Welcome To Mississippi Baptist Health Systems

Physicians Orientation Manual
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.
Welcome to Baptist Medical Center. Thank you for your confidence in our health system and each member of our skilled and compassionate team that will work with you in the care of your patients. I believe that you will find your association with our hospital, employees and medical staff to be personally and professionally rewarding. I have no doubt that your patients will receive exceptional care.

Baptist has a long history of excellence in clinical care and service. We are governed by a Board of Trustees comprised of local community leaders, who have for many years maintained very high standards of performance. We have numerous disease specific accreditations and commendations, and high scores in patient and guest service. Our medical staff enjoys great depth and breadth, and has worked collaboratively with us over the years in making Baptist one of the very best health systems anywhere in the Country.

I joined Baptist in March of 2014, and foremost among the reasons that I chose Baptist is its strong commitment to clinical excellence, coupled with a long-standing mission that is grounded in the healing ministry of Christ. It is an honor to be able to come to work each day, in a field that I have enjoyed being a part of for almost 30 years, as a part of an organization that is grounded in a mission of caring for others with the principles and compassion of our Christian faith guiding the way.

I look forward to working with you in ensuring we take great care of your patients at Baptist. I was born at Baptist and have been a patient here as an adult. This is where my family comes when they need health care. I think that there is no greater privilege or responsibility given than the trust a patient and their family gives, both to the hospital and you as their physician, when they ask us to care for them.

Please take some time to get to know the administration and employees at Baptist as well as the other members of our medical staff. If I can be of service to you in any way, I hope that you will not hesitate to call me. My office number is (601) 968-5128 and my cell number is (228) 218-1900. Again, I look forward to working with you in caring for our patients, our community, and each other.

Sincerely,

[Signature]

Chris Anderson, FACHE
President and CEO
Baptist Health Systems
Welcome to Mississippi Baptist Medical Center! I am glad that you are joining our medical staff and we look forward to working with you. We have approximately 450 board certified physicians with over 50 medical specialties. I know you will find Baptist Health System to be dedicated as leaders in healthcare and followers of faith. In fact that is our mission. We strive to be the best healthcare system, recognized nationally for our quality and to be trusted by our community.

Caring for other humans is an awesome responsibility. We at Baptist take this responsibility very seriously and trust that we will be a good partner with you in this awesome task. Again, I look forward to working with you and if you have any questions please contact me on my cell (601) 540-6177 or in Medical Staff Services at (601)-968-5130.

Sincerely,

[Signature]

Mike Maples, MD
Chief Medical Officer
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
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.
THINGS TO KNOW

1. Baptist is a Smoke Free Facility. The use of all tobacco products is prohibited anywhere on Baptists Campuses. The campuses includes buildings, grounds, vehicles, sidewalks, parking lots and garages.

2. Our campus is covered with hundreds of cameras and professionally trained, full time security staff 24/7. If you need Security call 601-968-1010.

3. CareNet – is an intranet for Baptist. It is available on each in house computer. Most policies and procedures are listed as well as other hospital resources.

4. Hospital Badge – Please wear it at all times. If you need assistance as you are learning, stop someone with a hospital badge on and they will love to help you.
### 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>Paragon Training</td>
<td>601-973-1682</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>
</tbody>
</table>
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)
CLINICAL SERVICES (OBTAINED VIA CONSULT)

Anticoagulation Service A multidisciplinary consult service that manages patients receiving medications (heparin, LMWH, warfarin, thrombin inhibitors, Xa inhibitors), which require intensive management and patient education.

Diabetes Management Service A multidisciplinary consult service that provides support and education for the diabetic patient. The service consists of physicians, 1 clinical dietitian, 2 nurse diabetes educators and 4 clinical pharmacists.

Nutrition Support Service A multidisciplinary service which provides specialized nutrition support via the enteral or parenteral route. The service consists of 2 medical directors, 1 clinical dietitian and 4 clinical pharmacists.

Pharmacokinetic Service Provided as a service to the medical staff to assist in managing patients on the following medications: Amikacin Gentamicin Tobramycin Vancomycin
EDUCATION RESOURCES

Education articles or journals:

Education Resource Library (EBSCO)

Baptist CME Program

CME can be obtained at NeuroRad, Anesthesia, and Tumor Board. Other CME opportunities will be posted.
Pastoral Care Department of Mississippi Baptist Health Systems

Contact the hospital operator for the chaplain on call when needed.
Medical Staff Services

Telephone: (601) 968-5003
Fax: (601) 974-6245

Mike Maples, MD
   Chief Medical Officer
Pat Herrington
   Director of Medical Staff Services
Jan Howell
   Manager of Medical Staff Services
Carolyn Qualls
   Credentialing Specialist
Teresa Ayala
   Credentialing Specialist
Terri McCarver RN, MSN
   Physician Relations Coordinator

The Medical Staff Office is responsible for coordinating all most 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

Right Click , Open Hyperlink, & Visit Public Site

MBHS Bylaws and Regulations
MBHS Code of Ethics
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.

Click [here](#) to review policy.
Baptist Medical Center
Medical Staff

Officers/Committees
January 2016

(Click Here)

Coming together is a beginning, and staying together is progress, but only when teams sweat together do they find success.” - John Maxwell
Policy and Procedures

to review right click on each one, pick “open hyperlink” and click on Visit our Public Site at bottom of login box

1. Credentialing : Approval and Orientation
2. Credentialing - Initial Appointment
3. Sedation/Analgesia for Non-Anesthesiologists
4. Chronic Offender Definition and Procedure
5. Hand Hygiene
6. IC: Central Venous Catheters
7. Restraints
8. Time Out Guidelines
9. Ongoing Professional Practice Evaluation
10. Focus Professional Practice Evaluation
11. Termination of Pregnancy
12. Restorative Care
Code of Ethics and Business Conduct

MBHS Code of Ethics
A Guide for New Physicians
Please read about Fraud and how to avoid it.

FRAUD
Health Information Management
REQUIRED ELEMENTS
To Meet Joint Commission and Medicare Conditions of Participation

Health Care Organizations must meet these elements and others in order to continue participating in the Medicare and Medicaid programs. (i.e. Receive reimbursement)

History and Physical
- Chief Complaint
- Present Illness
- Past History
- Social History
- Family History
- Vitals Signs
- Inventory of body system
- Summary of psychosocial needs as appropriate to age
- Report of relevant physical exams
- Statement on conclusion or impression drawn from H&P
- Plan of Care

Operative Report
- Date of Surgery/Procedure
- The name of the primary surgeon and assistants
- Indications for surgery
- Condition of the patient, pre-, intra-, and postoperatively
- Description of procedure used
- Specific operative findings
- Unique elements in the course of the procedures performed on the patient
- Any unusual events during the course of the procedure
- Estimated blood loss
- Specimens removed
- Pre and Post operative diagnosis

Discharge Summary
- Admitting or provisional diagnosis
- Final diagnosis
- Secondary diagnoses
- Summary of hospital course
- Significant laboratory and diagnostic
- Pending test results
- Invasive procedures
- Final findings that led to decision to discharge patient
- Disposition of patient at discharge
- Discharge Instructions:
  - List diet, medication dosages and duration, physical activity, follow-up plan and next appointment, events leading to death, whether an autopsy is to be performed.

Prior to all sedation or anesthesia, the patient must have a current H&P, ASA and an airway assessment documented.

Immediately after surgery or an invasive procedure, documentation must include all of the following:
1. Name of MD performing procedure and any assistants
2. Name of procedure
3. Findings of procedure
4. Estimated blood loss
5. Any specimens removed, and
Physician Documentation training will be available Monday-Friday 7:00 AM -3:00 PM. Arrangements for after hours training may be made depending on availability of training staff.

Call 601-973-1682 to schedule your Personal Training session. Sessions are 1 hour or less and you will be live on the system upon completion of your training.
You will learn how to:

► Access Documentation templates through Physician Webstation
► Use auto-populate features to insert labs and meds into your Documentation
► Setup the Speechmike for successful Speech Recognition of your voice
► Inserting and creating personal Macros
DELINQUENT HEALTH RECORDS

As outlined in the Chronic Offender Policy, an incomplete record list is generated and letter mailed or emailed to physicians who have charts requiring their attention.
Health Record Completion (Deficiencies)

WSP-WebStation for Physician

• Deficiency Tab
• Orders Sign Off Tab
• Action List Tab
Death Certificates

As required by State Vital Records, death certificates must be complete within 72 hours after death. It is required that death certificates to be completed in black ink.
ICD-10

In anticipation of the implementation of ICD-10 on October 1, 2015, the Clinical Documentation Improvement Specialists are now querying for ICD-10 concepts which may increase the number of queries placed on the charts. As these concepts become more familiar the number of Queries should decrease.

Thank you for helping with the documentation improvement process at Baptist. For questions please contact Tonya Mitchell, RHIT tmitchell@mbhs.org or Whitney Raju, MD wraju@mbhs.org.
Clinical Documentation Improvement

Queries
Clear, meaningful physician documentation in the medical record is the key to successful documentation; issues related to inconsistent, missing, conflicting or unclear documentation must be resolved by the provider.

• **Concurrent Query:**
  Queries are placed in the front of the progress notes in the medical record and have a green flag on them addressing the appropriate physician. Responses should be documented in the progress notes or dictation and not on the actual query form.

• **Post DC Query:**
  Documentation issues unanswered at discharge will be electronically sent to the physician assigned as a “Missing Text Deficiency”. The physician response can be achieved by answering the clarification using the “Deficiency Tab” or can be written/dictated in the progress note. Should you have any questions regarding documentation and coding, please contact the Coding Department at 601-968-1717.
2 Midnight Rule
2 MIDNIGHT RULE

- 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
2 MIDNIGHT RULE

• 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](mailto: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.
Information on the previous slides was obtained from the Centers for Medicare and Medicaid Services MLN Connects National Provider Call (held on January 14, 2014), “Inpatient Admission and Medical Review Criteria: The 2-Midnight Rule”

You may view the complete presentation materials (including scenarios) for the National Provider Call at the following web address:

2 MIDNIGHT RULE: Questions?

HEALTH INFORMATION MANAGEMENT DEPARTMENT

• Kyra Barthel, BSN, RN, CCA
  Compliance Coordinator
  Office: (601) 960-3386

• Whitney S. Raju, MD
  Physician Advisor, Clinical Documentation Improvement Program
  Office: 601-968-4673

• Patsy H. Raworth, RHIA
  Director Health Information Management
  RAC Coordinator
  phone: 601.973.1681
  fax: 601-968-1319
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:

<table>
<thead>
<tr>
<th>Heart Attack (ACS)</th>
<th>Inpatient Diabetes (Advanced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Failure</td>
<td>Prematurity</td>
</tr>
<tr>
<td>CABG</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Primary Stroke (Advanced)</td>
<td></td>
</tr>
</tbody>
</table>

- Baptist Medical Center – more certifications than 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.

See requirements on next slides
Stroke Evaluation

NAME: ____________________________

Data Time

Physician Name: ____________________
Diagnosis: __________________________ 
Baseline NIH Stroke Scale: ___________

1-PA Protocol:

Inclusion Criteria for giving 1-PA within 3 hours of Symptom Onset:
☐ Diagnosis of ischemic stroke causing measurable deficit.
☐ Onset of symptoms < 3 hours from beginning treatment.
☐ Age > 18 Years.

Inclusion Criteria for giving 1-PA 3-4.5 hours from Symptom Onset:
☐ Diagnosis of ischemic stroke causing measurable deficit.
☐ Onset of symptoms 3-4.5 hours from beginning treatment.
☐ Age > 18 years.

