



New Physician Interview

Name of Physician: _____

Married: _____

Spouse's name (optional) _____

Children: _____

Special Interests: _____

Hobbies: _____

Originally from: _____

Comments: _____

Local Address: _____

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.



Medical Staff Committee Interest

“PHYSICIAN” must review, complete and sign!

Welcome to the St. Joseph’s/Candler Medical Staffs. We appreciate your choosing St. Joseph’s/Candler to provide care for your patients.

What is your interest in service with the medical Staff and the hospitals? Below is a brief synopsis of opportunities for physician service. **Please indicate all that apply for your interest in serving.**

[] **Cancer Committee**: The Cancer Committee and the sub-committees are charged with the responsibility of complying with the current standards of the American College of Surgeons Commission on Cancer.

[] **Joint Continuing Medical Education Committee**: The Continuing Medical Education Committee directs development of the continuing medical education program by: Assessing educational needs of the medical staff, making recommendations regarding CME activities to meet identified needs of the medical staff, evaluating effectiveness of the overall CME program and component activities and assuring compliance with accreditation requirements for continuing medical education.

[] **Joint Infection Control Committee**: The Infection Control Committee is responsible for surveillance of inadvertent hospital infection potentials, review and analysis of actual infections, promotion of a preventive and corrective program designed to minimize infection hazards, and supervision of infection control in all phases of the Hospitals’ activities as outlined in the Infection Control Manual.

[] **Joint Medical Staff Advisory**: The Medical Staff Advisory Committee Is responsible for the monitoring, early detection, investigation, counseling, and rehabilitation of practitioners who may have physical or psychological problems interfering with the safe and competent practice of their profession.

[] **Joint Occurrence Screening Committee**: The Joint Occurrence Screening Committee is responsible for implementing a system for on-going screening of unanticipated patient care occurrences, developing and applying criteria to identify and analyze clinical occurrences and recommending policy/procedure changes or other actions to the MEC.

[] **Joint Pharmacy and Therapeutics Committee**: The Pharmacy and Therapeutics Committee shall develop and recommend to the MECs and Boards procedures relating to the selection, distribution, handling, use/administration of drugs and diagnostic testing materials; perform an on-going, planned and

systematic review of the appropriateness and effectiveness of prophylactic, empiric and therapeutic use of drugs and recommend policies concerning the safe use of drugs in the Hospitals.

Quality Analysis and Implementation Committee: The QAIC will review, approve, and evaluate clinical performance improvement activities, proposals and results, as identified by Clinical Initiative, and System/Medical Staff Committees and Departments and provide oversight, coordination and direction of performance improvement activities which includes, but is not limited to, chartering and prioritizing projects, aligning of resources, review of project status and assuring reporting to appropriate recipients.

Joint Invasive Procedure/Blood Use Committee: The IPR/BC will conduct a comprehensive review and evaluation of the surgeries and invasive procedures and blood and blood products transfused at the Hospital (including emergency surgeries and procedures) to evaluate appropriateness and effectiveness of care rendered, acceptability of the procedure chosen, with consideration to the agreement or disagreement of the preoperative and post-operative (including pathological) diagnoses.

Joint Critical Care Committee: The Joint Critical Care Committee will monitor and evaluate the quality of care provided in the Critical Care Units, periodically review the equipment available and make appropriate recommendations, formulate criteria for admission to and discharge from the Units to ensure optimal utilization of this specialized area, and develop preference order sets and protocols based on best practice and standards of care.

Joint Physician Compliance Committee: The Physician Compliance Committee shall assure that medical records are sufficiently comprehensive and detailed to reflect the assessment of care of the patient including diagnosis, details of diagnostic studies, treatments rendered, outcome and disposition; and that they meet the requirements of the legal and regulatory agencies with jurisdiction over the Hospitals and the accreditation standards of agencies in whose accreditation programs the Hospitals participate.

No interest at this time

Physician Name (Print)

Signature

Specialty

Date



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
- 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

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, it will be replaced one time at no charge. If the badge has to be replaced a second time, there will be a charge of \$20 (twenty).

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