

Children's Hospital New Orleans



Children's Hospital
New Orleans
LCMC Health

Provider Onboarding Manual

**Children's Hospital New Orleans
Medical Staff Office
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Provider Onboarding Manual

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Note: All text in **GREEN font with >>** (double chevrons) next to it is a **link**.

1. Introduction
1.1. Checklist Cover Sheet

Checklist Cover Sheet – To be completed by Provider Onboarding Specialist		
	Name	Contact information (phone / email)
Provider Name: <i>First Name, MI, Last Name, Degree</i>		
Specialty:		
Service Line:		
Service Line Chief:		
Practice Administrator:		
Medical Staff Office Contact:		
Provider Onboarding Specialist:		
Start Date: <i>mm/dd/yyyy</i>		

1.2. Who We Are

Children's Hospital New Orleans (CHNOLA) strives to provide quality healthcare to all our patients. The commitment of every employee at Children's Hospital helps us to achieve this goal. You are an important part of the overall team, and your job is significant to the entire picture. Since you are a part of CHNOLA, you represent our hospital to those who come to the facility. Remember that what you say, how you say it, and what you do are all reflections on the hospital. Your words and deeds must always be a representation of our high ethical standards. The CHNOLA staff maintains responsibility for patients while in your care. Please be sure to share any questions or concerns you may have with our staff.

1.3. Mission Statement

Our mission is to provide comprehensive pediatric healthcare, which recognizes the special needs of children, through excellence and the continuous improvement of patient care, education, research, child advocacy and management.

1.4. Our History

CHNOLA is Louisiana's only full-service pediatric hospital. We therefore have a large responsibility to the state's young people. The hospital began as a rehabilitation center in 1955 and was expanded in 1976 to become a full-service facility.

CHNOLA is a private, not-for-profit hospital, which is part of the LCMC Health System. The hospital is governed by a 27-member Board of Trustees. The medical staff of the hospital, membership which is not restricted to any group of providers, numbers approximately 700 specialists and subspecialists. Teaching affiliations with the Louisiana State University School of Medicine and Tulane University provide medical students and residents with an unsurpassed educational environment for pediatric health care. Affiliations with several schools of nursing and the allied health fields increase the hospital's stature as a major educational resource.

The hospital's range of services includes several levels of care, each delivered in specialized units. Areas include the Pediatric Intensive Care Unit, Cardiac Intensive Care Unit, Neonatal Intensive Care Unit, Acute Care Units, Rehabilitation Unit and Emergency Services. The Surgical Suite includes specialized facilities and equipment. The Ambulatory Care Center is an outpatient facility, which also includes Physical Therapy, Occupational Therapy, and Speech and Hearing Therapy. Ancillary services including Radiology, Clinical Laboratory and Respiratory Therapy are highly specialized to meet the special needs of children. Other professional services include Social Services, Psychology and Child Life.

1.5. CHNOLA Values and LCMC Values

As the founding member of LCMC, CHNOLA is committed to the system values of Compassion, Respect, Integrity, Teamwork. As the region's leading provider of healthcare for children, we are committed to our CHNOLA core values of **Caring, Honor, Nice, Ownership, Leadership and Advocacy**.

If there are any items in this manual that need updating/editing/correction, please email the Medical Staff Office at chmedstaffservices@lcmchealth.org.

1.4. CHNOLA Values

Our core values

As a founding member of LCMC Health, Children's Hospital is committed to the system values of **Compassion, Respect, Integrity, Teamwork**.

As the region's leading provider of healthcare for children, we are committed to our **CHNOLA** core values.

C

Caring

We care for every child as our own and we care for our community as our family.

H

Honor

We respect the dignity of every person and we act with integrity in all that we do.

N

Nice

We believe in the healing power of kindness and are committed to being nice to each other and to the people we serve.

O

Ownership

We take ownership for our work, for our professions, for the safety of our patients and team members, and for our hospital by doing what needs to be done and getting help when we can't do it alone.

L

Leadership

We are committed to being leaders in our organization and in our community and to setting a high standard of excellence for the care of children.

