

WELCOME TO

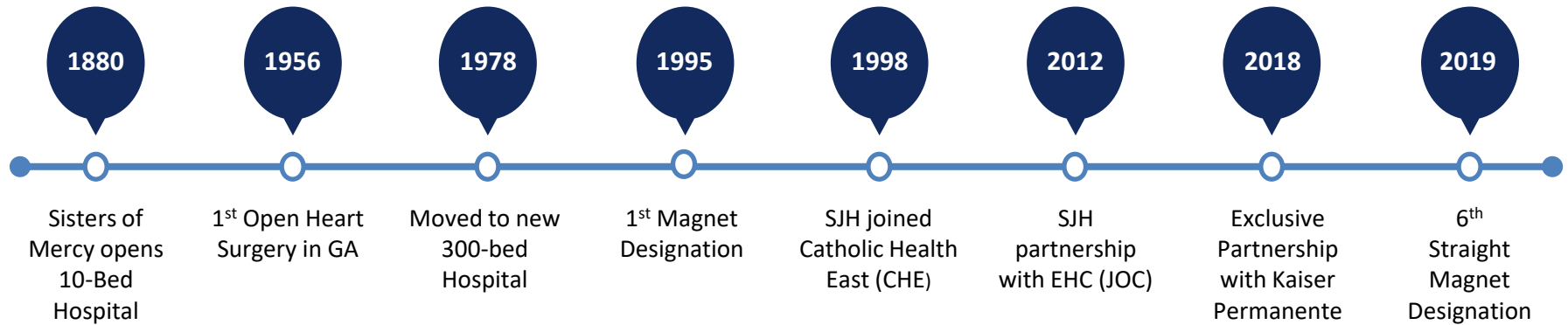


Orientation Guide *for* New Medical Staff Members and Allied Health Professionals

This comprehensive orientation includes some key information for your review prior to practicing at Emory Saint Joseph's Hospital. You might also find it helpful to refer back to this during your appointment on our staff.

Once you have reviewed all slides, please print the certificate found on the orientation webpage. The certificate must be signed and presented to the Medical Staff Office prior to your appointment date.

Emory Saint Joseph's Hospital



410 Licensed
Beds

2,800 employees

1,800 Medical
Staff (50% Emory
Employed)

Busiest Open
Heart program in
GA

1 of 11 Emory
Hospitals

13,000 surgeries

36,000 ED visits

27 ORs



Accolades



6th Designation
3rd in World
1st Community
Hospital



2nd in Atlanta
2nd in Georgia
4th straight year



Top 250 Best Hospitals
Top 100 in GI, General Surgery, and Stroke



2019 Top 250
Hospital (#132)



2019 Top 100 Hospital



Mission Lifeline
STEMI and MSTEMI
Gold



LeapFrog
A Rating

Meet the ESJH Leadership Team



Heather Dexter
Chief Executive
Officer



Kevin Andrews
Chief Operating
Officer



Julie Swann
Chief Nursing
Officer



Dr. Thomas
McGahan
Chief Medical
Officer



Dr. Michael Balk
Chief Quality
Officer



Divya Matai
Chief Financial
Officer



Jessica Sheridan
VP, Operations



Mike Garrido
VP, Mission
Integration



Kristie Andrews
VP, Human
Resources



Sara May
VP, Procedural
Operations

Our Mission Statement

Furthering the healing ministry of the Sisters of Mercy,
Saint Joseph's gives tangible expression to Christ's
merciful love by providing compassionate,
clinically excellent health care
in the spirit of loving service to those in need,
with special attention to the poor and vulnerable.

*Our mission is integral to who we are and informs all aspects of our service and
our organizational life.*

Our Values

Mission

Excellence *We hold ourselves to the highest standards of quality and professionalism.*

Reverence for each Person *We treat every person as sacred.*

Compassion in our Actions *Smile. Greet one another. Offer praise.
Hold a hand. Console in hard times.*

Integrity

We are honest and strive to do the right thing.

