

Baptist Health Care, 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.

Dan Sontheimer, MD, MBA

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





# BHC Mission, Vision & Values

*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

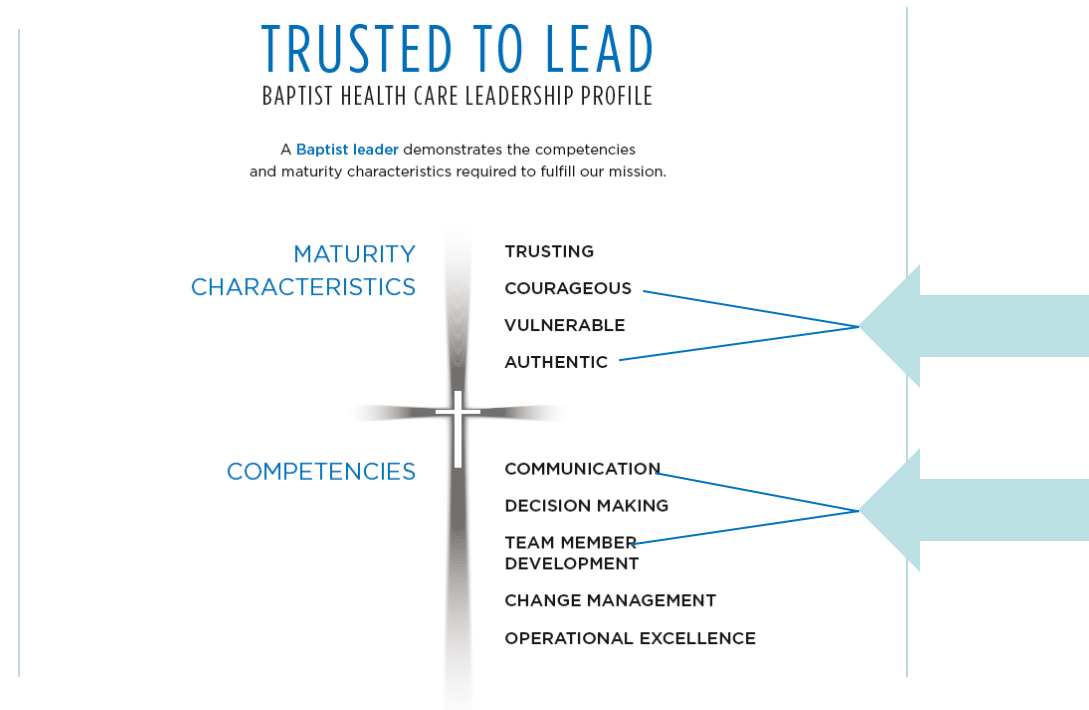
**INTEGRITY** | honest, principled, trustworthy, transparent

**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



THE **BAPTIST** WAY

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

# Remember VOICES

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

THE **BAPTIST** WAY

# 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

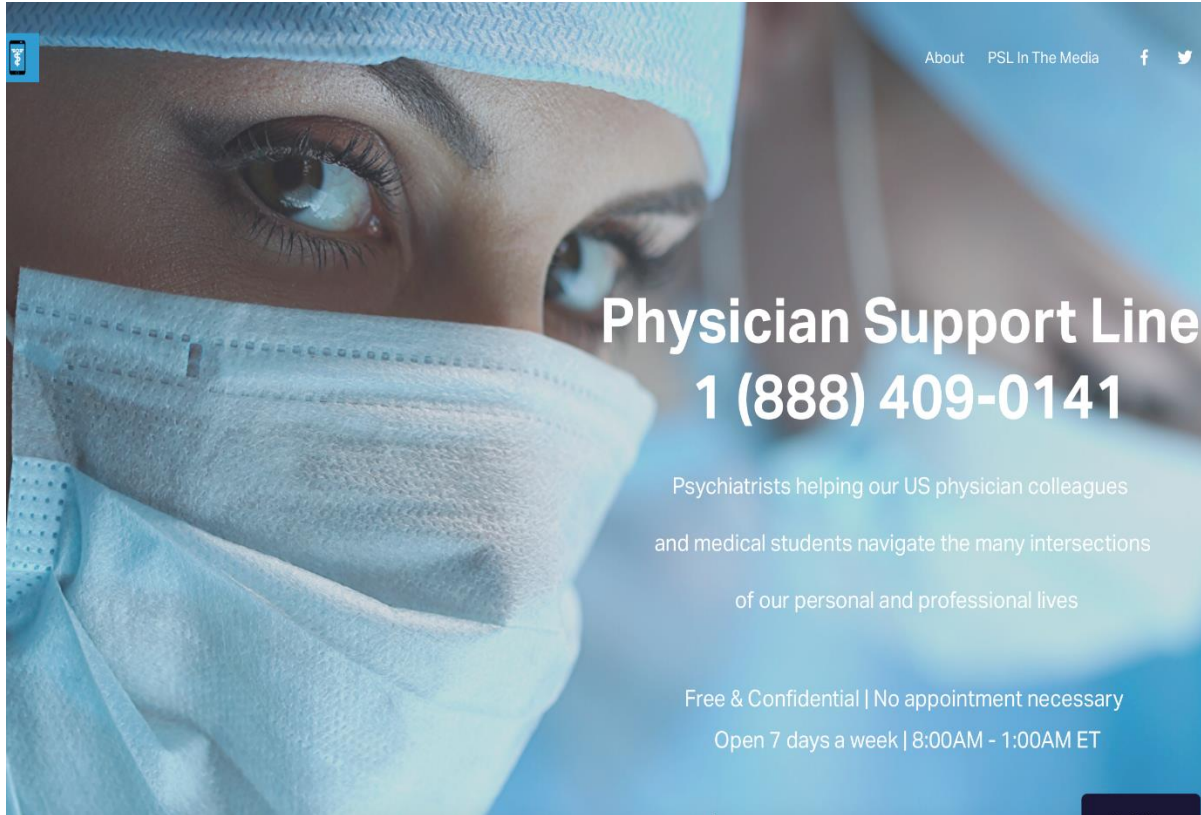


## Caring for you

**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 1 (888) 409-0141



PSL

[About](#) [PSL In The Media](#) [f](#) [t](#)

# 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

Call Now

# Senior Leadership



**Mark Faulkner**

President and  
Chief Executive Officer  
Baptist Health Care



**Andy Terry**

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

# Senior Leadership



**Tom Della Flora**

Vice President  
Chief Information Officer  
Baptist Health Care



**Dana Harrison**

Vice President, Finance and  
Administration  
Baptist Medical Group



**Christine Johnson**

Vice President  
Human Resources  
Baptist Health Care



**Chad McCammon**

Vice President  
Orthopaedics



**Bob Murphy**

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



**Joyce Nichols**

Vice President, Chief Nursing Officer  
Baptist Health Care



**Jorge Parodi**

Vice President, Baptist Heart and  
Vascular Institute  
Baptist Health Care



**Beau Pollard**

Vice President  
Operations  
Baptist Health Care

# Senior Leadership



**John Porter**

Vice President  
Operations  
Baptist Health Care



**Dan Sontheimer**

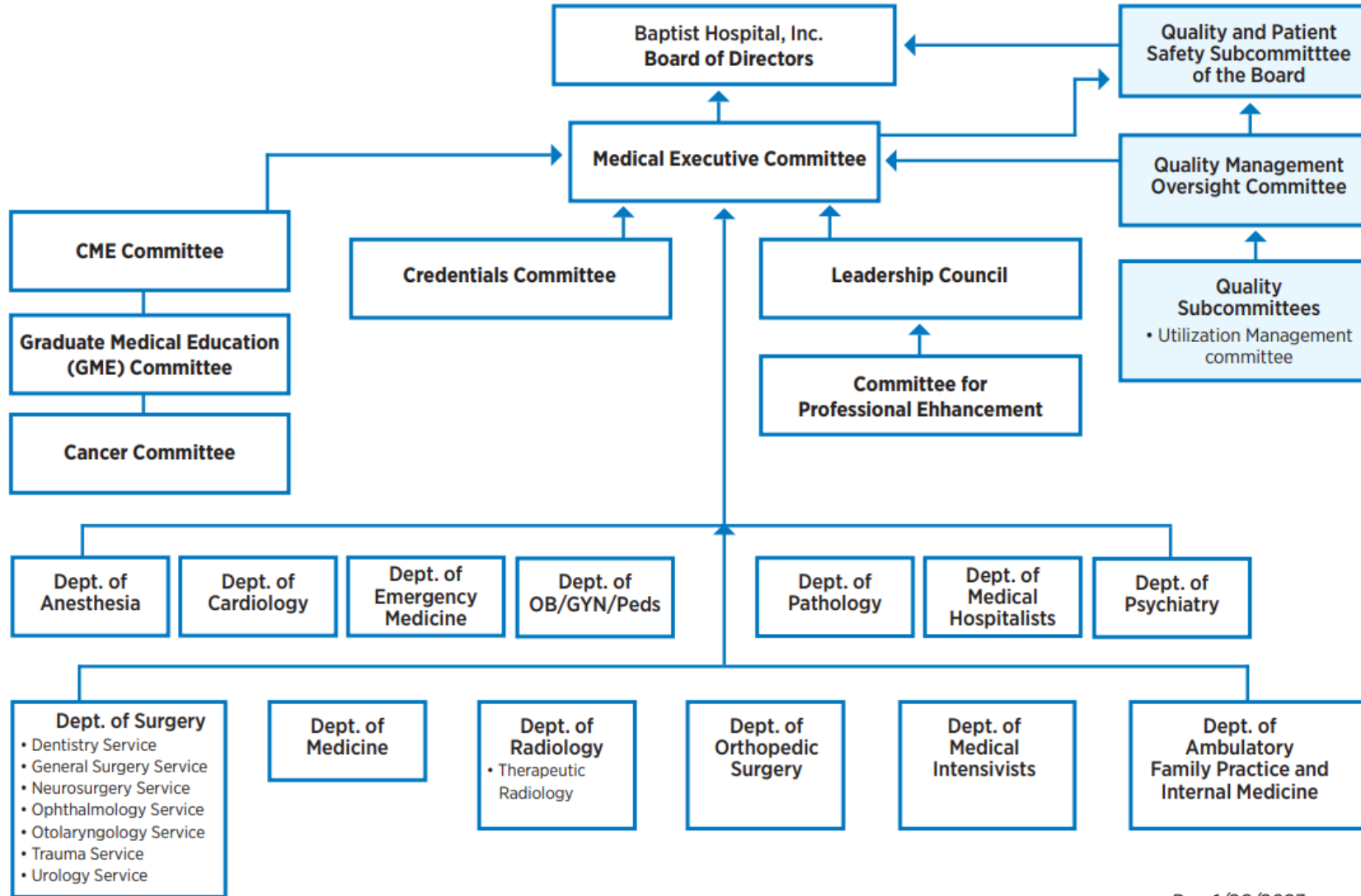
Vice President  
Chief Medical Officer  
Baptist Health Care



**Rob Tonkinson**

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

# Baptist Health Care, Inc., Medical Staff Structure



Rev. 1/26/2023



# Medical Staff Leadership



## President of the Medical Staff — MITCHELL D. BRANTLEY, 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 — SCOTT MCINTOSH, 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 — GEORGE REES, 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 — MITCHELL DUGAS, 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 — JADA LEAHY, 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 — HANI RAZEK, 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

# Medical Staff Department Chiefs

SERVICE OR DEPARTMENT	CHIEF	TERM
EMERGENCY MEDICINE	William N. Luthin, M.D.	2023 - 2024
AMBULATORY, FAMILY PRACTICE AND INTERNAL MEDICINE	Lanway Ling, M.D. Tammy Pruse, D.O.	2023 - 2024
MEDICINE	Keena C. Risola, D.O.	2023 - 2024
ANESTHESIOLOGY	Sean Doyle, M.D.	2022 - 2023
CARDIOLOGY	Sumit Verma, M.D.	2023 - 2024
MEDICAL HOSPITALIST	John Thornton III, M.D.	2023 - 2024
MEDICAL INTENSIVIST	Enrique Diaz Guzman Zavala, M.D.	2023 - 2024
OB/GYN/PEDIATRICS	Tracey Thomas-Doyle, M.D.	2022 - 2023
ORTHOPEDECS	Alexander C. Coleman, M.D.	2022 - 2023
PATHOLOGY	Rosanny Espinal-Witter, M.D.	2023 - 2024
PSYCHIATRY	Scott A. McIntosh, M.D.	2022 - 2023
RADIOLOGY	Amit G. Gupta, M.D.	2022 - 2023
SURGERY	Kevin M. Botts, M.D.	2023 - 2024



# Medical Staff Service Chiefs

## 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	Brett T. Laggan, D.D.S.	2022 - 2023
General Surgery Service	Pamela Schurman, D.O.	2023 - 2024
Neurosurgery Service	Brett Reichwage, M.D.	2022 - 2024
Otolaryngology Service	Hilliary White, M.D.	2022 - 2023
Trauma Service	George C. Rees, M.D.	2023 - 2024
Urology Service	Ryan K. Miyamoto, M.D.	2023 - 2024

# Emergency Management



## 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.



Please find listed below the medical staff functions that may be used during an activation of the [Emergency Operations Plan](#).

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](mailto:eamonn.wheelock@bhcpns.org)



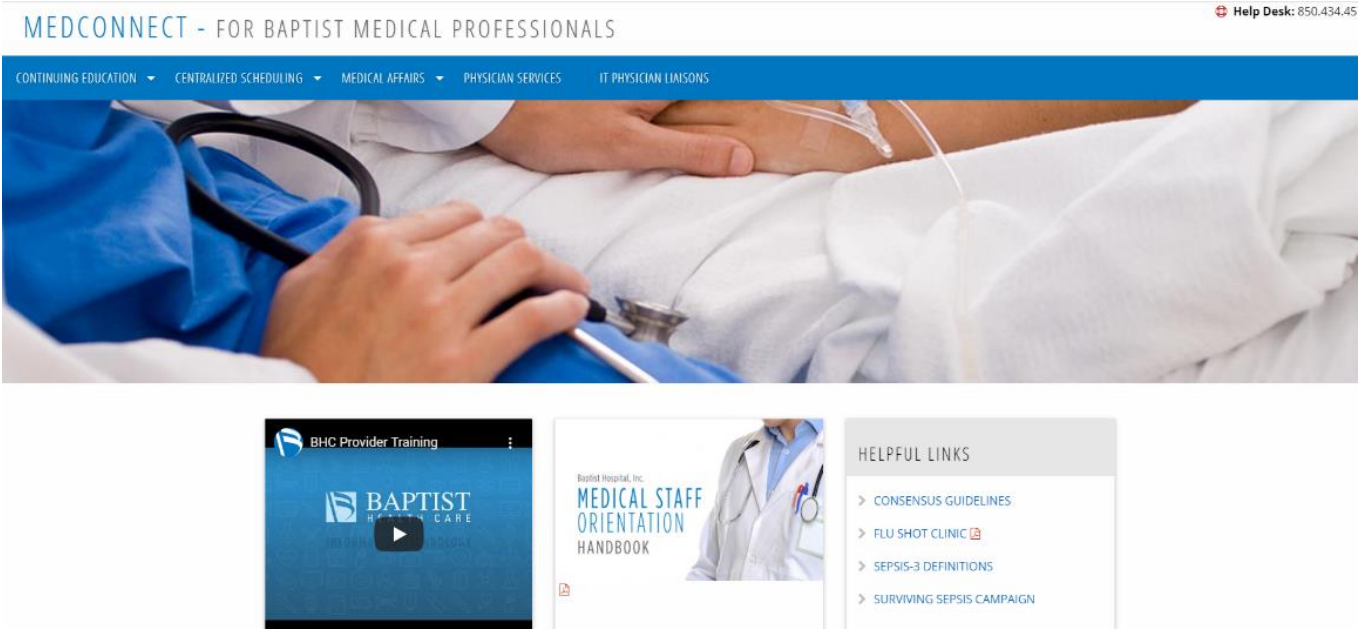
[Hospital Safety \(continued\)](#)



# 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.



Desktop Icon

# CONNECT: Team Member Intranet

CONNECT

Home News Events **Departments** ▾ Communities ▾



Good Morning, Tara!

WELCOME TO **CONNECT**

NEWS FROM

There is a "Medical Staff" Department for quick links and resources.

