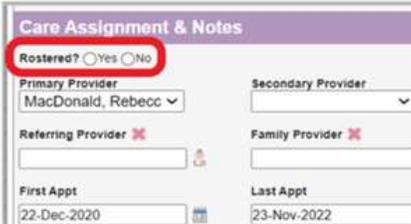
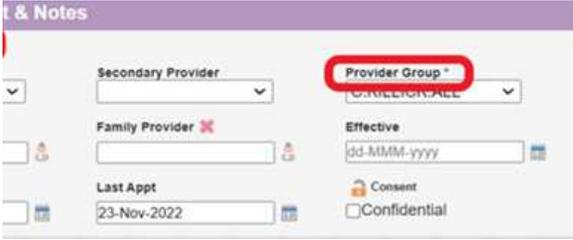
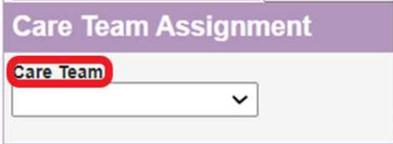
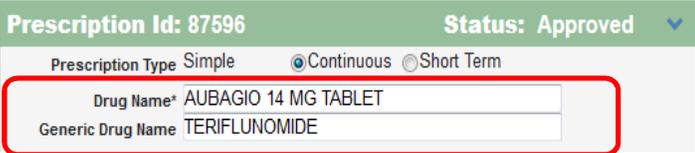
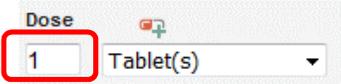
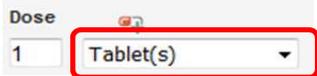
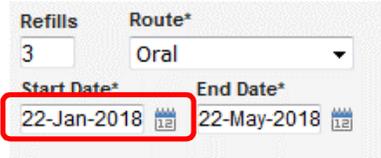
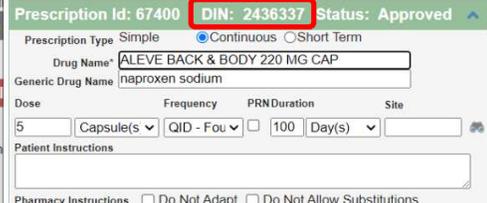
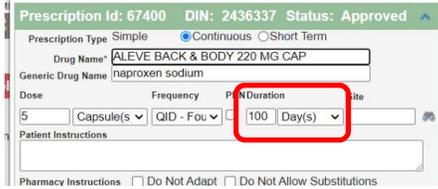
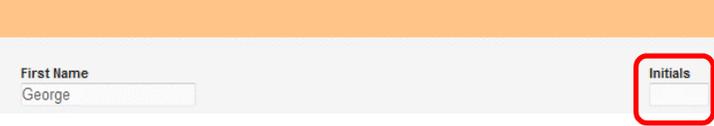
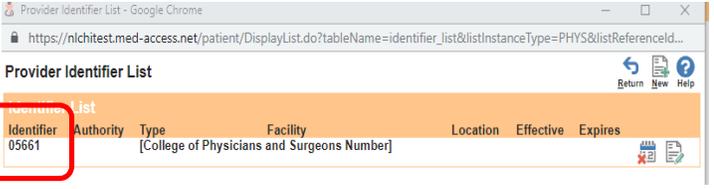
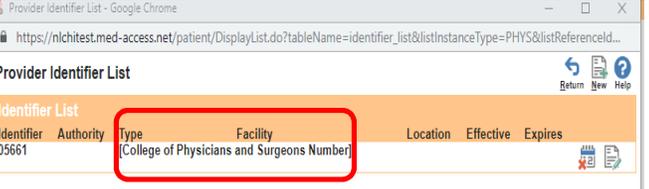


