

Person of Interest (POI)

Instructions for Managing a Person of Interest:

What is a Person of Interest (POI)?

- A person of interest is someone who has a relationship with the hospital but who is not paid by the hospital. The relationship must be ongoing and significant in nature and they may require system access.
- Generally, a POI relationship will not be approved for longer than one year. If need extends beyond one year, extension may be filed using the [Request to Extend Form](#).
 - POI relationship exceptions to the one-year term limit include Clinical Associates, PGY Residents, Research Trainees on J-1 Visas, Harvard Program in Neuroscience graduate students and external vendors.
- POIs approved for longer than one year will be subject to review on an annual basis and termination of access may occur if not in compliance.

Access

- The Human Resources team will grant the following access/items to a POI:
 - MGB Network Logon
 - MGB email account
 - McLean Hospital ID Badge (if approved and cleared for onsite duties)
- Individual departments may request additional access as needed:
 - Computer issuance (request through HIS/RIS).
 - A Mclean.harvard.edu email account: via the helpdesk 617-726-5085
 - Epic/eCare access (request through Epic Team) at mclecaretraining@partners.org
 - Research Epic access: after PI adds POI to IRB protocol
 - Badge-activated building access (via [workorder](#))

Clearances/Forms Needed

- POI Data Entry Form to be completed with manager/department head and returned to HR via email: MGBPOISUPPORTTEAM@MGB.ORG
 - Research POIs are subject to additional documentation. [Please click here for details.](#)
- Background check clearance (different categories of POIs have different requirements, please check with Human Resources if unsure)
- Occupational Health Clearance (different categories of POIs have different requirements, please check with Human Resources if unsure)
- Department may request a CV/resume
- Hospital Orientation
 - May be *scheduled* prior to above clearances, but POI may not *attend* orientation until all clearances are received. All clearances must be completed by 12 noon on Wednesday preceding orientation.

What is the Direct Manager's responsibility (The direct manager is the person overseeing the work of the POI on a regular basis)?

- As with an employee, you are responsible for being aware of the role being performed by the POI and ensuring the role is being completed in compliance with all hospital and regulatory requirements.
- Ensure role being completed is within the scope of the approved POI relationship and assign training requirements accordingly
- Inform your PeopleSoft manager *immediately* if the POI no longer has a relationship with the Hospital so a termination may be processed.
- Complete the "offboarding" process and submit to HR a termination checklist
- Complete a "POI Extension Request" form if POI relationship will be extended beyond one year.
 - Aside from above listed exceptions

What is the PeopleSoft manager's responsibility?

- Know who the direct manager is for each POI in PeopleSoft manager self-service tree.
- Process termination in PeopleSoft when notified by direct manager, or if aware that POI no longer has a relationship with the hospital.
- Regularly communicate with direct manager to ensure POIs are still active.
- Expected end date is visible to PeopleSoft managers – be aware of these end dates and communicate with direct manager.
- Communicate all other system-generated notifications to the direct manager (e.g. notifications regarding flu vaccine status, training status, etc.)

What is the POI's responsibility?

- Inform Human Resources *immediately* if any of their personal information changes.
- Comply with all Hospital [policies](#).
- Complete all required trainings (generally assigned via [HealthStream](#))

Person of Interest (POI) Data Entry Form

Personal Information (All fields Required):

Name: _____
(First) (Middle initial) (Last)

Date of Birth(mm/dd/yyyy): _____ Gender: _____ Social Security Number: _____ - _____ - _____

Address: _____
Number Street Name

_____ City State Zip Code

Phone number: _____ Email address: _____

Department/Work Information:

Division Name: _____

Principal Investigator Name (Research Only): _____

PeopleSoft Manager Name: _____

Direct Manager Name: _____

Access Information (All fields Required):

Will POI need Epic access? ☐ Yes ☐ No

Will POI be accessing network remotely? ☐ Yes ☐ No ☐ Check this box if outside of the US

Type of Role (Chose one from EACH column):

| POI Category | | POI Sub Type | |
|--------------|---|--------------|--|
| | Clinical | | Agency Temporary Employee |
| | Research | | Clinical Associate (credentialed/appointed) |
| | Administrative | | Academic Credit Student |
| | Student Visitor/Academic Credit Student | | Student Visitor |
| | | | Volunteer |
| | | | Residency Training Program Resident |
| | | | External Research Collaborator |
| | | | Research Trainee |
| | | | Vendor (e.g. Sodexo staff) |
| | | | Contractor |
| | | | Internship Program (e.g. student nurse, student pharmacist) |
| | | | Other (please specify) |

Start Date:_____ (must be post-clearances and orientation)

End Date:_____ (must not be longer than one year; see page 1 for extension information)

Justification:

Describe the nature of the role the individual will be performing:

Describe why the individual's POI status is in line with the institutional mission:

Signatures (Required):

Person of interest: *By signing this form, you agree that there are risks for your bodily or personal injury when participating in any activities at or in connection with McLean Hospital. You are responsible for providing your own health insurance to cover your bodily injuries or illness in connection with your activities herein. You hereby release from liability and hold harmless McLean and all affiliated individuals and organizations for any and all bodily or personal injuries or any damages you incur when participating in any activities at or in connection with McLean Hospital.*

POI: _____

Direct McLean Supervisor: _____

PI or Division Chief: _____