Welcome To Mississippi Baptist Health Systems

Physician Leadership Program
If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

– John Quincy Adams
Objectives for Mississippi Baptist Medical Center Physician Leadership Program

Upon completion of this program, the physician will be able to:
1. Employ self-awareness to enhance their effectiveness as a leader.
2. Understand their roles as a leader according to the MBMC bylaws.
3. Understand the importance of professionalism as a physician leader.
4. Understand the importance of verbal, non-verbal and written communication among their peers, the leadership of the hospital, and with the employees to help influence change as needed.
5. Facilitate an effective meeting.
6. Skillfully manage and resolve conflicts.
7. Understand and demonstrate the importance of confidentiality.
8. Understand the significance of proper credentialing and thorough reviewing of privileging and reappointing of physicians.
10. Understand and demonstrate how to review and approve FPPE and OPPE among the medical staff.
Objectives for Mississippi Baptist Medical Center
Physician Leadership Program

12. Understand the importance of accreditations, regulatory compliance, quality and clinical improvement processes of the MBHS.
13. Understand and demonstrate the ability to make sound financial decisions that balance quality patient care while promoting the success of the physicians and the MBHS.
15. Understand their legal protection as a physician leader.
16. Understand the importance of physician leadership in Clinical Integration and MAN.
17. Understand the MBHS organizational chart, the roles of MBHS Board of Trustees and the MBHS Board of Directors, and the locations of the primary care clinics.
Our Mission Statement
Our Mission is to pursue the highest quality healthcare, guided by our Christian Faith.

Our Vision Statement
Our Vision is to be the best healthcare system, recognized nationally for quality and trusted by our community.
Relational skills are the most important abilities in leadership.

There are three qualities a leader must exemplify to build trust: **competence, connection, and character.**

You build trust with others each time you choose integrity over image, truth over convenience, or honor over personal gain.
Baptist Health Systems

Administrative Staff

Chris Anderson
President & CEO

Lee Ann Foreman
Vice President of Human Resources

William B. Grete
Vice President & General Counsel

Brenda Howie
Vice President of Nursing

Whit Hughes
President BHS Foundation

Mike Maples, MD
Vice President & Chief of Medical Operations

Justin Rhodes
President of the Medical Foundation and Vice President of Clinical Integration

Steve M. Stanic
Vice President & Chief Information Officer

Michael K. Stevens
Vice President Business Development

Bill Thompson
Chief Financial Officer

Bobbie K. Ware
Chief Nursing Officer and MBMC Chief Operating Officer

Jeff Bates
Assistant Vice President for Ancillary Services

Rob Coleman
Assistant Vice President for Clinical Services

Leah Harris
Assistant Vice President Finance

10/2016
Mississippi Baptist Medical Center Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur “Skip” Jernigan</td>
<td>Jernigan, Copeland, &amp; Anderson Attnys</td>
</tr>
<tr>
<td>Karlen Turbeville, Chair</td>
<td>Self Employed</td>
</tr>
<tr>
<td>Jason G. Murphy, M.D.</td>
<td>Surgical Clinic Associates, P.A.</td>
</tr>
<tr>
<td>Alex J. Haick, M.D.</td>
<td>Surgical Clinic Associates, P.A.</td>
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<tr>
<td>H. Douglas Hederman</td>
<td>Hederman Brothers</td>
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<tr>
<td>Paul Calhoun</td>
<td>Haddox, Reid, Eubank, Betts, PLLC</td>
</tr>
<tr>
<td>David Landrum</td>
<td>Primerica Financial Services</td>
</tr>
<tr>
<td>Lee Miller</td>
<td>Miller Transporters</td>
</tr>
<tr>
<td>Tammy Young, M.D.</td>
<td>Jackson Oncology Associates</td>
</tr>
<tr>
<td>James Robert Futral, Jr.</td>
<td>Broadmoor Baptist Church</td>
</tr>
<tr>
<td>Douglas M. (Matt) Buckles, Sr.</td>
<td>First Baptist Church, Vicksburg, MS</td>
</tr>
<tr>
<td>Robert M. Gathings, Jr.</td>
<td>Forman, Watkins &amp; Krutz, LLP</td>
</tr>
<tr>
<td>Alveno Castilla</td>
<td>Butler / Snow Attnys</td>
</tr>
<tr>
<td>Dorian E. Turner</td>
<td>Dorian E. Turner, PLLC</td>
</tr>
<tr>
<td>S. Todd Lawson, M.D.</td>
<td>Baptist Heart</td>
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<tr>
<td>J. Kane Ditto</td>
<td>The State Street Group</td>
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</tbody>
</table>
Ultimate responsibility for the management of the hospital.
Meet every month except July and November
Voted in for 3 year term and can serve up to 6 years
If Chairman, can rest for 1 year after the 6 years, and serve another 3 year term for a total of 9 years of service.
2015 BOARD OF REGENTS
Standing L-R: Chris Coleman, Chris Anderson, Chris Waterer, Alon Bee, Joe McCaskill, Andy Wimberly, Whit Hughes (Foundation President), Dolph Baker, Bill Ashford, Kane Ditto, Bill Lampton, Jason Greener
Seated L-R: Dudley Wooley, Margaret McLarty, Rick Calhoon (Chairman), Mary Shapley, Kurt Metzner, Tommy Thames (Vice Chairman)

BAPTIST HEALTH FOUNDATION | MISSION STATEMENT
Our Mission is to support Mississippi Baptist Health Systems in providing the highest quality healthcare, guided by its Christian faith, through financial support and stewardship.

