

# Kroll Version 10 Service Pack 22

Feature notes

February 2021







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## Kroll Version 10 Service Pack 22 Feature Notes

This document is a compilation of changes and enhancements in Kroll Version 10 Service Pack 22. It is intended to keep users abreast of changes to the software and to help users implement and adapt to those changes.

### **User Interface**

# [KRL-2930] SeniorCare: Pharmacy User is stopped from filling an Rx for a SeniorCare patient that is missing an externalPat reference type.

<u>Feature:</u> On the F12 screen, when filling a prescription for a SeniorCare patient, the pharmacy user is stopped from filling. This occurs when the externalPat reference type is missing on the patient due to it being a requirement for the SeniorCare interface. The pharmacy user must synchronize the patient to SeniorCare before filling.

#### [KRL-3136] BC- New configuration option to prevent refill of a Refusal to Fill Rx

<u>Feature:</u> Under **File** > **Configuration** > **Store** > Rx > **General**, the 'Prevent fill if ...Rx is Refusal to Fill' option is now available. The option will prevent a refill of a Refusal to Fill Rx.

🟉 Store Level Configuration Parameters			×
General Patient Drug Doctor Rx	FDB Adjudicati	on Labels Reports Security Interfaces Order X - AR Y - To D	o Cleanup 🗲 Ctrl 🍝
1 - General 2 - Pricing 3 - Prompting 4	- Nursing Home 5 - Bi	ackground Rx Filling 6 - Workflow 7 - Counseling 8 - Immunization	9 - CeRx 10 - Auto-Refill/Reminders
Days before an Rx expires From From Vitten 1st dispense Regular 365 Narcotic 365 Controlled 365 Targeted 365 Birth control 365 Prevent fill if Rx is expired Rx is stopped	Warnings Warn 90 days b Warn if patient is Display price cha Warn if a refill price of Check profile for dru Only show LUP warn Warn if days supply Toggle Unit Dose statt (works in profiles/batc	refore Rx expires is over 65 or under 25 and not set up for provincial plan inge notification thanges by > 5 % (0 or blank does not warn) ig on new Rx Yes ing if expiring in less than 120 days <0 on refills for provincial plan (0 = don't warn) us when Batch Fill status changes No hes, can use to stop sending Rxs to Automed/Pacmed)	<ul> <li>Automatic "Call Doctor" when adding repeats</li> <li>✓ Enable "Return Recycled Rx Drug Inventory" function</li> <li>Default product selection 3 - Pharmacist's Choir ∨</li> <li>✓ Inactivate old Rx when copying if new Rx is Unfilled</li> <li>Show Pack Size form</li> <li>Show search hints in Rx form</li> <li>✓ Tab stop on Rx Drug Pack and Doc Location</li> <li>✓ Create a todo refill reminder if methadone ingest dates skip days</li> <li>✓ Allow Rx re-activations</li> </ul>
Drug is expired No allergy entered Days Supply is not entered Oral/Written is not entered Rx is Refusal to Fill		Changes For Refills For Unfills Allow drug changes	Rx User Field 1 Label Ya man Allow Free Form BC profile type All Get PharmaNet Profile for NH Patients Prevent Refill. Inactivate. Transfer Out and
Allow fill if plan is expired Clear Days Supply when Disp Qty chang Clear Ingest Date when refilling or cop Copy stop date when copying an Rx Allow adding plans after adjudication Prevent adding refills to Rxs that have a OR only allow adding refills on same d Automatically set Rx Lot Number from D Non-Workflow Rxs	ges ying a methadone Rx complete already been refilled ay as first fill Drug on	<ul> <li>Allow Sig changes after Rx adjudication</li> <li>Allow Auth Qty changes after Rx adjudication</li> <li>Allow free form Pseudo DIN at Rx plan level</li> <li>Enable Retail Rx Refill Synchronization</li> <li>Minimum Rx Sync Proposed Days Supply 7</li> <li>Maximum Rx Sync Proposed Days Supply 90</li> <li>Include Overdue Rxs due in past 10 days (0 = Exclude past due Rxs)</li> </ul>	Suspend if Workflow is Not Complete Use narcotic numbers Use narcotic numbers and Rx Num prefix for targeted drugs Max refills for narcotics
Search		V OK Cancel	





#### [KRL-4092] PrescribeIT - Ability to link a PrescribeIT<sup>™</sup> patient with a local patient

<u>Feature:</u> When calling up a new PrescribelT<sup>™</sup> prescription for an unlinked patient or a patient with demographic changes, the ADT Wizard will be called up independently directly on the F9-Workflow screen instead of being displayed along with the prescription on the F12-Fill screen.

-2-Papent 1	5 - Drug	P7 - Doctor	F9 y Warkfare	F10-Pickup	F11 - Drop-off	F12-Nett Rx	Alt+X-Start	011	
	Ø ADT Wizard	đ					- 0	×	Now Actions
	Patient sel	ection page	C						ark .
De	Please s	select the correct p	stient for the ADT mes	lage					g for Pickup
P	ADT Message	PrescribelT							Adjudication (4)
Pharmac	Incoming A	DT Patient			Selected Pati	ent			
	120000075								(M)
Incom	4				12/2012/11/2017				nbe Notifications (54
	1				Patient Eteropolitie	Unitermenter tonsetter	M. Las	Search	Inseling (0)
's In Proar	Last Name	Kroll			Last Mana				sional Services (0)
					Last regime				
te Due T	e First Name	Cory			First Name				
10 months ago N	Address 1	100 PrescribelT \	Nay		Address 1				
10 months ago N	Address 2				Address 2				
10 months ago N	City	Toronto		Ptoy ON	City		Prov		
10 months ago N	Postal Code	K1A 1A1			Portal Code				
10 months ago N	-	26.03.0050		1					
10 months ago N	a concession	A JEWIN LINNY		age av	exthosy		A91		
9 months ago N	Gender	м			Gender				
9 months ago N	Home Phone		D:t		Home Phone	Ext			
9 months ago N	Work		Ed		Work	Ext			
S months ago	DHAN				PHN				
9 months ago N					100 H				
9 months ago N	-								
9 months ago N	4								
9 months ago N	1								
9 months ago	9								
5 months ago N	1								
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#### [KRL-4099] PrescribeIT<sup>™</sup> - Multi-ERx Order Linking & Local Rx Reconciliation

<u>Feature</u>: 'Process Electronic Rx Orders' screen has been added when processing new PrescribeIT<sup>™</sup> Rxs.This allows the pharmacy to action on one or more new PrescribeIT orders for one or more patients at once.

