- 1. Go to \rightarrow <u>https://www.med.upenn.edu/apps/itmat/cse/</u>
- 2. Log in using your PennKey credentials
- 3. Click the 'New Request' button in the top left corner

CHPS Scheduling Emailer						
New Request	Click to open/close					
Status Unsubmitted Cancelled Appointment Date MM/DD/YYYY	Pending Denied to MM/DD/YYYY	Confirmed	Pending Cancellation	Needs meals? CHPS ID Location Dulles 1 (CHPS Hybrid) Dulles 1 (CHPS Hybrid) Dulles 1 (CHPS Hybrid) Dulles 1 Sum Aborn (Dupatient) Dubatient		
Search All pending	requests Today's confirmed	Clear filters		Export to csy		

- 4. Navigate through the different tabs of the request form
 - a. **Requesters** this page will automatically have the user that is logged in listed as a requester. Additional requesters may be added from this tab. **Please note, a request can only be edited by an individual on the requester list.*

Home	Feedback	Logout						
CHPS Scheduling Emailer								
Edit Request 93320								
REQUEST	ERS PA	ARTICIPANT	STUDY AND VISIT	APPOINTMENT	DOCUMENTS	COVID SCREENING	SERVICES	SUMMARY
Fields marked	with an asterisk	(*) are requir	ed fields					
Search and add additional requester(s)								
Name		E	mail			Phone *		
Samantha Bri	umbaugh	Sã	amantha.brumbaugh@per	nmedicine.upenn.edu				
						Sav	ve and Next	

b. **Participant** – List participant's first and last name, MRN, and DOB.

Home Feed	back Logout						
	OF MEDICINE of PENNSYLVANIA	CHPS Sche	eduling En	nailer			
Edit Request	93320						
REQUESTERS	PARTICIPANT	STUDY AND VISIT	APPOINTMENT	DOCUMENTS	COVID SCREENING	SERVICES	SUMMARY
Fields marked with an	asterisk (*) are require	ed fields					
Participant First Nan	ne *						
Participant Last Nan	ne *						
MRN *							
Participant D.O.B *							
	• •						
					Save and Prev	ious Save and Nex	t

- c. **Study and Visit** Enter CHPS ID, drug availability with IDS (if applicable), and visit type.
 - i. Visit types include inpatient, outpatient, scatter site, hybrid oncology admission, and space only.

Home Feedb	ack Logout						
	CHPS Scheduling Emailer						
Edit Request 9	3320						
REQUESTERS	PARTICIPANT	STUDY AND VISIT	APPOINTMENT	DOCUMENTS	COVID SCREENING	SERVICES	SUMMARY
Fields marked with an a	sterisk (*) are requir	ed fields					
CHPS ID *							
Search for a CHPS ID							
Studies must be approve	d by CHPS before the	v can be selected. Contact C	HPS if your study is not a	available			
Protocol							
Pulled from CHPS Stud	y Docs Application b	ased on CHPS ID entered	above.				
If applicable, bas drug	availability been c	onfirmed with IDS2 *					
	availability been c	onnined with 105.					
O No							
O N/A							
Visit type *							
	~						
					Save and Previ	ous Save and Next	

- d. Appointment Enter all appointment details on this tab.
 - i. Location
 - ii. Appointment Start and Length
 - An alternate appointment field is located on this tab. If there is flexibility with the date that is being requested, please provide an alternate. This will limit back-and-forth with requesters and CHPS staff.

- 2. *Please note, early appointments (7am-11am) are prioritized for fasting and long infusions.
- iii. Additional Visits
 - 1. This question is for any other visits a participant has scheduled on that date and helps CHPS staff account for any delays, time off the unit, etc.
- iv. Meals
- v. Provider Present on CHPS
 - 1. Please select 'yes' if the participant will see their provider on the unit. This includes oncology visits in which clinic visits are scheduled on the participant's appointment desk for the same day.
- vi. C1D1
- vii. Description
 - 1. Please utilize this field to add cycle/day, if this is a screening visit, dietary needs, etc.

Home Redback Lagou						
CHPS Scheduling Emailer						
Edit Request 95320						
REQUESTERS PARTICIPANT STUDYAND VISIT APPOINTMENT DOCUMENTS COVID-SCREENING SERVICES SUMMARY						
Reids marked with an asterisk (*) are required fields.						
Requested appointment start *						
Requested visit length * Please note, early apportements (fam - 11am) are prioritized for fasting and long infusions.						
Alternate appointment start						
Alternate visit length Pease near, early appointments (Pan - 1 lam) are prioritized for facing and long infusions.						
Is the participant scheduled for another visit on this day? * O Yes O No						
Meals Breaktes Lunch Dreake Snack						
Will the provider be present on CMPS7 * O Yes						
la this visit a C101? *						
© Yes © No O NA						
Description of visit Please include information specific to this visit, e.g., cyclolday, screening visit, distary need, etc. 250 words max.	Cue and Most					

e. Documents

- i. How will participant consent?
 - 1. Participant has an active consent on file with CHPS
 - 2. Participant will be consented on the unit

- 3. Consent is attached to request (the option to add a document is on this screen)
- ii. It is preferred that consents be submitted via the Scheduler. They will be uploaded to PennChart during scheduling. If a participant does not have a consent on file, they are not permitted to go back into the treatment area.

Home	Feedback	Logout						
	Perein	nan EDICINE NSYLVANIA	CHPS Sche	duling En	nailer			
Edit Re	quest 9332	0						
REQUES	TERS I	PARTICIPANT	STUDY AND VISIT	APPOINTMENT	DOCUMENTS	COVID SCREENING	SERVICES	SUMMARY
Fields marked	d with an asteris	sk (*) are require	d fields					
How will par	ticipant conse	nt? *	~					
Supporting D	ocuments							
Add Docum	You can This com	upload addition	al documents here. be fully HIPAA compliant					
						Save and Previo	Save and Next	1

f. COVID Screening

- i. Please ask the participant these questions prior to submitting the request.
 - These responses are recorded in PennChart.

Home	Feedback	Logout						
	CHPS Scheduling Emailer							
Edit Requ	uest 93320							
REQUESTE	RS PA	RTICIPANT	STUDY AND VISIT	APPOINTMENT	DOCUMENTS	COVID SCREENING	SERVICES	SUMMARY
Fields marked w	vith an asterisk	(*) are required	fields					
Is the participa	ant experienci	ng any of the fo	llowing symptoms (se	lect all that apply)? *				
New cough								
Fever above	e 100.0 F							
New difficul	Ity breathing/sh	ortness of brea	th					
Chills or sha New loss of	aking chills i sense of taste/	smell						
	sense of taster	SITCH						
No symptor	ms							
In the last 14 d	lays, has the pa	articipant beer	in contact with some	one who has a new fe	ver, new cough, new	v shortness of breath, or	been newly diagnos	ed with COVID-19?*
O Yes								
Does the partie	cipant have a G	COVID-19 test p	ending? *					
O Yes								
Has the partici	inant tested no	sitive for COV	D-19 in the last 10 day	•7 *				
	pant tested po	Silve for COVI	or of the last 10 day					
O No								

Save and Previous Save and Next

g. Services

i. Please select all services that are needed for the visit. These are organized by nursing, bionutrition services, testing, functional testing, accelerometry, polar HR monitoring, intervention, and other services.

Home *	eðað Lignit								
Pe	Perelman CHPS Scheduling Emailer								
Edit Reque	dit Request \$320								
REQUESTERS	PARTICIPANT STUDY AND VISIT APPOINTMENT DOCUMENTS COVID SCREENING SERVICES SUMMARY								
You must select at	sast one service *								
Nursing	No Nursing Support Needed	C Blood Draw	Blood Sugar Check						
	Biood Translusion	Eine Marrow Biopty with Sedaton	Bulet						
	C 660 Pump Start		Coppler						
	O tes	Emergency Management	C GPA						
	Height & Weight	C History	History & Physical Exam						
	C Philon	Inhaled/terranasi Medication Administration	Impection						
	C N Pacement	Nasa/Throat/Buccal Seab	D Nursing Neuro Check						
	Ocular Medication Administration	Oral Medication Administration	Ovygen Administration						
	Physical	PICC line dressing change	Platelet Transfusion						
	Fort Access	Post Intervention Monitoring	PregnancyTest						
	Salva Sample	Sample Processing	Serai PK/PD Sampling						
	Intel Celection	auto pinfusion	C T-Cell Infusion						
	Tissue Biophy	the Administration	Unne Catheser (folgs) Insertion						
	Urine Collection	C Vtol Signs	Weight						
Bionutrition	D 24 Hour Reall	3 Day Food Record Instruction	Dischartion Education						
services	Oral Fat Tolerance Test (OFTT)	Questionnaire Administration							
Testing	Anthropometric Measurements	Bile Testing	Bioelectrical Impedance Analysis (BA)						
	C Carolid, Remoral, Brachial, Radial	D DDA	 Echocardiogram 2D (Exercise) 						
	C Emocandegram 20 (Recong)	Ethocardogram Interpretation	Heart Rate Variability (HRV)						
	Resing Energy Expenditure (REE)	Safety Monitoring	Stress BCG Interpretation						
	Stress Echo Interpretation	Tenemetry (Exercise)	 Tonometry (Resting) 						
	Treadmil Testing	Vascular Utrasound	V02/Metabolic Car						
	Body Particle to be Scanned (SEA4)								
Functional Testing	O 6 Min Walk Test	O Grip Strength	0 5998						
Accelerometry	Cata Analysis	Data Management	Device Dicharge						
	D bover temp								
Polar HR	Cata Analogia	Data Management	C Device Exchange						
Monitoring	Devers Setup								
Intervention	C 1:1 an Size Depretar Intervention	D BASCRU Consulting	Group on Site Exercise Intervention						
Other Services	D. After Hours Unage	C Space Usage	Survey Administration						
		Save and Provinces Save and Next							

h. Summary

- i. Review all information entered in the request and click 'Send Request'.
- 5. The requester will not receive an email upon request submission. The next email the requester receives will be:
 - a. Request approved
 - i. This email will confirm that the visit was approved. Please locate bold text in the email for any approval stipulations.

