



### CONTENTS:

- A. OVERVIEW PAGE 1
- B. ACCESSING THE ONLINE CLINICAL BOOKING FORM PAGE 1
- C. SUBMITTING A CLINICAL BOOKING FORM PAGE 2
- D. MODIFYING REJECTED CLINICS PAGE 5
- E. EDITING APPROVED CLINICS PAGE 6
- F. CREATING A DUPLICATE BOOKING FORM PAGE 6
- G. PRINTING/SAVING CLINICAL BOOKING FORM PAGE 7
- H. CANCELLING A CLINIC PAGE 7

#### A. OVERVIEW:

The Telehealth Saskatchewan Online Clinical Booking Form was developed by eHealth Saskatchewan as a tool for health partners and stakeholders to securely and standardly book Telehealth appointments. This online booking site is the only way to send and receive clinical Telehealth requests and alternate booking methods have been retired. Please contact your respective agency or eHealth Saskatchewan to obtain access to the Online Clinical Booking Form.

#### B. ACCESSING THE ONLINE CLINICAL BOOKING FORM

- Enter website below to access the Telehealth Online Booking Form and login using your SHA or myehealth account credentials. Bookmark this page for easy access: <u>https://collaboration.web.ehealthsask.ca/sites/telehealth/booking/SitePages/Home.aspx</u>
- 2. The "Home Page" of the Online Clinical Booking form is a portal to access both the online clinical booking form and Provider/Coordinator Landing Pages. Access levels are granted depending on users' needs and will appear listed on the Home Page as the below example.
  - Click on <u>Provider name link</u> for listing of all clinical bookings.

Welcome to the Telehealth Saskatchewan Clinical Booking Form

to submit a booking tomi, please	e click Clinical Booking Form
To view the Clinical Booking For	m User Guide, dick CBF - Coordinator User Guide or CBF - Provider User Gui
To view the support directory fo	r Clinical Provider Offices, click Clinical Provider Support Directory
To view a Provider or Group Land	ding Page, please select from the list below.
✓ URLŤ	
ABCC	





#### C. SUBMITTING A CLINICAL BOOKING FORM

- 1. Click on "Clinical Booking Form" hyperlink on the "Home Page" to access new booking form.
- 2. **IMPORTANT**: if clinical request is for a URGENT or SAME DAY appointment (< 72 hours before start of clinic date), you MUST call the receiving partner to ensure they can accommodate the clinic PRIOR to submitting the clinical booking form.
- 3. Complete the Clinical Booking Form all fields with RED \* are mandatory.

-SCHEDULING			
Appointment Date (mm/dd/yyyy)*:		TMS ID	
Start Time(SK) * :	SK) * : (HH:MM)	Reference :	
Patient Site * : Please select a value	▼ Telehealth Partner :		
Consultant *: Please select a value 🗸 Consult	ant Specialty :		
Consultant Telehealth Site * : Please select a value	✓ Other Site :		
Consultant Phone * :	Fax:		
PATIENT INFORMATION			
Patient Name * :	Primary Phone * :	Secondary Phone :	
DOB (mm/dd/yyyy) * :	HSN * :		
Address *:			
Alternate Contact :	Relationship :   Ple	ease select a value	~
	_ () Oth	her	
Alternate Contact Phone :			

# CLINICAL BOOKING FORM

#### a) SCHEDULING:

- **TIME** is a 24-hour clock, use this format (HH:MM).
- **TMS ID and REFERENCE** fields are used as identifiers for ease in managing the bookings. Data in the **Reference field** will appear in the subject line of your email notifications.
- **PATIENT SITE** Once chosen, Telehealth Partner is auto filled.
- **CONSULTANT** Once chosen, specialty is auto filled.
  - If there is a "one time provider" that does not show up on the consultant dropdown, choose "other" and place the name of the provider in additional information section under "Clinical Requirements".
  - These bookings will appear on your landing page as a link called "Other Consultant".
- **CONSULTANT TELEHEALTH SITE** If choosing "Pexip", need to know which user account to add to the TMS. Place this information in the "Other site" box to the right.





b)

**b) PATIENT INFORMATION** 

- Complete all mandatory fields (\*)
- Preferred name format is LASTNAME, FIRSTNAME

### c) CLINCAL REQUIREMENTS

- Talk Only (no assessment needed) select "Yes" and move on next section.
- If assessments are needed prior to clinic select "No" and complete the "Assessments Required" section as per below details:
  - If you have an APPROVED form to be completed, select "assessment form specific to clinic attached" and click "Add Attachment". Multiple can be added.
  - If you <u>DO NOT</u> have an approved form, select from the "Assessments Required" menu and use "Additional Information" section to communicate how this information is to be provided (eg: assessments given verbally at the beginning of the clinic or faxed to a specific location). This text box can also be used to request other assessments or needs.

