

# **ROH On-Boarding Documents**

- 1. Orientation Checklist
- 2. Welcome Letter: Open Lab Dates, Times, & Locations
- 3. Computer Access: Access Request
- 4. Required Training (Web Based or Departmental)
  - o Inpatient: Soarian Clinicals/CPOE
  - o Outpatient: NextGen
    - NextGen Registration Forms
  - o Specialty Areas: QS, SIS, & MedHost
- 5. Additional Trainings
- 6. IT Security/Compliance Guidelines
- 7. Contact Us



# **ROH Resident Orientation Checklist**

<u>Item</u>		Action Required
1. Welcome Letter: Open Lab Dates, Times, &		_
Locations	<b>√</b>	Read
2. Orientation Checklist		Check-Off item
		when complete
3. Computer Access: Access Request		Read & Complete
		Complete Web-
4. Required Training (Web Based or Departmental)		based training
Inpatient: Soarian Clinicals/CPOE		and sign off on
Outpatient: NextGen		the attestation
·		page. Complete
✓ NextGen Registration Forms		<i>NextGen</i> forms
• Information on Specialty Areas: QS, SIS, & MedHost		and return to
		ROH.
5. IT Security/Compliance Guidelines		Read



## **Incoming Residents and Fellows (2015)**

## Welcome to ALL Preparing to Begin Residency or Fellowship at Regional One Health!!

At **Regional One Health**, we are proud to welcome new residents and fellows to our ranks as they embark on their medical career. This is an exciting time in the life of a medical professional, and as one of the premier teaching hospitals in the country, we look forward to offering many opportunities for continued growth.

## **Next Steps**

Please review our section on **Next Steps** carefully. Residents and fellows should complete and submit all necessary paperwork. For questions or concerns, do not hesitate to contact the IT Department Help Desk at **901-545-7480** or the IT Education Team at **901-229-4138**. We are here to assist our residents and fellows in making this as convenient and problem-free a transition as possible.

## **Online Orientation**

Prior to attending in-person orientation, all incoming residents and fellows are required to complete online orientation modules. These modules can be accessed through the links below:

Please follow this link for Web based Trainings: <a href="http://www2.regionalonehealth.org/training/">http://www2.regionalonehealth.org/training/</a>

**Notes:** Also be advised some programs may have a departmental orientation. We are here to assist all during this transition. Please contact us with any questions or concerns.

#### **Provider Open Lab**

ROH introduces the **2015 PROVIDER OPEN LAB**. Open Lab is a walk-in training at your convenience. Do you need to check access or system passwords? Do you have questions about a particular ROH system?

We have **Open Lab** for all incoming providers. The location is in the Adams building, 6<sup>th</sup> Floor Computer Room. Please follow the signs. An educator will be onsite to answer questions. Attached is the schedule with OPEN LAB date, times, & locations.

	Monday	Tuesday	Wednesday	Thursday	Friday
6th Floor	6/22/2015	6/23/2015	6/24/2015		6/26/2015
Adams	10am-2pm	8am-12pm	1pm-4pm		8am-12pm
	Monday	Tuesday	Wednesday	Thursday	Friday
6th Floor	Monday 6/29/2015	Tuesday 6/30/2015	7/1/2015	<b>Thursday</b> 7/2/2015	7/3/2015

#### **ROH Orientation**

June 25, 2015 Orientation with ROH 8am-12pm. Please bring your laptop or other devices to our table during Orientation.

