



Introducing PowerConnect Actionable Findings

Dear Physician or Office Manager,

We are pleased to announce that we are implementing new software in Radiology, PowerConnect Actionable Findings: A communication system designed to ensure that abnormal diagnostic findings reach the ordering physician promptly to improve patient safety and enhance timely and reliable clinical communication. We have balanced the preferences and needs of recipient Medical Staff with constraints imposed by The Joint Commission and HIPAA regulations. Radiology Associates of Tallahassee and Tallahassee Memorial Healthcare will begin utilizing PowerConnect Actionable Findings to communicate abnormal findings.

How it Works

PowerConnect Actionable Findings creates a direct messaging channel between the Radiology Department and the ordering physician:

- Physicians choose how they want to be notified of abnormal test results: By SMS, email, pager, landline, or fax —or any combination of devices based on the preferences indicated in the attached profile form.
- PowerConnect Actionable Findings delivers an alert in real-time to the selected device(s). Alerts typically include a dial-in number and a unique 6-digit message ID allowing the ordering physician to access a message about the abnormal finding from the Radiologist who interpreted the study.
- An alert might read: ***Critical result for Dr. Smith from Dr. Grant at TMH. Please dial ###-###-#### and enter access code (ex. 123456) to retrieve the result.***
- Backup notification device preferences can also be defined. If the message is not retrieved and closed in a timely manner the diagnostic center will be notified and "failsafe" procedure will initiate to ensure the abnormal test results are communicated to you as quickly as possible.

What We Need From You

Physician: Complete the PowerConnect Actionable Findings Profile **as soon as possible**. Please refer to the instruction sheet.

Office Manager: For Clinical Team Setup (group of physicians sharing a notification device or devices) please complete section D on the profile form. Notification device example: Back-office landline or fax machine during office hours and answering service after hours.

Your timely cooperation in this important project is greatly appreciated.

Thank you.

PowerConnect Actionable Findings Profile Form Instructions

SECTION A: Clinician and Practice Group Information – Please complete necessary information.

SECTION B: Alert Preferences – You will need to identify your alert device preferences as outlined below.

Stroke	Result requires immediate clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within minutes.
Critical	Result requires immediate clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within minutes.
Non-Emergent	Result requires prompt clinical attention for the patient or for the patient’s contacts to avoid serious adverse outcomes. Physician alert and acknowledgement should occur within days.

- **Cell Phone Text:** Provide your 10-digit phone number to receive text notifications.
- **Email:** Provide your email address. Email notifications include dial-in information to retrieve the result over the phone or a link to access the result via the Actionable Findings Web Tool. You will receive an email with a link to set up your Actionable Findings account.
- **Pager:** Provide the pager number and carrier information and identify the pager as “Numeric” or “Alpha”.
- ***Landline:** Provide a phone number. The automated message will contain retrieval instructions for the result. *Phone number given must be live answered.
- **Fax:** Provide your fax number. Fax notifications include dial-in information to retrieve the result over the phone.

SECTION C: Answering Service Hours – If answering service is used phone number given must be live-answered.

SECTION D: List of Practice Group Physicians – This allows groups of physicians to receive notifications to shared or passed devices. All notifications for any member of the group can be delivered to defined devices.

PowerConnect Actionable Findings Profile Form

**Please send your completed form to 1-877-606-3995 or NuanceActionableFindingsData@nuance.com
If you need assistance, please contact Nuance Customer Support at (866) 256-3178**

Organization Name:	Radiology Associates of Tallahassee	Facility Name:	Radiology Associates of Tallahassee. TMH	Directory ID: 601
<input type="checkbox"/> New Profile	<input type="checkbox"/> Practice Group (doctors share/pass same device - please complete section D)			Date:

SECTION A: Clinician and Practice Group Information (Please make corrections directly on this form.)

CLINICIAN INFORMATION	PRACTICE GROUP INFORMATION
Physician Name:	Practice Group Name:
Unique Clinician ID: (Nuance Only)	Specialty:
Email (required):	Main Office Phone:
Cell Phone:	*Landline:
Pager:	Fax:
Pager Carrier:	Office Contact Name:
	Contact Phone w/ Ext:
	Contact Email:
	Office Hours:
	Office Address:
	City:
	State: Zip:

<p>Stroke Result</p> <p>Please Indicate Level of Alert ("1" Primary, "2" Backup, "3" Fail-Safe)</p> <p><input type="checkbox"/> Cell <input type="radio"/> Text Message</p> <p>Cell #: _____</p> <p><input type="checkbox"/> Landline (MUST ANSWER LIVE 24/7)</p> <p>Landline #: _____</p> <p><input type="checkbox"/> Pager <input type="radio"/> Alpha <input type="radio"/> Numeric</p> <p><input type="checkbox"/> Fax # _____</p> <p><input type="checkbox"/> Email: _____</p>	<p>Critical Result</p> <p>Please Indicate Level of Alert ("1" Primary, "2" Backup, "3" Fail-Safe)</p> <p><input type="checkbox"/> Cell <input type="radio"/> Text Message</p> <p>Cell #: _____</p> <p><input type="checkbox"/> Landline (MUST ANSWER LIVE 24/7)</p> <p>Landline #: _____</p> <p><input type="checkbox"/> Pager <input type="radio"/> Alpha <input type="radio"/> Numeric</p> <p><input type="checkbox"/> Fax # _____</p> <p><input type="checkbox"/> Email: _____</p>	<p>Non-Emergent Result</p> <p>Please Indicate Level of Alert ("1" Primary, "2" Backup, "3" Fail-Safe)</p> <p><input type="checkbox"/> Cell <input type="radio"/> Text Message</p> <p>Cell #: _____</p> <p><input type="checkbox"/> Landline (MUST ANSWER LIVE 24/7)</p> <p>Landline #: _____</p> <p><input type="checkbox"/> Pager <input type="radio"/> Alpha <input type="radio"/> Numeric</p> <p><input type="checkbox"/> Fax # _____</p> <p><input type="checkbox"/> Email: _____</p>
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SECTION C: Answering Service Phone Number: _____ - _____ - _____ Indicate hours below	
Weekdays: M T W Th F	Start Time: _____ End Time: _____
Weekend: Sat Sun	Start Time: _____ End Time: _____

SECTION D: Clinical Team Set-Up (These doctors should use a Shared or Passed device)	

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