



**MEDICAL STAFF ORIENTATION
PROVIDER PROFILE**

Please help us keep your contact information current

Provider Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

The best way to communicate with you:

- Cell Phone
- Email
- Office Message
- Other _____

Office Manager/Contact: _____

Clinical Fax/Number _____

FOR INTERNAL USE

- Mnemonic
- Dictation Code
- MediTech Person Directory
- Activate Privileges after Orientation
- Send Activation Email to Provider
- Welcome All Email or New MA Email
- Scan Orientation Documents
- Scan Identity Verification Document
- Board Letter
- Scan Signature Pages and Privileges

DEA/Pharmacy Signature Form

Name (Please print clearly)

DEA (BNDD) Number

Georgia License Number

For Prescriptions and Orders:

Signature

Initials



Introducing PowerConnect Actionable Findings

Dear Physician or Office Manager,

We are pleased to announce that we are implementing a new software in Radiology, PowerConnect Actionable Findings: A communication system designed to ensure that abnormal diagnostic findings reach the ordering physician promptly to improve patient safety and enhance timely and reliable clinical communication. We have balanced the preferences and needs of recipient Medical Staff with constraints imposed by The Joint Commission and HIPAA regulations. The Radiology Department at St. Joseph's Candler will begin utilizing PowerConnect Actionable Findings to communicate abnormal findings beginning **1/1/23**.

How it Works

PowerConnect Actionable Findings creates a direct messaging channel between the Radiology Department and the ordering physician:

- Physicians choose how they want to be notified of abnormal test results: By mobile application, SMS, email, pager, landline or fax —or any combination of devices based on the preferences indicated in the attached profile form.
- PowerConnect Actionable Findings delivers an alert in real-time to the selected device(s). Alerts typically include a dial-in number and a unique 6-digit message ID allowing the ordering physician to access a message about the abnormal finding from the Radiologist who interpreted the study via a telephone voice user interface.
- An alert might read: ***Significant result for Dr. Smith from Dr. Grant at Nuance Hospital. Please dial ###-###-#### and enter access code (ex. 123456) to retrieve the result.***
- Backup notification device preferences can also be defined. If the message is not retrieved and closed in a timely manner the diagnostic center will be notified and "failsafe" procedure will initiate to ensure the abnormal test results are communicated to you as quickly as possible.

What We Need From You

Physician: Complete the PowerConnect Actionable Findings Profile form by **1/1/23**. Please refer to the instruction sheet.

Office Manager: For Clinical Team Setup (group of physicians sharing a notification device or devices) please complete section D on the profile form. Notification device example: Back-office landline or fax machine during office hours and answering service after hours.

Your timely cooperation in this important project is greatly appreciated.

Thank you.

PowerConnect Actionable Findings Profile Form Instructions

SECTION A: Clinician and Practice Group Information – Please complete necessary information.

SECTION B: Alert Preferences – You will need to identify your alert device preferences as outlined below.

Critical	Result requires immediate clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within minutes.
Significant	Result requires prompt clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within hours.
Non-Emergent	Result requires prompt clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within days.

- **Mobile Clinician App:** You can download a secure app to your iOS or Android device. Provide your email address for setup. *You will receive an email with a link to set up your Actionable Findings account and allow access to the Mobile Clinician App.* See URL in profile form below for more information.
- **Cell Phone SMS:** Provide your 10-digit phone number and device carrier information (e.g., Verizon, AT&T, Sprint).
- **Email:** Provide your email address. Email notifications include dial-in information to retrieve the result over the phone or a link to access the result via the Actionable Findings Web Tool. You will receive an email with a link to set up your Actionable Findings account.
- **Pager:** Provide the pager number and carrier information and identify the pager as “Numeric” or “Alpha”.
- ***Landline:** Provide a phone number. The automated message will contain retrieval instructions for the result. **Phone number given must be live-answered.*
- **Fax:** Provide your fax number. Fax notifications include dial-in information to retrieve the result over the phone.

SECTION C: Answering Service Hours – If answering service is used phone number given must be live-answered.

SECTION D: List of Practice Group Physicians – This allows groups of physicians to receive notifications to shared or passed devices. All notifications for any member of the group can be delivered to defined devices.

PowerConnect Actionable Findings Profile Form

**Please send your completed form to 1-877-606-3995 or NuanceActionableFindingsData@nuance.com
If you need assistance, please contact Nuance Customer Support at (866) 256-3178**

Organization Name: St. Joseph
Candler

SECTION A: Clinician and Practice Group Information (Please make corrections directly on this form.)

CLINICIAN INFORMATION

Physician Name:

PRACTICE GROUP INFORMATION

Practice Group Name:

Specialty:

Main Office Phone:

Fax:

For Information on the Mobile Clinician App, scan code to view short presentation on benefits and download/setup instructions. On an iPhone, scan using your camera. On an Android, use Google Lens.





St. Joseph's/Candler Health System Medical Staff Orientation

- 1. General Information**
 - System Mission, Vision and Values
 - Physician-Hospital System Compact
 - Leaders of the Medical Staff
 - Important phone numbers
 - Physician Directory
 - Maps of St. Joseph's Hospital and Candler Hospital

- 2. Quality Improvement**
 - System Quality Initiatives
 - Sepsis Reference Guide
 - Stroke Program
 - Infection Prevention & Control

- 3. Credentialing Process**
 - Categories of the Medical Staff and requirements
 - Expectations for Medical Staff Members
 - General Staff and Department meeting schedule
 - Schedule of Medical Staff General Staff and Department meetings

- 4. Privileging Process**
 - How to request increase in privileges

- 5. Medical Record Rules**
 - DO NOT USE abbreviations
 - Dictation process
 - Suspension process

- 6. Pharmacy**
 - P&T Committee
 - IRB Committee

- 7. Hospital Department Information**
 - Clinical Care Coordination

- 8. Mission Services**
 - Spiritual Care
 - POLST Explanation
 - POLST Order

- 9. Medical Staff Policies**
 - Code of Conduct
 - Dispute Resolution
 - Professional Behavior
 - Physician Health Issues
 - Peer Review Process

- New Technology Criteria
- Moderate Sedation and Analgesia
- Emergency Care for Inpatients
- Physician Identity Verification
- Emergency Credentialing
- Medical Staff Criminal Background Checks
- Physicians Lounge
- Physician Name Badges
- Physician Parking
- Physician/Provider Web Site Links

10. Hospital Safety

- Emergency Codes
- Emergency Management

11. The Emergency Medical Treatment and Labor Act (EMTALA)

I have received a copy and have been oriented to the Medical Staff Bylaws and Joint Medical Staff Rules and Regulations. I have received a copy of the Physician-Hospital System Compact and agree to abide by it. I have received information regarding the items listed above and have had an opportunity to ask and have my questions answered. I have been offered an opportunity for a tour of the facilities.

I have been provided a picture identification badge for the purposes of security and identification. I understand that I should wear this badge at all times while on Hospital property. I understand that should my badge be lost, I will contact the Medical Staff Office for a replacement.

AUTHORIZATION TO DISCLOSE IDENTIFIABLE INFORMATION

I hereby agree, consent and authorize St. Joseph's/Candler Health System Inc., its affiliates, agents, and designees to use and disclose my identifiable information, including, but not limited to photographs for the purposes of Healthcare operations, marketing and publications sponsored by St. Joseph's/Candler Health System, Inc.

Print Name

Signature **Date**