A

Advocacy

We are all advocates for the health and safety of every child and family, in our hospital and in our community.

We are CHNOLA Proud! We Dat!

19-016-024



Children's Hospital
 New Orleans
 LCMC Health

LCMC Values



Vision: Creating a culture of wellness.



Mission: Health, care, and education beyond extraordinary.



Values: We bring heart and soul. We're in it together. We give a little extra.

1.5 Areas of Focus

Children's Hospital New Orleans

Areas of Focus





2021: Operational Excellence

1. Questioning Culture
2. Meaningful Moments
3. CHNOLA Values!
4. Quaternary Children's Hospital

+ We give a little something extra!

#CHNOLAProud 2025

1. Operational Excellence
2. NOLA Hospitality
3. Tell Our Story
4. Value = Quality / Cost

---- USNWR Ranking #25 ----

Vision ~ Structure ~ People → Wrapped in a Culture of Fun!

2. Pre-Onboarding

2.1. Employment Checklist – 120 days in advance of start date

	2.1.1. Administrative tasks	Responsible Party(ies)
<input type="checkbox"/>	Inform MSO/Provider Onboarding of new provider **NEW PROCESS** <i>(Not applicable for private practice/community providers seeking medical staff privileges)</i>	Office of the - CFO/CAO - CMO - Service Line Chief - Practice Administrator - HR
<input type="checkbox"/>	Offer letter – sign and return to Office of the CMO <i>(Not applicable for private practice/community providers seeking medical staff privileges)</i>	Office of the CMO
<input type="checkbox"/>	Contract – sign and return to the Office of the CMO <i>(Not applicable for private practice/community providers seeking medical staff privileges)</i>	Office of the CMO

	2.1.2. Medical Staff tasks	Responsible Party(ies)
<input type="checkbox"/>	Preapplication for medical staff privileges and credentialing – complete online >>	Provider or Practice Administrator
<input type="checkbox"/>	Once preapplication is received, the Medical Staff Office (MSO) will send the provider two emails: 1. Email from MD-Staff with automated link to complete formal medical staff application online via MD-App portal >> 2. Email introduction to Medical Staff Office with 2.1. detailed instructions for completion of formal medical staff application online 2.2. Miscellaneous forms to be completed – see links provided	Provider
<input type="checkbox"/>	Complete MD-App online application >>	Provider
<input type="checkbox"/>	If provider does not have a current/valid Louisiana license: 1. Apply for full medical license with Louisiana State Board of Medical Examiners (LSBME) >> 2. Complete FCVS application on LSBME website >>	Provider
<input type="checkbox"/>	Upload following documents to MD-App or email to MSO: 1. Updated CV (dates must be in mm/yyyy format) 2. Medical School Diploma 3. Residency Certificate 4. Fellowship Certificates 5. Board Certificate (if applicable) 6. Specialty procedure certification or Certificate of Added Qualification (CAQ) 7. Medical licenses from all states 8. DEA certificate (change of address as applicable) 9. CDS License (must have Louisiana medical license and CDS license) 10. Current medical malpractice insurance certificate 11. Case logs past 24 months – <i>if unavailable, indicate accordingly</i> 12. CME log past 24 months	Provider

	13. Photograph – professional, good digital quality 14. Vaccination/immunization proof <ul style="list-style-type: none"> - COVID-19 - Influenza - Tdap - MMR - Tb test results (skin test or QuantiFERON Gold) 	
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	2.1.3. MSO Forms – complete and return to MSO	Responsible Party(ies)
<input type="checkbox"/>	Part-Time Questionnaire (only for CHNOLA-employed providers) >>	Provider
<input type="checkbox"/>	PCF Individual Enrollment Application (only for CHNOLA-employed providers) >>	Provider
<input type="checkbox"/>	Lab Coat Order Form >>	Provider

