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
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
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

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<table>
<thead>
<tr>
<th>New Request</th>
<th>User Name *</th>
<th>Date</th>
<th>*</th>
<th>*</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change of Access</td>
<td>Department Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Access</td>
<td>Job Title/Description</td>
<td>User Phone/Ext *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Employment Status:</td>
<td>Business Associate Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing this document, I acknowledge that all information accessed or obtained from Prime Healthcare Garden City Hospital and 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 User ID 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, access, and acknowledge the above statements and will abide by security and confidentiality policies.

Signature:* Date:

My signature below acknowledges that I will notify Garden City Hospital Health Information Management Department at (734) 468-4155 when the Business Associate is terminated so that access can be revoked.

Signature of Department Director / Physician: Date

---

**INCOMPLETE DMRF'S 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

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**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

<table>
<thead>
<tr>
<th>Practice/Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice / Facility Name</td>
</tr>
<tr>
<td>Specialty</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City, State, ZIP</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Practice or Facility</td>
</tr>
<tr>
<td>Administrator Name</td>
</tr>
<tr>
<td>Title / Position</td>
</tr>
<tr>
<td>Office Phone</td>
</tr>
<tr>
<td>EHR</td>
</tr>
<tr>
<td>Do you have an EHR in place at your practice?</td>
</tr>
<tr>
<td>EHR Vendor</td>
</tr>
<tr>
<td>EHR Version</td>
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</table>

Optional Modules Requested (HIE Administrators Only)

<table>
<thead>
<tr>
<th>Orders</th>
<th>Secure Message</th>
<th>Eligible Provider</th>
<th>Direct Message</th>
<th>Direct Message Suffix</th>
</tr>
</thead>
</table>

Notes: Please add any special instructions about the requested Providers.
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.**

### Practice/Facility Administrator(s) and User Accounts

<table>
<thead>
<tr>
<th>Add Date</th>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Email Address (Required)</th>
<th>Access Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Changes to Existing Practice/Facility Administrator and User Accounts

<table>
<thead>
<tr>
<th>Current Name Information</th>
<th>Type of Change</th>
<th>New Information</th>
</tr>
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<tbody>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** Please add any additional instructions about the requested Practice/Facility Administrators.

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

*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(es). Email addresses will only be used for internal notifications.*
After you press the Submit link this email box will appear
Click on send to send the email

Thank you for submitting your form.
Save the completed form attached for your own records
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 GCHealth webpage type in the URL http://www.gch.org
Click on the Provider Portal link

Click on the MYGCH.org
GCHealth Provider Portal
Logon with your user name and password
Use the temporary password and then create a new unique password
The Secure Messaging Inbox will open to this page, Select the Inbox Tab
Inbox

<table>
<thead>
<tr>
<th>Secure Message Type</th>
<th>Subject</th>
<th>Status</th>
<th>Date</th>
<th>To</th>
<th>Docs</th>
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</thead>
<tbody>
<tr>
<td>Direct</td>
<td>General Correspondence - TOC</td>
<td>New</td>
<td>3/18/2015 9:21 AM</td>
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<tr>
<td>Direct</td>
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<td>New</td>
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<td>3/17/2015 5:37 PM</td>
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<tr>
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<tr>
<td>Direct</td>
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<td>New</td>
<td>3/10/2015 5:35 PM</td>
<td></td>
<td>1</td>
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</tbody>
</table>
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.
New View in Portal

<table>
<thead>
<tr>
<th>Medical Record Numbers</th>
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<tbody>
<tr>
<td><strong>Patient MRN</strong></td>
</tr>
<tr>
<td>GardenCity Hospital</td>
</tr>
<tr>
<td>GardenCity Hospital</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Visits</th>
<th></th>
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<th></th>
<th>Face Sheet</th>
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<tbody>
<tr>
<td>Visit Type</td>
<td>Visit Date</td>
<td>Facility</td>
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<tr>
<td>Inpatient</td>
<td>04/17/2016 4:18 PM</td>
<td>Garden City Hospital</td>
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<td>View</td>
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<tr>
<td>Inpatient</td>
<td>04/02/2016 4:31 PM</td>
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<td>Inpatient</td>
<td>01/16/2016 3:30 PM</td>
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<tr>
<td>Inpatient</td>
<td>01/14/2016 5:31 PM</td>
<td>Garden City Hospital</td>
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<td></td>
<td>View</td>
</tr>
<tr>
<td>Inpatient</td>
<td>01/09/2016 3:35 PM</td>
<td>Garden City Hospital</td>
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<tr>
<td>Inpatient</td>
<td>01/04/2016 4:28 PM</td>
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<tr>
<td>Outpatient</td>
<td>12/29/2015 11:18 AM</td>
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<tr>
<td>Outpatient</td>
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<td></td>
<td>View</td>
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</table>
Medications