🕖 Process Electronic Rx Orders					-		×
The following actions are sug Please review and make any r	gested based on the a necessary changes bef	available inform ore processing.	nation.				
Patient         Kroll, Abir           JHN         8403874699         DOB         1996-M	ar-01 <b>25 y</b> Sex F	Allergies Conditions					
PrescribelT Order				Process Action	Local Rx		
[2020-Feb-28] 30 Tablet Cipralex				Dispense order	N/A		F2
[2020-Feb-28] 900 Tablet metronidazole 2	250 mg (250 mg)			Dispense order	N/A		F2
JHN DOB 1980-Ma PrescribelT Order [2021-Jan-28] 60 Capsule Lyrica	Process Action Copy from existing	Conditions	Local Rx [2021-Jan-28] Rx# 1000154, 60 (	CAP ACT Pregabalin 75mg		8	F2
PatientKroll, WendellJHN3283348476DOB1988-Ja	n-01 <b>33 y</b> Sex M	Allergies Pe Conditions	enicillins				
PrescribelT Order	Process Action		Local Rx				
[2021-Jan-27] 21 amoxicillin	Copy from existing R	and dispense	[2020-Feb-03] Rx# 1000106, 30 CA	P Apo-Amoxi 250mg		$\approx$	F2
	✓ Proce	55	× Cancel				

Depending on the patient's previously filled prescriptions on their profile, a suggested Process Action will be selected by default. The following Process Actions are available:

- Do not process now
- Dispense order
- Copy from existing Rx and dispense
- Unfill order
- Copy from existing Rx and unfill





When applicable, a local Rx will also be suggested based on the following criteria:

- If a local Rx is found that is either (a) associated with the external Rx reference the new order is in replacement of, or (b) determined to be some kind of match (therapeutic class or better) to the new order medication, the Process Action will default to "Copy from existing Rx and dispense"; otherwise, the Process Action will default to "Dispense order"
- Kroll will suggest the highest-ranking match available. If there is more than one Rx at this match level, the one most recently dispensed will be suggested. The match type is displayed on the right-side of the Local Rx column. The icon has a hover hint explaining in more detail what it means.

Patient Kroll, Cory JHN DOB 1980-Mar-2	Allergies 25 40 y Sex M Conditions		
PrescribelT Order	Process Action	Local Rx	
[2021-Jan-28] 60 Capsule Lyrica	Copy from existing Rx and dispense	[2021-Jan-28] Rx# 1000154, 60 CAP ACT Pregabalin 75mg	F2
			Equivalent (CCDD TM)
Patient Kroll. Wendell	Alleraies Pe	nicillins	

The pharmacy can view details of the new order and/or selected local Rx or make changes to the suggested Process Action and Local Rx by clicking the F2 button on the right side of each row to bring up the 'Electronic rx Order Processing Details' screen for the Rx.

Electronic Rx (	Order Processir	ng Details		- 0	×
Patient Kroll, JHN 3283	l, Wendell 348476	DOB 1988-Jan-01 33 y Sex M	Allergies Penicillins Conditions		
Process Action	Copy from e	existing Rx and dispense	Local Rx [2020-Feb-0	3] Rx# 1000106, 30 CAP Apo-Amoxi 250mg	• (
Field	Dispense or	der		Local Rx	
Order Referen	Copy from e Unfill order	existing Rx and dispense	-494f-a992-eb9c93873fd1	1.2.2.3.3.7.7.1011281.2:4ffb374e-095a-4dd2-8399-9ab2b199916	5
Status	Copy from e	existing Rx and unfill		Filled	
Last Dispense	d On	N/A		2020-Feb-03	
Product		amoxicillin CCDD 8000073		Apo-Amoxi 250mg DIN 00628115, Schedule 1	)
Prescriber		He, Wendell Doctor Licence# 33899		He,Wendell Doctor Licence# 33899	
Administration	n Start	2021-Jan-27		2020-Feb-03	
Administration	n Stop				
Administration	n Instructions	500 mg 3 times daily for 7 days		TAKE AS DIRECTED	
		✓ <u>S</u> ave		X Cancel	





– 🗆 🗙

ø	Electronic	Rx	Order	Processing	Details
---	------------	----	-------	------------	---------

Patient         Kroll, Wendell           JHN         3283348476         DOB         1988-Jan-01         33 y         Set	Allergies X M Conditions	Penicillins	
Process Action Copy from existing Rx and dispense	✓ Local F	Rx [2020-Feb-03] Rx# 1000106, 30 CAP Apo-Amoxi 250mg	
Field PrescibelT Order		[2020-Jan-31] Rx# 1000098, 60 TAB Apo-Candesartan 16mg	e e e e e e e e e e e e e e e e e e e

rielu	Prescribert Order	[2020-Jan-31	31J KX# 1000101, 30 TAB Tecta 40mg	•
Order Reference	1.2.2.3.3.7.7.1011281.2:ac1d35a3-d2e5-494f-a992-eb	[2020-Jan-27	27] Rx# 1000091, 21 CAP Amoxicillin 500mg	$\otimes$
Status		[2020-Jan-09	09] Rx# 1000087, 30 TAB Apo-Hydro 25mg	0
Last Dispensed On	N/A	[2020-Jan-08	08] Rx# 1000083, 30 TAB Accel-Candesartan/HCTZ 16/12.5m	ng 🔮
Product	amoxicillin CCDD 8000073	[2020-Jan-06 [2020-Jan-06	06] Rx# 1000064, S0 CAP Apo-Amoxi 250mg 06] Rx# 1000069, 30 TAB Apo-Hydro 25mg -191 Rx# 1000067, 30 CAP Apo-Amoxi 250mg	e e e e e e e e e e e e e e e e e e e
Prescriber	He, Wendell Doctor Licence# 33899	[2019 Dec 10	He, Wendell Doctor Licence# 33899	
Administration Start	2021-Jan-27		2020-Feb-03	
Administration Stop				
Administration Instructions	500 mg 3 times daily for 7 days		TAKE AS DIRECTED	

✓ <u>S</u>ave

🗙 Cancel

Patient Kroll, Wendell JHN 3283348476	Allergies Penicillins DOB 1988-Jan-01 33 y Sex M Conditions			
Process Action Dispense or	der v Local Rx		 	~
Field	PrescribelT Order	Local Rx		
Order Reference	1.2.2.3.3.7.7.1011281.2:ac1d35a3-d2e5-494f-a992-eb9c93873fd1			
Status				
Last Dispensed On	N/A			
Product	amoxicillin CCDD 8000073			
Prescriber	He, Wendell Doctor Licence# 33899			
Administration Start	2021-Jan-27			
Administration Stop				
Administration Instructions	500 mg 3 times daily for 7 days			
	✓ <u>S</u> ave	X Cancel		





Once the necessary changes has been made and saved, clicking Process will invoke the fill process and the selected Process Action will initialize.

3348476 D0	OB 1988-Jan-01 33 y	Sex M	Allergies Conditions	Penicillins			
rder					Process Action	Local Rx	
] 21 Capsule am	oxicillin				Dispense order	N/A	F2
3 #r ]	der 21 Capsule am	348476     DOB     1988-Jan-01     33 y       der       21 Capsule amoxicillin	348476     DOB     1988-Jan-01     33 y     Sex     M       der     21 Capsule amoxicillin	348476 DOB 1988-Jan-01 33 y Sex M Conditions der 21 Capsule amoxicillin	348476     DOB     1988-Jan-01     33 y     Sex     M     Conditions       der     21 Capsule amoxicillin	348476     DOB     1988-Jan-01     33 y     Sex     M     Conditions       der     Process Action       21 Capsule amoxicillin     Dispense order	348476     DOB     1988-Jan-01     33 y     Sex     M     Conditions       der     Process Action     Local Rx       21 Capsule amoxicillin     Dispense order     N/A





#### [KRL-4199] Manual start of stopped Services in Kroll application

<u>Feature:</u> Under the Help tab, the new 'Check Service Status'option has been added that will allow users to start stopped services.

