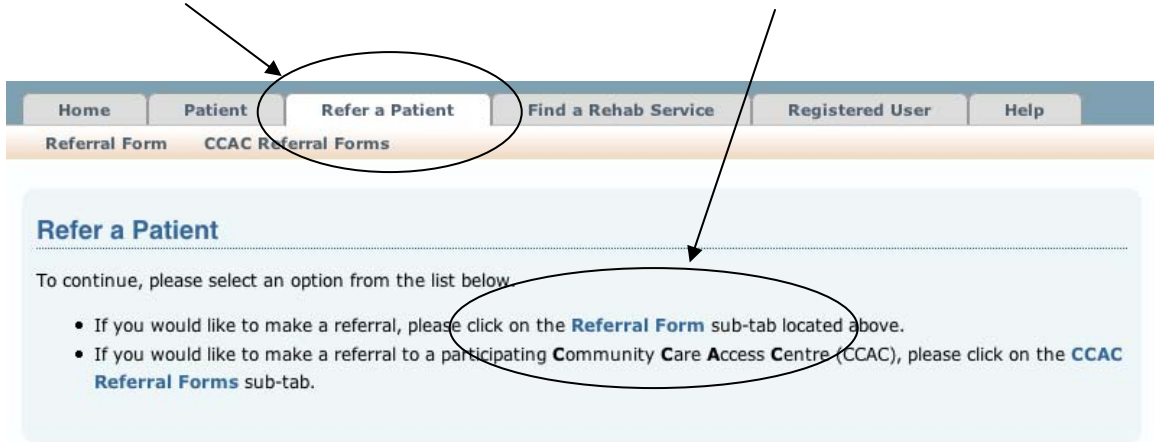
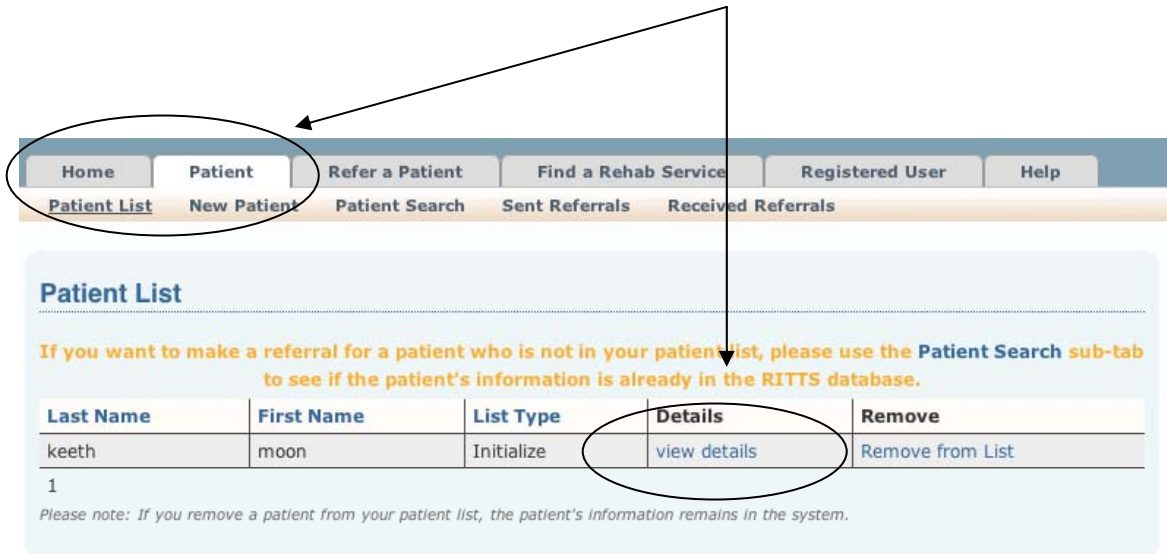


RITTS Tutorial: SENDING A REFERRAL

After logging in, click on the *Refer a Patient* tab at the top of your screen. You will be asked to select either the referral form or CCAC form to continue.



After clicking *Referral Form*, you will be brought to your patient list to select a patient. If the patient you wish to refer is on your patient list, click *view details*. If the patient you wish to refer is not on your patient list, you are asked to use the *Patient Search* function to see if he or she is in the system. If they are not, you will be able to add them at that point.



