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 Directors 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 look forward to working with you in ensuring we take great care of your patients at Baptist. It is an honor to come to work each day in an organization that I have enjoyed being part of for over 25 years ago. I believe 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) 968-1248 and my cell number is (601) 317-6712. Again, I look forward to working with you in caring for our patients, our community, and each other.

Sincerely,

[Bobbie K. Ware]

Bobbie K. Ware MHSA, BSN, RN, NEA-BC, FACHE
Chief Executive Officer - Mississippi Baptist Medical Center
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
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.
Ideas to Improve Patient Communication all starts with taking a SEAT

Sit Down with the Patient
Engage the Patient
Ask Questions
Talk and Listen

It is important that all members of our medical staff - attending, surgeons, and consultants - utilize these best practice behaviors in order to insure our patients’ response is “ALWAYS” when they complete their surveys, which in return these HCAHPS scores are accurately reflecting the high quality of care they receive.
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>
MBHS Doctors, Baptist’s physician directory app, is available as a free download from the App Store and Google Play.

Search for “MBHS Doctors”
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
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)
EDUCATION RESOURCES

The web address for ebso is:
http://search.ebscohost.com/userlogin.asp

USER ID: mbhs       Password: library

Baptist CME Program

CME can be obtained at NeuroRad Conference, Anesthesia, and Tumor Board and monthly Baptist Grand Rounds. Other CME opportunities will be posted.
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.
Medical Foundation of Central Mississippi

Baptist Medical Clinic
Primary Care
Who we are

- 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
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
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.

For an H&P completed within 30 days prior to inpatient admission, an update is required within 24 hours AFTER admission but PRIOR to surgery.

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
## Recommended Discharge Summary Elements

<table>
<thead>
<tr>
<th>ELEMENTS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting or provisional diagnosis</td>
<td>List first</td>
</tr>
<tr>
<td>Final diagnosis</td>
<td>List next, numbering each</td>
</tr>
<tr>
<td>Secondary diagnoses</td>
<td>Summarize all treatment modalities (including those performed by other than medical staff) includes milestone events.</td>
</tr>
<tr>
<td>Brief history of presenting problem</td>
<td>Note results of each</td>
</tr>
<tr>
<td>Summary of hospital course</td>
<td>Note action to be taken if test results are positive after patient discharge.</td>
</tr>
<tr>
<td>Significant laboratory and diagnostic tests performed.</td>
<td>List each with dates and respective outcome</td>
</tr>
<tr>
<td>Pending test results</td>
<td>State “Condition of the patient on discharge was…”</td>
</tr>
<tr>
<td>Invasive procedures</td>
<td>Discharge to home, skilled nursing facility, etc.</td>
</tr>
<tr>
<td>Final findings that led to decision to discharge patient</td>
<td>List diet, medication dosages and duration, physical activity level, follow-up plan or next appointment.</td>
</tr>
<tr>
<td>Disposition of patient at discharge</td>
<td></td>
</tr>
<tr>
<td>Discharge instructions</td>
<td></td>
</tr>
<tr>
<td>If patient expired, events leading to death, whether an autopsy is to be performed.</td>
<td></td>
</tr>
</tbody>
</table>

**Noncompliance could impact reimbursement**
Paragon Physician Documentation
Front-end Speech Activation

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.
Clinical Documentation Improvement

Clinical Documentation Specialists (Concurrent Coders) are present on all units and code the charts in “real time”. A well-documented chart may improve payment and length of stay.

Queries:
Clear, meaningful physician documentation in the medical record resolves issues related to inconsistent, missing, conflicting or unclear documentation. The provider is the key to successful documentation.

Concurrent Query:
Written 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.

Verbal queries from the concurrent coders (CDS) to the providers rounding on the units facilitate the query process and eliminate the need for written queries. Some queries are placed electronically. To find out more please contact Tonya Mitchell, RHIT, CCDS, at tmitchell@mbhs.org

Post Discharge 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 Clinical Documentation Department at 601-292-4691
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 (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: Reference

- 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

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>Heart Failure</th>
<th>CABG</th>
<th>Primary Stroke (Advanced)</th>
<th>Inpatient Diabetes (Advanced)</th>
<th>Prematurity</th>
<th>Breast Cancer</th>
</tr>
</thead>
</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

• 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/
Welcome to the MBHS family! We are glad you are joining our stroke team!!! Every member of the staff is an integral link in the processes necessary to provide the most efficient, compassionate and accurate evidenced based medical care for our patient’s. We tirelessly review every significant decision made for our stroke patients so that we can provide real time feedback to physicians and nurses. Our stroke unit, 4D has been recognized for exceptional patient satisfaction numerous times.

Sincerely,

Keith O. Jones, M.D.-Medical Director of Stroke, MBHS

RESOURCES:

Stroke Coordinator: Teresa Ellerbush, RN  601-397-1762

Stroke Director: Keith Jones, M.D.  601-421-5403, keithjones@mbhs.org

Stroke Nurses: Anna McGraw, RN 601-863-6676 and Susan Wade, RN 601-842-4421

Anticoagulation Team: Please consult pharm D anticoagulation team.
**INPATIENT ACUTE NEUROLOGICAL EVENT**

**Immediately Call Rapid Response Nurse**—This is the 1st step in the stroke alert chain. They transport the patient to ER CT and ER physician and prepare for possible IV ALTEPLASE. Minutes and even seconds count!

**IV Alteplase IS NOT the Only Acute Treatment Available**—We have exceptional relationships with neighboring stroke centers capable of clot extraction. We do not stop when IV alteplase is contraindicated!!!!

Neurology rather than neurosurgery is the first contact for non-traumatic intracranial hemorrhage patient’s. Neurosurgery is the first contact for neuro trauma, sub-arachnoid hemorrhage and subdural hematoma

**CEREBROVASCULAR PATIENT STANDARDS AT MBHS**

**ALL** patients are placed on the appropriate protocols!!
- Search “neuro” in EMR and place on appropriate protocol including ischemic Stroke/TIA or Intracranial hemorrhage protocol.
- Neurohospitalist or neurologist on call will admit all IV alteplase cases

**ALL** non-ICU patient’s should be admitted to the stroke unit (4D). Please request this. This has a remarkable effect on meeting core measures and patient/physician satisfaction.

**Nothing** by mouth until nursing bedside dysphagia screen passed. No ice chips and no oral meds.

**ALL** patients to receive an anti-platelet ASAP (PR ASA if NPO) unless on anticoagulant or contraindicated.

**ALL** patients to receive ISOTONIC fluids.

**ALL** patients with atrial fibrillation receive anticoagulation at discharge unless contraindicated. Acute **FULL** anticoagulation with lovenox is **CONTRAINDICATED** in acute ischemic stroke and heparin infusions are rarely indicated.

**ALL** stroke patients should receive intensive statin therapy unless contraindicated regardless of LDL. Intensive statin therapy includes crestor 20mg daily and lipitor 40mg daily or greater. Inability to afford med is a reasonable exception to provide less costly meds.

**ALL** stroke patients and/or families receive stroke specific education

**ALL** patients get a lipid profile, smoking cessation screening, counseling, PT/OT/ST screens.

**NO** patients should receive CTA head and neck, MRI brain, MRA head and neck or carotid ultrasound prior to neuro input. We are a patient safety/cost conscious team. These tests are often duplicated or not necessary. Non-contrast CT head is the desired test in almost all acute stroke situations.

**AVOID** hypotension, hypoglycemia and hyperthermia. Permissive HTN for acute ischemic stroke patients to 220/120 unless extenuating circumstances. Utilize PRN meds or infusions for BP preferably. Patients are notoriously non-compliant with BP meds and we can cause precipitous BP drops by prescribing home meds.
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 patience 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** is required (starting in 2015)

Reimbursement for hospital services by CMS is based on quality measures, care coordination & patient experience.
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 (specifically non-24 hour departments), this may be limited to pain medicines, antibiotics, new medicines added, etc.
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/)
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.

