

Physician Orientation Checklist

Organization

- RHOW Overview
 - Tour and Office Locations
 - Parking / Map
 - Organizational chart
 - Contact phone numbers
 - Acute/SNF Flyer
- RHOW Culture, Mission, Vision and Values
- Emergency Codes Reference Guide
- Contracted Services Quick Reference phone list
- Physician Orientation can be viewed on our website.
 - Go to http://rehabhospitalwi.com/?page_id=177 ABOUT/Physicians
 - Scroll down to the bottom of the page to review sections 1-5 (Welcome, EOC, IC, HIM, Pharmacy).
 - Print Orientation sign off forms
 - Return signed forms to RHOW.

Clinical/Support -Executive & HIM Manager Orientation Date: _____

- 1. WELCOME**
- 2. DIRECT TO PATIENT ROOMS**
- 3. REVIEW**

- Chart Locations
- List of current medications
- Stat orders
- Documentation -Orders/progress notes
- Rapid Response Team
- Review contract services (Lab/Imaging/Respiratory)
- Deficiencies (Physician preference)
- Dictation- Instructions for Amphion and ID#
- Phone System –Outside access #7
- Billing Face Sheet (Contact HIM if additional information is needed)
- Computer Login Access /EPIC access for PHC physicians

Physician prefers to be contacted at (Pager or Cell#) _____

Use this email address for RHOW MS correspondence: _____

Signature: _____ Date completed: _____
 (Physician/Practitioner)

Orientation completed by: _____ cc to Wendy for MD file



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Physician Name: _____ Date: _____

- I have been educated on the **Mission, Vision and Values** of the Rehabilitation Hospital of Wisconsin.
- I have completed an **Expectations of Physicians Granted Privileges** at RHOW with my application.
- I understand the need for confidentiality and agree to abide by the facility's policies and procedures. **I have signed the confidentiality agreement.**
- I have been properly educated on **Infection Control**.
- I have been properly educated on the **Environment of Care**.
- I have been provided with an **Emergency Plans Quick Reference Guide** for the facility and understand my response.
- I have received the necessary security information required to access the facility.
- **I have received a complete orientation of the above items.**

Physician Signature

Date