Your request for an appointment has been approved.
Request ID:
CHPS ID:
3205
Location:
Annointment Date:
06/07/21 5:20 PM
Approval Stipulations:
Please bring consent to CHPS visit

See the details of your request here: https://staging2.med.upenn.edu/apps/itmat/cse/requests/94536.

DO NOT REPLY TO THIS EMAIL

- b. Appointment modifications requested
 - i. This email will include instructions for modifying the request. Reasons for modification requests may include but are not limited to: CHPS staff suggesting

an alternate visit time or room, incorrect CHPS ID attached to request.

```
      Helo - We were unable to confirm your request at this time. Please see below.

      Request ID:
93030
CHPS ID:
3003

      Stoation:
Dulles 161 (Outpatient)
Appointeent Modifications Requested:
test modify status

      Please click the link below, edit your request to make the requested modifications, and resubmit your request.

      Please click the link below, edit your request to make the requested modifications, and resubmit your request.

      https://status/2.med.upenn.edu/apps/timat/cse/requests/93303/wizard

      To coordinate your request, you may also contact:
.

      HUP or PCAM: Brittany Forworth at Brittany.Forworth@pennmedicine upenn.edu, Samantha Brumbaugh at Samantha Brumbaugh@Pennmedicine upenn.edu, or Amanda Brock at
.

      HUP or PCAM: Brittany Forworth at Brittany.Forworth@pennmedicine upenn.edu

      Presbyterian: Patricia Obrien at Patricia OBrien@pennmedicine upenn.edu
```

DO NOT REPLY TO THIS EMAIL

- c. Request denied
 - i. This email will confirm that the visit was denied. Please locate bold text in the email for denial reasons. Denial reasons typically include incomplete information in PennChart or the study not being linked to the participant's chart. The denial reason is also located on the bottom of the request in the edit screen.

```
      Your request for an appointment has been denied.

      Request ID:

      93400

      CHPS ID:

      3246

      Location:

      Dulles 1 (CHPS Inpatient)

      Reson for denial:

      Do not collect $200.

      If you wish to make changes to your request and resubmit, please visit: https://staging2.med.upenn.edu/apps/tmat/cse/requests/93400/wizard

      To coordinate your request, you may also contact:

      - HUP or PCAM: Brittany Foxworth at Brittany Foxworth@pennmedicine.upenn.edu, Samantha Brumbaugh at Samantha Brumbaugh@Pennmedicine.upenn.edu, or Amanda Brock at Ammada krock@gennmedicine.upenn.edu

      - ENU and CPU: Margaret Evangelisti at Margaret Evangelisti@pennmedicine.upenn.edu

      - ENU and CPU: Margaret Evangelisti at Margaret Evangelisti@pennmedicine.upenn.edu

      - ENU and CPU: Margaret Evangelisti at Margaret Evangelisti@pennmedicine.upenn.edu

      - Do NOT REPLY TO THIS EMAIL
```

d. Request canceled

i. This email confirms that the request to cancel a visit was completed by CHPS staff.

Your request for an appointment has been cancelled.

Request ID:				
93400				
CHPS ID:				
3246				
Location:				
Dulles 1 (CHPS Inpatient)				
Appointment Date:				
06/30/21 2:00 PM				

See the details of your request here: https://staging2.med.upenn.edu/apps/itmat/cse/requests/93400.

DO NOT REPLY TO THIS EMAIL

- 6. Utilizing Features on the Dashboard
 - a. Quick filter buttons are available to see 'All Pending Requests' and 'Today's Confirmed Requests'.
 - b. Filters to view requests that have a status of Unsubmitted (drafts), Canceled, Pending, Pending Cancellation, Denied, Approved, or Modifications Requested are located at the top of the dashboard.

c. User-specific preferences are saved from the previous log in. This includes filtered locations. To filter by multiple locations, hold the 'Ctrl' button on your keyboard and select which locations to view.

Location	
Dulles 1	*
Dulles 1 (CHPS Hybrid)	-
Dulles 1 (CHPS Inpatient)	
Dulles 1 Exam Room (Outpatient)	-

d. Located under the filters on the dashboard, there is a list of requests and a button labeled 'Actions' to the right of each request.

Appointment Date	Date requested		
	06/07/21 1:47 PM	Actions	View
05/11/21 2:40 PM	04/07/21 3:35 PM	Actions	View
		Edit	
		Сору	
		Cancel	

- i. From the 'Actions' button, the requestor is also able to edit and resubmit the request or cancel it.
 - Edit The edit function is useful for rescheduling a visit, editing to meet requested modifications, or adding other necessary information or documents to the request.
 - 2. Copy Clicking this button allows a request to be copied. This feature is helpful for scheduling multiple visits for the same participant/study.
 - Cancel This button initiates a cancelation workflow. If a visit needs to be canceled, please utilize this button. This request will move to 'Pending Cancellation' status until CHPS staff acknowledges and confirms the cancellation on their end.