



TRAINING: **EMERGENCY** **ROOM**

QUICK REGISTRATION



FACESHEET



Logging In



1. Click on the MyCare Icon on the computer desktop

The login screen for myCare. On the left is the WMCHealth logo. To its right are the labels 'User name:', 'Password:', and 'Domain:'. Further right are three input fields: the first contains 'TrainingT', the second contains ten asterisks, and the third is a dropdown menu showing 'WCMC'. Below these fields is a blue 'Log On' button.

User name: TrainingT

Password: *****

Domain: WCMC

Log On

2. Log in using your username and password

The dashboard after logging in. It features a blue header with the WMCHealth logo, 'FAVORITES' with a bookmark icon, and 'APPS' with a grid icon. Below the header is a navigation bar with 'All' and 'Categories' tabs, and a search bar labeled 'Search All Apps'. The main area is titled 'All Apps' and displays four app tiles: 'AppBar - P1962' (blue 'A' icon), 'PMOffice - P1962' (green 'P' icon), 'Powerchart - P1962' (blue 'P' icon), and 'FirstNet - P1962' (red 'E' icon). The 'FirstNet' tile is highlighted with a red background. A version number 'V12024' is visible in the bottom left corner.

WMCHealth | myCare

FAVORITES APPS

All Categories Search All Apps

All Apps

AppBar - P1962 PMOffice - P1962 Powerchart - P1962 FirstNet - P1962

V12024

3. Click On FirstNet

Steps to Complete Quick Registration

- 1. Sign into FirstNet**
- 2. Click the *ED Quick Registration Icon* on the left-hand corner (yellow paper).**
- 3. Person Search-Use 3 Components**
 - a) Last Name
 - b) First Name
 - c) Date of Birth
- 4. Confirm (Select one)**
 - a) Select “Add Encounter” for patients that have been here before.
 - b) Select “Add Person” if the patient has not been to WMC before.
- 5. Encounter**
 - a) Enter: Legal Sex and Sex Assigned at Birth
 - b) Enter: Preferred Pronoun and Gender Identity
 - c) Enter: SS# or No SSN Reason
 - d) Enter: Street Address and Zip Code (If the address is verified there will be a green check. If incorrect there will be a red x. Please verify with the patient if a red x appears)
 - e) Enter: Cell Phone Number
 - f) Enter: Chief Complaint
 - g) Enter: Arrival Mode
 - h) Enter: Veteran Status
 - i) Enter: Medical Service (Emergency Room Main or Emergency Room Peds)
 - j) Enter: COVID questions
 - k) Enter: Quick Reg Comments
- 6. Click Images on the top right corner**
 - a) Select the scanner icon
 - b) Select an image type
 - c) Click Scan, then OK
 - d) Click Complete
- 7. Print Facesheet and Armband: Adult or Peds**
 - a) “Sign E Form” will appear
 - b) Select consents.
 - c) Click Present and have the patient complete the consent
- 8. Verify with the patient (or guardian) name and D.O.B. on I.D. band by having them spell it, then band patient.**
- 9. Hand Completed sheets to Triage RN**
 - a) Face Sheet
 - b) Labels (1)