1	Help Version 10					
D	Plan Provider ID / Phone Numbers					
-	Kroll Connect					
on	File Sizes					
[ns	Contact Kroll Support					
	Check Service Status					
_	Resource and Training Library					
	About					
Ch	eck Service Status	;	×			
Ch	eck Service Status Kroll Service Krol Messaging Service Krol Robotic Interface Service Krol Adjudication Service Krol Background Rx Service Krol Update Service Krol Reporting Service Client		×	udication Service Sta dication Service	itus estatus is: Stor	nned
Ch	eck Service Status Kroll Service Krol Messaging Service Krol Robotic Interface Service Krol Adjudication Service Krol Background Rx Service Krol Update Service Krol Reporting Service Client Krol IVR Service Krol PUC Service Reporting Services PaintClickCare - yee stuff	;	× Kroll Adju	udication Service Sta dication Service	ntus e status is: Stoj	pped

<u>C</u>lose

8





#### [KRL-4659] Changes to providers (British Columbia)

Feature: The following changes have been applied to the province of British Columbia for providers

- Added new licence type: BCCNM (British Columbia College of Nurses and Midwives).
  - Note that BC Midwife, BC NurseLPN, BC NurseNP, BC NurseRN have all consolidated under BCCNM license type.
- Added new Doctor Designations for Psychiatric Nurse and Pharmacy Technician.
- Ref IDs adjusted to use the new licensing body and designation.
  - BC Nurse (LPN) =L9
  - BC Nurse (RN) =R9
  - BC Nurse (Psychiatric) =Y9
  - Pharmacy Technicians =T9

#### [KRL-4198] Add Additional Remote Connectivity options to the Kroll Connect page

Feature: Telus branded TeamViewer connection option has been added to Kroll connect.





# [KRL-5071] 'Narcotic Pickup Signature' can now be printed on the Pharmacom thermal label (Saskatchewan)

Feature: Users now have the ability to print the 'Narcotic Pick up signature' on the Pharmacom thermal label.

Kroll Computer Systems #344 Lajeunesse ave
Identity Verification Signature 34
Identity vernication orginature
Rx 9022467 10T ABApo-Hydromorphone1mg
Picked Up: Date:
Patient Agent:
AgentAddress:
ID:
10.
SIGNATURE:

Conditions:

■ File > Configuration > Store > Labels > Regular Labels > Pharmacomm Thermal Labels.

Y - To Do Cleanup Offsets	•
Offsets	
Offsets	
Adjust printer label offsets	
Aujust printer laber onsets	
Warning label left	0 r
Dot matrix label left	0 r
Hardcopy top offset	0 r
X offset for bottom headers	0 r
Y offset for bottom labels	0 r
Y offset for thermal top	0 r
	Warning label left Dot matrix label left Hardcopy top offset X offset for bottom headers Y offset for bottom labels Y offset for thermal top

- File > Confirguration > Store > Labels > Vial Label > Print Pickup signature label for monitored drugs is enabled.
- Narcotic monitoring field is enabled on the drug card
- File > Configuration > Store > Labels > Regular Labels > Advanced > Pickup Signature label is configured to use Pharmacomm Thermal label stock

🕖 Label Mappings	- 🗆 X	
Label Mappings (2)	F2 Ins I	Del
Label part	Stock	^
Vial	Kroll Vial [Thermal]	
Pickup signature	Pharmacomm Thermal Labels	
		1
		~
✓ Save 🗙	Cancel Edit <u>S</u> tocks	





### Reports, Labels and Hardcopies

#### [KRL-4141] Add AR Statement retention to AR Profile

<u>Feature:</u> The Reports tab has been added to **Patient Card** > **AR Profile**. This retains a PDF copy of the AR Statement as it was printed. If the statement is regenerated, it will replace any prior entry generated on the same date.

🕖 1-:Pha	armacy10-	22AR-Pa	tient - Test	t, AR																-	
File Edit	Recent	Patient	View	AR P	rofile Re	ports	Utilities N	H Cards Ses	sion	Help \	/ersion 10 (	Yellowsto	ne) 🧊 Li	iveChat	t with K	roll Supp	oort				
F3 - Pa	atient	F	5 - Drug		F7 - Doc	tor	F9 - Wo	rkflow	F10 - P	ickup	F11-0	Drop-off	F	12 - Ne	w Rx		Alt+X - S	tart			
<u>L</u> ast Name	Test				First	Name	AR		Salut	ation		~	ок	0	🖉 Sav	e	X s	can		<sup>&gt;&gt;&gt;</sup> Profile	
Address 1	145 Ar A	/0				F	Phone Number	rs (1)	F	2 Ins De	Birthdate	01/01/	1088	_					51	×AR	
Address 2				1.4	lt Addross		escription	Phone			Age	22 1000	-							Make Payment	
City	Toronto					H	lome	(416) 123-456	6		Gender	Mala	2							Change Bill To Patien	ıt
Destal		Count	n Canad			Ě.					Language	Franch		Ť						View AR Account Me	mbers
Postal		coun	Canad	la		Ľ					Language	French								View AR History	
Email Test					Send		est. Doctor		E	2 Clear	Weight					and	Data		-	Print Statement	
icat											Weight				L	040	Delei	e		View	
AR Pro	file																			Alternate Addresses (	(1)
Account #	2				🗌 Inac	tive		Curre	nt	\$65.	85	Cre	edit Limit			]				AR Profile	
Billed To	Test, AF	2						30 Da	ys	\$60.	.06		Total	\$	125.91					Batches	
Cillion Day	Current	Activity		~	🗌 Wai	/e Fina	ance Charges	60 Da	ys	\$0.	.00	Unposted	Amount		\$50.00	)				Charting	
Fitter by:					Dup	licate	Statement	90 Da	ys	\$0.	.00	Effect	tive Total	\$	175.91					Consents	
Detail	Invoices	Payme	nts Con	nments	Report	s											<del>&lt;</del>	Ctrl	-	Credit Cards (1)	
Items (2)	)																[	F2 De	e	Documents (0)	
Title							Report Date						Invoice #	Crea	ted			^	•	ERx Orders	
Statemer	nt						20/01/2021							20/0	1/2021	4:08:04 F	M			History	
Statemer	nt						21/01/2021							21/0	1/2021	4:09:15 F	'M			Immunizations	
																				Limited Use Items	
																				Outbound Commun	ications
																				Professional Services	(
																				Rx Counseling Histor	r <b>y</b>
																				Rx Notes	
																				To Do Items	
																				Work Orders	
																		~	1		





🕖 1-:Pha	irmacy10-2	2AR-Patient - Tes	t, AR										🕖 Full So	reen lr	nage						
File Edit	Recent	Patient View	AR Pro	file Repo	rts Utilities N	H Cards Sessio	n Help \	ersion 10	(Yellowstone	💬 LiveCl	nat with Kroll S	Support	🛛 🖶 🥩 🖻	] Zoo	m 64% 🗨	🍳 🗗 💭		/2 🔿 📲			
F3 - Pa	atient	F5 - Drug		F7 - Doctor	F9 - Wo	rkflow F10	- Pickup	F11 -	Drop-off	F12 - I	New Rx	Alt+X - Start									ŕ
<u>L</u> ast Name	Test			First Na	me AR	S	lutation		~ <b>C</b>	K	🛷 Save	🗶 Scan		De:	Westwood Pharmasa	État de we #789(Dixie pharmacylid	e compte				
Address 1	145 Ar Av	e		_	Phone Numbe	rs (1)	F2 Ins De	Birthdate	01/01/19	38					500 Willow Road Guelph ON N1H Tél: (519) 265-5	, Unit 30 7G4 ean					
Address 2			1 Alt /	Address	Description	Phone (416) 123-4566		Age	33 years						Télécopieur: (51	9) 265-5896					
City	Toronto		~ Pro	V ON V	Tionic	(410) 125 4500		Gender	Male	~			=	Facturer	AR Test			No de comote?			
Postal	K1A 1A1	Country Canad	la	~				Languag	French	~					123 Bill Address Toronto ON K14	141		Date de l'état d	le compte	2021-01-2	10
Email				Send	Family Doctor			Height		•			. Médeci	n de fami	le: Test. Doctor						
Test					Test, Doctor		F2 Clear	Weight		•	Load	Delete									
AR Pro	file												Date Date	1-23	escription Electror	ic Payment Paleme	Patient	Total partiel	N IVH IVI	COMIS. Tota	al partiel Taxes
Account #						C			Condition				2020-0	1-23	Crédit (	Sans objet)					-23,00
Account #	2					20 Dave	305.	55	Credi	Tetal	\$125.01		2020-0	1-23 0	5 %		THE AR ON ISU	55,00 KKG10 HONG W	0,00	0,00	55,00
Billed To	Test, AR				inance Charges	60 Days	\$00.	00	Upported Ar	nount	\$125.91		2020-0	1-23	3 Electron	ic Downcet Dolemo		65,00	0,00	0,00	65,00
<u>F</u> ilter By:	Current A	Activity	~	Duplica	te Statement	90 Days	\$0.	00	Effective	Total	\$175.01		2020-0	1-23	8	ic rayment raieme	n.	45,00	0,00	0,00	45,00
Detail	Invoicor	Payments Cor	nmonto	Reports		50 0 0 0 0 0	30.		Lincetine		\$175.51	Gert Ctrl	2020-0	1-23	8 Chèque	Paiement					-16,00
Detail	invoices	Payments Cor	minents	nepono								E2 D4	2020-1	2-03	3	ans object		75,46	2,60	0,00	78,06
Title					Report Date				In	voice # Ci	eated	^	2020 2020 2020	12-03 P 12-03 P 12-03 C	c1000460 - 30 Apo-Amo c1000461 - 30 Apo-Acet TC	e 250mg aminophan 500mg	Test, AR - ON (Se Test, AR - ON (Se Test, AR - ON (Se	karGana Home, W., DDI karGana Home, W., DDI karGana Home, W.,	528115 545007	12,71 11,43 0,00	12,71 11,43 15,00 H
Statemer	it				20/01/2021					20	/01/2021 4:08	:04 PM	2020	-12-03 P	c1000462 - 30 Reactine inclaids	lomg	Tel, Al-ON (Se Tel, Al-ON (Se	iarGane Home, W., 1025 IarGane Home, W.,	223554	31,32 0,88	31,32 5,00 H
Statemer	it				21/01/2021					21	/01/2021 4:09	:15 PM	2021-0 2021	-01-20 v	i <b>6</b> tamins		Test, Marco - I	45,00 N 0	5,85	0,00 6.00	50,85 45.00 H
													2021-0 2021	1-20 a	i <b>5</b> pirin		Test, Diniz - O	15.00	0.00	0.00	15.00 15.00
													Total					117.46	8.45	0.00	125.91
													0-30 jo	urs:	55.85 31-60 jours:	60.06 61-90 jours	0.00	Plai di 90 junis	0.00	Total:	125.91
												~									
L						User: M	H (Wendel	He)				M 11	<			Pi	age 1				>
						oserra		,													





### COVID-19

#### [KRL-4788] COVID-19 immunization is now available in every province

Feature: The COVID-19 Immunization is now available in the pre-existing immunization functionality.

New COVID-19 Immunization type:

🕖 Immur	ization	×
Туре		
	Influenza Non-Influenza	
	COVID19	

New Drug Card type available:

F3 - Patient	F5 - Drug F7	- Doctor F9 -	Workflow	F10 - Pickup	F11 - Drop-off		F12 - New Rx	Alt+X - Start
Na <u>m</u> e Pf	izer-Biontech COVID-19 Vaccine		DIN ~	02509210	OK		🗸 Save	🗙 Scan
Generic Te Description 2 Equivalent To Default Sig Location Generic Type <1 Labels / Workf	zinameran None> ow Packaging	✓ Priority	Strength Followup (Days) Form Route Manufacturer Handling Instr. Price Group Department	30mcg/0.3ml 28 Oral/Writ ML (Suspension Intramuscular <none> <none></none></none>	Sched 2 (Schedule 2 [E ten ))	× 1, × × × ×	Drug Card Type COVID-19 Immuniz Dispense as Pack Ward Stock Rx Sync Print compliance Eligible for coupt Flavor Rx Health Inform/Rx	ation
Drug line 1 Def Drug line 2 Def Half-size Sig Comments (0)	ault (Brand) V Track E ault (Generic) V Track E Double Refrige	ot Num cpiry Count rated	Marketing Msg Fee for Svc. Drug Sub	<none> <none> Groups (0)</none></none>	Cle F2 Ir	v v ear	Class 80.12.00.00 Clinical Form Vial (mL) Narcotic Monitori	ng
Topic	Plain Text Comment						Is Median Drug View Reas	on Codes

• COVID-19 Immunization now added to the Immunization product screen:

cov	ID19							(	Consent given by	Kroll, Tree			F2
Patient	Kroll, Tree							Address	123 Which Way				
Birth	01/02/196	3 5	i7 years		Female	Plan	IA	Client ID	21654654		Phone		
Allergie	5							Conditio	ns				
Emer	gency Con	act	Patient Consent		Product		Adminis	stration					
	Product							_					~
	Disp Qty	Mod Pfize	erna COVID-19 Vaccin r-Biontech COVID-19 \	e 100m /accine	icg/0.5ml 30mca/0.	(Pack 1 3ml (P	Size 5 ML) ack Size 1.5	MD					
	Route			~	,								_
LOI													
Exp	oiry Date												
<b>X</b> <u>s</u>	ave for Lat	er					<u>R</u> efuse Im	munizatio	n			() <u>N</u> e	xt





#### [KRL-4768] Follow-up section has been added to 'Influenza' and 'Non-Influenza' reports

Feature: Follow-up section has been added to 'Influenza' and 'Non-Influenza' reports.