CLINICAL REQUIREMENTS	
Talk Only *: • Yes • No	
Assessments Required:	
Assessment form specific to clinic attached     Vital Signs (BP/Pulse/O2/Temperature)     Medication List     Ht     Wt	Select a file Name Browse The maximum file size allowed is: 250 MB
Others (list below)	
Additional Information relevant to this appointment(ie:s	pecific infectious concerns with the Patient)

### d) OTHER

- The sender name and date will auto populate; you must enter your phone number and email address. This is important to ensure the TH Coordinator can reach you if any questions arise.
- If you are using Chrome select Chrome settings Autofill Addresses and More Add
- 4. Once the form is completed, click "Submit" at the bottom. The form will automatically submit to the correct agency (SHA Central Scheduling, the respective First Nation site/agency, Saskatchewan Cancer Agency, or Athabasca Health Authority). If the form is not complete (meaning not all "mandatory fields" are filled out), it will not let you submit.

Submit Cancel
---------------

ſ





5. You will receive an email stating the form has been successfully submitted and the Coordinator is notified:

Appointment Date 4/1/2025 at 09:00 Site Carr	ot River by Provider Odogwu, Ed	ward Reference: test			
SP2013_uat@ehealthsask.ca To ● Hrychuk, Michelle eHS		e	Reply	─ Reply All	→ Forward Wed 3/12/2025 11:38 AM
					Workflow Notification
Telehealth Clinical form is submitted successfully and	the Coordinator is notified.				
Appointment Date	Patient Site	Start	Time		
4/1/2025	Carrot River	09:00			

6. Coordinator will "Approve" or "Reject" the booking depending on availability of the patient site requested:

**APPROVED -** you will receive an email notification.

APPROVEDTelehealth SK Booking for Carnduff on 4/6/2025 with Odogwu, Edward SP2013_uat@ehealthsak.ca To 0 Hydrak, Michael eds CC 0 Kark, Ramet ed 5	(c)         (c)         Reply All         → Forward         (c)           Thu 3/27/2025 4:08 PM
	Workflow Notification
The following Telehealth Saskatchewan Clinical Booking Form has been reviewed and APPROVED.	
Click here to view the form details.	
Status: Approved	
Telehealth Partner: SHA Central Scheduling	
TMS ID: 123456	
Patient Site: Carnduff	
Appointment Date: 4/6/2025	
Start Time: 09:00	
End Time: 09:30	
Consultant: Odogwu, Edward	

IMPORTANT - It is the responsibility of the clinician office to notify the patient of the appointment

	Thank you for your email. This is to confirm that we have received your booking request and it is completed. Please contact the patient directly to notify about the appointment and provide the wayfinding instructions, which are found below.
	If you have any other questions, please email us at VirtualCareClinicalBooking@saskhealthauthority.ca or phone us at: 1-833-337-6602. Endpoint Name: Regina RGH Suite B For Troubleshooting on day of clinic call: 306-766-3400
Comments:	Location: Regina General Hospital (1440 14th Ave, Regina) Have patient register at admitting and instructions will be provided. Talk Only: Arrive 15 minutes before appt.

7. If any CHANGES are made to the clinical booking form, an email notification will be sent to both the Coordinator and the Provider.

CHANGE to Approved TelehealthBooking for Cabri on 4/24/2025 with Consultant Barker,	, Horace					
SP2013 uat@ehealthsask.ca	٢	S Reply	Reply All	→ Forward	Ø	•••
To Hrychuk, Michelle eHS				Wed 4/9	/2025 11	:53 AM
				Workflow	Notific	ation
A CHANGE has been made to the following approved Telehealth SK Clinical Booking Form. Update your files to reflect the most current information.						
Status: Rejected						
Appointment Date (mm/dd/yyyy): 4/24/2025 Start Time: 10:00						
End Time: 10:30						
Patient Site: Cabri Consultant: Barker, Horace						
Comments:						
Telehealth Partner: SHA Central Scheduling TMS ID: Reference:						
Click herehere to view the form						





- Once approved, the status field will change to "Approved" in both the Coordinator and Provider landing pages.
- If the STATUS FIELD is blank, this means that the Coordinator has not yet responded to the booking.