ESJH Values



The Ethical and Religious Directives for Catholic Health Care Services

As a Catholic hospital we embrace *The Ethical and Religious Directives for Catholic Health Care Services* which

- Affirms the dignity of every person
- Provides guidance and direction on moral issues
- Is incorporated into the Medical Staff bylaws

All physicians and other providers with privileges at ESJH agree to adhere to the Ethical and Religious Directives for Catholic Health Care Services.

Click the link below for a PDF of the Ethical and Religious Directives:

https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_0.pdf

Ethics at Emory Saint Joseph's Hospital

Ethics Committee

- Purposes: education, policy review, consults
- Interdisciplinary resource
- Membership by appointment
- Chaired by Dr. Dan Bell, Palliative Medicine

Ethics Consultation

- Purposes: education, facilitation, support, counsel, provide follow-through around questions or concerns related to ethics
- Multidisciplinary subset of Ethics Committee
- May be requested by anyone (physician, staff, patient, family)
- Consult request are made by: EHConnect/Ethics Consult - ESJH

Spiritual Care at Emory Saint Joseph's Hospital

- Is a full and integrated partner in the care team
- Provides support and spiritual care to patients, families, staff
- Serves persons of all faiths
- Includes staff chaplains from various religious traditions
- Is on-site 24 hours a day, 7 days a week
- Offers the following particular Catholic Ministry
 - Mass daily in Chapel – 11:00 AM
 - Sacrament of the Eucharist
 - Sacrament of the Sick



Janet
Clark



Grace
Freeman
Sr. Chaplain



Jane
Kagia



Gregory
Pocock
Sr. Chaplain



Father
Patrick
Scully



Dorie
Griggs



Bonnie
Hicks



Kevin
Lacson



Catherine
Lukens



Christy
Medina



Mike
Garrido
VP,
Mission



Shelly
Neal



Barbara
Pendergrast



Simone
Ferguson



Curtis
Swint



Sharonda
Watson



Cheri
Tiernan

Mission Council

The purpose of the Mission Council is to further the healing ministry of the Sisters of Mercy by providing ongoing education, plan celebrations and rituals that promote our understanding and commitment to our faith-based tradition. Members of this council consists of employees and leaders that represent a diverse group of ESJH team members who demonstrate a passion for our mission and values.

We are pleased that you have chosen to serve with us at ESJH and we would like to be a part of your team as you participate in ESJH's healing mission.

For more information please contact Mike Garrido, Vice President of Mission Integration at 470-650-4008.

EHC Pledge

At Emory Saint Joseph's, we have adopted the EHC Pledge.

The Pledge was developed by a multidisciplinary team of staff and physicians looking at ways to foster an environment of teamwork and mutual respect. It specifies the set of actions and behaviors necessary to create this environment and serves as a tangible means by which physicians and staff can hold each other accountable.



Our Pledge

We will treat each other the way we want to be treated.

We will...

- treat everyone as professionals and with respect and dignity
- greet each other by name
- welcome and encourage new team members
- be honest and open in all interactions
- be respectful of everyone's privacy
- be culturally and racially sensitive

We will not...

- raise our voices in anger or use sarcasm or profanity
- be passive-aggressive
- make culturally or racially derogatory remarks
- undermine each other's work
- criticize each other and Emory in public spaces

We will cultivate a spirit of inquiry.

We will...

- ask "why" when we have questions or concerns, especially about safety
- ask for a pause when we think someone is about to make a mistake or do something unsafe
- thank each other for raising concerns
- declare our openness to the inquiry of others

We will not...

- respond with anger or sarcasm when someone requests a pause
- intentionally belittle or respond in a threatening or condescending manner when someone asks a question
- tolerate rudeness
- stifle learning

We will defer to each other's expertise.

We will...

- encourage each other to offer different perspectives
- recognize that all members make important contributions to the team
- seek help when we don't know the answer

We will not...

- belittle or ignore the ideas and perspectives offered by each other
- assume that expertise is overruled by age, profession, or rank

We will communicate effectively.

We will...

- listen thoughtfully and ask for clarification when we don't understand
- check that others have understood when we say something important
- remain respectful with our body language and tone of voice
- remain calm when confronted with or responding to stressful situations
- use scripts, read-back, repeat-back, or other techniques where appropriate to reduce the chance of misunderstanding

We will not...

