

## Enterprise Cloud Fax (ECFax) Service Standard Operating Procedure (SOP)

SOP [NUMBER]

[Name of VA Medical Facility]  
City, State ZIP

**Signatory Authority:**  
Service Line Chief(s) Title

**Responsible Owner:**  
Position Title [Day to Day Supervisor]

**Service Line(s):**  
Name of Service Line(s)

**Effective Date:**  
Month Day, Year

**Recertification Date:**  
Month Day, Year

### 1. PURPOSE AND AUTHORITY:

The purpose of this standard operating procedure (SOP) is to establish guidelines for the use of the Enterprise Cloud Fax (ECFax) service. This SOP ensures alignment and understanding among team members regarding the ECFax workflow and provides a standardized process for handling incoming and outgoing documents.

### 2. PROCEDURES:

- a. **The Supervisory or Lead Medical Support Assistant (MSA)/Administrative Associate (AA) is responsible for incoming faxes and will set up the initial folders for each individual clinic.**

**NOTE:** *In facilities without an MSA/AA or desiring to include other roles in the process, delegate tasks to an appropriate team member. Should there be any care coordination needs (beyond labeling, scanning, or distribution of the document) following review/processing of a document by the Provider, involve the most appropriate team member to assist in these needs, such as the RN Care Manager, Clinical Pharmacy Specialist, Social Worker, Dietitian, PC-MHI staff member, etc.*

- (1) MSA/AA will check the shared drive or the designated location where your facility receives incoming faxes (e.g., shared folder, mailbox, printer, multi-function device) daily for new faxes.
- (2) For each new fax that comes in, the MSA/AA is to label the fax with the patient's full last name, first initial, and last four of the Social Security Number (SSN). If there is more than one fax for the patient, add a number in parentheses that shows there are multiple faxes.

- (3) In rare instances, faxes are received that were intended for, or should be first sent to, other team members. When this occurs, the MSA/AA will reroute the fax to the appropriate team member.
  - (4) The labeled document is then moved to electronic folders "ForReview" or "ToBeSigned" to indicate the appropriate action requested of the Provider for the document.
  - (5) The MSA/AA will regularly check the "ToBeFaxed" folder (or an additional outgoing folder designated for a specific disposition) for documents that have completed the Provider signature/review process.
    - i. Documents in this folder may be routed to be transferred to the Electronic Health Record (EHR) in locations not utilizing electronic document transfer to the Health Information Management (HIM) program. The MSA/AA will transfer the document to HIM by faxing, printing/hand-delivering, and/or mailing.
    - ii. For documents that need to go back to the Veteran or third-party facilities, the MSA/AA will fax, print, hand-deliver and/or mail based on the preferences of the Veteran or the third party.
    - iii. The MSA/AA will then move the electronic document to a folder that is labeled "FaxCompleted."
- b. **The Provider is responsible for reviewing documents that have been received by fax.**
- (1) Provider will review documents in the electronic folders "ForReview" or "ToBeSigned" to determine if any additional information is needed and sign any necessary documents.
  - (2) After the Provider has reviewed and/or signed the document, the document is placed in a "ToBeFaxed," "ToBeScanned" (if utilizing electronic document transfer to HIM via a designated folder), "ToBeDeleted," or an additional outgoing folder designated for a specific disposition.

**The HIM program professionals are responsible for uploading documents to the EHR.**

- (1) The HIM program professionals will regularly check the "ToBeScanned" folder if this process is utilized.
- (2) Once uploaded to the EHR, they will move the completed document to the "ScanningCompleted" folder.

**NOTE:** Facilities may have different naming conventions for folders. Facilities may determine the policy for when to delete documents in the "ScanningCompleted" and "FaxCompleted" folders.

**3. REFERENCES:**

- a. [ECFax Services](#) - Provides resources such as training, FAQ, and Knowledge Articles
- b. [Enterprise Cloud Fax Community of Practice](#)

**4. REVIEW:**

This SOP will be reviewed upon change of positions included in SOP, at minimum at recertification, when there are changes to the governing document (for national policy or a health care accreditation body mandate), and any regulatory requirement for more frequent review.

## **5. RECERTIFICATION:**

This SOP is scheduled for recertification on or before the last working day of [Month, Year – 5 years from effective date]. In the event of contradiction with national policy, the national policy supersedes and controls.

## **6. SIGNATORY AUTHORITY (Add addition signatures if needed):**

[Name]

[Additional title, as appropriate]

[Title of Service Line Chief]

Date Approved: Month Day, Year

[Name] (if applicable) [Delete this if not needed]

[Additional title, as appropriate]

[Title of Service Line Chief]

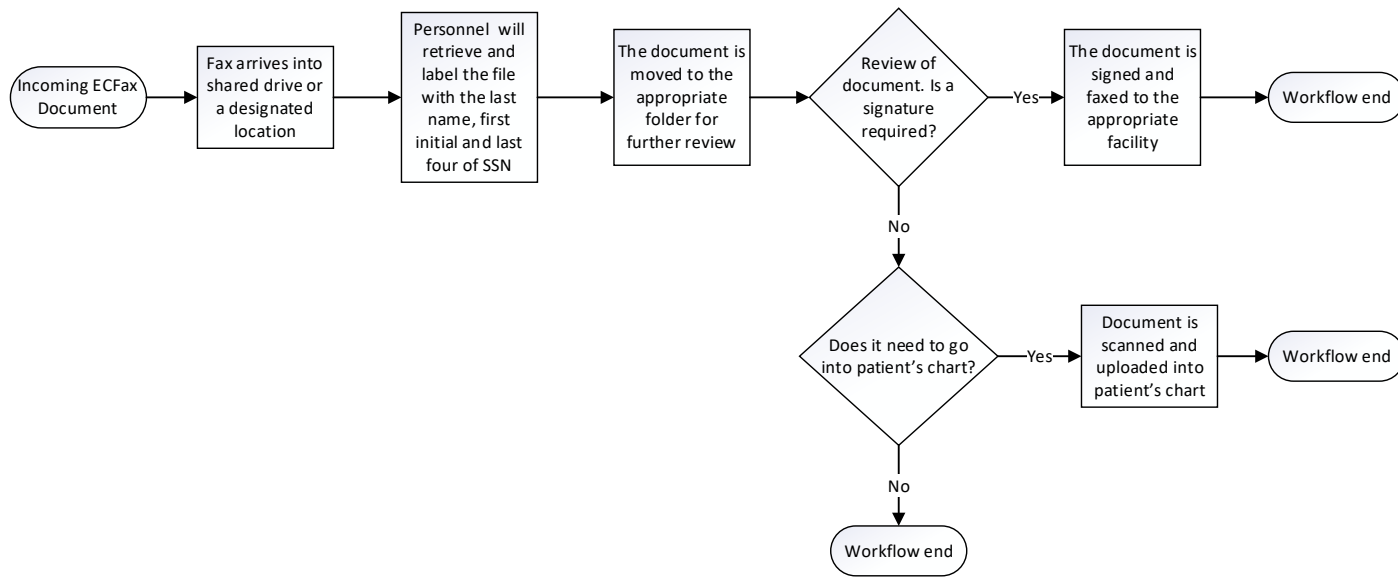
Date Approved: Month Day, Year

**NOTE:** *The signature remains valid until rescinded by an appropriate administrative action*

## **7. DISTRIBUTION:**

[Insert distribution practices here, such as, Emailed to the [Name] Distribution List on [DATE].  
SOPs are available at: [LINK.]

## 8. ECFax WORKFLOW:



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## **12. SIGNATORY AUTHORITY (Add addition signatures if needed):**

[Name]  
[Additional title, as appropriate]  
[Title of Service Line Chief]  
Date Approved: Month Day, Year

[Name] (if applicable) [Delete this if not needed]  
[Additional title, as appropriate]  
[Title of Service Line Chief]  
Date Approved: Month Day, Year

**NOTE:** The signature remains valid until rescinded by an appropriate administrative action

### 13. DISTRIBUTION:

[Insert distribution practices here, such as, Emailed to the [Name] Distribution List on [DATE].  
SOPs are available at: [LINK.]

### 14. ECFax WORKFLOW:

