

Annie Lewis Physician Liaison Regional One Health 877 Jefferson Ave Memphis, TN 38103 (901) 545-7825

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### Resident Orientation Welcome Packet

- ✓ Welcome Letter and Campus Map (Annie Lewis)
- ✓ Forms
  - 1. Request for ID Badge
  - 2. Outpatient Provider
    - Surescripts Prescriber
    - Provider Demographics Sheet
- ✓ Access to Systems
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- ✓ ROH MANDATORY Training
  - 1. Application Directory
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- ✓ Wireless Access Connection
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### **RESIDENT ORIENTATION**

March 15, 2016

Residents & Fellows,

It is with great joy that I welcome you on behalf of Dr. Reginald Coopwood, CEO, Dr. Eric Benink, CMO, myself, and our 2000 plus employees to Regional One Health. Regional One Health is the premier healthcare facility of the mid-south whose priority is providing excellent quality and patient safety centered care to every patient every time. At Regional One Health, we are the domain for the stellar Elvis Presley Level 1 Trauma Center, Sheldon B. Korones Newborn Center, and the Memphis Firefighter's Burn Center.

Your educational journey with Regional One Health will being with an orientation:

#### June 27, 2016 1:00pm- 5:30pm Registration: 12:30pm Student Alumni Center (SAC) Auditorium 800 Madison Ave.

Free parking will be provided in the parking SAC garage at the corner of Madison and Manassas, beside the Student Alumni Center.

Please complete the attached modules and forms below. If you need anything before and during your residency or fellowship, please contact Annie Lewis, 901-545-7825 or alewisdst@yahoo.com.

We look forward to seeing you on June 27, 2016.

Much Thanks!!!

Annie

Annie Lewis Physician Liaison



Residents/Fellows:

We would like to welcome you the Regional One Health where patient safety and quality is at the forefront of our mission. We will be the catalyst providing you with a wide range of teaching opportunities to assist you in becoming an outstanding healthcare provider.

### SYSTEM ACCESS

#### MUST have NPI# to get started:

In order to access Regional One Health's health care systems, you will need to complete the following modules. Please click the attached link and follow the instructions.

#### Module Checklist:

Application Directory Web Based Modules Abuse Module Restraint Module Transfusion Module

Email NextGen forms to: ITAmbulatoryServ@regionalonehealth.org IT Contact Information: ITeducation@regionalonehealth.org

### **ROH ID Badge**

Please complete the attached **Badge Request Form and <u>email it to Carolyn Witt, Security,</u> <u>crwitt@regionalonehealth.org</u>. You are encouraged to have your ID badge made before ROH orientation. ID badges are made in the Regional One Health Security Office, with is located on the 1<sup>st</sup> floor of the hospital through the double doors behind the cafeteria, Monday – Friday, 9-11am, 1-3pm, & 6pm-8pm. Replacement badges are available for a \$10 fee. <b>Security will begin making your ID badges after June 1<sup>st</sup>.** Please stop by and have yours made.

Complete these items ONLY on the Badge ID Form: <u>Check: New Badge, Circle:</u> Resident & UT, <u>Enter:</u> Name, Your Signature

### **ROH Campus Map**

I've attached a map of Regional One Health as a resource to assist you in maneuvering about our campus.





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### **REQUEST FOR ID BADGE**

Circle one: New Badge	or Rep	lacement Badg	e	
Note: a fee of \$10 will be charged for lo of the badge must accompany this reque	ost, stolen or damaged ba est.	dges. If badge is da	maged or worn, that I	badge or portions
Date of request:				
Circle type of badge requested:				
Contractor Employee	Physician	Security	Student	Resident
UT Vendor V	/isitor			
If request is for subsequent badge	e, please check reaso	n:		
Lost Stolen	Damag	ed	Worn	Change of Info
Name: (Please Print)				
Last	First		M.I.	
Job Title	School or Compar	ny Name	Departr	nent Name
Phone Number	1			
Supervisor/ Manager Signature	Applicant Si	gnature	Secu	rity Signature
		-		
To be completed by Security				Ne
Was applicant charged fee for lost	, stolen, or damaged	badge due to n	nisuse? Yes	NO
TEE CONCUEU. JIV.VV (AUDINS COS	iner of wieu Payroll I		''	
Comments:				
Proximity Badge #:	Dat	e Issued:		



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Replacement badges are available for a \$10 fee.