BAPTIST HEALTH FOUNDATION | VISION STATEMENT
Our Vision is to be our community’s preferred healthcare charitable organization, recognized for extraordinary stewardship, involving all those wishing to share gifts of time, talent, and resources.
Of all of our inventions for mass communication, pictures still speak the most universally understood language. Walt Disney

A man's character may be learned from the adjectives which he habitually uses in conversation. Mark Twain

Words - so innocent and powerless as they are, as standing in a dictionary, how potent for good and evil they become in the hands of one who knows – Nathaniel Hawthorne

Half the world is composed of people who have something to say and can't, and the other half who have nothing to say and keep on saying it. Robert Frost

The way to get started is to quit talking and begin doing. Walt Disney
MBHS Doctors, Baptist’s physician directory app, is available as a free download from the App Store and Google Play.

Search for “MBHS Doctors”
## Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>601-968-5130</td>
</tr>
<tr>
<td>Medical Staff Services</td>
<td>601-968-5003</td>
</tr>
<tr>
<td>IT support</td>
<td>601-968-1050 or 8888</td>
</tr>
<tr>
<td>Central Intake</td>
<td>601-968-1228</td>
</tr>
<tr>
<td>Health Information Management</td>
<td>601-968-1717</td>
</tr>
<tr>
<td>Quality Data Management</td>
<td>601-968-1333</td>
</tr>
<tr>
<td>Dictation</td>
<td>601-974-2700</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>601-968-1700</td>
</tr>
<tr>
<td>Hospitalist Phone</td>
<td>601-988-5281</td>
</tr>
<tr>
<td>Hospital Information Desk</td>
<td>601-968-1776</td>
</tr>
<tr>
<td>Security</td>
<td>601-968-1010</td>
</tr>
<tr>
<td>Education Services</td>
<td>601-968-1712</td>
</tr>
<tr>
<td>Chaplain</td>
<td>Call Operator</td>
</tr>
<tr>
<td><a href="http://carenet.mbmc.org/Phone.aspx">http://carenet.mbmc.org/Phone.aspx</a></td>
<td>For other numbers</td>
</tr>
<tr>
<td>Paragon Training</td>
<td>601-973-1682</td>
</tr>
</tbody>
</table>
Click here to review the services at Baptist
Hospital Support Services

• Clinical Pharmacists
  – Anticoagulation Service
  – Diabetes Management Team
  – Nutrition Support Service
  – Pharmacokinetic Service (24 hr antibiotic line)
• Discharge Planning/Case Management/Social Workers
• Nutrition & Bariatric Center (*also includes outpatient diabetic education and medical weight management*)
• Clinical Dieticians
• Stroke Coordinator
• Rapid Response Team
• PICC Team
• Wound Care (Inpatient & Outpatient)
Support Services continued

- Risk Management
- Compliance & Safety Officer
- Data Management
- Medical Staff Services
- Rehab & Sportscare, OT and Speech (SLP)
- Lymphedema specialists (and certified Lymphedema Clinic)
- Infection Prevention Coordinators
- Clinical Psychologist & Psychiatrist
- Health Information Management (601-968-1717)
- IT Support (MD help line)
- Corporate Communications
- Education Resource Center
- A qualified nurse can pronounce a patient who has expired if **NOT** on life support (MS BON rule)
Pastoral Care and Faith Relations
Mississippi Baptist Health Systems

Heath Ferguson, Director

Pastoral Care Services
• Relationship Based Ministry
• Crisis Ministry
• Grief Support
• Clinical Pastoral Education

Faith Relations
• Faith Groups for Employees
• Special hospital events for Thanksgiving, Christmas, and Easter
• Prayer over concerns placed at the cross

Contact the hospital operator for the chaplain on call when needed.
Prices for Baptist Fitness Center for Physicians

Jackson: No enrollment fee and $28.00 monthly
www.mbhs.org/locations

Clinton: No enrollment fee and $28.00 monthly
www.healthplexclinton.com

Madison: $25 enrollment fee and $60.00 monthly
www.healthplexperformance.com

** Once you join one, you can work out at all 3; however, the one you use the most is the cost that you will need to pay.
Baptist Critical Access Hospitals

Baptist Medical Center Leake click [here](#) for details and click [here](#) for the open house.

Baptist Medical Center Attala click [here](#) for details and click [here](#) for the open house.

Baptist Medical Center Yazoo click [here](#) for details and click [here](#) for the open house.
Medical Foundation of Central Mississippi

Baptist Medical Clinic
Primary Care
Extension of Mississippi Baptist Health systems Christian healing ministry to our community.