Exclusion Criteria:
☐ Significant head trauma or prior stroke in previous 3 months.
☐ Symptoms suggest subarachnoid hemorrhage.
☐ Aneurysm puncture in a noncompressible site in previous 7 days.
☐ History of intracranial hemorrhage.
☐ Intracranial neoplasm, aneurysm, arteriovenous malformation or aneurysm.
☐ Recent intracranial or intraspinal surgery.
☐ Elevated blood pressure (systolic ≥ 185 mmHg or diastolic ≥ 110 mmHg; Persistent)
☐ Active internal bleeding.
☐ Acute bleeding diathesis; Platelet count = 100,000/mm³ Heparin within 48 hours resulting in abnormal aPTT greater than the upper limit of normal. Current use of anticoagulant and INR > 1.7 or PT > 15. Current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory test such as aPTT, INR, platelet count and ECT, Thrombin time or appropriate factor Xa assays.
☐ Blood glucose concentration < 56 mg/dl (2.7 mmol/L)
☐ CT demonstrates multilobar infarction (hypodensity > 1/2 cerebral hemisphere)

Additional Exclusion Criteria for 3-4.5 hours
☐ Age > 80 years
☐ Severe stroke NIHSS > 25
☐ Taking an oral anticoagulant regardless of INR
☐ History of both diabetes and prior ischemic stroke

Relative exclusion criteria for giving IV-1-PA: Consider risk benefit of IV-1-PA administration carefully if any of the following relative contraindications are present: Only minor or rapidly improving stroke symptoms, pregnancy, seizure onset with postictal residual neurological impairments, major surgery or serious trauma within previous 14 days, recent gastrointestinal or urinary tract hemorrhage within previous 21 days and recent acute myocardial infarction within previous 3 months.

Criteria met for Actilyse (i-PA) administration?
☐ Yes-Risks and benefits of Actilyse (i-PA) explained and accepted treatment
☐ Yes-Risks and benefits of Actilyse (i-PA) explained but patient refused treatment
☐ No-criteria were not met.
☐ No-Other: __________________________

DATE: ___________  TIME: ___________  MD SIGNATURE: __________________________
REQUISITE STROKE KNOWLEDGE
BASED ON AMERICAN STROKE ASSOCIATION GUIDELINES

ACUTE STROKE

LAST KNOWN NORMAL TIME: This often requires asking questions in several different ways to obtain an accurate answer. Suggestion: “When was the person seen with normal strength, speech, language, coordination, etc.?” Poor questioning: “When did this begin?” If a person awakens with their deficit, they were last normal when they went to sleep. If a person gets completely back to normal, the clock resets for last known normal.

STROKE ALERTS AT MBHS:

A stroke alert is defined as a patient who has developed an acute stroke within the last 4.5 hours REGARDLESS of their ability to receive intravenous TPA. This was designed to include patients that may meet criteria for intra-arterial TPA and mechanical extraction techniques. Give special thought to rapidly improving strokes or mild strokes. Think about what the stroke deficits would mean for the patient's individual quality of life.

GOALS IN ED:

<table>
<thead>
<tr>
<th>Action</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to physician</td>
<td>&lt;10 min.</td>
</tr>
<tr>
<td>Door to stroke team</td>
<td>&lt;15 min.</td>
</tr>
<tr>
<td>Door to CT initiation</td>
<td>&lt;25 min.</td>
</tr>
<tr>
<td>Door to CT interpretation</td>
<td>&lt;45 min.</td>
</tr>
<tr>
<td>Door to drug</td>
<td>&lt;60 min.</td>
</tr>
<tr>
<td>Door to ICU admission</td>
<td>&lt;3 hr.</td>
</tr>
</tbody>
</table>

INTERNAL STROKE ALERT PROTOCOL:

Nurses notify rapid response if acute neurological changes occur with last known normal less than 4.5 hours from present. Rapid response will report to bedside. Rapid response notifies ED M.D. if appears to be an acute stroke. Patient brought to ED for ED M.D. to evaluate for I.V. TPA or other revascularization including thrombectomy and intra-arterial TPA. Stroke alert called if patient meets stroke alert criteria.

INCLUSION AND EXCLUSION CRITERIA FOR IV TPA:

Please review attached sheet. You should grab this sheet anytime you are reviewing a potential TPA candidate. You should familiarize yourself with exclusion and inclusion criteria. Note that there are ABSOLUTE and RELATIVE exclusion criteria. Note special ADDITIONAL RELATIVE exclusion criteria for the 3-4.5 hour American Stroke Association Recommended window for IV TPA treatment. One thing to note is that in the 3 to 4.5 hour window a relative exclusion criteria is STROKE AND history of DIABETES. Any time you are giving TPA to a patient with relative exclusion criteria present, you should carefully document your thought process and discussion with patient/family in the chart.

Updated 3/4/2015
FINGER STICK GLUCOSE is the ONLY LAB required prior to TPA administration if there is not any historical or clinical suspicion of coagulopathy, thrombocytopenia or anticoagulant use.

Blood pressure may be treated with labetalol or cardene if TPA is being considered and TPA may be administered if blood pressure is safely maintained below 185/90. Caution advised in significantly lowering blood pressure as this may expand the area of brain involved in the core stroke (infarcted tissue) vs penumbra (ischemic tissue).

IV tPA is recommended in setting of early ischemic changes (other than frank hypodensity on CTA).

Ask about use of newer anticoagulants. We are placing a newly developed anticoagulant tool with the NIHSS tools at the bedside in the ED. Pictures of these medications and common trade names will be provided.

MECHANICAL INTERVENTION FOR STROKE:

Patients older than 18 y.o. with acute ischemic strokes (less than 6 hours from last known normal) of anterior circulation including carotid, middle cerebral artery or anterior cerebral artery distributions. NIHSS of 2 or greater included. Received intracranial clot extraction, intraarterial TPA or both in the treatment arm. 233 patients total were enrolled with 196 in the treatment arm. Average age 56 to 65 years old. Average NIHSS 17 to 18. Endovascular stent retrieval systems were used in 97% of the treated patients. Control group only had 32% recanalization (approximately 89% percent were treated with i.w. TPA) and treatment arm had 80% recanalization. Treatment arm had 47% vs control group 4% with patients having at least one serious adverse effect. Parenchymal hemorrhage with greater than 30% of infarct with mass effect (5.6%). New ischemic stroke in different vascular territory (3%). Hemorhage occurred in 6% vs 4.9% in the control arm. Mortality essentially unchanged at 90 days in treatment arm and control arm. Final median infarct volumes at 7 days was 49mL for the treatment arm and 80mL for the control group. Treatment was more beneficial in the group greater than 80 years old. Improvement was more statistically significant for more severe strokes with NIHSS of 20 or better. There was a shift of improved modified rankin score (improved function) at 90 days in the treatment arm.