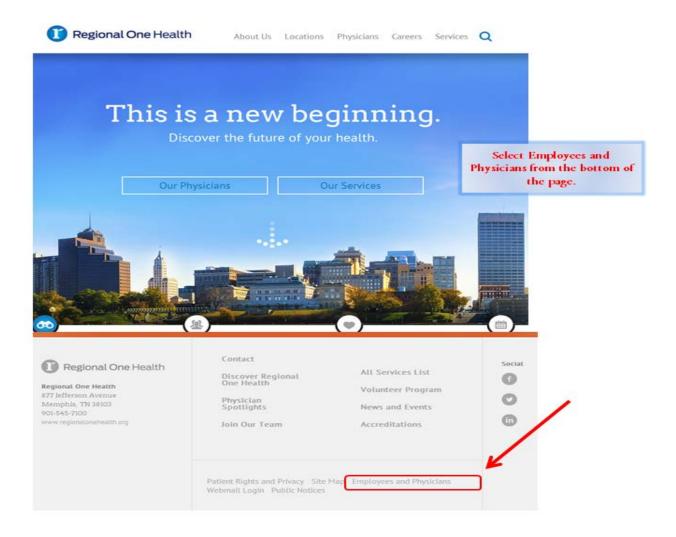
Thanks,

Regional One Health IT Education Team

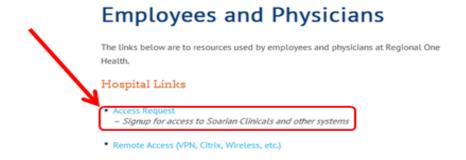


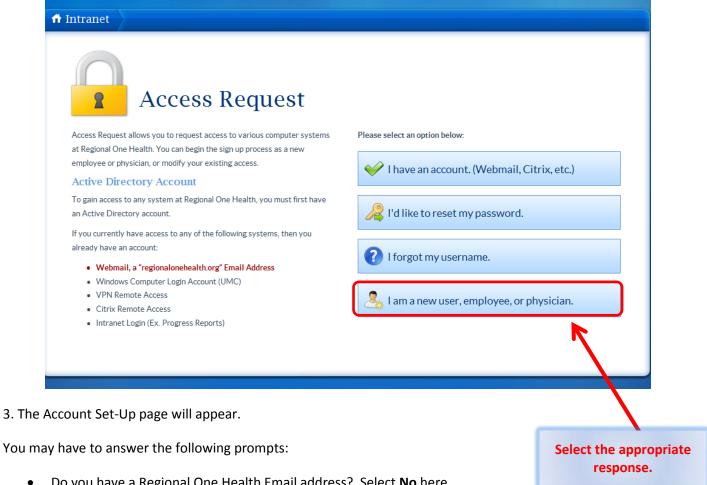
## **Access Request From the ROH Internet Site**

- ✓ MUST HAVE NPI# to complete Access Request.
- ✓ If you have previously logged into the ROH system, please contact us at 901-229-4138.
- 1. Log on to the Regional one Health internet site at <a href="http://www.regionalonehealth.org/">http://www.regionalonehealth.org/</a>.



2. After selecting Employees and Physicians, Click on Access Request under the Hospital Links tab.





- Do you have a Regional One Health Email address? Select **No** here.
- Employer Selection: Which organization are you employed by?
- Job Type: Select from the drop down list
- User Information: Providers will need their NPI Number and Last 4 of Social Security
  - (If you don't know your NPI number, you can search from the page.)
- Other user information needed may include:
  - **Position Title**
  - Work Phone/Personal Phone
  - Desired Password—Passwords must be at least 6 characters long, and contain 3 of the 4 following items: lowercase letters, uppercase letters, symbols (!@#\$%^), and/or numbers. Additionally, your password cannot contain your name.
  - Non-ROH email Address—This is used to receive new account and password Information.
  - Password Reset Information
- 4. For additional help please contact the HELP DESK 545-7480 or the IT Education Team at 901-229-4138.



# **Required Trainings**

Training Link: <a href="http://www2.regionalonehealth.org/training/">http://www2.regionalonehealth.org/training/</a>

# **Resident New Hire Education**

Area	<u>Inpatient</u>	<u>Outpatient</u>	Emergency Department/ Trauma/CCA	ОВ	Anesthesiology
Subject	Soarian Clinicals/CPOE	NextGen	MedHost	(QS) Centricity Perinatal	(SIS) Surgical Information System
System Description	SOARIAN Clinicals allows users to perform a range of tasks to manage daily workflow. When a user signs on to the system a portal screen displays with their patient census and work lists. From the portal screen, the clinician can easily view patient records to find information such as new or existing results and demographic information. The clinician can also place orders or modify existing orders.	EHR software for outpatient areas of Regional One Health	ER Charting System for the Emergency Department at Regional One Health	QS Is a fetal surveillance and documentation system used in L&D, newborn, including Neonatal ICU, Postpartum, and Antepartum care areas. Some documentation is done for GYN patients. It captures and displays physiologic data automatically in the patient record. For L&D patients, one pregnancy is one record, not just one visit.	This system provides scheduling, nursing and anesthesia documentation and improved work flows, SIS comprehensive perioperative solution supports efforts to improve clinical, operational, and financial outcomes.
Major Teaching Component s	<ul> <li>Clinicals including CFS</li> <li>Admission &amp; Discharge Med Reconciliation</li> <li>CPOE Orders</li> <li>Provider Documentation</li> <li>WBTs</li> </ul>	<ul> <li>Provider         Documentation         CPOE         E-prescribe     </li> <li>WBTs</li> </ul>	<ul> <li>Charting</li> <li>CPOE Order</li> <li>Entry</li> <li>E-Prescribe</li> </ul> Departmental	<ul> <li>Provider         Documentation         Orders     </li> <li>Departmental</li> </ul>	Anesthesia &     Surgery System      Departmental
Method	<ul><li>Open Lab</li><li>4-6 hour (WBTS)</li></ul>	<ul><li>Open Lab</li><li>Floor</li><li>Support</li><li>2-4 hours</li></ul>	Classroom     1-2 hours	Classroom     1-2 hours	Floor Support     1 Day
Length	• 4-0 Hour (WB15)	• 2-4 nours (WBTs)	• 1-2 Hours	• 1-2 Hours	■ 1 Day

WBTs-Web Based training



# **Outpatient Forms (NextGen)**

Please fill out this form out if you will work in the outpatient clinics.

