SA Health eReferral SmartForm Quick Guide

Zedmed v35.10.2 and later

Acknowledgements

We would like to acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present

Log into ZedMed and select Clinical Record

Management Reports Tools Pra	ctice Setup WP Setup Utilities	Help		
Reception	Management	Reports	Utilities	
Patients (F4)				
Waiting Room				
Appointments]			
Banking				
Clinical Records				
Message of Zedmed: 1300 933 000. Email: support@zedmed.cor F2: Loout.	f the Day			ZEDMED
F3: Change branch. F4: Patient search. F4 twice: bring up last searc	thed record.			Exit Help Tps

Option 1: Opening HealthLink SmartForms from the Referrals Module

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File Encounte	r Results	Reference Library	Reports Tools	Utilities Help										
Open Patient	open Famil	ly Close Patient	🧠 Waiting Room	kesults Inbox	Scan	Address Book	<u> </u> Travel	Ratch Writer	To Do List					
										Termin	al Services	Con	nect	tion
1										Zeo	Imed (Clir	nic	al

🧭 Patient Select	or					×
	All Records for this Search Loaded					
File #	Name	DOB	Address	Phone	Status	
2	Test, mr Abbot	28/02/1990			CUR	
Other file numbers:			New Include Archived and Dec	eased <u>S</u> elect		ncel

Step 1. Open the patient record.

These templates have been developed with support from Adelaide PHN

Step 2. Start Encounter.

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File Encounter	Results Ref	erence Library Reports	Tools Utilities Help							
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Address:	,								↔ 1 2 3 ♥ ▲ ● ● ○ Search State Encounter: 28/04/2022 Isstary Wigzed Visible: Last 10 Consultations ∨ ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	
DOB: Age: Medicare No: File No: IHI Number: IHI Number Statu IHI Record Statu Last Updated: Referrer:	28/02/1990 33 years 2 s:	Home: Work: Mobile: Occupation: Hosp UR No						*	No RFE 280/04/2022 (Thu) 10:34am with APHN Zedmed at MED, for 2m 25s No RFE	^
@ 🗎 🕸 🔤	e									
			Summary View	/s						
Problems Refe Current Problem Resolved Problem	errals Results s ms	Immunisations Allergies	Images/ECG Documents	Attachments	Measurements	Medications Sort By: F	Incoming Documen Problem Text	×		

Step 3. Select Referrals from the Current Encounter Menu.



Step 4. Select the Create HealthLink Referral button. A HealthLink SmartForm session will open in your web browser.

Referral Selection										
Past Referrals New	Referral									
Pathology Padiolog	Pafarral Lattar									
Radiology Radiolog						Clinical Notes				
	Your Legal Dath Lab		Copy To			2 Appendia				
	Address					? Menonause	Â			
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	ļ					?UTI	~	Show	Clinical Notes in History V	'iew Referral Details 📃
Available Tests		Date P	eferred For		1			Selected Tests		
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🔮 AIDS screen		🔮 Cholest	erol LDL	💽 н	lepatitis B	serology				
Albumin creating	e ratio	EUC EUC		S H	lepatitis C	serology				
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Chlamydia direc	t immunofl	Glucose	e tolerance		on studies					
📀 Cholesterol		🧑 Glucose	e;fasting	🖉 L	ipids profil	e				
🕜 Cholesterol HDI	-	🍼 HbA1c		🌏 L	iver functi	on				
<		Ш					>	Do not send report	ts to My Health Record	Refer
								Show Pathology De	etails Form	<u>~</u>
Todays referrals					_	Current Encounter				
Addressee	Details			Pro	oblem	Undefined Problem	1			
										T- Management Diag
										res Management Plan
						11				1

Option 2: Opening HealthLink SmartForms from the Current Encounter

Step 1. Start Encounter.

🧭 Zedmed Clini	cal															-	o ×
File Encounter	Results Re	ference Library	Reports Tool:	s Utilities Help													
Open Patient	Open Family	Close Patient	Waiting Room	esults Inbox	Scan	MIMS	Address Book	🔮 Travel	Batch	Writer	To Do List						
Test, mr Abbot	×								_	_							
				Test, mr Abbo	t								History	/ View			
Address: DOB: Age: Hie No: Hie No: Hi Number: Hi Number Statt Hi Record Statt Last Updated: Referrer:	, 28/02/1990 33 years 2 5:	H W M O F	ome: Vork: iccupation: iccupation: iosp UR No:						*	↔ :: 20/10/2 No RF 28/04/2 No RF	1 2 3 1 1 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	Search History	Billing Wizard ED, 39d 3h 21m AED, for 2m 25s	Oldest Encounter: 28/0- Visible: Last 10 Consult. 31s	/2022 titions ∨		
👁 🗎 🔞 🧱	e																
				Summary View	's												
Problems Refr V Current Problem Resolved Proble	errals Results s ms	Immunisations	Allergies Imag	ies/ECG Documents	Attachments	Measurements	Medications Sort By: P	Incoming Docum Yroblem Text	v v								

Step 2. Select the HealthLink button from the Current Encounter menu. A HealthLink SmartForm session will open in your web browser.



Option 3: Opening HealthLink SmartForms from Quick Documents

Step 1. Select the **Quick documents** icon above Summary View, select **HealthLink Document**. A HealthLink SmartForm session will open in your web browser.



Completing the SA Health HealthLink SmartForm

Step 1. Here you will find a list of your available services. Click on SA Health underneath Referred Services.



Step 2. Click on the service and facility you wish to refer to and select Continue at the top right, this will launch the SmartForm.

SA Health

Northern Sydney Local Health District Services

Northern NSW LHD - eReferrals

PRP Diagnostic Imaging

Cardiology	Facility*	Queen Elizabeth Hospital Royal Adelaide Hospital	
Allied Health	^		
Anesthesia			
Bariatric Assessment			
Breast			
Burns			
COVID-19			
Cancer			
Cardiology			
Cardiology			
Cardiology - Paediatrics			
Cardiothoracic			
Cardiothoracic - Surgery			
Child Development Unit			
Child Protection Services			
Child and Adolescent Mental Health Services (CAMHS)			
Chronic Pain			
Cleft and Craniofacial			
Colorectal			
Critical Pain			

Step 3. An example of the form below will be displayed. Complete all fields that have an asterisk (*). Patient data will be pre-populated from your clinical software where available.

Please Note: HealthLink is aware the Medication Dose and Unit Value does not prepopulate. Please review and adjust where appropriate prior to submitting the eReferral SmartForm.

Government of South Australia	2								H	L
So nearth	ENT & Maxillary Facial - Paediatrics					<u>S</u> ubm	it Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp	~
Requested Information A ENT & Maxillary Facial - Paediatrics	The Department of Health and Wellbeing supports the right of ou Bulkbilled) or public (hospital funded) patient. Patients attending specialist who will have oversight of their treatment. If the patient Medicare for the services they provide. Patients attending the clin the clinic and will be a public patient, funded by the hospital. The	r patien the clir choos nic with re is no	nts to choos nic with a na es to be a p n an un-nam o cost to the	e to b med r rivate ed re patie	be treated as referral will be patient, the ferral will be nt for either	s eithe be boo e docto e seen optior	r a private (Me ked in with an or will be able to by the attendin n. Triage and ap	dicare appropria bulk-bil g doctor opointme	ate I in nt	^
Attachments / <u>Reports</u> No reports selected No files attached	scheduling is based on clinical need for all patients. Treated as public or private*	0	Public	0	Private					
	Referral Date*	10/0)8/2023							
Medications, Allergies,	Referral Continuation*	\odot	New							
No long term medications specified		0	Amended	referr	al/update pr	revious	sly sent referral			
No medical warnings specified		0	Renew ex	pired	referral					
Medical Social and Family	Referral Period*	12	months 🗸							
History No medical history specified	Urgent Access Referral In the opinion of the referring clinician this patient may require re (category 1) triage category.	view m	ore expedie	ntly t	han can be i	manag	ged with an Urg	ent		
Patient Information										
Carmen Actphh No patient ID available 12/05/1963	Referral Details* Browse for Consultation Notes									2
Referrer Information Best Practice 00000000 No Different Regular CP									//	
No Dilletent Regular GP	Interpreter Required*	0	Yes	\odot	No					
	Is this person available for telehealth (video conference) consultation?*	0	Yes	0	No	۲	Unknown			
	Special Needs / Reasonable Adjustments for Disability*	0	Yes	۲	No	0	Unknown			
	Is the patient under the Guardianship of the Minister?*	0	Yes	۲	No	$^{\circ}$	Unknown			_
		0		0		\sim				

If you need to gather more information pertinent to the referral or need to complete the form later, you can Park the SmartForm by clicking the Park button at the top right.



Step 4. A warning sign



will notify you if there are incomplete/incorrect information.

Government of South Australia	2					HL
SA Health	ENT & Maxillary Facial - Paediatrics		<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp∨
Requested Information	The Department of Health and Wellbeing supports the right of ou Bulkbilled) or public (hospital funded) patient. Patients attending specialist who will have oversight of their treatment. If the patient Medicare for the services they provide. Patients attending the clir the clinic and will be a public patient, funded by the hospital. The scheduling is based on clinical need for all patients.	r patients to choose to be treate the clinic with a named referral v chooses to be a private patient, ic with an un-named referral wi re is no cost to the patient for eit	d as either a vill be booke the doctor v Il be seen by her option. T	private (Me d in with an /ill be able to the attendir riage and a	dicare appropria o bulk-bil ng doctor ppointme	ate I in nt
No reports selected No files attached	Treated as public or private*	O Public O Private				-
Medications, Allergies,	Referral Captionation*	10/08/2023				
Alerts No long term medications specified No medications specified No medical warnings specified		Amended referral/updat Renew expired referral	e previously	sent referra	I	
Medical, Social and Family	Referral Period*	12 months 🗸				
History No medical history specified	Urgent Access Referral In the opinion of the referring clinician this patient may require ref (category 1) triage category.	view more expediently than can	be managed	with an Urg	gent	
Carmen Actpnh No patient ID available 12/05/1963	Referral Details* Browse for Consultation Notes					

Step 5. You can review the form is completed correctly before submitting by clicking Preview. The form will prompt you of any missing information.

Government of South Australia	a					HL
	ENT & I	Maxillary Facial - Paediatrics	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp∨
Requested Information A ENT & Maxillary Facial - Paediatrics	A	Please fix the following errors:				Â
Attachments / Reports No reports selected No files attached		 Patient Id Medicare Number must be no more than 10 characters long Medicare reference number is a required field Patient Consent is a required field Treated as public or private is a required field Referral Continuation is a required field Referral Details is a required field 				

Step 6. Once all the information has been entered and you have previewed the referral, click submit. This will safely and securely send the form electronically via HealthLink.

Preview, not	submitted copy
	Submit

Gastroenterology and Hepatology - Paediatrics

Government of South Australia SA Health

Patient: Sam Smith, 10yrs, M, DOB 20/08/2012, PH: Mob 0451623211 Residential address: 31 Waymouth Street, ADELAIDE, SA 5000

Postal address: same as residential address

Referral Period:

Referred by: Test Provider, DEMONSTRATION SYSTEM, Prov. No. 1234567X, PH 1300 145 465, FAX 03 9284 3399

Clinical Referral Information						
Treated as unnamed or named:	Public					
Referral Date:	16/08/2023					
Referral Continuation:	New					
Referral Period:	12 months					

In the opinion of the referring clinician this patient may require review more expediently than can be managed with an Urgent (category 1) triage category.

Step 7. Once submitted, a date and time stamp and details of the referral will be listed on the form.

			Print]
Form sent on 16/08/2023 14:16 AEST				
Gastroenterology and Hepatol	ogy - Paediatrics	Governme SA Healt	ment of South A h	ustralia
Patient: Sam Smith, 10yrs, M, DOB 20/08/20 Residential address: 31 Waymouth Street, A	12, PH: Mob 0451623211 DELAIDE, SA 5000	-		
Postal address: same as residential address				
Referred by: Test Provider, DEMONSTRATIC 3399	ON SYSTEM, Prov. No. 12345	67X, PH 1300 145 465, F	AX 03 9284	
Referral date: 16/08/2023 14:16 AEST				
Clinical Referral Information				
Treated as unnamed or named:	Public			_
Referral Date:	16/08/2023			
Referral Continuation:	New			

12 months

Step 8. Close the Patient Encounter. A copy of the SmartForm referral will be saved in the Summary Views section under Referrals and under Documents.



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	Summary Views		Summary Views
Problems	Pathology Investigations Radiology Investigations	Problems	0 Forms
Referrals	Letters Helltlink	outh Australian Health Referrat: Gastroenterology and Hepatology - Paediatrics Referrat Refer	Letters Referral Letters
Results			Wy Health Record Summaries HealthLink O D 16/08/2023 South Australian Health Referral: Gastroenterology and Hepatology - Paediatrics
Immunisations		Immunisations	O 16/08/2023 South Australian Health Referral: General Medicine - Paediatrics
Allergies		Allergies	
Images/ECG		Images/ECG	
Documents		Documents	
Attachments		Attachments	
Measurements		Measurements	
Medications		Medications	
Incoming Documents		Incoming Documents	

If the form does not appear, select Refresh button.



Accessing Parked SmartForm Referral Forms

Step 1. Under the Summary Views section, select either Referrals or Documents. This is where you will find the Parked SmartForm. *Please note you will need to re-attach any clinical documents when resuming the Parked form*

		Smith, Mr S	Sam							
Address:	31 Waymouth Street, ADELAIDE 5000									
DOB:	20/08/2012	Home:								
Age:	10 years	Work:								
Medicare No:	5112141251	Mobile:	0451623211							
File No:	16	Occupation:								
Hosp UR No:										
MHR Status:	Consent to Upload									
Referrer:										
				×						
 Image: Image: Ima	ð 💼									
		Summary Vi	ews							
	_									
Problems	Pathology Investigati Radiology Investigatio	ons ons								
Referrals	Letters HealthLink O P 16/08/20	Letters HealthLink 16/08/2023 South Australian Health Referral: Gastroenterology and I 16/08/2023 South Australian Health Referral: General Medicine - Pae								
Results	O 16/08/20									
Immunisations										
Allergies										
Images/ECG										
Documents										
Attachments										
Measurements										
Medications										
Incoming Document	s									
	<	III		>						

Step 2. Parked SmartForms will display as (D-red) Draft **1**. Right click the SmartForm listed under the HealthLink header to open its actions menu. Select Edit HealthLink Form to reopen the HealthLink referral and complete.



SmartForms status icons

The right column icons tell you the SmartForm's status. Right-click an item to open its actions menu.

- (D-red) Draft the SmartForm has been parked (saved locally). You can complete and submit at a later time.
- (A-yellow) Awaiting acknowledgment waiting for the service provider to accept or reject the SmartForm.
- (P-green) Processed The destination (e.g. hospital) received the SmartForm.
- (P-crossed out) Failed The destination received but rejected the SmartForm. You will need to recreate it.

Viewing Acknowledgements for Submitted SmartForm Referrals

Step 1. To view the 'Ack Status' of a, select Referrals and/or Documents Tab.

	Summary Views
Problems	Pathology Investigations
Referrals	Radiology Investigations
Results	Letters
Immunisations	HealthLink
Allergies	10/08/2023 South Australian Health Referral: Cardiology - Paediatrics
Images/ECG	

Step 2. Once received, a Green P - Processed will appear next to the submitted referral. In ZedMed a Green P – Processed indicates the referral as been Acknowledged.

	Summary Views
Problems	Pathology Investigations
Referrals	Radiology Investigations
Results	Letters
Immunisations	HealthLink
Allergies	10/08/2023 South Australian Health Referral: Cardiology - Paediatrics
Images/ECG	

Viewing Notifications received for Submitted SmartForm Referrals

Step 1. To view notifications associated to a submitted referral, select Results Inbox.



Step 2. From the Results Inbox click on the Patient notification you wish to view. The message will appear below.

Result	ts	_								_							
Sho	wing	Reco	rds:(1 - 1	/ 1) - 9	Sorte	ed By	/ Prio	ority [Desce	nding]	_					
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		Patien	t				Assi	igned	То		Result Rep	orted	Date	Result Collected Date	*	Result Type	Result Description
	0	Hewitt	, Step	ohanie	:		Prov	ider,	Dr Tes	st (DR	. 18/08/2023	3		18/08/2023	D	ocument	Notification
<					III												>
The	ere	are 1	res	ults	for <	Use	r Ro	oles	> < P	rovid	er, Dr Te	st (D	R TE	EST)> currently d	lisp	laying red	cords 1 - 1.
Result	View																
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From: Name: Addre DOB:	: SA : Sta ess: 25/0	Heal aphan 31 W 08/20	th ie H aymo 13	ewitt uth Sex:	t Street F	ADE	LAID)E 50	00								
Decis Decis	sion sion	: Acc Deta:	ept ils:	I													

Step 3. Allocate the notification to the Patient Record by selecting one of the Action buttons

<				ш					>
Result Navigation			Actions						-
Eulscreen	Prior	Next	Routine Appointment	Urgent Appointment	All OK, Notify Patient	Mark Result Complete	Patient Notified	Update Result	🖊 Cl <u>o</u> se

Step 4. The Notification will then be viewed under the Incoming Documents Tab under Summery Views

	Summary Views	
Attachments	0	Sort By Date 🗸
	10/08/2023 Notification	
Measurements		
Medications		
Incoming Documents		

For more information and tutorials on SmartForms visit the HealthLink website

https://au.healthlink.net/products/smart-forms/