## Procedure

<table>
<thead>
<tr>
<th>Abbreviation/Dose Expression/ Stemed 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>MSO4</td>
<td></td>
<td></td>
<td>Magnesium Sulfate</td>
</tr>
<tr>
<td>MgSO4</td>
<td></td>
<td></td>
<td></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 x fold overdose or greater (4U seen as “4” or 4 seen as 44”).</td>
<td>“Unit” has no acceptable abbreviation. Use “unit”</td>
</tr>
<tr>
<td>IU</td>
<td>International unit</td>
<td>Misread as IV (intravenous).</td>
<td>Use “units”</td>
</tr>
<tr>
<td>Zero after decimal point (1,9)</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>
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.
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
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
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.*

Restorative Care: Procedure varies slightly – see posted
Fire Safety: Fire Plan Steps

Investigate: Find source of smoke/fire
Rescue: Remove people from danger
Alarm: If inside hospital call 1710 or pull alarm; departments & clinics off campus: call 911
Contain: Close room door
Extinguish: Use extinguisher as needed

RACE to fire safety = Rescue. Alarm. Contain. Extinguish
Physicians – call out for staff to help
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.
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
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
**EXECUTIVE COMMITTEE** *
(Meets 1st Tuesday of every month at 6:15 p.m. in the Board Room)

<table>
<thead>
<tr>
<th>Position</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>President 2017</td>
<td>Dr. Jason Murphy – General Surgery</td>
</tr>
<tr>
<td>President - Elect</td>
<td>Dr. Maria Rappai – Pulmonary</td>
</tr>
<tr>
<td>Secretary</td>
<td>Dr. Kevin Heintzelman – Internal Medicine</td>
</tr>
<tr>
<td>Chief of Surgery</td>
<td>Dr. James Warnock – Cardiology</td>
</tr>
<tr>
<td>Chief of Medicine</td>
<td></td>
</tr>
<tr>
<td>Member-at-Large</td>
<td>Dr. Billy Williams – Pulmonary</td>
</tr>
<tr>
<td>Member-at-Large</td>
<td>Dr. Jane Claire Williams - Gastroenterology</td>
</tr>
<tr>
<td>Member-at-Large</td>
<td>Dr. Neil Haraway – Urology</td>
</tr>
<tr>
<td>Member-at-Large</td>
<td>Dr. Gina Heath – General Surgery</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Chris Jackson – ED Director</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Houston Hardin – Radiology Director</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Anthony Schmidt – Pathology Directory</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Matthew George – Hospitalist Director</td>
</tr>
</tbody>
</table>
CREDENTIALS COMMITTEE
(Meets 1st Tuesday of the month 5:00 p.m. in the McMullan Room)
Unless medical staff business requires a called meeting other than the dates shown.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td>Dr. Joyce Wade-Hamme</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Keith Carter</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. D. Tim Cannon</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Grace Shumaker</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Mac Addison</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Russell Rooks</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. Kevin Heintzelman</td>
</tr>
<tr>
<td>Ex-Officio Member</td>
<td></td>
</tr>
<tr>
<td>Ex-Officio Member</td>
<td>Bobbie Ware, COO, CNO</td>
</tr>
<tr>
<td>Ex-Officio Member</td>
<td>Mike Maples, MD, CMO</td>
</tr>
<tr>
<td>Ex-Officio Member</td>
<td>Todd Lawson, MD, President of</td>
</tr>
<tr>
<td>Ex-Officio Member</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Non-Voting Members:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bill Grete, VP, General Counsel</td>
</tr>
</tbody>
</table>
# Professional Practice Evaluation Committee

Meets 3rd Tuesday of the month 5:00 p.m. in the Physician’s Lounge

<table>
<thead>
<tr>
<th>Name</th>
<th>Tenure</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Waterer</td>
<td>1 yr</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. James Harrison</td>
<td>2 yrs</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Maria Rappai</td>
<td>2 yrs</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Brett Barrett</td>
<td>2 yrs</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Lee Nicols</td>
<td>2 yrs</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Stephen Bigler</td>
<td>2 yrs</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Michael Hebert</td>
<td>1 yr</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Edward Phillips</td>
<td>1 yr</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Erica Ory</td>
<td>1 yr</td>
<td>Member</td>
</tr>
</tbody>
</table>
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
FLOW OF INFORMATION

- Incident reports
- Riskman
- Unexpected events
- UR
- Provider concerns

- PPEC
- Section chief
- Subsection chief
- Letter
- Other review
- Audit
- Meeting

Chris W. → Clinical reviewer → No Further Action

PPEC Support Team
What Happens if One of Your Cases is Under Review?

An opportunity for practitioners to provide meaningful input into the review of the care they provide is an essential element of an educational and effective process. 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 individuals or Committee conducting the review.

We believe that this new process will allow 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.
**Leadership Council**

*Meets 1st Monday of the month 5:00 p.m. in the Physician’s Lounge*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jason Murphy</td>
<td>Chairman</td>
</tr>
<tr>
<td>Dr. Kevin Heintzelman</td>
<td>Member &amp; Secretary of Medical Staff</td>
</tr>
<tr>
<td>Dr. Maria Rappai</td>
<td>Member &amp; Pres Elect of Medical Staff</td>
</tr>
<tr>
<td>Dr. Chris Waterer</td>
<td>Member &amp; Chairman of PPE</td>
</tr>
<tr>
<td>Dr. Joyce Wade-Hamme</td>
<td>Member &amp; Chairman of Credentials</td>
</tr>
<tr>
<td>Dr. Todd Lawson</td>
<td>Member &amp; Past President</td>
</tr>
<tr>
<td>Dr. Michael Maples</td>
<td>Member &amp; Chief Medical Officer</td>
</tr>
</tbody>
</table>
Leadership Council

Ensures follow up of issues/concerns in a timely manner dealing with Behavior and 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.
OPERATING ROOM COMMITTEE/
SURGICAL SUB-DIVISION CHAIRMEN
(Meets 4th Monday of January, April, July & October at 5:00 p.m. in the Board Room)

<table>
<thead>
<tr>
<th>Chief of Surgery</th>
<th>Dr. G. Edward Copeland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology Chairman</td>
<td>Dr. Scott McLeod</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>Dr. William J Harris</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Dr. Gina Heath</td>
</tr>
<tr>
<td>Neurosurgery Chairman</td>
<td>Dr. Lynn Stringer</td>
</tr>
<tr>
<td>Ob/Gyn Chairman</td>
<td>Dr. Meredith Travelstead</td>
</tr>
<tr>
<td>Ophthalmology Chairman</td>
<td>Dr. Dr. Bill Ashford</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Dr. Robert Mehrle</td>
</tr>
<tr>
<td>Otolaryngology Chairman</td>
<td>Vacant</td>
</tr>
<tr>
<td>Plastic/Reconstructive Surgery Chairman</td>
<td>Dr. David Steckler</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>Dr. Michael Koury</td>
</tr>
<tr>
<td>Urology Chairman</td>
<td>Dr. Neil Haraway</td>
</tr>
</tbody>
</table>
# MEDICAL SUB-DIVISION CHAIRMEN

<table>
<thead>
<tr>
<th>Medical Sub-Division</th>
<th>Chairmen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief of Medicine</td>
<td>Dr. James Warnock</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
<td>Dr. Todd Adkins</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Dr. Mike Bensler</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr. Chris Jackson</td>
</tr>
<tr>
<td>Family Practice</td>
<td>Dr. Thais Tonore</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Dr. Jane-Claire Williams</td>
</tr>
<tr>
<td>Hematology/Medical Oncology</td>
<td>Dr. Grace Shumaker</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Dr. Mark Phillippi</td>
</tr>
<tr>
<td>Neurology</td>
<td>Dr. Keith Jones</td>
</tr>
<tr>
<td>Pathology</td>
<td>Dr. Anthony Schmidt</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Dr. David Braden</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr. Mark Rester</td>
</tr>
<tr>
<td>Psychology</td>
<td>Dr. Bufkin Moore</td>
</tr>
<tr>
<td>Pulmonary Disease</td>
<td>Dr. Maria Rappai</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Vacant</td>
</tr>
<tr>
<td>Radiology</td>
<td>Dr. Houston Hardin</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Dr. Neal Shparago</td>
</tr>
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</table>

Baptist Health Systems
<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Richard Friedman</td>
<td>Chairman</td>
</tr>
<tr>
<td>Dr. Michael Koury</td>
<td>CoC Cancer Liaison Physician Member</td>
</tr>
<tr>
<td>Dr. Steven Bigler</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Alexander Haick</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Grace Shumaker</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Jason Hosey</td>
<td>Alternate Member</td>
</tr>
<tr>
<td>Dr. Scott Berry</td>
<td>Alternate Member</td>
</tr>
<tr>
<td>Dr. David Wahl</td>
<td>Alternate Member</td>
</tr>
<tr>
<td>Dr. Tammy Young</td>
<td>Alternate Member</td>
</tr>
<tr>
<td>Dr. Dallas Sorrell</td>
<td>Alternate Member</td>
</tr>
<tr>
<td>Dr. William Payne</td>
<td>Alternate Member</td>
</tr>
</tbody>
</table>
**EMERGENCY SERVICES COMMITTEE**
(Meets 3rd Tuesday of Every Other Month starting in January (March, May, July, Sept, Nov) at 12:00 noon.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Chris Jackson</td>
<td>Chairman</td>
</tr>
<tr>
<td>Dr. Scott Berry</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Anthony Schmidt</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. James O'Mara</td>
<td>Member</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Member</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Member</td>
</tr>
</tbody>
</table>
# INTENSIVE CARE COMMITTEE

(Meets 3rd Thursday of February, May, August, & November at 7:30 a.m.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Maria Rappai</td>
<td>Chairman</td>
</tr>
<tr>
<td>Dr. Lee Nicols</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Chris Jackson</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Murphy Martin</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Wilson Parry</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Brett Barrett</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Tim Cannon</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Robert McGee</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. Billy Williams</td>
<td>Member</td>
</tr>
</tbody>
</table>
# AD-HOC/ON-CALL COMMITTEES OR ADVISORS

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chairman</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Review Board</td>
<td>Dr. Mike Maples</td>
<td>Director of Performance Improvement, Manager of Resource Management</td>
</tr>
<tr>
<td>Laboratory Advisory Committee</td>
<td></td>
<td>Utilization Management, Utilization Management Coordinator</td>
</tr>
<tr>
<td>Transfusion Committee</td>
<td></td>
<td>Director of Accreditation</td>
</tr>
<tr>
<td>Utilization Review Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Division</td>
<td>Meeting Details</td>
<td>Chairman</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Meets 2nd Wednesday at 6:15 a.m. monthly (alternating case presentations with case review) Physician’s Lounge Conf.</td>
<td>Dr. Scott McLeod</td>
</tr>
<tr>
<td>Cardiology/CVS</td>
<td></td>
<td>Dr. Mike Bensler/Dr. William J Harris</td>
</tr>
<tr>
<td>Endoscopy Committee</td>
<td>1st Tuesday in May/November at 7:00 am</td>
<td>Dr. Jane-Claire Williams</td>
</tr>
<tr>
<td>NICU Committee</td>
<td>4th Tuesday January, April, July, &amp; October at 12:00 noon in CV Ed Room</td>
<td>Dr. Kenny Robbins</td>
</tr>
<tr>
<td>Neuro/Neurosurgery</td>
<td>Conference is every Tuesday at 7:30 a.m. and Subsection meets on the 2nd Tuesday Quarterly starting in Feb (May, Aug, Nov) after the conference. Hederman Cancer Center</td>
<td>Dr. Keith Jones/Dr. Lynn Stringer</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>Meets every other month on the 4th Thursday, at 12:00 noon in Physicians Lounge</td>
<td>Dr. Meredith Travelstead</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>Meets 4th Wednesday of March, June, Sept and Dec at 6:45 a.m. in the Physician’s lounge</td>
<td>Dr. Robert Mehrle</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Meets 3rd Tuesday of February at 12:30 p.m. Physician’s Lounge Conference</td>
<td>Dr. David Braden</td>
</tr>
<tr>
<td>Radiology</td>
<td>Meets Friday, following the 3rd Thursday of every other month</td>
<td>Dr. Houston Hardin</td>
</tr>
</tbody>
</table>
The Point of Care Department at Baptist Hospital is accredited by the College of American Pathologists (CAP.)