### Surescript Forms

Please fill out the following 2 forms to include:

- 1. Prescriber First and Last Name
- 2. Address of hospital (880 Madison Ave, Memphis, Tn 38103
- 3. Phone number
- 4. NPI number.

The rest of the information will be provided at a later date.

Email the forms to <u>ITAmbulatoryserv@regionalonehealth.org</u> NOT the listed information on the form.



$\frown$	Prescriber Vendor Release Form
curoccripte	Fax Completed Form to 703-738-2388
Sulescripts	Switching Vendors
The Nation's E-Prescription Network	Ex: The prescriber already e-Prescribes but will be using a new software solution.
Sostian I: Properikov 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:	1.866.ByReady (866.797.3239)
	Option 1, Option 1
	General Instructions
*Phone Number:	(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.
( ) =	Section I: Prescriber Information
*NPI Number:	All fields are required (except Practice/
	<ul> <li>Clinic Name).</li> <li>If both DEA and NPI are available, then</li> </ul>
*DEA Number	please supply both. Otherwise only the
DEA Number.	DEA or NPI is required.
	PO Box number cannot be included in the
*Surescripts Case Number:	<ul> <li>Please ensure that the fax number pro-</li> </ul>
	vided is one to which refill requests can be
	faxed in the event of a network issue.
Section II: New Vendor Information:	<ul> <li>Case Number: Your new ePrescribing soft- ware vendor will create a Surgecripte case</li> </ul>
*Vendor Name: (Surescripts is NOT a vendor)	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 <u>not</u> be processed.
NEWRX Med History	
REFILL Eligibility	SECTION II: NEW VENDOR INFORMATION
*Effective Date: / /	Please insert the name of your new ePre-     original setting and the line and
*Authorized By: (Sign & Print)	vided. (Surescripts is NOT a software ven-
	dor)
By signing the above I hereby certify that I am authorized	Effective Date: List the date on which you
by the prescribing physician to make changes on their behalf.	would like the request to take effect.
	processed.
Please allow up to 48 hours for your request to be completed.	



### **Provider Demographics Sheet**

*Last Name	
*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	
- indicates required item	
Sign your name in box b	<u>elow.</u>
Make sure it is does not	go outside or touch the lines.

Please email forms to ITAmbulatoryServ@regionalonehealth.org

# Obtaining Access to Computer Systems

### All New Providers:

Please follow the steps below to obtain access for the computer systems at Regional One Health:

1. Go to Regional One Health's Internet site (<u>http://www.regionalonehealth.org/</u>). Scroll to the bottom of the page and click on <u>Employee and Physicians.</u>



2. Select Access Request.



3. Select "I am a new user, employee, or physician".



4. Select "No" or "Yes" if you have a Regional One Health email account.

If you currently have access to any one of the following systems, then you already have an account and you should select "Yes" on item 4 above:

- Webmail, a "regionalonehealth.org or the-med.org" email address
- Windows Computer Login Account (UMC)
- VPN Remote Access
- Citrix Remote Access
- Intranet Log in (ex: Progress Reports)
- 5. Select your Employer (i.e. UTHSC, Campbell Clinic, etc.) and select "Next".
- 6. Select your Job Type and select "Next".
- 7. Enter your NPI and Dictation PIN and select "Next".

If you are unable to verify your NPI/Dictation PIN, please contact HIM by calling Keesha Franklin at 901-545-7662 or Buffy Bell at 901-545-5524.

8. Complete the remaining screens and hit submit.

<u>Once you have submitted your Access Request, it will go into an approval queue. Once approved, it will be sent to IT for implementation. You will receive email confirmations as you are approved and systems are implemented. It may take 24-48 hours to implement all systems.</u>

You can request additional access by logging in and selecting "Request Additional Access."

