

St. Joseph's/Candler Health System

Medical Staff Orientation

1. General Information

- Leaders of the Medical Staff
- Quick Reference Telephone Guide
- Maps of St. Joseph's Hospital and Candler Hospital

2. System Quality Improvement

- New Physician Quality Guide

3. Credentialing Process

- Categories of the Medical Staff and requirements
- Expectations for Medical Staff Members
- Advancement to Active, Adjunctive or Consulting
- Schedule of Medical Staff General Staff and Department meetings
- Department specific rules

4. Privileging Process

- How to request increase in privileges

5. Medical Record Rules

- DO NOT USE abbreviations
- Dictation guide
- Suspension process

6. Pharmacy

- Formulary process
- P&T Committee
- IRB Committee

7. Hospital Department Information

- Clinical Care Coordination
- Centralized Scheduling

8. Mission Services

- Spiritual Care
- POLST Explanation
- POLST Order

9. Medical Staff Policies

- Code of Conduct – Professional Behavior
- Dispute Resolution
- Physician Health Issues
- Peer Review Process
- New Technology Criteria
- Moderate Sedation and Analgesia
- Emergency Care for Inpatients
- Physician Identity Verification
- Emergency Credentialing

- Medical Staff Criminal Background Checks
- Physicians Lounge
- Physician Name Badges
- Physician Parking
- Physician/Provider Web Site Links
- Residents

10. Hospital Safety

- Emergency Codes
- Neptune Waste Management System Training

11. Compliance

- HIPPA
- EMTALA

12. Isolation Training (*will be completed day of orientation*)

I have received a copy and have been oriented and agree to abide by the Medical Staff Bylaws; Joint Medical Staff Credentialing Manual and Joint Medical Staff Rules and Regulations. I have received information regarding the items listed above and have had an opportunity to ask and have my questions answered. I have been offered an opportunity for a tour of the facilities.

I have been provided a picture identification badge for the purposes of security and identification. I understand that I should wear this badge at all times while on Hospital property. I understand that my badge will be used as a pass for entry into the county/city/hospitals in the event of an emergency situation requiring evacuation. I understand that should my badge be lost, it will be replaced one time at no charge.

AUTHORIZATION TO DISCLOSE IDENTIFIABLE INFORMATION

I hereby agree, consent and authorize St. Joseph's/Candler Health System Inc., its affiliates, agents, and designees to use and disclose my identifiable information, including, but not limited to photographs for the purposes of Healthcare operations, marketing and publications sponsored by St. Joseph's/Candler Health System, Inc.

Print Name

Signature

Rev> 4/2013, 12/2014, 1/2015, 06/2018

Date

New Physician Interview

Name of Physician: _____

Married: _____

Spouse's name (optional) _____

Children: _____

Special Medical Interests: _____

Hobbies: _____

Originally from: _____

Comments: _____

Local Home Address: _____

Office Address: _____



Introducing PowerScribe 360 | Critical Results: A Critical Results Communication System

January 8, 2019

Dear Physician, or Physician extender (P.A., N.P.),

We are pleased to announce that our partnership with PowerScribe 360 | Critical Results has expanded to allow use by physician extenders such as Physician Assistants, and Nurse Practitioners.

PowerScribe 360 | Critical Results is a patient safety communication system designed to ensure that critical diagnostic findings reach the ordering physician promptly to improve patient safety, and enhance timely and reliable clinical communication. We have balanced the preferences and needs of recipient clinicians with constraints imposed by The Joint Commission and HIPAA regulations.

How it Works

PowerScribe 360 | Critical Results creates a direct messaging channel between the Diagnostic Imaging departments and the ordering clinician (physician, or physician extender):

- Each ordering clinician (physician or physician extender) chooses how they want to be notified of critical test results: by pager, cell-phone text message, fax, and/or email—or any combination of alert devices based on the following Profile.
- PowerScribe 360 | Critical Results routes a text alert in real-time, based on the physician's alert preferences, with a callback number and a 6-digit message ID. This allows the ordering physician to access a voice message containing a report of the finding from the clinician who interpreted the study, in the Reporting Clinician's voice. An alert might read **"Critical Result for Dr. Smith from Dr. Smith at SJC Imaging. Please call 800-218-6536 and enter access code (ex. 123456) to retrieve the result."**
- The PowerScribe 360 | Critical Results system will first attempt your primary alert device. If your message is not retrieved, the system will automatically escalate to alternative contact methods. If the communication is still not retrieved following Escalation to back up devices, the diagnostic center will be notified and will activate a "failsafe" procedure to ensure the critical test results are communicated to you as quickly as possible.

What We Need From You

Complete the St Joseph Candler Hospital PowerScribe 360 | Critical Results Profile form as soon as possible. If you have any questions, please refer to the instruction sheet or contact:

PowerScribe 360 | Critical Results Support at 866-256-3178

Your timely cooperation in this important project is greatly appreciated.

PowerScribe 360 | Critical Results Profile Form Instructions

SECTION A: Clinical Information

This section has been auto populated for you. Please review and make any corrections directly on the form.

SECTION B: Primary Alert Preferences

You will need to identify your primary alert preferences according to the required device types for each results category as outlined below. PowerScribe 360 | Critical Results messages are classified as:

Red	Result requires immediate (within 1 hour) interruptive alert of the responsible physician who can initiate the appropriate clinical action for the patient.
Yellow	Result requires corrective action should be taken. Physician alert and acknowledgement should occur within 24 to 48 hours.

For each message category listed above, PowerScribe 360 | Critical Results alerts will be sent to the device(s) you identify in this section.

- **Cell Phones:** If you would like text alerts sent to your cell phone number, you are required to provide your 10-digit phone number and device carrier information (e.g., Verizon, AT&T, Sprint).
- **Cell phone w/link-** A text with a link can be sent to your device. Activation of the link allows you to hear the voice clip of the result. Please provide your 10-digit phone number and carrier.
- **Pagers:** If you would like alerts sent to your pager, please provide the pager number, identify if the pager is “Numeric Only” or “Alphanumeric” (capable of receiving SMS text messages). If you are using an “Alphanumeric” (text) pager, you are required to provide device carrier information (e.g., Verizon, AT&T, Sprint).
- **Landlines:** If you want the first automated call to go to your office, the phone number given **MUST NOT** be part of a menu, (Automated attendant). It will need to be a number where a **licensed care practitioner** will receive the call. PowerScribe 360 | Critical Results will call the number you specify and provide instructions on how to retrieve the test result. **The voice message will NOT contain the actual test result, just retrieval instructions.**
- **Fax:** You will receive a Fax containing the Patient Name and instructions to retrieve result.
- **Email:** A text with a link can be sent to your email. Activation of the link allows you to hear the voice clip of the result.

SECTION C: Backup Alert Preference

You can identify backup alert devices. Backup devices will receive PowerScribe 360 | Critical Results alerts in the event that a PowerScribe 360 | Critical Results message is not retrieved after delivery to your Primary Alert Device(s).

SECTION D: After Hours Preference

In this section, you can identify an alert device for after normal Business Hours. After Hours devices will receive PowerScribe 360 | Critical Results alerts during the timeframe indicated.

Completed Forms

Please Fax your completed form to **(877) 606-3995**.

If you have any questions, please call **(866) 256-3178**.

Thank you for completing your PowerScribe 360 | Critical Results Profile Form.

PowerScribe 360 | Critical Results Profile Form

Please send your completed form to 1-877-606-3995

If you need assistance, please contact customer support at (866) 256-3178

Organization Name: SJC Imaging	Facility Name: Candler Hospital, St. Joseph Hospital
--------------------------------	--

New Profile Update to Existing Profile Date: _____

SECTION A: Clinician Information (Please make corrections directly on this form.)

Clinician Name:	Unique Clinician ID (Completed by SJC staff):
Additional Contact Name/Number:	Office Phone:
	Fax Number:
Primary Office Contact:	Email:
Address 1:	Specialty:
Address 2:	Practice/Group Name:
City: State: ZIP Code:	

Contact Notes:

SECTION B: Please indicate your primary alert preferences

Red Result	Yellow Result
Number or Email:	Number or Email:
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine	Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link	Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link
Carrier/Provider:	Carrier/Provider:

SECTION C: Backup Alert Preference (if different from your Primary Alert Preferences)

Backup Device	
Number or Email:	
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine	
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link	
Carrier/Provider:	

SECTION D: After Hours: If you require a different device after hours please indicate below

Start Time:	End time:	
Number or Email::		
Device Type: <input type="radio"/> Pager <input type="radio"/> Alpha Pager <input type="radio"/> Fax <input type="radio"/> Email, <input type="radio"/> Cell, <input type="radio"/> LandLine		
Cell: <input type="radio"/> Text Message <input type="radio"/> Text w/Link		
Carrier/Provider:		

***Please Note: If using a Landline it must be answered "live" person 24/7**

Fax completed form to: (877) 606-3995 or return this form via email to PS360CRdata@nuance.com

Medical Staff Committee Interest

“PHYSICIAN” must review, complete and sign!

Welcome to the St. Joseph’s/Candler Medical Staffs. We appreciate your choosing St. Joseph’s/Candler to provide care for your patients.

What is your interest in service with the medical Staff and the hospitals? Below is a brief synopsis of opportunities for physician service. ***Please indicate all that apply for your interest in serving.***

[] **Cancer Committee**: The Cancer Committee and the sub-committees are charged with the responsibility of complying with the current standards of the American College of Surgeons Commission on Cancer.

[] **Joint Continuing Medical Education Committee**: The Continuing Medical Education Committee directs development of the continuing medical education program by: Assessing educational needs of the medical staff, making recommendations regarding CME activities to meet identified needs of the medical staff, evaluating effectiveness of the overall CME program and component activities and assuring compliance with accreditation requirements for continuing medical education.

[] **Joint Infection Control Committee**: The Infection Control Committee is responsible for surveillance of inadvertent hospital infection potentials, review and analysis of actual infections, promotion of a preventive and corrective program designed to minimize infection hazards, and supervision of infection control in all phases of the Hospitals’ activities as outlined in the Infection Control Manual.

[] **Joint Medical Staff Advisory**: The Medical Staff Advisory Committee Is responsible for the monitoring, early detection, investigation, counseling, and rehabilitation of practitioners who may have physical or psychological problems interfering with the safe and competent practice of their profession.

[] **Joint Occurrence Screening Committee**: The Joint Occurrence Screening Committee is responsible for implementing a system for on-going screening of unanticipated patient care occurrences, developing and applying criteria to identify and analyze clinical occurrences and recommending policy/procedure changes or other actions to the MEC.

[] **Joint Pharmacy and Therapeutics Committee**: The Pharmacy and Therapeutics Committee shall develop and recommend to the MECs and Boards procedures relating to the selection, distribution, handling, use/administration of drugs and diagnostic testing materials; perform an on-going, planned and

systematic review of the appropriateness and effectiveness of prophylactic, empiric and therapeutic use of drugs and recommend policies concerning the safe use of drugs in the Hospitals.

Quality Analysis and Implementation Committee: The QAIC will review, approve, and evaluate clinical performance improvement activities, proposals and results, as identified by Clinical Initiative, and System/Medical Staff Committees and Departments and provide oversight, coordination and direction of performance improvement activities which includes, but is not limited to, chartering and prioritizing projects, aligning of resources, review of project status and assuring reporting to appropriate recipients.

Joint Invasive Procedure/Blood Use Committee: The IPR/BC will conduct a comprehensive review and evaluation of the surgeries and invasive procedures and blood and blood products transfused at the Hospital (including emergency surgeries and procedures) to evaluate appropriateness and effectiveness of care rendered, acceptability of the procedure chosen, with consideration to the agreement or disagreement of the preoperative and post-operative (including pathological) diagnoses.

Joint Critical Care Committee: The Joint Critical Care Committee will monitor and evaluate the quality of care provided in the Critical Care Units, periodically review the equipment available and make appropriate recommendations, formulate criteria for admission to and discharge from the Units to ensure optimal utilization of this specialized area, and develop preference order sets and protocols based on best practice and standards of care.

Joint Physician Compliance Committee: The Physician Compliance Committee shall assure that medical records are sufficiently comprehensive and detailed to reflect the assessment of care of the patient including diagnosis, details of diagnostic studies, treatments rendered, outcome and disposition; and that they meet the requirements of the legal and regulatory agencies with jurisdiction over the Hospitals and the accreditation standards of agencies in whose accreditation programs the Hospitals participate.

No interest at this time

Physician Name (Print)

Signature

Specialty

Date



Direct Address Request

A Direct address is like an ordinary email address, except it is maintained by a Health Internet Service Provider (HISP) and has special privacy and security features designed to protect Health Information communications. A Direct Address usually has the word "direct" in the address line.

My "Direct address" is: _____

If you are not aware of your direct address, please contact your office manager for assistance.

Physician signature: _____ Date: _____

Print Name: _____