# 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.

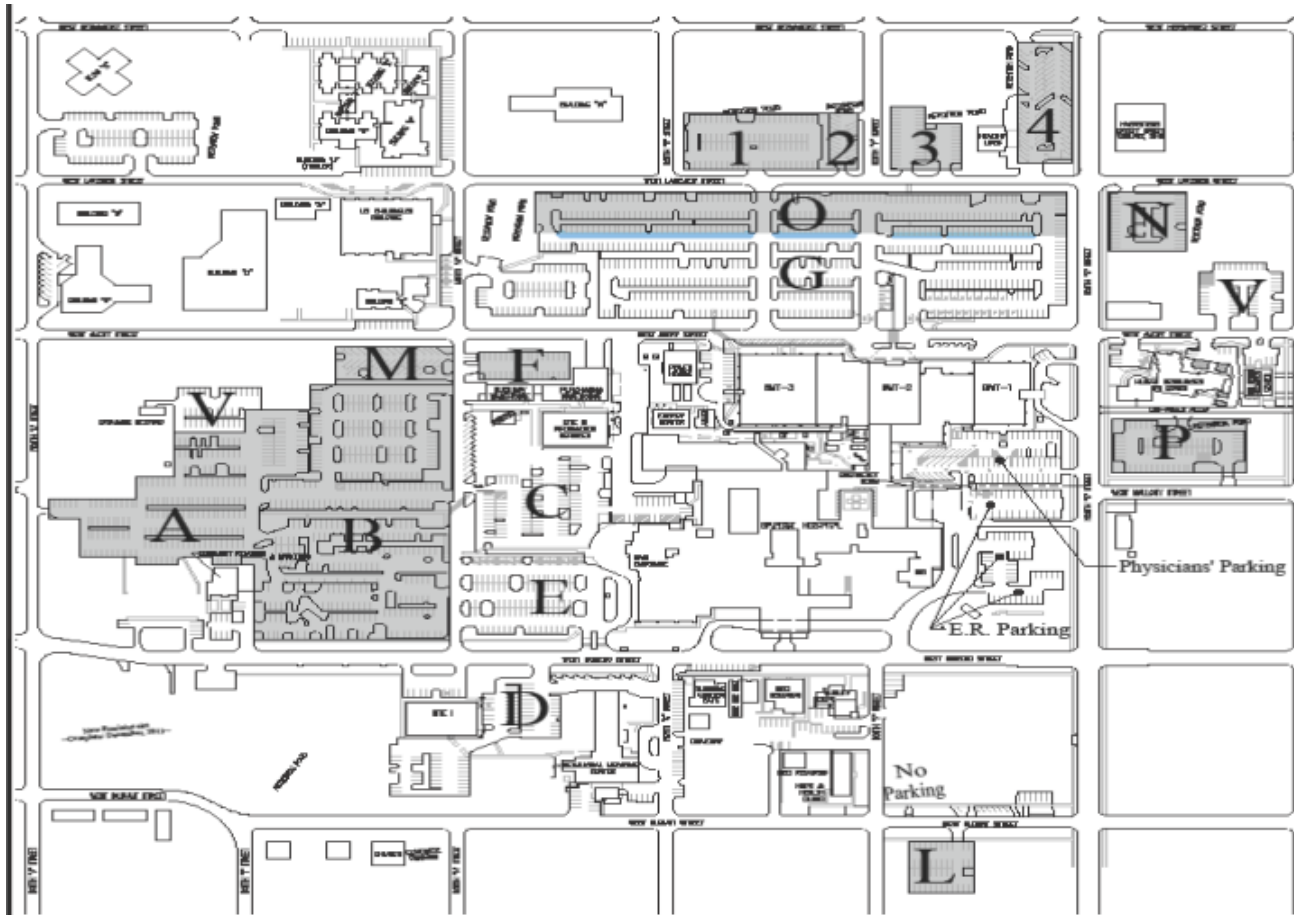
# Parking

- 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



**Baptist Hospital Employee Parking Map**

ISSUE DATE: 6/22/2016

**E:** Baptist Hospital -- Visitor Parking Only  
**G:** Baptist Medical Towers -- Visitor and Patients Parking Only

**1, 2, 3, 4, A, B, F, L, M, N, O, & P:**  
 Baptist Hospital and Baptist Medical Towers Tenant and Employee Parking

**C:** Evening/Night Employee  
**D:** Behavioral Medicine Center -- Evening Parking Only  
**V:** Valet





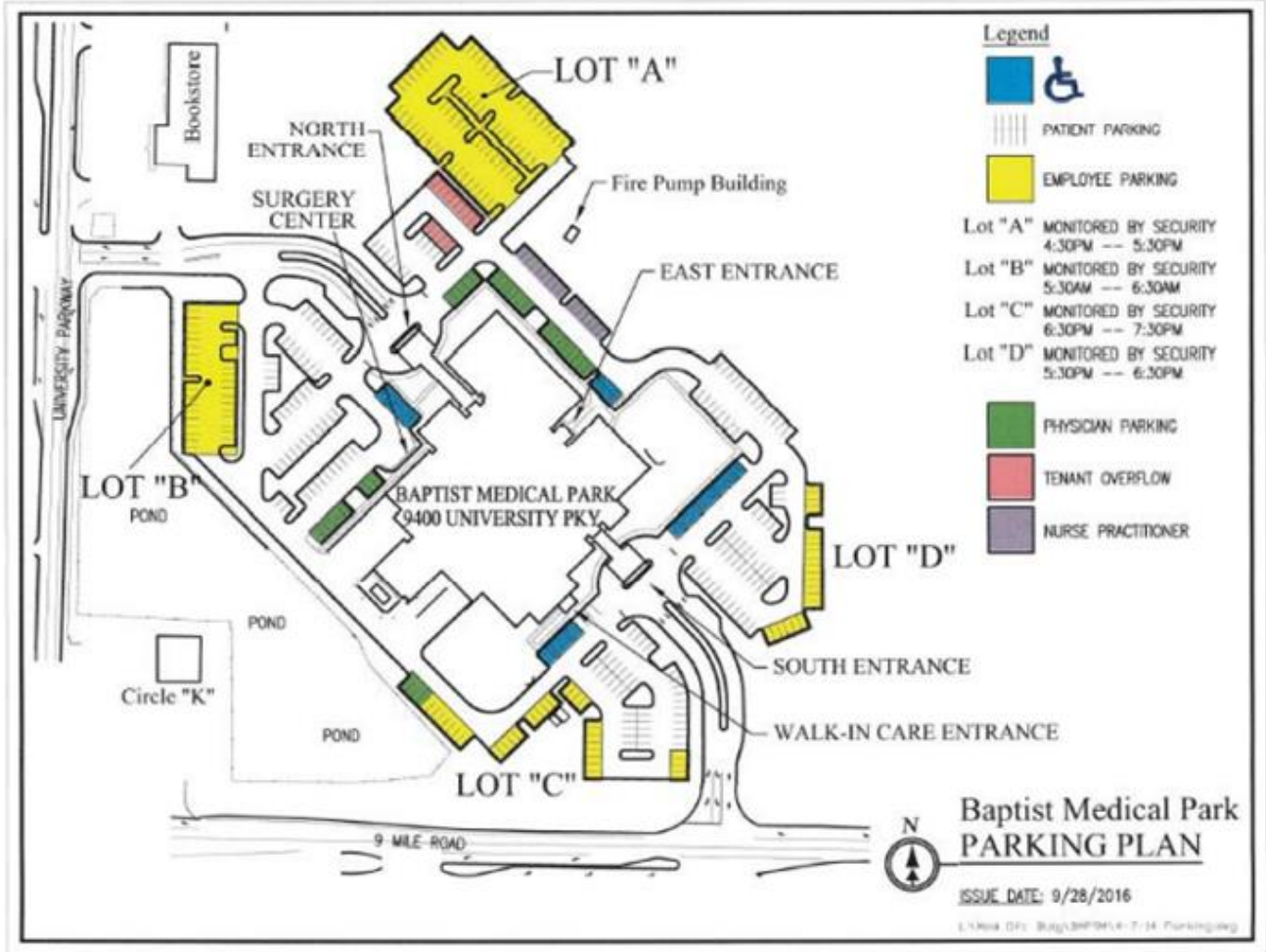
# Parking Maps

## 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 VP/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)

# Continuing Medical Education

# 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>

# 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

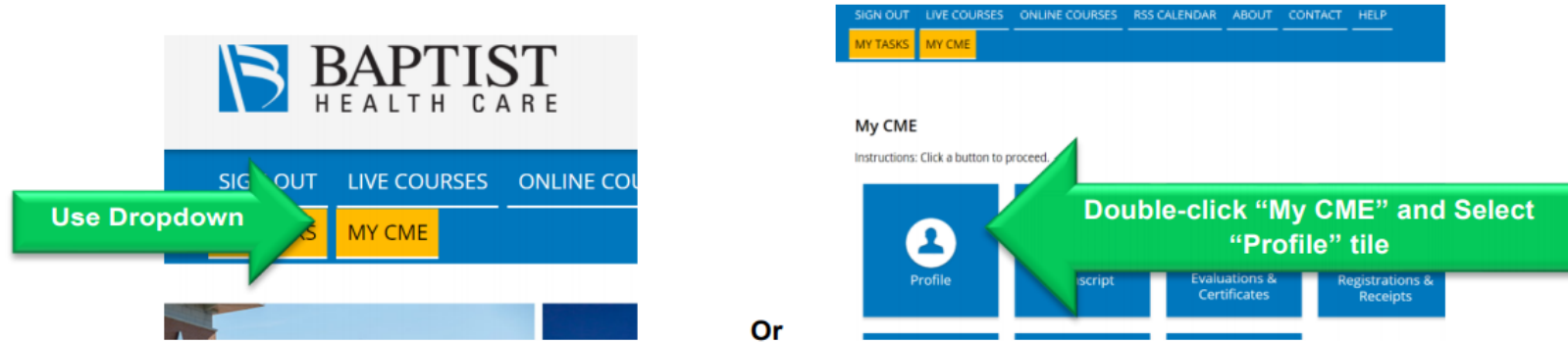
Select Login Provider

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!!!**



**BAPTIST HEALTH CARE** *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](#)
- 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**
  - › [GIFT - Give Information for Transformation](#)
  - › [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)

# Practitioner Clinical Education

# Clayton Mixon, RN, BSN

## Practitioner Education Manager

- 20+ years of Emergency and Cardiovascular Nursing
- 15 years of Clinical Nursing/Practitioner Education
- 5 years Occupational Emergency Medical Technician
- 20+ years Instructor for American Heart Certifications
- Coordinates and develops Practitioner Education
- Facilitates Graduate Student Rotations at BHC



**Clayton P. Mixon, RN, BSN**  
Practitioner Education Manager

**Medical Affairs**

1000 West Moreno Street, Pensacola, FL 32501

Cell Phone: 251-599-8931

Clayton.Mixon@bhcpns.org



# Philosophy of Practitioner Education

- Education should be easy to complete
- Education should be easy to find
- Keep education information short and to the point
- Only send out information when it is necessary
- Use of SBAR to communicate clearly

**BAPTIST HEALTH CARE** **MedEd**  
Medical Affairs Education

## Patient Identification and Consults


**Important Information**  
*The Practitioner should use at least two specific patient identifiers when speaking to another Healthcare Team Member about a patient.*  
*Consults must be placed as an order in AllScripts.*

**Excerpts from the Patient Identification Policy**

"All patients will have a uniform process of identification to promote safe practices. This practice includes using a patient's full name and date of birth to verify their identity."

"A patient's identity should be verified at each point of care including at the time of check-in/registration for patient care services, hand-off, transfer, administration of medication or blood products, collection of blood or other samples for testing, and all other testing and treatment."

Use Telemediq for Secure HIPAA Compliant messaging for patient information.



**PATIENT IDENTIFICATION AND CONSULTS**  
11/15/2021 Rev. 1

**Situation**  
Practitioners not using the correct patient identifiers. Lack of orders for consults electronically have lead to a few close call patient events.

**Background**  
Baptist Health Care has a policy on the identification of patients. In addition, consults have been made by word of mouth "Curbside" instead of placing an order.

**Assessment**

**Patient Identification**  
Patient Identification should consist of two specific patient identifiers, instead of just a room number. Specific patient identifiers consist of patient's full name, birthdate, or medical account number. This information should be utilized prior to any patient interaction or procedure.

**Consult Orders**  
Consults should not be placed by word of mouth from one practitioner to another. Consults orders must be placed in AllScripts for every consult. Nursing can assist in entering the order if in an emergency situation or if the practitioner cannot enter the order. They can do so upon the practitioner's request. The information to the nurse from the practitioner should include at least two patient identifiers.

**Recommendation**  
Please use at least two specific patient identifiers when speaking to any Healthcare Team Member about a specific patient. In addition, place all consults as an order into AllScripts. Use Telemediq for secure HIPAA compliant messaging when sending a message about a patient.

**Baptist Health Care**  
**Patient Identification Policy**

**BAPTIST HEALTH CARE**

**TITLE: PATIENT IDENTIFICATION**  
**EFFECTIVE DATE:** January 2021  
**OWNER OF THIS POLICY:** VP Revenue Management  
**SCOPE:** This policy applies to all Baptist Health Care Workforce Members except Laboratory Center.  
**STATEMENT OF PURPOSE:** To provide guidance regarding the identification of patient safety through a standard patient identification process.  
**DEFINITIONS:**  
**Workforce Members:** Team Members, members of BHC subsidiaries' medical staffs and allied health staffs (whether employed or independent), volunteers, students, and any employees or agents of independent contractors of BHC or its subsidiaries who are carrying out BHC business operations on BHC's behalf under the general direction of a Team Member.

**Any mismatch of information in the identification process should result in a hard stop until the mismatch can be resolved.**

# TelemedIQ

- Baptist Health Care's Secure, HIPAA compliant mode of communication
- Should always be used for HIPPA Secure Texts, emails, or phone calls concerning sensitive patient information.
- Do not use regular email, text, or phone calls concerning patients.
- Most Departments have their contact information in the program
- TelemedIQ App for iPhone and Android, that should be downloaded to your device.
- IT will assist with set up



# Restraints

- **Two Types of Restraints at Baptist Health Care**

- **Violent or Self Destructive**
- **Non-Violent or Non-Self Destructive**

- **Violent or Self-Destructive Restraints Policy**

- Start with the least restrictive and progress to the most restrictive if needed.
  - Documentation is very important.
    - Document any diversionary tactics used.
    - Document less restrictive devices used prior to use of more restrictive.
    - If the most restrictive device is used first, document the reason for skipping other devices.
    - Vital signs and observation times are important to document.



# Restraints (continued)

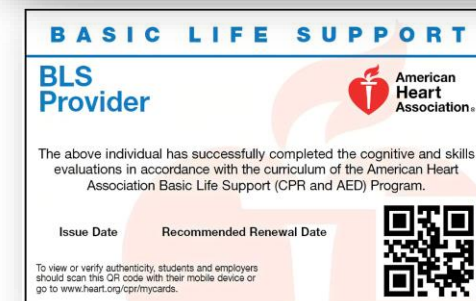
- Note the Timeframes per individual's age range of when the patient needs to be seen face to face by a practitioner.
  - **Non-Violent Non-Self Destructive Restraints Policy**
    - Not much different from the above, just what the restraint is used for.
    - Documentation is just like above.
    - Timeframes for practitioner face to face interaction is different.



# American Heart Association Certifications (BLS)

- Basic Life Support (BLS)

- BLS HeartCode will be completed in Oracle.
  - BLS HeartCode Modules will be assigned in Oracle.
    - Complete the Modules online.  
(approximately 1 to 1-1/2 hours)
    - Send Clayton the AHA Completion Certificate.
    - Schedule a time for **skills check-off** by calling/texting Clayton Mixon. This portion takes about 30-45mins to complete.

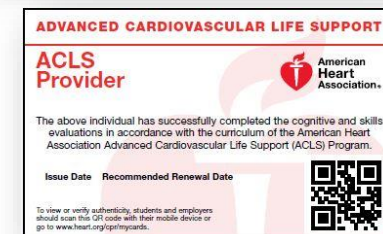
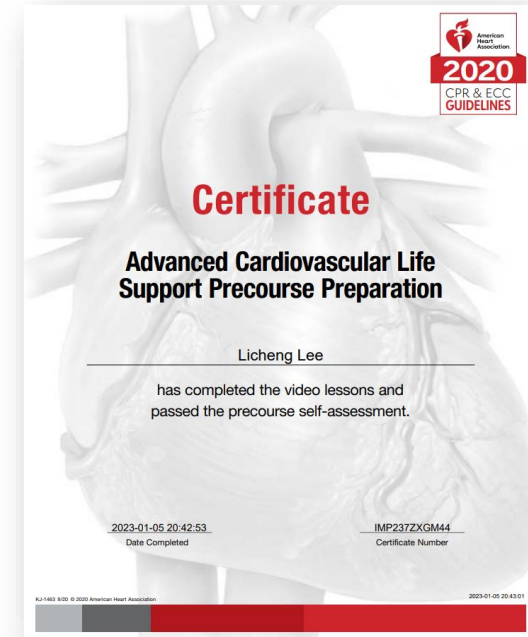




# American Heart Association Certifications (ACLS)

- Advanced Cardiovascular Life Support (ACLS)

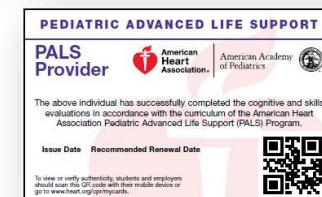
- ACLS will be completed in Oracle.
  - Will be assigned the ACLS Modules in Oracle.
    - Complete the Modules online.
      - Takes approximately 2 to 3 hours.
    - Send Clayton the AHA Completion Certificate.
    - Call or text Clayton to set up a time for Skills Check-off.  
This portion takes about 1 to 1-1/2 hours to complete.



# American Heart Association Certifications (PALS)

- **Pediatric Advanced Life Support (PALS)**

- PALS will be completed in Oracle.
  - Will be assigned the PALS Modules in Oracle.
    - Complete the Modules online.
      - Takes approximately 2 to 3 hours.
    - Send Clayton the AHA Completion Certificate.
    - Clayton will set up Skills Check-off with Clinical Nursing Education.



# American Heart Association Skills Check-off

## BLS/ACLS Skills Check-off Dates and Locations

To schedule a Date and Time please text Clayton Mixon @ 251-599-88931.

### Skills Check-Off

- Skills Check-offs are offered most Wednesday afternoons and every other Thursday or Friday.
- It is important to contact Clayton to set up a skills check-off.
  - Cell Phone – 251-599-8931
  - Email – [clayton.Mixon@bhcpns.org](mailto:clayton.Mixon@bhcpns.org)

### BLS/ACLS E-Cards

Cards are generally assigned either the day of the skills check-off or the next morning.

January 2023 BLS Skills Check-off Schedule			
Day	Date	Time	Location
Friday	Jan 13, 2023	11a-2p	MMR
Wednesday	Jan 18, 2023	11a-2p	Heritage
Thursday	Jan 19, 2023	12n-4p	MMR
Wednesday	Jan 25, 2023	11a-12:30p	Heritage
Friday	Jan 27, 2023	1p-3p	MMR

February 2023 BLS Skills Check-off Schedule			
Day	Date	Time	Location
Wednesday	Feb 1, 2023	11a-3p	MMR
Thursday	Feb 2, 2023	11a-3p	Heritage
Wednesday	Feb 15, 2023	12n-4p	MMR
Friday	Feb 17, 2023	11a-2p	Heritage
Wednesday	Feb 22, 2023	12n-2p	MMR
Thursday	Feb 23, 2023	11a-3p	Heritage

March 2023 BLS Skills Check-off Schedule			
Day	Date	Time	Location
Wednesday	Mar 1, 2023	12n-3p	MMR
Friday	Mar 3, 2023	11a-3p	MMR
Wednesday	Mar 22, 2023	1p-3p	MMR
Friday	Mar 24, 2023	1p-3p	MMR
Wednesday	Mar 29, 2023	12n-3p	MMR
Thursday	Mar 30, 2023	12n-4p	MMR



# Outlook

- **Emails and Calendar invites**

- Medical Affairs utilizes Outlook for all Emails and Calendar invites.
- We encourage all employed practitioners to utilize Microsoft Outlook for emails and calendar invites.
- During your IT Training for Altera, IT will assist in setting up Outlook on your device.



# CloudCME and CE Broker

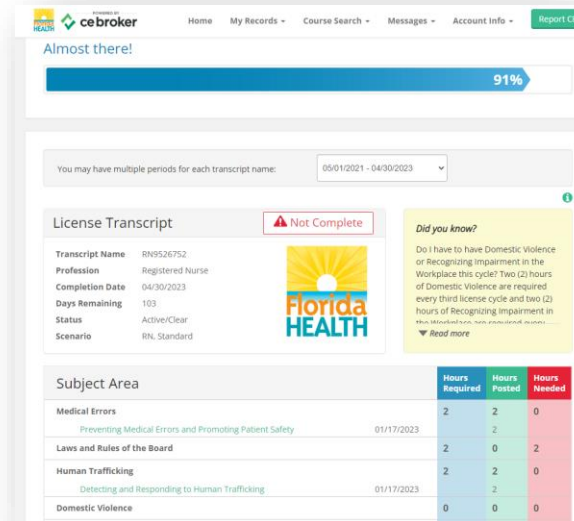
- **CLOUD CME**

- **State of Florida Required CMEs.**

- Domestic Violence
- Prevention of Medical Errors

- **CE Broker**

- Baptist Health Care Provides the Professional Version of CE Broker at no cost to employed practitioners.
- IT can assist in adding this to your personal device.
- Contact PJ Germain (Nursing Education) to get a login and password.



# EstherKay Jordan, MSN, APRN, ACNP-BC

## Professional Practice Evaluation Specialist

- 13 years Nephrology
- 9 years Hospital Medicine
- Last 3 years PPE Specialist



**EstherKay Jordan, MSN, APRN, ACNP-BC**  
Professional Practice Evaluation Specialist

**Medical Affairs**

1000 West Moreno Street, Pensacola, FL 32501

Phone: 850-261-5840

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

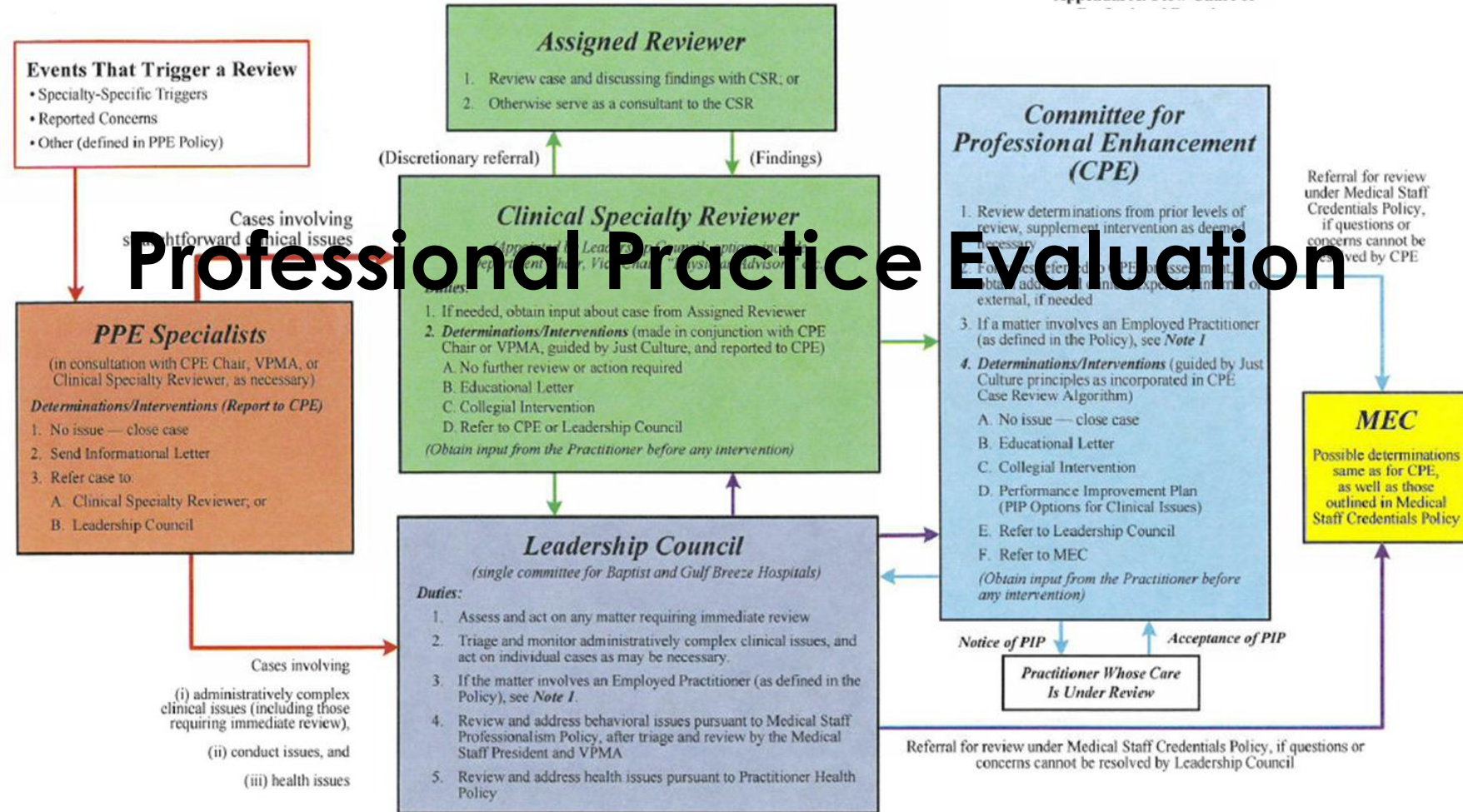




# Baptist Health Care, Inc.

Baptist Hospital and Gulf Breeze Hospital

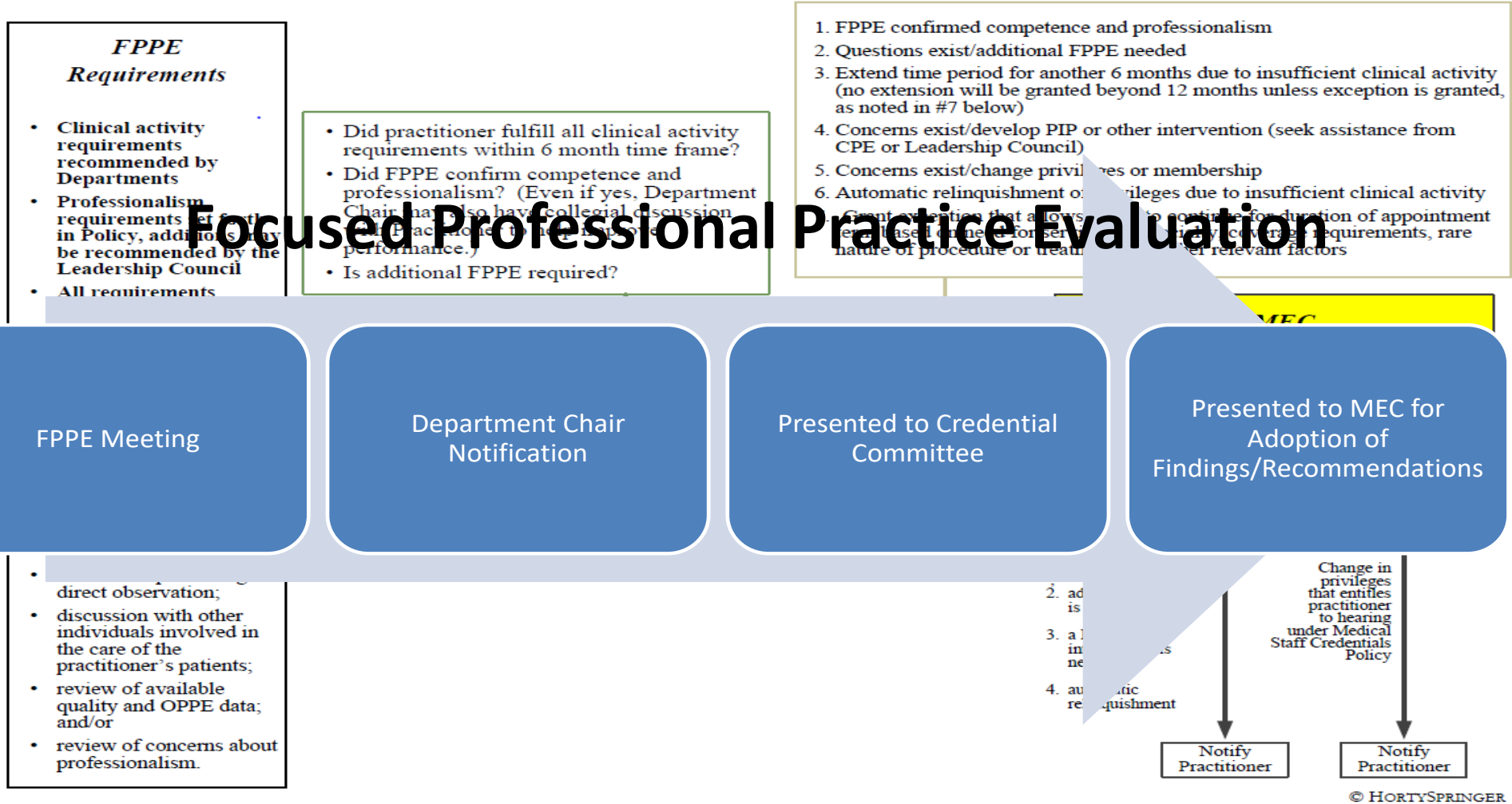
Professional Practice Evaluation Process  
Appendix A: Flow Chart of



# Baptist Health Care, Inc.

## Baptist Hospital and Gulf Breeze Hospital

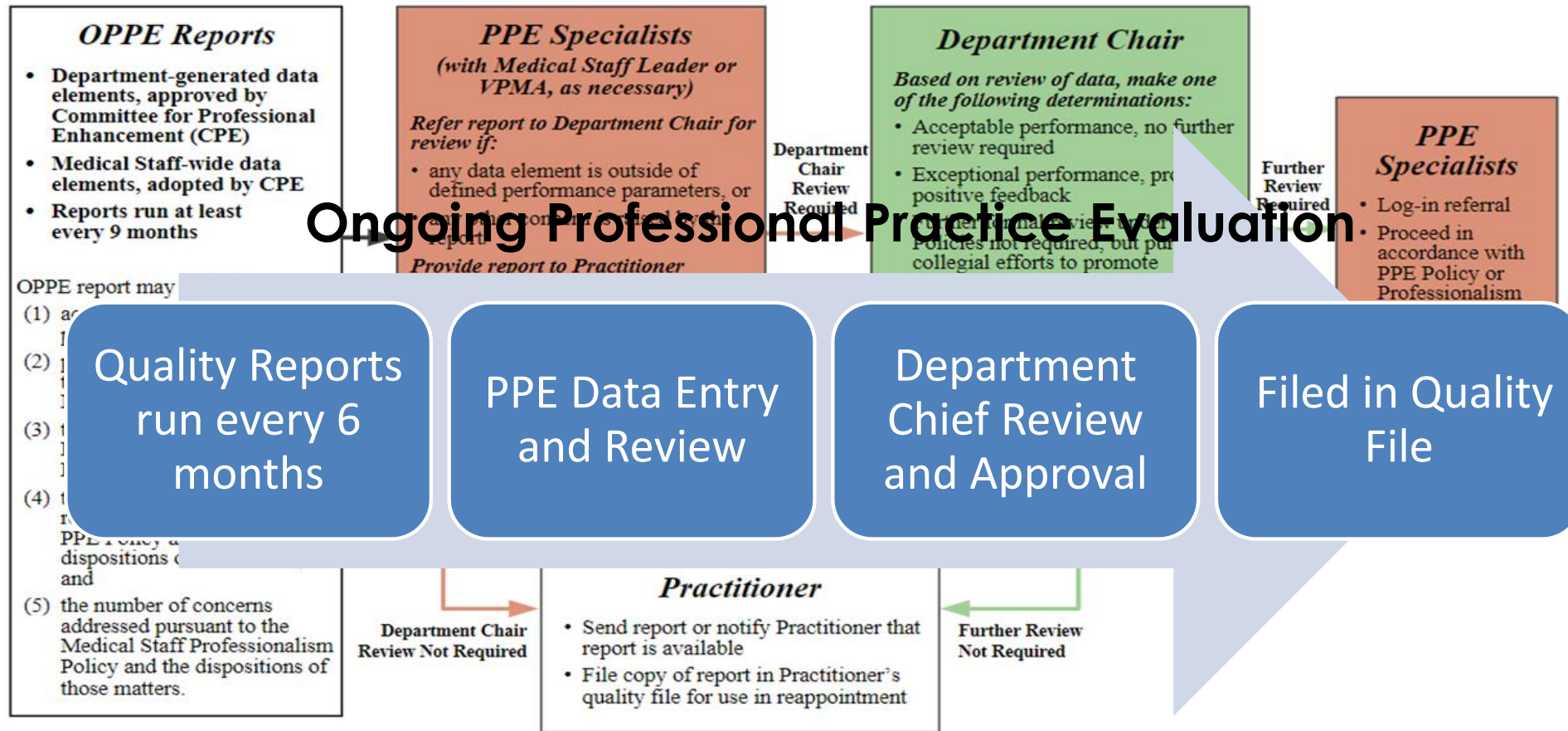
### Appendix A: FPPE Process to Confirm Practitioner Competence and Professionalism





# Baptist Health Care, Inc.

## Baptist Hospital and Gulf Breeze Hospital Appendix A: Flow Chart of OPPE Process



# Advanced Practice Professional: APP

## ▪ APP Council

- APP Council Meetings are Quarterly
- Council Members
  - PAs and NPs
  - Multiple disciplines of specialty.
- Planning of APP events
- Planning of APP Week
- Keeps track of National and State APP Practice Requirements

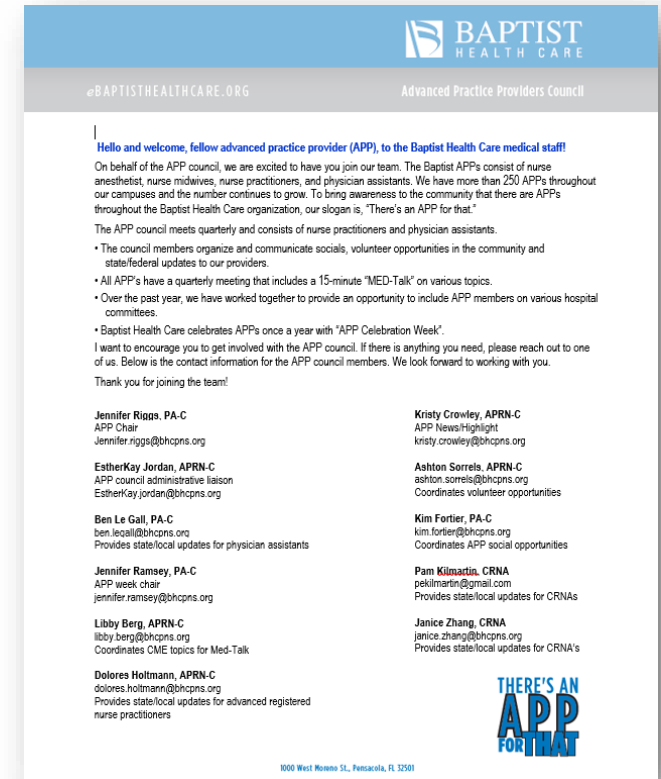


## • ALL APP Meeting

- Meetings once a Quarter.
- Important meeting to elevate APP practice.
- Med talks
  - 15-minute focused Educational event by one of the APPs.
- Please attend if possible
- Get involved

# APPs (continued)

- **Advanced Practice Professionals are part of the Medical Staff.**
  - Please do not use the term “Mid-Level”
  - The correct terminology is APP
- **Medical Staff Lounges**
- APPs welcome in ALL Medical Staff Lounges
- **APPs on Committee**
  - If there are topics that you are passionate about.
    - Please join a committee.
    - If you would like to present a topic at an APP Meeting, please contact one of the Council Members.



# 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	<b>Hospitalist Office:</b>	916.3793
Christa Newgent, Director Rehab	916.8607	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

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

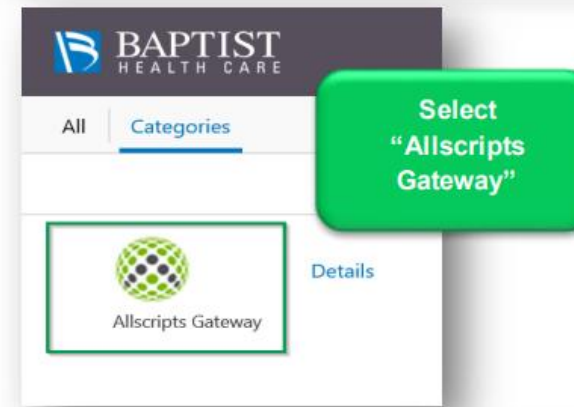
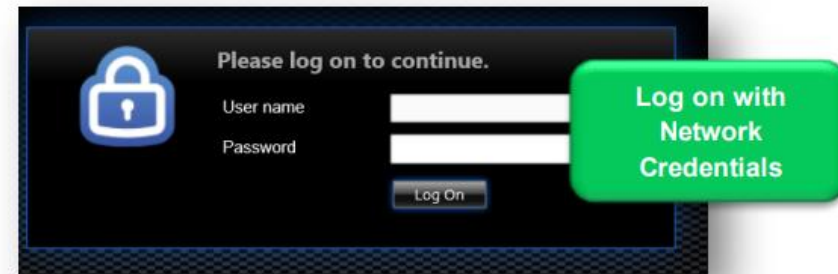
## Community Providers Citrix Remote Access

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>





# 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

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

The HIPAA-compliant TelmedIQ app lets you:

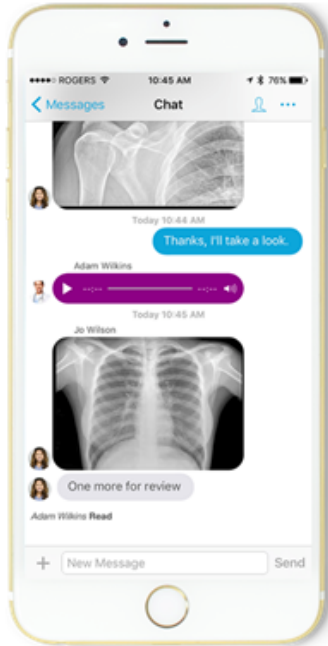
- Securely exchange text messages and communications with colleagues while carrying on patient care conversations that involve Protected Health Information - **Using your smartphone or other personal device to send a text message with PHI outside of the TelmedIQ app is prohibited**
- Easily page the 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.**

<https://www.telmediq.com/baptist-health-care-user-guide>

## 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

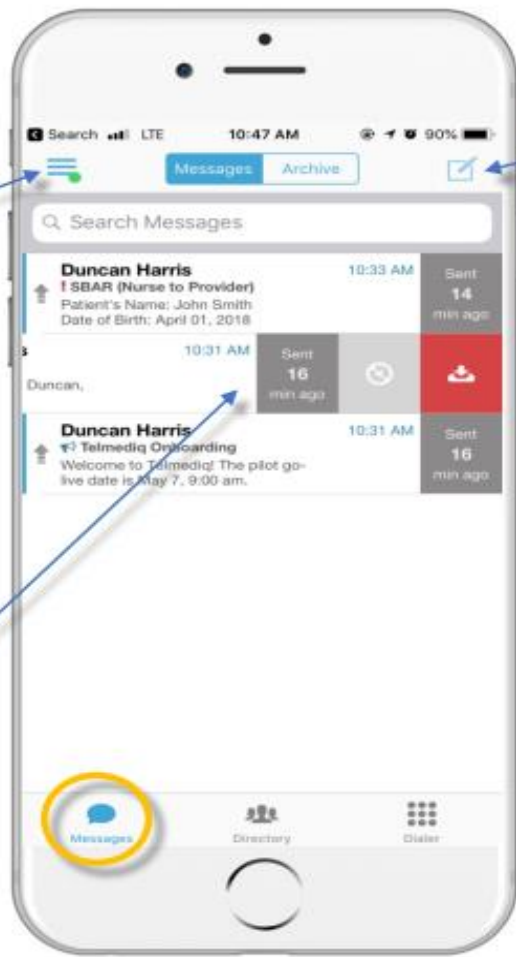
### What if I have questions or problems?

Please contact the Baptist Health Care IT Helpdesk at:

**(850) 434-4578**

### MESSAGES TAB

View and send messages



Compose a new message by pressing this button

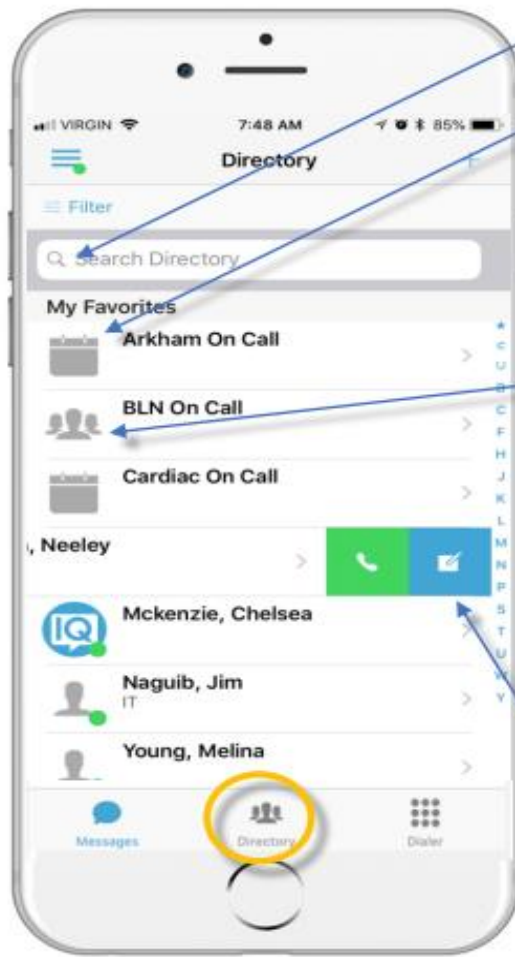
Touch here to:

- 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

### DIRECTORY TAB

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



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

### MESSAGES TAB

View and send messages

### CONTACTS TAB

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

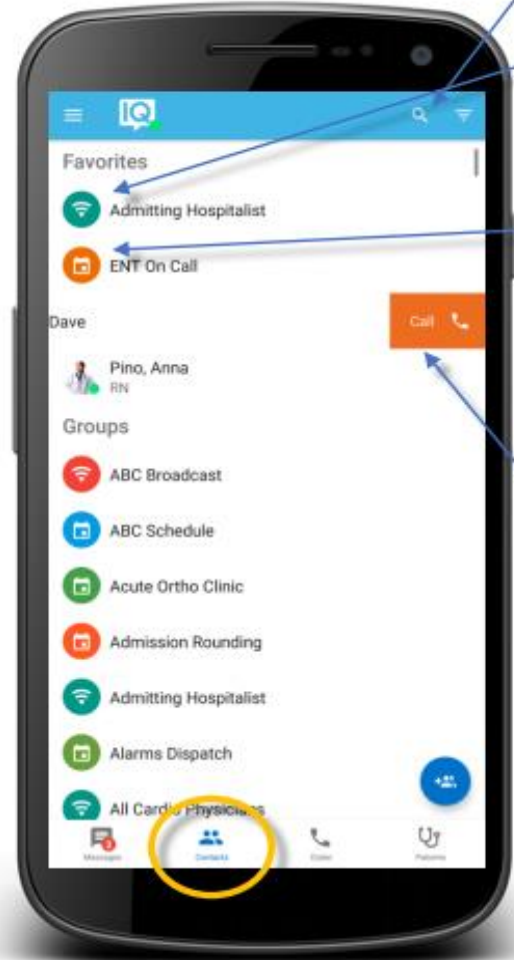
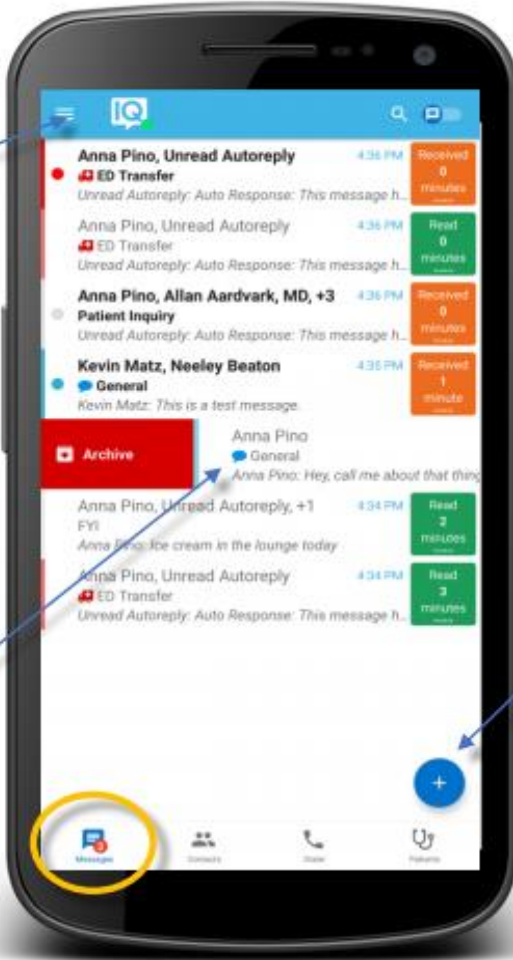
**Search** by name, department, title, or type

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

**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

Compose a new message by pressing this button



- 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 right to archive a message



# 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 Department, Utilization Review and Clinical Documentation Improvement

C. David Newton, RN, Utilization Review Manager  
Baptist Health Care



# Case Management Department

## The Case Management Team Programs:

### Case Management/Social Services:

- 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, present with frontline staff; I-phone equipped use TelmedIQ
- Provide basic psychological assessments to determine potential needs at discharge
- Support the patient and/or family throughout the continuum of care
- Assists with implementation of post-discharge needs i.e. SNFs, HHC, DME referrals

### Utilization Review (UR):

- Responsibilities include verification and clarification of patient status (outpatient, observation or inpatient).
- Provides clinical information to payers supporting medical necessity and continued stay.

# Case Management Department

## The Case Management Team Programs (continued):

### **Clinical Documentation Improvement (CDI):**

- Ensure Providers' clinical documentation encompasses acuity and specificity of diagnoses/procedures
- Ensures documentation includes the appropriate and necessary compliant terminology
- Ensures hospital and medical staff are accurately recognized for each patient's severity of illness (SOI) and risk of mortality (ROM)

Case Management Office: 850.469.2096

# Case Management Services

- Case Managers and Social Workers are unit-based
- Located with frontline staff at nursing station or nearby
- Present in the ED to assist with dc and avoid unnecessary admissions
- Use TelMedIQ to communicate
- Shifts - 7 Days/week and On-call after hours with limitations
- Attend morning **Patient Flow** meetings with emphasis on discharge planning
- Assess patient needs by using Basic Assessment Tool (BAT)
- Provider can consult CM Services

 <b>BAPTIST HOSPITAL</b> CASE MANAGEMENT/SOCIAL SERVICES 1717 NORTHE STREET, TOWER 1 SUITE 308 PENSACOLA FLORIDA 32501 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	908-5078	warren.pate@bhcpns.org
Wynell Clary	Corporate Director	Case Management	469-6645	wynell.clary@bhcpns.org
Cheryl Foss	Interim Manager	Case Management	469-2089	cheryl.foss@bhcpns.org
Natalie Cameron	Admin. Coordinator	Case Management	469-2066	natalie.cameron@bhcpns.org
Laura Allen	Case Manager	Emergency Department	908-8334	laura.allen@bhcpns.org
Barbra Hampton	Case Manager	PCU/SINU	908-7804	barbra.hampton@bhcpns.org
Sally Ward	Case Manager	2W (201-237)	908-5706	sally.ward@bhcpns.org
Kim Haesecke	Social Worker	2W (201-237)	908-5789	kim.haesecke@bhcpns.org
Amy Daglish	Case Manager	2E (245-261)	908-8333	amy.daglish@bhcpns.org
Angie Frost	Case Manager	2E (244, 283-296)	908-5791	angie.frost@bhcpns.org
Jennifer Sarayba	Case Manager	3W (319-349)	908-7828	jennifer.sarayba@bhcpns.org
Ashley Bludsworth	Case Manager	3W (301-318)	908-8332	ashley.bludsworth@bhcpns.org
	Social Worker	3E (350-368) & Mother/Ba by	908-5727	
Troy Smith	Case Manager	4W (401-418)	908-5796	
Donna Potts	Social Worker	4W (420-447)	908-5826	donna.potts@bhcpns.org
Suzi Hirst	Case Manager	4E (484-496)	908-4879	suzanne.hirst@bhcpns.org
John Galdemez	Case Manager	4E (449-483)	908-8291	
Heather Galbreath	Case Manager	ICVICU/MICU	908-8331	heather.galbreath@bhcpns.org
Tinisha Thomas	Social Worker	Complex Care Coordinator	908-5790	tinisha.thomas@bhcpns.org
Susan King	Case Manager	Complex Care Coordinator	429-6647	susan.king@bhcpns.org
Ed Morris	Social Worker	PRN/ROTATE		edward.morris@bhcpns.org
Nina Koehler	Case Manager	PRN/ROTATE		nina.koehler@bhcpns.org
Arthur Jordan	Social Worker	PRN/ROTATE		
Kayla Goodale	Case Manager	FLOAT	908-8395	kayla.goodale@bhcpns.org
Joetta Johnson	Social Worker	Sat, Sun, Mon	908-5789	joetta.johnson@bhcpns.org
Warren Mendez	Case Manager	Sat & Sun	908-8331	warren.mendez@bhcpns.org
Dawn Colbert	Case Manager	Sat & Sun	908-8331	dawn.colbert@bhcpns.org
Sheila Cagle	Clinical Care Coord.	Case Management	429-6644	sheila.cagle@bhcpns.org
Janet Goodale	Case Manager	Observation	429-6253	janet.goodale@bhcpns.org
UR Dept	Main Line	UR Nurse in Office:	469-2474	Email
David Newton	UR Manager	Utilization Review	429-6648	david.newton@bhcpns.org
April Taylor	RN	Remote	305-0688	april.taylor@bhcpns.org
Cynthia Pierotti	RN	Remote	251-318-3967	cindi.pierotti@bhcpns.org
Gloria Young	RN	Remote	417-9924	gloria.young@bhcpns.org
Kristal Pope	RN	Remote	251-363-5545	kristal.pope@bhcpns.org
Maria Albritton	RN	Remote	850-480-4194	marisa.albritton@bhcpns.org
Debbie Bosak	RN / PRN	Remote	501-0843	debra.bosack@bhcpns.org
Charlotte Lee	RN / PRN	Remote	251-979-6184	charlotte.lee@bhcpns.org
Gulf Breeze Hospital	Position	Unit/Room Assignment	Phone # (850)	Email
Leah Hancock	Manager	Inpatient CM/UR	934-2268	leah.hancock@bhcpns.org
Ashlynn Smith	Social Worker	Emergency Department	934-2383	ashlynn.esmith@bhcpns.org
Rita Potomski	Case Manager	ICU/2E/Ortho	916-8598	rita.potomski@bhcpns.org
Reine Ludolf	Case Manager	ICU/2E	916-8218	reine.ludolf@bhcpns.org
Gale Stephens	Case Manager	2W (232-244)	916-3775	gale.stephens@bhcpns.org
Carol Green	Social Worker	2W (245-256)	916-3760	carol.green@bhcpns.org
Peggy Lagenbeck	Case Manager	PRN		peggy.lagenbeck@bhcpns.org
Meagan Malloy	Clinical Care Coord.	Case Management	908-0563	meagan.malloy@bhcpns.org
Robbie DeFruscio	BSN	Utilization Review	916-3637	robbie.defruscio@bhcpns.org
Kathy Bernyk	BSN	Utilization Review	934-2189	kathy.bernyk@bhcpns.org
Deborah Berry	RN	Utilization Review	934-2044	deborah.berry@bhcpns.org
Mary Thomas	RN	Utilization Review	982-1688	mthomas@bhcpns.org
CDI	Position	Unit/Room Assignment	Phone # (850)	Email
Barry Gilmore	RN	Remote	554-2401	barry.gilmore@bhcpns.org
Nick Lucas	RN	Remote	304-4120	nick.lucas@bhcpns.org
Peggy Tomey	RN	Remote	602-0933	peggy.tomey@bhcpns.org
Sandra Johnson	RN	Remote	291-6184	sandra.johnson@bhcpns.org
Sara Poston	RN	Remote	393-3837	sara.poston@bhcpns.org
Sterling Rodriguez	RN	Remote	384-8386	sterling.rodriguez@bhcpns.org
Tammie Stefanko	RN	Remote	791-2213	tammie.stefanko@bhcpns.org

# Utilization Review (UR)

## Patient Status

- A patient's "status" is a hospital designation used to indicate the level of care warranted for a presenting condition/s of patient at the time of initial treatment.
- It is simultaneously used for billing purposes also.

[2 categories for status](#)

- 1) Outpatient/Observation Services
- 2) Inpatient.

**Outpatient /Observation status:** Observation services are hospital outpatient services. Observation status is intended when Provider needs more time to decide whether to admit as an inpatient or discharge patient. Time may be needed for x-rays, labs, consult/s and/or additional monitoring.

- Provider recognizes patient has some risk factors, but they seem controlled, and patient is likely to be safe for discharge in < 2 midnights.

**Inpatient status:** services requiring hospital admission *expected greater than 2 midnights* d/t acuity and intensity of services needed.

- The Provider recognizes patient has certain presenting condition with significant risk factors and/or comorbidities and need for treatment that can only be provided in acute hospital setting
- Patient is likely to be safe for discharge in >2 midnights.

**Note:** Provider should consider first if the patient needs to be admitted to the hospital. If the patient's condition is resolved and/or stabilized and can be discharged from an ED setting with appropriate after care/follow up then admission might not be necessary. Case Mgt Services can be called upon to assist in an appropriate discharge from the ED.

## 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.

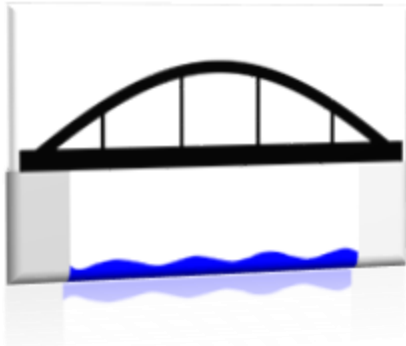
Condition	Observation (6hrs ≥ and ≤ 48hrs)	Acute/Intermediate/Critical
Abdominal pain (non-traumatic)	MS changes or GCS 9-14 OR Hx of abd surg OR vomiting after ≥ 2 antiemetic doses OR elevated temp and WBC ≥ 12,000/cu.mm/bands > 10%/elevated HR AND imaging	n/a
Acute Coronary Syndrome (ACS)	ACS suspected 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 O <sub>2</sub> 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 O <sub>2</sub> 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 sulfonyleurea drug OR on long-acting insulin	BS $<$ 70 mg/L AND coma/stupor/obtundation/GCS $\leq 8$ OR seizure
Pneumonia	Pneumonia by imaging AND O <sub>2</sub> 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 O <sub>2</sub> $\geq 40\%$ OR pneumonia by imaging AND O <sub>2</sub> sat $<$ 89% OR arterial Po <sub>2</sub> $<$ 56 mmHg OR Pco <sub>2</sub> $\geq 45$ mmHg and pH $\geq 7.31$ OR empyema OR $\geq 2$ lobes OR O <sub>2</sub> 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 O <sub>2</sub> sat $\leq 90\%$ (0.90) and $<$ baseline requiring supplemental O <sub>2</sub> 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)

The Clinical Documentation Improvement (CDI) program is comprehensively designed to ensure Providers' clinical documentation provides sufficient **acuity and 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).



*CDI bridges the gap between the medical language used by physicians and the coding language professional coders are bound to use.*

The work of the CDI program is done by Clinical Documentation Specialists (CDS). Experienced clinical nurses from various backgrounds make up the CDI team. The CDS ensures medical staff documentation captures the most thorough clinical picture of the patient's being treated.

# Clinical Documentation Improvement (CDI)

Common CDI Queries	
Clinical language	Coding Language
Altered Mental Status	Encephalopathy
Acute CHF	Acute dia/sys. CHF
Pulmonary edema	Acute Pulmonary Edema
Acute Renal Insufficiency	Acute Kidney Injury
Acute Respiratory distress	Acute Respiratory Failure
Malnutrition	Mild, Moderate, or Severe Malnutrition
Resp. Distress (Post-Op)	Acute Pulmonary Insufficiency-Post op
Decrease Sodium/Na	Hyponatremia
Anemia (GI bleed/post op)	Acute Blood Loss Anemia (ABLA)
Urosepsis/Bacteremia / SIRS with UTI	Sepsis



# 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

CDS: Registered Nurse    Admit Date: 10/13/2016    Dis Date: \_\_\_\_\_  
Contact Number: 850-429-0000

Patient Name: MAX  
MCFICTIONAL    Coder: \_\_\_\_\_

**Documentation Options**

**Clinical Picture**

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

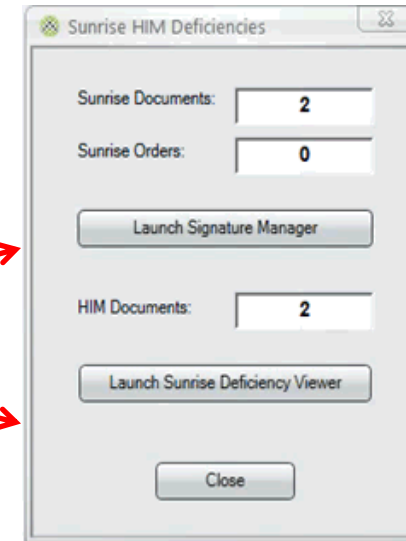
These clarification questions are placed in the Progress Note section of the chart and are NOT part of the permanent Medical Record.

**David Newton, RN**  
Utilization Review Manager/CDI Interim Team Lead  
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.

# BHC Foundation

The Baptist Health Care Foundation is honored to support Baptist Health Care, our medical staff and team members through charitable gifts from individuals, families, companies and Foundations.

As our organization works to *Transform Baptist for the Future*, the Foundation has been working diligently to garner philanthropic resources to support our efforts to provide the highest level of health care for our community for generations to come.

Making gifts to support Baptist 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 an impact with your 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.



KC Gartman, Chief Development Officer  
O: 850.469.7906  
E: kc.gartman@bhcpns.org

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



# 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

# BAPTIST HEALTH CARE IMAGING SERVICES

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

**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)

## LEGEND OF LOCATIONS

GBH Gulf Breeze Hospital

BH Baptist Hospital

JH Jay Hospital

AI Andrews Institute

BMP-Airport Baptist Medical Park – Airport

BMP-Navarre Baptist Medical Park – Navarre

BMP-9 Baptist Medical Park – Nine Mile

BMP-Pace Baptist Medical Park – Pace

### **Arthrogram, Arthro-CT & Arthro MR** BH GBH BMP-9 AI

A diagnostic record that can be seen on an X-ray after injection of a contrast fluid into the shoulder joint to outline structures such as the rotator cuff. In disease or injury, this contrast fluid may either leak into an area where it does not belong, indicating a tear or opening, or be blocked from entering an area where there normally is an opening.

### **Cardiac Nuclear Medicine** BH GBH BMP-9

Cardiac nuclear medicine uses radioactive compounds to perform diagnostic imaging examinations that can lead to the effective treatment of many diseases. Although nuclear medicine is often considered an independent discipline, it is closely related to radiology in that radiation is used to develop images of human anatomy.

### **CT Scan** BH GBH JH BMP-Navarre BMP-9

Although also based on the variable absorption of X-Rays by different tissues, computed tomography (CT) imaging, also known as “CAT scanning” (computerized axial tomography), provides a different form of imaging known as cross-sectional imaging.

### **Lower GI Tract (Barium Enema or BE)** BH GBH

This is an X-ray evaluation of the large intestine, also known as the colon. Radiological images are created by passing small, highly controlled amounts of radiation through the body and capturing the resulting shadows and reflections on film. Most people are familiar with X-ray images, which produce a still picture of the body’s internal organs. Fluoroscopy, a similar imaging method, uses X-rays to capture an image of an organ while it is functioning.



### **Mammography (Digital)** BH GBH BMP-9 BMP-Navarre JH

At Baptist facilities, digital mammograms are provided by the experienced, caring Women's Imaging staff. Our team is specially trained to guide women through their mammogram experience with compassion and assurance. Digital mammography uses digital receptors and computers, rather than X-ray film. Images are read by highly trained radiologists who provide accurate and efficient turnaround service to provide results to patients and their doctors. Digital mammograms allow for a lower radiation dosage and produce improved image quality with greater sensitivity, which makes it easier to spot possible abnormalities.

### **Mammography (3D)** BH GBH BMP-Navarre BMP-9

3D digital mammography takes more precise and detailed images at various angles, which can be reconstructed to create a 3D view of the breast. This technology allows doctors to examine the inner architecture of the breast without distortion, which helps them see abnormalities earlier when breast cancer is most treatable.

### **MRI** BH GBH BMP-9 JH AI

MRI uses a magnet, radio waves and a computer to make a series of detailed pictures of areas inside the body. This procedure is also called nuclear magnetic resonance imaging (NMRI).

### **MRI (Breast)** BH

Breast magnetic resonance imaging (MRI) is an imaging test that creates detailed pictures of the inside of the breasts without the utilization of ionizing radiation. MRI of the breast is not a replacement for mammography or ultrasound imaging but rather a supplemental tool that has many important uses.

### **MRI – Wide-Bore** BMP-9 GBH

The 70-centimeter wide-bore helps make the MRI experience as comfortable as possible for our patients. The wide-bore 3T machine at Baptist Medical Park – Nine Mile also adds speed without compromising image quality.

### **Myelogram and Myelo CT** BH GBH

A myelogram is an X-ray or CT scan of the spine that is performed after dye has been injected into the spinal fluid.



## **Nuclear Medicine** BH GBH BMP-9

Nuclear medicine is a subspecialty within the field of radiology. It comprises diagnostic examinations that result in images of body anatomy and function. The images are developed based on the detection of energy emitted from a radioactive substance given to the patient, either intravenously or by mouth. Generally, radiation to the patient is similar to that resulting from standard X-ray examinations.

## **PET-CT** BMP-9

PET is an acronym for positron emission tomography; CT stands for computerized tomography. A PET-CT scanner merges both technologies into a single machine and a single test.

## **Osteoporosis/Bone Density Testing (DEXA Scan)** BH GBH JH BMP-9 BMP-Navarre

A bone mineral density test is the only way to diagnosis osteoporosis and determine your risk for future fracture. Since osteoporosis can develop undetected for decades before a fracture occurs, early diagnosis is important. A bone mineral density test measures the density of your bones (bone mass) and is necessary to determine whether you need medication to help maintain your bone mass, prevent further bone loss and reduce fracture risk.

## **Ultrasound** BH GBH JH BMP-9 BMP-Navarre

Ultrasound imaging, also called ultrasound scanning or sonography, is a method of obtaining images from inside the human body through the use of high-frequency sound waves. The reflected sound wave echoes are recorded and displayed as a real-time visual image. No ionizing radiation (X-ray) is involved in ultrasound imaging. Obstetric ultrasound refers to the specialized use of sound waves to visualize and thus determine the condition of a pregnant woman and her embryo or fetus.

## **Upper GI Tract Radiography** BH GBH

Also called an upper gastrointestinal (GI) series, or simply an upper GI, upper gastrointestinal tract radiography is an X-ray examination of the esophagus, stomach and first part of the small intestine (also known as the duodenum). In order for the anatomy to show up on radiographic images, the upper gastrointestinal tract must be coated or filled with a contrast material called barium, an element that appears bright white on radiographs.

## **X-ray** BH GBH JH BMP-Airport BMP-Navarre BMP-9 AI BMP-Pace

Radiography, or as it is most commonly known, an X-ray, is the oldest and most frequently used form of medical imaging. Discovered more than a century ago, X-rays can produce diagnostic images of the human body on film or digitally on a computer screen.

# 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.



# 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

BHC offers acute care and outpatient rehab services at 3 hospitals and 8 outpatient locations.



**Christa Newgent, Corp. Dir. Of Rehab**  
**Office: 850-916-8607**  
**Cell: 405-388-4986**



- physical therapy
- occupational therapy
- speech therapy



- PT,OT,SLP services available 7 days / week
- Comprehensive interdisciplinary approach with regular collaboration with case management, nutrition, radiology, nursing staff, Physicians/APPs, etc.

# Andrews Institute Rehabilitation

## 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  
850.908.1701 • 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

## Westside

12601 Sorrento Rd., Suite A, Pensacola, Fla. 32507  
850.453.8549 • Fax 850.455.0938

Disciplines: PT

To make an appointment  
call **850-908-1555**, option "0"  
or email: [airaccess@bhcpns.org](mailto:airaccess@bhcpns.org)

### Indicates Disciplines Available:

PT - Physical Therapy  
OT - Occupational Therapy  
SP - Speech Therapy

## Specialties include:

- Aquatic Therapy\*
- Cancer Rehabilitation
- Comprehensive Spine
- Functional Dry Needling
- General Orthopaedics
- Hand Therapy
- Lymphedema \*
- Neurological Rehab
- Post Concussion Rehabilitation
- Fall Reduction Program
- Sports Medicine
- Stroke Aphasia Treatment\*
- Swallow Therapy\*
- Total Joint Replacement Rehab
- Vestibular/Vertigo Rehab
- Vital Stim\*
- Women's Health/Pelvic Floor\*

\*Services Vary By Location



# Andrews Institute Rehabilitation

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

- Order AMB PT, OT, or Speech Therapy entry directly into Allscripts (all BPE providers)
- Order rehab via order facilitator (non BPE providers)
- Email: [airaccess@bhcpns.org](mailto:airaccess@bhcpns.org) for all rehab questions or needs
- P: 850-908-1555; option "0" F: 850-916-8421
- *For Lymphedema, please indicate "PT/OT" on the order*



Providing PT, OT, and ST

# Clinical Safety and Excellence Program: Safety and Excellence

## Clinical Safety

- Culture of Safety
- Risk Management Team
- Event Reporting
- Mandatory Reporting
- CANDOR Program
- 24-hour risk management hotline
- Patient Engagement
- Process Improvement

## Clinical Excellence

- DNV Accreditation Management
- Document Control
- Infection Prevention
- Stroke Program
- Quality Management System

## Quality Analytics

- Core measures
- Data abstraction and analyses
- OPPE/FPPE



# Clinical Safety: Culture of Safety

- BHC strives to be 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

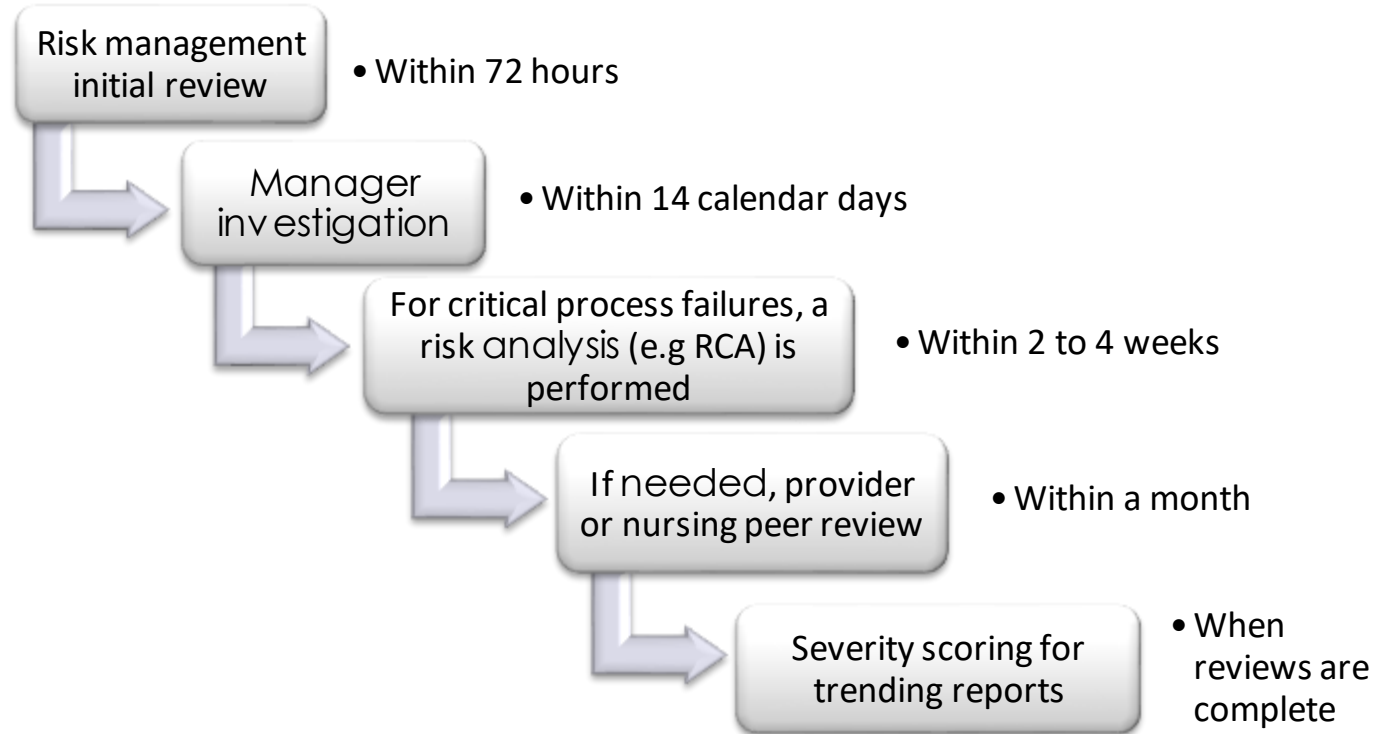
# Clinical Safety: Risk Management Team

- *Comprised of 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 personal 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 Manager On Call in TelMedIQ 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**
  - 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)*