- stifle clarifying questions
- interrupt our team members unnecessarily
- say "it's not my job" or "it's not my responsibility"

We will commit to these behaviors in support of Emory Healthcare Care Transformation

We will...

- encourage and support each other
- hold each other accountable for the behaviors identified in this Pledge

EHC Pledge

At Emory Saint Joseph's, we have adopted the EHC Pledge.

There is a growing amount of research and evidence linking clinical quality, patient and staff safety, and teamwork. More than any other time in our history, it is becoming clear that for us to accomplish our goals and reach our vision, we must all commit to being active participants in working together toward that vision. To be effective in working together, we must all commit to respecting and valuing all the members of the various teams we work with, as we continue to learn to honor and leverage the perspective, experience and expertise each of our team members brings to the team. This is the essence of our Pledge.



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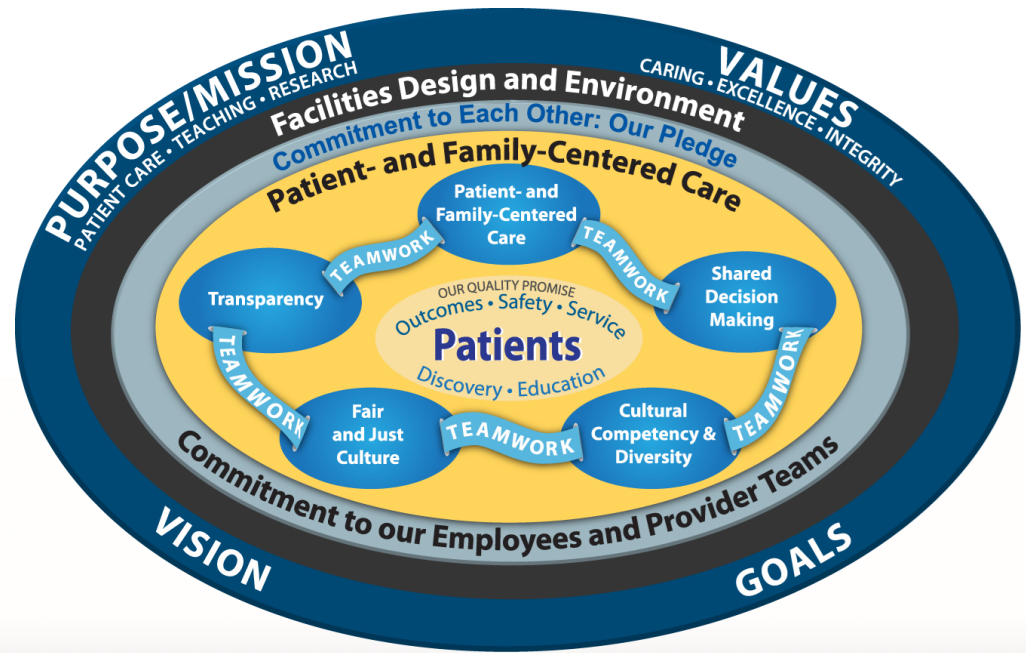
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EHC Care Transformation Model

At Emory Saint Joseph's, we have adopted the EHC Care Transformation Model.

The care transformation model was created to help us change our work environment, our processes, and the way we work with each other, our patients, and their families. Transforming care starts with each one of us and it starts at the heart. Transforming care is about teamwork and collaboration.