A multispecialty clinic network in Central Mississippi that includes Primary Care:

- 11 Primary Care locations
- 2 locations located on MBMC campus and 9 locations within a 30 mile radius of MBMC campus
- 50 Primary Care Providers
- Plan to open new “store” in 2017
FY16 Primary Care Locations

- Madison Campus
- Northtown
- Spillway
- Dogwood
- Byram
- Clinton Healthplex
- Main Street Madison
- Baptist Premier BMC Belhaven
- Rankin
- Brandon

Coming Soon!
Baptist Medical Clinic | Belhaven
Dixie Ishee, FNP-C
Jennifer Tuccio, FNP-C
Theresa Watts, FNP-BC
601.362.7280

Family Medicine – Brandon
Carrie Nash, DO
Kim Loe, CFNP
601.825.1936

Family Medicine – Byram
Scott A. Davis, MD
William K. Harris, MD
Douglas L. Yeager, MD
Pam Bingham, MSM, PA-C
Joanna Mason, PA-C
601.373.7722
Family Medicine – Clinton
Joseph B. Montgomery, MD
Christy Nohra, MD
Scott French, CFNP
Judson Williams, NP
601.924.9005

Family Medicine – Dogwood
Renee O. Dyess, MD
Scott Kelly, MD
Jessica Sinclair, FNP-C
601.992.3288

Family Medicine – Madison
Timothy Chen, MD
Lindsey Clarke, FNP-C
601.605.2383

Family Medicine – Main Street
Bruce Black, MD
Bard Johnston, MD
Ashley B. Pullen, MD
601.605.3858
Family Medicine – Northtown
Brad Castle, MD
Larry L. Collins, MD
Cindy Garrett, MD
Lauren Treadwell, MD
601.957.1015

Family Medicine – Reservoir
Massie Headley, MD
Heather Kuriger, FNP-BC
Rebecca Sims-Perry, FNP-C
601.992.5532

Baptist Internal Medicine
David Flemming, MD
Lee Sams, MD
Family Medicine
Ken R. Morris, MD
601.825.9000
Family Medicine – Northtown
Brad Castle, MD
Larry L. Collins, MD
Cindy Garrett, MD
Lauren Treadwell, MD
601.957.1015

Family Medicine – Reservoir
Massie Headley, MD
Heather Kuriger, FNP-BC
Rebecca Sims-Perry, FNP-C
601.992.5532

Baptist Internal Medicine
David Flemming, MD
Lee Sams, MD
Family Medicine
Ken R. Morris, MD
601.825.9000
Throughout Baptist Health Systems we always provide the highest quality healthcare within a Christian Healing environment. The Baptist Standards of Performance are expected behaviors that all staff agree to model and champion in our organization to create this environment.
**Positive Attitude**

“Now who will harm you if you are eager to do what is good? But even if you do suffer for doing what is right, you are blessed. Do not fear what they fear, and do not be intimidated, but in your hearts sanctify Christ as Lord. Always be ready to make your defense to anyone who demands from you an accounting for the hope that is in you,” 1 Peter 3:13-15

- I always exhibit empathy and a positive attitude towards patients, visitors, and fellow caregivers.
- I always strive to take care of myself (physically, mentally, and spiritually).
- I always strive for a heart of peace, not of war.
- I always Acknowledge patients, visitors, and fellow caregivers with a smile within ten feet and a greeting at five feet.
- I always practice phone etiquette, elevator etiquette, and giving directions with a positive attitude.

**Acts and Communicates Respectfully**

“But speaking the truth in love, we must grow up in every way into him who is the head, into Christ” Ephesians 4:15

- I always Introduce myself and my role whether it be in person, on the phone, or answering a call light.
- I always listen carefully and communicate to patients, visitors, and fellow caregivers in a courteous and respectful manner.
- I always Explain in a way patients, visitors, and my fellow caregivers can understand.
- I always respond to a service opportunity by Hearing the story, Empathizing, Apologizing, Responding to, and Thanking the patient, visitor, or fellow caregivers that brought it to my attention.
- I always Thank our patients for choosing Baptist because I know they have a choice.

**Timely Response**

“Put these things into practice, devote yourself to them, so that all may see your progress. Pay close attention to yourself and to your teaching; continue in these things, for in doing this you will save both yourself and your hearers” 1 Timothy 4:15-16

- I always respond in a prompt and productive manner to the needs of patients, visitors, and fellow caregivers.
- I always provide Duration information to patients, visitors, and fellow caregivers, explaining how long procedures, wait times, call backs, and other activities will take.
- I always anticipate patient, visitor, and fellow caregiver needs and take ownership in addressing them to their satisfaction.

**Highest Professional Standards**

“Let the favor of the Lord our God be upon us, and prosper for us the work of our hands—O prosper the work of our hands!” Psalm 90:17

- I always make sure that the patients and their families remain the focus of why I come to work each day.
- I always model proper personal hygiene and maintain a well-groomed, professional appearance.
- I always take ownership of my role and profession by consistently seeking professional growth opportunities, new knowledge, and competency within my profession.
- I always practice “Commitment to my Coworkers” and contribute to the team in a professional manner.
- I always practice and promote a safe and clean environment.
- I always practice and promote a quiet, healing environment in patient care areas.
Commitment to My Co-Workers

I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this team.

I will talk to you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

I will establish and maintain a relationship of functional trust with you and every member of this team. My relationships with each of you will be equally respectful, regardless of job title, level of educational preparation, or any other differences that may exist.

I will not engage in the "3Bs" (Bickering, Back-biting, and Blaming).

I will practice the "3Cs" (Caring, Commitment and Collaboration) in my relationship with you and ask you to do the same with me.

I will not complain about another team member and ask you not to as well. If I hear you doing so, I will ask you to talk to that person.

I will accept you as you are today, forgiving past problems, and ask you to do the same with me.

I will be committed to finding solutions to problems, rather than complaining about them or blaming someone for them, and ask you to do the same.

I will affirm your contribution to the quality of our work.

I will remember that neither of us is perfect, and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.
ACCREDITATION
Baptist Medical Center & Restorative Care Hospital

The Joint Commission (TJC) accredits health care organizations and programs nationally & internationally.

Why accreditation?

- Public expectation
- Demonstrates commitment to standards of performance
- Required for many accreditations, certifications and distinctions
- Required for reimbursement for services
- Facilitates risk assessment and reduction
- Provides CMS “deemed status” (required for payment for services)

Source: http://www.jointcommission.org
Disease Specific Certifications:

- Heart Attack (ACS)
- Heart Failure
- CABG
- Primary Stroke (Advanced)
- Inpatient Diabetes (Advanced)
- Prematurity
- Breast Cancer

- Baptist Medical Center – more certifications that any other hospital in the state
- Additional standards are required for these certifications
- **Key:** Team approach to provide best care for specific patient groups. Each team has physician champions.
- **Focus:** Evidence-based practice, patient self-management and team approach to care
Recognitions

• NAPBC Accredited - Center for Breast Health
• Blue Distinction + for cardiac care, hips, knees & spines
• Cancer Center – Commission on Cancer Accreditation
• Accredited Outpatient Cardiac Rehab program
• Multiple Healthgrades quality recognitions (Top 2% in nation for safety and patient experience + many others)
• Numerous other departments are accredited and/or have certifications – for all see http://www.mbhs.org/healthcare-quality-and-accreditations/
MBMC is a Primary Stroke Center

The state of Mississippi has an state-wide Stroke Network.

awarded

2015 Get With the Guidelines Stroke Awards Gold Plus
QUALITY
Baptist Medical Center reports the following Quality Measures to the public (Joint Commission) with an example of data for each:

Other measures are also reported publicly – such as infections

- **Immunizations**
  - Example - making sure patients receive both influenza and pneumonia vaccines before discharge when appropriate. Influenza must be addressed September – March; pneumonia all year long.

- **Perinatal Care**
  - Example – not delivering babies too early unless the doctor feels it is medically necessary (not for patient or physician’s convenience)!

- **HCAHPS (Patient Experience)**
  - Example - did the patient feel they got help as soon as they wanted?

- **VTE (Venous Thromboembolism)**
  - Example – did patients taking Coumadin receive discharge instructions? Must be documented

- **HBIPS (Hospital Based Inpatient Psychiatric Services) – Senior Behavioral Health**
  - Example – was the patient’s discharge continuing care plan documented?

- **ED (Emergency Department)**
  - Example – What was the median time from arrival in ED to discharge from ED for patients admitted to the hospital?

- **Sepsis bundle** will also be required starting in 2015

Reimbursement for hospital services by CMS is based on quality measures, care coordination & patient experience.
Organ & Eye Donation

- Federal and state law requires hospital to notify MORA of all potential organ donors and patient deaths

- **MORA/MLEB Referral Line Triggers** – unit staff must call within 1 hour
  - Vented with neuro injury & GCS 5 or less
  - Before brain death testing
  - Decision to withdraw care or vent support
  - Cardiac Death

1-800-362-6169

MORA Staff will approach the family as appropriate

For more info: [http://www.msora.org/](http://www.msora.org/)
### Performance Improvement Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Blue Distinction – Hip &amp; Knee, Spine &amp; Cardiac</td>
<td>Continuous Improvement- quality &amp; infection control for this pt population. An additional focus has been on a significant decrease in blood utilization.</td>
</tr>
<tr>
<td>Joint Commission Disease Specific Certifications</td>
<td>Continuous improvement in the management of a specific disease and/or patient population.</td>
</tr>
<tr>
<td>Target Zero (Infections)</td>
<td>Hand Hygiene compliance and on-going education.</td>
</tr>
<tr>
<td>CLABSI &amp; CAUTI</td>
<td>Goal reduce hospital acquired infections</td>
</tr>
<tr>
<td>Medication Safety Team</td>
<td>Focused group that meets bi-weekly to review medication events related to the overall medication process.</td>
</tr>
<tr>
<td>Patient Safe Handling</td>
<td>To reduce employee and patient injuries</td>
</tr>
<tr>
<td>MBSAQPI</td>
<td>Metabolic and Bariatric Surgery accreditation requires data used for improvement purposes</td>
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## Performance Improvement Continued

<table>
<thead>
<tr>
<th>Utilization Review Team – Readmissions &amp; Length of Stay</th>
<th>Focus: HF, Pneumonia, and Stroke; overall length of stay variances over “expected”</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS: Overall Experience and Physician specific questions. Publically reported.</td>
<td>Organization-wide for all areas with focus for nursing questions in areas with nurses</td>
</tr>
<tr>
<td>Reduction of falls with injury</td>
<td>To reduce overall number of falls with injuries</td>
</tr>
<tr>
<td>Physician Task Force</td>
<td>Focused initiative for physician feedback and participation related to CPOE and EHR</td>
</tr>
<tr>
<td>VTE5 and Warfarin education</td>
<td>Pharmacy leaders provide focused staff and patient education, action plans to improve this core measure.</td>
</tr>
<tr>
<td>Length of Stay Project</td>
<td>Communicate anticipated day of discharge and work with discharge planning/case management to facilitate discharge</td>
</tr>
<tr>
<td>Joint Commission Core Measures</td>
<td>Reported to the public on the JC web site – the information must be documented for compliance. 2016 Measures include Emergency Department, VTE, HBIPS (Inpatient Psych – SBH), Perinatal Care and Immunizations (Influenza &amp; Pneumonia) measures</td>
</tr>
</tbody>
</table>
The hospital has a process to follow when ethical concerns arise:

1. Staff notify the area supervisor or House Supervisor.
2. Supervisor notifies the Nurse Manager, Clinical and/or Department Director.
3. As indicated, the Director notifies the Vice President or Administrator on call for the hospital.
4. Risk Management or a VP should notify the following as appropriate:
   a) Medical Director of Service/Chief of Section, Risk Manager, Pastoral Care, Case Manager, Social Worker, Legal Counsel, & patient’s physician.
   b) Medical Director
   c) Board of Trustees

Staff have the right to address ethical concerns/conflicts while caring for patients.
Below are the final Value-Based Purchasing domains, measures and weights for Fiscal Year 2016 as shared by Centers for Medicare & Medicaid Services (CMS). (Payment adjustment effective for discharges from Oct. 1, 2015 to Sept. 30, 2016)

For tools and resources that move these metrics and enhance patient experiences, visit www.studergroup.com.
NATIONAL PATIENT SAFETY GOALS
National Patient Safety Goals:

**Check patient medicines** *(inpatients, ED, outpatients, clinics)*
- Find out what medicines each patient is taking and compare to new medicines being ordered in the hospital.
- Give a list of the patient’s medicines to their next caregiver or to their regular doctor before the patient goes home.
- Give a **written list** of the patient’s medicines to the patient and their family before they go home. Explain the list and importance of carrying a list at all times.
- Tell patients to always take a current list of medicines to every doctor visit.
- **Reason:** Avoid duplications, omissions, interactions, and not abruptly stop important medications – to be sure it is OK for patients to take their home medicines with their hospital medicines.

**Prevent infections**
- Wash hands – use guidelines from Centers for Disease Control
- Use proven guidelines to prevent infections
  - that are difficult to treat
  - of the blood from central lines
  - from urinary catheters
  - after surgery
- Educate patients and families on prevention of infections
Medication Reconciliation:

Record and pass along information about a patient’s medications. Applies to inpatients and outpatients.

Medication reconciliation is intended to identify and resolve discrepancies—it is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications.

The comparison should address duplications, omissions, and interactions, and the need to continue current medications. The types of information that clinicians use to reconcile medications include (among others) medication name, dose, frequency, route, and purpose.

Note: Some patients may get medicines in small amounts or for a short time. Make sure it is OK for those patients to take those medicines with their current medicines.

In outpatient departments, this may be limited to pain medicines, antibiotics, new medicines added, etc.
Medication Reconciliation continued

- Required on admission, transfer, and discharge for all patients.
- Should be completed using the electronic medical record.
- In many settings, the nursing staff will obtain the list of medications being taken by the patient and enter the information electronically for reconciliation by the physician.
- On discharge medication reconciliation should address all medications prior to admission, discontinued medications, and added/changes to medications.

Nationally, the most frequent cause of readmission involves medications and is often a patient safety issue.
GENERAL PATIENT SAFETY
EMERGENCY CODES/ALERTS

- Code 55 – Bomb Threat
- Code 99 – Cardiac/Respiratory Arrest
- Cardiac Alert – Urgent Heart Attack to Cath Lab
- Code Blue – Infant Cardiac/Respiratory Arrest
- Stroke Alert – Urgent possible Stroke in ED or hospital
- Dr. Red – Fire
- Code Adam – Infant Abduction
- Code Orange – Imminent Danger – active shooter or weapon seen
- Tornado Warning – Tornado watch
- Tornado Emergency – Tornado on ground within 10 miles
- Rapid Response – Change in patient observed – can be called by anyone.
- Code Yellow - Un-witnessed fall with possible injury
Fire Safety: Fire Plan Steps

**Investigate:**
Find source of smoke/fire

**1. Rescue:**
Remove people from danger

**2. Alarm:**
If inside hospital call 1710 or pull alarm; departments & clinics off campus: call 911.

**3. Contain:**
Close room door

**4. Extinguish:**
Use extinguisher as needed

**RACE to fire safety** = **R**escue. **A**larm. **C**ontain. **E**xtinguish

Physicians – call out for staff to help
Health Information Management
Surgical procedures, diagnostic tests, and other treatments are generally **appropriate** for inpatient hospital payment under Medicare Part A when:

- The physician expects the patient to require a stay that crosses **at least 2 midnights**, and
- Admits the patient as an **inpatient** to the hospital based on that expectation

Conversely, surgical procedures, diagnostic tests, and other treatments are generally **inappropriate** for inpatient hospital payment under Medicare Part A when:

- The physician expects to keep the patient in the hospital for only a limited period of time that **does not cross 2 midnights**
- CMS anticipates such services should be submitted for Part B payment (outpatient)
2 MIDNIGHT RULE: Unforeseen Circumstances

- Unforeseen circumstances may result in a **shorter stay** than the physician’s expectation (that the beneficiary would require a stay 2 midnights or greater)
  - Death
  - Transfer
  - Departure against medical advice (AMA)
  - Unforeseen recovery
  - Election of hospice care
- Such claims may be considered appropriate for hospital inpatient payment
- The physician’s expectation and any unforeseen circumstances in care **MUST be documented in the medical record**
EXCEPTIONS TO THE 2 MIDNIGHT RULE

• In certain cases, the physician may have an expectation of a hospital stay lasting less than 2 midnights, yet inpatient admission may be appropriate.

• Includes:
  - Medically Necessary Procedures on the Inpatient-Only List
  - Other Circumstances
    • Approved by CMS and outlined in subregulatory guidance
    • New Onset Mechanical Ventilation*
    • Additional suggestions are being accepted at IPPSAdmissions@cms.hhs.gov (subject line “Suggested Exception”)

* NOTE: This exception does not apply to anticipated intubations related to minor surgical procedures or other treatment.
2 MIDNIGHT RULE: START CLOCK

• 2-Midnight benchmark “clock” starts:
  - When hospital care begins
    - Observation care
    - Emergency department, operating room, other treatment area services
    - The start of care after registration and initial triaging activities (such as vital signs)
    - Exclude excessive wait times

★ The decision to admit as inpatient needs to take place prior to the patient’s second midnight in the hospital. (2-Midnight benchmark)

★ Order inpatient as soon as you know the patient will need to receive inpatient care that will span 2 Midnights or greater.
2 MIDNIGHT RULE: Questions?

HEALTH INFORMATION MANAGEMENT DEPARTMENT

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http://www.cms.gov/outreach-and-education/outreach/NPC/National-Provider-
Calls-and-events-Items/2014-01-14-midnight.html
The Medical Staff Office is responsible for coordinating almost all of medical staff functions; all credentialing and privileging of new members as well as reappointment and emergency/temporary appointments; policy formulation and revision for the medical staff; and, review and revision of medical staff bylaws, rules and regulations.
Leadership is a potent combination of strategy and character. But if you must be without one, be without the strategy.

– Norman Schwarzkopf
1. Mr. Tanner had an ulcer on his large toe. He went to wound care and then to surgery to remove his toe, but ended up having an amputated foot. He sued the surgeon for malpractice and the hospital for negligent credentialing. This had occurred on several occurrences at other hospitals prior to him being on staff here.

2. Jane had a robotic cholecystectomy with complications by the newest surgeon on staff. The hospital later found that the surgeon had never been credentialed in robotic surgery. The surgeon and the hospital were sued.

3. Suzie came in for a vaginal delivery but the ob-gyn on call who was new to the hospital was quick to do a C Section. The patient sued him and the hospital. This Ob’s C Section was doubled others and had been in disciplinary action at the last hospital but no one had verified with them.

Credentialing ...... It Matters!
Patients trust you as a hospital.
Composition of the Credentials Committee:

(1) The Credentials Committee shall consist of 7 members of the Active Staff selected for their interest or experience in credentialing matters and who meet the eligibility criteria set forth in Article III, Section 2 of these Bylaws.
(2) The President of the Medical Staff will appoint a committee chairperson, subject to approval by the Executive Committee. The chairperson of the Credentials Committee will be appointed for a term of two years and may be reappointed for additional terms.
(3) Members of the Credentials Committee will be appointed by the President of the Medical Staff, subject to approval by the Executive Committee. Members of the Credentials Committee will serve an initial term of two years and may be reappointed for additional terms.
(4) To the extent possible, Credentials Committee members will serve staggered terms, so that the Committee includes experienced members.
(5) Service on the Credentials Committee will be considered the primary Medical Staff obligation of each member, and other Medical Staff duties, of an administrative nature, will not interfere.
(6) New members of the Credentials Committee are expected to obtain specific education and training regarding the credentialing process.
Purpose of the Committee:

Service on this committee shall be considered as the primary medical staff obligation of each member of the committee and other medical staff duties shall not interfere.

The Credentials Committee is intended to be a medical and dental peer review committee as defined by Mississippi Code Section 41-63-1, as amended. All proceedings and records of the Credentials Committee are intended to be confidential pursuant to Mississippi Code Sections 41-63-9 and 41-63-23, as amended. The Credentials Committee is formed and created for the sole purpose of quality improvement and assurance through effective peer review.
The duties of the Credentials Committee shall be:

(1) to review the credentials of all applicants, to make such investigations of and interview applicants as may be necessary, and to make recommendations for appointment, reappointment and delineation of clinical privileges to the MEC in compliance with these bylaws:

(2) to review, as questions arise, all information available regarding the professional and clinical competence of persons currently appointed to the medical staff, their care and treatment of patients and case management, and, as a result of such review, to make recommendations to the MEC for the granting, reduction or withdrawal of promotions, privileges, reappointments, and changes in the assignment of appointees to the various sections;

(3) to review any medical staff member who has been identified as a "chronic offender" of medical record completion requirements contained in the Medical Staff Policy and Procedure Manual;

(4) to review reports concerning the clinical privileges of medical staff appointees referred by any other medical staff committee, the President of the Medical Staff, the Administrator or the Chairperson of the Board and to make such recommendations as provided by these Bylaws;

(5) to develop, implement, and oversee policies concerning physician health issues and to act as the Physician Help Committee pursuant to the Medical Staff Impaired Physician Policy and Referral Procedure.

(6) Through the chairperson of the Credentials Committee, the chairperson's representative or such members of the committee as are deemed necessary, be available to meet with the Board or its applicable committee upon the Board's request on all recommendations that the Credentials Committee may make to MEC.
CREDENTIALING TIPS

1. No shortcuts. Don’t Rush it. Give Medical Staff the time needed.
2. Don’t let anything slip through the cracks.
3. Don’t accept incomplete applications.
4. Verify each line on the application.
5. Use the telephone for additional verification.
6. Keep digging to make sure everything is lining up.
7. If Red Flags....Don’t over look them
8. Peer Evals : Check each one and try to get them all back if you sent a request
9. If information doesn’t look favorable – get applicant to sign a release to obtain all information from past locations

Patient Safety Starts Here!
The Application Red Flags Questions

1. Current licensure or registration
2. Voluntary or involuntary relinquishment of licensure or registration
3. Voluntary or involuntary termination of staff membership
4. Voluntary or involuntary reduction or loss of clinical privileges
5. Evidence of unusual pattern of behavior
6. Evidence of unusual pattern of excessive number of professional liability actions resulting in a final judgment
7. Documentation of applicants health status
8. Numerous professional moves
9. A lapse in dates of work
10. Relevant practitioner specific data compared to aggregate data
11. Morbidity and mortality data if available

Looking for any discrepancies on application and on written/oral responses. Look for RED FLAGS!
CREDENTIALING AGING PHYSICIANS: CONSENSUS OR CONTROVERSY?

https://www.hortyspringer.com/ac/2015/CAPCC08-15/CAPCC08-15.htm

August 13, 2015

A. What is the nature and extent of the issue?

B. Laws and accreditation standards require hospitals to ensure the competence of practitioners who are granted privileges.

1. Corporate negligence and negligent credentialing doctrines.
2. Hospital licensing regulations.
3. Medicare Conditions of Participation.

C. Laws also protect practitioners from discrimination based on age or impairment.

D. Is there a trend toward consensus in adopting credentialing criteria related to age, or is there continued controversy?
Credentialing

Credentialing - Initial appointment
Credentialing - Verification Process
Credentialing - Approval and orientation
Credentialing-Reappointment
Credentialing- Telemedicine  (page 45 of bylaws will work on link)

to review right click on each one and
click on Visit our Public Site at bottom of login box
Appointment and Reappointments

http://ppm.mbmc.org/dotNet/documents/?docid=11510&mode=view

(page 39-66)
Professional Practice Evaluation Policy

Click here to review policy

Medical Staff Services and Quality Data Management Services provides information and support regarding FPPE and OPPE to all section chiefs for credentialing, reappointments, and for Professional Practice Evaluation Process.
The best executive is the one who has sense enough to pick good men to do what he wants done, and self-restraint to keep from meddling with them while they do it.
– Theodore Roosevelt

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.”
- Dale Carnegie
Professional Practice Evaluation Committee’s BENEFITS

• Improvement in patient care through improved processes

• Non-punitive way of addressing issues

• Collection of data allowing for monitoring of trends – information is recorded in database for posterity

• Ensures follow up of issues/concerns in a timely manner
PPEC RESPONSIBILITIES

• Oversees professional practice evaluation process (OPPE, FPPE)
• Reviews patient care issues
• Keeps track of problems/systems issues
• Provides feedback in a collegial and non-punitive manner - does NOT have the authority to recommend or take adverse professional review action
• Communicates lessons learned to medical staff
• Refers cases (when indicated) to sections/subsections, MEC, and/or Leadership Council
• May refer matters to standing/ad hoc committees or external reviewers
• May recommend that providers appear before PPEC
What Happens if One of Your Cases is Under Review?

You will always have an opportunity to provide meaningful input into any review of your cases. No intervention will be implemented until you are first notified of the specific concerns identified and given an opportunity to provide input in writing or by meeting with the subsection chair or committee conducting the review.

We believe that this process allows us to effectively, efficiently, and fairly evaluate the care being provided by practitioners and to provide constructive feedback, education, and performance improvement assistance to practitioners regarding the care they provide.
Believing in people before they have proved themselves is the key to motivating people to reach their potential.”

“The greatest mistake we make is living in constant fear that we will make one.”

“Leadership is developed daily, not in a day.”

“Talk to people, not above them.”

Quotes by John Maxwell on Leadership/teamwork
Leadership Council

Ensures follow up of issues/concerns in a timely manner dealing with Behavior and Health Issues

Physician Behavior Issues

Physician Health Issues

The function is to determine the most appropriate and efficient process for reviewing cases. They may assign review of a case to the appropriate Section Chief or to another individual with the clinical expertise necessary to evaluate the care provided, or may appoint an ad hoc committee composed of such individuals to conduct the review. They address concerns regarding professional conduct in accordance with the Medical Staff Code of Conduct and concerns regarding practitioner health issues in accordance with the Practitioner Health Assistance Policy.
Physician Leadership job descriptions

Click Here to open in public site

A leader leads by example, whether he intends to or not — John Quincy Adams

Coming together is a beginning, and staying together is progress, but only when teams sweat together do they find success.”- John Maxwell
Management is doing things right; leadership is doing the right things. – Peter F. Drucker

Don’t tell people how to do things, tell them what to do and let them surprise you with their results. – George S. Patton

Our chief want is someone who will inspire us to be what we know we could be. – Ralph Waldo Emerson

The key to successful leadership today is influence, not authority. – Kenneth Blanchard

A good leader inspires people to have confidence in the leader, a great leader inspires people to have confidence in themselves – Eleanor Roosevelt

Great leaders are almost always great simplifiers, who can cut through argument, debate, and doubt to offer a solution everybody can understand. – General Colin Powell

He that cannot obey, cannot command. – Benjamin Franklin
MBHS Physician Leadership Criteria

Only those members of the Medical Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer of the Medical Staff (unless an exception is recommended by the Medical Executive Committee and approved by the Board)

Members must:

(1) have served on the Active Staff for at least three years;

(2) have no pending adverse recommendations concerning appointment or clinical privileges;

(3) not presently be serving as a Medical Staff officer, board member, or department chairperson at any other hospital and will not so serve during their term of office;

(4) be willing to faithfully discharge the duties and responsibilities of the position;

(5) have experience in a leadership position or other involvement in performance improvement functions for at least two years;

(6) participate in Medical Staff leadership training as determined by the Medical Executive Committee;

(7) have demonstrated an ability to work well with others; and

(8) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Hospital or any Affiliate. This does not apply to services provided within a practitioner’s office and billed under the same provider number used by the practitioner.
Leadership Articles
(right click and open hyperlink)

Evaluate your leadership effectiveness
7 traits of a highly effective leader

Qualities of a Superior Leader

Physician leadership articles

Engaging Physicians in the Health Care Revolution

Leadership is about emotion
Empowering your people

Become a leader people want to work for

Great Leadership
Taking a Step Back: Why Do Physicians Lead?

Physician Leaders Take Roles to Help Steer System, Improve Care

Factors Motivating Physicians to Take Leadership Roles

2014 Physician Leadership Survey
(n=108)

1. Ability to Influence System Strategy (33%)
2. Ability to Improve Patient Care (28%)
3. Personal Growth (26%)
4. Career Advancement (6%)
5. Compensation (5%)
6. Prestige (2%)

Respondent Ranking (1=strongest to 6=weakest)

Source: Physician Executive Council Interviews and analysis
Becoming the person others will want to follow.

A leader is one who knows the way, goes the way, and shows the way. – John C Maxwell

Click on both links

Equipping Physicians to Lead Your Medical Staff Audio
Physician Leadership Institute Articles

Physicians becoming leaders

Who needs Physician leaders and how do you get them

Leadership lessons from the 2015-womens world cup champions

8 c's of leadership in chaotic times

taking the lead: Innovation Of physician leadership

Want change? physician empowerment physician engagement

Integrated leaders: you design the culture

crisis-leadership
Communication Skills

Basic Communication Skills
Leaders: Effective communication
Workplace-communication-skills/
10-communication-secrets-of-great-leaders
4 ways to get messages to your physicians
Communication is the key
Communication-secrets
Effective ways listening can make you a better leader
Communication: Writing

Hit Esc on keyboard to exit Slide Show. Then, double click on the graphic below to review this separate PowerPoint.

Write Better, Right Now
Webconference for Members
December 3, 2014

Michael Koppenheffer
koppenhm@advisory.com
Leading a Meeting

Facilitation of a meeting
QUESTION: I was recently appointed as chair of a medical staff committee and am very happy, but I just realized that instead of merely attending meetings, I’ll have to run them, so I’m also extremely nervous. Help!!!

ANSWER: An efficient meeting is the key to making it an effective meeting, and running a meeting is hard work. Here are some tips:

**Tip #1. Start on time.** This is one of the most important tips. If a meeting isn’t started on time, chances are it won’t end on time, and that has consequences which we’ll discuss below. If a meeting always starts on time, the attendees will more than likely be there on time, since no one likes to walk into a meeting late, and being late disrupts the meeting.

**Tip #2. Limit the conversation.** What “limit the conversation” means is that if a couple of attendees in the room are making the same point, over and over again, that’s unproductive, so the chair should step in and say “Ok, any other points of view that we haven’t discussed yet?” Also, if a discussion “drifts,” the chair should step in and restate the purpose of the discussion. This can be hard to do, but it is a skill that needs to be developed. Otherwise, the participants start thinking the meeting is a waste of time, and the downward spiral begins.

**Tip #3. Take an issue off-line.** There are times when a meeting is getting bogged down because no one has the information needed to make a decision. If no one knows for sure, further discussion will not help the committee make a decision, so that issue should be taken off the agenda until the next meeting, to research the issue. Another reason to take an issue off the agenda is when there are so many conflicting points of view that the issue won’t be able to be resolved at the meeting. The chair knows that no matter how much more discussion there is, the issue won’t be resolved. So, the chair should stop the discussion, and maybe appoint a small group to investigate or research the issue, then bring the results back to the committee.

**Tip #4. End on time.** This is the most important tip. If a meeting is to end at 8:30 a.m., end the meeting. Although some attendees don’t mind going over, others will start thinking about work that needs to be done, or another meeting to go to, or an appointment to make – focus is lost. A meeting that runs on and on and on isn’t efficient and becomes much less effective as time goes on. Also, not ending on time affects meeting attendance. If an attendee knows that the meeting always goes over, he or she is less likely to attend the meeting.

Sometimes agendas are just too full, or there may have been too much discussion on one issue, etc. – that happens. But, instead of plowing on through with more and more disinterested attendees as each minute ticks by, just end the meeting, and hold those agenda items over for the next meeting. The exception is if the issue is of critical importance, but that will be few and far between.
Horty Springer: Questions of the Week

Physician Leadership Questions Of The Week by Horty Springer
Studer Group On Physician Leadership

Leaders: Being comfortable with uncomfortable

stopping-the-stress-cascade

10-signs-your-hospital-physician-relationship-need

Getting Physicians on Board
“Focus on Preparing Today so that you can experience Success Tomorrow” – John Maxwell

Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others. – Jack Welch

Mark Your Calendars: Physician Leaders Lunch and Learn
Dates to be determined