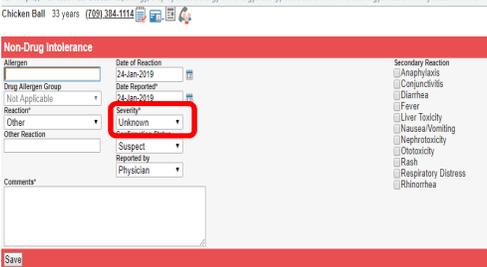
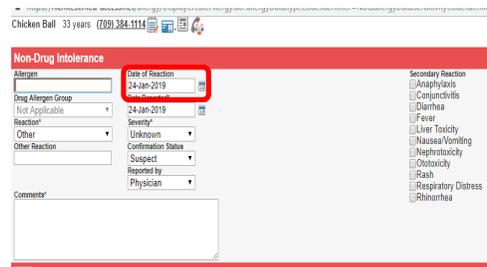
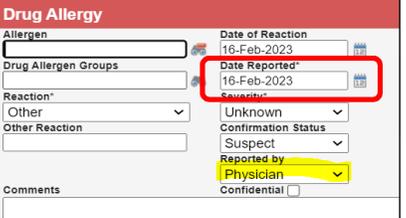
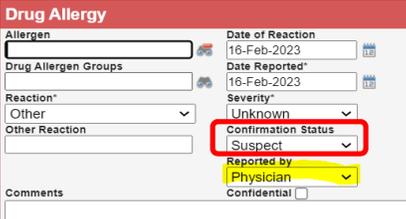
ID	Discrete Element (From EMR/Med Access)	Med Access Source Location Screenshot
PATIENT		
1	Primary Identifier	<b>Fields: Primary Identifier Number</b> 
2	Primary Identifier Type	
3	Primary Identifier Authority	
4	Patient Status	<b>Fields: Status</b> 
5	Client Street Address	<b>Fields: Address</b> 
6	Client City/Town	<b>Fields: City</b> 
7	Client Province	<b>Fields: Province</b> 
8	Client Postal Code	<b>Fields: Postal Code</b> 
9	Client Contact Phone	

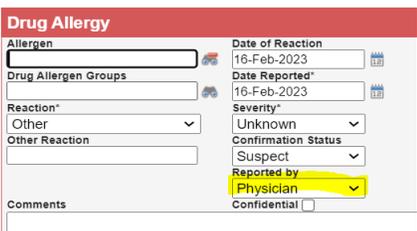
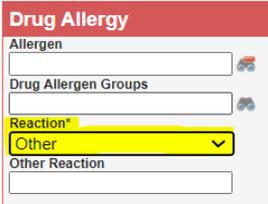
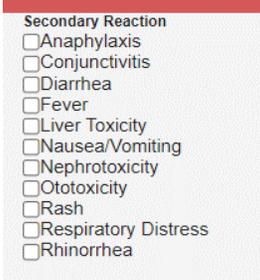
<p>10 Client Birthdate</p>	
<p>11 Confidential Status</p>	
<p>12 Emergency Contact First Name</p>	<p><b>Fields: First Name</b></p> <p>Emergency Contact and Other Information</p> 
<p>13 Emergency Contact Last Name</p>	<p><b>Fields: Last Name</b></p> <p>Emergency Contact and Other Information</p> 
<p>14 Emergency Contact Telephone</p>	<p><b>Fields: Either Home Phone, Cell Phone, or Work Phone.</b></p> 
<p>15 Primary Provider</p>	
<p>16 Secondary Provider</p>	
<p>17 Family Provider</p>	
<p>18 Referring provider</p>	

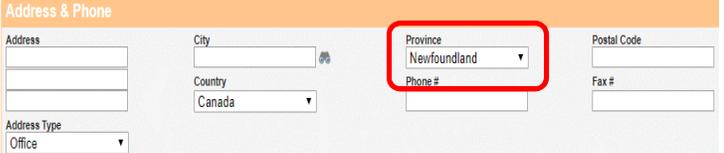
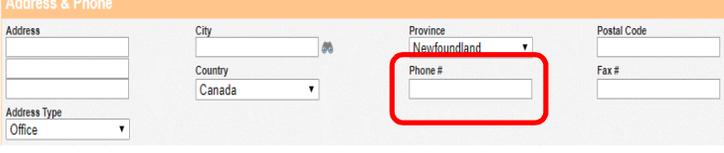
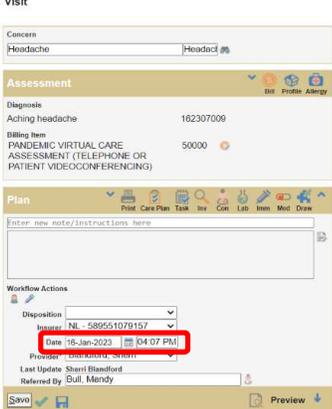
19	Communication	<p>This is not included in EMR data currently except in the case of an immigrant</p>  <p>Immigration Information</p> <p>Previous Country: [dropdown] Previous Jurisdiction: [dropdown] Arrival in Canada: [dd-MMM-yyyy] Arrival in Jurisdiction: [dd-MMM-yyyy] Ethnic Origin: [dropdown] Preferred Language: [dropdown]</p>
20	Rostered	 <p>Care Assignment &amp; Notes</p> <p>Rostered? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Primary Provider: MacDonald, Rebecc [dropdown] Secondary Provider: [dropdown]</p> <p>Referring Provider: [dropdown] Family Provider: [dropdown]</p> <p>First Appt: 22-Dec-2020 Last Appt: 23-Nov-2022</p>
21	Provider Group	 <p>Care Assignment &amp; Notes</p> <p>Secondary Provider: [dropdown] Provider Group: [dropdown]</p> <p>Family Provider: [dropdown] Effective: [dd-MMM-yyyy]</p> <p>Last Appt: 23-Nov-2022 Consent: <input type="checkbox"/> Confidential</p>
22	Care Team	 <p>Care Team Assignment</p> <p>Care Team: [dropdown]</p>
<b>PRESCRIBED MEDICATIONS</b>		
23	Medication Prescribed Name	<p>Fields: Drug Name and Generic Drug Name</p>  <p>Prescription Id: 87596 Status: Approved</p> <p>Prescription Type: Simple <input checked="" type="radio"/> Continuous <input type="radio"/> Short Term</p> <p>Drug Name*: AUBAGIO 14 MG TABLET</p> <p>Generic Drug Name: TERIFLUNOMIDE</p>
24	Medication Dosage	<p>Fields: Dose</p>  <p>Dose: 1 Tablet(s)</p>
25	Medication Dosage Unit of Measure	<p>Fields: Dose</p>  <p>Dose: 1 Tablet(s)</p>

26 Medication Form	<b>Fields: Form</b> 
27 Medication Frequency	<b>Fields: Frequency and PRN (when necessary)</b> 
28 Medication Route	<b>Fields: Route</b> 
29 Medication Prescription Date	<b>Fields: Start Date(?)</b> 
30 Medication Status	
31 Drug Number/Code	
32 Duration	
<b>PROVIDER</b>	
33 Provider Role	<b>User Settings: gharrison</b> 

34	<b>Provider First Name</b> 
35	<b>Provider Middle Name</b> 
36	<b>Provider Last Name</b> 
37	<b>Provider Identifier</b> 
38	<b>Provider Identifier Type</b> 
39	<b>Provider Identifier Assigning Authority</b> 
40	<b>Submitting Site Identifier</b> Back end data only
41	<b>Submitting Site Name</b> Back end data only
<b>POSSIBLE ALLERGIES AND INTOLERANCES</b>	
42	<b>Drug Allergen</b> 
43	<b>Drug Intolerance</b> 

44 Non-Drug Allergen	
45 Non-Drug Intolerance	
46 Severity	
47 Date of Reaction	
48 Date Reported	
49 Confirmation Status	

50	Allergy Asserter	<p>Could be flagged as being from EMR when information stored in Data Lab and indicated when PS generated</p> 
51	Reaction	
52	Nature of reaction	<p>Would involve taking the "Other Reaction" and "Secondary Reaction" fields</p> 
<b>SERVICE DELIVERY LOCATION</b>		
53	Service Delivery Location Identifier	<p>Possibly using internal Telus Facility ID for consistency</p> 
54	Service Delivery Location Name	
55	Service Delivery Location Type of Service	

56 Service Delivery Street Address	
57 Service Delivery City/Town	
58 Service Delivery Province	
59 Service Delivery Postal Code	
60 Service Delivery Phone Number	
61 Service Delivery Fax Number	
<b>ENCOUNTER/VISIT</b>	
62 Encounter Start Date	<p><b>Getting hidden start date (effective date) and end date (signed date) as well as encounter/visit date</b></p> 
63 Encounter Appt Creation Date	Back end data only

64 Encounter Billing Code

Under review

Date of Service	Start	End	Order	Status	Group	Attending Provider	Assistant	Shorn	Insurer	Warnings	Bill		
17Oct23	NL	50000	293			Sherm Blandford					\$0.00	\$0.00	Pending

65 Billing Code Status

Under review

Date of Service	Start	End	Order	Status	Group	Attending Provider	Assistant	Shorn	Insurer	Warnings	Bill	Balance	Status
17Oct23	NL	50000	293			Sherm Blandford					\$0.00	\$0.00	Pending

66 Appointment Status

Patient

Last Name:  First Name:

Chart Number:  Insurer #:

Appointment

Type:

Date: 23-Jan-2019 Wednesday

Time: 10:30 AM - 11:00 AM 30 minutes

Status: **Booked**

Save

67 Appointment Provider

Appointment

**Not Validated**

**This Patient is Unassigned**

Type: Urgent/Fit-In

Date: 15-Jun-2020 Monday

Time: 11:30 AM - 11:45 AM 15 minutes

Status: Booked

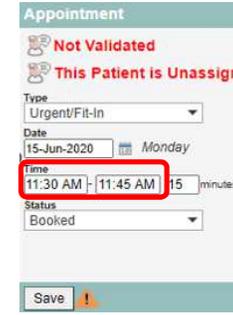
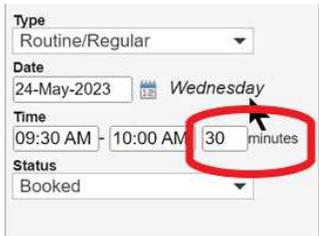
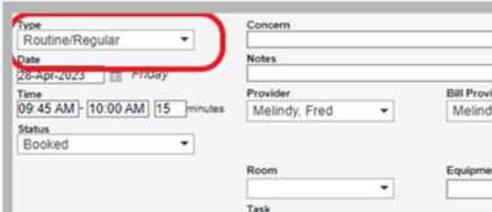
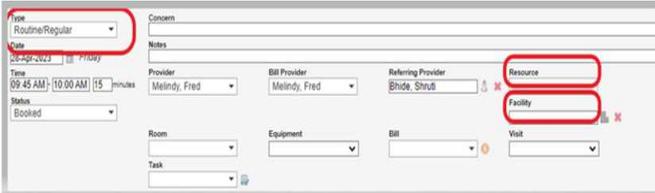
Provider: **Test, EOrder ET**

Save

68 Encounter Provider

Signed

Date	Provider	Concern	Diagnosis
17Oct23	<b>Blandford, Sherm</b>	cluster headache	ABS - Acute brain syndrome , 2776000

<p>69 Appointment Date Time</p>	
<p>70 Appointment Patient ID - MedAccess ID</p>	<p>Patient MedAccess ID Field</p>
<p>71 Appointment Duration</p>	
<p>72 Appointment Type</p>	
<p>73 Appointment Resource</p>	

74 Appointment Facility

Form fields: Type (Routine/Regular), Date (20-10-2023), Time (09:45 AM - 10:00 AM), Status (Booked), Provider (Melindy, Fred), Bill Provider (Melindy, Fred), Referring Provider (Bhida, Shrub), Resource, Facility, Room, Equipment, Bill, Visit, Task.

75 Appointment Equipment

Form fields: Type (Routine/Regular), Date (20-10-2023), Time (09:45 AM - 10:00 AM), Status (Booked), Provider (Melindy, Fred), Bill Provider (Melindy, Fred), Referring Provider (Bhida, Shrub), Resource, Facility, Room, Equipment, Bill, Visit, Task.

76 Encounter/Visit Health Concern (Diagnosis)

Signed			
Date	Provider	Concern	Diagnosis
17Oct23	Blandford, Sherri	cluster headache	ABS - Acute brain syndrome , 2776000

77 Encounter Status

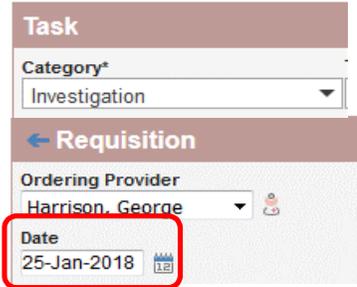
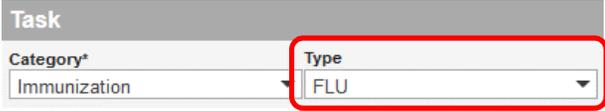
Signed			
Date	Provider	Concern	Diagnosis
17Oct23	Blandford, Sherri	cluster headache	ABS - Acute brain syndrome , 2776000

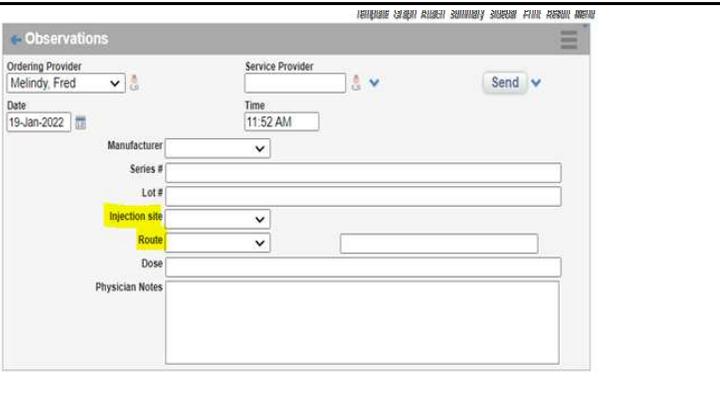
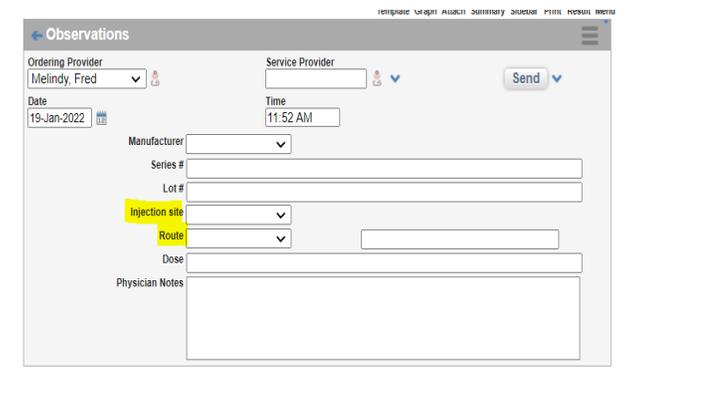
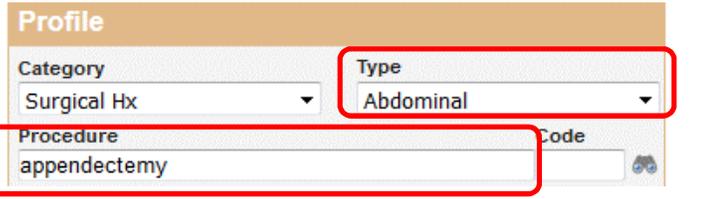
CONDITIONS

78 Medical Profile Diagnosis

Form fields: Category (Medical), Type, Diagnosis (chronic bronchitis\*), Code (491), Onset Date (13-Mar-2018), Status (Current), Reported Date (19-Mar-2018), Confirmation Status (Confirmed), Severity, Persistence, Risk Factor, Confidential.

79	Medical Profile Diagnosis Date of Onset	<div data-bbox="678 157 1349 562"> <h3>Profile</h3> <p>Category: Medical   Type: [ ]</p> <p>Diagnosis: chronic bronchitis*   Code: 491</p> <p>Onset Date: 13-Mar-2018   Status: Current</p> <p>Reported Date: 19-Mar-2018   Confirmation Status: Confirmed</p> <p>Severity: [ ]   Persistence: [ ]</p> <p>Risk Factor: <input checked="" type="checkbox"/>   Confidential: <input type="checkbox"/></p> </div>
80	Condition Asserter (Who recorded the condition)	Telus to provide which provider recorded the condition from backend
<b>OBSERVATIONS</b>		
81	Systolic Blood Pressure	<div data-bbox="690 1066 992 1209"> <h4>Visit</h4> <p>← Observations</p> <p>BP 120/59 mm Hg</p> </div>
82	Diastolic Blood Pressure	<div data-bbox="690 1255 1049 1318"> <p>BP 120/59 mm Hg</p> </div>
83	Height	<div data-bbox="690 1356 1027 1472"> <p>Height 150 cm</p> <p>Weight 70 kg</p> <p>BMI 31.1 kg/m<sup>2</sup></p> </div>
84	Height Unit Of Measure	<div data-bbox="690 1503 992 1612"> <p>Height 150 cm</p> <p>Weight 70 kg</p> <p>BMI 31.1 kg/m<sup>2</sup></p> </div>
85	Weight	<div data-bbox="690 1656 1027 1776"> <p>Height 150 cm</p> <p>Weight 70 kg</p> <p>BMI 31.1 kg/m<sup>2</sup></p> </div>
86	Weight Unit Of Measure	<div data-bbox="690 1814 1032 1934"> <p>Height 150 cm</p> <p>Weight 70 kg</p> <p>BMI 31.1 kg/m<sup>2</sup></p> </div>

87	Status	This is a back end requirement to transmit the FHIR message
88	Date Collected	This is back end data and could be collected from the date of the task or visit wherein the vitals were collected
. DIAGNOSTIC ORDER/INVESTIGATIONS - REQUESTS ONLY as Results would be in Meditech (see also Lab) - visit		
89	Investigation Ordered Date	 <p>The screenshot shows a 'Task' section with a 'Category*' dropdown set to 'Investigation'. Below it is a 'Requisition' section with an 'Ordering Provider' dropdown set to 'Harrison, George'. The 'Date' field is highlighted with a red box and contains the value '25-Jan-2018'.</p>
90	Investigation Category, Type, Description, Requisition Type (NEW), Reason and Date	
91	Ordering Provider (NEW)	 <p>The screenshot shows a 'Requisition' section with an 'Ordering Provider' dropdown highlighted by a red box, containing the value 'Melindy, Fred'. A 'Facility' field is also visible to the right.</p>
. IMMUNIZATIONS		
92	Vaccine Administered Name	 <p>The screenshot shows a 'Task' section with a 'Category*' dropdown set to 'Immunization'. The 'Type' dropdown is highlighted with a red box and contains the value 'FLU'.</p>
93	Vaccine Administered Recorded Date	 <p>The screenshot shows a 'Requisition' section with an 'Ordering Provider' dropdown set to 'Harrison, George'. The 'Date' field is highlighted with a red box and contains the value '25-Jan-2018'. A 'Service Provider' field and a 'Time' field (03:26 PM) are also visible.</p>

94	Vaccine Administered Lot Number	
95	Status	This is a back end requirement to transmit the FHIR message
96	PRIMARY SOURCE	This is a back end requirement to transmit the FHIR message
97	Vaccination (Injection) Site	
98	Vaccination Route	
99	Vaccinator	Back end data - "task owner"
SURGICAL HISTORY - no visit		
100	Surgical Procedure/Description and Type (NEW)	

102 Date of procedure	<div data-bbox="706 241 1437 525"> <h3>Profile</h3> <p>Category: Surgical Hx      Type: <input type="text"/></p> <p>Procedure: <input type="text"/>      Code: <input type="text"/></p> <p>Procedure Date: <input type="text"/>      Status: Past</p> </div>
-----------------------	--

. ADVANCE DIRECTIVES - no visit

102 Advance Directive - Type	<div data-bbox="706 808 1372 1092"> <h3>Profile</h3> <p>Category: Preferences      Type: Do Not Resuscitate</p> <hr/> <h3>Profile</h3> <p>Category: Care Plan      Type: Advance Care Directive</p> </div>
------------------------------	--

103 Advance Directive - Effective/Onset Date	<div data-bbox="706 1512 1055 1596"> <h3>Profile</h3> <p>Category: Care Plan</p> <p>Description: <input type="text"/></p> <p>Onset Date: <input type="text"/></p> </div>
--	--

105 Advance Directive - Reported Date (NEW)

**Profile**

Category  
Care Plan

Description

Onset Date  
dd-MMM-yyyy

**Reported Date**  
11-Sep-2018

Consults - visit

104 Consult Category, Type, Description, Requisition Type (NEW), Reason and Date

105 Consult Ordering Provider, Service Provider, Appt-Date, App Time, Date, Time.

**Observations**

Ordering Provider: Fudge, Mitchell H

Service Provider: [Empty]

Date: 31-Jan-2019

Time: 02:11 PM

Appt Date: dd-MMM-yyyy

Appt Time: hh:mm aa

Letter greeting: [Empty]

Letter Body: [Empty]

Letter closing: [Empty]

Signature comment: [Empty]

cc: [Empty]

LAB ORDERS - REQUESTS ONLY as Results would be in Meditech (see Diagnostic Orders/Investigations)- visit

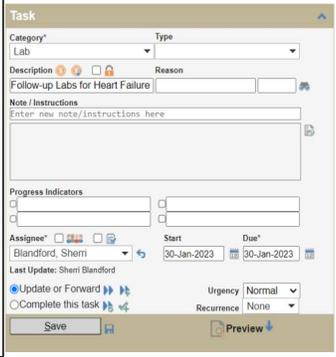
106 Lab/Investigation Ordered Date

**Newfoundland Labrador**

Outpatient Specimen Collection Requisition

Ordering Provider's Name: [Empty]

Specimen Collection Requisition: [Empty]

107	<b>Lab Category, Type, Description, Reason, Requisition Type (NEW) and Date</b>		
108	<b>Ordering Provider (NEW)</b>		0