

Provider Portal Information and Directions

The Provider Portal

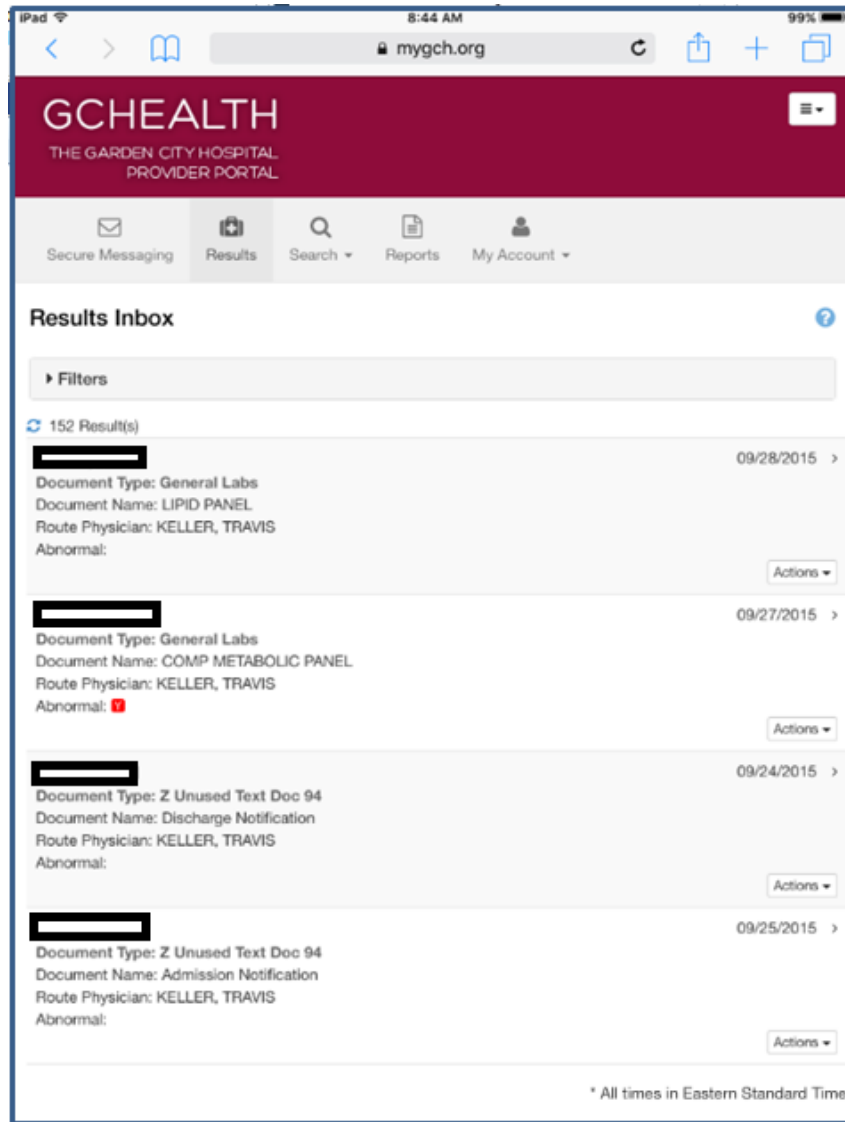
The Portal contains important patient information generated from the Clinical GCH system at discharge. The TOC (Transition of Care) also known as the Summary of Care or Clinical Letter. The purpose of the TOC is to aid in the transition of care from acute care to the post acute care setting. To help improve continuity of care, reducing readmissions, improved communication between acute care and post acute providers and Meaningful Use requirements.

Information in the TOC Transition of Care Document

- Discharge instructions
- Current medication list
- Current allergy list
- Current Problem list
- Procedures (* those available in system at discharge)
- Encounter Diagnosis
- Immunizations
- Laboratory test results, Cardiology, Radiology results
- Vital signs (height, weight, BMI, blood pressure)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care Plan field, including goals and instructions
- Care Team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider

In addition to the TOC contents the following results/reports are available in the Provider Portal

- Cardiology
- Laboratory
- Microbiology
- Pathology
- Radiology
- Transcription



PORTABILITY!

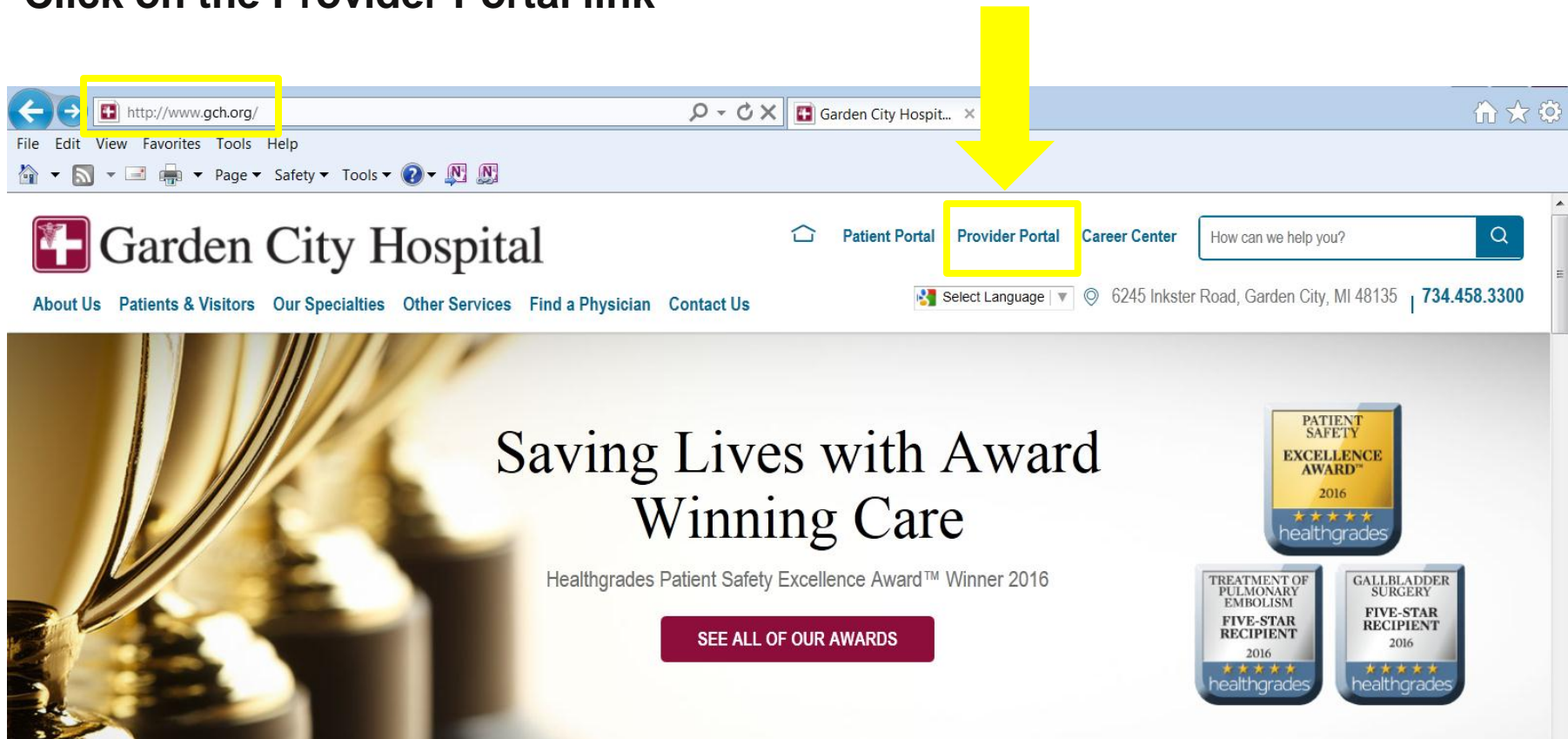
Access the Portal from
your phone or tablet...