After clicking *view details* you will see the patient's profile screen, where you have access to their information, referral history, CIHI data (when available) and are able to make a referral.

Home Patient Refer a Patient Find a Rehab Service Registered User Help

Patient List New Patient Patient Search Sent Referrals Received Referrals

KEETH, MOON

Demographic Referral History CIHI Data Make a referral

Please select one of the above categories to continue:

- **Demographic:** The patient's personal information.
- **Referral History:** View sent and received referrals for this patient.
- **CIHI Data:** Canadian Institute for Health Information data is displayed here when available.
- **Make a referral:** If you would like to refer this patient.


When *Make a Referral* is clicked on your patient's profile, you will be asked to first specify, by agreeing to a series of statements, that your patient is ready for rehabilitation. Once you have read and indicated that you agree with these statements, select a *Type of Rehabilitation Service* and *Diagnostic Category* from the drop down lists provided. The referral form will tailor itself according to the type of rehab service and diagnostic category you select.

Referral Information

Rehab Criteria :

- The patient must have a physical impairment requiring rehabilitation OR have cognitive impairment from an acquired brain injury requiring rehabilitation.
- The patient is medically stable and able to tolerate therapy sessions for at least 45 minutes twice daily.
- The patient must have the cognitive ability to participate in and benefit from a rehabilitation program.
- The patient must willingly consent to participate in a rehabilitation program.
- The patient has identified realistic, functional goals for the rehabilitation process.

Patient Consent Statement:

I understand that when I use the RITTS referral system to 

I have read, understood and agree with the above statement

Type of Rehabilitation Service:

<Select a Rehab Type>

- <Select a Rehab Type>
- Inpatient-Short-Term Rehabilitation
- Inpatient-Specialized Rehabilitation
- Outpatient-Rehabilitation
- In home (CCAC)

Only a physician or an individual designated by a physician can make a referral.

You will be provided with a list of facilities that offer the rehabilitation service type and diagnostic category you are seeking. (Please note that, though we have listed every such facility, not all facilities have been integrated into the RITTS at this time.) Select a participating facility from the drop down list provided.

Receiving Facility/Physician

The following facilities provide rehabilitation services for this diagnostic category. However, at this time they are not fully integrated into the RITTS.

- Almonte General Hospital, Almonte
- Cornwall Community General Hospital, Cornwall
- Deep River and District Hospital, Deep River
- Kemptville District Hospital, Kemptville
- Pembroke Regional Hospital, Pembroke
- Perth & Smiths Falls District Hospital - Great War Memorial Site, Perth
- St. Francis Memorial Hospital, Barry's Bay

Active Facilities:

The Rehabilitation Centre, Ottawa

Select a registered physician:

<Select a Physician>

<Select a Physician>

Drew, Nancy

Choy, Bok

gggg, ggg

Jones, Ron

qwe, qwe

Physician Information:

Example: 'last name, first name'

Phone No : _____

Fax No : _____

Continue Back

Next you must select a physician to refer to. Registered physicians for the selected facility will be in the drop down list provided. If the physician you wish to refer to has not yet registered with the RITTS, you may enter his or her name, phone number and/or fax number into the fields provided. If you do not wish to refer to a specific physician, leave the fields blank.

When you are finished, click the *Continue* button.

Complete the questions on the medical referral form. This form will appear differently depending on the type of rehabilitation referral you are making (i.e. Inpatient Specialized, Outpatient). Pictured here is the Outpatient referral form.

Please note that the colored fields are mandatory.

When you are finished, click the *Submit* button at the bottom of your page.

Medical Questions

Fields with background color are mandatory and must be answered.

What is the primary diagnosis?

What is the secondary diagnosis / Other Medical Co-Morbidities?

Is the secondary diagnosis oncology related?

What is the major reason for the referral?

Does the patient have any of the following infectious organisms (MRSA, VRE, c-dif, TB, Other?)

Please input result(s) for following tests or investigations:

CAT scan

Echocardiogram

MRI

Doppler

Are there any allergies?

What was the date of onset/surgery? - -
(Format: yyyy-mm-dd)

Is a head injury the primary cause of the disability?

Is there a sitting tolerance of 1 hour twice a day?

Please list medications.

Does the patient have seizures?

If there are seizures, is the individual on medication?

Other information

A registered admitting staff member at the facility to which you referred will receive an e-mail notification that a new referral has arrived.