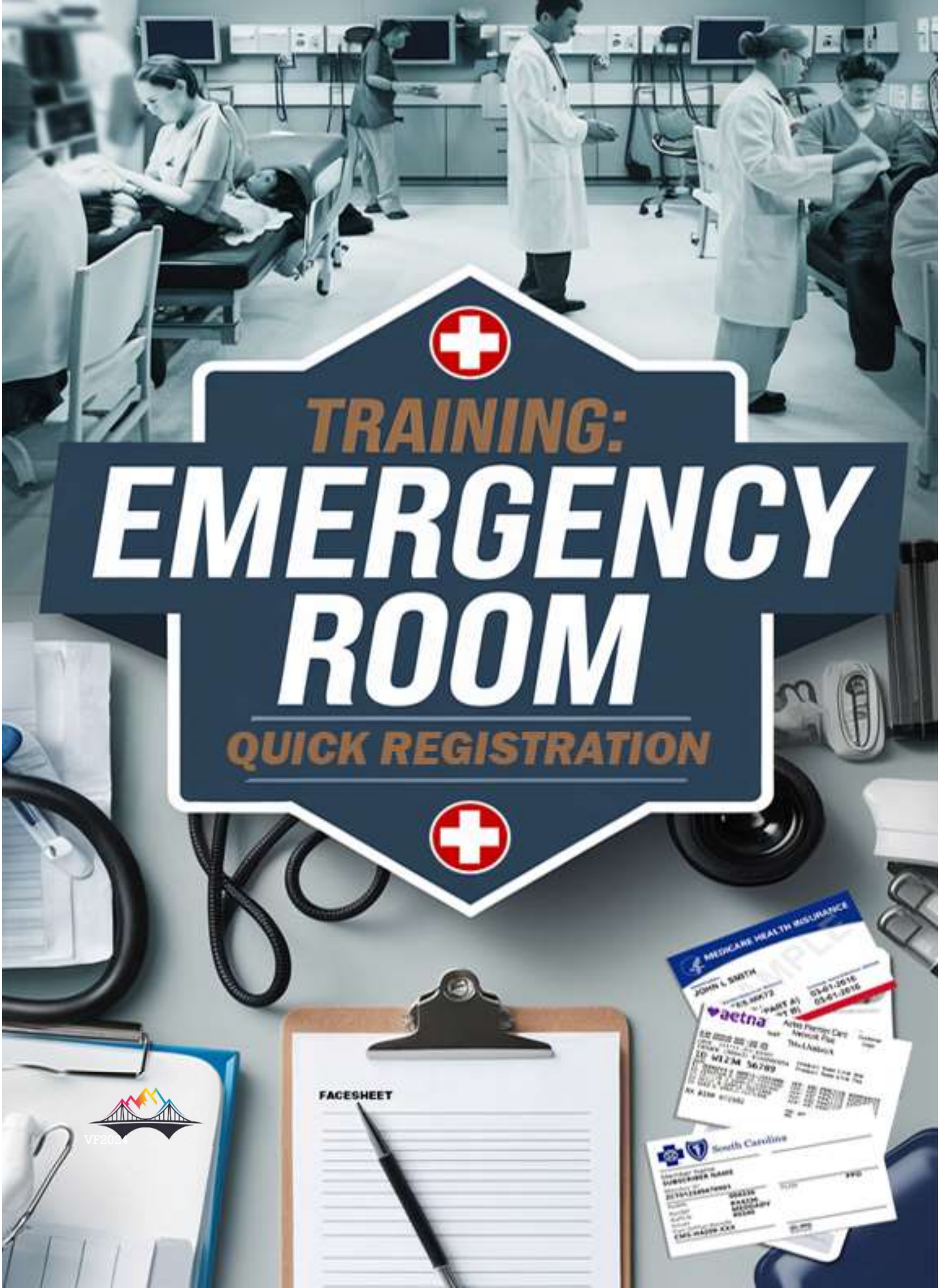
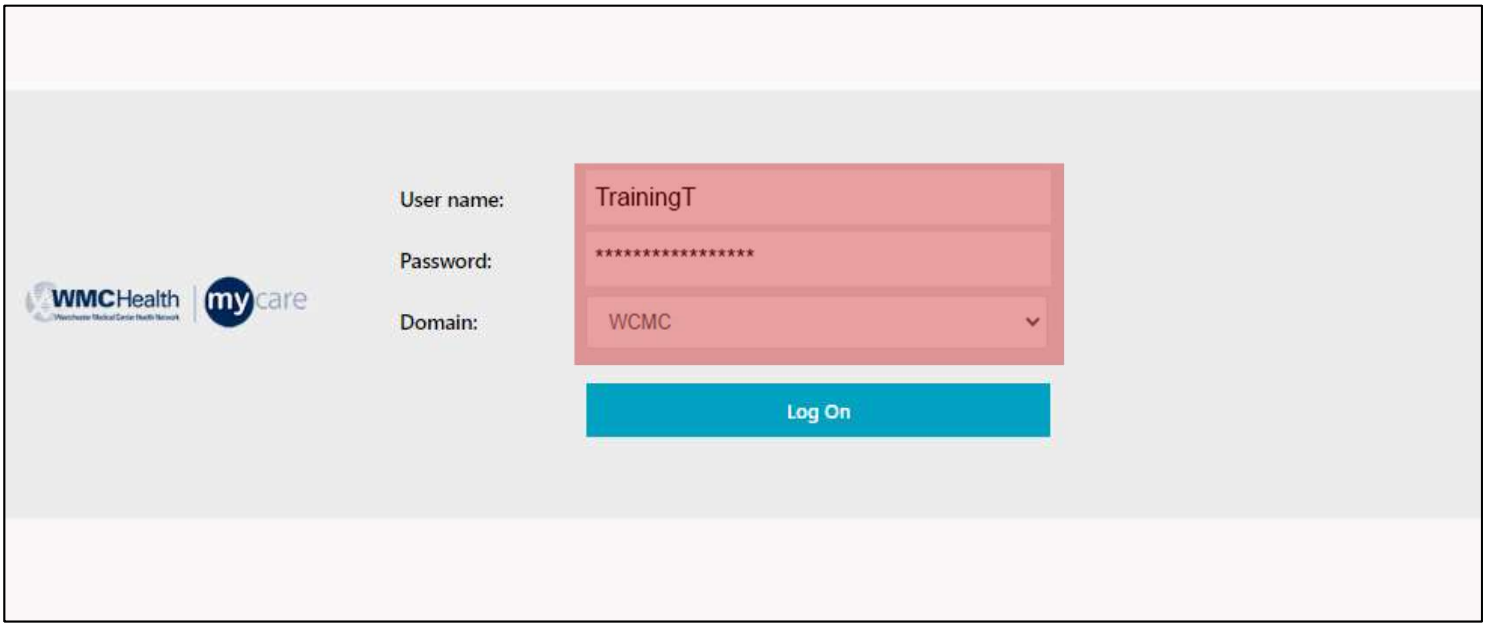
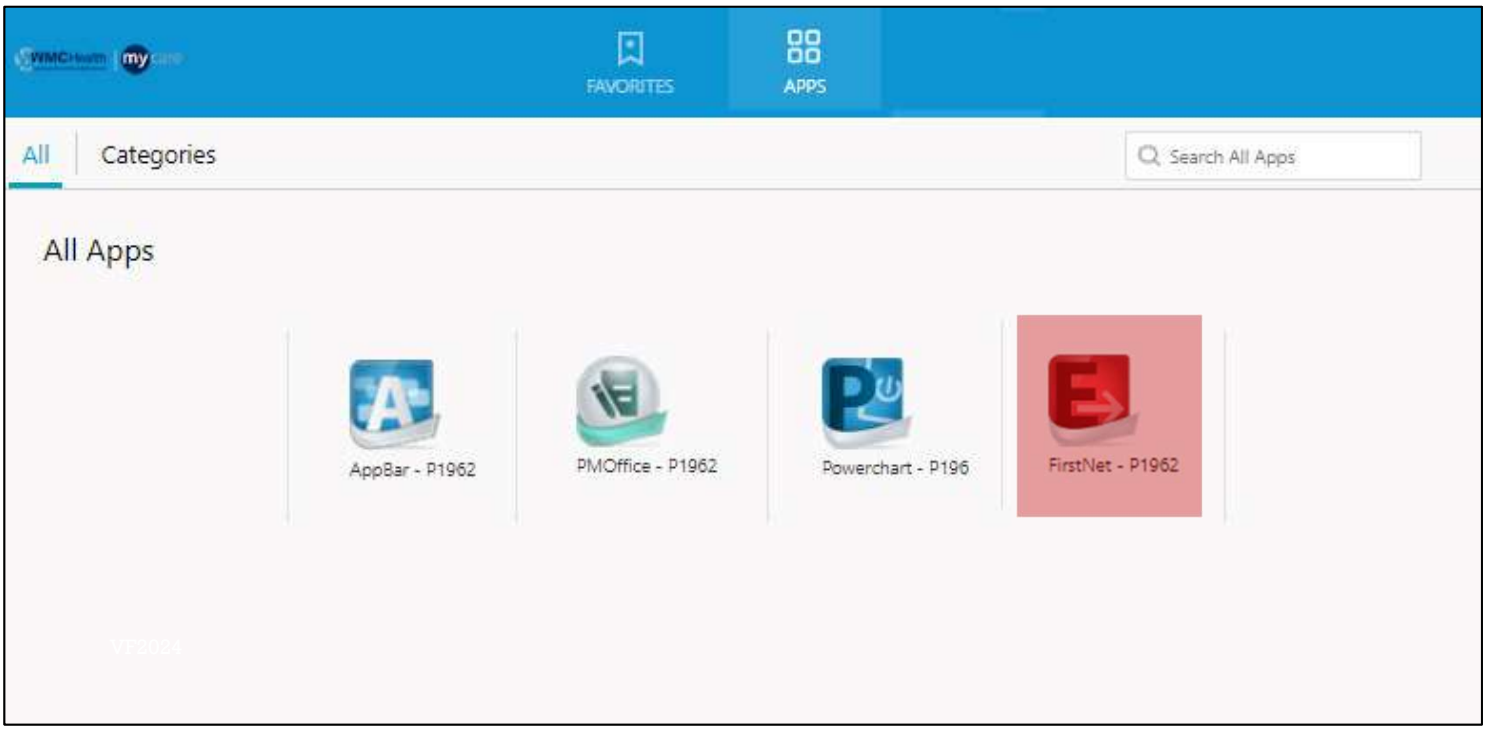