How Do I Sign UP for the Provider Portal?

Go to the Garden City Hospital webpage - type in the URL

http://www.gch.org

Click on the Provider Portal link



The screenshot shows a web browser window with the address bar containing "http://www.gch.org/". The website header features the Garden City Hospital logo and navigation links: "Patient Portal", "Provider Portal" (highlighted with a yellow box), and "Career Center". A search bar is present with the text "How can we help you?". Below the header, there is a banner for "Saving Lives with Award Winning Care" featuring a trophy and text: "Healthgrades Patient Safety Excellence Award™ Winner 2016". A button labeled "SEE ALL OF OUR AWARDS" is visible. To the right of the banner are three award badges: "PATIENT SAFETY EXCELLENCE AWARD™ 2016", "TREATMENT OF PULMONARY EMBOLISM FIVE-STAR RECIPIENT 2016", and "GALLBLADDER SURGERY FIVE-STAR RECIPIENT 2016".

Your will need to complete the following forms for yourself and your office staff

-GCH Business Associate Direct Messaging Request Form

-Garden City Hospital MMD HIE Practice/Facility Setup Form

Contact Information

Nickie Newhouse

Phone: 734-458-4355

nnewhouse@primehealthcare.com

MyGCH.org

The screenshot shows the Garden City Hospital website. At the top, there is a navigation bar with links for Patient Portal, Provider Portal, and Career Center, along with a search bar. Below the navigation bar, there is a section titled "LEARN MORE ABOUT GCHEALTH". Under this section, there is a "Get Connected" sub-section with text about secure access to patient health information. Below that is a "Who Can Sign Up for the Provider Portal?" section with a bulleted list of roles. A red box highlights the "How Do I Sign Up for the Provider Portal?" section, which contains the text: "You will need complete the following forms for yourself and your office/staff - (if desired)." followed by a bulleted list of two forms: "GCH Business Associate Direct Messaging Request Form" and "Garden City Hospital MMD HIE Practice/Facility Setup Form". To the right of the main content is a sidebar with a menu of links including "GCH in the Community", "GCH Leadership", "Health Coach", "Mission and Values", "News", "Quality and Safety", and "Volunteer". Below the sidebar is an "Information Center" section with buttons for "Bill Pay", "Careers", "Quality and Safety", "Volunteer Services at GCH", and "Patient Portal".

Forms and Roles for the Provider Portal

Garden City Hospital MMD HIE Practice/Facility Setup Form the purpose of this form is to collect the information required to setup or modify access to the Health Information Exchange (HIE)

Direct Roles

Garden City assigns direct Roles to all users authorized to access the provider/facility portal, revision of some roles may need to be modified with future enhancements.

Facility/Physician Direct Standard Roles:

Facility Physician Direct-Patient Archive, Global Search, Secure Messaging and Reports

Facility Mid Level Provider Direct-Patient Archive, Global Search, Secure Messaging and Reports

Facility Administrator Direct-Patient Archive, Global Search, Secure Messaging and Reports

Facility User Direct-Patient Archive, Global Search and Secure Messaging

***with the direct roles the user will also have a direct address to which the TOCs can be sent to the secure message box

Business Associate Direct Messaging Request Form purpose of this form is to allow authorization to Patient Health Information by your providers/facility or practice staff.

The signature acknowledges that you will notify Garden City Hospital Health Information Management Department at (734-458-4355) when the Business associate is terminated so that access can be revoked.

GCH will begin sending the TOC Summary to you via the Provider Portal, for patients that will have post acute follow up services by you. You will be contacted via email or phone to confirm that you are able to access the clinical portal and retrieve the patient's TOC Summary information.

