



SHERIDAN MEMORIAL HOSPITAL ASSOCIATION

440 West Laurel Avenue
Plentywood, MT 59254
Phone: (406) 765-3700 Fax: (406) 765-3800
www.sheridanmemorial.net

Locum Provider Information Packet Checklist

Dates on Call: from: _____ to: _____

Name of Provider: _____

Cell Phone: _____

Emailed prior to arrival:

(cc email to Agency)

_____ (date/by) (Provider Scheduler/Credentialing Officer)

- cover letter
- PolicyStat logins / assignments
- Apartment Rules / map / key code

****On Arrival** (to be picked up from HR)
(Locum provider initials)

****Return** (to HR @ Depart)
(SMHA staff initials)

Locum Provider Information Binder: _____

Includes:

- Housing Information (Apartment Rules / map / key code)
- Map of facility
- Dietary Information
- Oxygen/DME Criteria
- Trauma
- Radiology

Keys: _____

Name Tag & Access control: _____

On Call Phone: _____

Time Study: _____

COMMENTS/SUGGESTIONS:

***In the event HR is not open, leave this binder with the Unit Clerk @ the CAH Nurse's Station.**

Hi _____ ,

Welcome to Sheridan Memorial Hospital Association! We are excited to have you here providing coverage for our facility.

You are scheduled to provide locum tenens coverage beginning _____ . We would like to be able to give you a tour and a brief orientation to our facility. We have you arriving at 1 p.m. and call beginning at 5 p.m. I have attached an Orientation Schedule and a map showing the route from the highway (West 1st Avenue on the map) to the hospital at 440 West Laurel Avenue.

I am sending you a username and password for our policy software, PolicyStat. You can find this program by going to our website www.sheridanmemorial.net. Click on Employees in the upper right hand corner; under **Employee Information**, click on PolicyStat, enter your Username _____ and password _____. To review and acknowledge assigned policies and procedures, you will need to scroll down to the bottom of the page and click on **Policies Requiring Acknowledgment**. There you will find the policies and procedures assigned to you. Review the policy and click the button titled **I have read and understood this policy** at the bottom of the screen.

Per CMS regulations, a provider must respond to all emergency room visits within 30 minutes from patient arrival. It is Sheridan Memorial Hospital Association policy to follow those regulations.

All documentation must be completed prior to your departure. Before you depart, please proxy your Message Center in Cerner to the oncoming on call provider and clinic nurses Pam Simonson, RN and Gretchen Fire, RN. If you have any questions, please contact Kristyn Vines, RN Informatics at extension 3770 or Laura Rusbult, HIM at extension 3711.

Thanks again for helping us out! We hope your stay is enjoyable.

Welcome to Sheridan Memorial.

The purpose of this binder is to provide reference material for your use. We hope you find this information beneficial. Please provide any feedback you are willing to share.

Table of Contents

General Information:

- Plentywood map
- Apartment rules
- Sheridan Memorial Hospital Floorplan map
- Dietary information

Trauma:

- Trauma team activation protocol
- Rapid sequence intubation protocol
- Intra-facility trauma transfer protocol
- Trauma transfer guidelines protocol
- “PEARLS”
- Rapid transfusion protocol
- Spine protocol
- Burn treatment protocol
- Trauma CT protocols
- Flight teams commonly used and time frames
- Avera emergency protocol

Radiology:

- General information
- X-ray protocol
- Mammography protocol
- Ultrasound protocol
- Contrast protocol
- CT protocol
- CT vs MRI ordering guidelines
- MRI protocol

Cerner Quick Resource:

- How to Proxy
- How to find Power Plans
- SMH Take home Power Plan
- SMH General Admission Power Plan

- Discharge Orders Power Plan
- How to Convert to Prescription
- Note Type Selection

Durable Medical Equipment:

- Oxygen and DME protocol
- Common DME orders

Orientation schedule:

Time	Personnel	Department	Subject
1:00 p.m.	Tina Nelson	Clinic	Phone, Housing info, dietary information, etc.
1:15 p.m.	Troy McClymont	Human Resources	Name tag, Access Control, Time Study, Facility Tour
1:30 p.m.	Linda Ator	Critical Access Hospital	Emergency Department, CCU tour
1:45 p.m.	Cindi Hurst or Katy Forbes	Radiology	Department Tour
2:00 p.m.	Kristyn Vines	RN Informatics	Cerner Provider Training, PACS ID, Wi-Fi
4:00 p.m.	Laura Rusbult	HIM	Proxy and message center, HIM requirements
4:15 p.m.	Free time – Go to housing as time allows		
4:45 p.m.	Tina Nelson/Provider going off Call	Clinic	Receive report
5:00 p.m. On Call Begins			



LOCUM TENENS EVALUATION

Provider Name:	Dates of Service:
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1 – Unacceptable 2 – Fair 3 – Average 4 – Good 5 – Excellent						
Interpersonal Relations with:						Comments
• Peers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
• Patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
• Staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Quality of Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Professional Appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Timeliness and punctuality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Communication Skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Medical Records Handling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

ADDITIONAL COMMENTS:

Would this provider be acceptable to provide locum tenens services in the future at this location? Yes No

EVALUATOR:

DATE: