

Baptist Hospital, Inc.

# MEDICAL STAFF ORIENTATION

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Dear Physician and APP Colleagues:

Welcome to Baptist Health Care! Our mission at Baptist is helping people throughout life's journey and our vision is to be the trusted partner for improving the quality of life in the communities we serve.

At Baptist Health Care we value the importance of physician and APP engagement, collaboration, and leadership. We are committed to the following values: ownership, integrity, compassion, excellence, and service. You will find that Baptist and our medical staff are highly regarded by the citizens of our community for the highest quality of clinical care and a superb patient experience. Our Baptist leadership team is here to serve you as you serve your patients.



The medical staff orientation is designed to provide you with valuable information and practical assistance. Our goal is to make it a positive experience for you and your staff to work with all of us at Baptist Health Care. We encourage your feedback and your thoughts about our orientation and our services. Please contact Tara Rollins, Administrative Director, Medical Staff Services, at 850.469.7380 or me as your Chief Medical Officer at the contact numbers below with your questions and comments.

We extend our best wishes for great success and look forward to working with you.

Dennis C. Szurkus, Jr., M.D., MBA, FACOG  
Vice President, Chief Medical Officer.

# Message from CEO & President Mark Faulkner

Baptist Health Care is committed to a culture of honest and ethical behavior and to conducting our business with integrity. The practice of behaving honestly, ethically, and with integrity is an individual responsibility. Each of us decides how to conduct ourselves every day as we go about our work and are all accountable for the actions that we take.

The Baptist Code of Conduct is the keystone of our corporate integrity philosophy and serves as a cultural compass for staff, management, vendors, volunteers, and others who interact with us. It is an essential element of our corporate compliance program.

Our primary goal is to provide the highest levels of service and care; however, others may have different expectations of us. That is why we must hold ourselves and one another to high standards and sound decision-making. The Code of Conduct outlined in the following pages sets forth the basic principles we must follow. Without exception, these standards apply to every Baptist team member as well as members of our governing boards.

Of course, no set of standards can adequately anticipate every situation that you might encounter at work. It is up to each of us to seek help if we find ourselves questioning whether a certain situation or issue is consistent with Baptist's Code of Conduct. This means consulting with management, human resources, the compliance department, or the Compliance Hotline at 1.800.955.3998 or online at [bhcgrc.alertline.com](http://bhcgrc.alertline.com). Reach out and let us help if you are unclear.

By working together, we can ensure that Baptist remains compliant with the regulations that govern our industry and the spirit and values that define our organization. Our team members are our greatest asset. Thank you for your professionalism and commitment to the fundamental values we embrace as an organization, Ownership, Integrity, Compassion, Excellence, and Service.

Sincerely,  
Mark Faulkner  
President and Chief Executive Officer  
Baptist Health Care



*Our Values at Baptist Health Care are vital to our culture. They serve as an overarching guide to our actions and behaviors. Our Values were carefully developed by team members to best represent who we are. They help us advance our Mission of helping people throughout life's journey and match our Vision to be the trusted partner for improving the quality of life in the communities we serve.*

*Guided by Christian values, we commit to the following Values of Ownership, Integrity, Compassion, Excellence and Service:*



## OUR MISSION

Helping people throughout life's journey.

## OUR VISION

To be the trusted partner for improving the quality of life in the communities we serve.

## OUR VALUES

Guided by Christian values, we commit to the following:

**OWNERSHIP** | accountable, engaged, stewardship, responsive, committed

**INTEGRITY** | honest, principled, trustworthy, transparent

**COMPASSION** | empathetic, merciful, sensitive, kind, giving, forgiving, hopeful

**EXCELLENCE** | safety, quality, distinguished, learning, improving

**SERVICE** | welcoming, attentive, humble, respectful, exceeds expectations, collaborative

# Our Standard: BHC Leadership

## TRUSTED TO LEAD

### BAPTIST HEALTH CARE LEADERSHIP PROFILE

A **Baptist leader** demonstrates the competencies and maturity characteristics required to fulfill our mission.

MATURITY  
CHARACTERISTICS

- TRUSTING
- COURAGEOUS
- VULNERABLE
- AUTHENTIC

COMPETENCIES

- COMMUNICATION
- DECISION MAKING
- TEAM MEMBER DEVELOPMENT
- CHANGE MANAGEMENT
- OPERATIONAL EXCELLENCE

---

THE ***BAPTIST*** WAY

---

**TRANSFORMING**  
BAPTIST for the FUTURE

 **BAPTIST**  
HEALTH CARE

**You never know when you will  
be someone's first or last  
impression of BHC.**

# Remember VOICES

- Values
- Ownership
- Integrity
- Compassion
- Excellence
- Service

# Ownership

**We take pride in our organization  
as if we own it.**

# Ownership

**If you see it, hear it, touch it or  
smell it, you own it.**

# Ownership

- **Pick up trash or debris.**
- **Do the “Baptist shuffle.”**
- **Take initiative.**
- **Do not say, or act like “that’s not my job.”**
- **Find a way to say yes to something.**
- **Hold each other accountable.**

# Ownership

- Respectfully correct errors as quickly as possible.
- Park in team member designated areas so those.
- Check name badges to verify people have proper identification. If they don't, address accordingly.
- Answer emails in a timely manner.
- Speak up if you have a concern.

# Integrity

Do the right thing, always.

# Integrity

- Do the right thing even when no one is watching.
- If you see something wrong, say something.
- Open communication and trust.
- Badge work above the waist.
- Mutual respect.

# Integrity

- Be present and engaged at work and in meetings.
- Leave your camera-on culture when in virtual meetings.
- Ask for clarity when needed.
- Ask clarifying questions if you don't understand something.
- Be forthcoming with mistakes so we can learn from them.
- Never embarrass fellow team members in the presence of others

# Compassion

**Empathy, mercy, sensitivity,  
kindness, generosity, forgiveness,  
being hopeful**

# Compassion

- Value others, connect with them.
- Understand the needs of others.
- Listen, care, help.
- Be pleasant, welcoming, supportive and reassuring.
- Respect and protect the dignity of all.

# Compassion

- Use empathy and speak with others at eye level — eye to eye, heart to heart.
- Engage others in decisions that involve them.
- Welcome new team members and demonstrate commitment to helping my co-workers succeed

# Excellence

**Communicate clearly and commit  
to safety, quality, learning and  
improving**

# Excellence

- **Deliver the highest level of quality and service.**
- **Always be learning.**
- **Do not take shortcuts.**
- **Protect our customers and team members.**

# Service

**“We Serve Others”**

# Service

- 10/5 Rule
  - Smile and make eye contact with others within 10 feet and verbally greet them within 5 feet.
- Escort others to their final destination.
  - If we are unable to personally escort others, we take them to someone who can.

# Service

- Welcome, introduce yourself, explain, and provide clear instructions about what's next.
- Don't use acronyms and medical jargon.
- Greetings and Phone etiquette

# Service

- Apologize for delays in service.
  - Even if it is not your fault.
- Work together to serve others.
- Value and respect diversity.
- Treat others like you would treat someone you love.

# Service

**Reduce anxiety and fear.**

**With what we say and how we say it.**

# Key Phrases

- Please and Thank You.
- May I take you where you are going?
- Is there anything else I can do for you?
- How can I make this better for you?
- “Thank you for waiting.”
- “What questions do you have?”
- “Thank you for choosing Baptist.”

# Service Recovery-ACT

- Apologize
- Correct the problem and communicate the plan
- Thank

# Caring for you

**It is hard to care for others if you are not healthy yourself.**

# Caring for you

- Peer Support (Resilience in Stressful Events)
  - 850-434-4765, BHCRise@bhcpns.org
- Chaplains
- Helping Hands (Baptist Healthcare Foundation)
- Escambia County Medical Society Wellness Program for Physicians
  - For additional information, visit <http://www.escambiacms.org/Physician-Wellness>
  - To schedule an appointment Email [patrick@psyassociates.com](mailto:patrick@psyassociates.com) or call (850) 434-5033 x8
- Physician National Hotline

# Physician Support Line 1 (888) 409-0141

Psychiatrists helping our US physician colleagues  
and medical students navigate the many intersections  
of our personal and professional lives

Free & Confidential | No appointment necessary  
Open 7 days a week | 8:00AM - 1:00AM ET



**Mark Faulkner**

President and  
Chief Executive Officer  
Baptist Health Care



**Mike Gleason**

Senior Vice President and  
Chief Financial Officer  
Baptist Health Care



**Liz Callahan**

Senior Vice President and  
General Counsel  
Baptist Health Care



**Brett Aldridge**

Senior Vice President of  
Strategy and Business Development  
Baptist Health Care  
Administrator of Baptist Hospital



**Cyd Cadena**

Senior Vice President of  
Operations  
Baptist Health Care



**Julie Cardwell**

Senior Vice President  
Baptist Health Care  
President of  
Baptist Medical Group



**Jennifer Grove**

Vice President  
External Relations  
Baptist Health Care



**Tom Della Flora**

Vice President  
Chief Information Officer  
Baptist Health Care



**Mike Hutchins**

Vice President  
Baptist Health Care  
Administrator  
Jay Hospital



**Chad McCammon**

Vice President  
Orthopaedics



**Bob Murphy, R.N.**

Vice President, Quality, Safety  
and Patient Experience  
Baptist Health Care



**Beau Pollard**

Vice President  
Operations  
Baptist Health Care



**John Porter**

Vice President  
Operations  
Baptist Health Care



**Andy Terry**

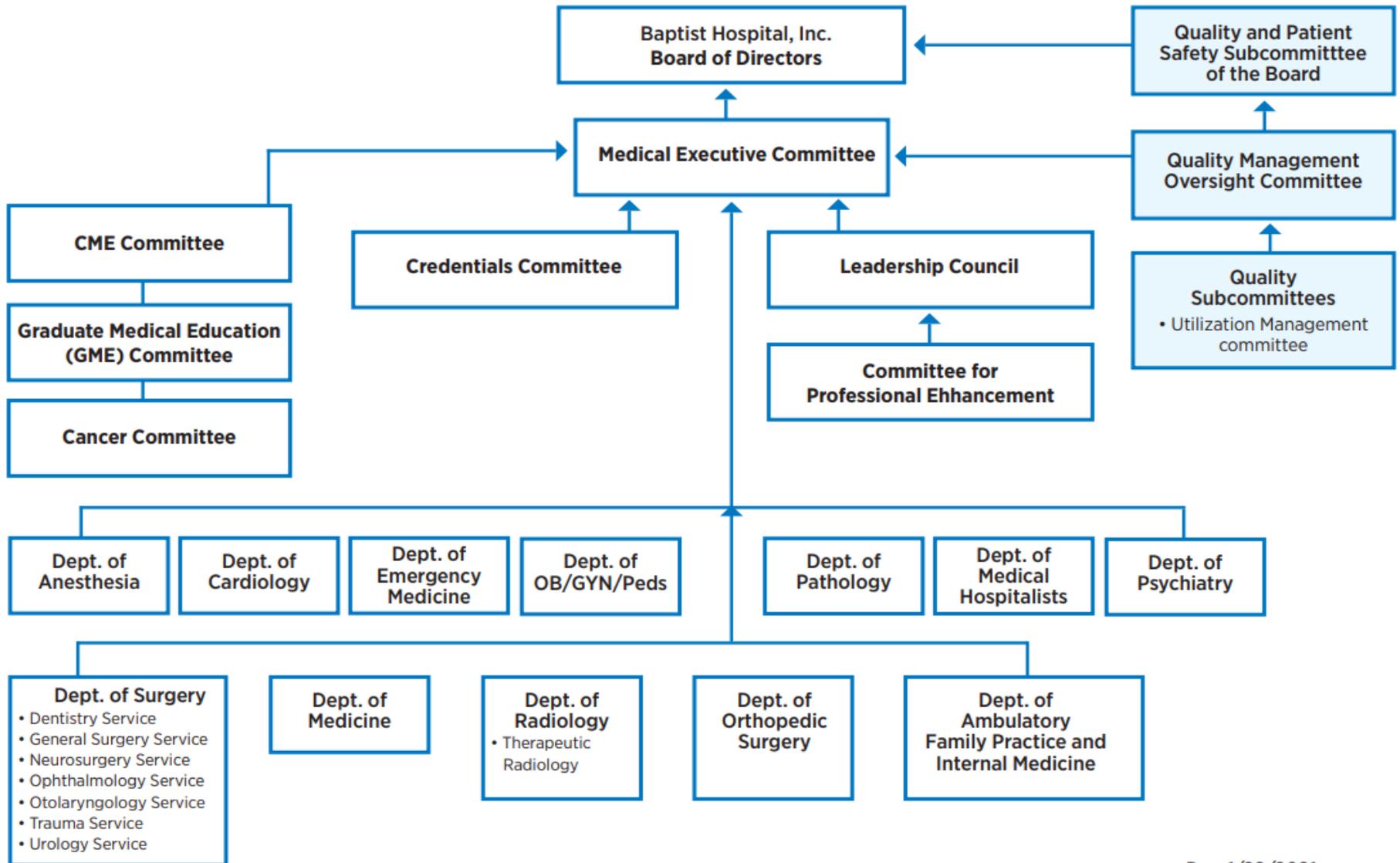
Vice President  
Revenue Management  
Baptist Health Care



**Rob Tonkinson**

Vice President  
Finance, Baptist Health Care  
Chief Financial Officer  
Health Care Division

# Baptist Hospital, Inc., Medical Staff Structure



Rev. 1/22/2021



### President of the Medical Staff — GEORGE C. REES, M.D.

The President of the Medical Staff shall:

- a. act in coordination and cooperation with Hospital Administration (primarily the VPMA) in matters of mutual concern involving the care of patients in the Hospital;
- b. represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the CEO, VPMA, and the Board;
- c. call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- d. chair the MEC and Medical Staff Leadership Council (with vote) and be a member of all other Medical Staff committees, ex officio, without vote;
- e. promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital;
- f. perform all functions authorized in all applicable Hospital and Medical Staff policies, including collegial intervention in the Credentials Policy; and
- g. be excused from the responsibility to serve on the Emergency Department on-call roster for the duration of his/her term as President unless the Board, after consultation with the MEC, determines that the President must assume these responsibilities because there are not enough Practitioners within the specialty to otherwise satisfy operational or community needs.



### President-Elect of the Medical Staff — MITCHELL D. BRANTLEY, M.D.

The President-Elect of the Medical Staff shall:

- a. assume all duties of the President of the Medical Staff and act with full authority as President of the Medical Staff when the President of the Medical Staff is unavailable within a reasonable period of time;
- b. serve as a member of the MEC and as the Chair of the Graduate Medical Education and Medical Staff Education Committees;
- c. assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC;
- d. be excused from the responsibility to serve on the Emergency Department on-call roster for the duration of his/her term as President-Elect, unless the Board, after consultation with the MEC, determines that the President-Elect must assume these responsibilities because there are not enough Practitioners within the specialty to otherwise satisfy operational or community needs and
- e. become President of the Medical Staff upon completion of his or her term.



### **Immediate Past President of the Medical Staff — AMIT GUPTA, M.D.**

The Immediate Past President of the Medical Staff shall:

- a. serve as a member of the Leadership Council (with vote);
- b. serve as an advisor to Medical Staff Leaders, departments, services, and committees, upon request;
- c. assume all duties assigned by the President of the Medical Staff or the MEC, if willing and able; and
- d. be excused from the responsibility to serve on the Emergency Department on-call roster for the duration of his/her term as Immediate Past President, unless the Board, after consultation with the MEC, determines that the Immediate Past President must assume these responsibilities because there are not enough Practitioners within the specialty to otherwise satisfy operational or community needs.



### **Secretary-Treasurer of the Medical Staff — SCOTT MCINTOSH, M.D.**

The Secretary-Treasurer of the Medical Staff shall:

- a. serve as a member of the MEC and the Credentials Committee (with vote);
- b. oversee the preparation of accurate and complete minutes of all MEC and general Medical Staff meetings;
- c. be responsible for the collection of, and accounting for, Medical Staff dues and other monies constituting the Medical Staff Fund — and report on such matters to the Medical Staff; and
- d. assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.



### Gulf Breeze Campus Chief of Staff — JAMES T. PEOPLES, M.D.

- a. serve as a member of the MEC and the Leadership Council (with vote);
- b. provide recommendations for the GB campus members of the Credentials Committee to the Leadership Council:
- c. perform all additional duties as are assigned to him or her by the President of the Medical Staff, Leadership Council, Committee for Practitioner Enhancement, or the MEC, which may include participating in collegial intervention and other activities related to the professional practice evaluation (PPE) process; and
- c. be excused from the responsibility to serve on the Emergency Department on-call roster for the duration of his/her term as GB Campus Chief of Staff, unless the Board, after consultation with the MEC, determines that the GB Chief of Staff must assume these responsibilities because there are not enough Practitioners within the specialty to otherwise satisfy operational or community needs.



### Gulf Breeze Campus Assistant Chief of Staff — JADA M. LEAHY, M.D.

- a. serve as a member of the MEC;
- b. perform all additional duties as are assigned to him or her by the President of the Medical Staff, Leadership Council, Committee for Practitioner Enhancement, or the MEC, which may include participating in collegial intervention and other activities related to the professional practice evaluation (PPE) process;
- c. be excused from the responsibility to serve on the Emergency Department on-call roster for the duration of his/her term as GB Campus Assistant Chief of Staff, unless the Board, after consultation with the MEC, determines that the GB Assistant Chief of Staff must assume these responsibilities because there are not enough Practitioners within the specialty to otherwise satisfy operational or community needs.; and
- d. become GB Campus Chief of Staff upon completion of his or her term.

## Department Chief Responsibilities

Department chairs shall work in collaboration with Medical Staff Leaders and other Hospital personnel to collectively be responsible for the following activities. Collaboration may include, but is not limited to, delegation of activities to Medical Staff services and their chairs:

1. all clinically related activities of the department;
2. all administratively related activities of the department, unless otherwise provided for by the Hospital;
3. establishing an on-call schedule for the Emergency Department with respect to all specialties that are assigned to the department, subject to the ultimate approval of the Medical Executive Committee and Board;
4. continuing surveillance of the professional performance of all individuals in the department who have delineated Clinical Privileges;
5. recommending criteria for Clinical Privileges that are relevant to the care provided in the department;
6. evaluating requests for Clinical Privileges for each Member assigned to the department;
7. the integration of the department into the primary functions of the Hospital;
8. the coordination and integration of interdepartmental and intradepartmental services;
9. the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
10. determination of the qualifications and competence of department personnel who are not Licensed Independent Practitioners and who provide patient care, treatment and services;
11. recommendations for a sufficient number of qualified and competent persons to provide care or services;
12. continuous assessment and improvement of the quality of care and services provided;
13. maintenance of quality monitoring programs, as appropriate;
14. recommendations for space and other resources needed by the department;
15. assessing and recommending off site sources for needed patient care services not provided by the department or the Hospital;
16. the orientation and continuing education of all persons in the department; and
17. performing all functions authorized in the Credentials Policy, including collegial intervention

## Department Chief

SERVICE OR DEPARTMENT	CHIEF	TERM
EMERGENCY MEDICINE	Gregory W. Nabers, M.D.	2021 - 2022
AMBULATORY, FAMILY PRACTICE AND INTERNAL MEDICINE	Lanway Ling, M.D. Tammy Pruse, D.O.	2021 - 2022
MEDICINE	Edward L. Friedland, M.D.	2021 - 2022
ANESTHESIOLOGY	Sean Doyle, M.D.	2021 - 2022
CARDIOLOGY	Sumit Verma, M.D.	2019 - 2021
MEDICAL HOSPITALIST	Rebecca Martin, M.D.	2021 - 2022
OB/GYN/PEDIATRICS	Tracey Thomas-Doyle, M.D.	2021 - 2022
ORTHOPEDECS	Alexander C. Coleman, M.D.	2019 - 2021
PATHOLOGY	Rosanny Espinal-Witter, M.D.	2019 - 2021
PSYCHIATRY	Scott A. McIntosh, M.D.	2020 - 2022
RADIOLOGY	Amit G. Gupta, M.D.	2019 - 2021
SURGERY	Patrick T. Gatmaitan, M.D.	2019 - 2021

## Service Chiefs Responsibilities

Services exist to provide a forum by which Practitioners with substantially similar subspecialty expertise can discuss items of mutual concern that affect patient safety or the quality of care provided within the subspecialty and make recommendations to the departments regarding any matter relevant to the service. Each service shall have a chair.

The credentialing process does not call for review by any service chiefs (though department chairs are able to consult with anyone who may have relevant information about an applicant or his/her qualifications when issuing a report regarding whether the individual is qualified for appointment or clinical privileges).

As a general rule, services meet on an as-needed basis, at the discretion of the service chair. Services have no requirements with respect to the frequency of meetings, nor are minutes of service meetings required, except when the service is making a formal recommendation to the department.

Dentistry Service	Dentistry Service	Brett T. Laggan, D.D.S.	2019 - 2021
General Surgery Service	General Surgery Service	Pamela Schurman, D.O.	2021 - 2022
Neurosurgery Service	Neurosurgery Service	Brett Reichwage, M.D.	2021 - 2022
Otolaryngology Service	Otolaryngology Service	Hilliary N. White, M.D.	2022 - 2023
Trauma Service	Trauma Service	George C. Rees, M.D.	2021 - 2022
Urology Service	Urology Service	Margaret Specker-Cruit, M.D.	2021 - 2022

# Hospital Safety



## Emergency Codes

<b>RED:</b>	<b>FIRE</b>
<b>PINK:</b>	<b>INFANT/CHILD ABDUCTION</b>
<b>ORANGE:</b>	<b>HAZARDOUS SPILL / PATIENT DECON</b>
<b>YELLOW:</b>	<b>LOCKDOWN</b>
<b>WHITE:</b>	<b>HOSTAGE</b>
<b>SILVER:</b>	<b>ACTIVE SHOOTER / ARMED PERSON</b>
<b>BLACK:</b>	<b>BOMB THREAT</b>
<b>GREEN:</b>	<b>MASS CASUALTY / DISASTER</b>
<b>BROWN:</b>	<b>SEVERE WEATHER</b>
<b>PURPLE:</b>	<b>REGULATORY VISITOR</b>
<b>BLUE:</b>	<b>CARDIAC / RESPIRATORY ARREST</b>
<b>GREY:</b>	<b>VIOLENCE / SECURITY ALERT</b>
<b>MAGENTA:</b>	<b>NEWBORN DISTRESS</b>
<b>SPRINT:</b>	<b>BAKER ACT PATIENT ELOPEMENT</b>

Baptist Health Care Compliance  
Hotline: 800.955.3998

### Fire Response

<b>Rescue</b>
<b>Alarm</b>
<b>Contain</b>
<b>Extinguish/Evacuate</b>

### Fire Extinguisher

<b>Pull</b>
<b>Aim</b>
<b>Squeeze</b>
<b>Sweep</b>



### BAPTIST HOSPITAL

#### Emergency

Dial 333 if inside the hospital or the ground floor of the Towers.  
Use a call box if in the Parking Area.  
Call 911 for other locations.

#### Non-Emergency

Call security at 850.434.4717 or 850.232.6138.

### GULF BREEZE HOSPITAL

#### Emergency

Dial 333 if inside the hospital.  
Call 911 for other locations.

#### Non-Emergency

Call security at 850.375.7689.

## SECURITY AND EMERGENCY NUMBERS



### JAY HOSPITAL

#### Emergency

Call 911.

#### Non-Emergency

Call 850.675.8203 from 8 a.m. until 4 p.m.  
Call 850.675.8212 after 4 p.m.

### ANDREWS INSTITUTE

#### Emergency

Call 911.

#### Non-Emergency

Call Benny Schundelmeir at 850.777.9588 or 850.375.7689.

### BAPTIST MEDICAL PARKS Airport, Navarre, Nine Mile, Pace

#### Emergency

Call 911.

#### Non-Emergency, Nine Mile only

Call 850.232.6138.

### BANK OF AMERICA BUILDING

#### Emergency

Call 911.

#### Non-Emergency

Call 850.434.4717.

1. Initial notification of the event and recall instructions will come from the Medical Staff office as part of the activation of the Hospital Command Center and Hospital Incident Command System.
2. Medical staff reporting for duty during activation of the Emergency Operations Plan, who did not receive assignment as part of the recall notification, should report to the Medical Staff office for check-in and assignment. Normal reporting and supervision structures for physicians will remain in place unless notified otherwise.
3. As written in Medical Staff Bylaws, 13.9.1, any Medical Staff member in the case of an emergency in which serious, permanent harm or aggravation of injury or disease is imminent, or in cases that could add to the danger of death of a patient shall be authorized and expected to do everything possible to save patients' lives or to protect patients from serious harm. Please see Section 13.9 of the Baptist Hospital Medical Staff Bylaws for more complete information.
4. Upon activation of the Emergency Operations Plan, inpatient departments are charged with assessment of current bed status, staffing needs, and providing a list of patients that potentially could be discharged if beds were needed.

Thank-you for the time you have taken to review this letter. Please call with questions or concerns related to this issue or any others you may have concerning emergency preparedness activities at Baptist Hospital.

**Eamonn F. Wheelock**  
Executive Director, Safety & Support Services  
O: 850.434.4067  
eamonn.wheelock@bhcpns.org



# Baptist Medical Professional Intranet: **MEDCONNECT**

**MEDCONNECT** is a central resource for providers to receive updates on medical staff events, pharmacy, clinical news, UpToDate, Information Technology, as well as quick links and general information. If you want to add any additional content or resource suggestions for this site, please reach out to Tara Rollins at 850.469.7380. We welcome feedback.

To get to the site, through Citrix, you may type in <http://MedConnect>. There is also an **icon** on your desktop.

MEDCONNECT - FOR BAPTIST MEDICAL PROFESSIONALS Help Desk: 850.434.45

CONTINUING EDUCATION ▾ CENTRALIZED SCHEDULING ▾ MEDICAL AFFAIRS ▾ PHYSICIAN SERVICES ▾ IT PHYSICIAN LIAISONS ▾







HELPFUL LINKS

- > CONSENSUS GUIDELINES
- > FLU SHOT CLINIC 
- > SEPSIS-3 DEFINITIONS
- > SURVIVING SEPSIS CAMPAIGN



Desktop  
Icon

# Identification Badge

- Medical Affairs can assist in obtaining badge; however, badges are created in the Human Resources Building located across E Street at  
1720 North E Street  
Pensacola, Florida  
Hours: 7am to 4pm
- The main medical staff lounge can be accessed by holding your badge over the sensor. There are also lounges, adjacent to operating rooms.
- Clinical areas are accessible by swiping your identification badge.
- Your identification badge should be worn on campus at all times for both security and safety purposes.
- For issues with badge, please contact Dispatchers at 850.434.4717.

# Parking

- Physicians may park in the “Doctors Parking Only” area by swiping your badge. Due to very limited parking, only physicians can park in the lot at this time.
- The parking lot is located adjacent to ER parking. Enter from “E” Street as though you are entering the ER parking lot, and you will turn right into the Doctors Parking area. There is a gate.
- Advanced Practice Providers (APPs) may park in any available employee parking area.



Doctors  
Parking





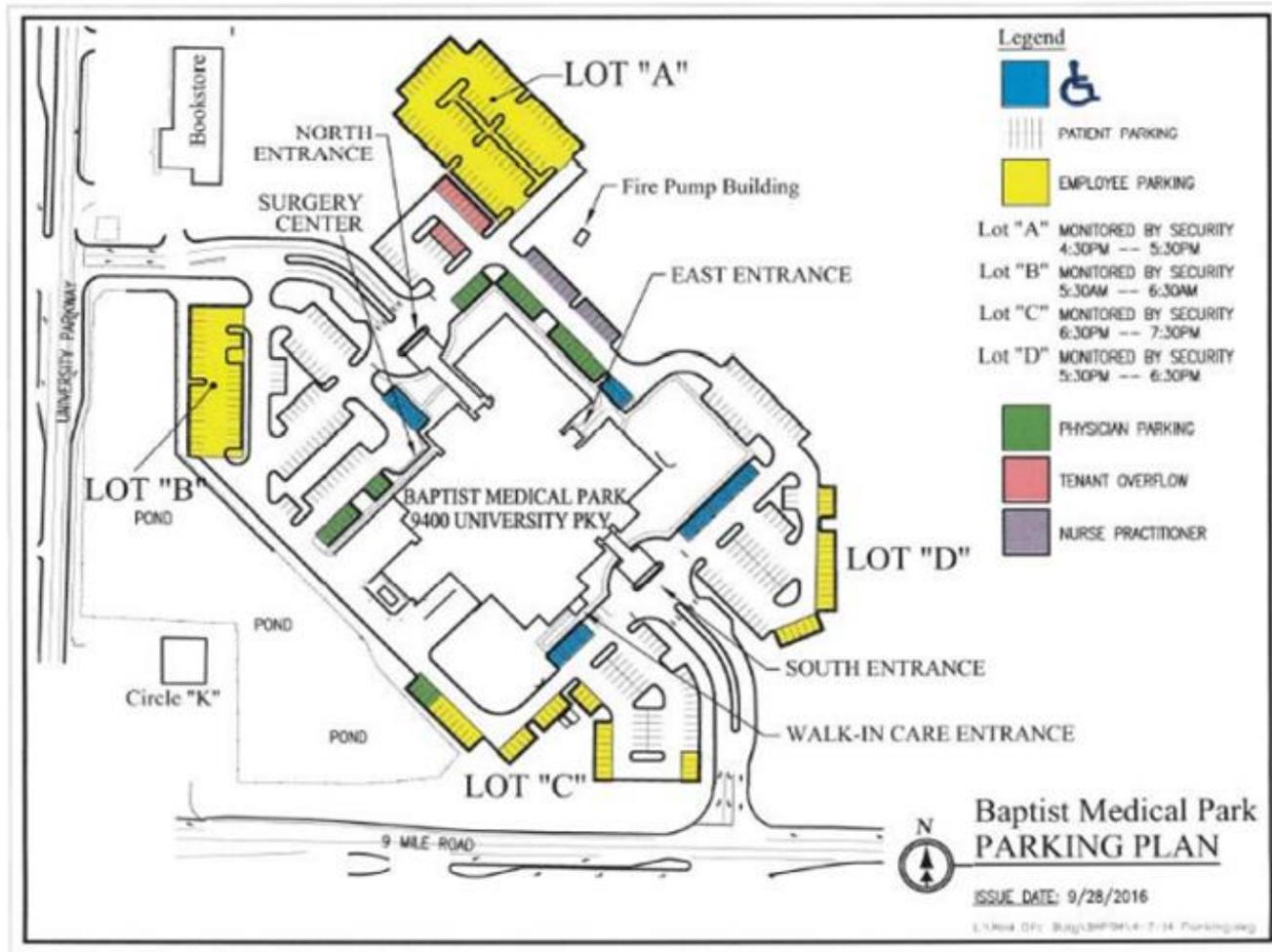
# Parking Maps

## Andrews Institute Parking Map



Updated: 02/08/2018

# Parking Maps



# Medical Staff Lounges

- The Main Medical Staff Lounge is located on the first floor, north to the Emergency Room waiting area. Hot meals are served for breakfast and lunch Monday through Friday. The refrigerator is stocked throughout the week and weekend. Coffee, water and snacks are always available.
- Physicians and APPs may access the Main Medical Staff Lounge by swiping your badge.
- There is a Conference Room located inside the Main Medical Staff Lounge. Computer workstations are also available for charting and viewing patient information.
- There are two additional lounges adjacent to the operating rooms. Coffee and snacks are available for all physicians and APPs.

# Medical Staff Services

8:00 am to 5:00 pm Monday - Friday

Located on the 1st floor, next to Medical Meeting Room

## Administrative Medical Staff Services

Tara Rollins, MSM, Administrative Director, Medical Staff Services

O: 850.469.7380

C: 850.232.2262

E: [tara.rollins@bhcpns.org](mailto:tara.rollins@bhcpns.org)

For **CME**, call Qwana Gable, Physician Liaison

O: 850.434.4985

C: 850.266.8261

E: [qwana.gable@bhcpns.org](mailto:qwana.gable@bhcpns.org)

Teresa Pennington, CPMSM, CPCS, Manager, Medical Staff

O: 850.434.4994

E: [teresa.pennington@bhcpns.org](mailto:teresa.pennington@bhcpns.org)

- **Facilitates and supervises medical staff specialists** for all aspects of credentialing

Cindy Raines, Credentialing Specialist

O: 850.469.2328

E: [cindy.raines@bhcpns.org](mailto:cindy.raines@bhcpns.org)

- **Credentialing** for all new medical staff and allied health

Kathlyn Andrade, Medical Staff Specialist

O: 850.469.2179

E: [Kathlyn.Andrade@bhcpns.org](mailto:Kathlyn.Andrade@bhcpns.org)

# Medical Staff Services (continued)

## Clinical Medical Staff Services

For **Chief Medical Officer**, call Cindy Harigel at 850.908.4985  
Executive Assistant to Dennis Szurkus, MD, Chief Medical Officer

EstherKay Jordan, ACNP-BC, **Professional Practice Evaluation Specialist**  
O: 850.434.4937                      C: 850.261.5840                      Estherkay.Jordan@bhcpns.org

For **General Medical Staff Education**, call Clayton Mixon, BSN, RN, physician/provider  
education manager  
O: 850.469.2317                      C: 251.599.8931

For **OPPE/Physician Call**, call Mandie Volovecky, MSN, RN,  
medical affairs associate  
O: 850.469.2033                      C: 251.406.1577                      E: [amanda.volovecky@bhcpns.org](mailto:amanda.volovecky@bhcpns.org)

Nova Francis, APRN, FNP-C, CEN, Clinical Interventionist for **Sepsis**  
Office 850.469.5110                      Cell 678.539.7539                      nova.francis@bhcpns.org

# Medical Staff Services (continued)

## Professional Practice Evaluation (PPE) Specialist

EstherKay Jordan, ACNP-BC

O: 850.434.4937

C: 850.261.5840

[Estherkay.Jordan@bhcpns.org](mailto:Estherkay.Jordan@bhcpns.org)



- Responsible for intake and review of reported professional practice concerns
- Referral of reported cases to the appropriate professional practice evaluation committee for further review and determination/intervention decisions
- Consults with chair of the Committee for Professional Enhancement (CPE), VPMA or Clinical Specialty Reviewer
- Prepares cases for review by CPE
- Member of Hospitalist Group
- Administrative liaison to APP Council

# Medical Education: CME

## Continuing Medical Education

Contact: Qwana Gable

850.266.8261

F: 850.469.2266

[Qwana.gable@bhcpns.org](mailto:Qwana.gable@bhcpns.org)



Physicians licensed in Florida are required to show proof of **40 hours of continuing medical education** each time they renew their license. Of these 40 hours, two must be in [Prevention of Medical Errors](#) each renewal and two must be in [Domestic Violence](#). These can be accrued over six years or three renewals and can be taken on our CME portal. CME records are maintained for all providers in the cme web portal. Attendance at conferences not approved by Baptist Hospital will be documented on your record if you send a copy of proof of attendance to the medical education office.

For more information, <http://medconnect/ContinuingEducation>  
CME web portal link: <https://ebaptisthealthcare.cloud-cme.com>

# Medical Education: General

## Medical Staff Education

Contact: Clayton Mixon, BSN, RN  
Physician/Provider Education Manager

O: 850.469.2317

C: 251.599.8931

[Clayton.mixon@bhcpns.org](mailto:Clayton.mixon@bhcpns.org)



- Medical Staff Education Requests
- Graduate Medical Education Committee
- American Heart Training (BLS, ACLS and PALS)

For more information, <http://medconnect/ContinuingEducation>

# Baptist CME Web Portal - CloudCME

Instructions for Logging in the **First Time** to Baptist CloudCME:

**Step 1:** Once you are connected to the network, enter the following url:

<https://ebaptisthealthcare.cloud-cme.com/default.aspx>

**Step 2:** Select “SIGN IN”



Welcome to the CME Portal for Baptist Health Care

# Baptist CME Web Portal - CloudCME

**Step 3:** The system uses Baptist Single Sign On (SSO). You will select **“SIGN IN WITH YOUR NETWORK ID & PASSWORD”**

It is important that providers (with current system access to Baptist) only sign in with network ID & password. Please do not create a separate account. If there are issues with SSO, reach out to the medical staff office.

SIGN IN   LIVE COURSES   ONLINE COURSES   RSS CALENDAR   ABOUT   CONTACT   HELP

Select Login Provider

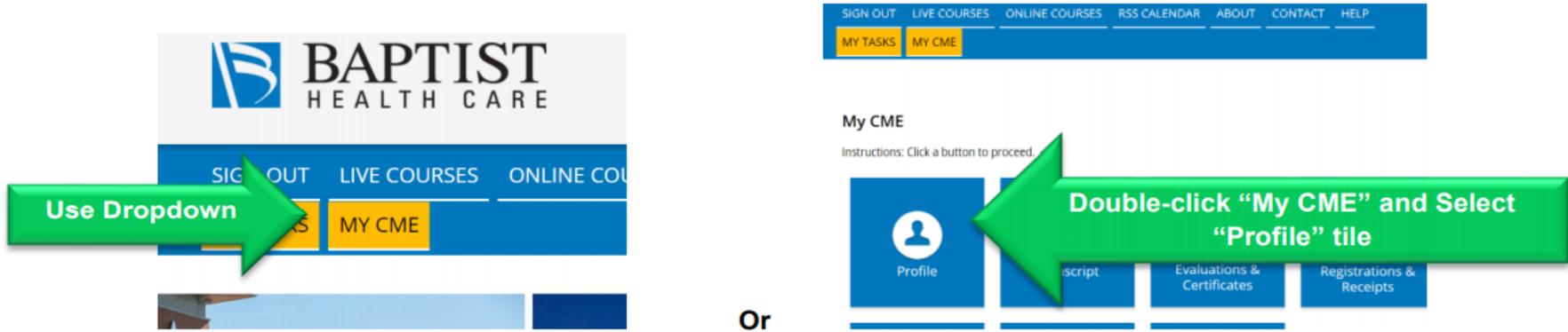
To log in or create an account, click on Sign In and you will use your Baptist network ID username and password.

If you do not have a network username and password, please click the button below, Join Now.

**SIGN IN** →   SIGN IN WITH YOUR BAPTIST NETWORK ID & PASSWORD   SIGN IN WITH YOUR EMAIL AND PASSWORD

**Step 4:** The first and most important, initial step will be to **create a profile**. When signed in to the portal, select **“MY CME”** at the top of the home page. From **“My CME”**, you can get directly to **“Profile”** by selecting it from the drop down, when hovering mouse over **“My CME”**. It can also be accessed by double-clicking **“My CME”** and selecting **“Profile”** tile.

# Baptist CME Web Portal - CloudCME



**Step 5:** Complete **all fields**. **NOTE:** Those fields marked with an asterisk are required. You must complete all required fields, in order to receive credit upon activity completions.

**Step 6:** When all information has been entered, click the **“Submit”** button at the bottom of the screen. Your CloudCME account has been created.

Complete all fields. **NOTE:** Those fields marked with an asterisk are required. You must complete all required fields, in order to receive credit upon activity completions. License number must be completed, so you can receive automatic cme credit to your CE Broker account.

For independent medical staff (without outlook email), please make sure to update your email in your profile so you can receive your CME activity.

# Online Medical Education: UpToDate

## UpToDate

- Access from **MEDCONNECT**, intranet for Baptist Medical Professionals, under Continuing Education
- UpToDate may also be accessed through the BHC Web Applications, under Patient Care
- **Now Available in Allscripts!!!**


**Web Applications Menu**

---

**Electronic Health Record (EHR) Information**

- › [Allscripts Client Connect](#)
- › [NextSteps HIT Weekly Status Call Schedule & Dial-in Info](#)
- › [InfoBytes](#)

**Baptist Reporting**

- › [Clinical & Financial Reports on Business Insights \(HBI\)](#)

**Information Technology Help Desk**

- › [Report a Problem to the Help Desk](#)

**HPC Help Materials**

- › [Basic Newborn Admission Flow](#)
- › [Final HPC L&D Training Materials](#)
- › [L&D HPC Full Aunderdmit](#)
- › [L&D HPC OPR Admission](#)
- › [L&D HPC Paperwork to be completed-not completed](#)
- › [L&D HPC Questions](#)
- › [L&D HPC Things to Remember](#)
- › [Newborn Admission Flow](#)

**Leadership Resources**

- › [Baptist Leadership Group](#)
- › [Leadership Performance System \(LPS\)](#)
- › [LPS Video Training](#)

**Human Resources**

- › [Kronos for EMPLOYEES\(Baptist\)](#)
- › [Kronos Quick Punch](#)

**HR/Finance/Materials Mgt**

- › [FMLA Request Form](#)
- › [Lawson Production Access \(BEN\)](#)
- › [Lawson Business Intelligence \(LBI\) Report Instructions](#)
- › [Order Office Supplies Online](#)
- › [ShiftSelect](#)
- › [ShiftWise Home Page](#)
- › [ShiftWise Login Page](#)

**Nursing Professional Governance**

- › [Professional Recognition Program Guidelines](#)
- › [Professional Recognition Program Application](#)
- › [Certification Program Guidelines and Application](#)

★ **STARS Web** ★

- › [STARS Incident Entry](#)
- › **Login information to report a new incident**
- Client ID: b109
- User ID: staff
- Password: Welcome2
- STARS User Guides**
- › [STARS Login Instructions](#)
- › [STARS Quick Reference Guide](#)
- › [STARS Incident Entry User Guide](#)
- › [STARS Manager Reviewer User Guide](#)
- (For assistance with an incident, please call GRC at 434-4820
- For other issues, please call IS help desk at 434-4578)

**Patient Care**

- › [Accreditation Manager Plus](#)
- › [Accu-Check Guidelines](#)
- › [Advocacy Organizations](#)
- › [Allscripts Extended Care](#)
- › [Cab Voucher](#)
- › [Canopy](#)
- › [CINHAL](#)
- › [Clinical Pharmacology](#)
- › [Toxicology Education](#)
- › [Diet Manual \(Nutrition Care Manual\)](#)
- › [Dr First MedHx](#)
- › [Drug Formulary](#)
- › [Eclipse Patient Tracking](#)
- › [Electronic Medical Record](#)
- › [FreshLoc](#)
- › [Hospira MedNet Web](#)
- › [Mayo eConsult Request Form](#)
- › [Mayo Resource Brochure](#)
- › [Midline Heno-Force SCD Pump Manual](#)
- › [Nutraceutical Formulary](#)
- › [Physician Privileges](#)
- › [Procedure Preps](#)
- › [Pharmacy Automatic Substitutions List](#)
- › [Pharmacy Protocols](#)
- › [Baptist Health Care Antibigram](#)
- › [Baptist Hospital Inpatient Antibigram](#)
- › [Gulf Breeze Hospital Inpatient Antibigram](#)
- › [UpToDate Online](#)
- (Please visit the Virtual Print Shop for Cardiovascular Patient Education Materials)



# Online Medical Education: Cornerstone (Employed Providers)

## Cornerstone Log In Instructions

### Citrix Connection:

1. Connect via Citrix (no password is needed if you connect via Citrix)
2. Click the new Cornerstone LMS/EPM button as shown below:



# Mayo Clinic Care Network

## Online Medical Education: **AskMayoExpert**

AskMayoExpert (AME) is an online database and point-of-care tool developed by Mayo Clinic physicians. It offers resources for disease management, care guidelines, treatment recommendations and reference materials for a broad range of medical conditions. AME provides patient educational information that can be printed and put in the hands of patients. This can help with improving their understanding of a condition or illness as well as compliance with treatment instructions. AME is reviewed and updated regularly and represents the latest in Mayo Clinic's medical expertise.