The GCH Business Associate Direct Messaging Request Form

Print and return the completed form by mail, email or fax

Mail

Garden City Hospital
Health Information Management
Attn: Nickie Newhouse
6245 Inkster Rd
Garden City, Michigan 48135

Email nnewhouse@primehealthcare.com

Fax 734-421-8371 Attn: Nickie Newhouse

GCH Business Associate Direct Messaging Request Form

Print the Form and Complete
Mail, Fax or email the form

Garden City Hospital
Business Associate Direct Messaging Request Form
REQUIRED INFORMATION MARKED WITH AN ASTERIK (*)

<input type="checkbox"/> New Request <input type="checkbox"/> Change of Access <input type="checkbox"/> Additional Access A middle initial is required if employee has one	User Name * _____ * _____ * _____ <small style="display: flex; justify-content: space-around; width: 100%;"> Last First MI </small>
	Department Name * _____ Job Title/description * _____ User Phone/Ext * _____ Employment Status: * <input type="checkbox"/> Business Associate Name: _____
<small>By signing this document, I acknowledge that all information accessed or obtained from Prime Healthcare Garden City Hospital its affiliates is private and confidential, and will be used only for professional purposes. Any dissemination, distribution, or copying of this information is strictly prohibited. If I believe I have received any information in error, I will notify the Health Information Management department immediately. I will be responsible to ensure no one else is able to use my UserID and will not share my password. Your access may be revoked during an investigation of a breach of confidentiality or security. Failure to follow these principles will result in disciplinary action. I have read, accept, and acknowledge the above statements and will abide by security and confidentiality policies.</small>	
Signature: * _____ Date: * _____	
My signature below acknowledges that I will notify Garden City Hospital Health Information Management Department at (734) 458-4355 when the Business Associate is terminated so that access can be revoked.	
_____ Signature of Department Director / Physician Date	INFORMATION SYSTEMS ONLY Date Completed IT SIGNATURE User Profile Assigned _____ Business Associate Contract Reviewed by Administration
_____ Signature of Department Director / Physician Date	
INCOMPLETE DMRFs WILL NOT BE PROCESSED.	

Please mail completed DMRF to:

Garden City Hospital
Health Information Management
Attn: Nicole Newhouse
6245 Inkster Rd
Garden City, MI 48135

Mail

Garden City Hospital
Health Information Management
Attn: Nickie Newhouse
6245 Inkster Rd
Garden City, Michigan 48135

Email nnewhouse@primehealthcare.com

Fax 734-421-8371 Attn: Nickie Newhouse

Garden City Hospital MMD HIE Practice/Facility Setup Form

***This form is an interactive PDF (you can type on it and submit electronically)

The form can also be Printed, completed and returned by mail, email or fax

Mail

Garden City Hospital
Health Information Management
Attn: Nickie Newhouse
6245 Inkster Rd
Garden City, Michigan 48135

Email nnewhouse@primehealthcare.com

Fax 734-421-8371 Attn: Nickie Newhouse

Garden City Hospital MMD HIE Practice/Facility Setup Form

The form is an interactive PDF it can be submitted electronically or printed out and mailed, faxed or emailed

Showing page 1 & 2 of 4

Garden City Hospital MMD HIE Practice/Facility Setup Form RESET FORM

The purpose of this form is to collect the information required to setup or modify access to the Health Information Exchange (HIE). Please enter as much information as possible.

Purpose of This Request (please check one) Set up a practice or facility with access to the HIE
 Add, modify or remove user(s) or provider(s) in an existing practice or facility in the HIE.
 (For changes to existing accounts, see page 4).

Practice/Facility Information

Practice / Facility Name Hospital Affiliation

Specialty Cardiology Diagnostic Emergency Endocrinology Family
 General Home Health Hospice Neurology OB/GYN
 Oncology Orthopaedic Pediatric Rehabilitation Skilled Nursing
 Surgery Visiting Nurse Other:

Address Address1 Address2

City, State, ZIP City ST 00000

Phone Fax:

Practice or Facility Administrator Note: The primary contact / administrator will be notified regarding system updates or issues and will also be responsible for auditing this application for inappropriate access by practice personnel.

Name

Title / Position

Office Phone Ext.

Email

Do you have an EHR in place at your practice? Yes No EHR Vendor EHR Version

Optional Modules Requested (HIE Administrators Only)

Orders Secure Message Eligible Provider Direct Message

Location Routing ID's Direct Message Suffix

RESET PAGE 1

Please enter all active physicians and mid-level providers associated with your practice or facility.
 Please include NPI number and credential.
 Email addresses will only be used for internal notifications.

Practice Providers (Physicians, Mid-Level Providers)

Add	Del	First Name	M.I.	Last Name	Primary Credential	Direct	NPI (Required) Physician ID (opt)	Email Address (Required) Practice Email Acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>NPI</small>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>Select</small>	<input type="checkbox"/>	<input type="text"/> <small>ID</small>	<input type="text"/>

Notes:

RESET PAGE 2

Garden City Hospital MMD HIE Practice/Facility Setup Form

Showing page 3 & 4 of 4

Click on the Submit Form for Hospital Approval to send electronically

****Please note that page 4 is to be submitted to change, add or delete users from existing accounts.****

Please enter practice/facility administrator(s) (required) and all personnel who require accounts to access the HIE. Indicate if the user should have access to additional features by checking the appropriate box or boxes. Email addresses will only be used for internal notifications.

Practice/Facility Administrator(s) and User Accounts

Add Del	First Name	M.I.	Last Name	Global Search *	Direct	Email Address (Required) <small>Practice Email Accounts</small>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

Notes: Please add any special instructions about the requested Practice Users or Administrators.

- Submit Form for Hospital Approval
- Print a copy of the form
- Save a copy of the form

* "Break the glass" access to results where there's not an established patient / physician relationship

