

Medical Assistants

Orientation Checklist

I. General Information

- **Quick Reference Telephone Guide**
- **Maps of St. Joseph's Hospital and Candler Hospital**

II. Governing Documents specific to Medical Assistants

(LPN, RN, RNFA, CRNA, AA, CST, CFA, CSA, CDA, CCP, CNM, CNS, COA, MP, Path A, PA, NP)

- **Joint Credentialing Manual**
- **Joint Rules & Regulations**
- **Job Description and Scope of Practice for PA/NP**

III. Medical Records

- **Medical Record Policy (HIPPA)**
- **DO NOT USE abbreviations**
- **Dictation Process**

IV. Hospital Department Information

- **Clinical Care Coordination**
- **Health Sciences Library**

V. Mission Services

- **Spiritual Care**

VI. Medical Staff Policies

- **Code of Conduct**
- **Physician's Parking**
- **Physician's Lounge**

VII. Hospital Policies

- **Confidentiality of Patient/Business Information**
- **Emergency Medical Treatment and Labor Act for Treatment and Transfer of Individuals seeking Emergency Treatment (EMTALA/COBRA)**
- **Infection Control Guidelines**
- **Abuse and Neglect**
- **Care of the Pediatric/Adolescent Patient**
- **Medical Waste Identification & Management**
- **Surgical Fire Safety**
- **Code of Conduct**

VIII. Hospital Safety

- Emergency Codes
- Neptune Waste Management System Training

I have been oriented to the Medical Staff and Hospital policies as outlined above and agree to abide by all.

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 my badge will be used as a pass for entry into the county/city/hospitals in the event of an emergency situation requiring evacuation. I understand that should my badge be lost, it will be replaced one time at no charge. If the badge has to be replaced again, there will be a charge of \$20 (twenty) per replacement.

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.

Please Print Your Name

Signature/Date

**St. Joseph's Candler Health System
Orientation Self-Test
Medical Assistants**

Name: _____ Sponsoring Physician: _____
Date: _____

Fire Safety:

1. What does R.A.C.E. mean?

R- _____

A- _____

C- _____

E- _____

2. The emergency code for fire is:

a. Code 99

b. Code White

c. Code Red

Environmental Safety:

1. To prevent injuries from needles and other sharps you should (circle all that apply):

a. Recap needles after use

b. Place the needle and syringe in a designated sharps container

c. Do not bend or destroy needles prior to placing in a sharps container.

2. Safety hazards should be reported to:

a. Safety Officer

b. Unit manager

c. All of the above

Infection Control:

1. The single most effective means of preventing the spread of infection is:

Administrative:

True or False (Circle "T" or "F") for each answer:

1. If a Medical Assistant changes sponsoring physicians, he/she must first complete an application and a revised job description. T F

2. The Physician's Assistant or Nurse Practitioner does not need to indicate his/her sponsoring physician's name when signing orders. T F

3. A Physician's Assistant or Nurse Practitioner may perform a consult T F
4. The legal, professional, and ethical standards of the Health System are all part of a program known as: _____
5. Medical Assistants are may use the Physician's Lounge and Parking Areas if they are approved to assist their sponsoring physician T F
6. The Federal Act that deals with the medical screening, stabilization, and transfer of patients to another healthcare facility is known as:
 - a. MEDICARE
 - b. EMTALA
 - c. AMA
7. The Standards for Privacy of Individually Identifiable Health Information is part of which of the following Federal Acts?
 - a. HIPAA
 - b. JCAHO
 - c. NCQA



Introducing PowerScribe 360 | Critical Results: A Critical Results Communication System

January 8, 2019

Dear Physician, or Physician extender (P.A., N.P.),

We are pleased to announce that our partnership with PowerScribe 360 | Critical Results has expanded to allow use by physician extenders such as Physician Assistants, and Nurse Practitioners.

PowerScribe 360 | Critical Results is a patient safety communication system designed to ensure that critical 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 clinicians with constraints imposed by The Joint Commission and HIPAA regulations.

How it Works

PowerScribe 360 | Critical Results creates a direct messaging channel between the Diagnostic Imaging departments and the ordering clinician (physician, or physician extender):

- Each ordering clinician (physician or physician extender) chooses how they want to be notified of critical test results: by pager, cell-phone text message, fax, and/or email—or any combination of alert devices based on the following Profile.
- PowerScribe 360 | Critical Results routes a text alert in real-time, based on the physician's alert preferences, with a callback number and a 6-digit message ID. This allows the ordering physician to access a voice message containing a report of the finding from the clinician who interpreted the study, in the Reporting Clinician's voice. An alert might read **"Critical Result for Dr. Smith from Dr. Smith at SJC Imaging. Please call 800-218-6536 and enter access code (ex. 123456) to retrieve the result."**
- The PowerScribe 360 | Critical Results system will first attempt your primary alert device. If your message is not retrieved, the system will automatically escalate to alternative contact methods. If the communication is still not retrieved following Escalation to back up devices, the diagnostic center will be notified and will activate a "failsafe" procedure to ensure the critical test results are communicated to you as quickly as possible.

What We Need From You

Complete the St Joseph Candler Hospital PowerScribe 360 | Critical Results Profile form as soon as possible. If you have any questions, please refer to the instruction sheet or contact:

PowerScribe 360 | Critical Results Support at 866-256-3178

Your timely cooperation in this important project is greatly appreciated.

PowerScribe 360 | Critical Results Profile Form Instructions

SECTION A: Clinical Information

This section has been auto populated for you. Please review and make any corrections directly on the form.

SECTION B: Primary Alert Preferences

You will need to identify your primary alert preferences according to the required device types for each results category as outlined below. PowerScribe 360 | Critical Results messages are classified as:

Red	Result requires immediate (within 1 hour) interruptive alert of the responsible physician who can initiate the appropriate clinical action for the patient.
Yellow	Result requires corrective action should be taken. Physician alert and acknowledgement should occur within 24 to 48 hours.

For each message category listed above, PowerScribe 360 | Critical Results alerts will be sent to the device(s) you identify in this section.

- **Cell Phones:** If you would like text alerts sent to your cell phone number, you are required to provide your 10-digit phone number and device carrier information (e.g., Verizon, AT&T, Sprint).
- **Cell phone w/link-** A text with a link can be sent to your device. Activation of the link allows you to hear the voice clip of the result. Please provide your 10-digit phone number and carrier.
- **Pagers:** If you would like alerts sent to your pager, please provide the pager number, identify if the pager is “Numeric Only” or “Alphanumeric” (capable of receiving SMS text messages). If you are using an “Alphanumeric” (text) pager, you are required to provide device carrier information (e.g., Verizon, AT&T, Sprint).
- **Landlines:** If you want the first automated call to go to your office, the phone number given **MUST NOT** be part of a menu, (Automated attendant). It will need to be a number where a **licensed care practitioner** will receive the call. PowerScribe 360 | Critical Results will call the number you specify and provide instructions on how to retrieve the test result. **The voice message will NOT contain the actual test result, just retrieval instructions.**
- **Fax:** You will receive a Fax containing the Patient Name and instructions to retrieve result.
- **Email:** A text with a link can be sent to your email. Activation of the link allows you to hear the voice clip of the result.

SECTION C: Backup Alert Preference

You can identify backup alert devices. Backup devices will receive PowerScribe 360 | Critical Results alerts in the event that a PowerScribe 360 | Critical Results message is not retrieved after delivery to your Primary Alert Device(s).

SECTION D: After Hours Preference

In this section, you can identify an alert device for after normal Business Hours. After Hours devices will receive PowerScribe 360 | Critical Results alerts during the timeframe indicated.

Completed Forms

Please Fax your completed form to **(877) 606-3995**.

If you have any questions, please call **(866) 256-3178**.

Thank you for completing your PowerScribe 360 | Critical Results Profile Form.

PowerScribe 360 | Critical Results Profile Form

Please send your completed form to 1-877-606-3995

If you need assistance, please contact customer support at (866) 256-3178

Organization Name: SJC Imaging	Facility Name: Candler Hospital, St. Joseph Hospital
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New Profile Update to Existing Profile Date: _____

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

Clinician Name:	Unique Clinician ID (Completed by SJC staff):
Additional Contact Name/Number:	Office Phone:
	Fax Number:
Primary Office Contact:	Email:
Address 1:	Specialty:
Address 2:	Practice/Group Name:
City: _____ State: _____ ZIP Code: _____	

Contact Notes:

SECTION B: Please indicate your primary alert preferences

Red Result	Yellow Result
Number or Email:	Number or Email:
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine	Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link	Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link
Carrier/Provider:	Carrier/Provider:

SECTION C: Backup Alert Preference (if different from your Primary Alert Preferences)

Backup Device	
Number or Email:	
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine	
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link	
Carrier/Provider:	

SECTION D: After Hours: If you require a different device after hours please indicate below

Start Time:	End time:	
Number or Email::		
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine		
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link		
Carrier/Provider:		

*Please Note: If using a Landline it must be answered "live" person 24/7

Fax completed form to: (877) 606-3995 or return this form via email to PS360CRdata@nuance.com