POST TPA MANAGEMENT:

Follow the post TPA order set. Measure blood pressure and perform neurological assessments every 15 minutes during and after IV tPA infusion for 2 hours then every 30 minutes for 6 hours, and then hourly until 24 hours post IV tPA treatment. BP should be maintained below 180/105 after TPA.
ROUTINE ACUTE STROKE CARE POINTS:

1) It is not advisable to reduce blood pressure routinely in acute strokes unless BP is extremely high i.e. above 220/120 unless TPA given.
2) Isotonic IV fluids should be provided to acute strokes that are euolemic or hypovolemic.
3) The usefulness of urgent anticoagulation in patients with severe stenosis of an internal carotid artery ipsilateral to an acute stroke is not well established.
4) URGENT ANTICOAGULATION with the goal of preventing early recurrent stroke, halting neurological worsening, or improving outcomes after acute ischemic stroke IS NOT RECOMMENDED for patients with acute ischemic stroke.
5) Urgent anticoagulation for the management of non-cerebrovascular conditions is not recommended for patients with moderate-to-severe strokes because of increased risk of serious intracranial hemorrhagic complications.
6) The optimal vascular study for patients should be determined with the input of neurology to avoid unnecessary duplication of tests.
7) Stroke patients should be sent to the stroke unit whenever possible if they do not need ICU care. This has been proven to improve outcome and compliance with core measures.
8) Subcutaneous administration of anticoagulants (at appropriate prophylaxis dose) should be utilized unless contraindicated for immobilized patients for prevention of DVT.
9) Maintain oxygen saturation greater than 94%.
10) Tight control of fingerstick glucose is desired with avoidance of hypoglycemia. FSG below as hyperglycemia is clearly linked to worsening stroke morbidity and mortality. It is reasonable to aim for FSG of less than 140-180.
11) Avoid hyperhemias as it is clearly linked to worsening stroke morbidity and mortality. Treat for goal of less than 38C (100.4 F).

STROKE (STK) CORE MEASURE SET

STK-1: Venous thromboembolism (VTE) prophylaxis
STK-2: Discharged on antithrombotic therapy
STK-3: Anticoagulation therapy for atrial fibrillation/flutter
STK-4: Thrombolytic therapy
STK-5: Antithrombotic therapy by end of hospital day 2
STK-6: Discharged on statin medication
STK-8: Stroke education
STK-10: Assessed for rehabilitation

Recent studies suggest that intensive statin therapy should be considered for all TIA or strokes unless contraindicated. Core measures requirements are discharged on statin if LDL >100mg/dL. Please document if a contraindication to statin or intensive statin exist, this includes cost.

Intensive statins include Lipitor 40mg and Crestor 20mg.
I have reviewed 2015 Stroke Requisite Knowledge.

Print Name: ________________________________

Sign: ________________________________ Date: ________
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 publically – 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>
</thead>
<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>
</tr>
</tbody>
</table>
## 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>
Internet Sites: Compare Quality Data Available to Public & Employees

- **Hospital Compare**: can compare three hospitals [http://www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/)
- **Joint Commission**: can compare six hospitals for quality measures [http://www.qualitycheck.org/consumer/searchQCR.aspx](http://www.qualitycheck.org/consumer/searchQCR.aspx)
- Centers for Disease Control – mandatory infection control data is reported to the public
- Employees – data is available forums, units, departments
Do NOT Use Abbreviations

For safety reasons, IF a DO NOT USE abbreviation is used in an order for medications, you will be called for clarification.

<table>
<thead>
<tr>
<th>Abbreviation/Dose Expression/ Stemmed Names</th>
<th>Intended Meaning</th>
<th>Misinterpretation</th>
<th>Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>Morphine or Magnesium Sulfate</td>
<td>Mistaken for incorrect medication - can mean either medication</td>
<td>Morphine Sulfate</td>
</tr>
<tr>
<td>MgSO4</td>
<td></td>
<td></td>
<td>Magnesium Sulfate</td>
</tr>
<tr>
<td>Q.D.</td>
<td>Every day</td>
<td>Mistaken for each other</td>
<td>Write: Daily</td>
</tr>
<tr>
<td>Q.O.D.</td>
<td>Every other day</td>
<td></td>
<td>Write: Every other day</td>
</tr>
<tr>
<td>U or u</td>
<td>Unit</td>
<td>Read as a zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as &quot;4&quot; or 4 seen as 44&quot;)</td>
<td>&quot;Unit&quot; has no acceptable abbreviation. Use &quot;unit&quot;</td>
</tr>
<tr>
<td>IU</td>
<td>International unit</td>
<td>Misread as IV (Intravenous).</td>
<td>Use &quot;units&quot;</td>
</tr>
<tr>
<td>Zero after decimal point (1.0)</td>
<td>1 mg</td>
<td>Misread as 10 mg if the decimal point is not seen.</td>
<td>Do not use terminal zeros for doses expressed in whole numbers.</td>
</tr>
</tbody>
</table>
Get on board! Core Measures

What are Core Measures?
They are the use of standardized performance measures in treating an identified illness or care measure set also known as "Hospital Quality Measures" or "Core Measures."

How many core measure sets are being participated in by Baptist and most accredited hospitals?
Currently, there are five identified core measure sets being participated in by MBMC which are measured by TJC and CMS accredited hospitals all over the country—Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN), Surgical Care Improvement Project (SCIP), and Stroke. A hospital's performance will be measured by its adherence to the core measure guidelines. This means that for each diagnosis, there are sets of evidence-based treatments, diagnostic tests, and standards to follow. The facility's practitioners and nursing staff are expected to comply with these guidelines.

What are the MDs and nursing staff's role in core measures?
Use of order sets by MDs guarantees that all diagnostic and treatment components of each measure set are completed and documented at a precise time. Nursing staff must also ensure that these orders are carried out and documented at the right time on the right document (e.g., Nurses notes, Care Manager, OR records, etc.). Remember, no documentation means no intervention was done and negative scores are given to set measures.

What does it mean to receive high scores on core measures?
The goal is 100% in our core measure compliance. This means that patients with core measure diagnoses were given timely and appropriate care. Our scores are publicly reported as well as for all hospitals in the surrounding area. The goal of core measures is to have evidence-based care for our patients because it's the right thing to do. Getting the recommended care means patients are more likely to have better outcomes.

Core Measure Resources:
www.QualityNet.org
www.Hospitalcompare.hhs.gov
www.jointcommission.org
www.medqic.org

"QUALITY IS EVERYBODY'S BUSINESS"

The goal of core measures is to have evidence-based care for our patients because it's the right thing to do!

Resource Management
If you have questions regarding Core Measures, contact:
- Karlene Cooper Stroyer, RN ex: 1333
- Vickie Gerrard, RN ex: 1259
Core Measures

Below are five core measures that MBMC is participating in and submitting to both CMS and TJC for public reporting. Listed below are the things one must always remember to do when a patient falls under a core measure set such as AMI, HF, PN, SCIP, and Stroke. Getting the recommended care means patients are more likely to have better outcomes.

1. Acute Myocardial Infarction (AMI)
   1. Aspirin on arrival (Unless contraindicated, documented)
   2. Aspirin/Beta blocker at discharge (Unless contraindicated, documented)
   3. ACEI or ARB for LVSD (Ejection fraction <40%)
   4. Smoking Cessation Counseling (Smoker within prior 12 months - Cigarettes only)
   5. Fibrinolysis within 30 minutes OR
   6. PCI within 90 minutes

2. Heart Failure (HF)
   1. Discharge instructions on:
      - Medications (reconciliations must match)
      - Activity
      - Diet
      - Symptoms Worsening
      - Weight
      - Follow-Up
   2. LVS function evaluation
   3. ACEI or ARB for LVSD (Ejection fraction <40%)
   4. Smoking Cessation Counseling (Smoker within prior 12 months - Cigarettes only)

3. Pneumonia (PN)
   1. 1st Dose of Antibiotic within 6 Hours
   2. Pneumococcal and/or Influenza Vaccine
   3. Blood Cultures Prior to Antibiotics
   4. Smoking Cessation Counseling (Smoker with prior 12 months - Cigarettes only)
   5. Appropriate Antibiotic selection
      a. Non-ICU admission
      b. ICU admission
      c. Pseudomonas Risk
         (Pseudomonal risk, Bronchiectasis, Structural Lung Disease with chronic corticosteroid or repeated antibiotic use documented by MD)

4. Surgical Care Improvement Project (SCIP)
   1. Appropriate Antibiotic Selection
   2. Antibiotic within 1 hr before incision time
   3. Prophylactic Antibiotic discontinued within 24 hours after surgery (CABG within 48 hours unless infection is documented)
   4. Beta blocker taken prior to admission (documented estimated time of last dose taken)
   5. Beta blocker preoperative tx (24 hrs before surgery)
   6. Appropriate preoperative Hair Removal
   7. VTE prophylaxis order
   8. VTE Therapy Implemented 24 hrs before to 24 hrs after surgery
   9. DC intraoperatively placed Foley cath by POD1 or POD2
   10. Documented postop temp >36°C/96.8°F 30 mins prior anesthesia to 15 mins post anesthesia
   11. Postoperative 6 am glucose - cardiac surgery patients (<200; Postop Day 1 & 2)

5. Stroke
   1. IV rt-PA Arrive by 2 Hour, Treat by 3 Hour
   2. Early Antithrombotics
   3. DVT Prophylaxis
   4. Antithrombotics
   5. Anticoag for AFib/AFiblutter
   6. Smoking Cessation
   7. LDL 100 or ND ~ Statin
   8. Dysphagia Screen
   9. Stroke Education
   10. Rehabilitation Considered
Ethical Issues

- Ethical issues may arise in the care of patients.
- Each involves a unique set of circumstances.
- Ethical issues/conflicts of care, include but are not limited to:
  - Withholding, foregoing, or withdrawing of life-sustaining equipment
  - Refusal of treatment
  - Over/under treatment, under-informing by practitioner
  - Conflicts regarding patient autonomy/doctor’s orders/family wishes
  - Omission of treatment
  - “Ordinary” vs “extraordinary” care
  - Abuse or suspected abuse (see Abuse Policy)
  - Advance Directives questions (see Advance Directives Policy)
  - Termination of Pregnancy (See Medical Staff policy)
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.
NATIONAL PATIENT SAFETY GOALS
National Patient Safety Goals:

Identify patients correctly for meds & treatments
• Use at least two identifiers (Name & Date of Birth); Can other identifiers be used? **YES, in addition to** Name & DOB if ANY concerns
• Make sure patients get the correct blood.

Improve staff communications
• Quickly get important test results to the right person (including MD)

Improve safety of using medications
• Label all medications (in basins, syringes, etc.) that are not already labeled. **Only exception: IMMEDIATE administration** – applies to procedural areas, surgeries, and all patient care areas..
• Take extra care with patients who take medications to thin blood thinners. **Example: use standard orders, get baseline lab work, teach about food/drug interactions, educate patient & family**
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.
Clinical Alarm Safety

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

– There are MANY alarms heard during the day – bed alarms, IV pumps beeping, monitors alarming – to name a few. One issue to address is who can change parameters for certain alarms.

– Others may hear alarms going off on patient equipment, when passing by a patient room – respond and alert the patient care staff when needed so they can respond!

– The Clinical Alarm Task Force is meeting to make improvements to ensure that alarms on medical equipment are heard and responded to appropriately. One activity is to determine which alarms could be an irritant versus those that could be a safety issue if not responded to immediately.

In 2015, the hospital was required to develop a policy & procedure for clinical alarm management. This is being done by the Clinical Alarm Task Force headed by the director of Biomedical Engineering.

2016 – Hospitals are required to monitor to see if alarms are heard and responded to on time.