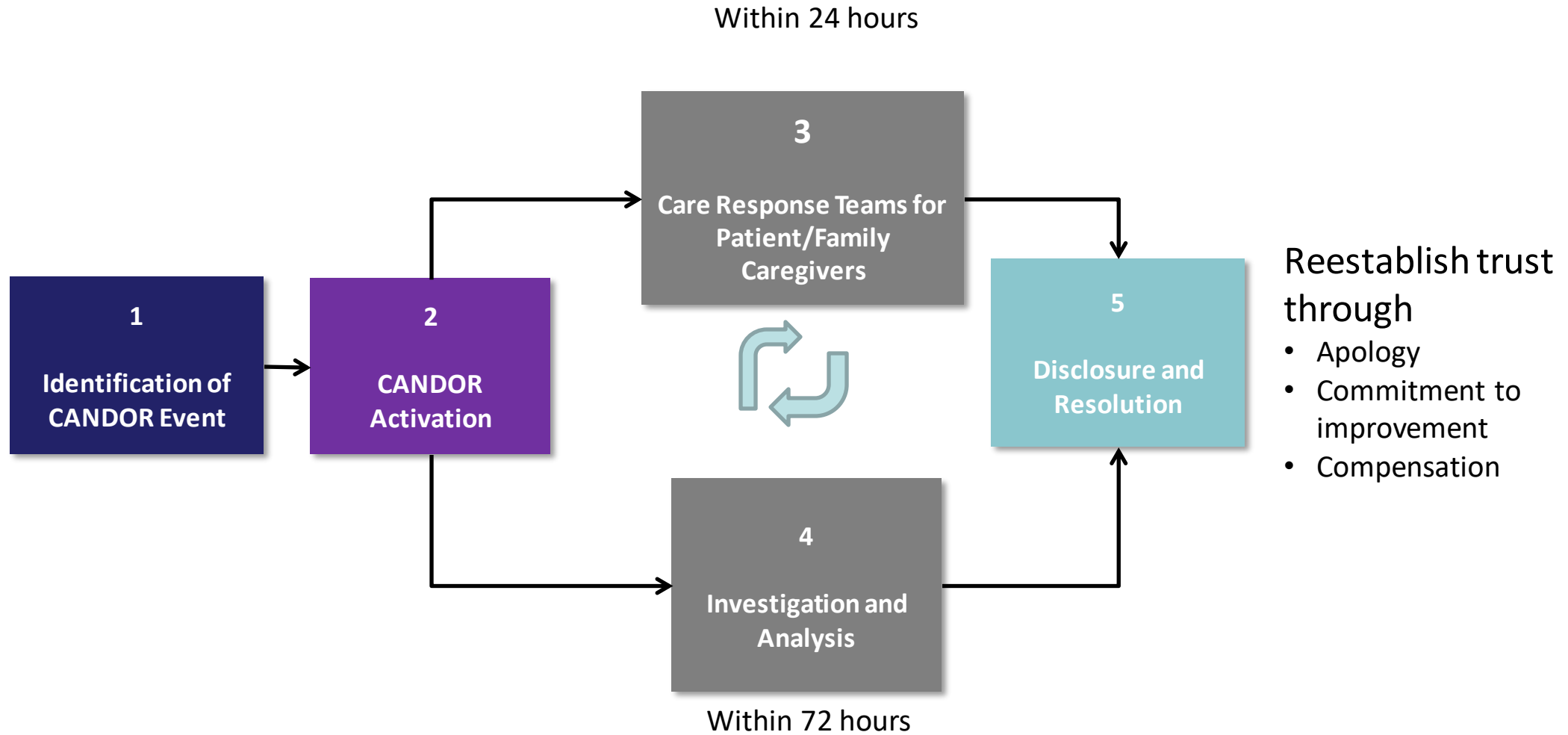
- The State of Florida requires every licensed physician to disclose unanticipated patient outcomes to the patient/family and to document that disclosure in the patient's health record
- BHC participates in CANDOR - a full disclosure and early resolution program
- *Potential CANDOR event:*
  - **Deviation 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 an 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
  - RISE Peer Support Program
  - Pastoral Care
  - Employee Assistance Program (EAP)



# 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 the EMR to avoid alert fatigue—please do not bypass alerts—it puts you and your patient at risk



# **Infection Prevention**

*Division of Clinical Safety and Excellence*

# Who are we?



**Cindy Almand MSM, BSN, RN, CIC**

Infection Prevention Manager



**Taylor Norton MSN, RN, CIC**

Infection Preventionist, GBH



**Michael Munson BSB, CMA**

Infection Preventionist, BH



**Lhousia Jones MPH, CHAA**

Infection Preventionist, BPE



# Contacting IP

- Email, Teams, Telmediq
- On call, 24/7
  - Message “**Infection Prevention**” on Telmediq



The single most important thing we can do to protect our patients, ourselves, and our families is to **practice hand hygiene.**



# Isolation

## Contact Precautions

To prevent the spread of infection,  
Anyone entering this room must follow these procedures:

-  Hand Hygiene
-  Gloves
-  Gowns

- Remove gloves and gown and perform hand hygiene prior to exiting room.
- Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage.
- Use dedicated equipment when possible.
- Use surgical mask when suctioning or providing respiratory therapy.

Ex: MRSA, VRE, MDRO, contagious skin infestations

## Contact +Plus Precautions

To prevent the spread of infection,  
Anyone entering this room must follow these procedures:

-  Hand Hygiene
-  Gloves
-  Gowns

**±PLUS Special Precautions:**  
Perform hand hygiene before entering room **AND** wash hands with soap and water before leaving room.



**Environmental Services:**  
Special cleaning indicated using bleach

- Remove gloves and gown and perform hand hygiene prior to exiting room.
- Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage.
- Use dedicated equipment when possible.
- Use surgical mask when suctioning or providing respiratory therapy.

C.Diff patients – **MUST** wash hands with soap and water  
Environment and equipment **MUST** be cleaned with bleach

## Droplet Precautions

To prevent the spread of infection,  
Anyone entering this room must follow these procedures:

-  Hand Hygiene
-  Surgical Mask
-  Gloves

- N-95 Respirators should **NOT** be used for personal protection for patients on droplet precautions.
- Patient needs to wear a surgical mask during transport.



Ex. Influenza, Mumps, Rubella, Pertussis



# 5 Categories of Transmission-Based Precautions

## Airborne Precautions

To prevent the spread of infection,  
Anyone entering this room must follow these procedures:






-  Hand Hygiene
-  N-95 Respirator

- Patient wears surgical mask during transport. Check with RN for assistance.
- Ensure that the door to the patient's room remains closed at all times.

*Ex. Tuberculosis (suspected or confirmed), SARS/MERS, Measles*

## RESPIRATORY PRECAUTIONS

TO PREVENT THE SPREAD OF INFECTION,  
ANYONE ENTERING THIS ROOM MUST FOLLOW THESE PROCEDURES:

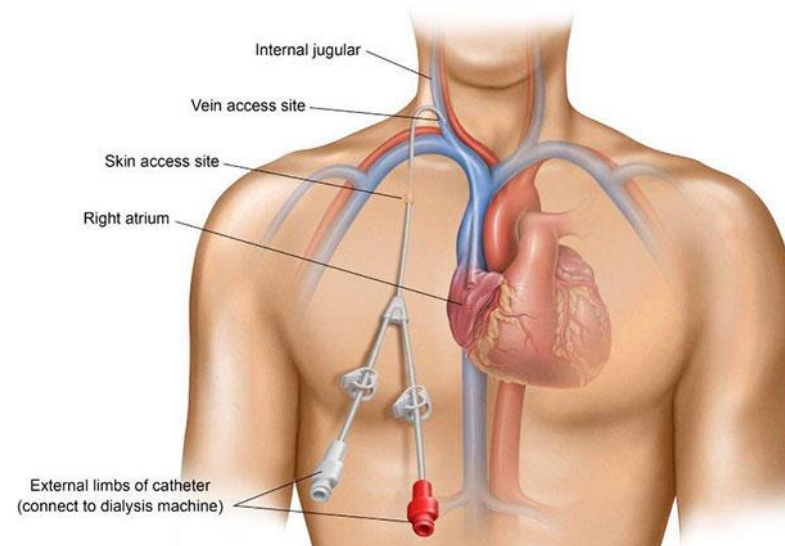
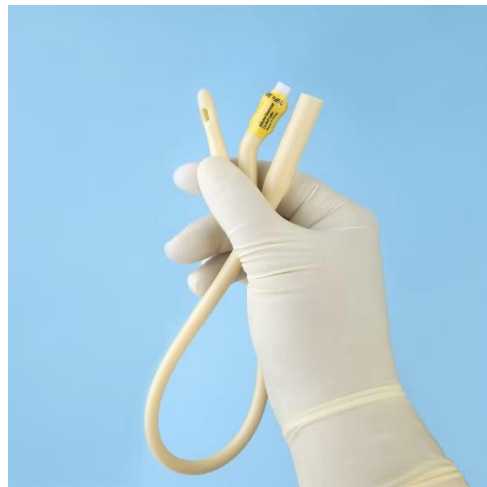
-  HAND HYGIENE
-  GLOVES
-  GOWNS
-  FACE SHIELD
-  N95 RESPIRATOR  
OR HIGHER

- Patient must be in an airborne isolation room (negative pressure).
- Remove gloves, respirator, gown and face shield and perform hand hygiene prior to exiting room.
- AVOID patient transport.
- Use dedicated equipment when possible. Disinfect after each use.
- Limit team members and visitors entering the room.

*For suspected or confirmed COVID patients only*

# Hospital Acquired Infection (HAI) Prevention

CAUTI, CLABSI, MRSA, CDI, SSI



# CAUTI Indications

CDC indications	Valid reasons	As evidenced by	Documentation	Invalid reasons
Accurate measurement of urinary output in critically ill patients	<u>Hourly</u> I&O in CVICU, SINU, PCU, MICU	Vasopressor support Hemodynamic monitoring Impending renal failure Diuresis	Hourly I&O <u>MUST</u> be documented	Strict I&O out on the floor
Acute urinary retention or bladder outlet obstruction	Acute retention that cannot be managed by in&out cath	Bladder scan greater than 600 Retention following catheter removal	Bladder scan results; Straight caths; urology consult	Chronic retention or patient with recent acute retention that has resolved
Assist in wound healing of open sacral or perineal wounds of incontinent patients	Patient has a sacral/peri wound <u>AND</u> is incontinent	Stage III or IV pressure injury on the coccyx or buttock area	Documented Stage III/Stage IV pressure ulcers or other severe wounds	Prevention of skin breakdown
Improve comfort for end of life care if needed	<u>Imminent</u> end of life	No longer performing labs or cultures	Palliative care or hospice consult in chart	Has DNR status but labs, procedures, etc. continue

# CAUTI Indications

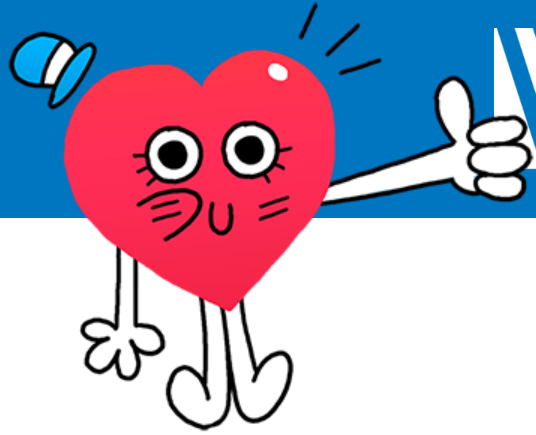
Prolonged immobilization (e.g., unstable spine, multiple traumatic injuries such as pelvic fractures)	No log rolling or movement whatsoever	Unstable cervical or thoracic spine	Documented unstable, unrepaired fractures or order for NO log rolling or other movement	Unable to ambulate but can get to bedpan/urinal with assistance
Perioperative use for selected surgical procedures	During prolonged surgery or after urologic/gyn surgery	Urologic or gynecological surgery	Documented order by surgeon performing procedure	Post-surgical patient able to use bedpan/urinal/BSC

## Safer alternatives for your patient:

**Frequent assistance to BSC or bathroom; condom catheter; in & out catheter; bedpan; urinal; briefs; bladder scan to rule out retention before catheterizing**

# HAI Prevention (cont.)

- Nurses have been trained to advocate for patients and the removal of devices.
- Current procedure is to obtain a culture on any patient with present on arrival IUC or central line.



**BAPTIST**  
HEALTH CARE

**Thank you!**  
**Welcome to Baptist!**



# DNV Accredited Stroke Centers

## Baptist Thrombectomy Capable Stroke Center

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

# DNV Accredited Stroke Centers

## Gulf Breeze Primary Stroke Center

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



# Acute Stroke Consultations

## EMERGENCY DEPARTMENT AND INPATIENT STROKES

- The practitioners agrees to the teleneurology consult
- Patient meets activation criteria
  - Adults 18+
  - Persistent objective focal neurological deficit(s)
  - Last known normal between 0-24hrs

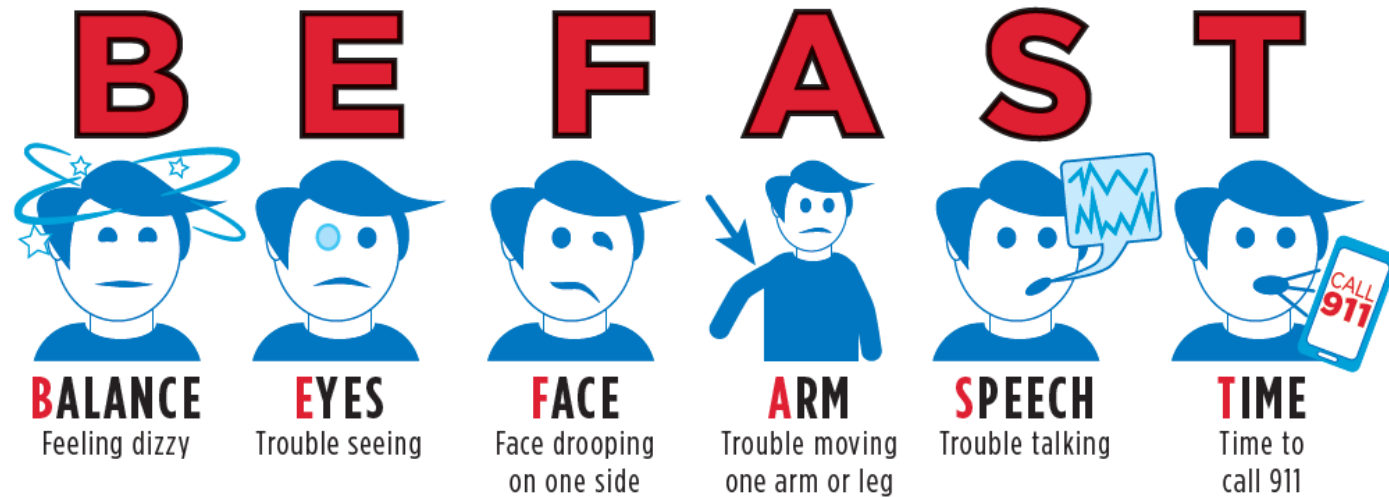


# Outpatient Practitioners

**STROKE IS AN EMERGENCY**

**CALL  
911**

Any one of these signs could mean a stroke:



# Stroke Documentation

## 1. Reason for thrombolytic or clot retrieval eligibility

- *Use Stroke Template in Medical Decision Making*

# Neurologist

**Dr. Keena Risola**



**Dr. Krystin Baker**



# Clinical Excellence

- Required education managed in CloudCME

Specialty	Required Hours
Neuro-Interventional Radiologists	6 CE hrs per reappointment cycle
Neurosurgeons	6 CE hrs per reappointment cycle
Hospitalists	6 CE hrs per reappointment cycle
Intensivists	6 CE hrs per reappointment cycle
Emergency Department	4 CE hrs annually

# Clinical Excellence

Questions?

- Lydia Toenes, MSN  
RN Stroke Coordinator

Remember:

- Time is Brain
- Initiate the **Stroke Order Sets**  
for ALL suspected stroke work  
ups



# Quality Analytics

- Baptist Health Care participates in multiple Clinical Registries, including Get with the Guidelines (GWTG) Stroke, multiple Cardiovascular registries and others.
- Abstraction is performed by Baptist team members

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)*

# Quality Analytics

- 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 Paul Brown, Quality Analytics Manager @ 850-434-4772 or [paul.brown@bhcpns.org](mailto:paul.brown@bhcpns.org)*



# Quality Analytics

- 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 Paul Brown, Quality Analytics Manager @ 850-434-4772 or [paul.brown@bhcpns.org](mailto:paul.brown@bhcpns.org)*

# Quality Analytics

- 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 and are communicated via email.

*For questions, please contact Paul Brown, Quality Analytics Manager @ 850-434-4772 or [paul.brown@bhcpns.org](mailto:paul.brown@bhcpns.org)*



**BAPTIST**  
HEALTH CARE

# **Medical Staff Orientation**

## **Patient Experience**

# Essential Behaviors

- Connection
- Compassion
- Communication
- Closure

# Essential Behaviors

## Connection

- Be someone who cares about the patient more than the illness.
- Make a non-clinical connection



“The good physician treats the disease; the great physician treats the patient who has the disease.” ~Dr. William Osler

# Entry into an Exam Room

- Knock on the door and obtain permission prior to entering
- Introduce yourself
- Greet the patient by name
- Acknowledge family/friends
- Wash hands, etc.

# Essential Behaviors

## Compassionate Communication

### The Basics of Narrating Care:

- Tell patients what you are doing
- Tell patients why you are doing it
- Give voice to your concern by speaking your positive intent



# Essential Behaviors

## Compassionate Communication

- Focused, active listening includes silence, nonverbal encouragement, neutral utterances, and continuers.
- Patient/physician interactions that are positive (where patients feel heard and respected) result in:
  - improved patient recall of physician instructions
  - higher compliance
  - more trust
  - reduced litigation
  - fewer tests and referrals
  - higher patient experience scores
  - Increased clinician satisfaction and resilience



“Listen to your patient; he is telling you the diagnosis.” ~Dr. William Osler



# Essential Behaviors

## Communication

- Use a calm tone of voice
- Apologize for any delays
- Verbalize privacy
- Ask patients which questions they want to discuss before the end of the visit
- Maintain eye contact



# Essential Behaviors

## Communication

### Getting the Whole Story

“An integrated approach that includes psychosocial aspects demonstrably produces more complete, and therefore, more valid data about the patient— who is, after all, the subject of the science of medicine.”