**Gender:** F

**Phone:**

**Address:**

**DOB:**

**SSN:** XXX-XX

**ZIP:** 46239

**Search Mode:** Patient Archive Global

- **Visits**
- **Clinical Summary**
- **Documents**

### Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOMETASONE-FORMOTEROL (DULERA) 200 MCG-5 MCG/ACTION HFA AEROSOL INHALER, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 2 PUFF BY INHALATION TWICE A DAY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREDNISONE 10 MG TABLET, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 3 TABLET ORAL TWICE A DAY BEFORE MEALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPIRIN 325 MG TABLET DELAYED RELEASE (DR/EC), ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 1 TABLET ORAL DAILY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METFORMIN 500 MG TABLET, ORDERED BY: HADI A DOURRA, MD DIRECTIONS: 2 TABLET ORAL TWICE A DAY DURING MEAL</td>
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<td></td>
</tr>
</tbody>
</table>

### Allergies

- **Allergen:** No Latex Allergy.

### Problems

<table>
<thead>
<tr>
<th>Problem Name</th>
<th>Onset Date</th>
<th>Resolved Date</th>
<th>Status</th>
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</table>
### Labs

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Name</th>
<th>Status</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbiology</td>
<td>02/10/2016</td>
<td>CULTURE ANAEROBIC</td>
<td>F</td>
<td>Garden City Hosp.</td>
</tr>
<tr>
<td>Microbiology</td>
<td>02/10/2016</td>
<td>CULTURE MYCOBACTERIUM</td>
<td>F</td>
<td>Garden City Hosp.</td>
</tr>
<tr>
<td>Microbiology</td>
<td>02/10/2016</td>
<td>C FUNGUS NOT HAIR SKIN OR NAIL</td>
<td>F</td>
<td>Garden City Hosp.</td>
</tr>
<tr>
<td>Pathology Report</td>
<td>02/10/2016</td>
<td>Surgical Procedures</td>
<td>F</td>
<td>Garden City Hosp.</td>
</tr>
</tbody>
</table>

#### Reports

**Surgical Procedures**
- **Observation Date Time**: 02/09/2016 03:20:02
- **Dictating Physician**: JAGANNATHAN JAYANT
- **Ordering Physician**: LOKHAN, SANDH

**Case Number**: 

**Patient Name**: 

**CLINICAL DIAGNOSIS**
- **SPINAL STENOSIS**
- **SPINAL STENOSIS**
- **SPINAL STENOSIS**

**MACROSCOPIC**
- The case is received in three containers labeled “A” through “C”.
- 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

---

**CT LUMBAR SPINE WO CNTRST**
- **Observation Date Time**: 02/09/2016 19:26:00
- **Dictating Physician**: WONG DO, KEVIN
- **Ordering Physician**: BION, RASHID

**TYPE OF EXAM/PROCEDURE**: CT LUMBAR SPINE WO CNTRST
- **DATE OF SERVICE**: 01/07/2016
- **REASON FOR EXAM**: PAIN
- **ROOM**: 92610
- **VERIFICATION OBSERVER NAME**: SANCHEZ, M.D.

**HISTORY**: Initial presentation with lower back pain.
The Document Tree has now become *Actions* to save and print for your EMR.
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

Click on one of the boxes in the Table of Contents it will bring you directly to that section in the TOC
Archive Messages
When you are finished viewing a secure message, you can move the file from the Inbox and place into the Archive Folder.
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.
Search by patient or document at the top of the page
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.
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
Additional assistance is available

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

Please note

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