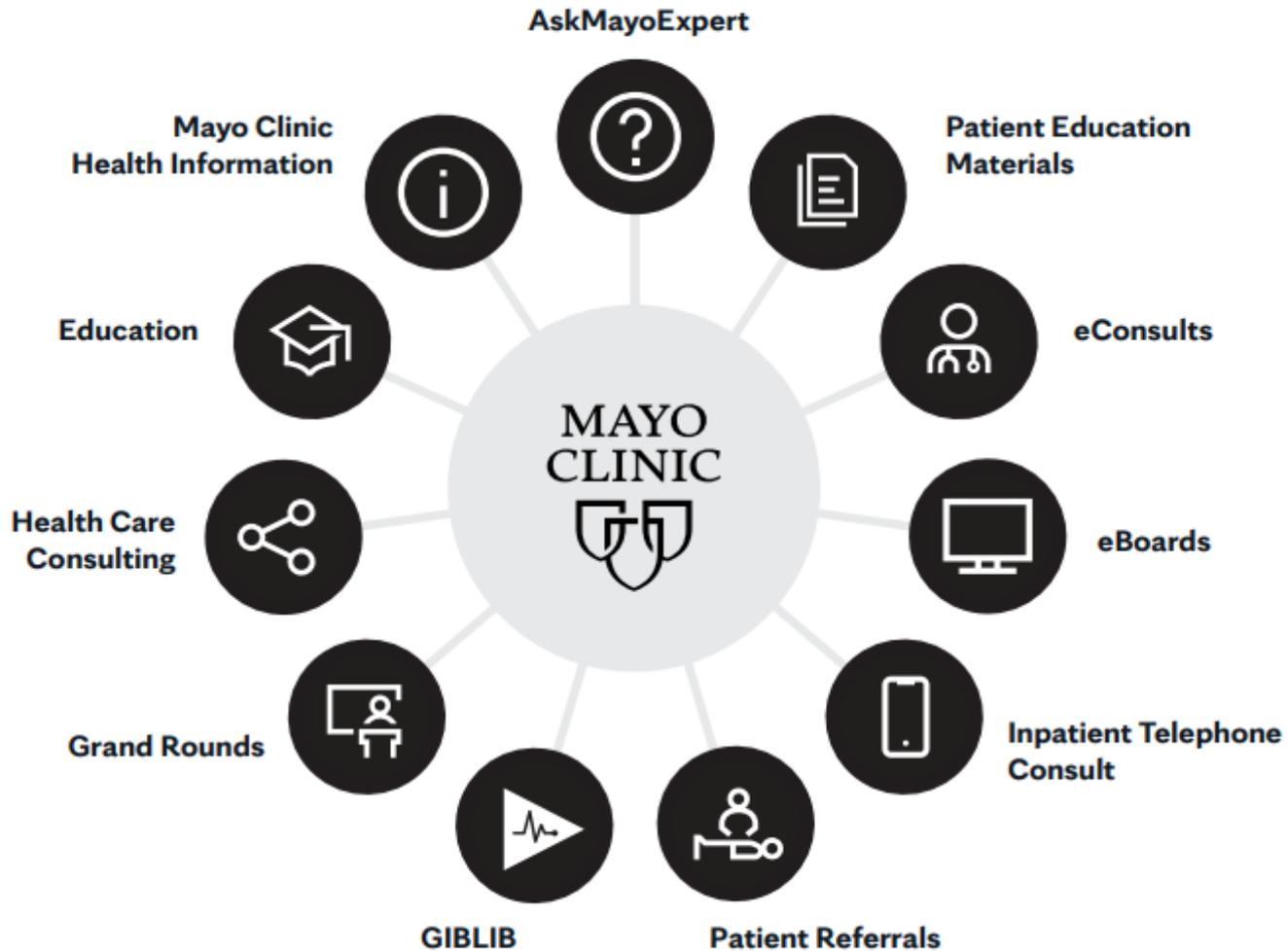
- Access from **MEDCONNECT**, provider intranet, under Quick Links
- Providers may also access AME from any Baptist workstation or through Citrix by clicking the desktop icon

<http://bhcpphysicians/webapps/docs/MayoResourcesBrochure.pdf>

BHC Mayo Clinic Liaison  
Stacy Smith, consumer access specialist  
O: 850.429.5608  
Stacy.smith@bhcpns.org



# Mayo Clinic Care Network



# Mayo Clinic Care Network



## Ask Mayo Expert

Access Mayo Clinic's standardized practices on hundreds of medical conditions.

Determine the need for tests or referrals in non-urgent cases.



## Patient Education Materials

Access more than 2,500 patient-facing documents and videos.

Inform, engage and empower patients on treatments, conditions and healthy living.



## eConsults

Consult with a Mayo Clinic specialist in a fully documented, asynchronous electronic format.

Get a second opinion in a way that's convenient and beneficial for both provider and patient.



## eBoards

Participate in multi-site, multidisciplinary video conference discussions.

Present cases and share experiences regardless of physical location.



## Inpatient Telephone Consult

Speak directly with a Mayo Clinic specialist over the phone.

Get on-demand guidance for hospitalized patients in need of urgent to semi-urgent intervention.



## Patient Referrals

Refer patients to a Mayo Clinic location when specialty care cannot be provided locally.

Get patients the care they need while staying informed and involved throughout the process.

# Mayo Clinic Care Network



## Health Care Consulting

Receive support and guidance from Mayo Clinic toward achieving clinical, operational and business goals.

Leverage Mayo Clinic's world-class expertise to improve practices and achieve operational excellence.



## Education

Participate in collaboratives, conferences, symposia and webinars, both in person and online.

Access 200+ courses and conferences with CME potential each year.



## GIBLIB

Enhance provider and caregiver education with on-demand, streaming of thousands of accredited medical lectures and fully narrated surgical procedures, featuring Mayo Clinic experts.



## Grand Rounds

Explore new trends and developments in the medical field.

Earn continuing education credit.



## Mayo Clinic Health Information

Drive patient and consumer engagement by offering Mayo Clinic's library of original health and wellness content on your website.

Help patients achieve greater health and wellness through increased engagement.

[mayoclinic.org](http://mayoclinic.org)

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Learn more online at [mayoclinic.org/carenetwork](http://mayoclinic.org/carenetwork)

MC6968-112rev0221

# Clinical Research

## **Andrews Research & Education Foundation (AREF)**

### MISSION STATEMENT

To be a leader in the field of musculoskeletal research and education in order to advance the prevention, treatment, and rehabilitation of athletic injuries and enhance human performance and quality of life for people of all ages.

Deliver evidence-based content including: webinars, seminars, white papers, and on-site training

1020 Gulf Breeze Parkway  
Gulf Breeze, Florida 32561  
850.916.8575  
info@andrewsref.org

# Gulf Breeze Hospital

<b>Administration:</b>	934.2100	<b>Infection Prevention:</b>	916.3745
		Ary Habig, RN, Infection Preventionist	
<b>Medical Records:</b>	934.2150	<b>Cardio-Pulmonary:</b>	934.2190
Tonja Caro, Manager		Tina Sarra, Manager	934.2161
<b>Laboratory:</b>	934.2141	<b>Diagnostic Imaging:</b>	934.2121
Erin Johnson, Manager		Amy Menier, Corp. Director	934.2148
<b>Physical Therapy:</b>	934.2280	<b>Case Management:</b>	934.2268
<b>Inpatient PT:</b>	934.2280	Leah Hancock, RN, Asst. Manager	916.3793
<b>Andrews PT:</b>	934.2180		
Christa Newgent, Director Rehab	916.8608	<b>Hospitalist Office:</b>	916.3793
		Sheila Cagle, RN, Coordinator	916.3615

# Gulf Breeze Hospital

## Surgical Nursing:

934.2067

<b>Main OR</b>	934.2480
<b>Endoscopy Center/Outpatient GE</b>	916.8250
<b>GE Lab (Inpatient GE)</b>	934.2122
	934.2081
<b>SurgiCare</b>	934.2070
<b>PACU</b>	934.2090
Doris Mayausky, RN, Manager	934.2388
<b>Sterile Processing</b>	934.2082
Marcella Scapecchi, RN, Manager	934.2326

## Medical Nursing:

<b>Emergency Room</b>	934.2111
Karen Tilton, RN, Manager	934.2327
<b>House Supervisor</b>	934.2311
<b>Intensive Care Unit</b>	934.2198
Mitchell Griffith, Clinical Manager	
<b>2 East</b>	934.2156
<b>2 East Annex</b>	934.3660
Christy Wright, RN, Manager	934.2176
<b>2 West</b>	934.2137
Marc Fuller, RN, Manager	934.2283

# Information Technology

## Contact Information

Help Desk 850.434.4578

Help Desk for Providers Only: 850.908.3000

**Stacy Griffin, RN, MHA**

Clinical Informaticist II | Application Support

**Email:**

[STACY.GRIFFIN@BHCPNS.ORG](mailto:STACY.GRIFFIN@BHCPNS.ORG)

**Phone:**

850.610.1480

**Fax:**

850.469.2387

### Network Credentials

Username (Badge#):

Network Password: Bhc-xxxx (last 4 of SSN)

### Wi-Fi at Baptist

**Network:** providers

**Password:** train2march

# Information Technology

## Community Providers Citrix Remote Access

Effective, April 1, 2021, Community Providers have a new Citrix address to access the Baptist system. Access Allscripts and PACs remotely from any computer outside of the Baptist network.

### Allscripts Remote Access – Community Providers

Access Allscripts remotely from any computer outside of the Baptist network.

Pathway: **Web Browser** > <https://cp.bhcpns.org>



Help Desk 850.434.4578

# Information Technology

## Team Members, Contractors, and Vendors Citrix Remote Access

Access Allscripts and other applications remotely from any computer outside of the Baptist network.

Pathway: **Web Browser** > <https://citrix.bhcpns.org>

- Log in with your email and network password
- Enter the MFA code sent to your phone

# Information Technology

## **INFOBYTES: Allscripts Resource for Baptist Medical Professionals**

### **Ambulatory**

<https://infobytes.bhcpns.org/AcuteProviders>

### **Acute**

<https://infobytes.bhcpns.org/AcuteProviders>



Desktop Icon

TelmedIQ is the secure healthcare communications system selected by Baptist Health Care.

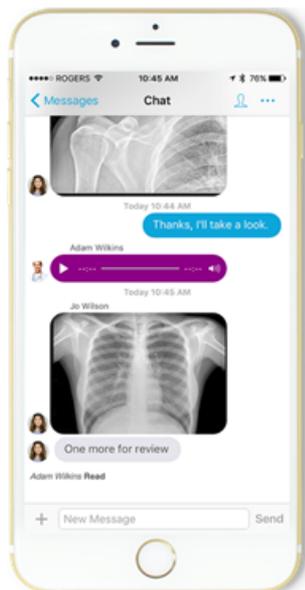
The HIPAA-compliant TelmedIQ app lets you:

- Securely exchange text messages and communications with colleagues while carrying on patient care conversations that involve Protected Health Information - **Using your smartphone or other personal device to send a text message with PHI outside of the TelmedIQ app is prohibited**
- Easily page the correct on-call providers automatically without having to look up schedules or contact Doctors Directory
- Make outbound calls to patients and external providers through the TelmedIQ dialer and the caller ID will show the hospital switchboard number instead of your personal number
- In the future: Easily look up on-call provider contact information in the TelmedIQ directory
- **The law prohibits texting patient orders**

**All TelmedIQ users at Baptist Health Care are required to complete the TelmedIQ Compliance Education prior to use.**

### PROVIDERS (BRING YOUR OWN DEVICE):

Providers: Please install the Telmediq app on your personal iPhone or Android device:



- On your phone, open a web browser and type: **tmiq.it/get**
  - This will open the Telmediq page in the Apple App Store or Google Play Store
- Press the *Install* button.
- Tap the "IQ" icon to start the app.
- Log in with your **@bhcpns.org** e-mail address and your network password. **If you are an independent provider and do not have a @bhcpns.org e-mail address** enter *yourBHCid@bhcpns.org*.
- When the app asks you to validate your phone number, please follow the instructions. This is important to ensure that you receive appropriate notifications when you receive a message.
- When the app asks you to enable push notifications and Critical Alerts, please press *Accept*. Again, this is important to ensure you receive notifications.

### ACCESSING TELMEDIQ ON A PC:

You can also access Telmediq on desktop PCs as follows:

- Double-click the Telmediq "IQ" icon on your PC's desktop to launch the application.
- Log in with your network credentials (the username and password you use to other systems).



same to log in



#### Where can I learn more?

- Access videos and learning resources at the Baptist Health Care Telmediq onboarding website: <http://tmiq.it/bhc>
- See the reverse side of this page for Frequently Asked Questions

#### What if I have questions or problems?

Please contact the Baptist Health Care IT Helpdesk at:  
**(850) 434-4578**

### MESSAGES TAB

View and send messages

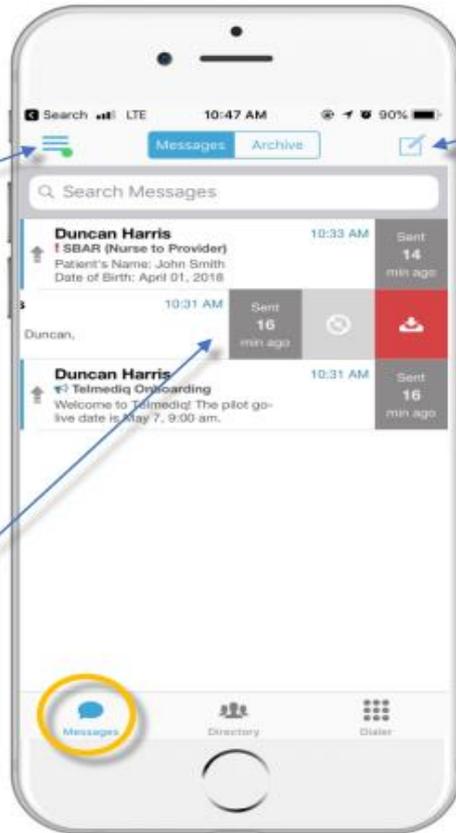
### DIRECTORY TAB

Look up providers and staff, view schedules, and see who is on call

- Touch here to:
- change your availability status (green: online, red: do not disturb)
  - set up forwarding and auto-responses
  - update your profile and settings
  - contact technical support

Tap a message to read it, or swipe left to silence notifications on a message thread or archive a message

Compose a new message by pressing this button

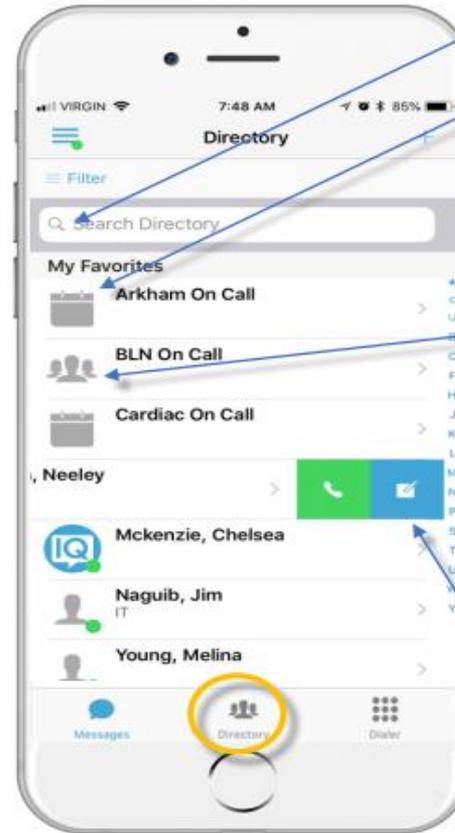


Search by name, department, title, or type

Schedule groups have this icon; tap to see who is currently on-call and to open the calendar view

Broadcast groups have this icon; tap to see group members or to send a message to everyone in the group

Swipe left and press this button to send a message to an individual or group



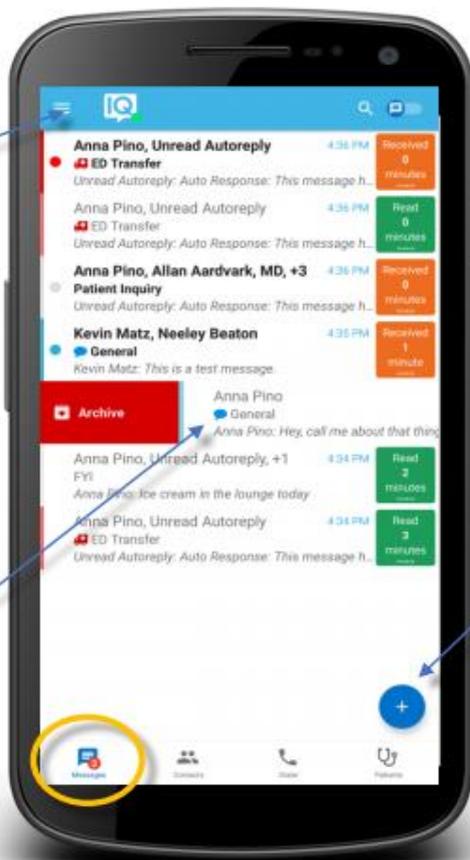
FOR SUPPORT, CALL THE BHC HELPDESK 24/7 AT: 850-434-4578

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### CONTACTS TAB

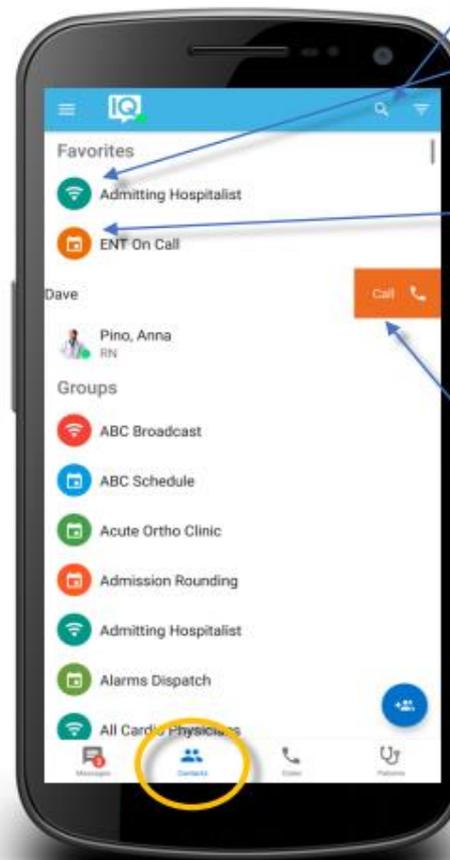
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**Schedule groups** have this icon; tap to see who is currently on-call and to open the calendar view

Swipe left and press this button to send a message to an individual or group



FOR SUPPORT, CALL THE BHC HELPDESK 24/7 AT: 850-434-4578

# Baptist Transfer Center

Direct admissions & Patient Transfers

P: 850.469.7766

F: 850.434.4638

*One call does it all for your patient transfer needs.*

Debbie Charlton, RN, BSN

Director, Transfer Center, Baptist Health Care

[debbie.charlton@bhcpns.org](mailto:debbie.charlton@bhcpns.org)

O: 850.469.7170

C: 251.802.5515

# Case Management

- Work closely with physicians, APPs, nurses and ancillary staff to assist and support the patient and/or family throughout the patient's stay
- Unit-based, sitting with the frontline staff
- Carry spectra-link phones with their numbers posted on each nursing unit

The Care Management Team includes:

## **Utilization Review:**

- Provides clinical information to payers supporting medical necessity and continued stay

## **Case Management:**

- Responsibilities include verification and clarification of patient status (outpatient, observation or inpatient).
- Provide basic psychological assessments to determine potential needs at discharge.
- Supports the patient and/or family throughout the continuum of care.

## **Social Services:**

- Provide basic psychological assessments to determine potential needs at discharge.
- Supports the patient and/or family throughout the continuum of care.

Case Management Office: 850.469.2096



MAIN LINE | PHONE: 850.469.2096 FAX: 850.469.2421  
 PLEASE CALL SWITCHBOARD FOR AFTERHOURS/ON-CALL CONTACT

Name	Position	Unit/Room Assignment	Phone # (850)	Email
Warren Pate	Executive Director	Case Management/CDI	908-5078	<a href="mailto:warren.pate@bhcpns.org">warren.pate@bhcpns.org</a>
	Corp. Director	Inpatient Case Management	469-6645	
David Newton, RN	UR Manager	Utilization Review	429-6648	<a href="mailto:david.newton@bhcpns.org">david.newton@bhcpns.org</a>
Shaian Preihs, BSN, RN	CM Manager	Inpatient Case Management	469-2089	<a href="mailto:shaian.preihs@bhcpns.org">shaian.preihs@bhcpns.org</a>
Natalie Cameron	Admin. Coordinator	Case Management	469-2066	<a href="mailto:natalie.cameron@bhcpns.org">natalie.cameron@bhcpns.org</a>
Pam Perez	CM Assistant	Case Management	908-5793	<a href="mailto:pamela.perez@bhcpns.org">pamela.perez@bhcpns.org</a>
David Simkins, BSW	Social Worker	Emergency Department	908-8333	<a href="mailto:david.simkins@bhcpns.org">david.simkins@bhcpns.org</a>
Amy Daglish, BSW	Social Worker	Emergency Department	908-8333	<a href="mailto:amy.daglish@bhcpns.org">amy.daglish@bhcpns.org</a>
Laura Allen, RN	Case Manager	Emergency Department	908-8334	<a href="mailto:laura.allen@bhcpns.org">laura.allen@bhcpns.org</a>
Barbra Hampton, RN	Case Manager	PCU/SINU	908-7804	<a href="mailto:barbra.hampton@bhcpns.org">barbra.hampton@bhcpns.org</a>
Sally Ward, RN	Case Manager	2W (201-237)	908-5706	<a href="mailto:sally.ward@bhcpns.org">sally.ward@bhcpns.org</a>
Kim Haesecke	Social Worker	2W (201-237)	908-5789	<a href="mailto:kim.haesecke@bhcpns.org">kim.haesecke@bhcpns.org</a>
Cheryl Foss, LPN	Case Manager	2E (245-261)	908-5728	<a href="mailto:cheryl.foss@bhcpns.org">cheryl.foss@bhcpns.org</a>
	Social Worker	2E (244, 283-296)	908-5791	
Jennifer Sarayba, BSN, RN	Case Manager	3W (301-349)	908-7828	<a href="mailto:jennifer.sarayba@bhcpns.org">jennifer.sarayba@bhcpns.org</a>
Ashley Bludsworth, RN	Case Manager	3W (301-349)	908-8332	<a href="mailto:ashley.bludsworth@bhcpns.org">ashley.bludsworth@bhcpns.org</a>
Latoya Seawright, MSW	Social Worker	3E (350-368) & Mother/Baby	908-5727	<a href="mailto:latoya.seawright@bhcpns.org">latoya.seawright@bhcpns.org</a>
Ladaria Barnes, RN	Case Manager	4W (401-447)	908-5796	<a href="mailto:ladaria.barnes@bhcpns.org">ladaria.barnes@bhcpns.org</a>
Donna Potts, MSW	Social Worker	4W (401-447)	908-5826	<a href="mailto:donna.potts@bhcpns.org">donna.potts@bhcpns.org</a>
Angie Frost	Case Manager	4E (449-496)	908-5790	<a href="mailto:angie.frost@bhcpns.org">angie.frost@bhcpns.org</a>
Brooke Tullis, MSW	Social Worker	4E (449-496)	908-8291	<a href="mailto:brooke.tullis@bhcpns.org">brooke.tullis@bhcpns.org</a>
Heather Galbreath	Case Manager	CVICU/MICU	908-8331	<a href="mailto:heather.galbreath@bhcpns.org">heather.galbreath@bhcpns.org</a>
Tinisha Thomas, MSW	Social Worker	Complex Care Coordinator	469-2090	<a href="mailto:tinisha.thomas@bhcpns.org">tinisha.thomas@bhcpns.org</a>
Dallas Peel, RN	Case Manager	Transitional Care Coordinator	434-4027	<a href="mailto:dallas.peel@bhcpns.org">dallas.peel@bhcpns.org</a>
Ed Morris, MSW	Social Worker	PRN/ROTATE	469-2096	<a href="mailto:edward.morris@bhcpns.org">edward.morris@bhcpns.org</a>
Nina Koehler, RN	Case Manager	PRN/ROTATE	469-2096	<a href="mailto:nina.koehler@bhcpns.org">nina.koehler@bhcpns.org</a>
Joetta Johnson, MSW	Social Worker	Sat, Sun, Mon (7a-7p)	908-5789	<a href="mailto:joetta.johnson@bhcpns.org">joetta.johnson@bhcpns.org</a>
Warren Mendez, RN	Case Manager	Sat & Sun (7a-7p)	908-8331	<a href="mailto:warren.mendez@bhcpns.org">warren.mendez@bhcpns.org</a>
Heidi Deamer, RN	Clinical Care Coord.	Case Management	429-6643	<a href="mailto:heidi.deamer@bhcpns.org">heidi.deamer@bhcpns.org</a>
Sheila Cagle, RN	Clinical Care Coord.	Case Management	429-6644	<a href="mailto:sheila.cagle@bhcpns.org">sheila.cagle@bhcpns.org</a>
<b>UR Dept</b>	<b>Main Line</b>	<b>UR Nurse in office:</b>	<b>469-2474</b>	
April Taylor, RN			469-2096 Opt 2	<a href="mailto:april.taylor@bhcpns.org">april.taylor@bhcpns.org</a>
Cynthia Pierotti, RN			469-2096 Opt 2	<a href="mailto:cindi.pierotti@bhcpns.org">cindi.pierotti@bhcpns.org</a>
Gloria Young, RN			469-2096 Opt 2	<a href="mailto:gloria.young@bhcpns.org">gloria.young@bhcpns.org</a>
Kristal Pope, RN			469-2096 Opt 2	<a href="mailto:kristal.pope@bhcpns.org">kristal.pope@bhcpns.org</a>
Marisa Allbritton, RN			469-2096 Opt 2	<a href="mailto:marisa.allbritton@bhcpns.org">marisa.allbritton@bhcpns.org</a>
Debbie Bosak, RN, PRN			469-2096 Opt 2	<a href="mailto:debra.bosack@bhcpns.org">debra.bosack@bhcpns.org</a>
<b>Gulf Breeze Hospital</b>	<b>Position</b>	<b>Unit/Room Assignment</b>	<b>Phone # (850)</b>	<b>Email</b>
Leah Hancock, BSN	Case Manager	Inpatient CM/UR	934-2268	<a href="mailto:leah.hancock@bhcpns.org">leah.hancock@bhcpns.org</a>
Ashlynn Smith, MSW	Social Worker	Emergency Department	934-2383	<a href="mailto:ashlynn.e.smith@bhcpns.org">ashlynn.e.smith@bhcpns.org</a>
Rita Potomski, RN	Case Manager	ICU/ZE	916-8598	<a href="mailto:rita.potomski@bhcpns.org">rita.potomski@bhcpns.org</a>
Hilary Cook, LCSW	Social Worker	2E	916-8218	<a href="mailto:hilary.cook@bhcpns.org">hilary.cook@bhcpns.org</a>
		2W (232-244)	916-3760	
Cindy White, LCSW	Social Worker	2W (245-256)	916-3775	<a href="mailto:cindy.white@bhcpns.org">cindy.white@bhcpns.org</a>
Meagan Malloy, RN	Clinical Care Coord.	Case Management	908-0563	<a href="mailto:meagan.malloy@bhcpns.org">meagan.malloy@bhcpns.org</a>



## Documentation for Observation Patients

<b>Observation Order</b>	Written Order by physician or other practitioner. Order: " <b>Place in observation</b> " with date and time
<b>Documentation that Supports Medical Necessity</b>	Complete admission note and/or discharge note that reflects the need to establish a probable or differential diagnosis and treatment plan.
<b>No Certification is required.</b>	Observation is intended to be for one-midnight to assess presenting signs/symptoms and progression (improvement, stabilization, decline).
<b>Examples:</b>	<ul style="list-style-type: none"> <li>• Telemetry for syncope</li> <li>• Serial cardiac enzymes for chest pain</li> <li>• Neuro checks for TIA with ABCD score &lt;3</li> </ul>

## The 2-Midnight Rule for Inpatients

<b>Inpatient Order</b>	Written Order by physician or other practitioner
<b>Documentation that Supports Medical Necessity for Inpatient Care</b>	Documentation of signs/symptoms, all comorbidities, severity of signs and symptoms Why provider believes that the patient will stay at least two midnights at time of the decision made to admit the patient.
<b>Inpatient Certification</b>	Certification by attending physician must be completed, signed, dated, and documented prior to discharge: <ul style="list-style-type: none"> <li>• Signed Inpatient Order by attending physician</li> <li>• Reason for inpatient including LOS,</li> <li>• Any Post-hospital care (if necessary)</li> </ul>

## InterQual® 2021 Physician Admission Guide

This document identifies key clinical differentiators between the Observation and Inpatient (Acute, Intermediate, Critical) levels of care for clinical conditions in the Acute Adult Criteria. It is intended to serve as a guide to admitting providers to support documentation and decision making when assigning a level of care.

Condition	Observation (6hrs ≥ and ≤ 48hrs)	Acute/Intermediate/Critical
Abdominal pain (non-traumatic)	MS changes or GCS 9-14 OR Hx of abd surg OR vomiting after ≥ 2 antiemetic doses OR elevated temp and WBC ≥ 12,000/cu.mm/bands > 10%/elevated HR AND imaging	n/a
Acute Coronary Syndrome (ACS)	ACS suspected AND ECG normal/unchanged/non-diagnostic AND troponin negative/indeterminate AND serial troponins planned OR unstable angina AND pain free/controlled with medication AND troponin negative/indeterminate AND serial troponins planned	NSTEMI OR STEMI OR ACS suspected AND new LBBB OR unstable angina AND IV nitro or ≥ 2 doses morphine necessary/chest pain/anginal equivalent
Anaphylaxis/allergic reaction	Airway patent AND hemodynamically stable after epinephrine AND ≥ 2 epinephrine doses/Hx of biphasic reaction AND antihistamine/corticosteroid planned	Impending intubation OR mechanical ventilation OR NIPPV OR nebulizer/inhaler q 1-2 hr/continuous
Anemia	Anemia AND Hct < 21%/Hb < 7.0 g/dL OR exertional dyspnea OR fatigue OR presyncope/syncope AND Hct/Hb monitoring at least daily AND blood product transfusion	Hemolytic anemia AND Hct < 30%/Hb < 10.0 g/dL OR exertional dyspnea OR fatigue OR presyncope/syncope AND Hct/Hb monitoring 2x/24h and blood product transfusion OR corticosteroid OR immunotherapy ≤ 24h OR immunoglobulin
Arrhythmia: Atrial	New onset Afib/Aflutter and HR < 110/min post ED antiarrhythmic (includes PO) OR Afib/Aflutter and HR < 110/min post ED IV antiarrhythmic OR resolved Afib/Aflutter post electrical cardioversion ≤ 24h OR Afib/Aflutter resolved after ibutilide	New onset Afib/Aflutter requiring continuous antiarrhythmic/digoxin loading/permanent pacemaker OR Afib and NYHA Class III/IV HF requiring IV antiarrhythmic and IV diuretic OR SVT OR symptomatic bradycardia OR PO sotalol initiation/adjustment OR suspected drug toxicity and bradycardia requiring monitoring
Asthma	SABA ≥ 2 doses and ipratropium/ipratropium contraindicated AND corticosteroids ≥ 1 dose AND wheezing AND PEF or FEV1 40-69% OR symptoms of airway obstruction	Impending respiratory failure OR mechanical ventilation OR NIPPV OR status asthmaticus OR PEF/FEV1 < 40% after 2h treatment in ED OR PEF/FEV1 ≤ 25% OR silent chest OR use of accessory muscles OR MS changes OR drowsiness OR arterial Pco2 ≥ 42 mmHG OR bradycardia < 60/min AND heliox OR short-acting beta-agonist every 1-2h continuous
Cellulitis	Animal/human bite of face/hand/genitalia/peri-orbital/multifocal OR failed OP anti-infective	Immunocompromised OR located over a prosthesis/implanted device OR orbital
COPD	≥ 2 doses short-acting beta-agonist prior to admission AND O2 sat 90-91% OR arterial Po2 56-60 mmHg OR Pco2 41-44 mmHg OR increased work of breathing and difficulty taking PO OR prefers sitting OR talks in phrases	Impending intubation OR NIPPV OR mechanical ventilation OR dyspnea AND ≥ 2 doses short-acting beta-agonist AND O2 sat ≤ 89% OR arterial Po2 ≤ 55 mmHg and pH > 7.45 OR Pco2 > 45 mmHg and pH < 7.35 OR increased work of breathing OR cyanosis OR paradoxical chest wall motion OR risk factor (e.g., cor pulmonale, cancer, pneumonia, DM, home O2, Class III or IV HF, mental illness, substance use disorder, stable angina)
Deep vein thrombosis (DVT)	DVT by US AND risk for bleeding requiring monitoring AND anticoagulation	DVT by US AND continuous unfractionated heparin AND risk of limb compromise and anticoagulation OR hospital acquired and initiation of anticoagulation OR IVC filter placement planned
Dehydration or gastroenteritis	≥ 1L IVF prior to admit OR BUN/creatinine ratio of at least 10:1 OR HR > 100 OR MS changes or GCS 9-14 OR orthostatic hypotension OR Na > 150 mEq/L OR urine SG > 1.030 OR vomiting after ≥ 2 antiemetic doses AND IVF	N/A
Diabetic ketoacidosis (DKA)	BS > 250 mg/dL AND ketones elevated AND anion gap 10-12 mEq/L OR pH 7.25 - 7.30 serum OR HCO3 or CO2 15-18 mEq/L	BS > 250 mg/dL AND ketones elevated AND anion gap > 12 mEq/L OR pH < 7.25 serum OR HCO3 or CO2 < 15 mEq/L
GI bleeding	GI bleeding and 1L IVF or blood product transfusion prior to decision to admit AND Hct ≥ 21%/Hb ≥ 7 g/dL AND coffee ground emesis/hematemesis/hematochezia/melena	GI bleeding and 1L IVF or blood product transfusion prior to decision to admit AND Hct < 21%/Hb < 7 g/dL OR exertional dyspnea OR MS changes OR INR ≥ 2 OR orthostatic hypotension OR presyncope/syncope

Heart failure (HF)	Failed OP mgt OR dyspnea after $\geq 1$ diuretic dose AND O2 sat 89-91% OR edema OR hepatomegaly OR JVD OR $\geq 3$ lbs weight gain over last 2d OR rales OR pleural effusion/pulmonary edema/cardiomegaly on CXR	New onset AND dyspnea OR orthopnea OR paroxysmal nocturnal dyspnea AND rales OR gallop OR pleural effusion/pulmonary edema/cardiomegaly on CXR OR edema OR hepatomegaly OR JVD OR BNP or NT-pro-BNP $>$ ULN OR acute on chronic AND O2 sat $<$ 89% after $\geq 1$ diuretic dose and $\geq 2$ h treatment AND inadequate diuresis OR persistent weight gain $\geq 5$ lbs OR troponin $>$ ULN OR Cr $>$ 1.5x baseline OR CKD (excludes chronic dialysis) and Cr $\geq 2.75$ mg/dL OR HR 100-120/min OR SBP $\leq 120$ mmHg OR Na $<$ 130 mEq/L OR BUN $>$ 43 mg/dL OR mental illness/cognitive impairment/substance use disorder OR dyspnea not returned to baseline after 1 dose of diuretic and $\geq 2$ h treatment
Hypertension (HTN)	SBP $>$ 180 mmHg/DBP $>$ 120 mmHg AND chest pain OR cerebral aneurysm OR dyspnea on exertion OR headache OR Hx of CHF/stroke/TIA OR stable angina	HTN AND end-organ damage AND hematuria OR proteinuria OR aortic aneurysm/dissection OR CHF OR encephalopathy OR MS changes OR papilledema/retinal hemorrhage/visual changes OR seizure
Hypertensive disorders of pregnancy	Gestation $\geq 20$ wks AND SBP 140 - 159 mmHg/DBP 90 - 109 mmHg AND FHR monitoring AND US assessment	HELLP OR preeclampsia OR SBP $\geq 160$ mmHg/DBP $\geq 110$ mmHg after anti HTN Rx
Migraine	Failed OP mgt OR incapacitating/intractable OR focal neurological finding AND analgesic/anti-migraine agent $\geq 2$ x/24h OR dihydroergotamine (DHE) and antiemetic	n/a
Nephrolithiasis (kidney stones)	Renal calculus w/o obstruction by imaging AND analgesic $\geq 2$ doses AND IVF	Obstruction by imaging AND nephrostomy planned OR urinary catheterization necessary and Cr $>$ 1.8 mg/dl
Hypoglycemia	BS $<$ 70 mg/L and 50% glucose bolus x2/glucagon/self-destructive and BH assessment planned OR BS $\geq 70$ mg/L and caregiver unavailable and $\leq 12$ h since hypoglycemia corrected OR cause unknown OR on sulfonylurea drug OR on long-acting insulin	BS $<$ 70 mg/L AND coma/stupor/obtundation/GCS $\leq 8$ OR seizure
Pneumonia	Pneumonia by imaging AND O2 sat 89-91% OR pneumonia severity index 71-90 OR two CURB-65 criterion (confusion or BUN $>$ 19.6 mg/dL or RR $\geq 30$ /min or age $\geq 65$ or SBP $<$ 90 mmHg or DBP $\leq 60$ mmHg) OR failed OP mgt	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR vasoactive/inotrope OR O2 $\geq 40\%$ OR pneumonia by imaging AND O2 sat $<$ 89% OR arterial Po2 $<$ 56 mmHg OR Pco2 $\geq 45$ mmHg and pH $\geq 7.31$ OR empyema OR $\geq 2$ lobes OR O2 sat 89-91% and Class III/IV COPD/HF/mental illness/substance use disorder OR pneumonia severity index $\geq 91$ OR $\geq 3$ CURB-65 criteria (confusion or BUN $>$ 19.6 mg/dL or RR $\geq 30$ /min or age $\geq 65$ or SBP $<$ 90 mmHg or DBP $\leq 60$ mmHg) OR lung abscess OR necrotizing
Pulmonary embolism (PE)	PE confirmed by imaging AND anticoagulation initiation	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR PE by imaging AND anticoagulation AND O2 sat $\leq 90\%$ (0.90) and $<$ baseline requiring supplemental O2 OR HIT OR HF requiring IV diuretic or titration of oral diuretic OR bridging anticoagulation OR IVC filter placement OR continuous unfractionated heparin OR abnormal biomarkers OR RV dysfunction OR vasoactive/inotrope OR thrombolytic therapy
Pyelonephritis or complex UTI	Urinary symptoms and abnormal UA AND persistent pain/vomiting/elevated temp requiring IV anti-infective and IVF/antiemetic/analgesic	Urinary symptoms and abnormal UA AND risk factor (age $\geq 75$ and MS changes/immunocompromised/ $\geq 24$ wks gestation/urinary stent/urinary tract obstruction/COPD/CKD/DM/liver disease/malignancy requiring active treatment) AND AKI OR symptom/finding of systemic infection (elevated temp, elevated WBC, tachycardia, MS changes, hypoxia, protracted vomiting)
Stroke	N/A	Acute ischemic OR hemorrhagic stroke
Syncope	Presyncope/syncope AND occurred during exertion OR aortic stenosis OR EF $<$ 35% OR CAD OR MI w/in 6 mo OR new systolic murmur OR syncope and orthostatic hypotension	See other LOC criteria subsets (e.g., arrhythmia, anemia, GI bleeding) for admission criteria for syncope.
TIA	Neurological deficit resolved/resolving	Neurological deficit resolved/resolving AND crescendo TIA OR endocardial vegetation OR previous stroke

# Clinical Documentation Improvement (CDI) <sup>84</sup>

The Clinical Documentation Improvement (CDI) program is comprehensively designed to ensure that providers' clinical documentation also provides sufficient specificity and compliant terminology so that the hospital and medical staff are accurately recognized for each patient's severity of illness (SOI) and risk of mortality (ROM).

The work of the CDI program is done by Clinical Documentation Specialists (CDS). Experienced clinical nurses from various backgrounds make up the CDS team. It is the role of the CDS to ensure that medical staff documentation captures the most thorough clinical picture of the patient's being treated. This is accomplished by the following:

- Providing physicians and APPs with documentation clarifications that translate to ICD10 codes
- Assisting medical staff with coding guidelines and quality reporting
- Creating feedback/education between medical staff and nurse
- Providing medical staff committees with documentation education

# Clinical Documentation Improvement (CDI)

Sample Query:

**Documentation Clarification**

---

Clintegrity 360 Date Printed: 10/14/2016  
**CDI - Provider Clarification**  
Provider Name: 12345, DOCTOR, DOCTOR  
Date: 10/14/2016 01:31:51 PM Clarification Type: PND

Agreed, Will Document in Progress Notes:  Not Agreed:  Need to Discuss:

Please render your clinical opinion if this patient is being managed for:

- Unstable angina in the setting of CAD requiring treatment with CABG.
- Other explanation of clinical findings.
- Unable to determine (no explanation for clinical findings).

The medical record reflects the following:

Clinical Indicators: documentation of "unstable chest pain" not precipitated by stress or physical activity

Treatments: SL NTG, cardiac work-up, scheduled CABG

Risk factors: history of CAD

Please clarify and document your clinical opinion in the progress notes and discharge summary including the definitive and/or presumptive diagnosis (suspected or probable), related to the above clinical findings. Please include clinical findings supporting your diagnosis.

Thank you, Registered Nurse

CDI: Registered Nurse Contact Number: 850-429-0000	Admit Date: 10/13/2016	Dis Date:
	Patient Name: MAX MCFUNCTIONAL	Coder:

Documentation Options

Clinical Picture

If you agree, it must be documented in the Progress Note AND the Discharge Summary

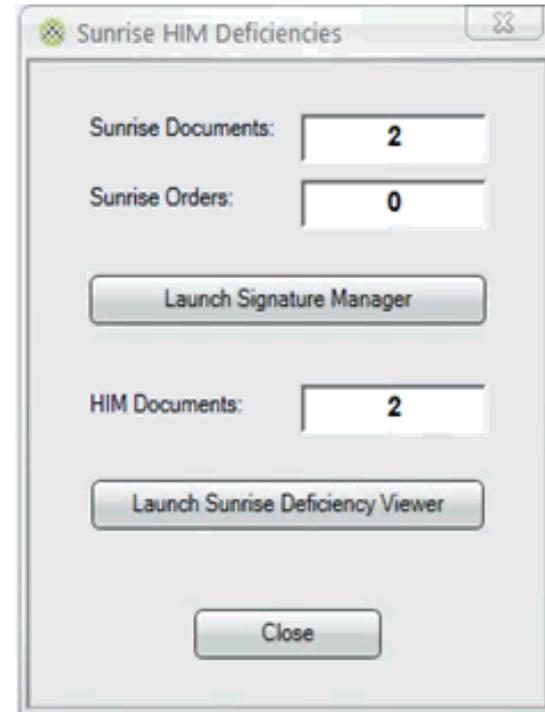
These clarification questions are placed in the Progress Note section of the chart and are NOT part of the permanent Medical Record.

David Newton, RN  
Utilization Review Manager  
P: 850.429-6648  
F: 850.469.2421  
David.Newton@bhcpns.org

# Medical Records

## Incomplete Medical Record Deficiencies

- Hospital Medical Record Deficiencies must be completed in Allscripts. When you log in, the Sunrise HIM Deficiencies Dialog box will appear.
- Sunrise Documents, Sunrise Orders and HIM Documents need to be resolved by launching **BOTH** Signature Manager and Sunrise Deficiency Viewer.
- For assistance in completing your records in Allscripts, please contact Baptist Hospital Medical Records staff at the number below.
- Phone Number: 434-4982  
Staffed Hours: Monday - Friday  
7:30am – 4:00pm



# Medical Records

- Your provider identification number is programmed into the M\*Modal servers and you may begin to use the system at any time.
- You may use any touch-tone telephone (not wireless), or there are dedicated dictation telephones throughout Baptist Hospital that automatically connect with the M\*Modal servers.
- As you will note from the instructions, you will need to enter your physician ID#, a correct document type, and your patient's full 14-digit account number as found on the hospital face sheet, addressograph or from within Physician Portal.
- If you are dictating from your office and need your patient's account number, please call our transcription department at 850.469.7045 and we will be glad to provide that for you.
- It is recommended that preoperative history and physical examinations are dictated 24 hours in advance in order to ensure that they are completed and available in the EMR when you are ready to perform surgery.
- Additionally, due to stringent disclosure rules, please dictate both the first and last name of any provider that you would like to have receive a copy of your dictation.

# Transcription: Physicians

## Baptist Hospital

### Physician Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your **PHYSICIAN ID number** followed by the # key.
- STEP 3** Enter the **REPORT TYPE** followed by the # key.

**REPORT TYPES**

- |              |                    |                    |
|--------------|--------------------|--------------------|
| 01 Preop H&P | 05 Dsch Summary    | 21 Dsch Summary    |
| 02 H&P       | 06 Short Stay Note | Addendum           |
| 03 Op        | 07 GE Procedure    | 25 Wound Care Note |
| 04 Consult   | 08 Progress Note   |                    |

**STEP 4** Enter the **Patient's full Account Number**, followed by the # key.

**STEP 5** Begin to dictate when prompted.

**Dictated info should include**

**Patient Name, Date of Birth, Date of Service**

- For **STAT** transcriptions, please **press the \* key** or the "Priority" speed dial key at any point during dictation.
- To obtain a confirmation number: **Press the 5 key** for next dictation or **press the 9 key** to disconnect.  
To replay the number **press the \* key**.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

## Gulf Breeze Hospital

### Physician Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 7-4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your **PHYSICIAN ID number** followed by the # key.
- STEP 3** Enter the **REPORT TYPE** followed by the # key.

**REPORT TYPES**

- |              |                    |                             |
|--------------|--------------------|-----------------------------|
| 11 Preop H&P | 14 Consultation    | 17 GE Procedure             |
| 12 H&P       | 15 Dsch Summary    | 18 Progress Note            |
| 13 Op        | 16 Short Stay Note | 31 Dsch Summary<br>Addendum |

**STEP 4** Enter the **Patient's full Account Number**, followed by the # key.

**STEP 5** Begin to dictate when prompted.

**Dictated info should include**

- **Patient Name, Date of Birth, Date of Service**
- For **STAT** transcriptions, please **press the \* key** or the "Priority" speed dial key at any point during dictation.
- To obtain a confirmation number: **Press the 5 key** for next dictation or **press the 9 key** to disconnect.  
To replay the number **press the \* key**.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

# Transcription: APPs

## Baptist Hospital

Allied Practitioner  
2<sup>nd</sup> signature  
Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your 6-digit Allied ID followed by the # key.
- STEP 3** Enter your Signing Physician ID followed by the # key.
- STEP 4** Enter the REPORT TYPE followed by the # key.
- REPORT TYPES**
- |                  |                           |                     |
|------------------|---------------------------|---------------------|
| 901 Preop H&P    | 905 Dsch Summary          | 925 Wound Care Note |
| 902 H&P          | 906 Short Stay Note       |                     |
| 904 Consultation | 921 Dsch Summary Addendum |                     |
- STEP 5** Enter the Patient's full Account Number, followed by the # key.
- STEP 6** Begin to dictate when prompted.  
Dictated info should include
- Patient Name, Date of Birth, Date of Service**
- For **STAT** transcriptions, please press the \* key or the "Priority" speed dial key at any point during dictation.
  - To obtain a confirmation number: Press the 5 key for next dictation or press the 9 key to disconnect.  
To replay the number press the \* key.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

## Gulf Breeze Hospital

Allied Practitioner  
2<sup>nd</sup> signature  
Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your 6-digit Allied ID followed by the # key.
- STEP 3** Enter your Signing Physician ID followed by the # key.
- STEP 4** Enter the REPORT TYPE followed by the # key.
- REPORT TYPES**
- |                  |                           |
|------------------|---------------------------|
| 911 Preop H&P    | 915 Dsch Summary          |
| 912 H&P          | 916 Short Stay Note       |
| 914 Consultation | 931 Dsch Summary Addendum |
- STEP 5** Enter the Patient's full Account Number, followed by the # key.
- STEP 6** Begin to dictate when prompted.  
Dictated info should include
- Patient Name, Date of Birth, Date of Service**
  - For **STAT** transcriptions, please press the \* key or the "Priority" speed dial key at any point during dictation.
  - To obtain a confirmation number: Press the 5 key for next dictation or press the 9 key to disconnect.  
To replay the number press the \* key.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

Step 3 mentions the signing physician ID# - this number is the 4 or 5-digit physician number as assigned by medical staff services, **not** their dictation ID#. The instruction card also mentions the STAT key. It is available, but please do not overuse it.

Finally, your document type, and patient account number are key in the success of your report getting to the EMR. If you are dictating from your office and need your patient's account number, please call our transcription department at 469-7045 and we will be glad to provide that for you.

# Transcription: Cardiology

## Baptist Hospital

Cardiology  
Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your **PHYSICIAN ID number** followed by the # key.
- STEP 3** Enter the **REPORT TYPE** followed by the # key.

**REPORT TYPES**

01 Preop H&P	04 Consultation	21 Dsch Summary
02 H&P	05 Dsch Summary	Addendum
03 Op	06 Short Stay Note	27 Cardiology Procedure
85 Cardiology Stress Test	86 Cardiology Holter Monitor	Note

**STEP 4** Enter the **Patient's full Account Number**, followed by the # key.

**STEP 5** Begin to dictate when prompted.

Dictated info should include

Patient Name, Date of Birth, Date of Service

- For **STAT** transcriptions, please press the \* key or the "Priority" speed dial key at any point during dictation.
- To obtain a confirmation number: **Press the 5 key** for next dictation or **press the 9 key** to disconnect.  
To replay the number **press the \* key**.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

## Gulf Breeze Hospital

Cardiology Physician  
Dictation Instructions

For more information call 469-7045

- Revised 08/17

- STEP 1** Dial: 434-4728 (or 7-4728 from in-house phone)  
Backup dictation line: 1-877-267-2039 (toll-free)
- STEP 2** Enter your **PHYSICIAN ID number** followed by the # key.
- STEP 3** Enter the **REPORT TYPE** followed by the # key.

**REPORT TYPES**

11 Preop H&P	14 Consultation	21 Dsch Summary
12 H&P	15 Dsch Summary	Addendum
13 Op	16 Short Stay Note	
85 Cardiology Stress Test	86 Cardiology Holter Monitor	Note

**STEP 4** Enter the **Patient's full Account Number**, followed by the # key.

**STEP 5** Begin to dictate when prompted.

Dictated info should include

- Patient Name, Date of Birth, Date of Service
- For **STAT** transcriptions, please **press the \* key** or the "Priority" speed dial key at any point during dictation.
- To obtain a confirmation number: **Press the 5 key** for next dictation or **press the 9 key** to disconnect.  
To replay the number **press the \* key**.

**KEYPAD INSTRUCTIONS:**

STAT *	Dictate 2	Short Rewind 3
Pause 4	Next Dictation 5	Go To End 6
Fast Forward 7	Go To Start 8	Disconnect 9

# BHC Foundation

The Baptist Health Care Foundation is honored to support the award-winning work of [Baptist Health Care's](#) medical staff and team members through philanthropic contributions from members of the community just like you.

*With your support, we are changing lives and saving lives every day.*

Giving to support Baptist and [Lakeview Center](#) has never been easier and we invite you to contribute in a way that is meaningful to you. The Foundation team is available to work with you to assure that you are able to focus on what is truly important – making a difference with your charitable gift. One hundred percent of your gift will be applied to patient care, programs and leading-edge technology within Baptist. Your gift may be designated toward a specific department or service area of your choice.

The Foundation is a registered 501(c)3 non-profit organization, so your gifts are tax deductible. A gift to the Foundation is not just an investment in our community; it's a choice to invest in life for you, your family and your neighbors. We remain committed to our proud tradition of service to others. We thank you for your support.

<https://www.baptisthealthcarefoundation.org/give>



KC Gartman, Chief Development Officer  
O: 850.469.7906  
E: [kc.gartman@bhcpns.org](mailto:kc.gartman@bhcpns.org)



# Palliative Care

## **PALLIATIVE CARE AVAILABLE FOR BOTH BAPTIST AND GULF BREEZE HOSPITALS**

Palliative care is a service that can provide assistance with care for those patients who are struggling with complex medical issues related to ongoing illness or declining condition. Patients may be chronically, seriously or terminally ill. Pain and symptoms are addressed, as well as emotional support and education provided for decisions related to advance directives, care options or end of life. Palliative care seeks to relieve suffering, whether it is physical or emotional. Support is provided to the family as well as the patient, with assistance given to those families who may be in conflict or indecisive about the patient's care. Patients who prefer to continue aggressive or curative treatments are eligible for palliative care services.

Palliative care requires a physician order from the attending physician.

### **Palliative Care Team Members:**

Maureen Langston, R.N.,BSN, CHPN, Palliative Care Nurse, 850.469.2007, spectra link - 850.469.3950  
Sally Kapusciak, LCSW, ACHP-SW, Palliative Care Social Worker, 850.469.7197, spectra link - 850.437.8786  
Kaitrin Aldridge, R.N., CHPN, Palliative Care Nurse, 850.434.4780, spectra link - 850.434.4170  
Michael Kalis, MD, JD, Palliative Care Physician  
Debbie Jones, Office Coordinator, 850-469-7210

# Imaging

Imaging services at a glance. For complete imaging services please scroll below.

Facility	MRI	PET/CT	3D Mammography	Mammography	Dexa	X-Ray	CT	Nuclear Med
Baptist Hospital	●		●	●	●	●	●	●
Gulf Breeze	●		●	●	●	●	●	●
BMP-Nine Mile	●	●	●	●	●	●	●	●
BMP-Navarre			●	●	●	●	●	
Jay	●			●	●	●	●	
BMP-Airport						●		
BMP-Pace						●		

**Amy Menier**, Corporate Director of Imaging, Baptist Health Care

P: 850.469.7437

F: 850.469.7428

C: 405.226.7367

[amy.menier@bhcpns.org](mailto:amy.menier@bhcpns.org)

# Radiation and MRI Safety

## Radiation Safety

There are two forms of radiation used in healthcare:

- External beam radiation which is produced by x-ray machines and radiation oncology machines.
- Radioisotopes used in Nuclear Medicine.

## ALARA

If you work in or around radiation producing areas, follow the ALARA (As Low As Reasonably Achievable) principle that involves three concepts: time, distance and shielding.

The ALARA principles help healthcare workers to minimize radiation exposure by using these tips:

**TIME:** Minimize exposure time. Minimize the time you are near the source.

**DISTANCE:** Maximize your distance. If a patient has been injected with a radioisotope, use precautions and maximize your distance whenever possible for a period of 2 to 4 hours after the time of the injection. With radiation, doubling your distance results in  $\frac{1}{4}$  the dose!

**SHIELDING:** Wear a lead apron or incorporate other shielding equipment while holding a patient or working around x-ray equipment.



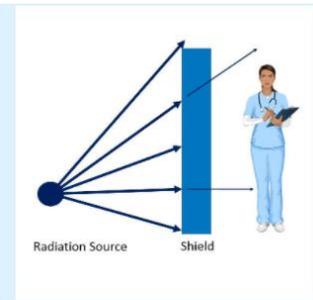
Time



Distance



Shielding



Shielding

# Radiation and MRI Safety

## Radiation Safety Practices

Film badges must be worn by team members who work in radiation exposed areas.

Female team members who are pregnant should notify their supervisor if subject to radiation exposure.

If a team member is not currently pregnant and is of child-bearing age, there can still be risks associated with prolonged exposure.

Never enter an area with a yellow and red radiation sign without permission.

## Radiation Safety Officer

In the event of an emergency or for concerns regarding radiation exposure or procedures, a Radiation Safety Officer is available and can be called.

## MRI Safety

The MRI Magnet is ALWAYS on...what does that mean?

The MRI Magnet may look similar to a CT scan, but it uses intense magnets rather than radiation. The magnets are on all the time, not just when a patient is being scanned!

All equipment, including maintenance equipment that is taken into the magnet area has to be non-ferrous and must be checked by MRI personnel.



The MRI  
magnet is  
ALWAYS on!

No one is allowed to  
enter the magnet area  
without being screened  
by MRI personnel.

# ANDREWS INSTITUTE REHABILITATION

Andrews Institute Rehabilitation provides the most comprehensive range of rehabilitation and therapeutic services available in Northwest Florida. Licensed and certified professionals implement a progressive approach to injury treatment that combines patient education, customized exercise, manual therapy, aquatic therapy and a full range of modalities. We work in close proximity with your referring physician resulting in a more efficient and effective recovery process.

## SPECIALTIES

- Aquatic Therapy\*
- Cancer Rehabilitation
- Comprehensive Spine
- General Orthopaedics
- Hand Therapy
- Lymphedema\*
- Neurological/NDT Rehabilitation
- Osteoporosis Rehabilitation
- Post Concussion Rehabilitation
- Risk for Falls Program
- Spine Program
- Sports Medicine
- Stroke Aphasia Treatment
- Swallow Therapy
- Total Joint Program
- Vestibular/Vertigo Rehabilitation
- Vital Stim

\*SERVICES VARY BY LOCATION



850.908.1555 / [ANDREWSINSTITUTE.COM](http://ANDREWSINSTITUTE.COM)

**A**NDREWS INSTITUTE  
ORTHOPAEDICS & SPORTS MEDICINE  
*An Affiliate of Baptist Health Care*

**B**BAPTIST  
HEALTH CARE

# ANDREWS INSTITUTE REHABILITATION LOCATIONS



**Andrews Institute for Orthopaedics & Sports Medicine**  
 1040 Gulf Breeze Pkwy., Suite 101, Gulf Breeze, Fla. 32561  
 850.916.8600 • Fax 850.934.4181  
 Disciplines: PT, OT, SP

**Baptist Medical Park - Navarre**  
 8880 Navarre Pkwy., Suite 202, Navarre, Fla. 32566  
 850.939.1017 • Fax 850.908.3079  
 Disciplines: PT, OT

**Baptist Medical Park - Nine Mile**  
 9400 University Pkwy., Suite 104, Pensacola, Fla. 32514  
 850.208.6120 • Fax 850.208.6129  
 Disciplines: PT, OT, SP

**Baptist Medical Park - Pace**  
 3876 Highway 90, Pace, Fla. 32571  
 850.994.6318 • Fax 850.994.9794  
 Disciplines: PT, OT

**Baptist Speech Clinic**  
 Baptist Tower 3, Suite 236  
 1717 North "E" St., Pensacola, Fla. 32501  
 850.434.4957 • Fax 850.469.7490  
 Disciplines: SP

**Bear Levin Studer Family YMCA**  
 165 E. Intendencia St., Suite 200, Pensacola, Fla. 32502  
 850.469.7555 • Fax 850.469.7585  
 Disciplines: PT, OT

**Jay Hospital**  
 14114 Alabama St., Jay, Fla. 32565  
 850.675.8040 • Fax 850.675.8016  
 Disciplines: PT, OT, SP

**North Okaloosa Medical Center**  
 550 West Redstone Ave., Suite 100, Crestview, Fla. 32536  
 850.683.5906 • Fax 850.683.5917  
 Disciplines: PT, OT, SP

**Westside**  
 12601 Sorrento Rd., Suite A, Pensacola, Fla. 32507  
 850.453.8549 • Fax 850.455.0938  
 Disciplines: PT

**Indicates Disciplines Available:**  
 PT - Physical Therapy  
 OT - Occupational Therapy  
 SP - Speech Therapy

*Outpatient Departments of Baptist Hospital, Gulf Breeze Hospital and Jay Hospital*



## **ANDREWS INSTITUTE REHABILITATION ACCESS TO SERVICES NOW EASIER FOR PROVIDERS AND PATIENTS**

- Order AMB PT, OT, or Speech Therapy entry directly into Allscripts (all BMG providers)
- Order rehab via order facilitator (non BMG providers)
- Email: [airaccess@bhcpns.org](mailto:airaccess@bhcpns.org) for all rehab questions or needs
- P: 850-908-1555 F: 850-916-8421
- *For Lymphedema, please indicate "PT/OT" on referral*

### Providing PT, OT, ST, and Telerehab



# Clinical Safety and Excellence Program

## Clinical Safety

- Culture of safety
- Risk Management Team
- Event reporting
- Mandatory Reporting
- CANDOR Program
- 24 hour risk management hotline
- Patient Engagement

## Clinical Excellence

- Core measures
- DNV accreditation management
- Process improvement
- Infection Prevention
- Stroke program
- Sepsis program
- Data abstraction and analyses
- OPPE/FPPE

# Clinical Safety

## Culture of Safety

- BHC is on a journey to become a **high reliability organization** (HRO)
  - Constantly studies what causes accidents and puts systems in place to prevent injuries
- **Transparency** around medical errors and patient harm is vital in this journey to improving patient safety. It is achieved through
  - voluntary reporting of safety events
  - sharing patient safety data
  - shared learnings from serious safety events
- BHC practices a **Just Culture** where
  - team members are encouraged to speak up for safety and report safety events without fear of punishment
  - human error is consoled
  - at-risk behavior is coached
  - reckless behavior is not tolerated

# Clinical Safety

## Risk Management Team

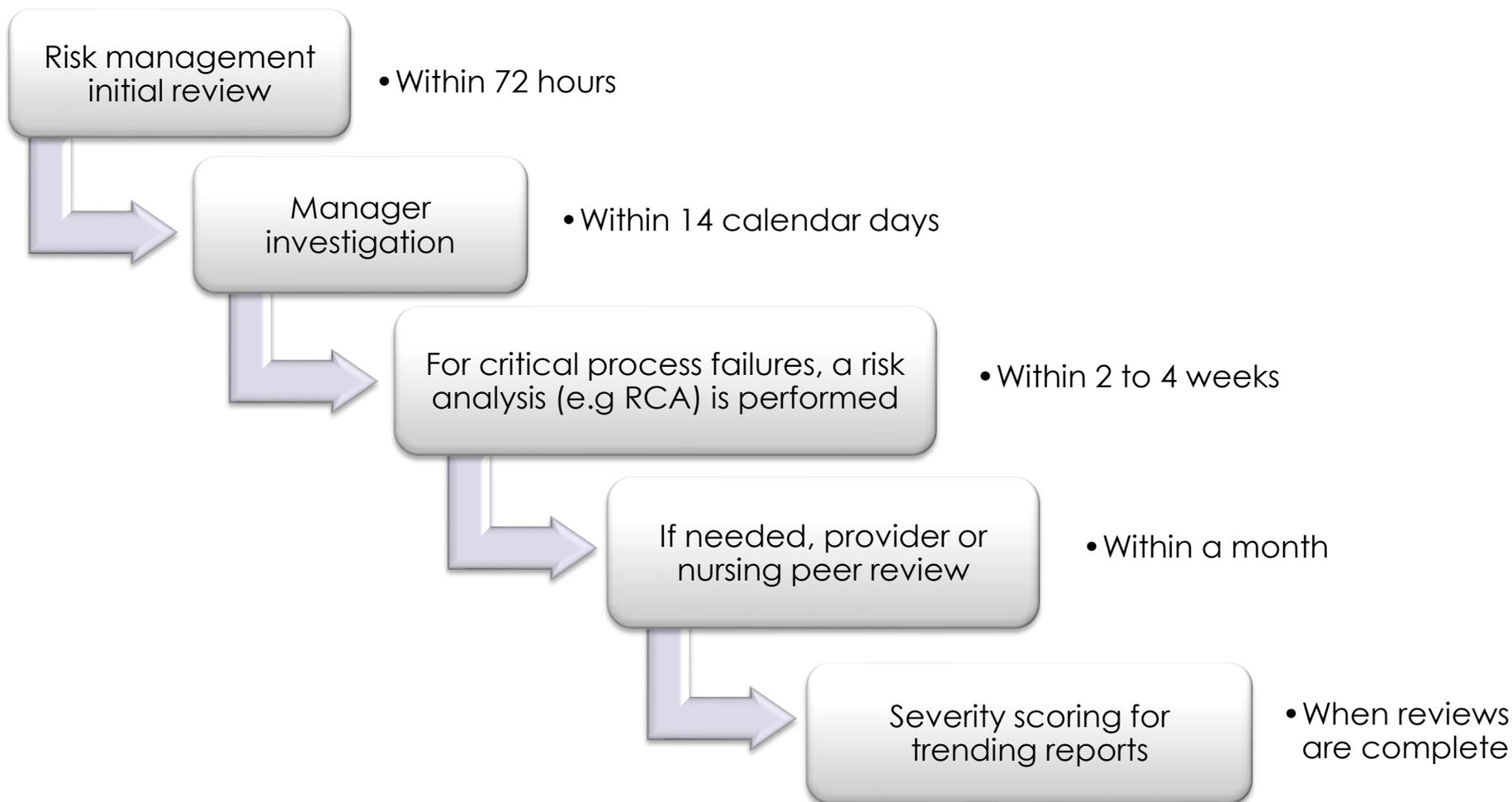
- *Comprised of clinical and operational risk managers responsible for:*
  - *Risk Identification*
  - *Incident Investigation*
  - *Facilitation of focused risk analysis, e.g. Root Cause Analysis*
  - *Facilitation of process improvement projects aimed at error reduction/prevention*
  - *Mandatory regulatory reporting*
  - *Coordination with Professional Practice Evaluation for peer reviews*
  - *Coordination with Claims Management for potential litigation*
- *Risk Manager contact information*
  - *“Risk Manager On-call” via TeleMedIQ, or*
  - *Hospital Operator and ask for the on-call risk manager*

# Clinical Safety

## Event Reporting

- Patient Safety Event
  - Any gap in generally accepted practice standards that has the potential to cause harm or reached the patient and did cause harm
- Event Reporting System
  - a communication tool used to improve patient safety
  - report should be BRIEF and FACTUAL without opinions or speculation
- Examples of patient safety events appropriate for reporting
  - Medication, prescribing, diagnostic, procedural, or communication errors
  - Falls
  - System or device failures
  - Patient complaints, grievances, threats to sue
  - Environmental safety and security events
- We need physicians, providers and practitioners to report;  
Your perspectives will help us improve!

# Clinical Safety Event Investigations



# Clinical Safety

## Mandatory Reporting

- Florida Agency for Health Care Administration (AHCA): *Adverse Incident*
  - *Incidents where health care personnel could exercise control AND is associated in whole or part with medical intervention, rather than the condition for which such intervention occurred, and which results injury*
- AHCA mandatory reporting
  - Annual Reports: all adverse incidents
  - **“Code 15” Reports:** any one of the following adverse incidents must be reported to AHCA within 15 days
    - Surgical patient wrong site / wrong patient / wrong procedure
    - Surgical removal of an unplanned retained foreign object
    - Permanent neurological injury
    - Death
  - *If you become aware of a potential Adverse Incident, please contact Risk Management as soon as possible by calling “Risk Manager On-call” via TeleMedIQ, or calling the Hospital Operator and ask for on-call risk manager. Risk Management takes call 24/7*
- You will be informed and involved in the investigation of any Adverse Incident related to your care, prior to reporting to AHCA

# Clinical Safety

## Sexual Abuse Allegations

- Sexual abuse defined
  - Acts of a sexual nature committed upon or in the presence of a minor or Vulnerable Adult, without the Vulnerable Adult's informed consent. Sexual Abuse does not include any act intended for a valid medical purpose or any act reasonably construed to be a normal care-giving action.
- All allegations of sexual abuse on any BHC campus must be reported to Risk Management immediately for investigation
- Any allegation wherein there is actual knowledge that the sexual abuse occurred must then be reported to AHCA and the authorities
- You are expected to:
  - Contact Risk Management immediately
  - Enter an incident report
  - Cooperate in any related investigation by risk management, local authorities, and/or the Department of Health

# Clinical Safety

## CANDOR

- **Disclosure**

- The State of Florida requires every licensed physician to disclose unanticipated patient outcomes to the patient/family and to document that disclosure in the patient's health record
- BHC participates in a full disclosure and early resolution program called **CANDOR (Communication and Optimal Resolution)**
- A CANDOR event is a safety event that reached the patient and caused major harm or death
- CANDOR events should be called immediately to the on-call risk manager who will activate the CANDOR process
- Within 24 hours, the Director of Patient Engagement will join the attending physician in an initial meeting with the patient/family
- Within 24 hours, emotional support (through EAP or Pastoral Care) is offered to the affected team members
- Once risk managers have completed the investigation, a final disclosure meeting is conducted with the patient/family
- When appropriate, claims management will offer a compensation package to the affected patient/family
- ***CANDOR aligns well with BHC values of integrity and compassion***

# Clinical Safety

## CANDOR Program

*(Communication and Optimal Resolution)*

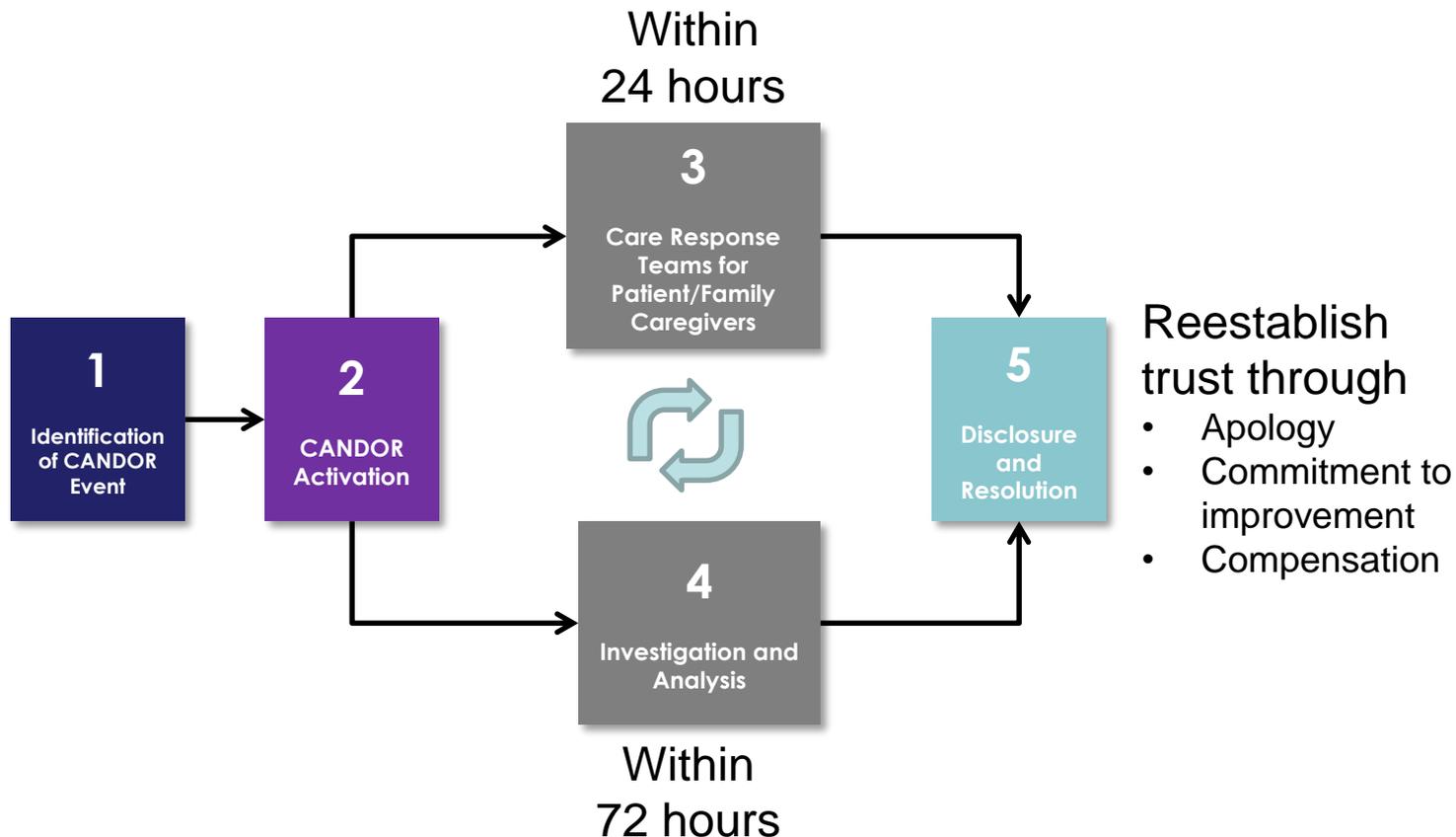
- The State of Florida requires every licensed physician to disclose unanticipated patient outcomes to the patient/family and to document that disclosure in the patient's health record
- BHC participates in CANDOR - a full disclosure and early resolution program
  - *Potential CANDOR event:*
    - Deviation from generally accepted practice or process that reaches the patient and carries the *future potential* to cause severe harm or death.
    - Cases of severe harm or death in which further investigation is needed to determine the cause.
    - Severe harm includes (prolonged) hospitalization, higher level of care, surgical intervention, permanent harm, or near-death (resuscitation).

***Immediately report all Potential CANDOR events to the risk manager on-call***

**Then enter a event report**

# Clinical Safety

## CANDOR Process



# Clinical Safety

## CANDOR Benefits

- Consistent with BHC values of integrity and compassion
- Reduction (or elimination) of legal fees
- Rebuilds trust with patient/family
- Closure for physicians and caregiver team
- Emotional support for caregivers
  - Peer Support Program coming in January 2020
  - Until then, Pastoral Care and Employee Assistance Program (EAP) are available

# Clinical Excellence

## Computerized Physician Order Entry (CPOE) Errors

While CPOE has certainly reduced medical errors (such as illegible orders), it has also introduced unintentional human errors—so the challenge has become staying ahead of those system-generated errors

### **Please be vigilant to the following risks inherent in CPOE:**

Wrong patient orders (and documentation in the wrong record)

- When you have more than one patient record open at a time, double verify that you have the correct patient record before entering an order (or documenting a note)
- A best practice is to only open one patient record at a time

Overriding alerts

- Pharmacy has intentionally limited the number of alerts in Allscripts CPOE to avoid alert fatigue—please do not bypass alerts—it puts you and your patient at risk

# Clinical Excellence

## Infection Prevention

### Shouldn't we culture every patient when we place a Foley?

- Screening cultures waste resources, gives false positives, increase antibiotics use, and elicit unnecessary consults.
- Bacteriuria is not always indicative of UTI.
- Bacteriuria without symptoms does not need to be treated.
- Establishing bacteriuria on admission or at the time of Foley insertion, without signs and symptoms of UTI, does not mean the patient had an infection prior to admission.
- If anything, a positive urine culture on admission in an asymptomatic patient means the bladder already has bacteria. If you impede urine flow with a catheter, the bacteria can proliferate and cause a CAUTI.
- Get that Foley out ASAP!!!

#### Questions about Infection Prevention?

*Please contact Cindy Almand, Infection Prevention Manager @ 850-469-5865 or [cindy.almand@bhcpns.org](mailto:cindy.almand@bhcpns.org)*

*-OR-*

*Taylor Lewis, Infection Preventionist @ 850-434-4134 or [taylor.lewis@bhcpns.org](mailto:taylor.lewis@bhcpns.org)*

# Clinical Excellence

## Who needs an indwelling catheter?

- ACUTE urinary retention “(CHRONIC urinary retention or failed voiding trials should be treated with intermittent catheterization protocol as it is a safer alternative to indwelling Foley catheter)”
- Prolonged IMMOBILIZATION that prevents log rolling, ambulating, sitting up, etc. (potentially unstable spine)
- HOURLY output monitoring in a critically ill patient
- HEALING of sacral wounds
- Comfort for dying patient – must have orders for ‘comfort care only’
- SELECTED surgical procedures
  - Urologic
  - Prolonged duration of surgery (remove in PACU)
  - Large volume fluids or diuretics during surgery
  - Operative patients with urinary incontinence
  - Intraoperative monitoring of urinary output

## Questions about Infection Prevention?

*Please contact Cindy Almand, Infection Prevention Manager @ 850-469-5865 or [cindy.almand@bhcpns.org](mailto:cindy.almand@bhcpns.org)*

*-OR-*

*Taylor Lewis, Infection Preventionist @ 850-434-4134 or [taylor.lewis@bhcpns.org](mailto:taylor.lewis@bhcpns.org)*

# Clinical Excellence

## CLABSI, Central Lines

- Only order Central lines when a Midline is not possible.
- Discontinue Central lines as soon as intended use is complete.
- Try to avoid lab draws from central lines.
- Consider obtaining blood cultures when patient is admitted with pre-existing central line. This should be done by day 2 .

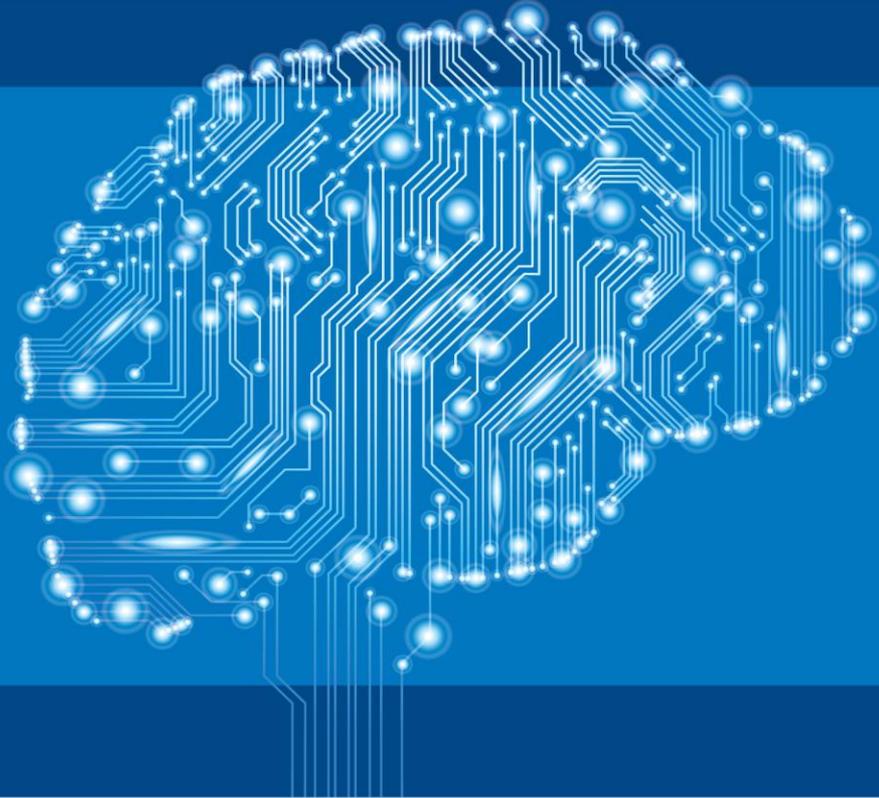
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*Please contact Cindy Almand, Infection Prevention Manager @ 850-469-5865 or [cindy.almand@bhcpns.org](mailto:cindy.almand@bhcpns.org)*

*-OR-*

*Taylor Lewis, Infection Preventionist @ 850-434-4134 or [taylor.lewis@bhcpns.org](mailto:taylor.lewis@bhcpns.org)*

# Clinical Excellence (cont.)



## STROKE PROGRAM

 **BAPTIST**  
HEALTH CARE  
CORPORATE QUALITY DIVISION

# Stroke: Top Physician Opportunities

## EMERGENCY ROOM

### 1. Giving Verbal TPA Order

*Solution: Enter the order into Allscripts*

### 2. Missing Last Known Normal

*Solution: document specific time rather than “morning” or “earlier”*

### 3. No reason for TPA/Clot eligibility

*Solution: Use Stroke Template in Medical Decision Making area*

## INPATIENT & ICU

### 1. Missing Smoking Education

- Criteria
  - i. Nonsmoker-no action needed
  - ii. Current Smoker
    - 1. Provide smoking cessation and dictate in the Problem Assessment Plan section of your note.
    - 2. Order: Education, Tobacco Cessation
  - iii. Former Smoker
    - 1. Quit Date >12 Mo.-no action needed
    - 2. Quit Date <12 Mo.-Follow current smoker actions
    - 3. Quit Date unknown-Follow current smoker actions
  - iv. Smoking Status unknown-no action needed

### Discharged on moderate statins instead of an intensive statins

- Criteria: if <75yo and no other contraindications, prescribe one of the following
  - i. Atorvastatin 40 mg, Atorvastatin 80 mg,
  - ii. Rosuvastatin 20 mg, Rosuvastatin 40 mg,
  - iii. Simvastatin 80mg

### 1. No anticoagulant at discharge for a-fib/a-flutter pts

- a. Document reasons for no anticoags for those with history of a-fib or a-flutter or suspected a-fib/a-flutter
- b. Prescribe anticoags for those currently in a-fib or a-flutter

# Clinical Excellence: Stroke Orders

## tPA Progress Note

Telestroke consulted	<input checked="" type="radio"/> yes <input type="radio"/> no
tPa Candidate	<input checked="" type="radio"/> yes <input type="radio"/> no
tPa considerations	<input type="checkbox"/> None <input type="checkbox"/> Care-team unable to determine eligibility <input type="checkbox"/> Hypertension requiring aggressive control with IV medications <input type="checkbox"/> Extensive diagnostic eval rec <input type="checkbox"/> Management of emergent/acute condition like intubation <input type="checkbox"/> Patient initially refused tPA <input type="checkbox"/> Extended conversation with patient regarding tPA
Last Known Normal	<input type="checkbox"/> LKN 3 hours or less <input checked="" type="checkbox"/> LKN 3-4.5 hours
tPa Candidate LKN 3-4.5 hours	After the consultation with neurology, I had a detailed discussion with the patient/family regarding the potential benefits, risks, and alternatives of giving tpa. Although tpa is an off label use between 3 and 4.5 hours of LKN, the research and current AHA stroke guidelines supports and recommends administration as the benefits outweigh the
Endovascular Clot Retrieval Candidate	<input type="checkbox"/> yes <input type="checkbox"/> no
Additional Comments	

## Physician Discharge Summary/Patient Discharge Instructions

Stroke Measures			
<input checked="" type="checkbox"/> Patient Diagnosed with Stroke/TIA during this Visit	<input type="checkbox"/> Ischemic/TIA...	<input type="checkbox"/> Hemorrhagic...	<input type="checkbox"/> Neither

# Clinical Excellence

## DNV Accredited Primary Stroke Centers

### Baptist

- Neurology Coverage 24/7
- Telestroke Services with Mayo 24/7
- Neurosurgery Coverage 24/7
- Endovascular Clot Retrieval 24/7
- tPA Administration
- Brain Imaging 24/7
  - Non Contrast Head CT
  - CTA Head/Neck
  - CT Perfusions
  - MRI

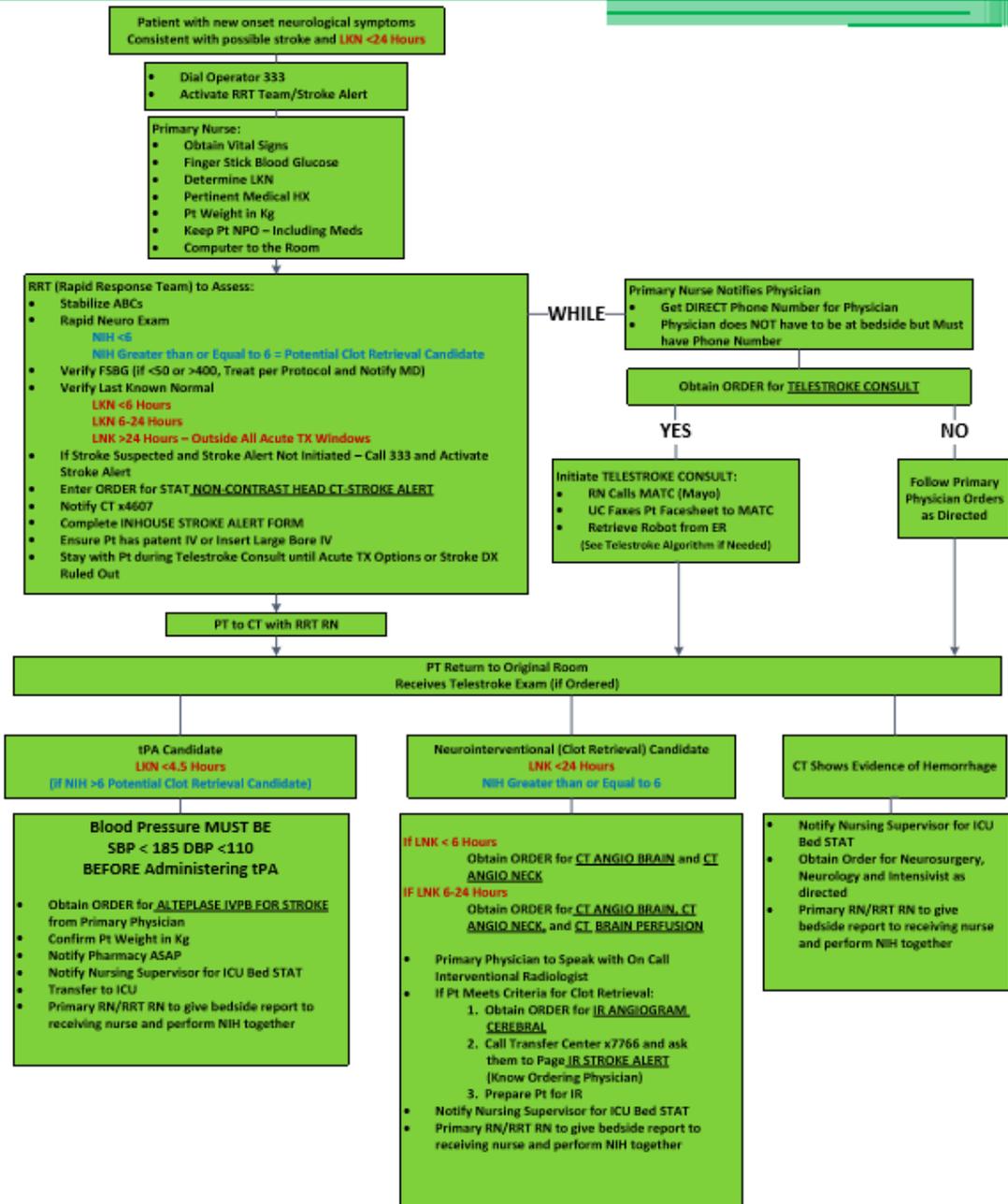
### Gulf Breeze

- Neurology Coverage 24/7
- Telestroke Services with Mayo 24/7
- Neurosurgery Coverage 24/7
- tPA Administration
- Brain Imaging 24/7
  - Non Contrast Head CT
  - CTA Head/Neck
  - MRI

# Clinical Excellence

- Utilize the **ER Stroke Order Sets** and **Stroke Admission Order Sets** in Allscripts
- Stroke Algorithms/Protocols Can be Located on Inside Baptist

The screenshot displays the 'Inside Baptist' website interface. At the top, the Baptist Health Care logo is on the left, and the 'Inside Baptist' title is on the right. Below the logo is a search bar and a navigation menu with items like 'Human Resources', 'Education', 'Marketing', 'Leadership', 'Facilities', 'Quality & Safety', 'GRC', 'Materials Management', 'Organizational Transformation', and 'Who's Who'. On the left side, there are two main menu sections: 'Quick Links' and 'Clinical Links'. The 'Quick Links' section includes items such as 'Policies & Procedures, Forms, Standing Orders', 'LMS: iDevelop', 'Daily Devotional', '2018 Forum Schedule', 'Meeting Room Calendars', 'Menus', 'Reports', 'The Daily Lineup', 'The Banner', 'Focus Briefs', 'Mayo Clinic Resource Brochure', and 'FMLA Request Form'. The 'Clinical Links' section includes 'InfoBytes - Allscripts Resource', 'Medical Staff Bylaws', 'What's New Clinically', 'Blood Management', 'Pharmacy & Formulary', 'Health Care Surrogate', 'Adv. Directive-Living Will', 'Stroke Guidelines', and 'Stroke Alert Reference'. A large blue arrow points from the 'Stroke Alert Reference' link to the right. In the center of the page, there is a blue banner for 'MY HEALTHY BLUEPRINT BY BAPTIST HEALTH CARE' with the phone number '850.469.6903' and a button that says 'Enter the site'. Below this banner is a green box with the text 'FMLA and Non-FMLA Medical Leave of Absence Request form'. On the right side, there are three main menu sections: 'Human Resources' with a phone number '469-7332' and links for 'BEN', 'Benefits', 'Contact Info', 'Employee Discounts', 'HR Forms', 'Jobs: Internal Only (Current Team Members Only)', 'Jobs: Hiring Manager Admin', 'ShiftSelect', 'Reward and Recognition', 'Quarterly Service Recognition', and 'FMLA Request Form'; 'Timeclock' with a link to 'Kronos Workforce Central'; and 'Foundation' with a description: 'Helping Hands is an assistance program for employees by employees'.



# Clinical Excellence: Stroke Orders

## Stroke Orders

The first screenshot shows a navigation pane on the left with 'New Order' selected. The main area displays a list of order sets including 'NIH Stroke Brain, Spinal Cord, and Vascular Imaging Adult', 'NIH, Nonverbal Stroke Assessment', 'NIH, Ischemic Stroke Assessment - Non-EEG, Non-Intermittent', and 'NIH, Post ICA / Neurointerventional Stroke Assessment'. The second screenshot shows a list of order sets including 'IPA NPI for MI/STEMI (all ages NPI for MI/STEMI - patients less than or equal to 62 age)', 'IPA NPI for STROKE (all ages NPI for Stroke)', 'IPA Overview Order', and 'IPA Overview (Workgroup/Review/Trackback)'. The third screenshot shows a list of order sets including 'Angiogram Management after Thrombolysis with IPA', 'Angiogram - Pulmonary', 'Angiogram - Cerebral Artery', 'Angiogram - Subacute', and 'Angiogram - Basal'.

### Inpatient Stroke Alert Order Set [3 orders of 7 are selected]

**Nursing**

Order	Start Date	Schedule	Frequency	Instructions
<input checked="" type="checkbox"/> Telestroke Device at Bedside Inpatient	12-04-2019	STAT	ONCE	

**Diagnostic Imaging**

Order	Date	Priority	Reason for Exam	Portable	Special Instructions
<input checked="" type="checkbox"/> CT Brain Without Contrast - Stroke Alert (-)	12-04-2019	STAT	Stroke Alert		
<input type="checkbox"/> CT Angio Brain	T	STAT	Stroke Alert		If NIH Greater than or Equal to 6 and Last Known Normal
<input type="checkbox"/> CT Angio Neck	T	STAT	Stroke Alert		If NIH Greater than or Equal to 6 and Last Known Normal
<input type="checkbox"/> CT Brain Perfusion With Contrast	T	STAT	Stroke Alert		If NIH Greater than or Equal to 6 and Last Known Normal

**Diagnostic Imaging**

Order	Date	Priority	Reason for Exam	ASA/Blood Thinners?	Special Instructions
<input type="checkbox"/> IR Angiogram Cerebral	T	STAT	Clot Retrieval		

**Consults**

Order	Date	Priority	Special Instructions
<input checked="" type="checkbox"/> Consult Telestroke Service Inpatient	12-04-2019	STAT	

# Clinical Excellence

## Data Abstraction and Analyses

- Baptist Health Care participates in multiple Clinical Registries, including Get with the Guidelines (GwtG) Stroke and Heart Failure; multiple Cardiovascular registries; American Joint Replacement Registry (AJRR); National Database of Nursing Quality Indicators (NDNQI); and others.
- Abstraction is currently outsourced to Q-Centrix, but in the process of being brought in-house

Questions related to Clinical Registries, *please contact Kristen Miller, Registry Program Manager @ 850-434-4738 or [kristen.miller@bhcpns.org](mailto:kristen.miller@bhcpns.org)*

# Clinical Excellence

## Data Abstraction and Analyses

- The Quality Analytics team is responsible for system and entity level quality reporting, including metrics tied to payment systems and internally identified quality items.

*For questions, please contact Tyler Long, Quality Analytics Manager @ 850-434-4716 or [tyler.long@bhcpns.org](mailto:tyler.long@bhcpns.org)*

# Clinical Excellence

## Focused Professional Practice Evaluation (FPPE)

- FPPE is the time-limited focused evaluation of provider competencies. It is implemented for all new providers, providers requesting additional privileges or when a more focused review is needed.

*For questions, please contact Tyler Long, Quality Analytics Manager @ 850-434-4716 or [tyler.long@bhcpns.org](mailto:tyler.long@bhcpns.org)*

# Clinical Excellence

## Ongoing Professional Practice Evaluation (OPPE)

- OPPE is the ongoing data collection and analysis for the purpose of assessing a provider's clinical competence and professional behavior. OPPE reports are provided every 6 months (April and October) for a rolling 2 years and are communicated via email.

*For questions, please contact Tyler Long, Quality Analytics Manager @ 850-434-4716 or [tyler.long@bhcpns.org](mailto:tyler.long@bhcpns.org)*

# Clinical Excellence: Sepsis

## SEVERE SEPSIS

Sepsis + lactate > 2 **OR** any organ dysfunction

(Document if dysfunction is suspected to be chronic)

### Organ Dysfunction Criteria

SBP < 90	Bilirubin > 2.0
MAP < 65	Platelets < 100,000
SBP decrease > 40 from baseline	INR > 1.5 or PTT > 60 sec
Cr > 2.0	Altered Mental Status
UOP < 0.5ml/kg/hr for > 2 hrs	Lactate > 2

### Severe Sepsis requires the following

#### WITHIN 3 HOURS

- Measure a serum lactate
- Obtain blood cultures prior to antibiotics
- Give antibiotics appropriate for sepsis

#### WITHIN 6 HOURS

- Repeat serum lactate if initial lactate is > 2

## SEPTIC SHOCK

Severe sepsis **PLUS** hypotension despite adequate fluid resuscitation **OR** a lactate > 4

### Septic Shock requires the following

#### WITHIN 3 HOURS

- Treat like Severe Sepsis (lactate, culture, abx)
- Give 30 mL/kg crystalloid fluids

#### WITHIN 6 HOURS

- Repeat serum lactate
- Start vasopressors if hypotension persists after IV Fluids
- Repeat volume status and tissue perfusion assessment. Either:
  1. Focused Exam which must include the following 5 elements: Vitals, CV exam, Capillary refill, peripheral pulse evaluation, skin exam. May use statement "Focused reassessment completed" to document this exam.

**OR**

2. Any 2 of the following: CVP, CvO2, Bedside CV Ultrasound, Passive Leg Raise or Fluid Challenge.

*This information is derived from governmental and private third party payors, billing coders and quality organizations, and is supplied for informational purposes only. It is not intended to establish a legal standard of care, nor to control or direct the manner, means or methods by which you exercise your clinical judgment or the privileges of your medical license. It is recognized that each patient is unique, clinical circumstances vary, and care should be tailored to the individual patient.*

# Clinical Excellence: Sepsis

## Inpatient Sepsis Order Set

**Sepsis Acute Inpatient Orders (Providers) [7 orders of 268 are selected]**

**Nursing**

Order	Start Date	Fr
<input checked="" type="checkbox"/> Sepsis Patient Identifier - Suspect sepsis, order set initiated	04-23-2021	ONCE

**Vital Signs**

Order	Date	Schedule	Frequency	Instructions
<input checked="" type="checkbox"/> Vital Signs	04-23-2021		ONCE	Complete after fluid bolus, include MAP

**Notify MD**

Order	Call MD for	Instructions
<input checked="" type="checkbox"/> Notify MD (-)	After fluid bolus and repeat Vitals and MAP are completed	
<input checked="" type="checkbox"/> Notify MD (-)	If repeat sepsis lactate is greater than 4	
<input checked="" type="checkbox"/> Notify MD (-)	If the Patient has Heart Failure or Chronic Kidney Disease	

**IV Therapy**

Order	Volume	UOM	Route	Infuse Over	Instructions
<input checked="" type="checkbox"/> sodium chloride 0.9% (mL/kg) (...)	2722	milliLiter(s)	IntraVenous Bolus	120 Minute(s)	Notify provider if NA > 145. Administer if SBP less
<input type="checkbox"/> lactated ringers (mL/kg) (...)		milliLiter(s)	IntraVenous Bolus	120 Minute(s)	Administer if SBP less than 90mmHg or MAP less

**Sepsis Bundle Required Diagnostics**

Blood Cultures - X 2 Stat -Prior to Antibiotics

**Laboratory - Early Bird for 3 days**

Procalcitonin Battery

**Last Sepsis Lactate Result**

19 Apr 2021 16:20 - 1.1

**Sepsis Lactate Collection Date** 04-23-2021 **Suggested Time** 08 : 53

**Repeat Labs - Sepsis Lactate**

Sepsis Lactate (every 2 hours until < 2 or max of 3X)

Manual Entry Searching for ...

septic lactic

**SEPSIS Lactate**

Order

**Septic Lactic Acid (Sepsis Lactate)**

Create Preview Date of Service : 04 - 23 - 2021 Time : 08 : 58

**Sections**

- Septic Shock progress
  - Please Note:
    - Focused Sepsis Assessment**
  - Vital Signs
    - Click to View Vital signs
    - Patient Data

**Focused Sepsis Assessment**

Focused Sepsis Reassessment Completed

**Cardiovascular**

RRR  No MGR  No

No peripheral edema  Other (Me

**Respiratory**

CTA  Normal respiratory e

Rhonchi  Other (mention in Fre

**Peripheral Pulse Evaluation**

Radial  Dorsalis pedis

Other (mention in Free text box)

**Skin Exam**

Cool  Color consistent with

Red  Dry  Mc

Pale  Warm  Ot

**Capillary Refill Evaluation**

Less than 3 seconds  Greater tha

**Nova Francis, APRN, FNP-C, CEN**  
*Clinical Interventionist for Sepsis*  
 Office 850.469.5110/Cell 678.539.7539

**Reassessment of Fluid Status**

# Patient Experience

Surveys are specific to the type of site, Urgent Care, Medical Practice, Hospital, etc. Each individual survey is broken down into categories called “domains.”

## Outpatient Ambulatory Surgery - **AS**:

- Communication
- Facility/Personal Treatment
- Discharge

## Medical Practice - **MD**:

- Access
- Moving Through Your Visit
- Nurse/Assistant
- Care Provider
- Personal Issues
- Overall Assessment

## Inpatient – **IN**:

- Communication Nurses
- Communication Doctors
- Response of Staff
- Environment
- Communication about Pain
- Communication About Medicines
- Discharge Information
- Care Transitions

## Outpatient Services – **OU**

- Registration
- Your Care
- Overall Assessment

## Outpatient Oncology - **ON**:

- Scheduling Your Visit
- Registration
- Facility
- Radiation Therapy
- Chemotherapy
- Personal Issues
- Overall Assessment

## Inpatient Behavioral Health - **PY**:

- Meals
- Nurses
- Care Providers
- Program Activities
- Discharge
- Your Care
- Overall Assessment

## Emergency Department - **ER**:

- Arrival
- Nurses
- Doctors
- Overall Assessment

## Outpatient Rehabilitation - **OR**:

- Access
- Physical Therapy
- Occupational Therapy
- Personal Issues
- Overall Assessment
- Speech Therapy

## Urgent Care - **UC**:

- Arrival
- Nurses
- Doctors
- Tests
- Family/Friends
- Overall Assessment
- Personal Issues
- Personal/Insurance Information

# Patient Experience

Each domain of each survey has one-to-several questions. There are a variety of answer options, depending on the survey.

Most questions are in a: “yes or no” format; an “Always, Usually, Sometimes, or Never” format; a “Very Poor, Fair, Good, Very Good, or Excellent” format; while some are rating on a scale of “1-5” or “1-10.”

For example, under “Doctor Communication” on the inpatient survey, the following questions are asked:

During this hospital stay, how often did doctors treat you with courtesy and respect?

Never  
Sometimes  
Usually  
Always

During this hospital stay, how often did doctors listen carefully to you?

Never  
Sometimes  
Usually  
Always

During this hospital stay, how often did doctors explain things in a way you could understand?

Never  
Sometimes  
Usually  
Always

# Patient Experience

Regardless of the answer format, for scoring purposes, **only the best possible answer counts toward survey scores.** This is what is known as the “top box.”

The top box percentage of all surveys received determines the percentile performance when compared to all other like surveys in the Press Ganey database.

Each domain on every survey is important to track and trend patient perception about everything they experienced while onsite. This information is also used for process improvement, reward and recognition, and service recovery.

It is important that patients at all sites are told that they may be receiving a survey and that completing the surveys helps us provide the best care possible.

MEDICAL PRACTICE TOP BOX % AND RANKS

Care Provider					
Lowest % Top Box	%ile Rank	Lowest % Top Box	%ile Rank	Lowest % Top Box	%ile Rank
96.5	99	88.3	66	83.2	33
95.6	98	88.2	65	83.0	32
94.9	97	88.0	64	82.8	31
94.5	96	87.9	63	82.6	30
94.1	95	87.7	62	82.4	29
93.7	94	87.6	61	82.2	28
93.4	93	87.5	60	81.9	27
93.1	92	87.3	59	81.7	26
92.8	91	87.2	58	81.4	25
92.6	90	87.0	57	81.2	24
92.3	89	86.9	56	80.9	23
92.1	88	86.7	55	80.6	22
91.9	87	86.6	54	80.3	21
91.6	86	86.4	53	80.1	20
91.4	85	86.3	52	79.8	19
91.2	84	86.1	51	79.4	18
91.0	83	86.0	50	79.1	17
90.8	82	85.8	49	78.7	16
90.7	81	85.7	48	78.4	15
90.5	80	85.5	47	78.0	14
90.3	79	85.4	46	77.5	13
90.2	78	85.2	45	77.0	12
90.0	77	85.1	44	76.4	11
89.8	76	84.9	43	75.9	10
89.7	75	84.8	42	75.2	9
89.5	74	84.6	41	74.4	8
89.4	73	84.4	40	73.7	7
89.2	72	84.3	39	72.8	6
89.0	71	84.1	38	71.6	5
88.9	70	83.9	37	70.1	4
88.8	69	83.7	36	67.9	3
88.6	68	83.5	35	64.8	2
88.4	67	83.4	34	0.0	1

1. Log into Policies and Forms Management System by entering:

<https://bhc.ellucid.com/home>

2. Select **Advanced Search** and enter the policy you want to review.

The screenshot shows the user interface of the Policies and Forms Management System. At the top, there is a dark blue navigation bar with a hamburger menu icon on the left, a search bar, and a user profile dropdown labeled 'Guest User'. Below the navigation bar is a light gray header area with the Baptist Health Care logo on the left and a 'Dashboard' link. The main content area features a 'Welcome' message, stating 'You have entered the Baptist Health Care Policy and Forms Management System'. It lists the included documents for BHC Corporate, Baptist Hospital, Gulf Breeze Hospital, and Jay Hospital. A note mentions that Human Resources Forms are still on the Human Resources tab. A contact email, PolicySupport@bhcpns.org, is provided for policy-related needs. On the left side, there is a user profile for 'Guest User' with a list of navigation links: Home, Advanced Search, Browse Manuals, and Login.

**Welcome**  
You have entered the  
**Baptist Health Care**  
**Policy and Forms Management System**

This system currently includes documents for:

- BHC Corporate
- Baptist Hospital
- Gulf Breeze Hospital
- Jay Hospital

Note that Human Resources Forms are still located on Human Resources tab on InsideBaptist.  
Please submit any questions and all policy-related needs to [PolicySupport@bhcpns.org](mailto:PolicySupport@bhcpns.org)

# Policies

Policies such as, but not limited to, the following are included:

- Critical Assessment Team
- **Restraint and Seclusion for Violent or Self-Destructive Behavior**  
<https://bhc.ellucid.com/documents/view/7168>
- **Restraints for Non-Violent Behavior**  
<https://bhc.ellucid.com/documents/view/12738>
- Procedural Sedation
- No Harassment
- Physician Orders
- Code Blue

Please review policies, to ensure you have a working knowledge.

# Video-conference Recording Policy

- With the increase of remote workers and use of video-conference resources this past year, BHC has implemented a new Video-conference Recording policy that is intended to protect the organization's confidential information and Workforce Members' privacy.
- This slide highlights** pieces of the policy that **every Workforce Member using Video-conferencing should know**. Whether you host meetings or simply attend, the policy applies to you.
- The full policy is available in the policy library.

## Can I record a Video-conference?

- The default setting for Video-conferencing at BHC prohibits Workforce Members and participants from recording.
- BHC only allows the following types of recordings and only for internal use:
  - Educational training sessions; and
  - Leader/Team Member forums and similar content (e.g., reward and recognition events)

**Team Members requesting access to record should complete an IT Service Request, which will be routed through the Compliance and Information Security Departments for approval.**

## Can I take a screenshot?

- Screenshots or photographs of Video-conference participants by any means (e.g., smart phone, laptop, or any other device) are prohibited unless all participants have consented to their photograph being taken.
- Participants who do not wish to be included in the screenshot, should be given the opportunity to drop off the call or turn off their camera.

## What about tracking meeting attendance?

- Video-conference attendance may be logged manually or through the respective Video-conferencing software, if available.
- Screenshots may **not** be used for recording attendance.

## 1. Clinical Pharmacists

- a. Clinical Manager: Shelby Gaudet, PharmD, BCPS 850.516.9406 (cell)
- b. Pharmacy Director: Rudy Seelmann, PharmD, BCPS. 850.549.6577 (cell)
- c. Hospitalist / Internal Medicine
- d. Critical Care
- e. Behavior Med
- f. Emergency Department
- g. Infectious Diseases/Antimicrobial Stewardship
- h. Transitions of Care/Discharge Councelling
- i. Bedside delivery of medications
- j. Pharmacotherapy Ambulatory Clinic
- k. Outpatient Infusion Therapy

## 2. Formulary

- a. Restrictions certain ABX (linezolid, daptomycin, etc.)
- b. Therapeutic interchanges: (ACE inhibitors, H2a, PPI, etc.)

## 3. Antimicrobial Stewardship: "Antimicrobial module"

- a. encourage *pseudomonas* coverage only if suspected
- b. UTIs – consider cephalosporins
- c. (FQ, SMX/TMP reduced sensitivity to *e.coli*)
- d. Restricted antimicrobials: Require ID consult to continue therapy
- e. (linezolid, daptomycin, tigecycline, ceftaroline, meropenem, micafungin, posaconazole, voriconazole)
- f. Restricted drug use criteria: ertapenem
- g. Prospective monitoring / feedback by ID RPh
- h. All kinetically adjusted medications (vancomycin/aminoglycosides) are automatically managed/adjusted by clinical pharmacy

## 4. CPOE: "Pharmacy consult ...."

- a. pharmacokinetic / renal dosing
  - i. warfarin / anticoagulant dosing
  - ii. antimicrobial dosing
  - iii. anti-epileptics
  - iv. lithium
  - v. miscellaneous
- b. TPN

## 5. Medication Reconciliation Program

- a. pharmacy technicians collect accurate medication histories
- b. call pharmacies / MD offices to verify
- c. verify narcotic utilization through E-FORCE program
- d. pharmacist reviewed and saved as draft for MD review
- e. prepared within 12 hours of admission

## 6. Pharmacy communication

- a. Page
- b. Telmediq

## 7. Criteria based IV to Enteral Program

- a. PPI/H2A
- b. MVI, thiamine
- c. Levothyroxine
- d. certain ABX (metronidazole, quinolones, azithromycin)
- e. anti-epileptics

Shelby Troendle Gaudet, PharmD BCPS BCIDP  
Pharmacy Health System Clinical Coordinator  
Antimicrobial Stewardship Pharmacist  
Baptist Health Care  
Pensacola FL  
office: 850.434.4989  
cell: 850.516.9406  
Fax: 850.469.7902

# Pharmacy

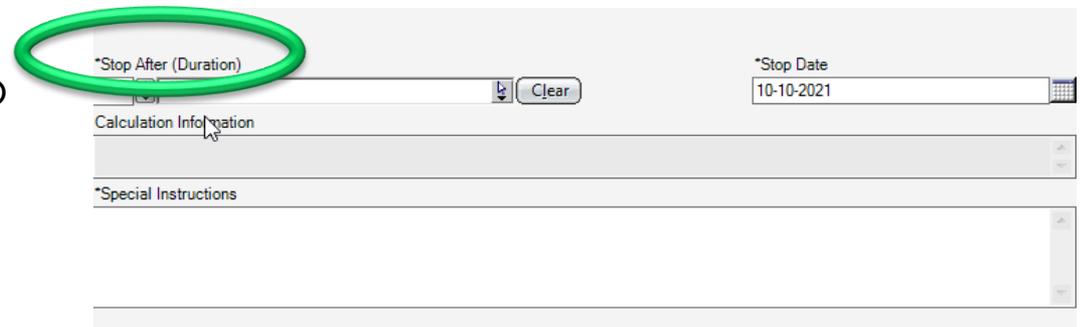
## Medication Ordering Tips

- Stop After (Duration)
- Special Instructions
- Frequency/User Schedule
- Pharmacy Communication

# Pharmacy: Medication Ordering Tips

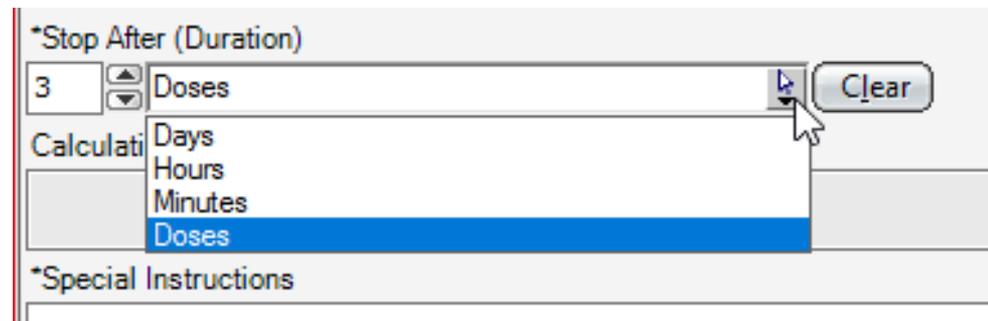
## Stop After (Duration)

- Use the **Stop After** field to enter stop dates of the medication, if needed



A screenshot of a medication ordering form. The field labeled '\*Stop After (Duration)' is circled in green. To its right is a '\*Stop Date' field containing '10-10-2021'. Below these fields are sections for 'Calculation Information' and '\*Special Instructions'.

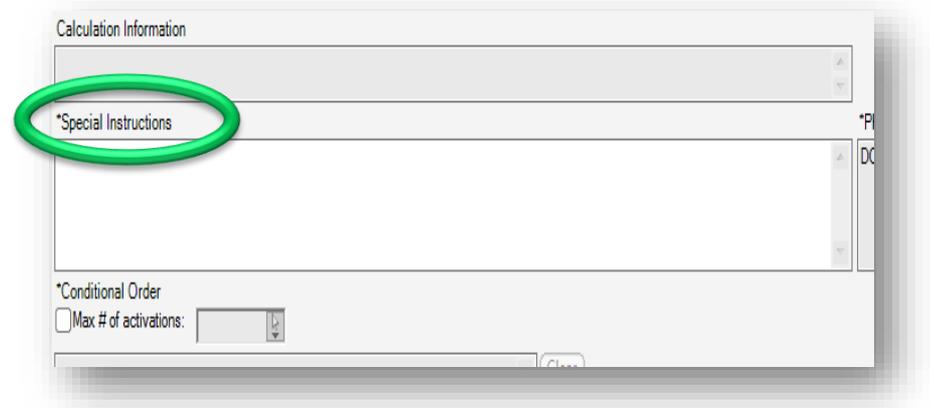
- If a Stop Date is required, it will have a red asterisk



A close-up screenshot of the '\*Stop After (Duration)' field. The field contains the number '3' and a dropdown menu is open, showing options: 'Doses', 'Days', 'Hours', 'Minutes', and 'Doses'. The 'Doses' option at the bottom is highlighted in blue. A 'Clear' button is visible to the right of the dropdown.

