

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

No: HIS - 09

**Subject:** HIS Computer Training

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**Prepared by:** Michael J. Burns, M.Ed., MHA

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**Distribution**     **Administrative Manual**  
                           **Department Manual**  
                           **Patient Care Manual**  
   **AOD Manual**

**Issued by:**    **Hospital Information Systems**

Department

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**I. PURPOSE:**

To ensure that all members of SUNY Downstate Medical Center's workforce receive training on the Hospital Information System and/or the Department subsystem use in their respective department in order to perform their daily operational duties and responsibilities. The HIS training will focus on the skills/tasks required to perform a specific function in the HIS and will also stress the employees' responsibility to maintain the privacy and confidentiality of Protected Health Information (PHI).

**II POLICY:**

HIS training will be provided to all hospital staff that are required to use an automated system in order to perform their duties and responsibilities, such HIS include: the Eagle 2000 Admission/Discharge/Transfer, the Cerner LIS, the CoPath, Radiology Information System (RIS), etc. The HIS training will consist of:

- HIS Training Manual,
- HIS Software Application Module Testing,
- Software Application Module Competency/Skills Checklist, &
- Signing Information/Data Security Confidentiality Agreement

**III. DEFINITION(S):**

**I. RESPONSIBILITIES:**

This policy applies to all Departments and Services implementing HIS and departmental subsystems at the University Hospital of Brooklyn.

**II. PROCEDURES/GUIDELINES:**

1. Each department will assist in identifying the roles and functions of its employee(s) and the type of protected health information they have to access to.
2. The department will contact the HIS department and request HIS training and specify the employee(s) roles and functions.
3. The HIS department will provide the appropriate role-based training to the employee(s).

**III. ATTACHMENTS:**

**IV. REFERENCES:**

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
6/01	YES	NO	Michael Burns, Associate Administrator
12/04	(YES)	NO	Michael Burns, Associate Administrator
	YES	NO	
	YES	NO	