<sup>Collat</sup>	Poration Portal TA	elehealth	eHS Network											Search this site
	Telehealth Partner	Patient Site	Patient Name	Consultant	Consultant Speciality	Appointment Date	Start Time	Status	ReferenceNo	Created	Created By	TMS ID	Other Specialty	Workflow to send w
	SHA Central Scheduling	Arcola	Test	Lawson, Tammy	Diabetes	4/16/2025	10:00	Approved		4/3/2025 1:03 PM	Kaur, Ravneet eHS			Completed
	SHA Central Scheduling	Cabri	Test - sender email	Barker, Horace	Anesthesiology	4/24/2025	10:00	Rejected	SD: 12547	2/18/2025 9:39 AM	Hrychuk, Michelle eHS	456289		Completed
	💠 Add new item													

**REJECTED** - you will receive an email notification, which could include alternative availability along with information on who to contact. See example below:

Thank you for your booking. This is to confirm that we have received your booking request. We are unable to accommodate the requested booking. Alternate times available that day are .... Please submit a revised booking If you have any other questions, please email us at <u>VirtualCareClinicalBooking@saskhealthauthority.ca</u>. Or phone us at: **1-833-337-6602**.

• You may opt to select a new date and time for the appointment by following Section D below.

#### D. MODIFYING REJECTED CLINICS

- 1. Providers can only modify a **REJECTED** request.
- Open your email containing the rejection notice. To select a new date or time for the clinic press the word "here" (see example below).



3. Modify the booking with new date/time and click "OK"

Мо	dify the Appointment details
Appointment Date	
Start Time (SK) *	(HH:MM)
End Time (SK)	(HH:MM)
	ОК





- 4. The form will be submitted again for coordinator approval with the new date and time.
- 5. If approved, you will receive a new email notification & your landing page will be updated.
- 6. <u>Be sure to "refresh" your landing page often</u>. Modified bookings will only populate once you refresh.

### E. EDITING APPROVED CLINICS

- 1. Coordinators are the only ones who can edit an already approved booking.
- If you need to make any modification (eg: adjusted date/time), email the correct agency to request this adjustment. Once the change has been made you will receive an email from the Coordinator confirming the change (this will NOT be an auto-generated email). Your landing page will update and may require a refresh.

NOTE: If the change is significant, you may be asked to submit a new clinical booking form.

#### F. CREATING A DUPLICATE BOOKING FORM

1. The "Create Duplicate" feature allows you to save a copy of a specific patient's form for rebooking in the future. When completing a form, select "Create Duplicate" box near the bottom before submitting.

OTHER Sender Name: Hrychuk, Michelle KTHR	Date (mm/dd/yyyy): 12/18/2019
Sender's Phone Number *: 306-862-7983	Email Address *: mlhrychuk@gmail.com
🗹 Create Duplicate	Submit Cancel Print to PDF

2. A duplicate form will appear under the "Duplicate Booking" area at the bottom of your landing page.

Belo	w are the Duplicate Bookings	you h	nave submitted.	To delete a D	ouplicate entry, pl	ease send a request to VirtualCareClinicalBooking@saskhealthauthority.ca
Find	d an item 👂					
~	Telehealth Partner		Patient Name	Patient Site	Patient_Phone	Primary_Contact
	SHA Central Scheduling		TEST Oct 22	Carbula	222-000-8525	

- 3. Next time you need to rebook that patient, open their duplicate from "Duplicate Booking":
  - a. Click "..." beside patient name
  - b. Choose "Edit Item" from menu
  - c. The clinical booking form will open and you can edit all fields <u>except</u> the patient 's DOB and HSN #





- IMPORTANT you must select "<u>Create Duplicate</u>" each time you submit a form for that patient to keep a copy for future bookings (only the last duplicate booking with the same DOB and HSN will be kept).
- 5. Once booking form is complete, click "Submit".

### G. PRINTING/SAVING CLINICAL BOOKING FORM

- 1. If you need to print/save a copy of the booking form.
- 2. Click "Print to PDF" to print of save.

OTHER-	ichelle KTHP	Date (mm/dd/nasu) - 12/16/2010	
sender Ivanie. Tityenuk, ivi		Date (IIII) dd yyyy). 12/10/2019	

3. Following clinic, destroy all copies of the form as per your organization's policies.

### H. CANCELLING A CLINIC

- 1. If for any reason the clinical appointment needs to be canceled, either by the patient or provider, communication must go to all involved (provider office and approving Coordinator).
- 2. Email is the preferred method of communication for more than 3 business days in advance of appointment, <u>if less than 72 hrs, you must phone</u> to notify all parties involved.
- 3. The Coordinator will cancel the booking and appointment will disappear from both Coordinator and Provider landing pages. Once the cancellation has been made, you will receive an email from the Coordinator confirming the cancellation (this will NOT be an auto-generated email). Your landing page will update and may require a refresh.