- Option 'Lines for Follow-Up' (to select number of lines for follow-up) has been added to print on the report. This option will only be available when it is in 'Paper Mode'.
  - Electronic Mode Immunization: If a number of follow-up records exist, then it will populate these follow-ups in the created section. Otherwise, the Follow-up Section will not appear.
  - Paper Mode Immunization: Follow-up Section will be available

#### [KRL-4874] Ability to print the Wallet Card version of the immunization report is now available

<u>Feature</u>: The **Print Wallet Card** option is now available on right side navigation bar of the Immunization screen and is enabled by default.

File E	dit Immuniza	tion View Profile Utilities I	VH Cards	Sess	ion Help	Version 10	0 (Yellowsto	one)							
F3 ·	Patient	F5 - Drug F7 - Doct	or	F9 - W	orkflow	F10-F	Pickup	F11 -	Drop-off		F12 - Nei	w Rx	Alt+X - S	tart	
COV	D10						Consent di	iven by	E2 No	Dat					<sup>⊗</sup> Immunization
00							consent g	iven by	12 Ne	w, Pat					Follow-ups (0)
Patient	New, Pat					Address	12 Cleans	way							Print Wallet Card
Birth	02/02/1980	40 years	Male	Plan	CS	Client ID	8765765	67			Phone	Home	(416) 425-3	3698	<sup>⊗</sup> View
Allergie	;					Conditio	ns								Patient Charting
															Patient Documents (0)
															Patient Immunizations (10)
		_													Profile
Emer	gency Contac	t Patient Consent													All Rxs
	a currently to	any incurcation. Into							-					^	Active Rxs
Have	ou ever expe	rienced difficulty breathing with	nin 24 houi	rs of g	etting a flu	shot? No	0	~	·						Active Rxs w/Passtimes
Have	ou ever had	Guillain-Barré Syndrome within	6 weeks a	fter re	ceiving the	flu vaccin	ie? No		$\sim$						Pricing Profile
Did yo	u provide ca	re or have close contact with a	person wit	h con	firmed COV	/ID-19? N	lo	`	~					- 11	Not Disp/OTC Profile
Have	ou travelled	to any countries outside Canad	a (includin	g the	United State	es) within	the last 14	4 days?	No		$\sim$				Vuestions Language
Do yo	u have a histo	ory of chronic illness? No	· · · · · · · · · · · · · · · · · · ·	-											English
Do yo	u have a new	or changing neurological diso	der? No		~										
Do yo	u have an alle	rgy to kanamycin, neomycin, g	entamicin,	thime	osal, chicke	en proteir	n, polymixi	in or gel	atin? No			~			
Are yo	u or do you t	hink you might be pregnant? [	No		$\sim$										
Have	ou had a ser	ious reaction to influenza vacci	ne in the p	ast? 🖡	٩٥	~									
Are yo breath appet	u experiencir I, sore throat ite	ig any cold, flu or COVID-19-lik and painful swallowing, stuffy c	e sympton or runny no	ns, eve ise, lo	n mild one ss of sense	s? Sympto of smell,	oms incluc headache	de: fever e, muscle	; chills, co aches, fa	ough, sho atigue or	ortness r loss of	of No		~	
Patien	t Weight (spe	cify units) 50kg												~	
<b>X</b> <u>s</u>	ave for Later				<u>R</u> efuse Im	imunizatio	on						Print Conse	nt	





When the button is active/enabled and the user selects 'Finalize Immunization', the Immunization Wallet Card selection will display. Immunization Type is pre-selected based on theilmmunization performed.

Three options are available on the 'Immunization Wallet Card' screen.

- Most recent series (Enabled by Default)
- Since Date
- All

The wallet card contains Information including the patient name, date of birth, immunization date, product name, dose #, next dose date and the lot number.

F3 - Patient	F5 - Drug	) F	7 - Doctor	F9 -	Workflow	F10	- Pickup F11 - Drop	>-off	F12 - New Rx	Alt+X - Start	
VID19							Consent given by F2	New Pat			<sup>⊗</sup> Immunization
											Follow-ups (0)
ent New, Pat						Addres	s 12 Cleanway				Print Wallet Card
02/02/1980	40 years		Male	Pla	in CS	Client I	D 876576567		Phone Home	(416) 425-3698	<sup>⊗</sup> View
gies						Conditi	ions				Patient Charting
						I					Patient Documents (0)
											Patient Immunizations (10)
											Profile
ergency Contac	.t Patien	t Consent	Produ	ct	Admini	stration					All Rxs
											Active Rxs
Produ	ict Modern	a COVID-19 V	/accine 100mc	g/0.5ml	(Pack Size 5	ML)					Active Rxs w/Passtimes
Disp (	0.5	MI		DIN	02510014	LIPC					Pricing Profile
public d				0		0.0					Not Disp/OTC Profile
Rou	te Intramu	ıscular									Questions Language
				6							English
Date of Adm	.in 19/01/20	021 23:57	Site of A	dmin [	Left Arm					~	Français
Administered t	by Test Abi	r (AA)					×	Next Pl	lanned Immuniza	tion Dates	
Commen	ate .						1	Dose	21 d = 09/02	2/2021 💏+	
commen								Corios			
								Series		<b>⊙</b> ∎-	
								Vaccine	Doce Number		
								vaccine	Dose Number		
							~	1			
Save for Later					Refuse In	nmunizat	tion		Pa Einali	ze Immunization	
_											
🕖 lmmun	ization	Wallet C	ard Selec	tion					X		
-Show Im	muniza	tions									
Most	t recent	t series	O Sin	ce D	ate						
0 11105			0 0				0,1				
Immuniza	ation Ty	me									
	South ty	22									
	)										
Influe	nza										
- Neg li	fluer										
	nnuenza										

X Cancel

Print

Therapeutic





If the **Most recent series** option is selected, only the recent Immunization of the selected Type will be displayed.

Rx drug mart 9879

 IMMUNIZATION
 RECORD

 New, Pat
 DOB: 02-Feb-1980

 19-Jan-2021
 Moderna COVID-19 Vaccine

 Dose #1
 Next Dose: 09-Feb-2021
 Lot: 6456

If Since Date option is selected, all Immunizations of the selected Type will be displayed during that time period.

Rx drug mart 9879

Now Pat	MMUNIZATION	RECORD	02-Eab-1980
10 Jan 2021	Madama COV	DOD.	02-1 60-1300
19-Jan-2021	wodema COV	ID-19 Vac	cine
Dose #1	Next Dose: 09	Feb-2021	Lot: 6456
15-Jan-2021	Fluzone Quad	rivalent	
Dose #1			Lot: 5665
15-Jan-2021	Fluzone High-	Dose	
Dose #1			Lot: 5645
15-Jan-2021	Fluzone Quad	rivalent	
Dose #1			Lot: 5648
15-Jan-2021	Flucelvax Qua	d	
Dose #1			Lot: 65465

The Option **W-Print Wallet Card** is also available on the Immunizations Screen. When W-Print Wallet Card is selected, Immunization Wallet Card Selection screen will be displayed.