Smith, Robert, C. Patient-Centered Interviewing: An Evidenced-Based Method. Philadelphia, Lippincott Williams & Wilkins, 2002

# Essential Behaviors

## Communication

Involve patients in every possible decision by asking their preferences/opinions (for new medication, timing of procedures, etc.), etc.



# Essential Behaviors

## Closure

Assess for Further Need:

“Is there anything else you’d like me to know?”

“Is there anything else I can do for you?”

“What questions do you have for me?”

# Essential Behaviors

## Closure

- Ask about concerns
- Use available and relevant written materials in conjunction with the discussion
- Use the teach-back method to confirm comprehension

# Essential Behaviors

## Closure

- Make sure your patient understands that your part of the visit is complete by summarizing, assessing for further need, and explaining what will happen next
- Ensure your close is warm by thanking them, shaking their hand, or wishing them well in some manner

# Questions?



Kathy Saldana, Patient Experience Advisor

[Kathy.Saldana@bhcpns.org](mailto:Kathy.Saldana@bhcpns.org)

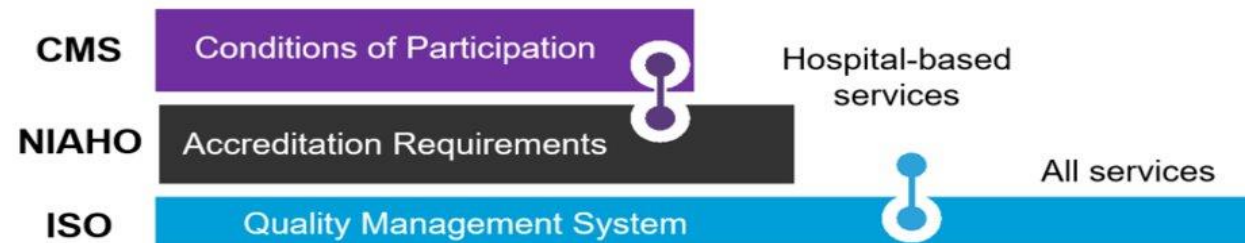
850.469.7164

# Clinical Excellence: Accreditation & Document Control

Baptist Health Care has chosen to be accredited by DNV Healthcare, an innovative accrediting organization (AO) whose philosophy aligns with the *Baptist Way* and BHC's focus on being a highly reliable healthcare provider.

## DNV's model of Accreditation includes:

- Aligning their NIAHO\* requirements with Medicare's CoPs – allows hospitals to determine what works best for their organization (less prescriptive)
- Requirements for a quality management system that aligns business strategy with healthcare quality goals (ISO 9001:2015)





# Clinical Excellence: Accreditation & Document Control

Baptist Hospital and Gulf Breeze Hospital maintain their Medicare certification through their accreditation status with DNV Healthcare (DNV).

The four Baptist Medical Parks, the Navarre Free Standing ED, and dozens of our physician practices and clinics are departments of either Baptist or Gulf Breeze Hospital, and therefore are subject to being surveyed by DNV.

DNV requires hospitals to undergo **annual onsite surveys** as a way to encourage a culture of continuous improvement.

Jay Hospital maintains their Medicare certification by undergoing a CMS survey every three years.

## **Accreditation & Document Control Team:**

*Jill Whitman, Accreditation Manager*

*Sara Haynes, Accreditation Consultant*

*Mari Stein, Accreditation Consultant*

*Robyn Gandy, Document Control Specialist*

# Clinical Excellence: Accreditation & Document Control

Policies that impact our practitioners are maintained in the MCN Document Library. Here are a few documents that should be reviewed:

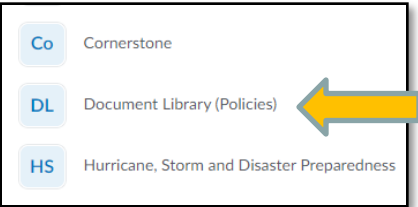
- Rapid Response Team
- Procedural Sedation
- No Harassment
- Physician Orders
- Code Blue
- **Restraint and Seclusion for Violent or Self-Destructive Behavior\*** <https://bhc.ellucid.com/documents/view/7168>
- **Restraints for Non-Violent Behavior\*** <https://bhc.ellucid.com/documents/view/12738>

***\*Practitioners who are privileged to order restraints must review the restraints-related policies (CMS/DNV requirement).***

Please review these and other applicable policies to ensure you have a working knowledge of them – instructions for accessing policies are on next slide.

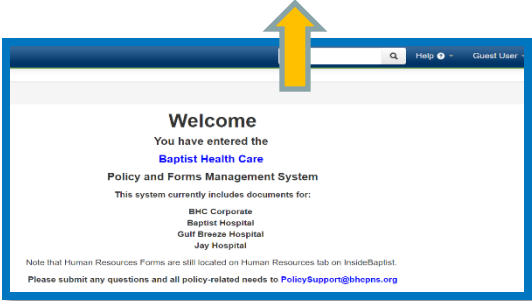
# Clinical Excellence: Accreditation & Document Control

Access the Document Management Library via BHC's intranet **Connect**



Once there, select the Document Library (Policies) from the Quick Links menu on the right of the screen.

Enter keywords for the documents you wish to review in the search bar in the upper right-hand corner.



# Video-conference Recording Policy

- 1

- 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.

- 2

- 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.



# Sepsis Program

# Sepsis Statistics

At least

**1.7 MILLION**

adults in America  
develop sepsis.

Nearly

**270,000**

Americans die as a result  
of sepsis.

**1 IN 3 PATIENTS**

who dies in a hospital  
has sepsis.

Sepsis, or the infection causing  
sepsis, starts outside of the  
hospital in nearly

**87% OF CASES.**

# What is Sepsis?

Sepsis is the body's **dysregulated immune response** to an infection.

It is life-threatening, and without timely recognition and treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

# Who is **AT RISK** for Sepsis?

65+

Adults 65  
or older



People with  
weakened  
immune systems



People with chronic  
medical conditions,  
such as diabetes,  
lung disease, cancer,  
and kidney disease



People with  
recent severe  
illness or  
hospitalization



Sepsis  
Survivors



Children  
younger  
than one



# What is the **Clinical Criteria** for Sepsis?

Infection (known or suspected or worsening)

+

2 or more SIRS manifestations

+

Any evidence of organ dysfunction that is not attributed to a non-infectious cause

# What is the **Clinical Criteria** for Sepsis?

## SIRS Criteria

Temperature >38° C (100.4° F) or <36° C (96.8° F)  
 Heart rate > 90  
 Respiratory rate >20 or PaCO<sub>2</sub> <32 mm Hg  
 WBC >12,000/mm<sup>3</sup> or <4,000/mm<sup>3</sup> or >10% bands

## CMS Definitions

Sepsis	≥2 SIRS criteria + known or suspected infection
Severe Sepsis	<p>Sepsis AND</p> <p>At least 1 sign of organ dysfunction:</p> <ul style="list-style-type: none"> <li>• Sepsis-induced hypotension                             <ul style="list-style-type: none"> <li>• SBP &lt;90</li> <li>• MAP &lt;65</li> <li>• ↓ SBP &gt;40 from normal baseline</li> </ul> </li> <li>• Cr &gt;2.0 or urine output &lt;0.5 mL/kg/hr x2 hours</li> <li>• Bilirubin &gt;2.0 mg/dL</li> <li>• Platelet count &lt;100,000/mm<sup>3</sup></li> <li>• INR &gt;1.5 or PTT &gt;60 sec</li> <li>• Lactate &gt;2 mmol/L</li> </ul>
Septic Shock	<p>Severe sepsis AND</p> <ul style="list-style-type: none"> <li>• Persistent hypotension after 30 mL/kg crystalloid</li> <li>• Lactate ≥4 mmol/L</li> </ul>

Table 1. Sequential [Sepsis-Related] Organ Failure Assessment Score<sup>a</sup>

System	Score				
	0	1	2	3	4
Respiration					
PaO <sub>2</sub> /Fio <sub>2</sub> , mm Hg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation					
Platelets, ×10 <sup>3</sup> /μL	≥150	<150	<100	<50	<20
Liver					
Bilirubin, mg/dL (μmol/L)	<1.2 (20)	1.2-1.9 (20-32)	2.0-5.9 (33-101)	6.0-11.9 (102-204)	>12.0 (204)
Cardiovascular	MAP ≥70 mm Hg	MAP <70 mm Hg	Dopamine <5 or dobutamine (any dose) <sup>b</sup>	Dopamine 5.1-15 or epinephrine ≤0.1 or norepinephrine ≤0.1 <sup>b</sup>	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1 <sup>b</sup>
Central nervous system					
Glasgow Coma Scale score <sup>c</sup>	15	13-14	10-12	6-9	<6
Renal					
Creatinine, mg/dL (μmol/L)	<1.2 (110)	1.2-1.9 (110-170)	2.0-3.4 (171-299)	3.5-4.9 (300-440)	>5.0 (440)
Urine output, mL/d				<500	<200

Abbreviations: Fio<sub>2</sub>, fraction of inspired oxygen; MAP, mean arterial pressure; PaO<sub>2</sub>, partial pressure of oxygen.

<sup>a</sup> Adapted from Vincent et al.<sup>27</sup>

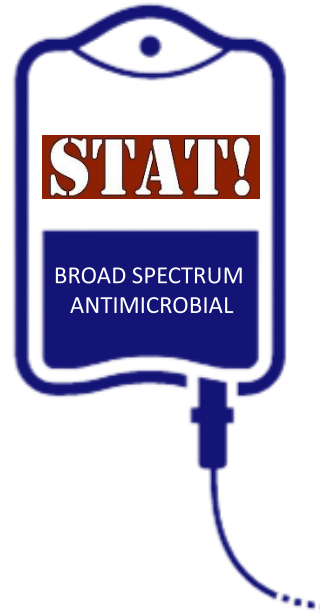
<sup>b</sup> Catecholamine doses are given as μg/kg/min for at least 1 hour.

<sup>c</sup> Glasgow Coma Scale scores range from 3-15; higher score indicates better neurological function.

## qSOFA

Altered mental status  
 Heart rate ≥ 100  
 Respiratory rate ≥ 22

# What are the **Time Sensitive Interventions** for Sepsis?



**IF SBP <90, MAP <65, Sepsis Lactate  $\geq$  4**



**30ml/kg crystalloids  
Must be infused  
within 3 hours**

**Consider using IBW if  
BMI > 30**



**INITIATE Levophed  
if hypotensive  
refractory to  
30ml/kg resus  
bolus**

- o Physician/APN/PA documentation indicating or attesting to performing or completing a physical examination, perfusion (re-perfusion) assessment, sepsis (severe sepsis or septic shock) focused exam, or systems review.

**Examples of Physician/APN/PA documentation that is acceptable:**

- "I did the Sepsis reassessment"
- Flowsheet question: "Sepsis focused exam performed?" and selection of "Yes"
- "Review of systems completed"
- "I have reassessed tissue perfusion after bolus given."
- "Sepsis re-evaluation was performed"
- "I have reassessed the patient's hemodynamic status"

# How do you **Order** Sepsis Bundles?

- SAVE SEPSIS ORDERSETS to your FAVORITES
  - ED Sepsis Alert Orderset
  - ED Sepsis Orderset
  - Inpatient Sepsis Orderset
  - COVID-19 Orderset
- Check out the Antimicrobial Module
- Benefits of using Sepsis Ordersets:
  - Time sensitive bundle components are not missed
  - Nursing receives enhanced monitoring orders

# How do you Document Sepsis in EHR?

- Document clinical criteria that supports sepsis diagnosis
  - SIRS, specific organ dysfunction/failure, probable/identified source
  - Capture the severity of illness & risk of mortality by documenting a SOFA or qSOFA score on admission and when there is a change in condition
  - Document ordered bundle components, labs, imaging and consults
- Consider creating a sepsis-specific dot phrase
- Avoid using terms “sepsis syndrome” and “urosepsis”
- Be sure to document sepsis has been “ruled out” if you mention it in your differentials and an infection was never discovered

# How do you **Prevent** Sepsis in your Patients?

- Identify your 'at risk' patients and have discussions about infection prevention and optimize chronic conditions
- Great handwashing
- Discontinue unneeded lines or drains ASAP
- Encourage ADLs and pulmonary hygiene
- Screen for and encourage vaccinations
- Antimicrobial education and follow up
- Trend vital signs, labs, and physical exams


# How do we Monitor for Early Deterioration of our Patients?

## Early Warning Score (EWS)

Points	3	2	1	0	1	2	3
Temp °F	≤94.9	95.0 - 96.8		96.9 - 100.4	100.5 - 101.3	≥101.4	
HR		≤39	40 - 50	51 - 100	101 - 110	111 - 129	≥130
SBP	≤70	71 - 89	90 - 100	101 - 159	160 - 199	≥200	
RR	≤7		8 - 11	12 - 20	21 - 25	26 - 29	≥30
SpO2%	≤84%	85 - 87%	88 - 91%	92 - 100%			
LOC	Unresponsive	Responsive to pain	Responsive to voice	Alert	Agitation or confusion	NEW ONSET agitation or confusion	
Other	Add 1 pt for any of these scenarios: <input type="checkbox"/> UOP <100ml in 4h <input type="checkbox"/> Abnormal blood glucose <input type="checkbox"/> Something "just not right"						

**RED ZONE = STAT PROVIDER NOTIFICATION**



For questions or performance improvement recommendations, please contact  
“BHC – Sepsis Coordinator”  
via TelmedIQ 





# Pharmacy

Shelby Gaudet, PharmD BCPS, BCIDP, BCCCP  
Pharmacy Health System Clinical coordinator  
[Shelby.gaudet@bhcpns.org](mailto:Shelby.gaudet@bhcpns.org)

# Pharmacy Support

- 24-hour pharmacy resources located at Baptist and Gulf Breeze Campuses
- Other campuses (Jay/NFSED) supported remotely
- De-centralized clinical specialists:
  - Board Certified
  - Residency Trained
  - Pharmacotherapy, Critical Care, Infectious Disease, Geriatrics, Ambulatory Care
- Staff/operational pharmacists
  - Order verification
  - Dispensing
- Post Graduate Pharmacy Residents
  - 2 x 1st year – pharmacy practice
  - 1 x 2nd year – pharmacy informatics

# Pharmacy Services

- Profile reviews
- Multidisciplinary rounding
- Anticoagulation monitoring
- Parenteral Nutrition
- Renal dosing
  - Automatic for non-ID managed anti-infectives
- Pharmacokinetic dosing
  - Automatic for vancomycin and aminoglycosides
- Drug – lab values
- Antimicrobial Stewardship recommendations
  - Prospective audit and feedback

# Pharmacy Services

- IV to PO protocol
- Pain management protocol
- Drug information
- Consult services:
  - Examples:
    - Warfarin
    - Enoxaparin – Anti-Xa
    - Renal dosing
    - Miscellaneous
- Discharge Counseling
- Quality measurement review and documentation
- Outpatient services:
  - Meds to Beds Program
  - Patient assistance

# Pharmacy Services

- Admission Medication Reconciliation Service
  - Completed by dedicated/trained pharmacy technicians
  - Supports all admissions to the hospital
  - Comprehensive interview with pharmacy fill confirmation
  - For patient safety an admission medication reconciliation cannot be completed until list is collected by technician and verified by a pharmacist

# Pharmacy Services

- Ambulatory Services
  - Pharmacotherapy Clinic
    - Pharmacist and NP supported
    - Patient consultation
    - Barrier to compliance assistance
    - Patient assistance
    - Pharmacotherapy monitoring
    - Order via Allscripts "pharmacotherapy" or via Orders Facilitator

# Formulary

- Therapeutic interchange
  - Examples: ACEI, H2, PPI
- Broad spectrum antibiotics requiring infectious disease consultation
  - Automatic ID consult when restricted antibiotic is ordered
  - Examples: meropenem, daptomycin, ceftaroline

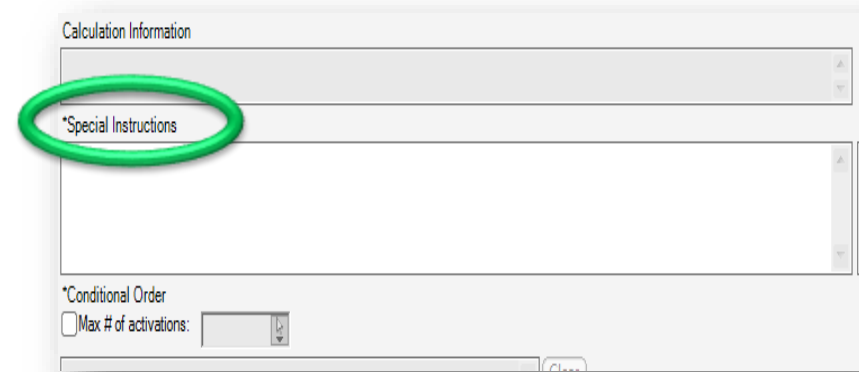
# Pharmacy Communication

- Verbally via multidisciplinary rounds
- Electronically via Telmediq
- Page via Doctor's Directory



## 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

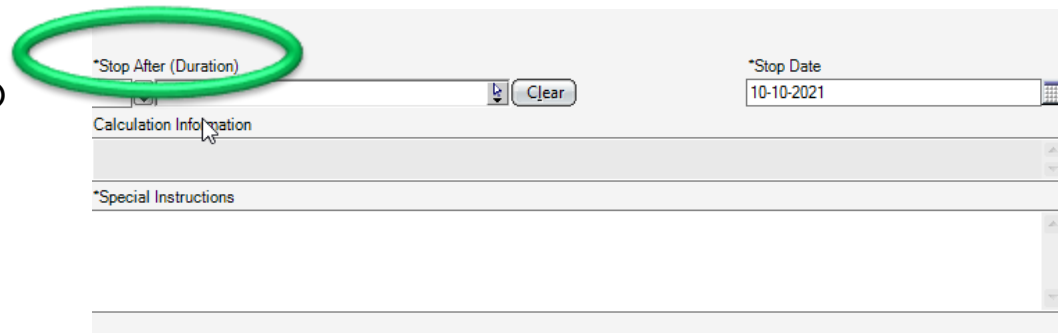


The screenshot shows a software interface for medication ordering. At the top, there is a section titled "Calculation Information" with a scrollable area below it. Below this is a field labeled "\*Special Instructions" which is highlighted with a green circle. To the right of this field, there are labels for "\*PR" and "DC". Below the "Special Instructions" field is a section for "\*Conditional Order" which includes a checkbox and a field for "Max. # of activations". At the bottom right of the interface, there is a "Clear" button.