TRAINING:
EMERGENCY ROOM
QUICK REGISTRATION
FACESHEET
MEDICARE HEALTH INSURANCE
aetna
South Carolina

Logging In

1. Click on the MyCare Icon on the computer desktop



2. Log in using your username and password

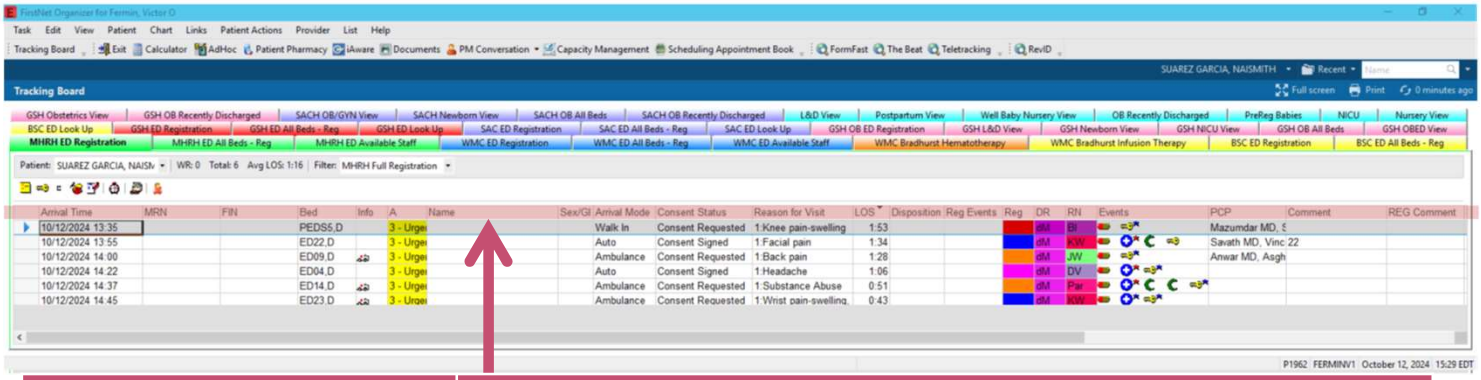


3. Click On FirstNet

Steps to Complete Quick Registration

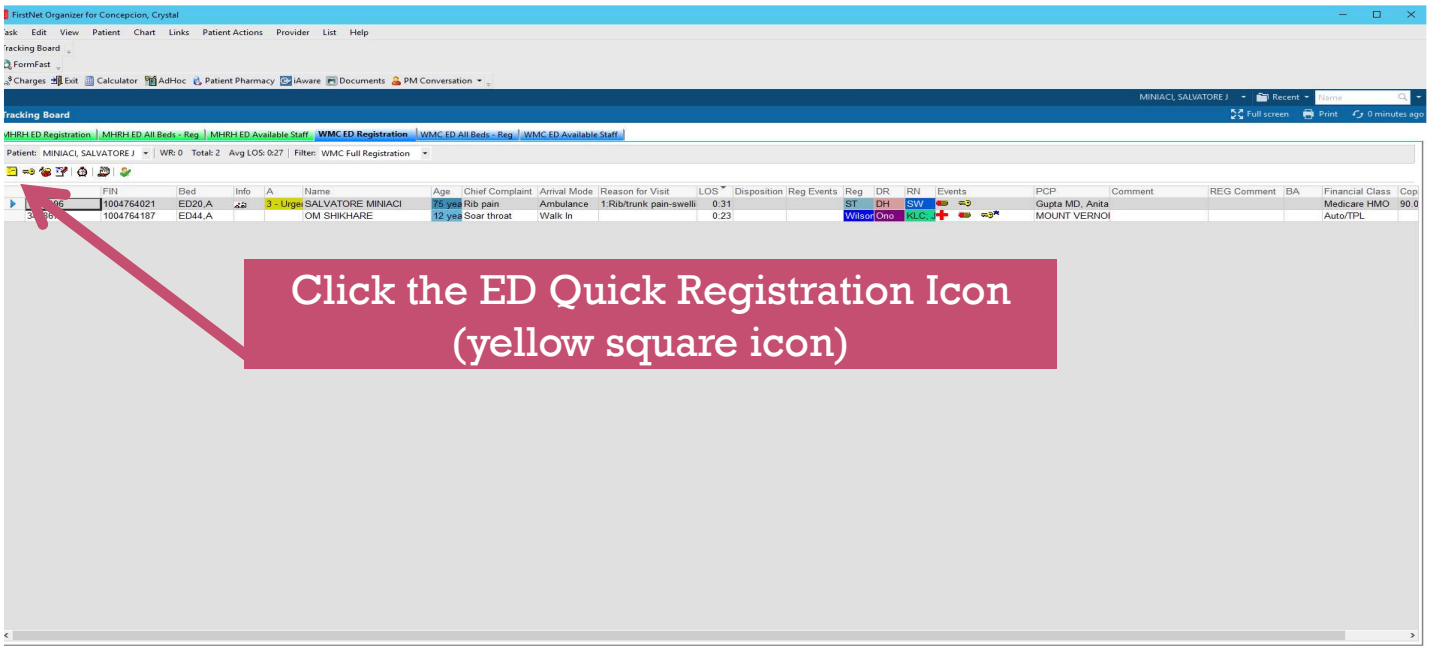
1. ***Sign into FirstNet***
2. ***Click the ED Quick Registration Icon on the left-hand corner (yellow paper).***
3. ***Person Search-<u>Use 3 Components</u>***
   a) Last Name
   b) First Name
   c) Date of Birth
4. ***Confirm (Select one)***
   a) Select "Add Encounter" for patients that have been 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)

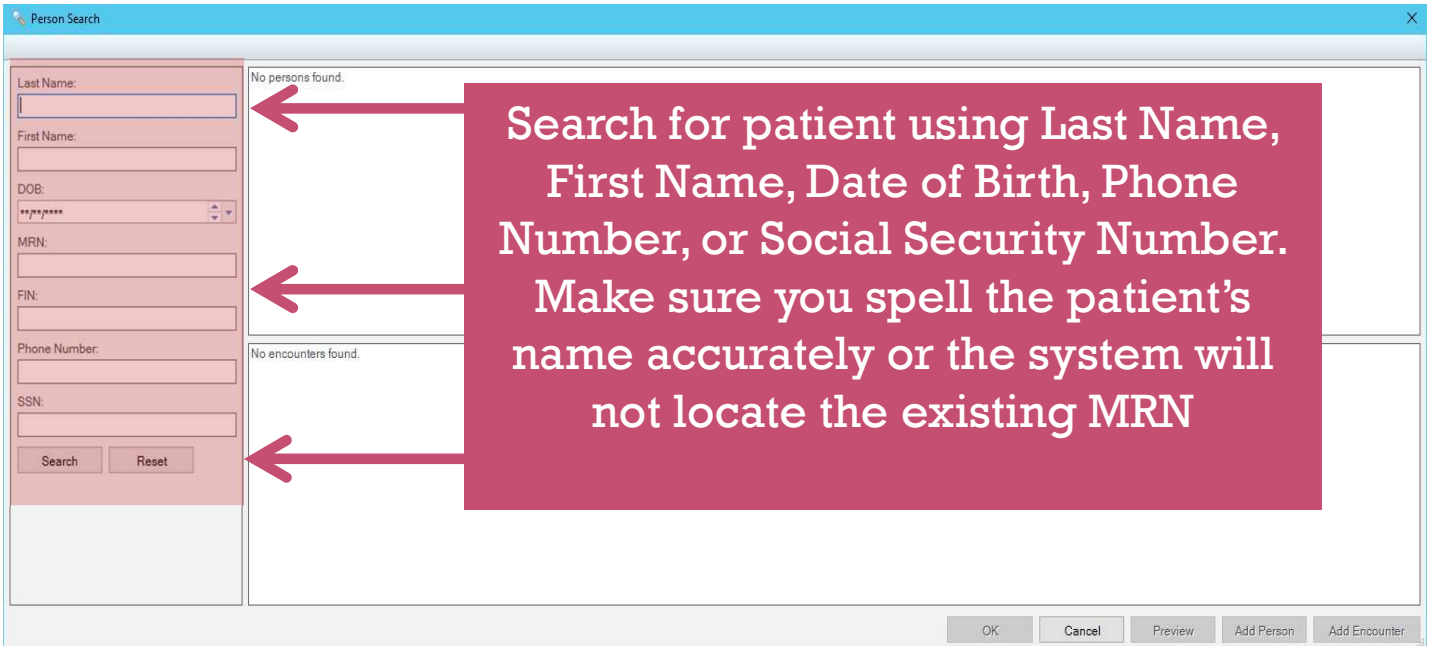
Emergency Room Tracking Board



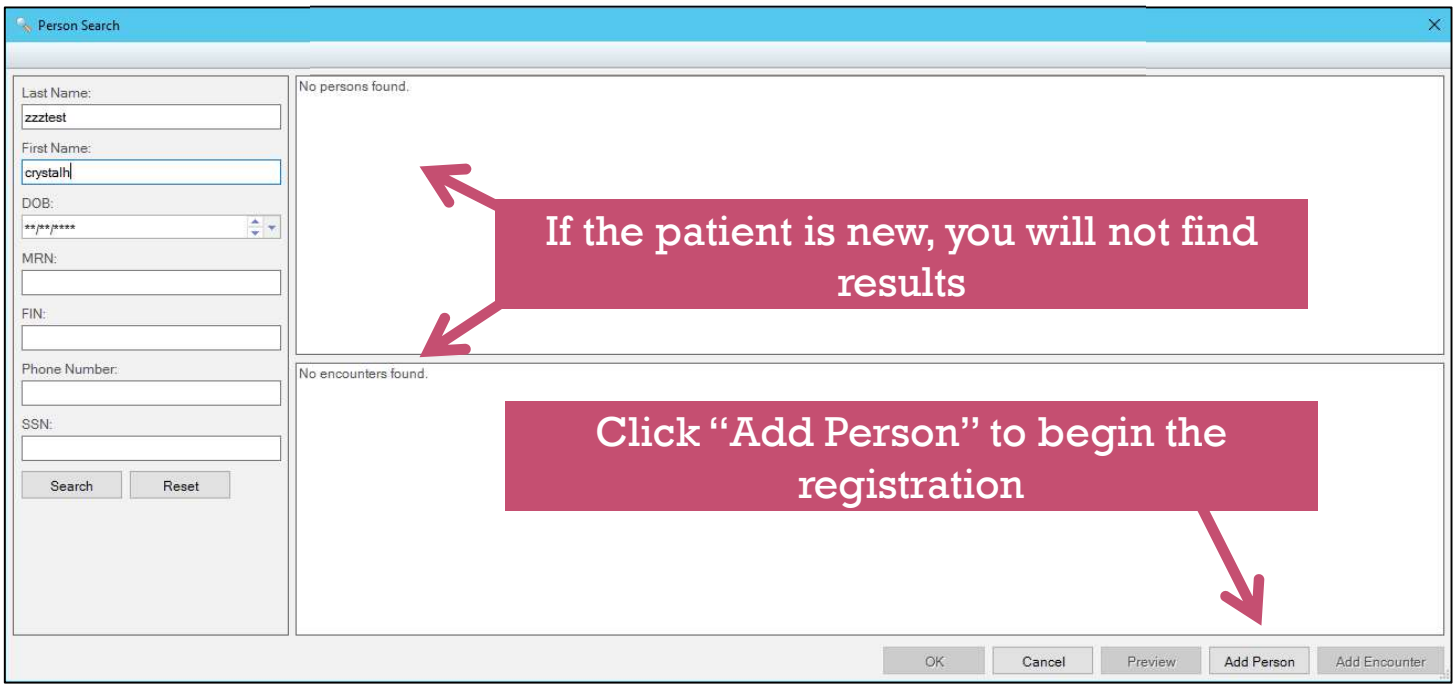
Column	Description
Arrival Time	Time of Arrival
MRN	Medical Record Number
FIN	Financial Number
Bed	Assigned Bed / Room
Info	Various Icons
Age	Patients Age
Name	Patients Name (Last, First Name)
Sex/Gender	Male or Female
Arrival Mode	Auto, Ambulance, etc.
Consent Status	Gen. Consent Obtained
Reason For 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



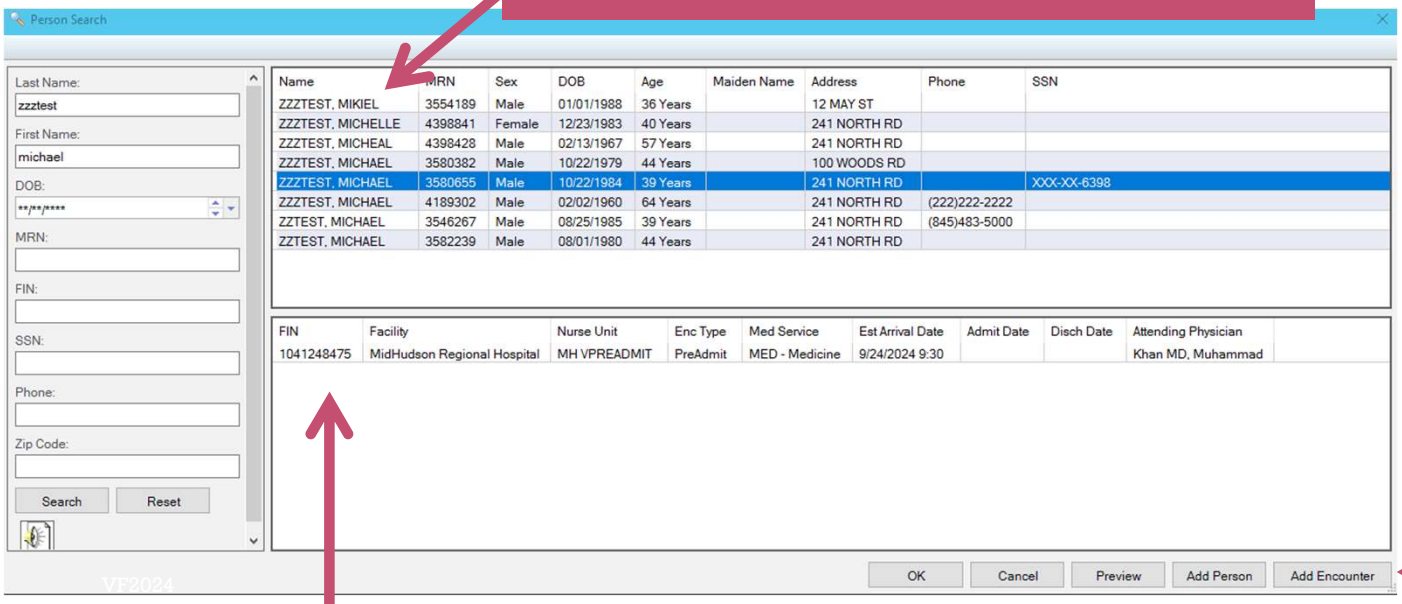


New Patient



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.

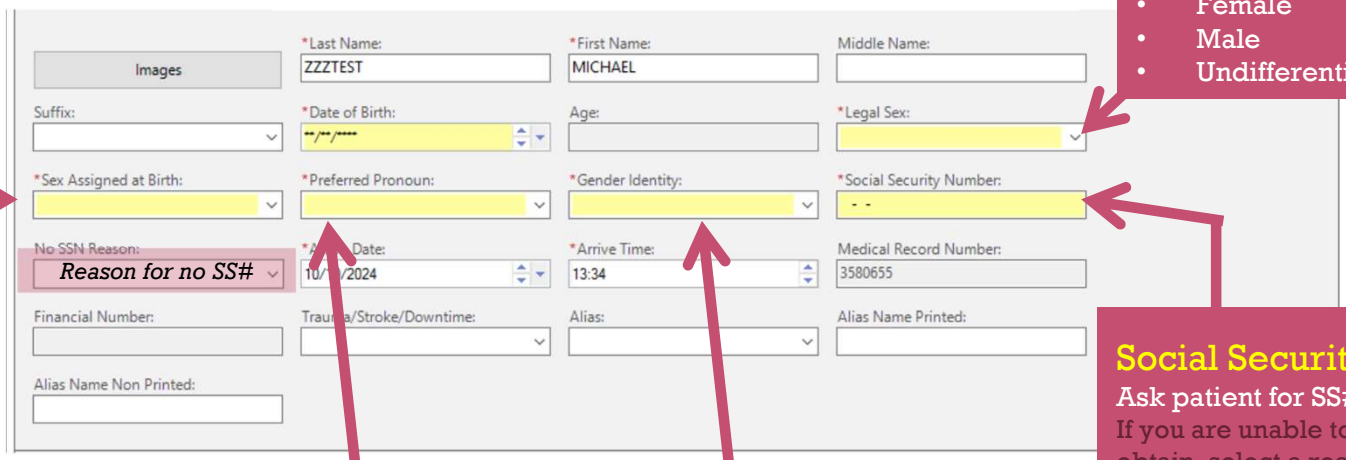


If the patient has previous visits to the network, a list of visits will appear.

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"


ED Quick Registration
Quick Reg Screen
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:
Section
1
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...
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:
Location
Building:
MH Main Building
Nurse\Ambulatory:
MH Emergency Department
Patient Type:
Emergency
*Medical Service:
Travel
*Have you traveled to Africa rece...
Section
3
*Display in Directory?:
Yes
VIP Indicator:
Disaster Tracking:
Registration Date:
10/10/2024
Registration Time:
13:34
Registration User ID:
FERMINV1
*Quick Req Comments:
Previous Quick Reg Comments:
VF2024
Complete
Cancel
Ready
FERMINV1
P1962
10/10/2024
13:43

Section 1



Legal Sex:
- Female
- Male
- Undifferentiated

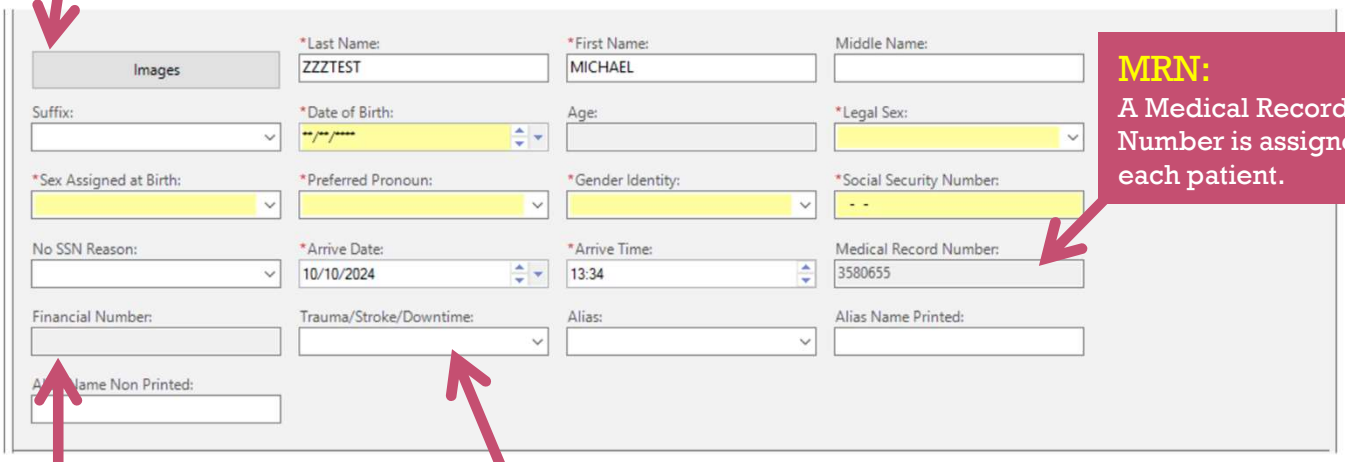
Social Security #:
Ask patient for SS#. If you are unable to obtain, select a reason from the drop-down menu (Red Highlight)

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

Images:
Check images like Identification Card. Scan Identification Card.



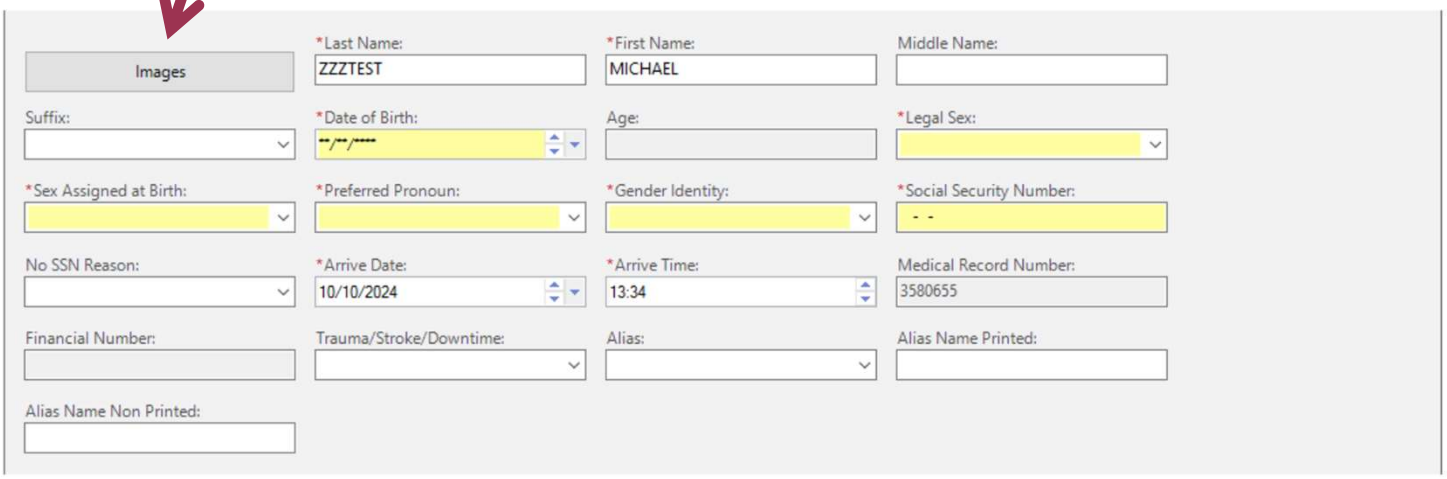
MRN:
A Medical Record Number is assigned to each patient.

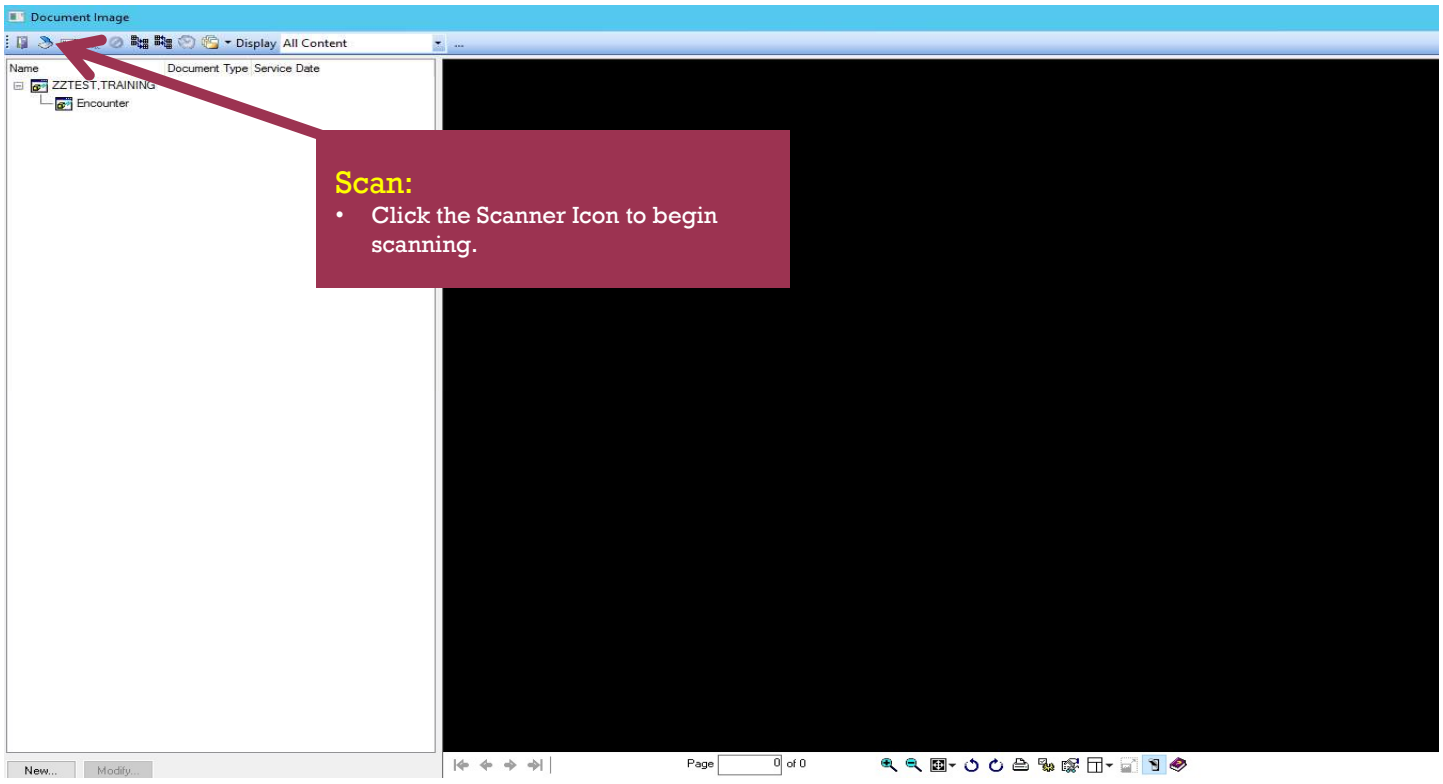
FIN:
Each visit to the hospital, the patient receives a new FIN number . Think of this number as visit numbers.

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

Scanning

Images:
- Click here to review or scan Photo ID or documentation

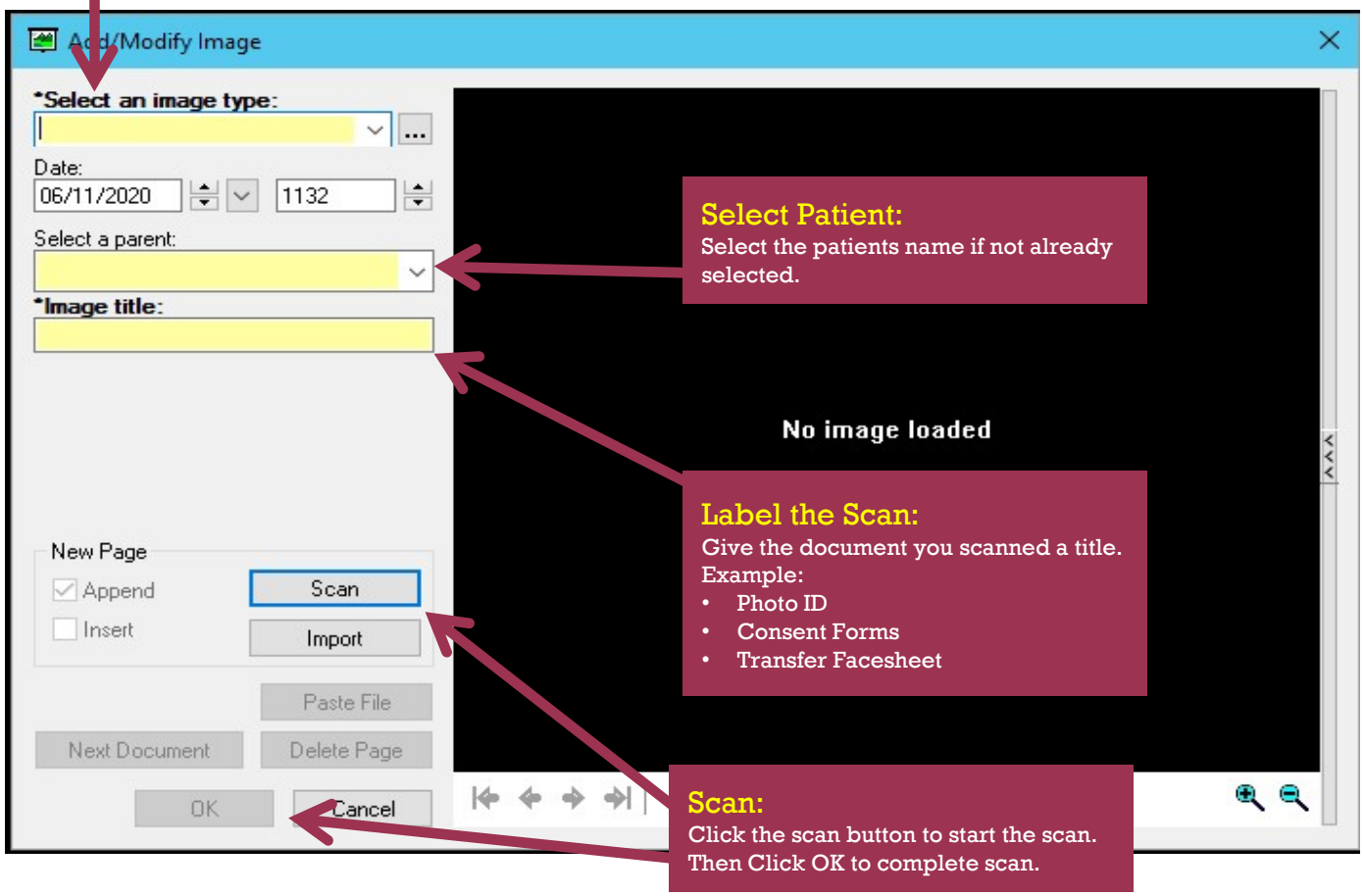




Scan:
- Click the Scanner Icon to begin scanning.

Scanning

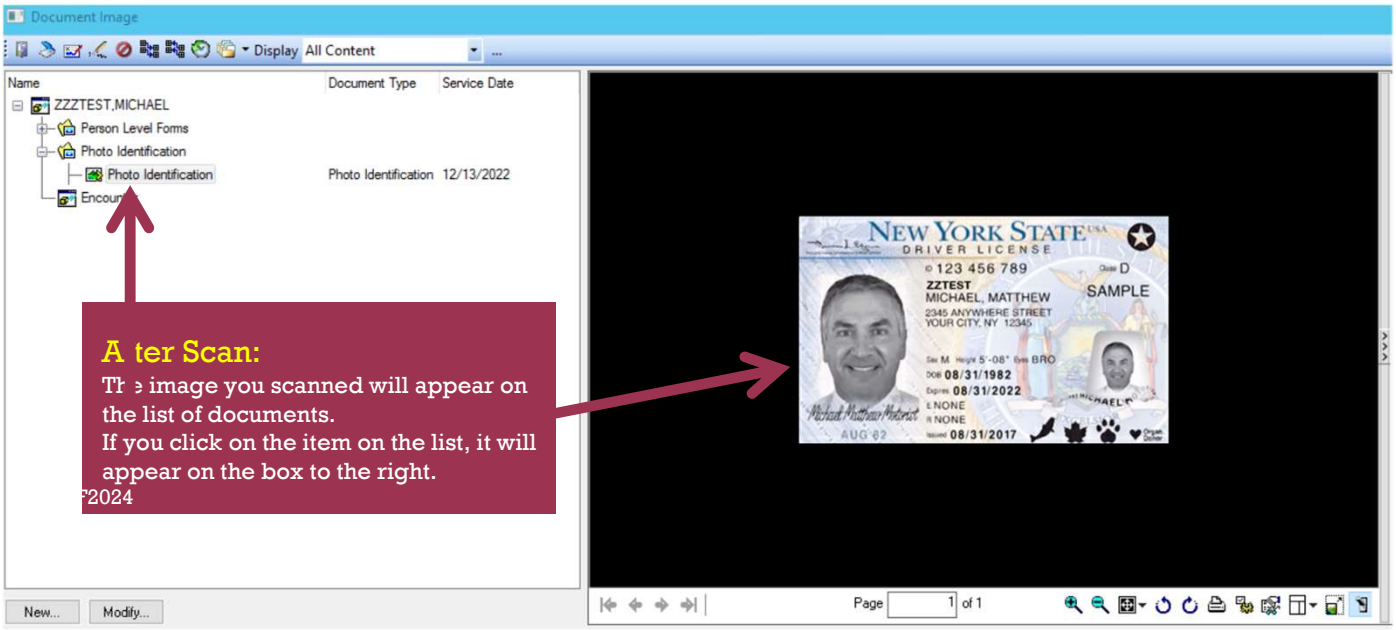
Select Image Type:
- Click the dropdown menu to select the type of image you are scanning.



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

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.



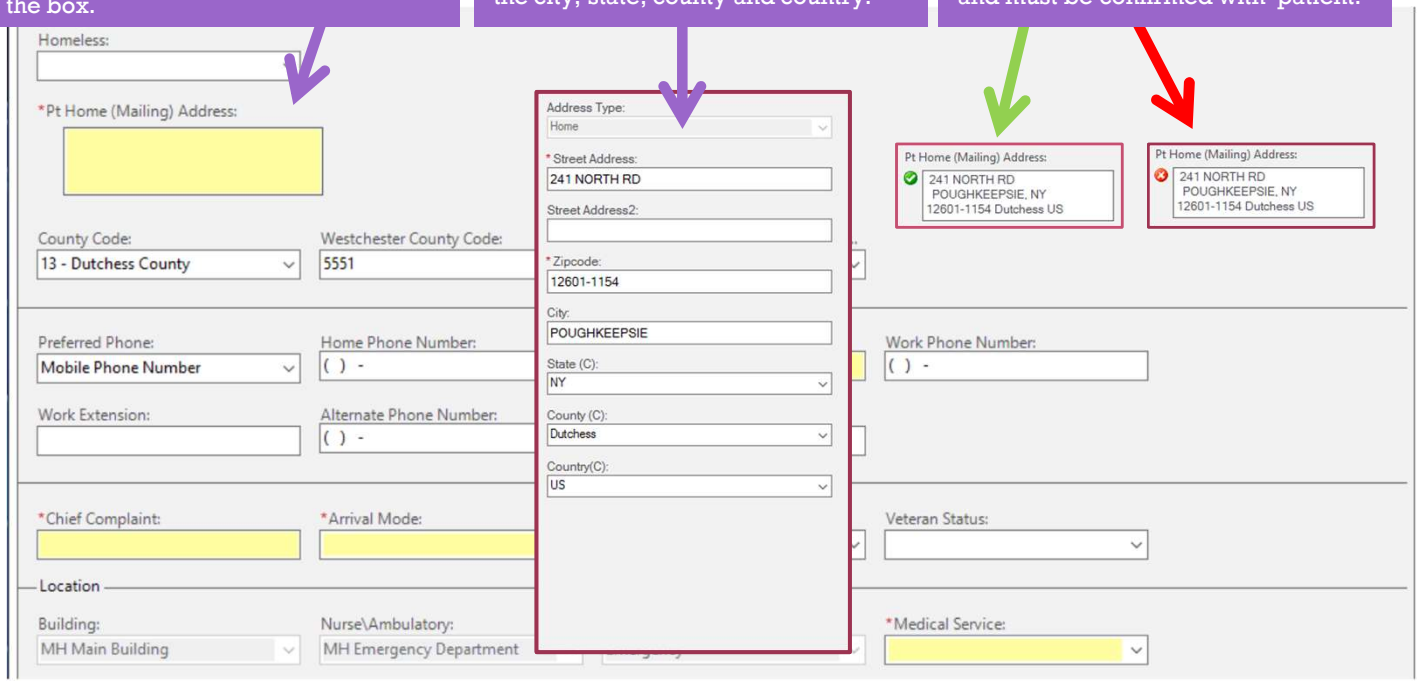
A ter Scan:
Tr e image you scanned will appear on the list of documents.
If you click on the item on the list, it will appear on the box to the right.

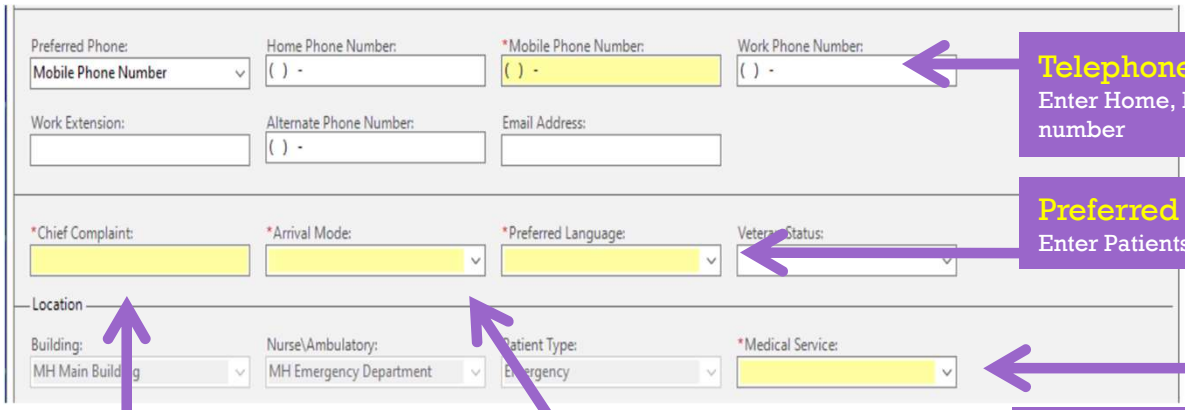
Section 2

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.





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.

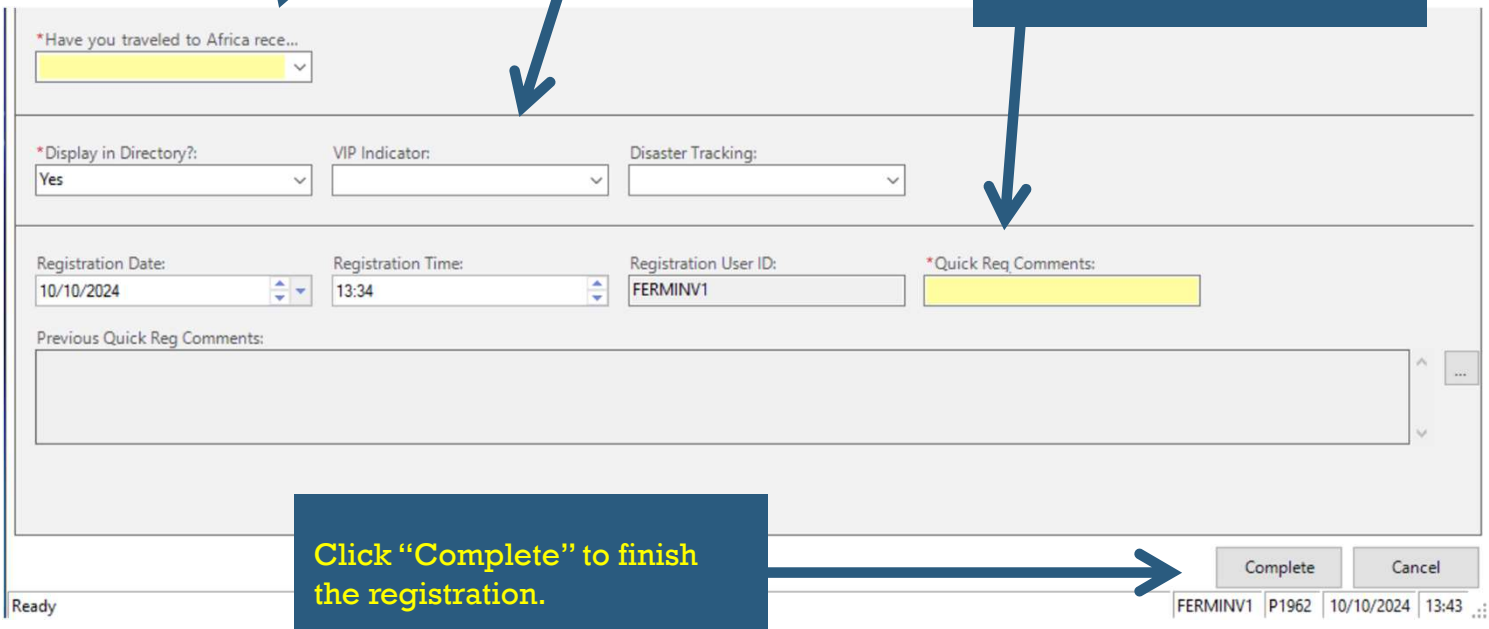
Medical Service:
Select the Medical Service

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

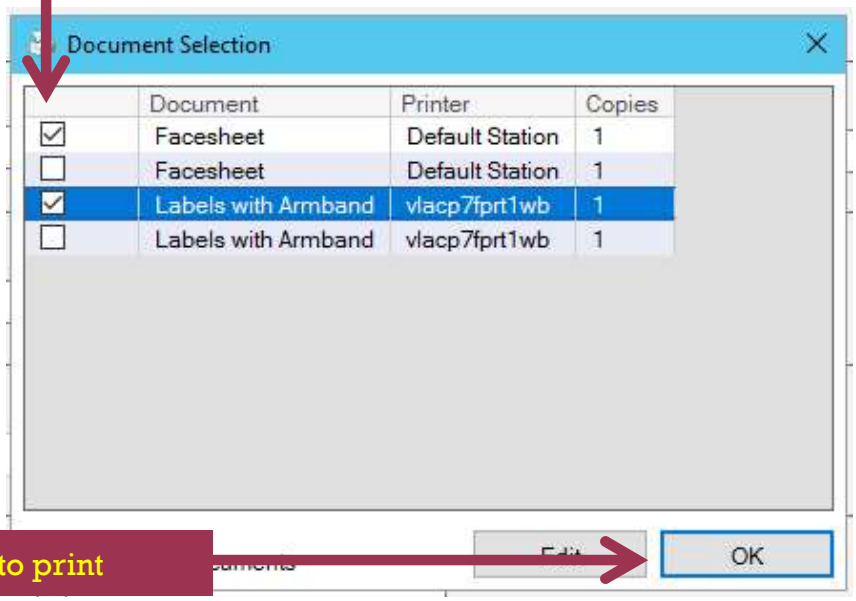


Click "Complete" to finish the registration.

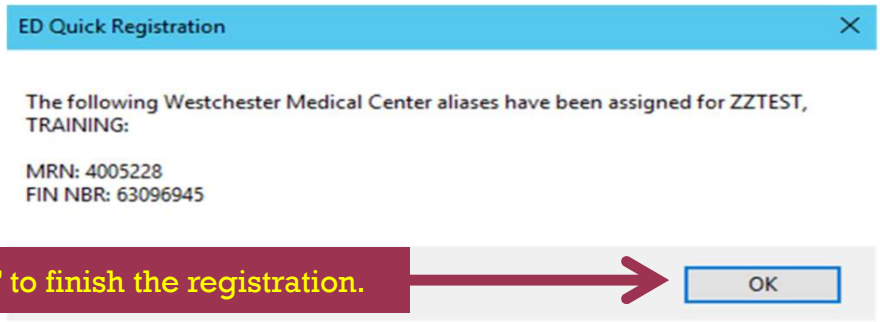
Document Selection

Document Selection:

- Print Facesheet and Labels with Armband.



Click "OK" to print

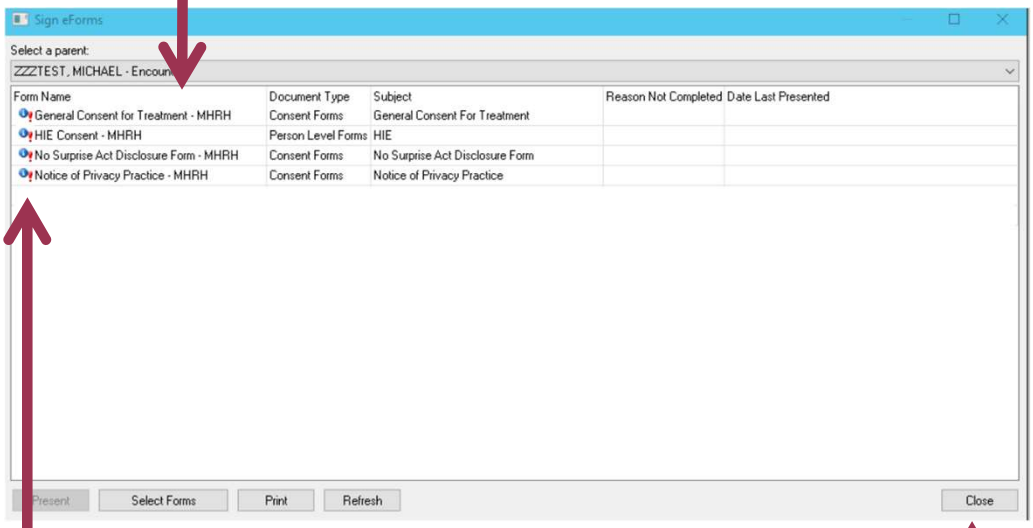


Click "OK" to finish the registration.

eForm

Consent Forms:

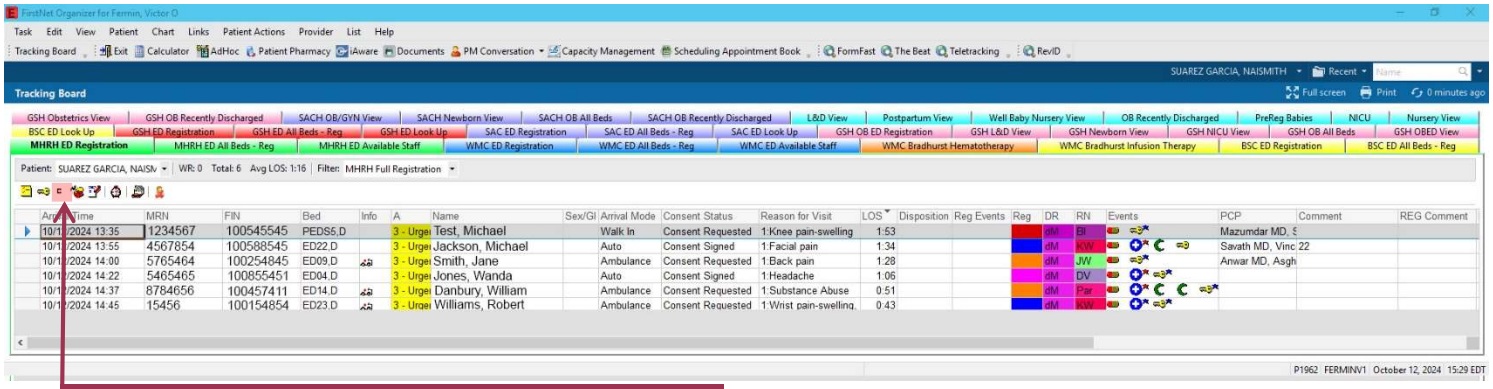
- A list of all missing consent forms will appear.
- Select all forms, and then hit present on the lower eft hand corner



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

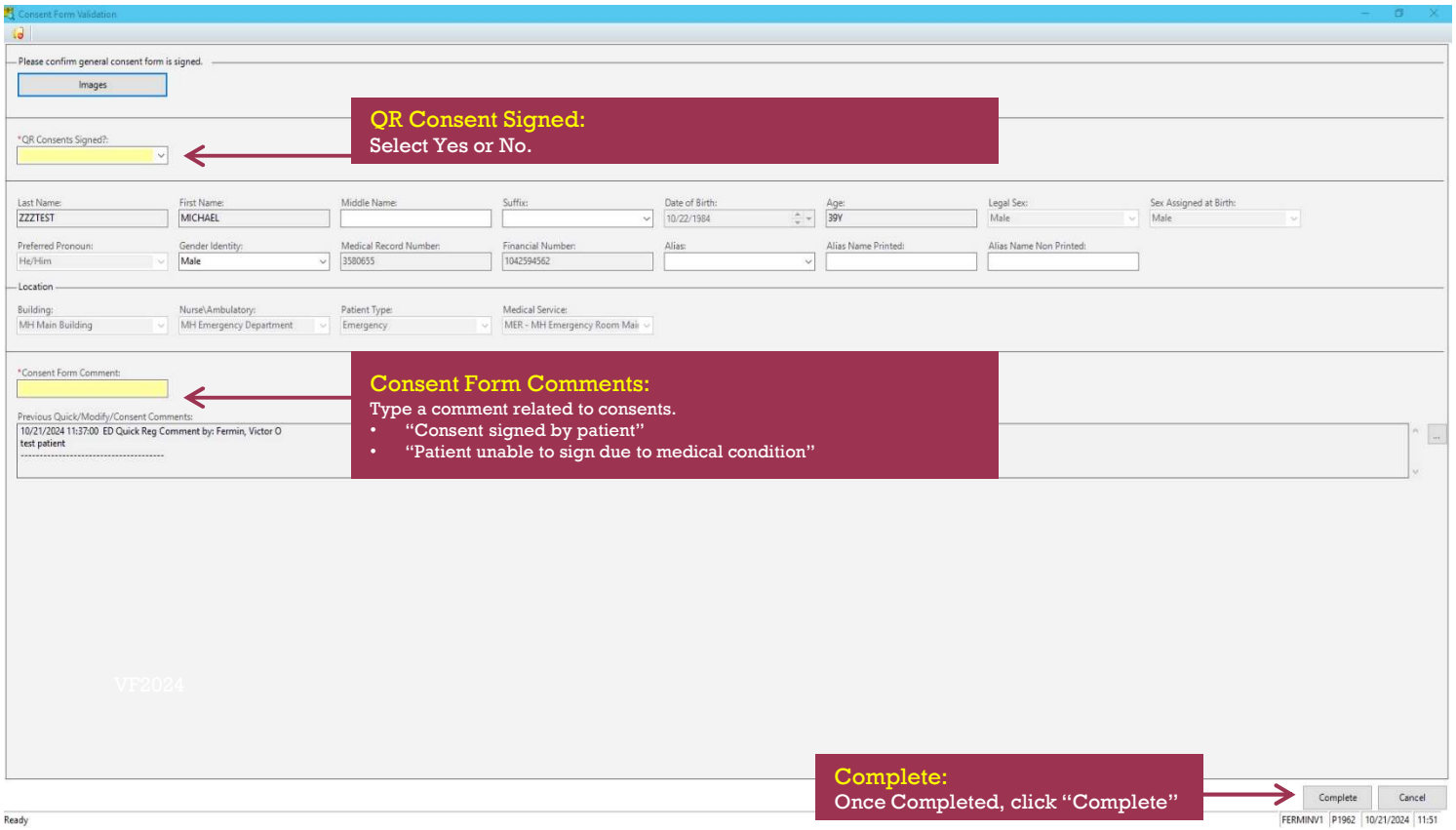
Click "close" when all forms are completed.

Consent Validation



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

Consent Validation Popup:
Select Consent Form Validation, then OK.



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"


QUICK
REGISTRATION
COMPLETED
VF2024