– For more information: http://www.jointcommission.org/sea_issue_50/
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 (NEW)
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 = Rescue. Alarm. Contain. Extinguish

Physicians – call out for staff to help
EMERGENCY PREPAREDNESS & DISASTER PLAN

- Yearly drills
- External disasters (outside hospital)
  Example: bioterrorism, plane crash, tornado
- Internal disasters (inside hospital)
  Example: Power outage, fire
- Emergency Plan located on CareNet
- All employees considered essential
- Physicians volunteering during a disaster must have 2 forms of federal identification and care will be evaluated

Missouri hospital damaged by tornado
To report Quality or Safety Concerns:

Discuss with

• Your immediate supervisor, or
• House Supervisor (x1258)
• Risk Manager (x1103), or
• Enter concerns into RiskMan., or
• Report ANONYMOUSLY by calling the hotline at 973-1500.
• After reporting concerns, if you feel problems have not been addressed, voice your concerns to Department Director, President of the Medical Staff, Vice President/CMO, or Chris Anderson, CEO (ext 5130).
• If after speaking to hospital leaders, you still feel the safety/quality issues have continued, you may contact the Office of Quality Monitoring at The Joint Commission (TJC) at 1-800-994-6610.

Note: You will not be disciplined or action taken for reporting.
Prices for Baptist Fitness Center for Physicians

Jackson: No enrollment fee and $28.00 monthly

Clinton: No enrollment fee and $28.00 monthly

Madison: $100 enrollment fee and $55.00 monthly
THE BAPTIST HEALTHPLEX combines the concept of physical fitness, the science of medicine and a recreational environment. One of our degreed fitness staff meets with each new member to review his or her medical history and evaluate any health issues to be considered when exercising. An assessment will determine the new member’s fitness level, which will assist our staff in developing a personal exercise program. After a program has been developed, the staff will explain how to operate the equipment and teach proper exercise techniques for his or her personal program.

Through our unique relationship with Baptist Health Systems, we supplement your fitness program with hospital-supported education programs. Arthritis aquatics, diabetes management and pre-and post-natal aerobics classes are just a few of the extra ways the Baptist Healthplex helps make fitness a part of your total lifestyle.

Be sure to ask a staff member for a facility tour. There are a variety of membership packages and special pricing available. Please ask a staff member to assist you with the best package to fit you and your family’s needs.

A variety of group exercise classes are available with optional times to meet most anyone’s schedule.

HOURS
Monday - Thursday
5:00 a.m. - 9:00 p.m.
Friday
5:00 a.m. - 7:00 p.m.
Saturday
7:00 a.m. - 5:00 p.m.
Sunday
1:00 p.m. - 5:00 p.m.
THE BAPTIST HEALTHPLEX combines the concept of physical fitness, the science of medicine and a recreational environment. One of our degree fitness staff meets with each new member to review his or her medical history and evaluate any health issues to be considered when exercising. An assessment will determine the new member’s fitness level, which will assist our staff in developing a personal exercise program. After a program has been developed, the staff will explain how to operate the equipment and teach proper exercise techniques for his or her personal program.

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Cushioned indoor track
Shock-absorbent aerobics floor
4 lane, 25 yard indoor heated lap pool
Indoor heated therapy pool
Women’s and men’s whirlpool, steam room and sauna
Basketball courts
Racquetball courts
Strength fitness system (Cybox Eagle)
Exercise bicycles
Group cycling
Rowing machines
Treadmills
Stair climbers
Free weights
Elliptical trainers
EnerGym Kids’ Fitness Area
Massage Therapy

HOURS
Monday - Thursday
5:00 a.m. - 10:00 p.m.
Friday
5:00 a.m. - 8:00 p.m.
Saturday
7:00 a.m. - 5:00 p.m.
Sunday
1:00 p.m. - 6:00 p.m.

PLAYCENTER HOURS*
Monday - Saturday
8:00 - 11:30 a.m.
Monday - Thursday
4:30 - 8:00 p.m.
Sunday
2:30 - 4:30 p.m.
*Ask the front desk about any applicable charges.

102 CLINTON PARKWAY
CLINTON, MS 39056
(601) 925-7900
www.mbhs.org
**Hours of Operation:**
Monday – Thursday .............. 5:00 AM – 10:00 PM
Friday .................................. 5:00 AM – 8:00 PM
Saturday .................................. 6:00 AM – 6:00 PM
Sunday .................................. 1:00 PM – 6:00 PM

501 Baptist Drive, Madison, Mississippi 39110
601-856-7757

For more information, visit www.healthplexperformance.com.
**Facility Highlights:**
1. Fitness Floor –
   Cardio Equipment such as Treadmills, Bikes, Steppers, Rower, Elliptical Trainers, etc.
2. Indoor Track –
   1/12 of a mile
3. Men’s & Women’s Locker Rooms
4. Family Locker Rooms
5. Three Program Rooms
6. Six Lane Indoor Pool –
   25 meters
7. Warm Water Indoor Pool
8. HydroWorx Therapy Pool
9. Performance Weight Training Area –
   Ropes, Kettlebells, Bosu, Medicine Balls, etc.
10. Indoor Field House –
    25 yards x 40 yards
11. Advanced Weight Training Area for Athletes
12. After Hours Fitness Area
13. Outdoor Turf Field –
    50 yards x 55 yards
14. Outdoor Sprint Track –
    70 yards
15. Medical Clinic
16. Physical Therapy Clinic
17. Orthopaedic Clinic

**Proposed Programming:**
1. Group Exercise Classes –
   Zumba, Yoga, Step, Boot Camp, Body Sculpt, Cycling, etc.
2. Group Water Classes
3. Personal Training and Group Training
4. Sports Performance Training
5. Speed Training
6. Team Training –
   Strength, Speed, etc.
7. Adult Training / Boot Camps
8. Nutrition Counseling and Weight Loss Programs
9. High School Combine Training
10. Tri-Athlete Training Programs
11. Professional Athletes
12. Age Appropriate Strength Classes
13. Training Options for the Entire Family
14. Corporate Wellness

For more information, visit www.healthplexperformance.com.
Baptist Medical Clinic

Primary Care Network
Network of clinics conveniently located to serve a variety of healthcare needs. All have access to the resources of Baptist Health Systems. Clinic services include board certified staff, state-of-the-art facilities and cutting-edge technology.