Regional One Health



Area	Inpatient	Outpatient	ED/Trauma/CCA	L & D	OR
Application	Soarian Clinicals/CPOE	NextGen	MedHost	QS- Centricity Perinatal	SIS- Surgical Information Systems
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 that include Provider Documentation, CPOE, and e- prescribe features.	ER Charting System for the Emergency Department areas that include documentation, CPOE order entry and e- prescribe.	QS Is a fetal surveillance and documentation system used in L&D, newborn, neonatal ICU, postpartum, and antepartum care areas.	This system provides scheduling, nursing and anesthesia documentation and improved work flows.
	WBT's Departmental	WBT's Departmental	Classroom training Departmental	Classroom training Departmental	Departmental
Methods of Instruction					





### **BLOOD TRANSFUSION MODULE**

Link: http://portal.transfusesolutions.com

To sign the attestation for completing: <u>http://www2.regionalonehealth.org/surveys/policyupdates2016/</u>

**Reason for training:** Over 30% of blood transfusions done in the US are unnecessary or inappropriate, exposing patients to additional risk and consuming valuable hospital resources. Regional One Health has identified transfusion as an opportunity for improving quality of patient care and will be requiring all residents to complete a short training module. The goal of the training module is to drive appropriate transfuse practice in all service areas of the hospital.

**Instructions:** Visit <u>http://portal.transfusesolutions.com</u> and register with your Name, UT email, role (resident physician), and NPI number. The physician credentialing module will be available in the left-hand menu but we encourage you to explore other areas of the portal such as the Lectures and Journal Watch sections that contain valuable information on appropriate transfusion practice.

Please contact Annie Lewis at 901-545-7825 if you experience difficulty gaining access to the module.



### Training for Physicians:

## 1. Go to Regional One Health's Internet site (<u>http://www.regionalonehealth.org/</u>). Scroll to the bottom of the page and click on <u>Employee and Physicians</u>



2. From the Employee and Physicians link on the Regional One internet site (shown above), click on "Training Materials".





3. When presented with the Training Quick Pass screen, enter <u>GoROH</u>.



4. Select the appropriate training material heading, and complete the Web Based Modules located within. As an attestation of completion after each WBT, you will be prompted to provide your name and NPI number.



### **Physician Training Materials**

- Siemens Soarian Clinicals & EDM
- NextGen Training Materials

\*\*If you feel as if you require additional Soarian Clinicals training AFTER

reviewing the web based training content, you may contact:

Angela Boswell @ aboswell@regionalonehealth.org or Rhonda Roberson @

rroberson@regionalonehealth.org

# **Policy Updates – Medical Staff**



# Restraint or Seclusion: Violent/Behavioral General Information

- Ordering physicians must have working knowledge of the hospital's policy
- Each episode of restraint or seclusion requires an order
- Must evaluate and document the patient faceto-face within one hour of initiation
- Non-physical de-escalation techniques will be used prior to physical holding



# Restraint or Seclusion: Violent/Behavioral Order Requirements

- Each episode of restraint or seclusion requires an order by a licensed physician or qualified allied health professional
  - Must be primarily responsible for the patient's care
  - If not ordered by the attending physician, they must be consulted as soon as possible (telephone consult is allowed)

# **Emergency Situations ONLY:**

 If primary physician is unavailable, qualified staff may initiate restraint based on assessment and an RN must notify the physician IMMEDIATELY to obtain a telephone or verbal order



# Restraint or Seclusion: Violent/Behavioral Order Requirements for Physical Hold

Si Test, EPOC /1y + Extended cale Hot	spical-1402					
Allergies: (0) NKA Diagnosis: (0) MR# 4000295	> ACC1# /000056					
						1
				21		
Ordered By Test Physician (16506)	▼ Ente	ered By Test Physician	C	order 1d 6502969	_	
To Be Filled By ECH	<b>v</b>	On 03/10/2016 📅 15:38		Status Active	~	
OrderSourceModifierCPOF Order						
IOLENT RESTRAINT Timing Cri	itical 📒					
ype of Restraint						
Side Rails x 4						
Mitt / Mitten - Right						
Mitt / Mitten - Left						
Mitt / Mitten - Bilateral						
Soft Wrist - Right						
Soft Wrist - Left						
Soft Wrist - Bilateral						
Soft Ankle - Right						
Soft Ankle - Left						
Soft Ankle - Bilateral						
Peivic Restraint (Renab Only)						
Enclosure Bed (Renab Only)						
Seclusion						
her Restraint Type:						
nysical Hold		~				



## Restraint or Seclusion: Violent/Behavioral Face-to-Face

- Physician must evaluate and document the patient face-to-face within one hour of the original initiation of restraint or seclusion; even if discontinued prior to one hour
  - Components of a face-to-face include
    - Patient's physical/psychological status
    - Patient's immediate situation
    - Patient's response/reaction to intervention
    - Need to continue or terminate restraint or seclusion

\*Qualified allied health professionals may perform this evaluation if they consult with the attending physician immediately (within minutes) and document same.



# Restraint or Seclusion: Violent/Behavioral *Physical Hold*

- A physical hold is the use of bodily, physical force to limit an individual's freedom of movement and is a form of restraint
  - Requires an order, face-to-face evaluation, and second staff person to observe the patient
- Used only as a last resort and only after nonphysical de-escalation techniques have failed



## Restraint or Seclusion: Violent/Behavioral Definitions

- <u>Restraint</u>: all manual, physical, mechanical, and material devices used to involuntarily limit freedom of movement, immobilize or reduce the ability of a patient to move his/her arms, legs, body, or head freely.
- <u>Seclusion</u>: The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving and not allowed visitation.
- <u>Violent/Behavioral Restraints</u>: A manual, physical, medical, material, or chemical device used to involuntarily limit freedom of movement of a patient who exhibits intractable behavior that is severely self-injurious or injurious to others, who have not responded to traditional interventions, and who are unable to contract with staff for safety.
- <u>Qualified Staff</u>: A staff member who is trained and competent in the initiation of, application, monitoring, assessment and discontinuation of restraint or seclusion (Ex: allied health professional, registered nurse).



# Restraint or Seclusion: Violent/Behavioral Training Requirements

- Training will occur:
  - With initial credentialing
  - At re-appointment
  - With any significant content changes to the policy



# Critical Tests and Critical Results (Values) General Information

- Regional One Health defines the length of time between availability of the results and the receipt by the responsible licensed independent caregiver as one (1) hour
- MSEC approves the list of critical tests and results (values)



# Critical Tests and Critical Results (Values) Notification Process

## Laboratory Results

- Once result is available, lab personnel notify nurse within 30 minutes
- Nurse MUST notify provider within 30 minutes of receipt with "read back" process

## Radiology Results

- Provider to provider notification within one (1) hour

## EKG and Echocardiogram Results

- EKG: Nurse/EKG tech notify ordering provider within one (1) hour
- Echo: Cardiologist notifies ordering provider within one (1) hour

## Outpatient Results

- <u>During practice hours</u>: Nurse must notify provider within one (1) hour of receiving a critical result with "read back" process
- <u>After practice hours</u>: Any critical result is called to the After Hours Call Center

If the ordering provider cannot be contacted, the provider chain of command will be initiated.



# **Blood Collection Process**



# Blood Collection Process Physicians

- **MUST** use two patient identifiers when drawing blood
  - Name or Trauma Number (if patient name unknown)
  - Account Number
- MD holds blood until patient label is placed on specimen



# PREVENTION AND REPORTING OF PATIENT ABUSE

Medical Staff and House Staff



# Patient Abuse and Neglect Policy Statement

Regional One Health strives to ensure that patients are protected and free from neglect and abuse. Regional One Health must protect vulnerable patients including newborns and children. Additionally, Regional One Health must provide protection for the patient's emotional health and safety as well as physical safety. Any employee, house staff (resident), students, volunteers, contract staff, medical and allied health staff, vendors, contractors, and agents who suspects a violation of this policy or Regional One Health's standard of conduct is responsible for reporting such concern as set forth below. Medical staff, house staff (resident), students, volunteers, contract staff, allied health staff, vendors, contractors, agents, patients, family members or general public are encouraged to report any suspected abuse or neglect.