2.2. Employment Checklist – **30 days in advance of start date**

	2.2.1. Schedule in-person tasks	Responsible Party(ies)
<input type="checkbox"/>	Schedule health screening appointment with Human Resources/Employee Health <input type="checkbox"/> Repeat TB test to occur within 4 weeks of start date	HR
<input type="checkbox"/>	Schedule appointment with MSO/Payer Enrollment Office to complete insurance payer applications to enroll provider	MSO/Payer Enrollment
<input type="checkbox"/>	Schedule appointment with MSO with government-issued ID to be verified by MSO	MSO/Payer Enrollment

	2.2.2. HR Forms – complete and return to HR	Responsible Party(ies)
<input type="checkbox"/>	Accelerated Core Orientation Checklist >> [only for non-CHNOLA-employed]	HR and Provider
<input type="checkbox"/>	Accelerated Core Post Test >> [only for non-CHNOLA-employed]	HR and Provider
<input type="checkbox"/>	Background Investigation Authorization >>	HR and Provider
<input type="checkbox"/>	Emergency Contact Information Form >>	HR and Provider
<input type="checkbox"/>	I-9 Validation with two (2) valid forms of identification >>	HR and Provider
<input type="checkbox"/>	Immigration/J1 Visa documents – if applicable	HR and Provider
<input type="checkbox"/>	Parking Policy ADM 62 >>	HR and Provider
<input type="checkbox"/>	Parking Registration Form >>	HR and Provider
<input type="checkbox"/>	Workforce Confidentiality Agreement >>	HR and Provider

<input type="checkbox"/>	Provider Profile Form for Marketing >>	HR and Provider
<input type="checkbox"/>	Proof of Malpractice, Liability, and Workers' Comp coverage approved by the Legal Department	HR and Provider
<input type="checkbox"/>	Resume/CV	HR and Provider
<input type="checkbox"/>	Criminal Background, Social Security Search, Education and National Sex Offender Search	HR and Provider

2.2.3. HR Forms – complete and return to HR - CONTINUED		Responsible Party(ies)
<input type="checkbox"/>	Initial/Annual performance evaluation from previous institution <i>(Only for agency/non-CHNOLA-employed/non-physician contract providers)</i>	HR and Provider
<input type="checkbox"/>	Proof of required licensure/certification from a primary source – as applicable <i>(If already provided/uploaded to Medical Staff MD-App portal, MSO will provide to HR)</i>	HR and Provider
<input type="checkbox"/>	Proof of CPR/BLS/PALS/ACLS/NRP from American Heart Association as applicable <i>(If already provided/uploaded to Medical Staff MD-App portal, MSO will provide to HR)</i>	HR and Provider
<input type="checkbox"/>	OIG Report <i>(If already provided/uploaded to Medical Staff MD-App portal, MSO will provide to HR)</i>	HR and Provider
<input type="checkbox"/>	Negative drug screen	HR and Provider
<input type="checkbox"/>	Seasonal flu vaccine	HR and Provider
<input type="checkbox"/>	Proof of Negative TB test results within the previous 3 months from start date	HR and Provider
<input type="checkbox"/>	Proof of 2 documented MMR vaccinations or positive measles, mumps, and rubella titers	HR and Provider
<input type="checkbox"/>	Proof of three 3 Hep B vaccinations and a positive titer or a signed Hep B declination	HR and Provider
<input type="checkbox"/>	Proof of Tdap within the previous 10 years	HR and Provider
<input type="checkbox"/>	Proof of two 2 documented Varicella vaccinations or titer that shows immunity	HR and Provider
<input type="checkbox"/>	Proof of COVID vaccination records <i>(If already provided/uploaded to Medical Staff MD-App portal, MSO will provide to HR)</i>	HR and Provider

2.2.4. Practice Administrator tasks		Responsible Party(ies)
<input type="checkbox"/>	Schedule for hospital/HR orientation	Practice Administrator
<input type="checkbox"/>	Ensure Epic access matches another provider with similar access <i>(i.e., when a profile/template is created for the new provider, it should match that of an existing provider in the same specialty)</i>	Practice Administrator
<input type="checkbox"/>	Schedule for coding training	Practice Administrator

