

**Intellidose Chemotherapy Order Entry and Nursing Implementation Agreement
UMCET for Non Hematology/Oncology Providers**

Date: _____

Name: _____

Thank you for choosing to participate in the Intellidose Chemotherapy Order Entry and Nursing Documentation Implementation. The patient safety benefits that this application affords, such as clear and concise orders along with dose range limits and alerts tied directly to Nursing Documentation, is dependent upon the accuracy of the order entry process. Having duplicate process in both a paper and an electronic format has the potential to lead to confusion and potential order entry error. To ensure that this Implementation is smooth and that there is adequate support available, we would like your agreement to some basic principles of the Implementation. The following agreement spells out the terms and conditions for this project. Please keep a copy for your records and return a signed copy to the UMCET Department.

Expectations:

1. Current Intellidose Treatment Plans are reviewed and all known missing Treatment Plans and edits have been submitted to the Intellidose Implementation Team.
2. All covering providers must implement simultaneously. The lead Provider of this Group must be identified.
3. Once Implementation has commenced, there will be no further paper orders accepted by Nursing and/or Pharmacy, unless it has been identified by the ordering Provider and confirmed by the Intellidose Implementation team that there is no existing Treatment Plan available in Intellidose. This would include any additions or edits to an already entered Intellidose order. A new Treatment Plan request or edit form will be submitted to the Implementation team to build in the system for future use.

Thank you,
UMCET

Accepted and Agreed:

Printed Name: _____ Date: _____

Signature: _____ Phone Number: _____