## Special Instructions

- Examples of when to use Special Instructions:
  - Hold parameters (i.e. vitals or labs) that are within nursing or pharmacy scope
- Do not use Special Instructions for:
  - Clinical decisions (i.e. if still symptomatic) that are outside of nursing or pharmacy scope
  - Different dosing, frequency or stop dates

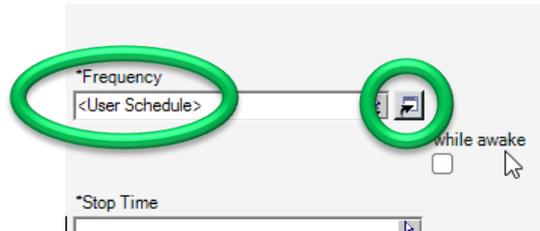


The image shows a screenshot of a medication ordering interface. The interface is divided into several sections. At the top, there is a section labeled 'Calculation Information'. Below this, there is a large text area labeled '\*Special Instructions', which is highlighted with a green circle. To the right of this section, there are labels '\*PR' and '\*DC'. Below the 'Special Instructions' section, there is a section labeled '\*Conditional Order' with a checkbox and a label 'Max. # of activations:' followed by a small input field. At the bottom right of the interface, there is a 'Clear' button.

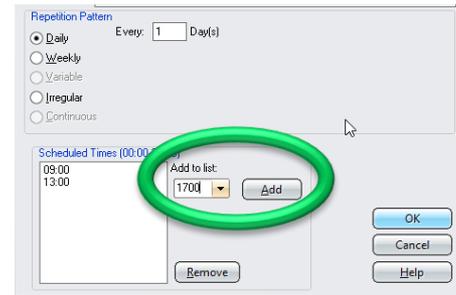
# Pharmacy: Medication Ordering Tips

## Frequency/User Schedule

- If you don't see the schedule you want, in the frequency drop-down select **User Schedule**
- Select box with the black arrow



- Enter time in **Add to list** field and click **Add**,
- Enter additional times if needed, until schedule is complete
- Click OK after all times are entered

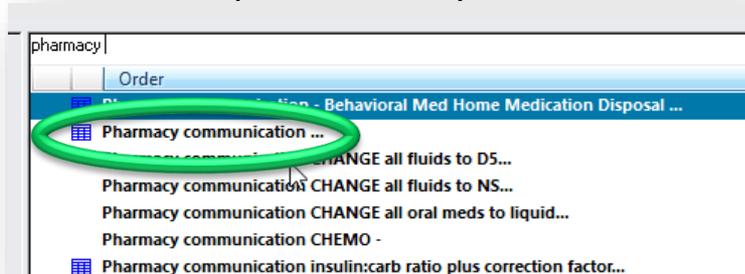


# Pharmacy: Medication Ordering Tips

## Pharmacy Communication

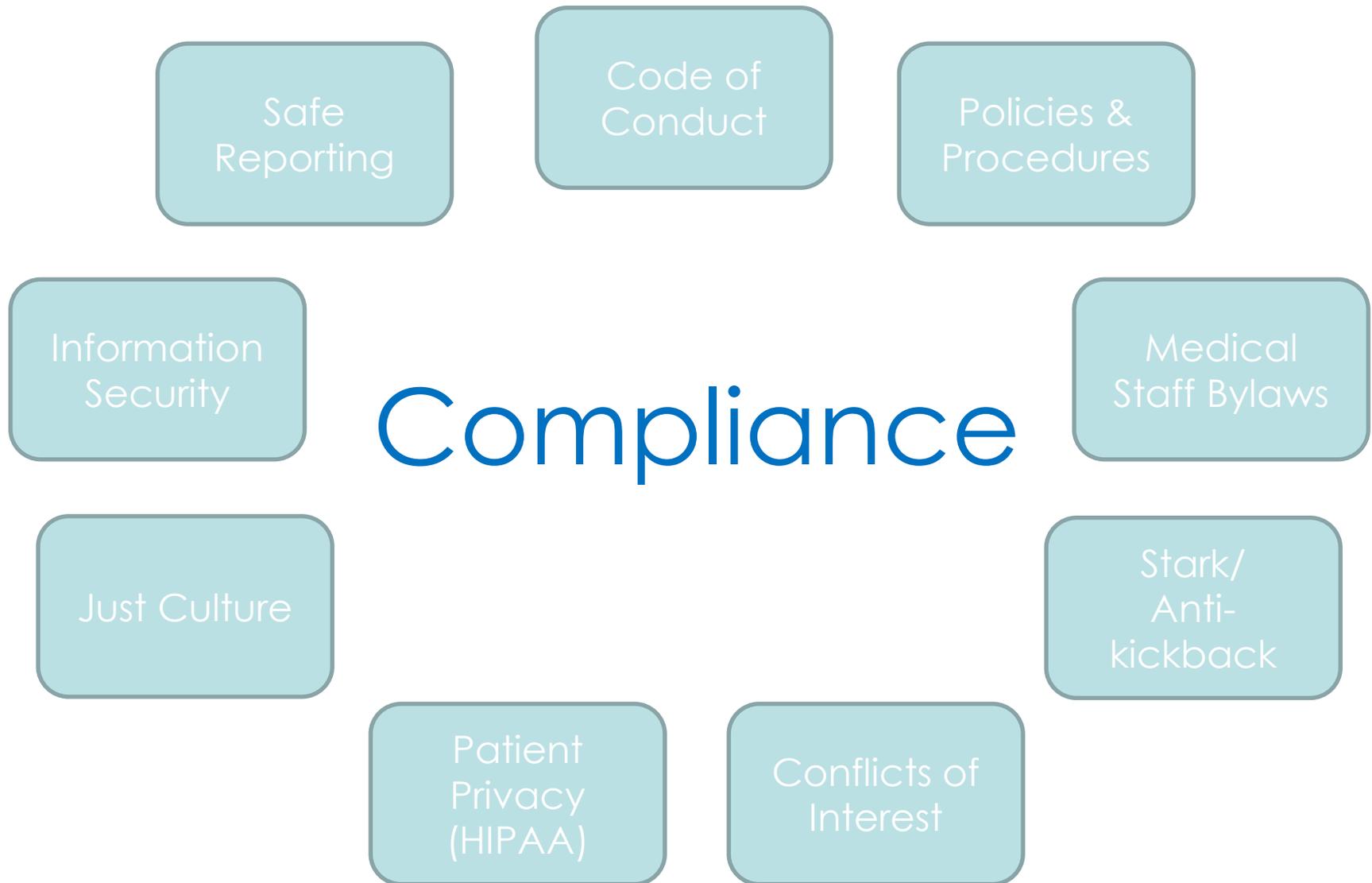
Pharmacy communication is a free text message that goes to a STAT pharmacy queue. When to use:

- Unable to find medication order needed
- Need pharmacy assistance



A screenshot of a patient record page for 'Test, Abby'. The page displays patient information, allergies, and a list of orders. The 'Order' field is set to 'Pharmacy communication'. The 'Requested By' field is 'TEST, MD'. The 'Scheduled Date' is '4/18/2021' and the 'Scheduled Time' is 'STAT'. The 'Reason for Consult/Comments' field is highlighted with a green oval. The page also shows patient demographics and lab results.

Height (inches)	Height (cm)	Weight (lb)	Weight (kg)	BSA	BMI	(Actual) Creatinine (mg/dL)	Creat Clear (actual)
65		59		1.67	21		



# Compliance

## Stark/Anti-Kickback/False Claims Act

### What's Prohibited?

- Providing gifts to or accepting gifts from others who refer patients to you or do business with Baptist
  - EX: Accepting gifts/discounts from, or providing consultation services for, pharmaceutical companies for using their drugs
- Using Baptist resources for non-Baptist purposes
  - EX: Physicians using free or discounted office space; storage space; waiting room areas; medical equipment; personnel; marketing
- Compensation tied to patient volumes, not fair market value
- Per click, per patient, per procedure arrangements
- Medical directorship payments where there is little actual, useful work
- Billing for services performed without the requisite level of physician supervision
- And much more

# Compliance

- Generally, you as a physician or provider **cannot give or receive** anything of value to a referral source nor can the hospital give anything of value to you.
  - This prohibition applies to spouses and immediate families
  - The Hospital can provide very small gifts like flowers or meals but the gift must be tracked and there is a cap on the annual value of those gifts.
  - No cash equivalents, like gift cards, are permitted.
  - Hospital can provide meals to you while you are on campus.

# Compliance

## Patient Privacy - HIPAA

- Those whom we serve trust that we will protect the information provided to us including their health information and personal information.
- You must have a business need to access and/or share health and personal information
  - Be sensitive to surroundings; handle PHI with utmost care
- You must follow the proper procedures when accessing or releasing information
  - Accessing your family's medical record without a treatment relationship is prohibited.
  - You may not access your own medical record other than through formal channels.
- Possible privacy breach? Enter into STARS

# Compliance

## Conflicts of Interest

- Medical staff members have a duty to avoid actual conflicts and the appearance of conflicts of interest where someone might question whether you are acting for personal gain (self/family).
- If conflict is identified, it must be disclosed and you must withdraw from making decisions on matters where the conflict might exist.
- Medical staff leaders are required to annually report any actual or potential conflicts of interest by completing the Conflict of Interest Disclosure form.
  - EX: Holding leadership position at another hospital; compensation received from pharmaceutical companies whose drugs you prescribe; ownership or partnership interest in company with which BHC does business

# Compliance

## Information Security

- Access to BHC systems – Every user of our systems is provided a unique user ID and passwords based upon the nature of their role.
  - Sharing of user IDs and/or passwords is **strictly prohibited**. For example:
    - You may not provide your assistant with your email password
    - If you have someone scribing or otherwise documenting in the record for you, they must log in under their own password and user ID.
- Monitoring – BHC can and does monitor, record, and audit its electronic records, communication systems, and devices.
- Emailing confidential information – Should be avoided, but if necessary, users are required to use –sm in the subject line which will encrypt the message.

# Compliance

## Information Security

- The following activities are prohibited:
  - Transmitting BHC confidential information, including PHI, to or from any **personal e-mail address** or through personal unsecured **text messaging** (i.e., texting is only allowed within BHC-approved software applications.)
  - Storing confidential information on local hard drives or removable electronic media such as CDs, DVDs, or USB drives. This information must be stored on secure networked drives.
  - Capturing audio, video or photographic images of BHC confidential information unless doing so is necessary for treatment or business operations and done on a BHC-owned Electronic Device or secure application provided by BHC.

# Tools to Report Concerns

- Chain of Command/Medical Affairs
- STARS Incident Reporting System
- Compliance Department
- Compliance Hotline

1.800.955.3998

<https://bhcgrc.alertline.com>



**NAVEX** GLOBAL<sup>®</sup>  
The Ethics and Compliance Experts



# PATIENT CONDITION REPORTS AND INFORMATION FOR THE MEDIA

Patient conditions may be provided consistent with HIPAA privacy standards.

The following one-word descriptions of a patient's general condition may be provided if the patient is listed in the hospital directory.

No confirmation of treatment or the facility will be made if a patient has opted out of the hospital directory.

## PUBLIC PATIENT: IN HOSPITAL DIRECTORY

### HIPAA Approved Conditions Reports

**UNDETERMINED** – Patient awaiting physician assessment.

**GOOD** – Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

**FAIR** – Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.

**SERIOUS** – Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

**CRITICAL** – Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

**TREATED AND RELEASED** – Received treatment, but not admitted.

**TREATED AND TRANSFERRED** – Received treatment, transferred to a different facility.

**EXPIRED** – Release of information about a patient's death should not be released until efforts have been made to contact the next of kin. Information about the cause of death must come from the patient's physician, and a legal representative of the deceased must approve its release.

### Public Information

Police reports and other information about hospital patients are often obtained by members of the media. However, health care providers are still required to observe the general prohibitions against releasing health information about patients that are found in the HIPAA privacy standards, state statutes or regulations, and the common law, regardless of what information is in the hands of public agencies or the public in general.

## PRIVACY PATIENT: OPTED-OUT OF HOSPITAL DIRECTORY

### HIPAA Approved Reports

I can neither confirm, nor deny the person is or has ever been a patient at our facility.

*If any other specific questions are asked about the patient, repeat above statement.*

If the media requests to interview, photograph, video or anything else about a patient or staff,

**CONTACT a marketing communications representative.**

Please contact marketing communications if media is on campus without a TEAM MEMBER escort.



## MARKETING CONTACT INFORMATION

Primary Media Contact 850.791.5254 (24/7)

Marketing Communications office 850.469.3708

Baptist Switchboard 850.434.4011

# Flu & COVID-19 Vaccine Policy

Baptist Health Care's highest priority is to protect our patients, many of whom are vulnerable to adverse outcomes from the flu.

## **For Independent Medical Staff**

If you get your vaccination at a non-Baptist facility, please provide documentation to [tmh@bhcpns.org](mailto:tmh@bhcpns.org).

**Employed physicians, APPs and team members are tracked through their leader.**

**Verbal statements are not acceptable.**

**To view Policies:**

**Flu Vaccine Policy**

<https://bhc.ellucid.com/documents/view/5883>

**COVID-19 Vaccine Policy**

<https://bhc.ellucid.com/documents/view/16526>

# Baptist Health Care Facilities



**ANDREWS INSTITUTE**  
GULF BREEZE, FLORIDA  
850.916.8700



**BAPTIST HOSPITAL**  
PENSACOLA, FLORIDA  
850.434.4011



**BAPTIST MEDICAL PARK – AIRPORT**  
PENSACOLA, FLORIDA  
850.437.8500



**BAPTIST MEDICAL PARK – NAVARRE**  
NAVARRE, FLORIDA  
850.939.4888



**BAPTIST MEDICAL PARK – NINE MILE**  
PENSACOLA, FLORIDA  
850.208.6000



**BAPTIST MEDICAL PARK – PACE**  
PENSACOLA, FLORIDA



**GULF BREEZE HOSPITAL**  
GULF BREEZE, FLORIDA  
850.934.2100



**JAY HOSPITAL**  
JAY, FLORIDA  
850.675.8000



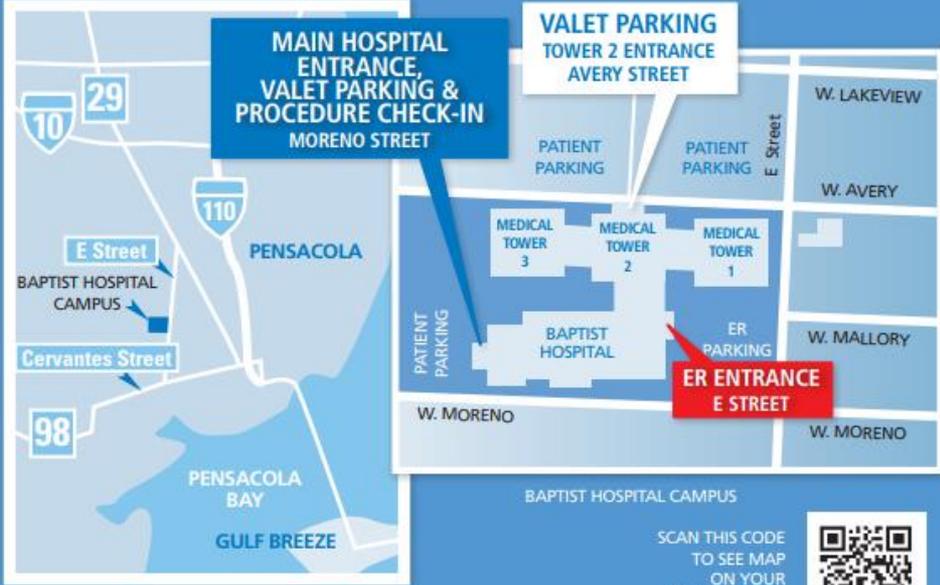
**LAKEVIEW CENTER**  
PENSACOLA, FLORIDA  
850.432.1222



# Baptist Hospital Campus



**Main Entrance at Baptist Hospital** 1000 West Moreno Street



**MAIN HOSPITAL ENTRANCE, VALET PARKING & PROCEDURE CHECK-IN**  
MORENO STREET

**VALET PARKING TOWER 2 ENTRANCE**  
AVERY STREET

**ER ENTRANCE**  
E STREET

**BAPTIST HOSPITAL CAMPUS**

SCAN THIS CODE TO SEE MAP ON YOUR SMART PHONE



**DIRECTIONS:**

From Cordova Mall: Take Ninth Avenue south to Cervantes Street. Turn right and proceed west to "E" Street. Turn right and proceed north to Moreno Street. Turn left and proceed to free valet parking at the main hospital entrance.

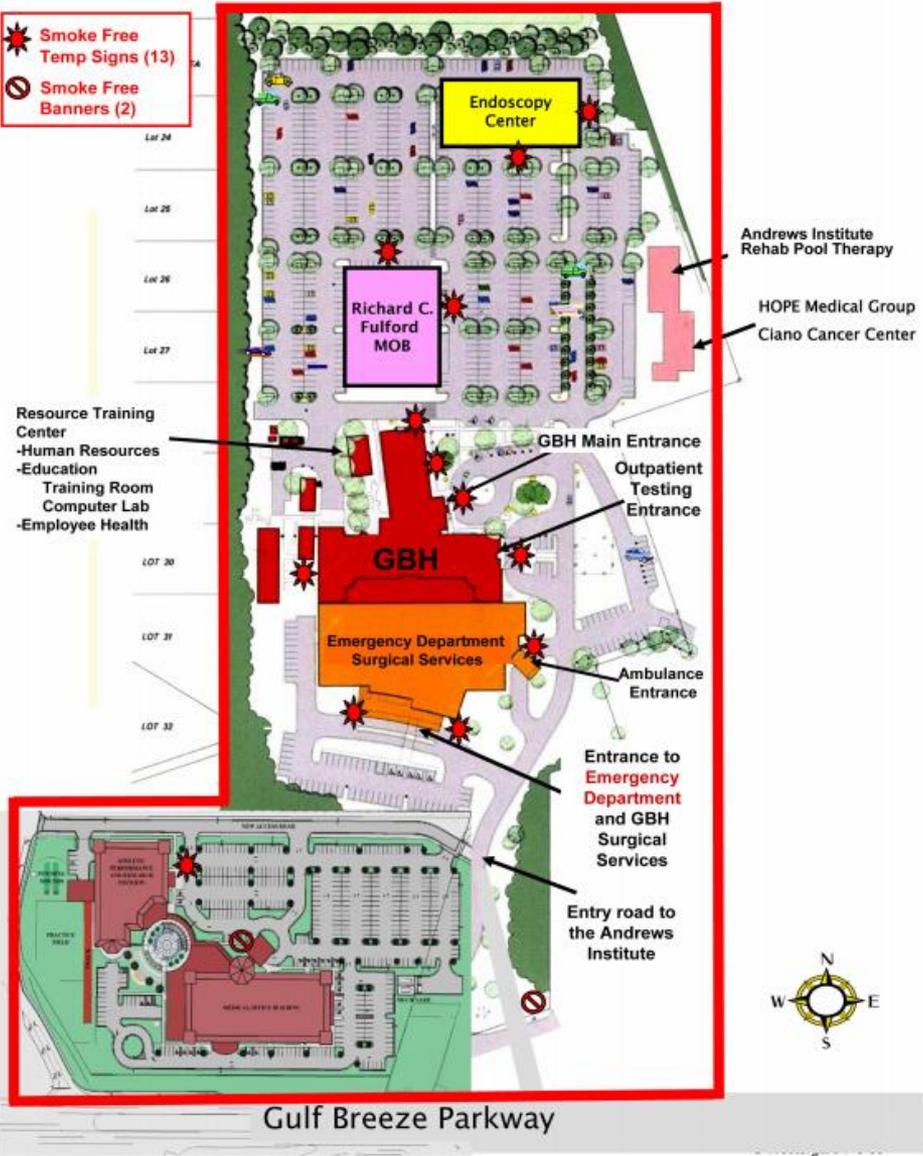
From Interstate 110 South: Take Exit 2 to Cervantes Street. Turn right and proceed West to E Street. Turn right and proceed north to Moreno Street. Turn left and proceed to free valet parking at the main hospital entrance.

From Gulf Breeze: Take the Bay Bridge north. Stay to the right on Gregory Street and proceed west to Ninth Avenue. Turn right onto Ninth Avenue and proceed north to Cervantes Street. Turn left onto Cervantes Street and proceed west to E Street. Turn right and proceed north to Moreno Street. Turn left and proceed to free valet parking at the main hospital entrance.

# Gulf Breeze Campus

**Smoke Free Campus**  
To Include Andrews Institute, Gulf Breeze Hospital and all Adjacent Facilities

-  Smoke Free Temp Signs (13)
-  Smoke Free Banners (2)



# Provider Leadership University

- All Physicians & Advanced Practitioners encouraged to attend
- CME opportunity
- Topics: Leadership Focus
- Breakout/Interactive components
- Evening event with networking opportunity when in person is permitted



# Thank you for participating in our medical staff orientation!

\*\*\*If you have any suggestions to improve our orientation/onboarding process for medical staff members, please do not hesitate to contact Tara Rollins at the numbers provided.



Tara Rollins, MSM, administrative director, medical staff services

O: 850.469.7380

C: 850.232.2262

[Tara.rollins@bhcpns.org](mailto:Tara.rollins@bhcpns.org)

# I AGREE

A NEW MEDICAL STAFF MEMBER HANDBOOK HAS BEEN DEVELOPED THAT OUTLINES THE BASIC INFORMATION, CORE RESPONSIBILITIES AND PERFORMANCE STANDARDS REQUIRED OF ALL MEDICAL STAFF MEMBERS AT THE HOSPITAL.

I HAVE READ AND UNDERSTAND THE BAPTIST HOSPITAL, INC. MEDICAL STAFF ORIENTATION HANDBOOK AND WILL ADHERE TO ITS POLICIES AND REQUIREMENTS.

---

PRINT NAME

---

SIGNATURE

---

DATE