3. Orientation/Start Date
3.1. Orientation Cover Sheet

Orientation Cover Sheet – To be completed by Practice Administrator or Service Line Chief	
Provider Name: <i>First Name, MI, Last Name, Degree</i>	
Specialty:	
Service Line:	
Advanced Practice Provider Contact: <i>(For APPs only)</i>	
Medical Staff Office Contact:	
Practice Administrator:	
Provider Onboarding Specialist:	
Service Line Chief:	
Start Date (tentative): <i>mm/dd/yyyy</i>	

3.2. Orientation Checklist

Orientation Day #1		
Time	Topic	Responsible Party(ies)
07:30	Meet Practice Administrator or Provider Onboarding Specialist and proceed to Conference Center for Hospital Orientation	Practice Administrator or Provider Onboarding Specialist
08:00 – 12:00	Welcome and attend Human Resources Orientation Session <input type="checkbox"/> Badge <input type="checkbox"/> Parking tag <input type="checkbox"/> Complete any outstanding documentation <input type="checkbox"/> <i>Photographer arranged by Marketing for professional headshot</i> **NEW PROCESS*	Human Resources
12:00 – 13:00	Lunch with Service Line Chief	Service Line Chief
13:00 – 14:00	System Access Review <input type="checkbox"/> Login for CHNOLA <input type="checkbox"/> Outlook email access <input type="checkbox"/> Setup email signature <input type="checkbox"/> Duo/remote access <input type="checkbox"/> Cellphone sync with LCMC Outlook <input type="checkbox"/> Telephone operation <input type="checkbox"/> Intranet access <input type="checkbox"/> Access medical staff directory from intranet >> <input type="checkbox"/> Badge access updated to include restricted areas – as applicable <input type="checkbox"/> ScrubEx machine access added to badge access <input type="checkbox"/> Vocera access and training <input type="checkbox"/> AmIon access and training	Practice Administrator
14:00 – 15:00	Area Access <input type="checkbox"/> Location of office <input type="checkbox"/> Office key <input type="checkbox"/> Locker access – as applicable	Practice Administrator
15:00 – 16:00	Department Administrative Overview <input type="checkbox"/> Mission and values of CHNOLA and department <input type="checkbox"/> Structure and organization chart – provide copy if applicable <input type="checkbox"/> Tour hospital campus <input type="checkbox"/> Introduction to Executive Leadership team <input type="checkbox"/> Department contact list <input type="checkbox"/> Job description – provide copy <input type="checkbox"/> Annual Review Overview and Goal Setting <input type="checkbox"/> FPPE/OPPE process overview <input type="checkbox"/> Review Corporate Compliance Plan <input type="checkbox"/> On-call schedule protocol	Service Line Chief

Orientation Day #2		
Time	Topic	Presenter/Buddy
08:00 – 12:00	<p>Department Administrative Overview (continued)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meet and Greet with department personnel <input type="checkbox"/> CHNOLA Annual Training – how to access and complete <input type="checkbox"/> Standing department meetings <input type="checkbox"/> Standing committee meetings <input type="checkbox"/> Add to list serves – if applicable <input type="checkbox"/> Add to AmIon call schedule – as applicable <input type="checkbox"/> Add to Vocera call schedule – as applicable <p>Policies and Procedures Overview</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel <input type="checkbox"/> CME <input type="checkbox"/> Expense reimbursement <input type="checkbox"/> Time-keeping procedures <input type="checkbox"/> Call-in procedure for unscheduled absences <input type="checkbox"/> Timecard managed by _____ <i>Name + Phone #</i> <input type="checkbox"/> Timecard approved by _____ <i>Name + Phone #</i> 	Service Line Chief and/or Practice Administrator
12:00 – 13:00	Lunch with Service Line Chief and/or Practice Administrator	
13:00 – 15:00 (5-7-minute introduction; schedule 1:1 as necessary)	<p>Introductory Meetings (Can schedule 1:1 meeting as necessary for a later date)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Chief Academic Officer <input type="checkbox"/> Chief Medical Officer <input type="checkbox"/> Chief Nursing Officer <input type="checkbox"/> Chief Quality Officer <input type="checkbox"/> Chief Medical Education Officer <input type="checkbox"/> Chief Research Officer <input type="checkbox"/> Chief of Diversity, Equity and Inclusion <input type="checkbox"/> President of the Medical Staff <input type="checkbox"/> Pediatrician-in-Chief <input type="checkbox"/> Surgeon-in-Chief <input type="checkbox"/> Dentist-in-Chief <input type="checkbox"/> Director of Marketing <input type="checkbox"/> Residency Program Director <input type="checkbox"/> Director of Advanced Practice (for NPs, PAs, CRNAs) <input type="checkbox"/> Senior Director of Physician Services <input type="checkbox"/> Other leaders as applicable 	Practice Administrator
	<input type="checkbox"/> Schedule appointment with Marketing for headshot (If not taken on start/Orientation Day)	Department Administrative Support