1490 W Government Street, Suite 10
Brandon, MS 30432
601-825-1936

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Margaret Praxman, FNP-BC

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Cindy Garrett, MD
Lauren B. Tweedwell, MD

2173 Main Street
Madison, MS 30110
601-605-3858

Baptist Main Street Family Medicine
Bruce Block, MD
Bar Johnson, MD
Ashley B. Pullen, MD

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James L. Moore, Jr., MD
Baptist Critical Access Hospitals

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

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

Baptist Medical Center Yazoo click [here](mailto:inlinelink) for details and click [here](mailto:inlinelink) for the open house.
Baptist Hospital
**Hospital Services are located as follows:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Scope</th>
<th>Anesthesia (A)</th>
<th>Outpatient Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lower Level - Main Hosp</strong></td>
<td>Pharmacy services open 360/24/7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To right of Busey Auditorium</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meeting space</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Dietary &amp; Food Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supply Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morgue</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office space</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance of all buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For Inpatient kidney dialysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education Resource Center, Computer Lab, office spaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sterilization and Disinfection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equipment Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lower Level – Tower</strong></td>
<td>Security</td>
<td><strong>A</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgical services for Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mammography, Breast diagnostics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Lower Level includes Pharmacy services open 360/24/7.*
### Hospital Services are located as follows

<table>
<thead>
<tr>
<th>First Floor - Main Building</th>
<th>1st Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>Emergency services, Express &amp; urgent care, Cardiac observation (8 beds)</td>
</tr>
<tr>
<td>Cardiac Observation</td>
<td>Inpatient and outpatient admissions</td>
</tr>
<tr>
<td>Admissions</td>
<td>Food services for public and employees</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Administrative offices</td>
</tr>
<tr>
<td>Administration</td>
<td>Medical Staff credentialing services</td>
</tr>
<tr>
<td>Med Staff Services</td>
<td>Administrative offices for Nursing, Environ Ser., Admin staff, Transportation, Central Monitoring; Case Management, UR</td>
</tr>
<tr>
<td>Patient Care Services</td>
<td>Inpatient Physical Therapy, OT, Speech Therapy (per consult)</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Diagnostic sleep studies</td>
</tr>
<tr>
<td>Sleep Lab</td>
<td>Offices for inpatient wound staff</td>
</tr>
<tr>
<td>Inpatient Wound Offices</td>
<td>Respiratory care administrative offices</td>
</tr>
<tr>
<td>Respiratory Care</td>
<td>Pulmonary functions; neuro dx</td>
</tr>
<tr>
<td>RCS Procedure area</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Floor – Tower</th>
<th>1st Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Cardiac Unit</td>
<td>Preparation for procedures-TEE, cardioversions, cardiac surgery</td>
</tr>
<tr>
<td>1N Patient Care Unit</td>
<td>Medical / Surgical Patients</td>
</tr>
</tbody>
</table>

**First Floor**

- ED - OP
- C Obs - OP
- Sleep lab – OP
- OP

**1st Floor**

- S

**Baptist Health Systems**
Hospital Services are located as follows

<table>
<thead>
<tr>
<th>Location</th>
<th>Scope</th>
<th>Anesthesia</th>
<th>Outpatient Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second Floor – Main Bldg</strong></td>
<td>Perioperative Services, including post anesthesia recovery</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admission &amp; preparation for surgery</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnostic radiological procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outpt/inpt endoscopy procedures – GI, Bronch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diagnostic cardiac interventional</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24/7 Laboratory services</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td><strong>Scope</strong></td>
<td><strong>Anesthesia</strong></td>
<td><strong>Outpatient</strong></td>
</tr>
<tr>
<td></td>
<td><strong>(A)</strong></td>
<td><strong>(A)</strong></td>
<td><strong>Service</strong></td>
</tr>
<tr>
<td></td>
<td><strong>(S)</strong></td>
<td><strong>(S)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Second Floor – Tower</strong></td>
<td>Cardiovascular diagnostics Echo, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical/Surgical ICU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiovascular Recovery unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Surgical Services**
  - PACU
  - Same Day Surgery
  - Radiology
  - Endoscopy Center
  - Heart Cath Lab
  - Laboratory

- **CV Diagnostics**
  - SICU
  - CVR
Hospital Services are located as follows

<table>
<thead>
<tr>
<th>3rd Floor – Main Building</th>
<th>3rd Floor – Tower</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A</td>
<td>3N – Cardiac Unit</td>
</tr>
<tr>
<td>3B</td>
<td>3S – Heart Failure Unit</td>
</tr>
<tr>
<td>AICU</td>
<td></td>
</tr>
<tr>
<td>SDS Recovery</td>
<td></td>
</tr>
<tr>
<td>PCU</td>
<td></td>
</tr>
<tr>
<td>General medical unit</td>
<td>Medical Surgical Cardiac patients</td>
</tr>
<tr>
<td>Medical unit</td>
<td>CHF and medical cardiac patients</td>
</tr>
<tr>
<td>Adult ICU (medical/surgical)</td>
<td>Patients with more/less intensive needs (step up/down)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Floor – Tower</th>
</tr>
</thead>
<tbody>
<tr>
<td>3N – Cardiac Unit</td>
</tr>
<tr>
<td>3S – Heart Failure Unit</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4th Floor – Main Building</th>
<th>4th Floor – Tower</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A</td>
<td>4N – NICU Unit</td>
</tr>
<tr>
<td>4B</td>
<td>WB Nursery</td>
</tr>
<tr>
<td>L&amp;D, OBED</td>
<td>4S – Mother Baby Unit</td>
</tr>
<tr>
<td>4D – Neuro/Stroke</td>
<td></td>
</tr>
<tr>
<td>Closed</td>
<td>Neonatal ICU</td>
</tr>
<tr>
<td></td>
<td>Well baby nursery</td>
</tr>
<tr>
<td></td>
<td>OB/GYN patients</td>
</tr>
<tr>
<td>Pediatric unit; general med/surg pts</td>
<td></td>
</tr>
<tr>
<td>24 hr OB ED; Labor &amp; Delivery</td>
<td></td>
</tr>
<tr>
<td>Neuro/stroke unit</td>
<td></td>
</tr>
</tbody>
</table>
### Hospital Services are located as follows