RESET PAGE 3

Changes to Existing Practice/Facility Administrator and User Accounts

Practice / Facility Name

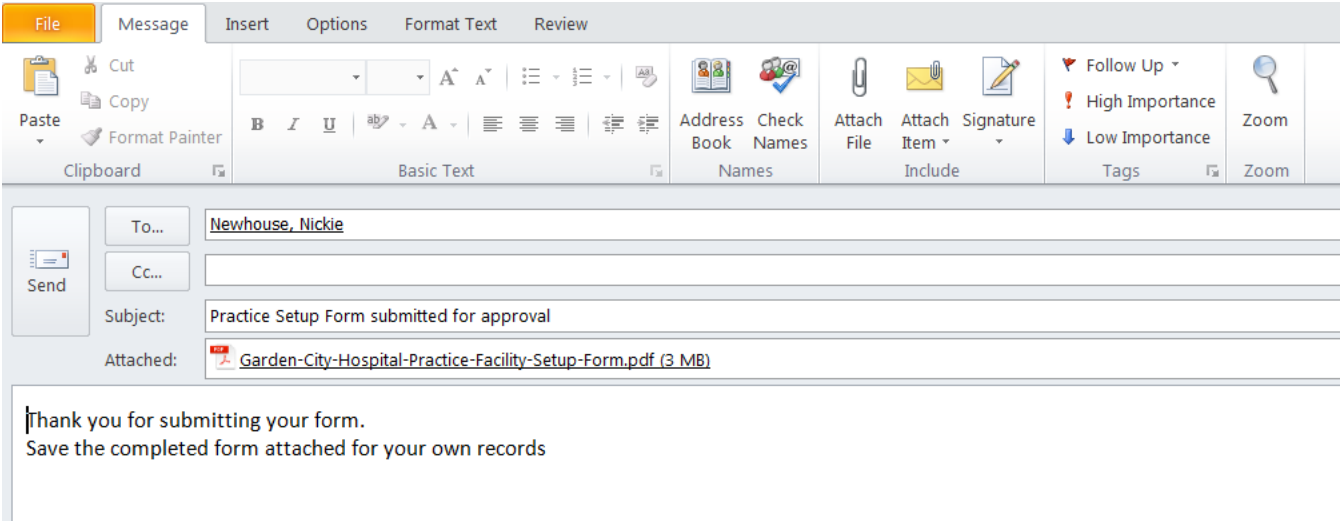
----- Current Name Information -----		Type of Change	New Information
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
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<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>
<input type="text"/>	<input type="text"/>	Change	<input type="text"/>

- Submit Form for Hospital Approval
- Print a copy of the form
- Save a copy of the form

RESET PAGE 4



After you press the Submit link this email box will appear
Click on send to send the email



Provider Portal Instructions

The Practice Administrator at your facility will receive an email from MobileMD when the Provider Portal is set up and authorization is completed

The user's logins are in [] by each name

Facility Name:

URL: <https://mygch.org/>

Physician(s) Direct:

Name and user name

Direct Email Addresses: *(example)*

FrankBreechDO@OBspec.Gardencity.Direct.PrimeHealthcare.com

Practice Administrator:

Name and user name

Practice User(s) SM:

Name and user name

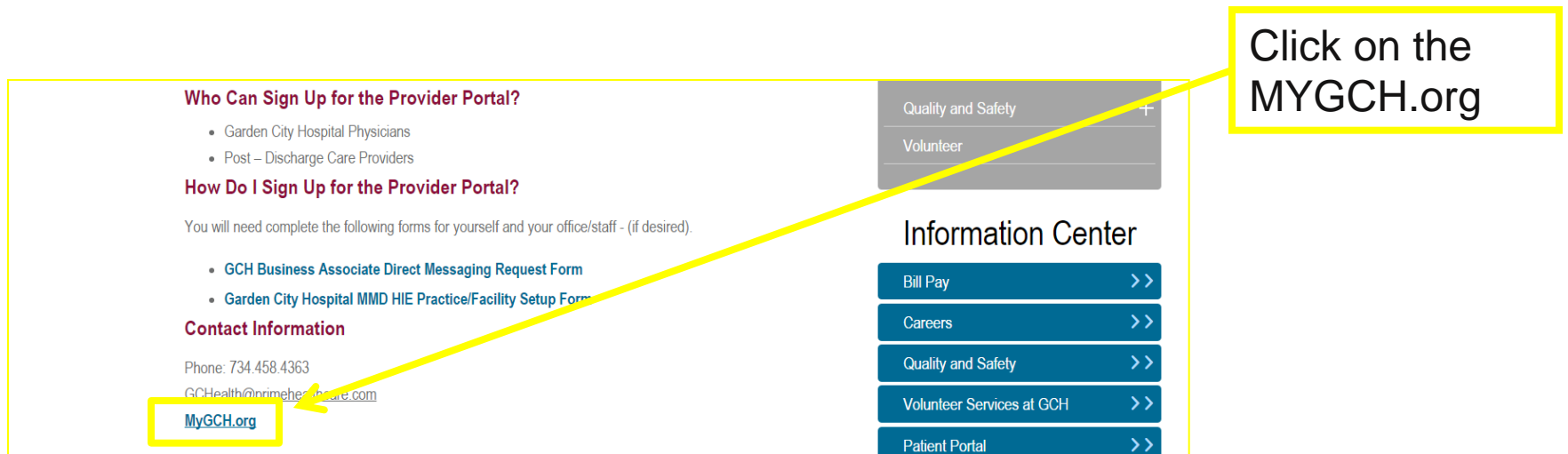
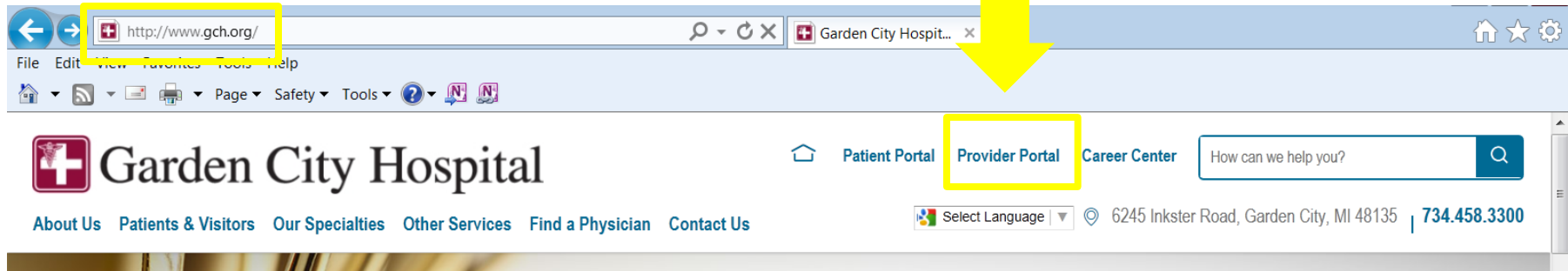
The temporary password is passwordxx, where 'xx' is the number of the facility's street address

To Access the Provider Portal?

Go to the GCHHealth webpage type in the URL

<http://www.gch.org>


Click on the Provider Portal link



GCHealth Provider Portal

Logon with your user name and password

Use the temporary password and then create a new unique password



GAIN SECURE & CONVENIENT ACCESS TO YOUR PATIENTS' HEALTH INFORMATION


GCHealth, a secure and convenient way to access your patients' health information when and where you need it.

This site is for GCH Physicians and Post-Acute Care Providers only.

To obtain access please contact the GCHealth team at GCHealth@primehealthcare.com or call (734) 458-4363

[RETURN TO GCH.ORG](#)

NEED HELP? Please contact the MobileMD Help Desk at (877) 210-3491 from 8:00am - 9:00pm (ET) OR email mmd.GCHealth-support.healthcare@cerner.com Do NOT include patient information in emails.

 Garden City Hospital

WELCOME TO
GCHEALTH
THE GARDEN CITY HOSPITAL
PROVIDER PORTAL

[?](#)

User Name

Password

[Forgot your password?](#) [Contact Us](#)

The Secure Messaging Inbox will open to this page, Select the Inbox Tab

The screenshot shows the GCHEALTH provider portal interface. At the top, the header includes the GCHEALTH logo and navigation links for Nickie Newhouse, Results Practice Physician Direct, Change Password, Contact Us, Video Tutorials, Terms of Service, and Log off. Below the header is a navigation bar with icons for Secure Messaging, Results, Search, Reports, and My Account. The main content area is titled "Secure Messaging Inbox" and features a tabbed interface with "Inbox" selected. Below the tabs is a "Filters" section with several input fields and dropdown menus for filtering messages. The filters include Patient Last Name, Patient First Name, Patient DOB, To, From, Subject, Status, and Type. The Status and Type dropdowns are currently open, showing a list of message statuses and types. At the bottom of the filter section, there are buttons for "Clear", "Save", and "Apply".

GCHEALTH
THE GARDEN CITY HOSPITAL
PROVIDER PORTAL

Nickie Newhouse | A Results Practice Physician Direct | Change Password | Contact Us | Video Tutorials | Terms of Service | Log off

Secure Messaging | Results | Search | Reports | My Account

Secure Messaging Inbox

Inbox | Drafts | Sent | Archive | Notifications

Filters

Patient Last Name B	To C	Status CTRL	Type CTRL
<input type="text"/>	<input type="text"/>	All New Awaiting Info In Progress Action Required Complete Sent	All Direct Message Disposition Notification - Failure Message Disposition Notification - Success
Patient First Name B	From C		
<input type="text"/>	<input type="text"/>		
Patient DOB	Subject C		
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>		
	Received Date		
	Begin Date	End Date	
	<input type="text" value="mm/dd/yyyy"/> <input type="text"/>	<input type="text" value="mm/dd/yyyy"/> <input type="text"/>	








































B Begins With **C** Contains **CTRL** Hold CTRL key down to select multiple options in listboxes

Clear Save Apply

Inbox

Secure Messaging Inbox									
<input type="checkbox"/>	Patient	From On Behalf Of	Secure Message Type	Subject	Status	Date	To	Docs	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/18/2015 9:31 AM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/17/2015 5:39 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/17/2015 5:37 PM		0	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/17/2015 5:34 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/17/2015 4:07 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/16/2015 7:22 AM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/12/2015 4:44 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/12/2015 4:21 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/12/2015 4:18 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/12/2015 4:16 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/12/2015 3:39 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - TOC	New	3/12/2015 7:26 AM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/11/2015 3:49 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/10/2015 5:38 PM		1	
<input type="checkbox"/>			Direct	General Correspondence - toc	New	3/10/2015 5:35 PM		1	
<input type="checkbox"/>									

1 2 3 4 5 6 7

<input type="checkbox"/> Patient	From On Behalf Of	Secure Message Type	Subject	Status	Date	To	Docs
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/18/2015 9:31 AM		1    
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/17/2015 5:39 PM		1     View Doc T...
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/17/2015 5:37 PM		0    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/17/2015 5:34 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/17/2015 4:07 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/16/2015 7:22 AM		1    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/12/2015 4:44 PM		1     
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/12/2015 4:21 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/12/2015 4:18 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/12/2015 4:16 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/12/2015 3:39 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - TOC	New	3/12/2015 7:26 AM		1    
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/11/2015 3:49 PM		1    
<input type="checkbox"/>		Direct	General Correspondence - toc	New	3/10/2015 5:38 PM		1    

Click on the patient's name to open the message and then click on the Transition of Care Attachment. You can also click on the icon "View Doc Tree" to open the TOC document and print.

Secure Message Direct

Type: Direct

Forms: No Form

Patient: James Test DOB:08/20/1964


To: [Redacted] (Direct Test Practice)

From: Admin.SCS@scs.test.gardencity.direct.primehealthcare.com

Subject: General Correspondence - Message with context

Message: **Message Type:** General Correspondence
Subject: Message with context

Test message

Attachments:  Transition of Care (9/17/2014);

New View in Portal



[Close](#)

GENDER: F

DOB:

SSN:

PHONE:

ADDR:

ZIP: 48185

Search Mode:

[Visits](#) [Clinical Summary](#) [Documents](#)

Medical Record Numbers i

Patient MRN	Facility	Last Visit Date
	GardenCity Hospital	07/25/2014 2:43 PM
	GardenCity Hospital	04/17/2016 4:18 PM

[More MRNs >](#)

Visits

Visit Type	Visit Date	Facility	Face Sheet
Inpatient	04/17/2016 4:18 PM	GardenCity Hospital	View
Inpatient	04/02/2016 4:31 PM	GardenCity Hospital	View
Inpatient	01/16/2016 3:30 PM	GardenCity Hospital	View
Inpatient	01/14/2016 5:31 PM	GardenCity Hospital	View
Inpatient	01/09/2016 3:35 PM	GardenCity Hospital	View
Inpatient	01/04/2016 4:28 PM	GardenCity Hospital	View
Outpatient	12/29/2015 11:18 AM	GardenCity Hospital	View
Outpatient	12/22/2015 10:10 AM	GardenCity Hospital	View