Orientation Day #3		
Time	Topic	Presenter/Buddy
08:00 – 10:00	Tour hospital locations	Practice Administrator
10:00 – 12:00	Shadow/observe clinic	
12:00 – 13:00	Lunch with Service Line Chief or Practice Administrator or on own	
13:00 – 14:00	<input type="checkbox"/> CART / Compensation Plan Overview	
14:00 – 15:00	<input type="checkbox"/> Coding and Compliance Overview <input type="checkbox"/> Schedule for coding course/training as applicable for MD/DDS/NP/PA	

Orientation Day #4		
Time	Topic	Presenter/Buddy
08:00 – 10:00	Tour hospital locations	Practice Administrator
10:00 – 12:00	Shadow/observe clinic	
12:00 – 13:00	Lunch with Service Line Chief or Practice Administrator or on own	
13:00 – 17:00	Shadow/observe clinic	

Orientation Day #5		
Time	Topic	Presenter/Buddy
08:00 – 10:00	Tour hospital locations	Practice Administrator
10:00 – 12:00	Shadow/observe clinic	
12:00 – 13:00	Lunch with Service Line Chief or Practice Administrator or on own	
13:00 – 17:00	Shadow/observe clinic	

3.3. Detailed Checklist

Detailed Checklist – to be completed within 1 week of start			
Topic	Responsible party(ies)	Topic Reviewed	Policy provided
Orientation logistics			
Outstanding paperwork (MSO Orientation Checklist, TB proof, etc.)		<input type="checkbox"/>	
Physician shadowing (at least 3 physicians)		<input type="checkbox"/>	
Introductory Meetings			
Orientation buddy		<input type="checkbox"/>	
Practice Manager		<input type="checkbox"/>	
Department Director		<input type="checkbox"/>	
Managers / Leads		<input type="checkbox"/>	
Front desk associates		<input type="checkbox"/>	
Patient Care Coordinators		<input type="checkbox"/>	
Nursing team		<input type="checkbox"/>	
Pharmacy team		<input type="checkbox"/>	
Building Tour			
Entrances		<input type="checkbox"/>	
Building access and hours		<input type="checkbox"/>	
Clinic access and hours		<input type="checkbox"/>	
Emergency exits		<input type="checkbox"/>	
Parking		<input type="checkbox"/>	
Cafeteria and vending machine location and hours		<input type="checkbox"/>	
Fire extinguisher location(s)		<input type="checkbox"/>	
Exam rooms		<input type="checkbox"/>	
OR		<input type="checkbox"/>	
Supplies room		<input type="checkbox"/>	
Break room		<input type="checkbox"/>	
Medical Staff Lounge		<input type="checkbox"/>	
Resident Lounge		<input type="checkbox"/>	
On-site lab and POC testing		<input type="checkbox"/>	
Radiology Tour		<input type="checkbox"/>	
Child Life Tour		<input type="checkbox"/>	
Clinic Tour			
Entrances		<input type="checkbox"/>	
Building access and hours		<input type="checkbox"/>	
Clinic access and hours		<input type="checkbox"/>	

Detailed Checklist – to be completed within 1 week of start			
Topic	Responsible party(ies)	Topic Reviewed	Policy provided
Emergency exits		<input type="checkbox"/>	
Parking		<input type="checkbox"/>	
Cafeteria and vending machine location and hours		<input type="checkbox"/>	
Fire extinguisher location(s)		<input type="checkbox"/>	
Exam rooms		<input type="checkbox"/>	
Workspace and Equipment			
Designated workspace/office		<input type="checkbox"/>	
Keys assigned		<input type="checkbox"/>	
Computer assigned		<input type="checkbox"/>	
Telephone operation		<input type="checkbox"/>	
How to retrieve phone messages		<input type="checkbox"/>	
One-tap demonstration		<input type="checkbox"/>	
Vocera Badge		<input type="checkbox"/>	
Camera for Zoom/Telehealth		<input type="checkbox"/>	
Microsoft Teams operation		<input type="checkbox"/>	
Office supplies		<input type="checkbox"/>	
Business Cards		<input type="checkbox"/>	
Lab Coats – how to order		<input type="checkbox"/>	
Lab Coats – how to get cleaned		<input type="checkbox"/>	
Department/Site Overview			
Leadership structure		<input type="checkbox"/>	
Patient population demographics		<input type="checkbox"/>	
Top 20 patient diagnoses		<input type="checkbox"/>	
Current quality improvement/research projects		<input type="checkbox"/>	
Communications and Meetings			
Medical staff directory access		<input type="checkbox"/>	
Office communications		<input type="checkbox"/>	
Newsletter		<input type="checkbox"/>	
Huddles		<input type="checkbox"/>	
Committee meetings		<input type="checkbox"/>	
Department meetings		<input type="checkbox"/>	
Policies and Procedures			
Dress code		<input type="checkbox"/>	
Professionalism		<input type="checkbox"/>	
Loss of equipment		<input type="checkbox"/>	

Detailed Checklist – to be completed within 1 week of start			
Topic	Responsible party(ies)	Topic Reviewed	Policy provided
Patient tardy/no-shows		<input type="checkbox"/>	
Patient complaint process		<input type="checkbox"/>	
Patient dismissal/discharge		<input type="checkbox"/>	
Vaccination requirement (COVID-19)		<input type="checkbox"/>	
Face covering requirement (COVID-19)		<input type="checkbox"/>	
Drug representatives/vendors		<input type="checkbox"/>	
Physician presence during scheduled hours		<input type="checkbox"/>	
Reporting patient-related emergencies		<input type="checkbox"/>	
Virtual/Telehealth visits – demonstration		<input type="checkbox"/>	
Remote access		<input type="checkbox"/>	
Smartphrases		<input type="checkbox"/>	
Distress cart/AED location		<input type="checkbox"/>	
Printer/Copier/Fax/Scanner location and usage		<input type="checkbox"/>	
ePrescribing workflow		<input type="checkbox"/>	
Schedules			
Clinic schedule template		<input type="checkbox"/>	
Scheduling cadence		<input type="checkbox"/>	
Administrative time		<input type="checkbox"/>	
Time-off request workflow		<input type="checkbox"/>	
On-call schedule protocol		<input type="checkbox"/>	
<input type="checkbox"/> If you are placed on call and get called in/consulted, who else needs to be contacted (e.g., Anesthesia, OR, etc.?)			
<input type="checkbox"/> If you need to consult another service, who should be called, i.e., resident or attending or both?			
<input type="checkbox"/> Who else needs to be called (e.g., Anesthesia, OR, etc.?)?			
<input type="checkbox"/> If Special Procedures Team is to be called, who calls them?			
Resources			
Language interpretation services		<input type="checkbox"/>	
Library/reference materials		<input type="checkbox"/>	
Instructions and How To/Reference Links – <i>refer to page 20</i> (Via http://www.chnola.org/medical_staff_office >>)		<input type="checkbox"/>	
Future Trainings/Meetings			
90-Day check-in with Service Line Chief	Service Line Chief	<input type="checkbox"/>	
Additional training via Learning Center – as applicable	Service Line Chief	<input type="checkbox"/>	
Other additional training – as applicable	Service Line Chief	<input type="checkbox"/>	

Pratika Desai

All parties agree that each of the listed orientation topics and corresponding information have been reviewed in depth or scheduled with the new provider during the orientation period.

	Name <i>First Name, MI, Last Name, Degree</i>	Signature	Date <i>mm/dd/yyyy</i>
Provider			
Service Line Chief			
Practice Administrator			

Provider Onboard

4. Post-Onboarding

4.1. MSO Forms – To be completed by provider after start date		
<input type="checkbox"/>	MSO Provider Orientation Checklist >>	
<input type="checkbox"/>	Benefits selections – to be made within 30 days of start date	

5. Instructions and How To/Reference Links:

	Reference Links	
<input type="checkbox"/>	Accelerated Core Orientation Checklist >> [only for non-CHNOLA-employed]	
<input type="checkbox"/>	Accelerated Core Post Test >> [only for non-CHNOLA-employed]	
<input type="checkbox"/>	Accessing Epic Production from a personal device >>	
<input type="checkbox"/>	Access medical staff directory from intranet >>	
<input type="checkbox"/>	Activating Duo Mobile app >>	
<input type="checkbox"/>	Background Investigation Authorization >>	
<input type="checkbox"/>	CE Broker – CME portal >>	
<input type="checkbox"/>	CHNOLA Order Sets >>	
<input type="checkbox"/>	Clinic locations >>	
<input type="checkbox"/>	Contractor Checklist >>	
<input type="checkbox"/>	Complete MD-App online application >>	
<input type="checkbox"/>	Dictation Brochure – Epic Olympus >>	
<input type="checkbox"/>	Directory and Contact Information – Detailed >> coming soon	
<input type="checkbox"/>	Emergency Contact Information Form >>	
<input type="checkbox"/>	Epic Haiku – Canto Instructions >>	
<input type="checkbox"/>	How to Add Files to MD-App Application >>	
<input type="checkbox"/>	How to Reset MD-App Password >>	
<input type="checkbox"/>	How to Submit MD-App Application >>	
<input type="checkbox"/>	HR Orientation Booklet >>	
<input type="checkbox"/>	I-9 Validation with two (2) valid forms of identification >>	
<input type="checkbox"/>	Lab Coat Order Form >>	
<input type="checkbox"/>	Library Resources (UpToDate, Clinical Key for Nursing, CINAHL >>	
<input type="checkbox"/>	Louisiana DMV Locations >>	
<input type="checkbox"/>	Louisiana DMV Website >>	
<input type="checkbox"/>	Louisiana State Board of Medical Examiners (LSBME) >>	
<input type="checkbox"/>	LSBME website >>	
<input type="checkbox"/>	Map of CHNOLA Campus >>	

<input type="checkbox"/>	MD-App portal >>	
<input type="checkbox"/>	Medical Staff Directory >>	
<input type="checkbox"/>	<i>Medical Staff Directory by Location >> coming soon</i>	
<input type="checkbox"/>	MSO Provider Orientation Checklist >>	
<input type="checkbox"/>	Overview of Neighborhoods in New Orleans, Louisiana >>	
<input type="checkbox"/>	Parking Policy – ADM 62 >>	
<input type="checkbox"/>	Parking Registration Form >>	
<input type="checkbox"/>	Part-Time Questionnaire (only for CHNOLA-employed providers) >>	
<input type="checkbox"/>	PCF Individual Enrollment Application (only for CHNOLA-employed providers) >>	
<input type="checkbox"/>	Physician Dictation Card >>	
<input type="checkbox"/>	Preapplication for medical staff privileges and credentialing – complete online >>	
<input type="checkbox"/>	Provider Profile Form for Marketing >>	
<input type="checkbox"/>	Realtors >>	
<input type="checkbox"/>	<i>Relocation Services >> coming soon</i>	
<input type="checkbox"/>	Restaurants >>	
<input type="checkbox"/>	Virtual Desktop Remote Access Instructions >>	
<input type="checkbox"/>	Vocera instructions >>	
<input type="checkbox"/>	What is a CDS license and how is it different from a DEA registration? >>	
<input type="checkbox"/>	Workforce Confidentiality Agreement >>	

Pravika Desai

6. *Directory and Contact Information – Detailed >> coming soon*