# Pharmacy: Medication Ordering Tips

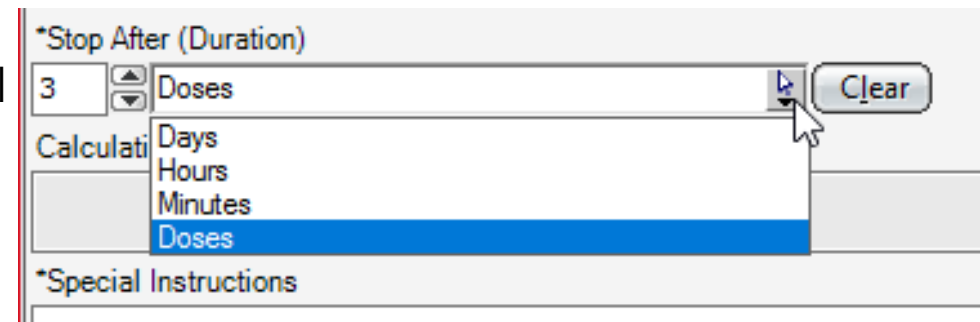
## Stop After (Duration)

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



A screenshot of a medication ordering interface. The field labeled '\*Stop After (Duration)' is circled in green. To its right is a date field labeled '\*Stop Date' with the value '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

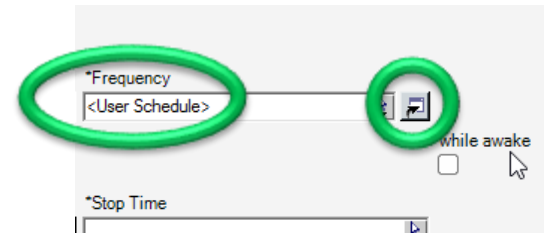


A screenshot of the medication ordering interface showing the '\*Stop After (Duration)' field. The field contains the value '3' and a dropdown menu is open, showing options: 'Doses', 'Days', 'Hours', 'Minutes', and 'Doses'. The 'Doses' option is highlighted in blue. A 'Clear' button is visible to the right of the dropdown. Below the field is a section for '\*Special Instructions'.

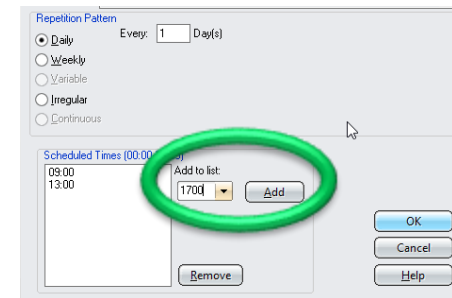
# Pharmacy: Medication Ordering Tips

## 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

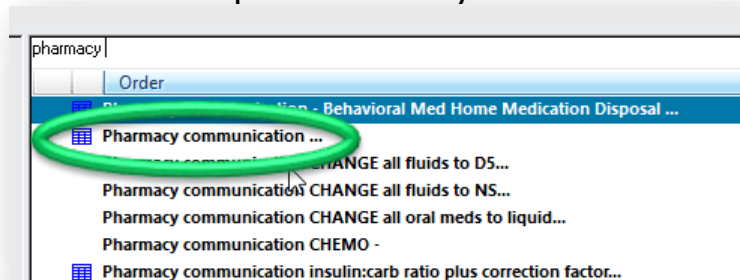


# Pharmacy: Medication Ordering Tips

## 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 shows patient information, allergies, and a 'Pharmacy communication' order. The 'Reason for Consult/Comments' field is circled in green. The patient's height is 65 inches, weight is 59 kg, and BMI is 21. The page also shows a 'Scheduled Date' of 4/13/2021 and a 'Scheduled Time' of STAT.



**BAPTIST**  
HEALTH CARE

# Antimicrobial Stewardship

Baptist Health Care

# Baptist Health Care Antimicrobial Stewardship Program

- Established December 2008 at Baptist Health Care
  - Founded by Sid Clements MD FACP and Rudy Seelmann PharmD BCPS
- Current Antimicrobial Stewardship leadership:
  - Physician: David Daley MD
  - Pharmacist: Shelby Gaudet PharmD BCPS, BCIDP, BCCCP
  - Microbiology Manager: Rosina Turner MT, ASCP, SM
  - Infection Preventionist: Cindy Almand MSM, BSN, RN, CIC
- Antimicrobial Stewardship Committee
  - Bimonthly multi-disciplinary committee
  - Responsible for outcomes of the program

# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Antimicrobial utilization oversight:**
  - Prospective audit and feedback model:
    - Trained pharmacy staff review antimicrobial orders and provide verbal or written recommendations to prescribers regarding optimization of antimicrobial use
    - The intervention does not delay the first dose of antimicrobial therapy, and acceptance of recommendations is voluntary
  - Select broad spectrum antimicrobials require a consult with an Infectious Disease specialists for continued therapy
    - The intervention does not delay the first dose of antimicrobial therapy

# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Pharmacokinetic Monitoring:**
  - Pharmacy automatic dosing of all pharmacokinetically adjusted antimicrobials
  - Pharmacy automatic dosing of renally adjusted antimicrobials not managed by an Infectious Disease Specialists



# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Facility-specific clinical protocols:**
  - Develop and maintain facility-specific clinical practice guidelines and pathways for common infections based on local epidemiology, susceptibility patterns, and drug availability or preference:
  - Examples include:
    - Antimicrobial Module
    - Sepsis Ordersets
    - Pneumonia Ordersets
    - ICU Ordersets

# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Electronic decision support:**

- Information available at point of microbiology result review or orderset review to provide information that can assist with optimal antimicrobial use
- Bi-annual Antibigram available on Baptist Health Care web based applications page:
  - Facility:
    - Baptist Health Care Antibigram
    - Baptist Hospital Antibigram
    - Gulf Breeze Hospital Antibigram
  - Source:
    - Blood
    - Urine
    - Systemic

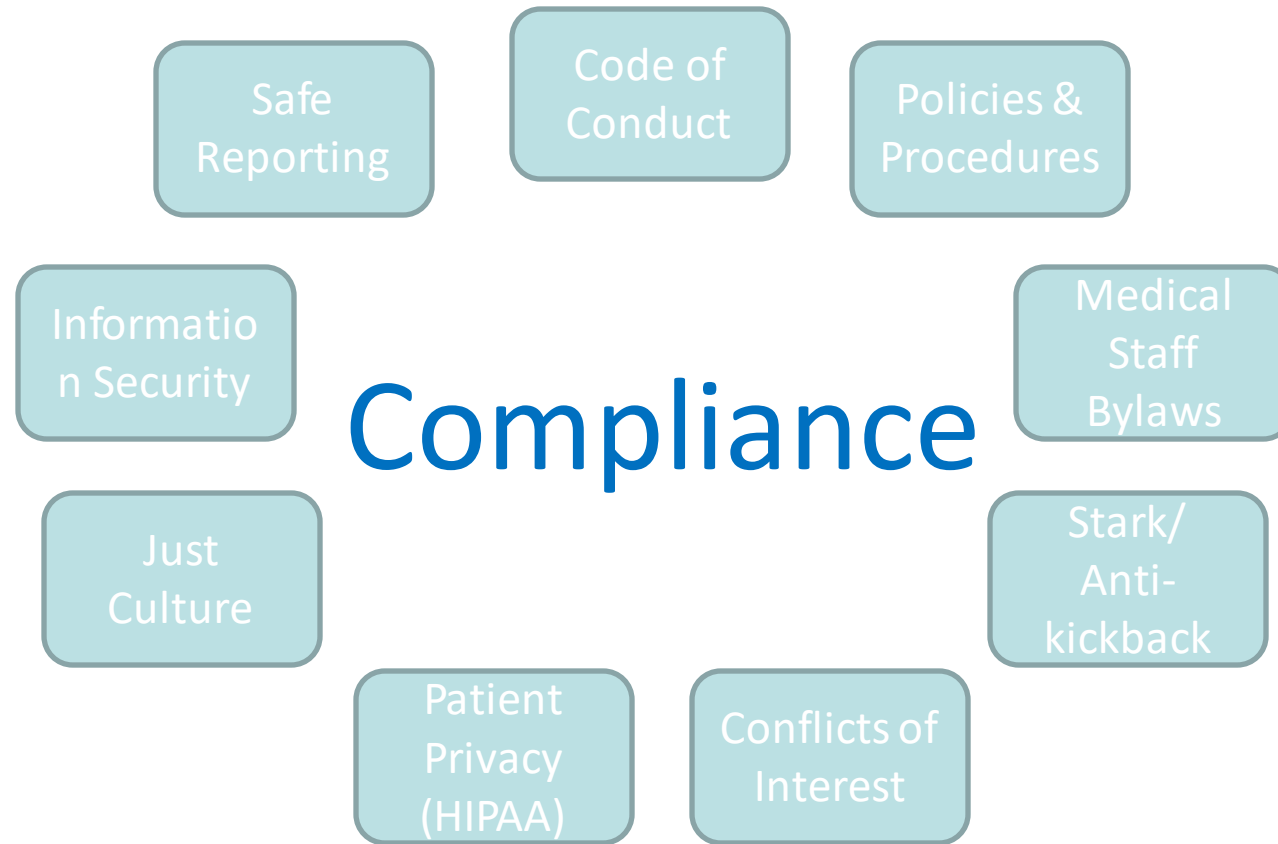
# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Diagnostic Tools Available:**

- Viral and bacterial PCR Panels
- Procalcitonin
  - Pro-hormone that is highly sensitive and specific for bacterial infection
  - Is used in conjunction with clinical signs and symptoms to determine if a bacterial infection is likely or not
  - Can assist clinicians on decision to initiate/continue antibiotics

# Baptist Health Care Antimicrobial Stewardship Program Interventions

- **Education on antimicrobial stewardship provided:**
  - New hire orientation
  - Annual competencies
  - Service line meetings
  - Monthly articles via MEDCONNECT



# 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 **personale-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

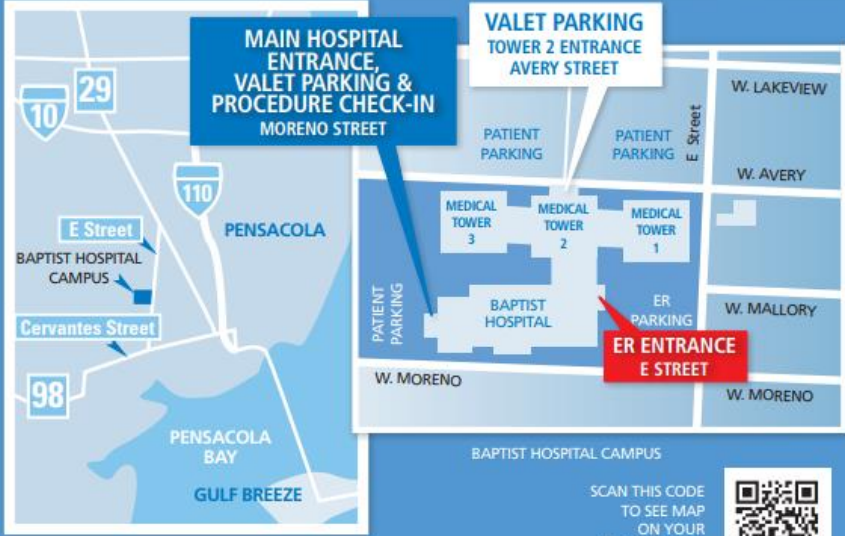




# Baptist Hospital Campus



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**

Map labels include: I-10, I-29, I-110, E Street, Cervantes Street, PENSACOLA, BAPTIST HOSPITAL CAMPUS, PENSACOLA BAY, GULF BREEZE, PATIENT PARKING, MEDICAL TOWER 3, MEDICAL TOWER 2, MEDICAL TOWER 1, BAPTIST HOSPITAL, ER PARKING, W. MORENO, W. LAKEVIEW, W. AVERY, W. MALLORY.

SCAN THIS CODE TO SEE MAP ON YOUR SMART PHONE



## DIRECTIONS:

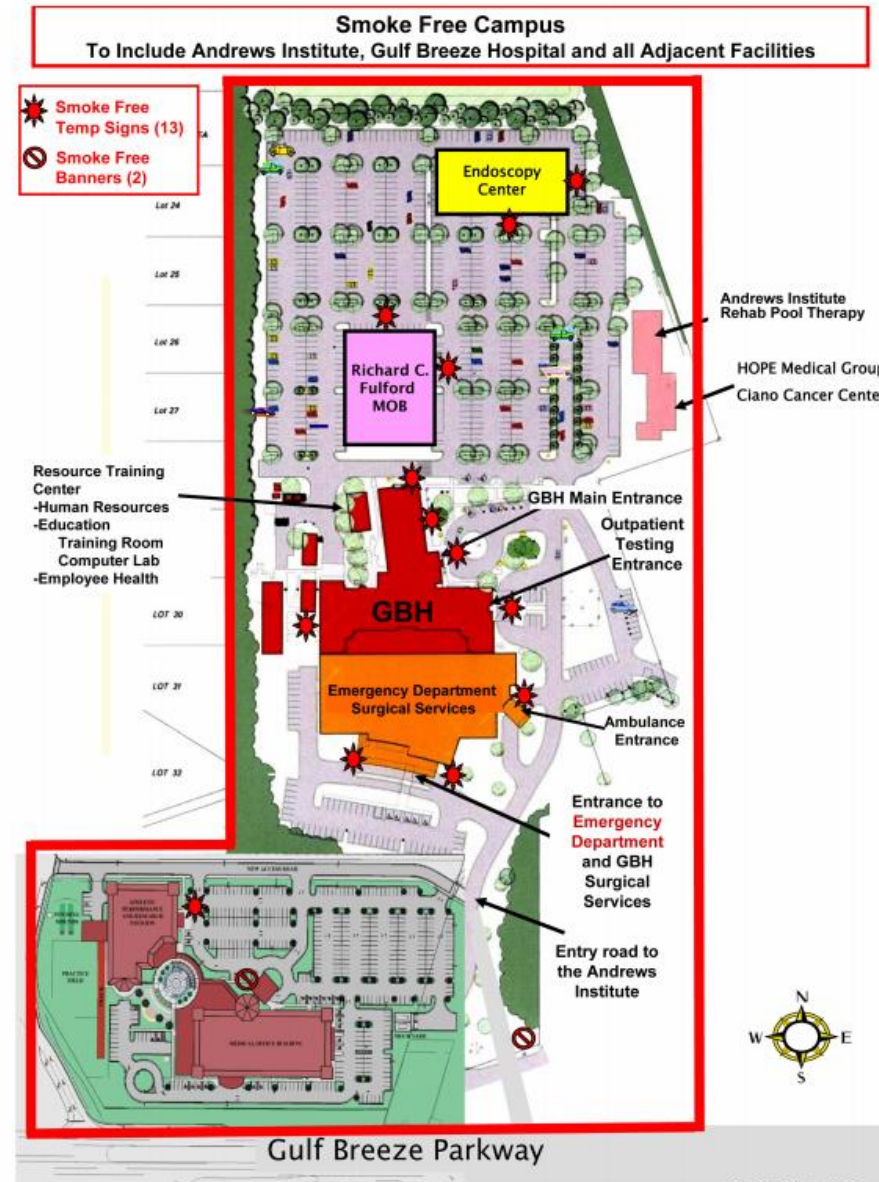
From Cordova Mall: Take Ninth Avenue south to Cervantes Street. Turn right and proceed west to "E" Street. Turn right and proceed north to Moreno Street. Turn left and proceed to free valet parking at the main hospital entrance.

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



# 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.

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PRINT NAME

---

SIGNATURE

---

DATE

# Surgical Services

Proceduralists are also required to receive education on the following:

- Laser Safety
- Fire Safety in Procedure Areas

Tracy Farmer, RN BSN, CNOR  
Surgical Services Clinical Quality Manager (Laser Safety Officer)  
Baptist and Gulf Breeze Hospitals  
1000 West Moreno Street  
Pensacola, Florida 32501  
BH Work#: 850-434-4839  
GB Work#: 850-934-2081  
Fax#: 850-434-4074  
Cell: 706-346-7150  
Tracy.Farmer@bhcpns.org



Laser Safety  
for Practitioners

**\*Proceduralists are required to  
complete this module**



FIRE IN THE  
PROCEDURAL SETTING

**\*Proceduralists are required  
to complete this module**



**Guidelines and the  
Management of  
Malignant Hyperthermia  
for Practitioners**

**\*Proceduralists are required to complete  
this module**



# I AGREE

As a practitioner that may work in procedural settings, I have read, understand and will comply with the Baptist Health Care (1) *Laser Safety*, (2) *Fire Safety in Procedure Settings* and (3) *Guidelines and the Management of Malignant Hyperthermia for Practitioners* Education for medical staff.

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE