



Island Health Distribution of Diagnostic Results and Clinical Documents Provider Configuration Preferences

In accordance with the Management of Message Centre Notifications, External Distribution and eNotifications Policy, Island Health will support providers in identifying the most appropriate distribution configurations for their workflows.

Notification of Distribution Preferences

I understand that Island Health currently only has the ability to distribute results to **one** location for a provider. As a result, all Island Health results for all my patients will go to the Primary Work Location I specify below, even if I see the patient in another location. I understand if my work situation changes, it is my responsibility to inform Island Health to ensure that my result distribution configuration is updated (e.g. practice location changes/additions, movement from one role to another, addition of roles in different care venues). I will contact Health Information Management Distribution Team at ClindocDistribution@islandhealth.ca.

Note: to ensure that results are also sent to the location where the patient was seen, if different from your primary location, ALWAYS "CC" the clinic where the patient was seen on your requisitions and referrals. This is the only way to ensure that patient results are received by the clinic other than the one you specify as your Primary Work Location. Please inform all the clinics where you work of your Primary Work Location; if a result is missing they will need to contact your Primary Work Location to receive the missed results.

Distribution Preference Options

Excelleris

Option 1: As a **community-based provider**, I understand that I will be reviewing all my results in the community where I am the ordering provider, author of a document or cc'd on a result regardless of location. I would like to receive my results through Excelleris as follows (please select one):

Option 1a: I work in a private practice and would like to receive all my results to my private EMR. My EMR is _____.

I understand if my EMR does not accept electronic results, I will receive these reports via Fax. My office fax number is _____.

Option 1b: I do not have a private EMR and/or I work in multiple locations. I would like to receive all my results to a Excelleris Launchpad inbox and understand I will access Launchpad via the Internet.

Option 1c: I work in a private practice and would like to receive all my results via Fax. My office fax number is _____.

If you do not already have an Excelleris account, complete the Excelleris Electronic Distribution Application below (see page 2) and submit the completed Excelleris application along with this Island Health form.

Message Centre

Option 2: As a provider who works primarily within **Island Health facilities**, as well as but not limited to community locums and/or other BC Health Authorities, I understand that I will be reviewing Island Health results in my Message Centre in the Cerner EHR. This includes results I have ordered and been cc'd on. I understand that Message Centre Diagnostic Results and Clinical Document notifications will only be available for 90 days before being purged from Message Centre. In the event of an extended absence, it is my responsibility to establish a proxy to review notifications and documents in a timely manner.

Note: the above options apply only to Island Health processed results. Please reach out to non Island Health facilities (i.e LifeLabs, private Medical Imaging clinics, etc) to set up your preferred delivery method for their processed Diagnostic Results.

Complete the below section and sign to confirm your distribution configuration preferences for Island Health result distribution and to confirm you will notify Island Health of any changes to your distribution preferences.

Name: _____

Contact (Phone or Email): _____

MSP Billing Number: _____

BC College ID: _____

Primary Work Location: _____

Alternate Work Locations: _____

Signature: _____

Date: _____

Please email completed form(s) to ClindocDistribution@islandhealth.ca

Remember: use the CC function for secondary work locations, or your results will only go to the Primary Work Location you have specified above!

Excelleris Electronic Distribution Application Health Care Provider Acceptable Use Acknowledgement

Excelleris provides a communications infrastructure allowing authorized physicians and health care providers to access personal health information that is stored and exchanged through the Excelleris system.

By signing below, the physician and health care provider agrees to abide by the following standards of acceptable use:

1. I agree to take full responsibility for the actions of my staff that I authorize to be provided access to the Excelleris Launchpad application. Further, I will inform Excelleris of all staff changes that require adjustments to Excelleris Launchpad accounts.
2. I hereby agree that the personal health information I access, or that I authorize my staff to access, through the Excelleris Launchpad application will be held in the strictest of confidence and in accordance with applicable privacy legislation.
3. I hereby agree that all personal health information that is accessed through Excelleris Launchpad, whether by me or by my staff, will be used for the sole purpose of providing patient care.

HEALTH CARE PROVIDER INFORMATION		
FIRST & LAST NAME	SIGNATURE	MSP# (if applicable)
CLINIC NAME AND ADDRESS OF PRACTICE		DATE (YYYY/MM/DD)
TELEPHONE NUMBER	EMAIL ADDRESS	FAX NUMBER

Please select the report delivery method (select one)

<input type="checkbox"/> LAUNCHPAD		
Authorized staff to be provisioned with Excelleris Launchpad account for the above location.		
FIRST & LAST NAME	FIRST & LAST NAME	FIRST & LAST NAME

<input type="checkbox"/> ELECTRONIC MEDICAL RECORDS (EMR)	
Indicate the EMR vendor name for our reference and contact your EMR support to initiate the set up. Please provide a fax number for delivery of report types not supported by your EMR.	
EMR NAME	FAX NUMBER

<input type="checkbox"/> FAX	
Select this option if fax is your preferred primary method of delivery.	
FAX NUMBER	

NOTE: For fax delivery, please return this form via fax to 604-291-6837 in order to validate the fax number for the delivery of reports.

Once complete, please return via email to clientservices@excelleris.com or fax to 604-291-6837