Medications



GENDER: F

PHONE:

DOB:






ADDR:

SSN: XXX-XX

ZIP: 48239

Search Mode:

Visits

Medication	Start Date	End Date	Status
MOMETASONE-FORMOTEROL (DULERA) 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 2 PUFF BY INHALATION TWICE A DAY			
IPRATROPIUM-ALBUTEROL 0.5 MG-3 MG (2.5 MG BASE)/3 ML SOLUTION FOR NEBULIZATION, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 3 ML BY INHALATION EVERY FOUR HOURS PRN SHORTNESS OF BREATH			
PREDNISONE 10 MG TABLET, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 3 TABLET ORAL TWICE A DAY BEFORE MEALS			
ASPIRIN 325 MG TABLET, DELAYED RELEASE (DR/EC), ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 1 TABLET ORAL DAILY			
METFORMIN 500 MG TABLET, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 2 TABLET ORAL TWICE A DAY DURING MEAL			

[View More >](#)

Allergies

Allergen

No Latex Allergy.

Problem Name	Onset Date	Resolved Date	Status
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Labs

Category	Date	Visit					
Document Type	Document Date	Document Name	Status	Abnormal Indicator	Facility		
Microbiology	02/10/2016	CULTURE ANAEROBIC	F		GardenCity Hosp...		
Microbiology	02/10/2016	CULTURE MYCOBACTERIUM	F		GardenCity Hosp...		
Microbiology	02/10/2016	C FUNGUS NOT HAIR SKIN OR NAIL	F		GardenCity Hosp...		
Pathology Report	02/10/2016	Surgical Procedures	F		GardenCity Hosp...		
January							
01/08/2016							
Continuity of Care	01/08/2016	Document from GardenCity Hospital			GardenCity Hosp...		
01/07/2016							
Continuity of Care	01/07/2016	Document from GardenCity Hospital			GardenCity Hosp...		
General Labs	01/07/2016	BASIC METAB PNL	F	1	GardenCity Hosp...		
General Labs	01/07/2016	CBC DIFF	F	1	GardenCity Hosp...		
General Labs	01/07/2016	CRP	F	1	GardenCity Hosp...		
General Labs	01/07/2016	MAGNESIUM	F		GardenCity Hosp...		
General Labs	01/07/2016	PROTIME WITH INR	F		GardenCity Hosp...		
General Labs	01/07/2016	PTT	F		GardenCity Hosp...		
Radiology	01/07/2016	CT LUMBAR SPINE WO CNTRST	F		GardenCity Hosp...		

Reports

Patient: [REDACTED]

This document came from Cerner Provider Portal

Sending Facility Information

Name: GardenCity Hospital
 Address: 6245 Inkster Rd
 Garden City, MI 48135
 Phone: (734) 458-3300

Patient Information

Name: [REDACTED]
 DOB: [REDACTED]
 Sex: [REDACTED]
 SSN: [REDACTED]
 Phone: [REDACTED]
 MRN: [REDACTED]

Document: Surgical Procedures **Status: F**
Observation Date Time: 02/10/2016 00:00:00
Dictating Physician:
Ordering Physician: JAGANNATHAN, JAYANT
CC Physician:

Case Number: [REDACTED]
 Patient Name: [REDACTED]

- SPECIMEN AND EXACT SOURCE**
- A. FOREIGN BODY, IMPLANTED HARDWARE
 - B. DISC, L4 - L5 TISSUE COLLECTION
 - C. EPIDURAL, TISSUE

CLINICAL DIAGNOSIS

- A. SPINAL STENOSIS
- B. SPINAL STENOSIS
- C. SPINAL STENOSIS

MACROSCOPIC

A. The case is received in three containers labeled "A" through "C".
 A. Received fresh labeled with the patient's name and "implanted hardware" are two portions of silver metallic hardware that have a cylindrical rod running through the center measuring 3 cm in length x 0.4 cm in diameter. Attached to

Patient: [REDACTED]

This document came from Cerner Provider Portal

Sending Facility Information

Name: GardenCity Hospital
 Address: 6245 Inkster Rd
 Garden City, MI 48135
 Phone: (734) 458-3300

Patient Information

Name: [REDACTED]
 DOB: [REDACTED]
 Sex: [REDACTED]
 SSN: [REDACTED]
 Phone: [REDACTED]
 MRN: [REDACTED]



Document: CT LUMBAR SPINE WO CNTRST **Status: F**
Observation Date Time: 01/07/2016 19:26:00
Dictating Physician: WONG, DO, KEVIN
Ordering Physician: Lawal, Rasheed
CC Physician:

TYPE OF EXAM/PROCEDURE: CT LUMBAR SPINE WO CNTRST
 ACCESSION NO:
 DATE OF SERVICE: 01/07/2016
 REASON FOR EXAM: PAIN
 ROOM: EGT:GT18:AA
 PHYSICIANS
 ORDERING PHYSICIAN: RASHEED LAWAL, D.O.
 CC PHYSICIANS: KAITLIN A MCDONALD, D.O.
 REPORT
 VERIFICATION OBSERVER NAME: Sachit Malde, M.D.
 HISTORY: female initially presenting with lower back pain.




Garden City Hospital

Actions: Save Document List (formerly Print Tree)


The  **Save Document List** function gives you the ability to save and/or print a list of all of the patient's documents displayed in the Document Grid. This function produces the **entire** list of documents, and does not reflect what documents may or may not be checked at the time the function is selected. This function will create a list based on the level of expansion that is active in your Document Grid when you select  Save Document List. Therefore, you most likely want to begin by expanding all folders.