Fax: 901-515-9175 or Email: ITeducation@regionalonehealth.org

	Prescriber Vendor Release Form
curoccrinte	Fax Completed Form to 703-738-2388
surescripts <sup>*</sup>	Switching Vendors  Ex: The prescriber already e-Prescribes but will be
The Nation's E-Prescription Network	using a new software solution.
Section I: Prescriber Information	Adding a New Refill Capable Location
*Prescriber First & Last Name:	w/ a New Vendor  Ex: The prescriber wants to setup a new e-Prescribing
	capable location with the refill service level at a new physical address and with a new vendor.
Practice/Clinic Name:	
	If you have any questions concerning this form please contact Surescripts Support.
*Practice Address:	
Fideliee Audiessi	1-866-RxReady (866-797-3239)
	Option 1, Option 1
	General Instructions
*Phone Number:	Prescriber or prescriber's representative
	(i.e., office manager) must complete this form in its entirety.
	All fields marked with an asterisk (*) are
*Fax Number:	required. Incomplete forms will <u>not</u> be processed by Surescripts.
	processed by Surescripts.
	Section I: Prescriber Information
*NPI Number:	All fields are required (except Practice/ Clinic Name).
	If both DEA and NPI are available, then
*DEA Number:	please supply both. Otherwise only the DEA or NPI is required.
	PO Box number cannot be included in the
*Surescripts Case Number:	address.
	Please ensure that the fax number pro- vided is one to which refill requests can be
	faxed in the event of a network issue.
Section II: New Vendor Information:	Case Number: Your new ePrescribing soft-
*Vendor Name: (Surescripts is NOT a vendor)	ware vendor will create a Surescripts case to track this change request. Contact your
	new ePrescribing software vendor to ob-
Select e-Prescribing Services:	tain a Surescripts case number. Forms without Surescripts case numbers will not
NEWRX Med History	be processed.
REFILL Eligibility	
	SECTION II: NEW VENDOR INFORMATION     Please insert the name of your new ePre-
*Effective Date: / / *Authorized By: (Sign & Print)	scribing software vendor on the line pro-
	vided. (Surescripts is NOT a software ven-
By signing the above I hereby certify that I am authorized	dor)     Effective Date: List the date on which you
by the prescribing physician to make changes on their	would like the request to take effect.
behalf.	Forms without effectives dates will <u>not</u> be processed.
Please allow up to 48 hours for your request to be completed.	processes.



# Please fill out this form out if you will work in the outpatient clinics. Fax: 901-515-9175 or Email: <a href="mailto:ITeducation@regionalonehealth.org">ITeducation@regionalonehealth.org</a>

## **Provider Demographics Sheet**

	1
*Last Name	
Edd Hame	
*First Name	
*Credentials	
*Specialty	
*Provider Role	☐ Attending ☐ Resident ☐ Fellow ☐ PharmD
Attending Provider (if Resident, Fellow or PharmD)	
Rotation Days	
Start Date	
*End Date	
*NPI	
*DEA	
*Email Address	
*indicates required item	
Sign your name in box be	
Make sure it is does not	go outside or touch the lines.



## **Compliance Summary**

To protect the confidential information of Regional One Health (Organization) and our patients an Compliance program has been implemented. The key points below outline some key points of protection. Please note that the items listed below are just a snapshot of the Organization's Policies and procedures.

## **HIPAA Privacy and Security**

- Only access information that you need to do your role.
- Ensure that you have the patient's consent <u>before</u> discussing any protected health information (PHI) such as
  diagnosis and treatment information in front of anyone not providing direct patient care (i.e., family
  members, friends, guards, etc.).
- Speak quietly when discussing a patient's condition with family members in a waiting room or other public areas.
- Avoid using patients' names in public hallways and elevators.
- Emails containing PHI (including attachments) should **ALWAYS** be encrypted.
- Don't email PHI to a private email address.
- Don't use your personal email address to send company and patient data.
- Don't try to bypass any company security controls.
- Don't share usernames and passwords.
- Always maintain the security of documents containing PHI (rounding sheets, etc.).
- Never leave information containing PHI unattended.
- Use a coversheet when sending a fax.
- Dispose of confidential materials in shredder bins.
- Always log off your computer before leaving your work area.
- Don't download PHI to a mobile device or jump drive.
- Photographs shouldn't be taken unless required for patient treatment.
- Report any suspicious activity to the Privacy Officer and/or your direct supervisor immediately.
- Report any lost or stolen equipment to IT and/or your direct supervisor immediately.

#### Social Networking

- Don't reference <u>any</u> PHI, including name, demographic information, diagnosis, or image.
- Accessing social networking sites is not permitted, unless in the performance of duties.

## Cell Phone Usage

• The use of personal cell phones, unless required in the treatment of our patients or for official ROH business, should be limited and not interfere with duties.



## **Contact Us**

Help Desk: 901-545-7480

Phone: 901-229-4138

Fax: 901-515-9175

Email: ITeducation@regionalonehealth.org

## **IT Education Team**

Jermaine Vasser Michelle Chism Sharita Baker