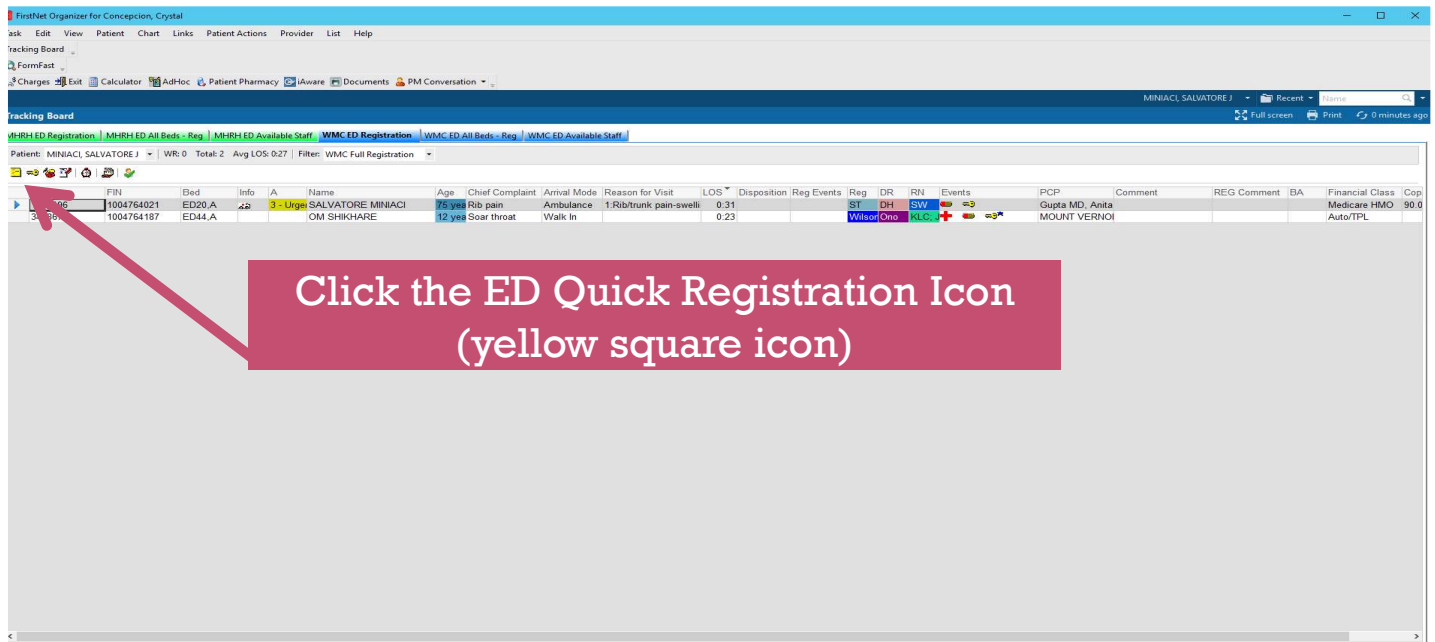
Emergency Room Tracking Board

Screenshot of the Emergency Room Tracking Board software interface. The interface shows a patient list with columns for Arrival Time, MRN, FIN, Bed, Info, Name, Sex/GI, Arrival Mode, Consent Status, Reason for Visit, LOS, Disposition, Reg Events, Reg, DR, RN, Events, PCP, Comment, and REG Comment. A red arrow points to the 'Name' column header.

Arrival Time	MRN	FIN	Bed	Info	A	Name	Sex/GI	Arrival Mode	Consent Status	Reason for Visit	LOS	Disposition	Reg Events	Reg	DR	RN	Events	PCP	Comment	REG Comment
10/12/2024 13:35			ED22.D		3 - Urgen			Auto	Consent Requested	1 Knee pain-swelling	1.53									
10/12/2024 14:00			ED09.D		3 - Urgen			Ambulance	Consent Requested	1 Back pain	1.28									
10/12/2024 14:22			ED04.D		3 - Urgen			Auto	Consent Requested	1 Headache	1.06									
10/12/2024 14:37			ED14.D		3 - Urgen			Ambulance	Consent Requested	1 Substance Abuse	0.51									
10/12/2024 14:45			ED23.D		3 - Urgen			Ambulance	Consent Requested	1 Wrist pain-swelling	0.43									

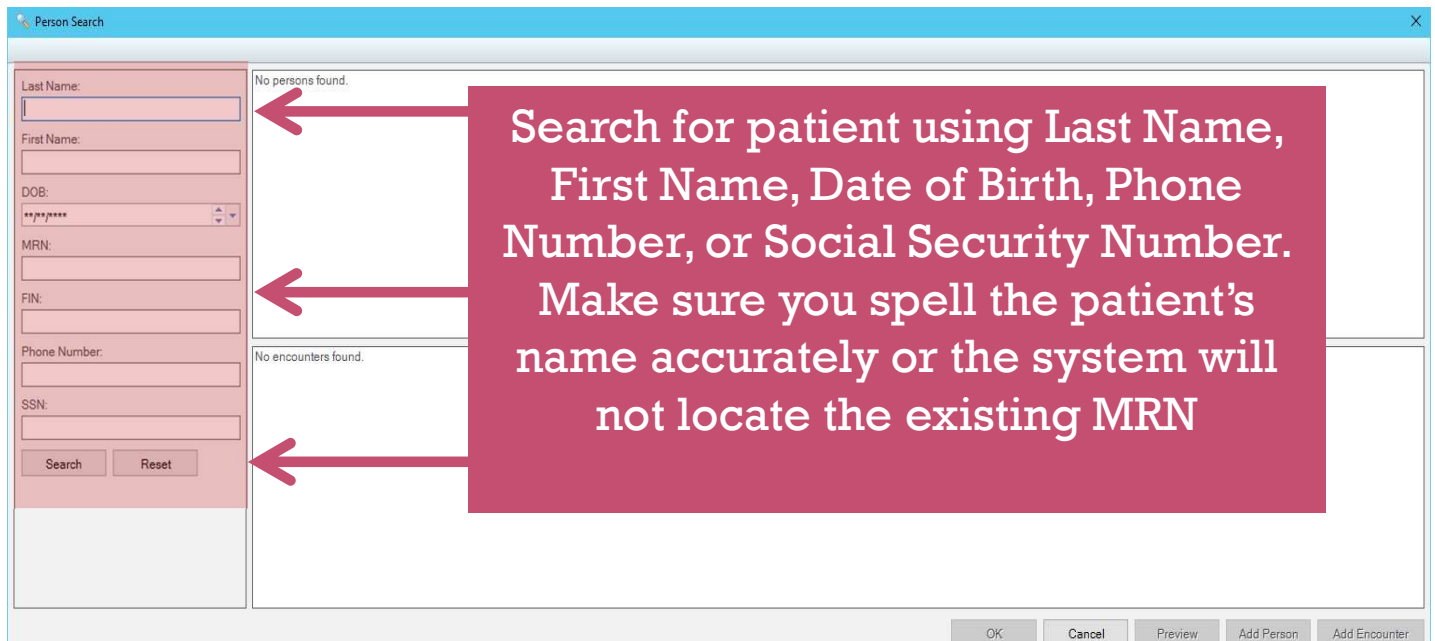
Column	Description
Arrival Time	Time of Arrival
MRN	Medical Record Number
FIN	Financial Number
Bed	Assigned Bed / Room
Info	Various Icons
Age	Patients Age
Name	Patients Name (Last, First Name)
Sex/Gender	Male or Female
Arrival Mode	Auto, Ambulance, etc.
Consent Status	Gen. Consent Obtained
Reason For Visit	Chief Complaint
LOS	Length of Stay
Disposition	Patient Status
Reg Events	Registration Events
Reg	Registration Assigned to patient
DR	Doctor Assigned to Patient
RN	Nurse Assigned to Patient
Events	Clinical Events
PCP	Primary Care Doctor
Comments	Clinical Notes
Reg Comments	Notes from Registration
BA	
Financial Class	Primary Insurance
Copay Amount	Copayment Required
HLP Offered	Access to the Portal

Starting a Quick Registration



Click the ED Quick Registration Icon (yellow square icon)

FIN	Bed	Info	A	Name	Age	Chief Complaint	Arrival Mode	Reason for Visit	LOS	Disposition	Reg Events	Reg	DR	RN	Events	PCP	Comment	REG Comment	BA	Financial Class	Cop
1004764021	ED20_A		3 - Urg	SALVATORE MINACI	75 yes	Rib pain	Ambulance	1.Rib/trunk pain-sweli	0.31			ST	DH	SW		Gupta MD, Anita				Medicare HMO	90.0
1004764187	ED44_A			OM SHIKHARE	12 yes	Soar throat	Walk In		0.23			Wisor/Ono	KL	GL		MOUNT VERNOI				Auto/TPL	



Search for patient using Last Name, First Name, Date of Birth, Phone Number, or Social Security Number. Make sure you spell the patient's name accurately or the system will not locate the existing MRN

No persons found.

No encounters found.

Search Reset

OK Cancel Preview Add Person Add Encounter

New Patient

Person Search

Last Name:

First Name:

DOB:

MRN:

FIN:

Phone Number:

SSN:

No persons found.

No encounters found.

If the patient is new, you will not find results

Click "Add Person" to begin the registration

Existing Patient

Results will pull up possible matching names. You must verify you are selecting the correct patient by using the columns listed next to the names.

Person Search

Last Name:

First Name:

DOB:

MRN:

FIN:

SSN:

Phone:

Zip Code:

Name	MRN	Sex	DOB	Age	Maiden Name	Address	Phone	SSN
ZZZTEST, MIKIEL	3554189	Male	01/01/1988	36 Years		12 MAY ST		
ZZZTEST, MICHELLE	4398841	Female	12/23/1983	40 Years		241 NORTH RD		
ZZZTEST, MICHAEL	4398428	Male	02/13/1967	57 Years		241 NORTH RD		
ZZZTEST, MICHAEL	3580382	Male	10/22/1979	44 Years		100 WOODS RD		
ZZZTEST, MICHAEL	3580655	Male	10/22/1984	39 Years		241 NORTH RD		XXX-XX-6398
ZZZTEST, MICHAEL	4189302	Male	02/02/1960	64 Years		241 NORTH RD	(222)222-2222	
ZZTEST, MICHAEL	3546267	Male	08/25/1985	39 Years		241 NORTH RD	(845)483-5000	
ZZTEST, MICHAEL	3582239	Male	08/01/1980	44 Years		241 NORTH RD		

FIN	Facility	Nurse Unit	Enc Type	Med Service	Est Arrival Date	Admit Date	Disch Date	Attending Physician
1041248475	MidHudson Regional Hospital	MH VPREADMIT	PreAdmit	MED - Medicine	9/24/2024 9:30			Khan MD, Muhammad

VF2024

If the patient has previous visits to the network, a list of visits will appear.

The patient is coming in for a new visit to the Emergency Room, so in this case we will be adding an Encounter (Visit). Click "Add Encounter"

Quick Reg Screen

Section

1

Images	*Last Name: ZZZTEST	*First Name: MICHAEL	Middle Name:
Suffix:	*Date of Birth: **/**/****	Age:	*Legal Sex:
*Sex Assigned at Birth:	*Preferred Pronoun:	*Gender Identity:	*Social Security Number:
No SSN Reason:	*Arrive Date: 10/10/2024	*Arrive Time: 13:34	Medical Record Number: 3580655
Financial Number:	Trauma/Stroke/Downtime:	Alias:	Alias Name Printed:
Alias Name Non Printed:			

Fill in all required fields highlighted in yellow.

Homeless:

*Pt Home (Mailing) Address:

County Code: 13 - Dutchess County	Westchester County Code: 5551	Is the patient a minor from a facili...:
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Section

2

Preferred Phone: Mobile Phone Number	Home Phone Number: () -	*Mobile Phone Number: () -	Work Phone Number: () -
Work Extension:	Alternate Phone Number: () -	Email Address:	

*Chief Complaint:	*Arrival Mode:	*Preferred Language:	Veteran Status:
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Location

Building: MH Main Building	Nurse/Ambulatory: MH Emergency Department	Patient Type: Emergency	*Medical Service:
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Travel

*Have you traveled to Africa rece...:

Section

3

*Display in Directory?: Yes	VIP Indicator:	Disaster Tracking:
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Registration Date: 10/10/2024	Registration Time: 13:34	Registration User ID: FERMINV1	*Quick Req Comments:
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Previous Quick Reg Comments:

VF2024

Complete

Cancel

Section 1

Sex Assigned at Birth:

- Female
- Male
- Unknown

Preferred Pronoun:

- Declined to Answer
- He/Him
- Other
- Patient Unavailable
- She/Her
- They/Them

Gender Identity:

- Female
- Female to Male
- Genderqueer
- Patient Unavailable
- She/Her
- They/Them

Legal Sex:

- Female
- Male
- Undifferentiated

Social Security #:
Ask patient for SS#. If you are unable to obtain, select a reason from the drop-down menu (Red Highlight)

No SSN Reason:
Reason for no SS#

Form Fields:
 Images: [Button]
 Suffix: [Dropdown]
 *Last Name: ZZZTEST
 *First Name: MICHAEL
 Middle Name: [Text]
 *Date of Birth: [Date Picker]
 Age: [Text]
 *Legal Sex: [Dropdown]
 *Sex Assigned at Birth: [Dropdown]
 *Preferred Pronoun: [Dropdown]
 *Gender Identity: [Dropdown]
 *Social Security Number: [Text]
 *Arrive Date: 10/10/2024
 *Arrive Time: 13:34
 Medical Record Number: 3580655
 Financial Number: [Text]
 Trauma/Stroke/Downtime: [Dropdown]
 Alias: [Text]
 Alias Name Printed: [Text]
 Alias Name Non Printed: [Text]

Images:

Check images like Identification Card.
Scan Identification Card.

MRN:
A Medical Record Number is assigned to each patient.

FIN:
Each visit to the hospital, the patient receives a new FIN number. Think of this number as visit numbers.

Trauma/Stroke/Downtime:
This is used ONLY for Trauma or Stroke Patients

Form Fields:
 Images: [Button]
 Suffix: [Dropdown]
 *Last Name: ZZZTEST
 *First Name: MICHAEL
 Middle Name: [Text]
 *Date of Birth: [Date Picker]
 Age: [Text]
 *Legal Sex: [Dropdown]
 *Sex Assigned at Birth: [Dropdown]
 *Preferred Pronoun: [Dropdown]
 *Gender Identity: [Dropdown]
 *Social Security Number: [Text]
 *Arrive Date: 10/10/2024
 *Arrive Time: 13:34
 Medical Record Number: 3580655
 Financial Number: [Text]
 Trauma/Stroke/Downtime: [Dropdown]
 Alias: [Text]
 Alias Name Printed: [Text]
 Alias Name Non Printed: [Text]

Scanning

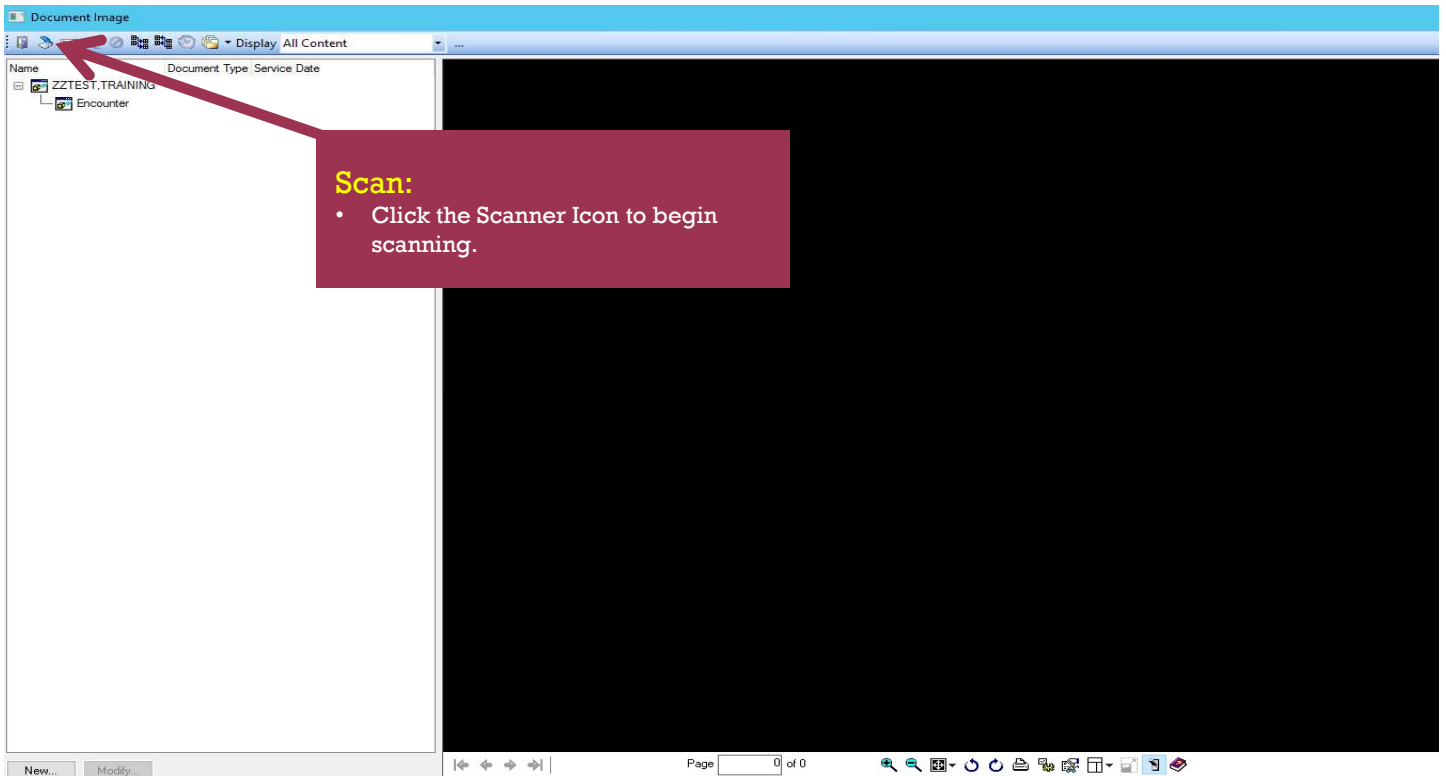
Images:

- Click here to review or scan Photo ID or documentation

Images

*Last Name:	ZZZTEST	*First Name:	MICHAEL	Middle Name:	
Suffix:		*Date of Birth:	**-**-****	Age:	
*Sex Assigned at Birth:		*Preferred Pronoun:		*Gender Identity:	
No SSN Reason:		*Arrive Date:	10/10/2024	*Arrive Time:	13:34
Financial Number:		Trauma/Stroke/Downtime:		Alias:	
Alias Name Non Printed:				Alias Name Printed:	

*Legal Sex:
 *Social Security Number: - -
 Medical Record Number: 3580655



Scanning

Select Image Type:

- Click the dropdown menu to select the type of image you are scanning.

Add/Modify Image

*Select an image type:
 ...

Date:

Select a parent:

*Image title:

New Page
☒ Append
☐ Insert

Scan
 Import
 Paste File
 Next Document
 Delete Page
 OK
 Cancel

Select Patient:
 Select the patients name if not already selected.

No image loaded

Label the Scan:
 Give the document you scanned a title.
 Example:
 • Photo ID
 • Consent Forms
 • Transfer Facesheet

Scan:
 Click the scan button to start the scan.
 Then Click OK to complete scan.

Document Image

Display All Content

Name: ZZZTEST.MICHAEL
 Document Type: Photo Identification
 Service Date: 12/13/2022

Photo Identification 12/13/2022

After Scan:
 The image you scanned will appear on the list of documents.
 If you click on the item on the list, it will appear on the box to the right.

NEW YORK STATE DRIVER LICENSE
 123 456 789
 ZZTEST MICHAEL, MATTHEW
 2345 ANYWHERE STREET
 YOUR CITY, NY 12345
 Date of Birth: 08/31/1982
 Sex: M Height: 5'-08" Eyes: BRO
 DOB: 08/31/1982
 Expires: 08/31/2022
 License: NONE
 Renewal: 08/31/2017

Page 1 of 1

Section 2

Mailing Address (Part 1):

Enter the patient's address by clicking the box.

Mailing Address (Part 2):

After Clicking on the box, enter the patients address in the pop box. If the Street address and zip is correct, the system will fill automatically fill in the city, state, county and country.

Mailing Address (Part 3):

If the address is entered correctly, a **green check** will appear next to address. If the address is incorrect, a **red X** will appear next to the address and must be confirmed with patient.

The screenshot shows a patient information form with several sections. The 'Mailing Address' section is highlighted with a red box. It includes a dropdown for 'Address Type' (set to 'Home'), a text field for '* Street Address' (containing '241 NORTH RD'), a text field for 'Street Address2' (empty), a text field for '* Zipcode' (containing '12601-1154'), and dropdowns for 'City' (POUGHKEEPSIE), 'State (C)' (NY), 'County (C)' (Dutchess), and 'Country(C)' (US). To the right of the form, two examples of the 'Pt Home (Mailing) Address' are shown. The first example has a green checkmark and the address '241 NORTH RD, POUGHKEEPSIE, NY, 12601-1154 Dutchess US'. The second example has a red X and the same address. Arrows from the text boxes point to the corresponding fields in the form.

Homeless:

*Pt Home (Mailing) Address:

County Code: Westchester County Code:

Preferred Phone: Home Phone Number:

Work Extension: Alternate Phone Number:

*Chief Complaint: *Arrival Mode:

Location:

Building: Nurse/Ambulatory:

Address Type:

* Street Address:

Street Address2:

* Zipcode:

City:

State (C):

County (C):

Country(C):

Pt Home (Mailing) Address:

Pt Home (Mailing) Address:

Work Phone Number:

Veteran Status:

*Medical Service:

Telephone:

Enter Home, Mobile, Work, Telephone number

Preferred Language:

Enter Patients preferred language.

Chief Complaint:

Enter the symptoms the patient is experiencing

Arrival Mode:

Enter the patient's arrival mode. Walk in, Auto, Ambulance, etc.

Medical Service:

Select the Medical Service

The screenshot shows the lower portion of the patient information form. It includes fields for 'Preferred Phone' (Mobile Phone Number), 'Home Phone Number', '* Mobile Phone Number', 'Work Phone Number', 'Work Extension', 'Alternate Phone Number', 'Email Address', '* Chief Complaint', '* Arrival Mode', '* Preferred Language', 'Veteran Status', 'Location', 'Building', 'Nurse/Ambulatory', 'Patient Type', and '* Medical Service'. Arrows from the text boxes point to the corresponding fields in the form.

Preferred Phone: Home Phone Number: * Mobile Phone Number: Work Phone Number:

Work Extension: Alternate Phone Number: Email Address:

* Chief Complaint: * Arrival Mode: * Preferred Language: Veteran Status:

Location:

Building: Nurse/Ambulatory: Patient Type: * Medical Service:

Section 3

Traveled outside of the US:

- No
- PT unavailable
- Yes

VIP Indication:

This is only if a patient wants their name no be hidden on the tracker while they are being treated.

Quick Reg Comments:

- You must enter a note regarding your registration encounter.
- Example :
- Patient verified all information.
- Patient Phot ID scanned
- Patient unable to confirm information due to medical reason
- Patient did not have ID

*Have you traveled to Africa rece...

*Display in Directory?: VIP Indicator: Disaster Tracking:

Registration Date: Registration Time: Registration User ID: *Quick Req Comments:

Previous Quick Reg Comments:

Click "Complete" to finish the registration.

Complete Cancel

Ready FERMINV1 P1962 10/10/2024 13:43

Document Selection

Document Selection:

- Print Facesheet and Labels with Armband.

	Document	Printer	Copies
☒	Facesheet	Default Station	1
☐	Facesheet	Default Station	1
☒	Labels with Armband	vlacp7fprt1wb	1
☐	Labels with Armband	vlacp7fprt1wb	1

Click "OK" to print

OK

ED Quick Registration

The following Westchester Medical Center aliases have been assigned for ZZTEST, TRAINING:

MRN: 4005228
FIN NBR: 63096945

Click "OK" to finish the registration.

OK

eForm

Consent Forms:

- A list of all missing consent forms will appear.
- Select all forms, and then hit present on the lower left hand corner

The screenshot shows a window titled 'Sign eForms'. At the top, there is a dropdown menu labeled 'Select a parent:' with the value 'ZZZTEST, MICHAEL - Encoun...'. Below this is a table with the following columns: 'Form Name', 'Document Type', 'Subject', 'Reason Not Completed', and 'Date Last Presented'. The table contains three rows of data:

Form Name	Document Type	Subject	Reason Not Completed	Date Last Presented
☒ General Consent for Treatment - MHRH	Consent Forms	General Consent For Treatment		
☒ HIE Consent - MHRH	Person Level Forms	HIE		
☒ No Surprise Act Disclosure Form - MHRH	Consent Forms	No Surprise Act Disclosure Form		
☒ Notice of Privacy Practice - MHRH	Consent Forms	Notice of Privacy Practice		

At the bottom of the window, there are five buttons: 'Present', 'Select Forms', 'Print', 'Refresh', and 'Close'. A red arrow points from the 'Present' button to the text box below.

Once the consents are completed a green arrow will appear indicating the consent was signed and saved.