Please read Regional One Health's policy: Patient Abuse and Neglect located on the intranet



# Definition of Abuse and Neglect

**Abuse** is defined as "the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical, emotional or psychological harm, pain or mental anguish." (ROH Abuse and Neglect Policy)

**Neglect:** The failure to provide goods and services necessary to avoid physical harm, mental anguish or neglect.



To protect patients from abuse and neglect, Regional One Health will adhere to the following **7** requirements:

## 1. Prevention

- Ensure that adequate staffing levels working within clinical areas are maintained at all times.
- Adequate staffing will serve as a critical component of preventing the abuse and neglect of a Regional One Health patient.

## 2. Pre-Employment Screening

- Pre-employment screening process will include review of state adult and/or child registries to ensure that individuals reported to such registries are not hired as employees of Regional One Health.
- Require the same for vendors and contractors providing services on the premises of Regional One Health's campus and/or off-site outpatient clinics.

## 3. Identification

Maintain an internal incident reporting system that will allow personnel to report events and occurrences



## 4. Training

The general orientation curriculum for newly hired personnel and ongoing training for existing personnel will include training on patient abuse and neglect, and will include a minimum:

- Definition of abuse and neglect
- Reporting requirements for abuse and neglect
- Prevention of abuse and neglect
- Intervention/Detection of abuse and neglect



## 5. Protect

Should an allegation of abuse and/or neglect be made, the patient identified in the allegation will be protected in accordance with the process set forth in Process section Patient Abuse and Neglect policy.

## 6. Investigation

Should an allegation of abuse and/or neglect be made, the investigation of abuse and/or neglect will be:

- Objective
- Completed in a timely and thoughtful manner



## 7. Report and Respond

Should an investigation of an allegation of abuse and/or neglect result in a finding of abuse and/or neglect:

- Report such abuse and/or neglect to the appropriate authorities as required by applicable law and
- Implement the appropriate corrective/remedial action



## Role of Risk Management or Quality in Patient Alleged Abuse

- Risk Management and/or Quality will empanel an investigative team. The investigation will be done within 72 hours.
- 2. The completed investigative summary will be reviewed by the Program Director, Site Director and Attending Physician, appropriate executive team members to determine a consensus for actions to be taken.
- 3. The Program Director will review the findings of the investigation with the **Resident.**



# **Reporting Suspected Violations**

- Reports of suspected violations or acts of patient abuse/neglect are handled confidentially to the extent the law allows.
- Anonymity is provided to any reporting person desires it.
- Regional One Health has a policy of not tolerating retaliation for any report which is made in good faith. However, a person who makes a report of suspected violation or act of patient abuse/neglect without good faith belief that the actions are wrong may be subject to disciplinary action.



# Policy Acknowledgement

In order for you to acknowledge that you have read and understand the policies outlined in this document, please follow the below link.

Policy Acknowledgement Form

http://www2.regionalonehealth.org/surveys/policyupdates2016/





The following link will direct you to an abuse module that must be completed within 30 days.

The Resident will use their NPI number to log in, and this will be the information used to keep track of the training for reporting purposes.

http://www.the-med.org/media/training/compliance/abuse/

### **ROH Wireless Connection Tip Sheet**

2016

Follow these steps to connect employee owned wireless devices to the secured Regional One Health wireless network. You must request wireless access through **Access Request** before you can join the network. You may use the **Access Request** system to retrieve your user name and/or password. During this process, you will be required to enter your user name and password. To navigate to **Access Request**, go to <u>http://intranet2.the-med.org/</u> and select **Access Request** on the right side of the webpage as shown below. You can also access it directly at <u>https://accessrequest.the-med.org/</u>.



1. Find the wireless network icon on the bottom right side of the screen. Right click the network icon.



2. Select "Open Network and Sharing Center".



3. Select "Manage Wireless Networks".



4. Choose "Manually create a network profile".



5. Enter the network name. This screen should look exactly as below.

	Enter information	for the wireless network you want to add	network name. The name is <u>case sensitive</u>
	N <u>e</u> twork name:	LaFinduMonde	and has <u>no spaces</u> .
	<u>S</u> ecurity type:	WPA2-Enterprise	
	Encryption type:	AES -	
This field will remain	Se <u>c</u> urity Key:	Hide characters	Enter the network
blank.	<b></b> S <u>t</u> art this connec	tion automatically	that all fields are
	Connect even if	the network is not broadcasting	completed as shown,
	Warning: If you	select this option, your computer's privacy might be at risk.	and then click
			"Next".

6. Select "Change connection settings".



7. Click the "Security" tab.

.aFinduMonde Wire	less Network Properties
Connection Securi	ty
Name:	LaFinduMonde
SSID:	LaFinduMonde
Network type:	Access point
Network availabilit	ty: All users
[] Connect to a r	nore greferred network if available if the network is not broadcasting its name (SSID)
	OK Cancel

8. Click "Settings".

Connection Security		
Security type:	WPA2-Enterprise	
Choose a network a	authentication method:	
Remember my a time I'm logged	redentials for this connection each on	
A <u>d</u> vanced settin	gs	
		1

9. The "Protected EAP Properties" screen should look exactly as below. Scroll through the "**Trusted Root Certification Authorities**" and ensure that "**GeoTrust Global CA**" is the only option that is selected.

ſ	Protected EAP Properties	
	When connecting: Validate server certificate Connect to these servers:	
	Trusted <u>R</u> oot Certification Authorities: Contoso-FabrikamCA DigiCert High Assurance EV Root CA Equifax Secure Certificate Authority GeoTrust Global CA GTE CyberTrust Global Root IWSS.TREND Kaspersky Anti-Virus personal root certificate III Do not grompt user to authorize new servers or trusted certification authorities.	
	Select Authentication Method: Secured password (EAP-MSCHAP v2) Configure Finable East Reconnect Enforce Network Access Protection Disconnect if server does not present cryptobinding TLV Enable Identity Privacy OK Cancel	Follow the instructions above and then click "Ok".

10. The user will be taken back to the "LaFinduMonde Wireless Network Properties" box. Click "Advanced Settings".

LaFinduMonde Wireless Network Properties	x
Connection Security	
Security type: WPA2-Enterprise   Encryption type: AES	
Choose a network authentication method: Microsoft: Protected EAP (PEAP) ▼ Settings	
Advanced settings	
OK Canc	el

11. Click the box beside "Specify authentication mode:" and change the dropdown to "User authentication". Then click "Save credentials".

1. Click here.	Advanced settings	3. Click "Save credentials".
2. Change the dropdown.	Secify authentication mode: User authentication Save credentials Delete credentials for all users	
	<ul> <li>Enable single sign on for this network</li> <li>Perform immediately before user logon</li> <li>Perform immediately after user logon</li> <li>Maximum delay (seconds): 10 *</li> <li>Allow additional dialogs to be displayed during single sign on</li> <li>This network uses separate virtual LANs for machine and user authentication</li> </ul>	

12. The user will now be prompted to enter a user name and password, and then click "OK".

Windows Security	
Save creder Saving your cre when you're no	ntials edentials allows your computer to connect to the network of logged on (for example, to download updates).
	User name Password
	OK Cancel

This user name is the same as your computer and/or Soarian logon. If you are unsure of your user name and/or password, you may use **Access Request** to obtain your username and/or reset your password, as shown on the first page.

13. Once you are back at the "Advanced Settings" window, you can click "OK" to finalize your settings.

Advanced settings	
802. 1X settings 802. 11 settings	
Specify authentication mode:	
User authentication    Save credentials	
Delete credentials for all users	
Enable single sign on for this network	
Perform immediately before user logon	
Perform immediately after user logon	
Maximum delay (seconds):	
✓ Allow additional dialogs to be displayed during single sign on	
This network uses separate virtual LANs for machine and user authentication	
	4. Click "OK".
OK Cancel	

14. Click the wireless network icon on the bottom of your screen. **LaFinduMonde** will show as an option. Select **LaFinduMonde** and the click "**Connect**".

### \*\*If the steps presented do not provide wireless access for your device, please call the Help Desk at 5-7480 for further assistance. \*\*



## Regional One Apple/iOS Device Wireless Setup

1.) On your Apple/iOS device, go to "Settings" then select "Wifi".

2.) Underneath the section titled "CHOOSE A NETWORK", select "Other".

3.) In the field **"Name"**, type **LaFinduMonde**. (Note: This is case sensitive, so please type it exactly as it is shown).

4.) Select **"Security"**, and choose **"WPA2 Enterprise"**. Once selected, press **"Other Network"** at the top left of the screen.

5.) In the field labeled **"Username"**, type your Regional One username. This is the same login information as what you would use with Access Request. (If this has not been provided to you, it is typically your first initial and your last name. Sometimes it will be your first initial, your middle initial and your last name. For example, John E. Smith would have a username of **jsmith** or **jesmith**).

6.) In the field labeled **"Password"**, type the password provided to you. This is the same login information as what you would use with Access Request.

7.) Once all the information has been entered, select **"Join"** at the top-right of the screen.

8.) If you are prompted to install a certificate or trust the certificate, please select **"Trust"**, **"Install"**, or **"Accept"** at the top-right of the screen.

9.) You should now have full connectivity to the Regional One network. If you experience any issues, please contact the IT Help Desk at 901-545-7480.



## Regional One Android Device Wireless Setup

1.) On your Android device, go to "Settings".

2.) Go to your **"Wifi"** section, then select **"More"** or locate the selection to "Add a Network".

3.) For the "**Network Name**", please type **LaFinduMonde**. (Note: This is case sensitive, so please type it exactly as it is shown).

- 4.) For the "Security", please select "802.1x EAP"
- 5.) For the "EAP Method", select "PEAP"

### 6.) For "Phase 2 Authentication", select "MSCHAPv2"

7.) In the field labeled **"Identity"**, type in your Regional One username. This is the same login information as what you would use with Access Request. (If this has not been provided to you, it is typically your first initial and your last name. Sometimes it will be your first initial, your middle initial, and your last name. For example, John E. Smith would have a username of **jsmith** or **jesmith**).

8.) In the field labeled **"Password"**, type the password provided to you. This is the same login information as what you would use with Access Request

9.) Leave all remaining fields as they are in the default state.

10.) Once finished, select "Connect".

11.) You should now have full connectivity to the Regional One network. If you experience any issues, please contact the IT Help Desk at 901-545-7480.



To protect the confidential information of Regional One Health and of our patients, a compliance program has been implemented. Outlined below are some key points of protection.

### HIPAA Privacy and Security

- $\checkmark$  Only access information that is needed to perform job responsibilities.
- ✓ Ensure that you have the patient's consent *before* 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.
- $\checkmark$  Do not email PHI to a private email address.
- $\checkmark$  Do not use your personal email address to send company and patient data.
- $\checkmark$  Do not try to bypass any company security controls.
- $\checkmark$  Do not share usernames and passwords.
- ✓ Always maintain the security of documents containing PHI (*rounding sheets, etc.*).
- ✓ Never leave information containing PHI unattended.
- $\checkmark$  Use a coversheet when sending a fax.
- ✓ Dispose of confidential materials in shredder bins.
- ✓ Always log off your computer before leaving your work area.
- ✓ Do not download PHI to a mobile device or jump drive.
- ✓ Photographs should not 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

- ✓ Do not reference *any* 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.

\*Please note that the items listed are not inclusive of Regional One Health's policies and procedures.

### **Contact the IT Team**

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