

# EHCR – Folder Structure with Content

## Quick Reference Guide 113-SH-SS

Last Updated: January 21, 2022 (version 1.1)

Folder Name/Description	Electronic EHCR Forms (No Types)	Scanned Documents
<b>Review</b> - Temporary holding place for documents that are added to the file for the CC's review.	Miscellaneous – temporary holding place for documents that are added to the file for the CC's review.	
<b>Advanced Care Planning</b> - Used for documents related to End of Life Directives, Expected (Anticipated) Death at Home		<b>Correspondence (File Type)</b> <ul style="list-style-type: none"> <li>• Advance Care Planning - Goals of Care</li> <li>• Notice of Anticipated Death</li> <li>• Health Care Directive</li> <li>• Power of Attorney</li> </ul>
<b>Assessment</b> - Used for assessment client forms and images	<ul style="list-style-type: none"> <li>• interRAI HC</li> <li>• interRAI CA</li> <li>• Mini-Mental State Exam (MMSE)</li> <li>• Working Alone Safety Assessment</li> <li>• Supplemental Assessment</li> </ul>	
<b>Case Coordinator Care Planning</b> - Used for documents used by the Case Coordinator in the process of planning client care	<ul style="list-style-type: none"> <li>• Care Plan Summary</li> <li>• HCA HSW Service Request</li> </ul>	<b>Care Plan Info (File Type)</b> <ul style="list-style-type: none"> <li>• Home Care Client Admission Checklist</li> <li>• Home Care Reassessment Checklist</li> <li>• Falls Risk Assessment Tool</li> <li>• Required HC Falls Prevention and Management Intervention Checklist</li> <li>• Braden Scale for Predicting Risk of Pressure Injuries</li> <li>• Pressure Ulcer Prevention &amp; Management Individualized Care Plan</li> <li>• Risk Assessment</li> <li>• Client Habitually Not Home Plan</li> </ul>
<b>Consents</b> - Used for all consents that are signed by Clients		<b>Consents (File Type)</b> <ul style="list-style-type: none"> <li>• Animals/Pet Policy</li> <li>• Smoking Policy</li> <li>• Care Plan Information MG-1840</li> <li>• Awaiting PCH/SH Placement While in Hospital</li> </ul> <b>Education (File Type)</b> <ul style="list-style-type: none"> <li>• Home care client information sheets (multiples)</li> </ul>

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<b>Equipment</b> - Used for equipment & supplies related documents.		<b>Equipment &amp; Supplies (File Type)</b> <ul style="list-style-type: none"> <li>Purchase Requisition Form</li> <li>Standard Medical/Equipment Order Form (MDA)</li> </ul>
<b>HCA/HSW Complete Forms</b> - Used for Flowsheets, Observation Reports, and other forms that are completed by HCAs/HSWs which need to be a part of the Clinical Record		<b>Flowsheet (File Type)</b> <ul style="list-style-type: none"> <li>HCA Skin Observation Form</li> <li>HC Medication Assignment Record - HCA</li> <li>HC Treatment Assignment Record - HCA</li> <li>HCA Client Notes</li> </ul>
<b>Home Oxygen</b> - Used for Home Oxygen forms.	<ul style="list-style-type: none"> <li>Request for/Removal of Home Oxygen Service</li> </ul>	
<b>Lab/Diagnostic Tests</b> - Used for Lab/Diagnostic Test Results		
<b>Letters</b> - Used for letters (correspondence) that are sent or received that do not fit in any other topic specific folder.		<b>Correspondence (File Type)</b> <ul style="list-style-type: none"> <li>Home Care Hospital Communication Form</li> </ul>
<b>Long Term Care</b> - Used for Long Term Care, Supportive Housing and Long Term Care Waitlist management.	<ul style="list-style-type: none"> <li>LTC Application – Assessment (A&amp;A)</li> <li>LTC Application – Behavioural Assessment (A&amp;A)</li> </ul>	<b>Referral (File Type)</b> <ul style="list-style-type: none"> <li>Respite Care in a Respite Bed Referral Form</li> </ul> <b>A&amp;A (File Type)</b> <ul style="list-style-type: none"> <li>RHA Southern - PCH Panel Meeting Summary</li> <li>Application/Assessment for Long Term Care – Checklist</li> </ul>

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<p><b>Managed Care</b> - Used for Managed Care related documents &amp; letters</p>		<p><b>Managed Care (File Type)</b></p> <ul style="list-style-type: none"> <li>• SFMC</li> </ul>
<p><b>Med Reconciliation</b> - Used to contain Med Reconciliation electronic forms completed by Case Coordinators or Direct Service Nurses, and copies of med reconciliations received from Prescriber and scanned into the system.</p>		<p><b>Medications (File Type)</b></p> <ul style="list-style-type: none"> <li>• Best Possible Medication History and Physician Confirmation Form</li> </ul>
<p><b>Nursing</b> - Used for Forms/Documents completed by Direct Service Nurses, either in the system, or on paper and scanned.</p>	<ul style="list-style-type: none"> <li>• Nursing Service Request</li> </ul>	<p><b>Assessments (File Type)</b></p> <ul style="list-style-type: none"> <li>• Ankle Brachial Pressure Index &amp; Toe Brachial Pressure Index</li> <li>• Assigned Task Condition Assessment forms (Multiple different forms)</li> </ul> <p><b>Education (File Type)</b></p> <ul style="list-style-type: none"> <li>• HCA Assignment Task Plan (multiple forms)</li> </ul> <p><b>Care Plan Info (File Type)</b></p> <ul style="list-style-type: none"> <li>• Wound and Skin Discharge Summary Form</li> </ul> <p><b>Order (File Type)</b></p> <ul style="list-style-type: none"> <li>• Line Care Special Permission Order Form</li> </ul>
<p><b>Over Cost</b> - Contains scanned copies of the Over-Service Calculation Worksheets and/or Declaration Home Care Service Level</p>		

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<p><b>Palliative</b> - Used by the Palliative Program for Forms/Documents completed, either in the system or on paper and scanned.</p>		
<p><b>Prescriber Orders</b> - Used for Orders received from a prescriber, and requests for orders sent to prescribers.</p>	<ul style="list-style-type: none"> <li>SBAR Clinical - Home Care</li> </ul>	<p><b>Order (File Type)</b></p> <ul style="list-style-type: none"> <li>SBAR Clinical - Home Care</li> </ul>
<p><b>Referrals</b> - Used for Referrals</p>	<ul style="list-style-type: none"> <li>Home Care Transfer Form – Agency to Agency</li> <li>Manitoba Information Transfer Form</li> </ul>	<p><b>Referral (File Type)</b></p> <ul style="list-style-type: none"> <li>Manitoba Home Care Referral</li> <li>Home Care Referral - Hospital</li> <li>Treatment Clinic Referrals</li> <li>Seniors Consultation Team - Referral Form</li> <li>Community Based Rehabilitation Services</li> <li>Chronic Disease Education Team &amp; Community Dietitian Referral</li> <li>Wound Consult</li> <li>Palliative Care Referral Form</li> <li></li> </ul>
<p><b>Therapy</b>- Used by the Therapy Program for Forms/Documents completed, either in the system or on paper and scanned.</p>	<ul style="list-style-type: none"> <li>Allergy Risk Assessment Form (Home Parenteral Therapy Program)</li> </ul>	
<p><b>Workplace Safety &amp; Health</b> - Contains Safe Visit Plan and other letters/correspondence related to Workplace Safety &amp; Health. (Note the</p>	<ul style="list-style-type: none"> <li>Safe Visit Plan (Client Specific)</li> </ul>	

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related WASA will be in the Assessments folder)		