Click "close" when all forms are completed.

The screenshot shows a single form entry in a list. The 'Form Name' is 'General Consent for Treatment - MHRH'. To the left of the form name is a green checkmark icon, indicating that the form has been signed and saved.

Consent Validation

FirstNet Organizer for Fermin, Victor O

Task Edit View Patient Chart Links Patient Actions Provider List Help

Tracking Board

SUAREZ GARCIA, NAISMITH

Tracking Board

GH OB Recently Discharged GH OB Recently Discharged SACH OB/GYN View SACH Newborn View SACH OB All Beds SACH OB Recently Discharged L&O View Postpartum View Well Baby Nursery View OB Recently Discharged PreReg Babies NCU Nursery View

BSC ED Look Up GH ED Registration GH ED All Beds - Reg GH ED Look Up SACH ED Registration SACH ED All Beds - Reg SACH ED Look Up GH OB ED Registration GH L&O View GH Newborn View GH NCU View GH OB All Beds GH OBED View

MHRH ED Registration MHRH ED All Beds - Reg MHRH ED Available Staff WMC ED Registration WMC ED All Beds - Reg WMC ED Available Staff WMC Bradhurst Hemotherapy WMC Bradhurst Infusion Therapy BSC ED Registration BSC ED All Beds - Reg

Patient: SUAREZ GARCIA, NAISV | WR: 0 Total: 6 Avg LOS: 1:16 Filter: MHRH Full Registration

Arrival Time	MRN	FIN	Bed	Info	A	Name	Sex/GI	Arrival Mode	Consent Status	Reason for Visit	LOS	Disposition	Reg Events	Reg	DR	RN	Events	PCP	Comment	REG Comment
10/11/2024 13:35	1234567	100545545	PEDS5.D	3 - Urgen	Test, Michael			Walk In	Consent Requested	1 Knee pain-swelling	1.53							Mazumdar MD, t		
10/11/2024 13:55	4567894	100580545	ED22.D	3 - Urgen	Jackson, Michael			Auto	Consent Signed	1 Facial pain	1.34							Savath MD, Vinc 22		
10/11/2024 14:00	5765464	100254945	ED09.D	3 - Urgen	Smith, Jane			Ambulance	Consent Requested	1 Back pain	1.28							Anwar MD, Asgh		
10/11/2024 14:22	54865465	10085451	ED04.D	3 - Urgen	Jones, Wanda			Auto	Consent Signed	1 Headache	1.06									
10/11/2024 14:37	8784656	100457411	ED14.D	3 - Urgen	Danbury, William			Ambulance	Consent Requested	1 Substance Abuse	0.51									
10/11/2024 14:45	15456	100154854	ED23.D	3 - Urgen	Williams, Robert			Ambulance	Consent Requested	1 Wrist pain-swelling	0.43									

P1962 FERMINV1 October 12, 2024 15:29 EDT

Consent Validation:

Click here to validate if the General Consent form was signed.

Available Conversations

Please select the conversation you would like to use:

Consent Form Validation

OK

Consent Validation Popup:

Select Consent Form Validation, then OK.

Consent Form Validation

Please confirm general consent form is signed.

Images

*OR Consents Signed:

Last Name: ZZZTEST First Name: MICHAEL Middle Name: Suffix: Date of Birth: 10/22/1984 Age: 39Y Legal Sex: Male Sex Assigned at Birth: Male

Preferred Pronoun: He/Him Gender Identity: Male Medical Record Number: 3580653 Financial Number: 1042594562 Alias: Alias Name Printed: Alias Name Non Printed:

Location

Building: MH Main Building Nurse/Ambulatory: MH Emergency Department Patient Type: Emergency Medical Service: MER - MH Emergency Room Mail

*Consent Form Comments:

Previous Quick/Modify/Consent Comments:

10/21/2024 11:37:00 ED Quick Reg Comment by: Fermin, Victor O test patient

VF2024

QR Consent Signed:

Select Yes or No.

Consent Form Comments:

Type a comment related to consents.

- "Consent signed by patient"
- "Patient unable to sign due to medical condition"

Complete:

Once Completed, click "Complete"

Complete Cancel



**QUICK
REGISTRATION
COMPLETED**

VF2024