- CAP standards state that all providers performing waived PPT must complete initial training of the specific test(s) performed.

- CAP standards state that medical staff credentialing is not acceptable documentation of training.
FOB Testing Kit

The Hemoccult testing slide, developer and response form are provided by the Point of Care Department. Packets are available in the ED or Clinical Laboratory.
FOB Patient Testing

1. Collect small fecal sample.
2. Apply thin smear to Box A and Box B.
3. Close cover flap.
4. Wait 3-5 minutes.
5. Open back of slide and apply (2) two drops of developer directly over each smear.
6. Read result within 60 seconds. Any trace of blue on or at the edge of the smear is positive for occult blood.
On-Slide Internal Quality Control (Internal QC)

1. Always develop the patient test, read the results, interpret them, and decide whether the fecal specimen is positive or negative for occult blood **BEFORE** developing the performance monitor feature (internal QC).

2. Apply one drop of hemoccult SENS A Developer between the positive and negative Performance Monitor area.

3. Read results within 10 seconds.

4. If the slide and developer are functional, a **blue color** will appear in the Positive (+) Performance monitor area and no blue will appear in the Negative (-) Performance monitor area.

5. Neither the intensity nor the shade of blue from the Positive Performance Monitor area should be used as a reference for the appearance of positive test results.

**Note:** Patient test results are invalid if performance monitor does not react as expected. The test should be repeated with a new slide.
FOB SLIDE REACTIONS

Slide 1 – Blue color developed around edge of specimen in Box A and Box B. Internal QC acceptable.

Slide 2 – Blue color did not develop in Box A or Box B. Internal QC acceptable.

Slide 3 - Patient test is invalid. Internal QC FAILED.
Check (✓) the Internal QC Box for test acceptability. This is not the patient result.

FOB Green Form

Information needed on form.
- Date and time
- Patient chart label
- Patient result
- Internal QC check mark
- Provider signature

Provider completes form for laboratory record and documents patient result in chart.
Interfering Substances

The following substances can cause **false-positive** test results:

- Red meat (beef, lamb, and liver)
- Aspirin (greater than 325 mg/day) and other non-steroidal anti-inflammatory drugs such as ibuprofen, indomethacin, and naproxen
- Corticosteroids, phenylbutazone, reserpine, anticoagulants, antimetabolites, and cancer chemotherapeutic drugs
- Alcohol in excess
- The application of antiseptic preparations containing iodine (povidone/iodine) mixture

The following substances can cause **false-negative** test results:

- Vitamin C in excess of 250 mg per day
- Excessive amounts of vitamin C enriched foods, citrus fruits and juices
- Iron supplements which contain quantities of vitamin C in excess of 250 mg per day.
Limitations of Procedure

- Results with the Hemoccult SENSA test cannot be considered conclusive evidence of the presence or absence of gastrointestinal bleeding or pathology. Hemoccult SENSA tests are designed for preliminary screening as an aid to diagnosis.
- The Hemoccult SENSA test should not be used to test gastric specimens.
- Do not add a drop of water to the guaiac (Hemoccult SENSA) test card prior to the addition of the developer.
- Test results should not be interpreted by individuals with blue color deficiency.
Questions?

- For any questions related to performance, interpretation or documentation of the fecal occult blood assay, please call the Point of Care Department at 601-968-3070.
Point of Care: Fecal Occult Blood Attestation Form

I, the undersigned, have reviewed the Hemoccult Sensa (Fecal Occult Blood) training material and understand the correct use and performance of the test. I understand the correct procedure pertaining to interpreting & documenting internal control and patient test results.

Provider Printed Name

Provider Signature

Date
Statement of Understanding and Acknowledgment
Code of Ethics and Business Conduct
Corporate Compliance Program

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 or 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 operated 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 ____________________________________
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 & Confidentiality Agreement.
• I have read, printed, and signed the Fecal Occult Blood Attestation Form.

• 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.