<table>
<thead>
<tr>
<th>5&lt;sup&gt;th&lt;/sup&gt; Floor – Main Building</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A –</td>
<td>Senior Behavioral Health</td>
</tr>
<tr>
<td><strong>5B – RCH</strong></td>
<td>Separate JC LTAC hospital (also has 8 RICU beds)</td>
</tr>
<tr>
<td>5C – Medical Patient Care</td>
<td>Medical and overflow neuro pts</td>
</tr>
<tr>
<td>5D – Oncology</td>
<td>Oncology patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5&lt;sup&gt;th&lt;/sup&gt; Floor – Tower</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5N – Patient Care Unit</td>
<td>Post-op general surgical services</td>
</tr>
<tr>
<td>5S – Patient Care Unit</td>
<td>inpatients</td>
</tr>
<tr>
<td></td>
<td>Urological patients – post op</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6&lt;sup&gt;th&lt;/sup&gt; Floor – Main Building</th>
<th>6&lt;sup&gt;th&lt;/sup&gt; Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A – Patient Care Unit</td>
<td>General medical unit; hospitalists</td>
</tr>
<tr>
<td>6B – Patient Care Unit</td>
<td>Gen. medical services; inpatients for hospitalists</td>
</tr>
<tr>
<td>6C – Patient Care Unit</td>
<td>Orthopedic /joint replacement unit</td>
</tr>
<tr>
<td>6D – Orthopedics</td>
<td>Orthopedic/joint replacement unit</td>
</tr>
</tbody>
</table>
Hospital Services are located as follows

<table>
<thead>
<tr>
<th>Medical Arts East – across street</th>
<th>In Fitness Center:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehab</td>
<td>Cardiac rehabilitation</td>
</tr>
<tr>
<td>Outpt PT and Sportscare</td>
<td>Physical therapy outpatient</td>
</tr>
<tr>
<td>Outpt Wound Clinic</td>
<td>Outpatient wound /hyperbarics</td>
</tr>
<tr>
<td>Nutrition Center/Bariatrics</td>
<td>Wt Mgmt, Diabetes Education</td>
</tr>
</tbody>
</table>

| Colonnades:                       | |
| LL – Preadmissions & Admissions Outpatient | Business office; clinical preadmissions staff |
| LL- Outpatient Radiology          | Outpatient diagnostic radiology |
| 1st floor - CV Diagnostics        | Echo, Treadmill, Holter, Ca+scoring, Cardiac CTA, PET CT |

| Cancer Center:                    | |
| 1st floor Radiation Oncology      | Radiation oncology treatments |
| Offices/Support Services          | Resources available to all cancer pts. |
| 2nd floor: Outpatient Infusion & Satellite Pharmacy | Infusions, including chemo, blood; Chemotherapy pharmacy |

| Belhaven Building                 | |
| 2nd floor – Baptist Belhaven GI Lab | Outpatient GI procedures |

<table>
<thead>
<tr>
<th>Baptist Health Systems</th>
<th>OP</th>
</tr>
</thead>
</table>
I have read Baptist’s Code of Ethics and Business Conduct and understand all of the following:

1. I am expected to know and follow all hospital policies, legal and ethical requirements related to my position.
2. I am responsible for reporting any activities, practices, or behavior that may violate ethical, legal, or hospital requirements.
3. I may make a report or ask a question about suspect activities, practices, or behavior at any time by any of the following methods:  
   a) Report to my supervisor  
   b) Report to Corporate Compliance Officer  
   c) Report to any member of the Corporate Compliance Committee  
   d) Call the Hotline  601-973-1500

My report of question will be handled in confidence and without retaliation.

I hereby certify that I have read and understand Mississippi Baptist Health System’s Code of Conduct and related policies.

I hereby certify my intention to act in complete compliance with Baptist’s Code of Conduct and related policies and when necessary, seek advice from the Compliance Officer concerning the appropriate activities that I may need to undertake in order to comply with the Code of Conduct and related policies.

Physician Signature______________________________________________________________
Print Name _________________________________________________________________
Date______________________________________________________________
Mississippi Baptist Health Systems, INC
Security and Confidentiality Agreement

This is not a contract employment.

I, the undersigned, agree to abide by hospital policy regarding confidentiality of information received in any way related to execution of my job duties or observation/training, including but not limited to things I hear, see, or read.

At such time that I receive an Information Systems User Access Code(s), I acknowledge that my acceptance of that code makes me personally responsible for maintaining the confidentiality of that code(s). I agree that my code is:

ESSENTIAL FOR CONFIDENTIALITY

I commit to protect the patient’s right to confidentiality regarding his/her medical records, conditions, and treatments.

I understand that transactions I perform using MBHS computer systems will be recorded and subject to periodic random audits. MBHS operates on a system-wide network. Possible computer viruses introduced into the system by loading unauthorized software or downloading files from external sources could result in irreversible damage to patient data. In addition, computer software is protected by patient and copyright law. Making unauthorized copies of software is illegal. Heavy fines may be imposed for each violation. I agree not to load unlicensed software on any computer belonging to MBHS, or any of its organizational elements, nor will I make copies of software for unauthorized users. I also agree that I will not download files from any external source.

I understand if I violate any of these agreements, I will be subject to disciplinary action.

Physician Signature___________________________________________________________
Print Name __________________________________________________________________
Date__________________   Signature of Issuer ____________________________________

Baptist HEALTH SYSTEMS
Mississippi Baptist Health Systems
Orientation Packet Agreement

I hereby certify that I have reviewed the Mississippi Baptist Health System’s Orientation Packet and will refer back to the contents as needed.

Physician Signature____________________________________________________________

Print Name ____________________________________________________________________

Date____________________
Welcome To MBHS

Thank you for completing the Orientation presentation to familiarize yourself with Baptist Health Systems and MS Baptist Medical Center.

• I have read, printed, and signed the Code of Ethics form.

• I have read, printed, and signed the Security and Confidentiality Agreement.

• I have read, printed, and signed the Orientation Packet Agreement
• Please know your tag number when you come for Orientation

I will bring these pages to the Orientation appointment in Medical Staff Services and complete the final paperwork and Paragon training.

Thank you again for your service to our patients and we look forward to working with you in the future.