	D - Pharmacist Declined	R - Patient Refused W - Print	t Wallet Card			
Items (10)				1		F2 Ins
# Type	Drug Name	Status	Product Status	Fee Status	Created 🔻	Complete
COVID19	Moderna COVID-19 Vaccine	Completed	Pending Claim	No Fee Applicable	19/01/2021	
20 COVID19		Pending	Not Completed Yet	No Fee Applicable	15/01/2021	
20 Influenza	Fluzone Quadrivalent	Completed	Pending Claim	No Fee Applicable	15/01/2021	
20 Influenza	Fluzone High-Dose	Completed	Pending Claim	No Fee Applicable	15/01/2021	
20 Influenza	Fluzone Quadrivalent	Completed	Pending Claim	No Fee Applicable	15/01/2021	
20 Influenza	Flucelvax Quad	Completed	Pending Claim	No Fee Applicable	15/01/2021	
20 Non-Influenza	Avaxim	Completed	Claimed	No Fee Applicable	09/12/2020	09/12/202
20 Non-Influenza		Pending	Not Completed Yet	Not Completed Yet	09/12/2020	
l Influenza	Flucelvax Quad	Billed with no Documentation	Claimed	No Fee Applicable	12/11/2020	12/11/202
l Influenza	Flucelvax Quad	Billed with no Documentation	Claimed	No Fee Applicable	11/11/2020	11/11/202

<





#### [KRL-4797] COVID-19 immunization consent form is now available

Feature: The existing immunization report has been modified to reflect COVID-19.

#### [KRL-4815] Ability to send an Immunization Record to the patient's physician

<u>Feature:</u> Users now have the ability to send an Immunization Record to the patient's physician via the existing fax functionality.

Notes: The following conditions must be applied:

- Kroll system is configured to utilize the Electronic version of the Immunization module
- Electronic signatures are activated for the Electronic version of the Immunization module
- Store utilizes Kroll Fax
- Selected Doctor cards include a working fax number

#### [KRL-4911] Pfizer and Moderna COVID-19 dins are now available in the immunization functionality

Feature: The following COVID-19 products have been added to the immunization functionality.

Moderna	Pfizer					
Product DIN: 02510014	Product DIN: 02509210					
Approved for ages 18 and older	Approved for ages 16 and older					
2 doses: The second dose is to be administered 28 days after the first dose.	2 doses: The second dose is to be administered 21 days after the first dose.					





#### [KRL-4942] User types that have access to the Immunization Module have been specified

<u>Feature:</u> The following user types have the ability to access the Immunization Module: **Pharmacist**, **Licensed Technician**, **Pharmacy Student** and **Pharmacist Intern**.

#### [KRL-4995] New COVID-19 Vaccination Screening forms now available

Feature: The COVID-19 vaccination screening forms are now available both in paper mode and electronic mode.

#### Paper Mode:

#### SCREENING QUESTIONNAIRE

The following questions will help us determine if there is any reason you should not get the vaccine today. If you answer "yes" to any question, it does not necessarily mean the shot cannot be given. It simply means additional questions must be asked.

If a question is not clear, please ask your pharmacist to explain it.

Have you had a COVID vaccine? If so, which one did you receive and when did you receive it?	Yes	No	Unsure
Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones? Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches fatigue or loss of appetite	Yes	No	Unsure
Have you travelled to any countries outside Canada (including the United States) within the last 14 days?	Yes	No	Unsure
Did you provide care or have close contact with a person with confirmed COVID-19?	Yes	No	Unsure
Have you received a flu vaccine or any vaccine in the past 14 days?	Yes	No	Unsure
Do you have a new or changing neurological disorder?	Yes	No	Unsure
Have you had a serious reaction to a vaccine in the past?	Yes	No	Unsure
Have you ever had a serious reaction to polyethylene glycol (applicable to mRNA based vaccines only)?	Yes	No	Unsure
Have you ever had Guillain-Barre Syndrome within 6 weeks after receiving a vaccine? (A Yes answer is not a contraindication for mRNA based vaccines).	Yes	No	Unsure
Are you or do you think you might be pregnant?	Yes	No	Unsure
Are you currently taking any medication?	Yes	No	Unsure
Do you take a blood thinner or have a bleeding disorder?	Yes	No	Unsure
Do you have an autoimmune disorder or weakened immunity due to illness/treatment?	Yes	No	Unsure
Are you allergic to latex gloves?	Yes	No	Unsure
Do you have a history of chronic illness?	Yes	No	Unsure
Do you have a history of fainting?	Yes	No	Unsure

#### CONSENT GIVEN BY PATIENT/AGENT

I, the undersigned client or agent, have read or had explained to me information about the COVID shot as outlined on the Fact Sheet. I have had a chance to ask questions, and answers were given to my satisfaction. I understand the risks and benefits of receiving the COVID shot. I agree to wait in the pharmacy for 15 minutes (or time recommended by the pharmacist) after getting the COVID shot.

I am aware that it is possible (yet rare) to have an extreme allergic reaction to any component of the vaccine. Some serious reactions called \*anaphylaxis" can be life-threatening and is a medical emergency. If I experience such a reaction following vaccination, I am aware that it may require the administration of epinephrine, diphenhydramine, beta-agonists, and/or antihistamines to try to treat this reaction and that 9-1-1 will be called to provide additional assistance to the immunizer. The symptoms of an anaphylactic reaction may include hives, difficulty breathing, swelling of the tongue, throat, and/or lips.

In the event of anaphylaxis, I will receive a copy of this form containing information on emergency treatments that I had received, or a copy will be provided to my agent or EMS paramedics.

I confirm that I want to receive the COVID vaccine





Electronic Mode: Found on the 'Patient Consent' tab of the Immunization product screen

Emergency Contact Patient Consent							
lave you had a COVID vaccine? If so, which one did you receive and when did you receive it?							
Are you experiencing any cold, flu or COVID-19-like symptoms, even mild ones? Symptoms include: fever, chills, cough, shortness of <not answered=""> &gt; breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite</not>							
łave you travelled to any countries outside Canada (including the United States) within the last 14 days? <							
)id you provide care or have close contact with a person with confirmed COVID-19? <							
lave you received a flu vaccine or any vaccine in the past 14 days? <not answered=""> <math> \sim</math></not>							
)o you have a new or changing neurological disorder? <							
lave you had a serious reaction to a vaccine in the past? <not answered=""> <!--</td--></not>							
lave you ever had a serious reaction to polyethylene glycol (applicable to mRNA based vaccines only)? <not answered=""> &gt;&gt;</not>							
Have you ever had Guillain-Barre Syndrome within 6 weeks after receiving a vaccine? (A Yes answer is not a contraindication for Not Answered> > nRNA based vaccines).							
Are you or do you think you might be pregnant? <not answered=""> ~</not>							
Are you currently taking any medication? <not answered=""> ~</not>							
X Save for Later Print Consent							

#### [KRL-4840] Immunization follow-up screen has been enhanced to support appointments

Feature: The Immunization follow-up screen has been enhanced to support appointments.

<u>Impact</u>: In the case of multi-dose vaccinations, patients must receive subsequent doses within the defined timeframe to optimize the results. Failure to have subsequent doses could result in a decreased immunity to the disease for which the patient is being vaccinated.

Adding appointments to the immunization follow-up screen allows the user to readily set up the date and time for the patient to return for their subsequent dose.

#### [KRL-5082] Immunization Report Changes for Electronic and paper Mode

<u>Feature</u>: The following changes have been made in each scenario below, with the user logged into the terminal being either a Pharmacist Intern, Registered Pharmacy Student, or Licensed Technician and they are correctly associated with the Pharmacist on duty.

Paper Mode

On the Screening/Consent form, maintain the Pharmacist declaration section as is. For example, field labels remain as Pharmacist Declaration, Pharmacist, and Pharmacist Signature. The Name and license number of the Associated Pharmacist is to be noted in the Pharmacist field.





On the Immunization Record, Administered by Name and # will be populated with the name and license number of the Intern, Student or Technician logged into the system at the time of report generation. The space reserved for the signature will be labelled 'Administered by' **Pharmacist Intern** or **Registered Pharmacy Student** or **Licensed Technician** based on who is logged into the system.

Electronic Mode

Administered by Pharmacist Intern or Registered Pharmacy Student or Licensed Technician based on who is logged into the system if no License exists then 'Administered By' section brackets should not appear.

- With the Electronic signature capture set to inactive, the forms will be generated and printed as per what is noted above under Paper Mode. All other elements remain as is ie 2D barcode, etc.
- Claim/Rx records created in both modes

The associated pharmacist will be noted as the prescriber on the F12 record and as current, the license number of the pharmacist will be sent within the claim message.

# [KRL-5106] Change the immunization schema according Health Canada's recommendations on the use of COVID-19 Vaccines

<u>Feature:</u> The immunization schema has been modified according to Health Canada's recommendations on the use of the COVID-10 vaccines. The immunization schedules are described in the table below.

able 2: Recommended immunization schedule, by COVID-19 vaccine										
Vaccine product (manufacturer)	Immunization schedule	Minimum interval	Authorized interval	Alternate interval						
<b>Pfizer-BioNTech COVID-19</b> (Pfizer-BioNTech)	2-dose schedule	19 days	21 days	28 days						
<b>Moderna COVID-19</b> (Moderna)	2-dose schedule	21 days	28 days	None						





#### [KRL-5117] Immunization record for paper immunizations changes

<u>Feature:</u> In the immunization record for paper immunizations, the space between the sections have been adjusted in order for the Patient consent section and the patient information to be displayed on one page instead of two separate pages.