1. To expand all folders at once, click the Open All button:

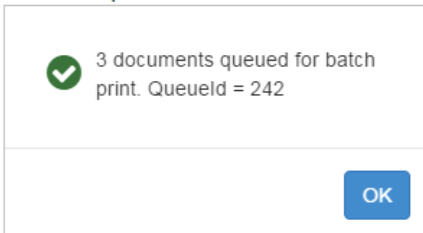


2. In the Actions dropdown list, select  **Save Document List**.
3. The patient's document list loads and opens in the document viewer.
4. Download the list to a PDF and/or print it.
5. Click Close to exit the document viewer and return to the patient's Document Grid.

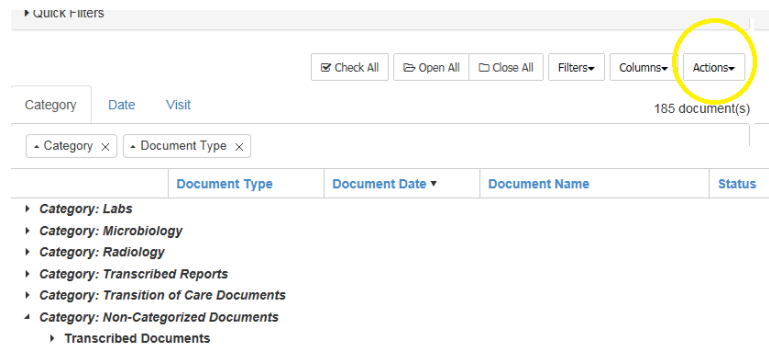
Actions: Batch Print

When at least one document is selected, the  **Batch Print** function becomes available to you in the Actions dropdown list. Use this function if you want to send multiple documents to the printer at one time in a batch, without previewing them.

1. [Expand folder\(s\)](#) until you see documents listed.
2. Select each document that you want to batch print by clicking the corresponding checkbox.
3. When done selecting documents, in the Actions dropdown list, select  **Batch Print**.
4. A window opens and confirms the number of documents you queued for batch print. Click OK.



The Document Tree has now become *Actions* to save and print for your EMR.




Print document

View


Transition of Care Document 03/17/2015 15:51

Created on: March 17, 2015, 15:51:02 -0400 UTC

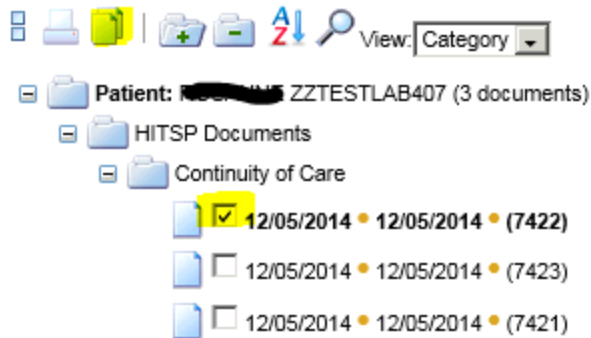
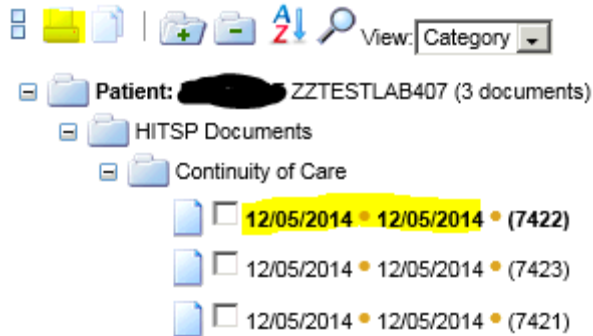
Patient		Contact Information	9148 Henry Ruff Livonia, MI 481500000 Phone: 1-734-4254992 (Home) Email: NOEMAIL@PRIMEHEALTHCARE.COM
Date of birth	June 07, 1927	Sex	Female
Race	White	Ethnicity	Not Hispanic or Latino
Patient Identifier	217218	Preferred Language	eng

Encounter **Start:** March 10, 2015 **End:** March 17, 2015

View: Category

- Patient: L  (1 documents)
 - HITSP Documents
 - Continuity of Care
 - 03/17/2015 - 03/18/2015 (111077)

You can check on one or multiple check boxes to create PDF's of the document then click the double piece of paper which converts the document to a PDF. From the left viewing pane you will see the Adobe Tool Bar to be able to print.



Click on the document and then choose the printer icon

Table of Contents

The screenshot shows a software window titled "View" with a close button (X) in the top right corner. On the left side, there is a "Table of Contents" section with a list of items, each preceded by a checkbox:

- Select/Deselect All
- Reason For Visit
- Chief Complaint
- Social History
- Functional Status
- Vital Signs
- Results
- Problems
- Encounters
- Plan of Care
- Procedures
- Immunizations
- Hospital Course
- Hospital Discharge Instructions
- Allergies, Adverse Reactions, Alerts
- Medication

At the bottom of this list, the "Reason For Visit" item is selected, and its corresponding section is visible in a scrollable area below. To the right of the Table of Contents is a file explorer window showing a folder structure: "Patient: I" (1 documents), "HITSP Documents", and "Continuity of Care" containing a document "03/17/2015 - 03/18/2015".

A red-bordered box is overlaid on the right side of the screenshot, containing the following text:

Click on one of the boxes in the Table of Contents it will bring you directly to that section in the TOC

At the bottom right of the software window, there is a "Close" button.

GCHEALTH
THE GARDEN CITY HOSPITAL
PROVIDER PORTAL

HIM DEPT | GCH HIM/Medical Records Dept Patient Messaging | Change Password | Contact Us | Video Tutorials | Terms of Service | L

Secure Messaging Search My Account

Secure Messaging Inbox

Inbox Drafts Sent Archive

Filters

20 Message(s)
1 Message(s) Selected

Change Status Archive Page Size: 15 Columns

<input type="checkbox"/>	From / On Behalf Of / Subject	Patient Name / DOB	Type	Status	Received	To	Docs	Actions
<input checked="" type="checkbox"/>	Donna Test1 (Public Access) Testing	TEST1, DONNA 10/07/1945	Patient Correspondence	Action Required	05/05/2016 6:42 PM	HIM DEPT (GCH HIM/Medical Reco...	1	Actions
<input type="checkbox"/>	Donna Test1 (Public Access) testing with updated address	TEST1, DONNA 10/07/1945	Patient Correspondence	New	03/11/2016 2:40 PM	Dennis zzPorter (GCH HIM/Medi...	0	Actions
<input type="checkbox"/>	Donna Test1 (Public Access) testino	TEST1, DONNA 10/07/1945	Patient Correspondence	New	03/11/2016 2:18 PM	Dennis zzPorter (GCH HIM/Medi...	0	Actions

Archive

Archive the selected message(s)?

Cancel OK

Archive Messages
When you are finished viewing a secure message, you can move the file from the Inbox and place into the Archive Folder.

GCHealth - Results Inbox - Windows Internet Explorer

https://mygch.org/GCH/Clinical#/results

File Edit View Favorites Tools Help

GCHEALTH
THE GARDEN CITY HOSPITAL
PROVIDER PORTAL

Secure Messaging Results Search Reports My Account

Results Inbox

Filters

0 Result(s)

Date / ID	Patient Name / DOB	Document Type	Do

GCHEALTH
THE GARDEN CITY HOSPITAL
PROVIDER PORTAL

Select Language Search

service | Log off

Organize and Process Your Results Inbox

The **Results Inbox** is populated with real-time patient documents routed to your practice, e.g., lab results, radiology reports, transcribed documents, admission and discharge notifications, cardiology reports, pathology reports, emergency department notifications, etc. In your Results Inbox, you can view, print, filter, sort, assign, unassign, make comments, and move results out of your inbox.

Help topics on this page

- [Open Results Inbox](#)

Organize Your Results Inbox

- [Filter Results](#)
- [Sort Results Inbox](#)
- [Hide/Display Results Inbox Columns](#)
- [Change Number of Results Displayed Per Page](#)


Process Your Results Inbox

- [View and Print a Patient Result](#)
- [View and Print Multiple Results at One Time](#)
- [View Result Comments](#)
- [Add Comments to Results](#)
- [Post Discharge Result Notification](#)
- [Assign Results Inbox Items to Users](#)
- [Unassign Results Inbox Items](#)
- [Working with Results Inbox Checkboxes](#)
- [Move Results Out of Your Results Inbox \(Archive\)](#)

Open Results Inbox

Select Results in the menu bar. Your Results Inbox opens.

Results



Patient Search

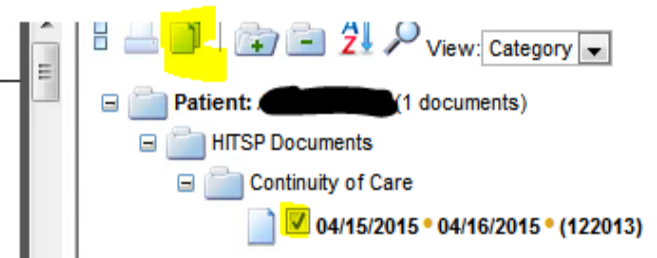
The screenshot shows the GCHEALTH Provider Portal interface. At the top, the logo 'GCHEALTH' is displayed above 'THE GARDEN CITY HOSPITAL PROVIDER PORTAL'. A navigation bar contains icons for 'Secure Messaging', 'Results', 'Search', 'Reports', and 'My Account'. The 'Search' icon is circled in yellow, and its dropdown menu is open, showing 'Q Document' and 'Q Patient', with 'Q Patient' also circled in yellow. Below the navigation bar is a 'Patient Search' section with a 'Search Filters' dropdown. Under 'Search Filters', there are two tabs: 'Patient Archive' and 'Global'. Below the tabs are four search input fields: 'Patient Last Name' (with a 'B' icon and a 'Min 2 chars' hint), 'Patient First Name' (with a 'B' icon), 'Patient DOB' (with a 'mm/dd/yyyy' hint), and 'Patient SSN' (with a 'Last 4 chars' hint). Each field has a red exclamation mark icon on the right side.

Search by patient or document at the top of the page



Care Document 04/15/2015 17:39

Created on: April 15, 2015, 17:39:01 -0400 UTC



You can create a PDF and save the document to a location where it can then be retrieved and or uploaded to an EMR.

From within the document tree (folder w/the red dots)

1. Click in the checkbox to the left of the document (highlighted above).
2. Click on the double piece of paper at the top (highlighted above).
3. When the mouse is moved around in the left side the Adobe tool bar it appears (very faint in the picture above). Some tool bars may appear differently.
4. From the tool bar, click the “save” icon (red arrow above) and save it to a location for your retrieval.
5. Once saved, you should be able to upload it into your facility’s EMR.

Please contact your EMR vendor for specific instructions for saving/importing files into your EMR.



Secure Messaging



Results



Search ▾



Reports



My Account ▾

Audit Reports

▶ Reports List

Select a Report

A - Active Users
A - Global Search Report
A - Patient Report
A - User Report

Report Key

A = Audit Reports

Reports are available to the Physician, Mid-Level and Practice Administrator. Specifics on the functionality to make it mandatory that the administrator run these reports every “x” days.



Video Tutorials are available

GCHEALTH
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PROVIDER PORTAL

Andrea Lindsay | Global Practice Practice Administrator | Change Password | Contact Us | [Video Tutorials](#) | Terms of Service | Log off

Search My Account

Patient Search

Search Filters

Patient Archive Global

Patient Last Name B !

Patient DOB

Patient Gender

Patient MRN C

Patient First Name B

Patient SSN

Patient Zip Code

★ Required ! Conditionally Required
B Begins With C Contains

Clear Search

Patient(s)

Patient Name	Patient DOB	Patient SSN	Patient Gender	Patient Zip Code
--------------	-------------	-------------	----------------	------------------

* All times in Eastern Standard Time

Additional assistance is available

from the MobileMD Help Desk at (877) 210-3491
From 8:00 am – 9:00 pm
or email
mmd.GCHealth-support.healthcare@cerner.com

Please note

*******Log off will occur 10-20 minutes from inactivity