	Immuniz	zation Re	cord						
0	Phone: (2	243) 423-45	235						
	```	·		т		NC #	2205		
FirstName	LastName	Gender	DOB	Weight	RACKI	NG #:	3305		
John	Doe	м	01-Jan-1960						
Address Patient Address 1, Toronto ON M2M 2M2 Health Card # PhoneNumber 1234567890MM									
EmergencyContact	RelationshiptoPatient	Contact's	PhoneNumber	Contact's Ot	her Phor	e Numb	er		
CREENING QUESTIONNAI	RE								
The following questions will help If you answer "yes" to any questio Itsimply meansadditional questi	us determine if there is any reas in, it does not necessarily mean ions must be asked.	on <b>y</b> ou should the shot cann	Inotgetthevaccineto otbe given.	day.					
lfaquestion is not clear, please as	kyourpharmacisttoexplainit.								
Have you had a COVID vaccine? If s	o, which one did you receive and v	when did you r	eceive it? Detail:		Yes	No	Unsure		
Are you experiencing any cold, flu o shortness of breath, sore throat and fatigue or loss of appetite	r COVID-19-like symptoms, even m painful swallowing, stuffy orrunny	nild ones? Sym nose, loss of s	ptoms include: fever, chi ense of smell, headache	ills, cough, e, muscle aches	Yes	No	Unsure		
Have you travelled to any countries (	outside Canada (including the Unite	ed States) with	in the last 14 days?		Yes	No	Unsure		
Did you provide care or have close c	ontact with a person with confirme	d COVID-19?			Yes	No	Unsure		
lave you received a flu vaccine or a	ny vaccine in the past 14 days?				Yes	No	Unsure		
Do you have a new or changing neur	rological disorder?				Yes	No	Unsure		
lave you had a serious reaction to a	a vaccine in the past?				Yes	No	Unsure		
Have you ever had a serious reaction to polyethylene glycol (applicable to mRNA based vaccines only)?							Unsure		
Have you ever had Guillain-Barre Syn for mRNA based vaccines).	ndrome within 6 weeks after receiv	ving a vaccine?	(A Yes answer is not a	contraindication	Yes	No	Unsure		
Are you or do you think you might be	pregnant?				Yes	No	Unsure		
Are you currently taking any medicat	tion?				Yes	No	Unsure		
Oo you take a blood thinner or have	a bleeding disorder?				Yes	No	Unsure		
Do you have an autoimmune disorde	er or weakened immunity due to illn	ess/treatment	2		Yes	No	Unsure		
Are you allergic to latex gloves?					Yes	No	Unsure		
Do you have a history of chronic illne	ess?				Yes	No	Unsure		
Do you have a history of fainting?					Yes	No	Unsure		
ONSENT GIVEN BY PATIE	NT/AGENT								
the undersigned client or agent, ha chance to ask questions, and answe in the pharmacy for 15 minutes (or ti lam aware that it is possible (yet rar "anaphylaxis" can be life-threatening the administration of epinephrine, dip provide additional assistance to the i tongue, throat, and/or lips.	<ul> <li>ve read or had explained to me initians were given to my satisfaction. I ime recommended by the pharmacie) to have an extreme allergic reacy and is a medical emergency. If ley henhydramine, beta-agonists, and immunizer. The symptoms of an an</li> </ul>	formation abou understand thi ist) after gettin ction to any con xperience such Jor anthistamin aphylactic read	the COVID shot as out risks and benefits of re g the COVID shot. aponent of the vaccine. S a reaction following va les to try to treat this reaction may include hives, o	ined on the Fac ceiving the COV Some serious re ccination, I am a ction and that 9 difficulty breath	t Sheet. /ID shot. wactions ware th -1-1 wi ing, swe	I have h I agree t called at it may I be calle Iling of t	ad a towait require ed to he		
In the event of an aphylaxis, I will rec provided to my agent or EMS parame	eive a copy of this form containing edics. he COVID vaccine	information on	emergency treatments t	hat I had receiv	ed, or a	copy wi	llbe		
Patient/AgentName (& Relationshin	) Patient/AgentSignature			Det	e Sianer				
Doe, John	, anone Agencolgnature				02-	eb-20	21		
					Lake C	01.00			
PHARMACIST DECLARATION	onfirm the above named patient is o ould be given to patient.	capable of prov	riding consent for COVIE	) vaccine and t	nat the C		iccine		





### Calendar

#### [KRL-4881] Patient Outbound Communications enhancement

Feature : Outbound Communications on the patient tab is now enhanced to include below changes.

Communications Tab from the patient profile is now moved to Outbound Communication

File Edit	Recent	Patient	View	Profile	Reports	Utilitie	s NH	Cards S	Session	Help Ve	rsion 10							
F3 - Pa	tient	F5 -	Drug		F7 - Dod	or	F9 - W	orkflow	F	10 - Picku	5 F1	11 - D	rop-off	F12 - N	ew Rx	Alt+X - Start		
<u>L</u> ast Name	Kroll				First	Name	Nancy			Salutation	۱ 📃		~ Oł	<b>C</b>	🖉 Save	🗙 Scan		<sup>Ø</sup> Profile
Address 1						Pho	ne Numb	ers (0)		F2 In	s Del pirte	adata	25 (12 (107)	_			-1	All Rxs
Address 1						Desc	ription	Phon	ie			luate	23/12/19/	•				Active Rxs
Address 2											Age		44 years					Active Rxs w/Passtimes
City		_		P	on v						Gen	der	Female	~			Г	Refillable Rxs
Postal		Count	Cana	ada	`						Lanç	guage	English	<u> </u>				Pricing Profile
Email					+ Send	Fami	ly Doctor				Heig	ght		+				Not Disp./OTC Rxs
Quick Code										F2 C	ear Wei	ght		+	Load	Delete		Rxs Filled in Error
Outbou	ind Coi	nmunio	ation	IS													- E	Suspended Rxs
Commun	ication N	lethods	Pending	a Proc	essina (	omple	ted									🗲 Ctrl	->	Transactions
Refill Type	e Unkno			Pic	kup Unk	'		~	Spoker	n Language		_					٦C	Perform Clinical Analysis
									- ponen	. cangaag				-			- 6	View
																	I.	Alternate Addresses
		onta	-														1	Appointments
<b>_</b>	uu (	Onta	CL.															AR Profile
									•									Batches
																		Charting
																		Consents
																		Credit Cards
																	I.	Documents (0)
																		ERx Orders
																		History
																		Immunizations (3)
																		Limited Use Items
																		Outbound Communications
																		PharmacyLink Access
1																		



- Pharmacies can now setup below Communication Type for different Notification Events from Outbound Communications
  - Phone
  - E-mail
  - SMS
  - To Do

Communication Methods Pending Processing Completed		← Ctrl →
Refill Type Unknown Vickup Unknown	→ Spoken Language →	
Add contact	Phone E-mail SMS To Do	

Outbound Communicat	tions	
Communication Methods Pen	nding Processing Completed	← Ctrl →
Refill Type Unknown	Pickup Unknown      Spoken Language	
Add contact		
	Lait Phone communication type	
	Type Phone Notification Events	
	Phone # Phone # Refill Reminder	
	Birthday Greeting	
	✓ Renewal Reminder	
	Rx Ready For Pickup	
	✓ <u>S</u> ave X Cancel	

Kroll





#### **Outbound Communications**

Communication N	Methods Pending Processing Completed	← Ctrl →
Refill Type Unkno	own	
Add	contact	
	Edit E-mail communication type X	
	Type E-mail Notification Events E-mail Send Email Send Email Renewal Reminder Appointment Notifications Rx Ready For Pickup	
	Save Cancel	

#### **Outbound Communications**

Communication Methods Pending Processing Completed	← Ctrl →
Refill Type Unknown Vickup Unknown Vickup Spoken Language Vickup	
Add contact	
Type       SMS         Mobile #       Image: SMS         Mobile #       Image: SMS         Image: SMS       Image: SMS	
✓ <u>Save</u> X Cancel	





#### **Outbound Communications**

Communication Methods Pending Processing Completed	← Ctrl →
Refill Type Unknown V Pickup Unknown V Spoken Language V	
Add contact	
Type     To Do       Notification Type     Phone       Phone #     Image: Second s	
✓ <u>S</u> ave X Cancel	

#### [KRL-4924] A new Calendar frame has been created

Feature: A new calendar frame is now available.

< >		Combined	Day Report	New <u>5</u> <u>T</u> oday	Filter Day view	~
		Calendar			Test	
MTWTFSS	WEDNESDAY			WEDNESDAY		
1 28 29 30 31 1 2 3	20			20		
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8 15 16 17 18 19 20 21	3					
9 22 23 24 25 26 27 28						
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#### [KRL-4977] 'Allow for Online Bookings' is now available in calendar appointments

<u>Feature:</u> The 'Allow for Online Bookings' option has been added to the calendar appointment's functionality in the 'Edit Appointment Type'.

3 - Patient F5 - Drug	F7 - Doctor	F9 - Workflow	F10 - Pickup	F11 - Drop-off	F12 - New Rx		Alt+X - Start		
Rx Num         Edit Mast Lists / Groups         Appointment Types         AR GL Categories         Calendars         Counseling Points         Doctor Groups         Drug Departments         Drug Departments         Drug Marketing Msgs         Drug Marketing Msgs         Drug Arketing Master Lists         Cour         Aptient Groups         Spoken Languages         Transfer Stores	Appointer Active Icon	nt Types (11) Description Cat Appointment Active Loon P Jame Immu Sergice Immu Sub type Covit Default time Applie Include in tile coo Jallow online bo Restrict online b	t Type Select Clear nization - COVID nization - COVID D19 cation Default unt kkings ookings to my patie Save	ents only		enza w-up ultatior Jon-Infi	Tile count Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Clos Clos Clos Clos Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close Close	Calence
			DATAB	ASE FOR DEVELO	PMENT USE C	NLY			





#### [KRL-4757] Add support in Fill for creating/deleting open calendar appointment slots

<u>Feature:</u> By accessing **Utilities** > **Calendar**, users now have the ability to create and delete open calendar appointment slots.



'Create calendar appointment time slots' screen

Crea

'Delete unreserved calendar appointment time slots' screen

ate calendar appointment time slots $ imes$	Delete unreserved calendar appointment time slots	×
This allows you to create unreserved appointment time slots in the calendar for pharmacy services Date range Start on 26/01/2021 End on	This allows you to delete unreserved appointment time slots in the calendar for pharmacy services Date range Start on 26/01/2021 End on	3
Days of the Week         Sunday         Monday         Tuesday         Wednesday         Thursday         Friday         Saturday         Time slots         Betweenand, everymins	Days of the week          Sunday         Monday         Tuesday         Wednesday         Thursday         Friday         Saturday         Time slots	
Available appointments (for online reservations)  COVID-19 Screening Immunization - COVID Immunization - Flu Shot	Between and Calendar ✓ Delete time slots X Cancel	
✓ Create time slots X Cancel		

# TELUS<sup>®</sup> Health



# [KRL-4869] On the patient card, added 'Appointments' to right side navigation bar to show patient's appointments

Feature: On the patient card, added 'Appointments' to right side navigation bar to show patient's appointments.

	tient F5 -	Drug	F7 - Doctor	F9 -	Workflow	F10 - Pickup	F11 - D	rop-off	F12 - New Ro	Alt+X - Star	rt	
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ddress 2				Home	(416) 383-(	0101	Age	30 years				Active Rxs w/Passtimes
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Show p	ast appointments											Transactions
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