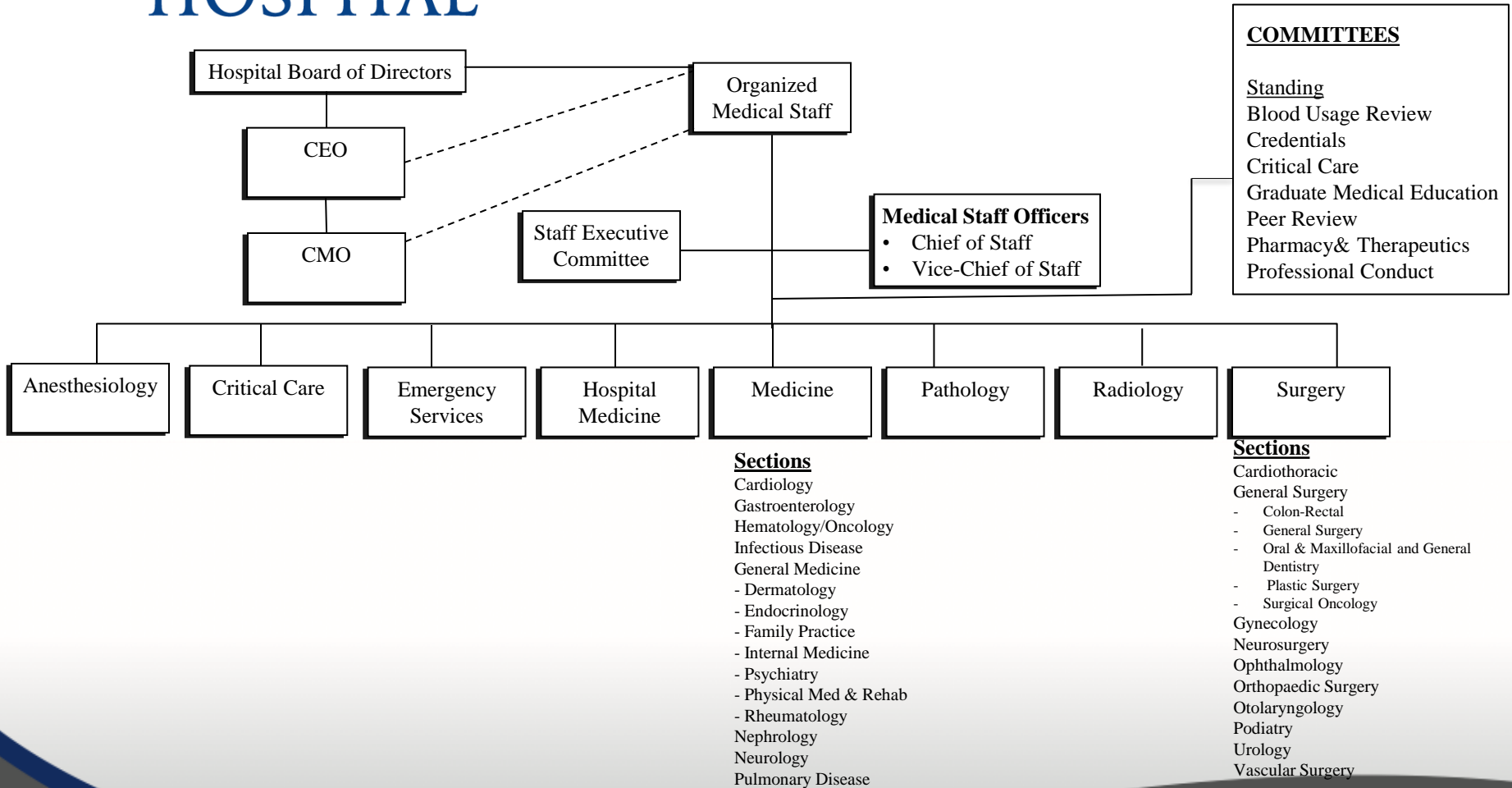
The Organized Medical Staff

- The self-governing, organized medical staff provides oversight of the quality of care, treatment, and services delivered by practitioners who are credentialed and privileged through the medical staff process. The organized medical staff is also responsible for the ongoing evaluation of the competency of practitioners who are privileged, delineating the scope of privileges that will be granted to practitioners, and providing leadership in performance improvement activities within the organization.
- To support its work, and its relationship with and accountability to the governing body, the organized medical staff has written documents that describe its organizational structure and the rules for its self-governance. These documents are the Medical Staff Bylaws, Rules and Regulations and Policies. These documents create a system of rights, responsibilities and accountabilities between the organized medical staff and governing body, and between the organized medical staff and its members.
- All medical staff applicants must agree to abide by the Bylaws, Rules and policies. We encourage you to review these documents and direct any questions to your department chair, section chief or the Medical Staff Office.



EMORY SAINT JOSEPH'S HOSPITAL

Medical Staff Organization

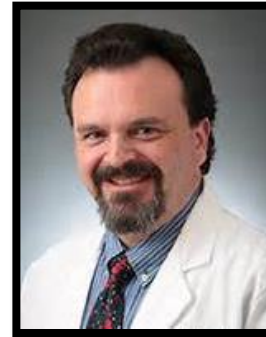


Medical Staff Leadership

Officers



David Kooby, MD
Chief of Staff



Ian McMillen, MD
Vice Chief of Staff

Clinical Service Chiefs



Anesthesiology

John Stephenson, MD



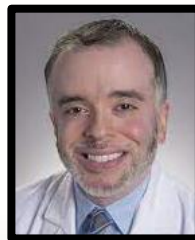
Critical Care

William Bender, MD



Emergency Services

Kenneth Miller, MD



Hospital Medicine

Dhaval Desai, MD



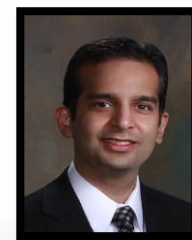
Medicine

Margaret Williamson, MD



Pathology

Donald Sears, MD



Radiology

Kush Singh, MD



Surgery

Ankit Patel, MD

Section Leadership

Medicine



Cardiology
George Chang, MD



Gastroenterology
Jennifer Curtis, MD



Hematology/Oncology
Sunil Dutta, MD



Infectious Diseases
Ronald Tribble, MD



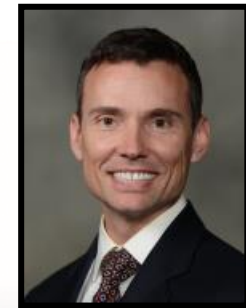
General Medicine
Daniel Bell, MD



Nephrology
Shaun Conlon, MD



Neurology
Mahmoud Obideen, MD



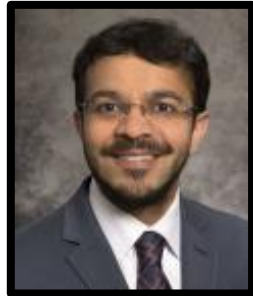
Pulmonary and Critical Care
Colin Swenson, MD

Section Leadership

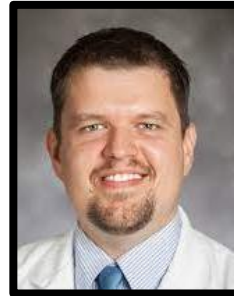
Surgery



Cardiothoracic Surgery
Douglas Murphy, MD



General Surgery
Mihir Shah, MD



Gynecology
Robert Kelley, DO



Neurosurgery
Faiz Ahmad, MD



Ophthalmology
Adam Weber, MD



Orthopedic Surgery
Jeffrey Peretz, MD



Otolaryngology
Brian Chung, MD



Podiatry
Trevor Black, DPM

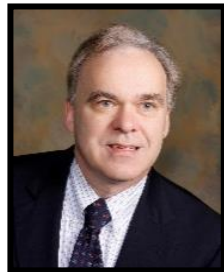


Urology
Martin Sanda, MD

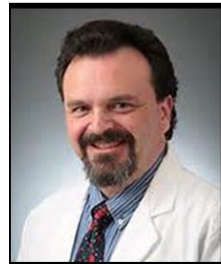


Vascular Surgery
Peter H'Doubler, MD

Committee Chairs



Blood Usage Review
Donald Sears, MD



Credentials
Ian McMillen, MD



Graduate Medical Education
Mihir Shah, MD



Pharmacy and Therapeutics
Doreen Lee, MD



Professional Conduct
Stephen Szabo, MD



Peer Review
Henry Perez, MD



Utilization Review
Jason Velasquez, MD

Medical Staff Categories

- **Active**

- ☐ Involved in at least 24 patient contacts per 2 year term
- ☐ Has vote and may hold office
- ☐ ER call required by most sections

- **Courtesy**

- ☐ Involved in fewer than 24, but more than zero, patient contacts
- ☐ Must be active at another JCAHO accredited institution (not required for office-based practitioners)
- ☐ No voting rights, may not hold office
- ☐ May have ER call requirements in certain sections (ex: otolaryngology, ophthalmology)

- **Coverage**

- ☐ Seeking appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff Members who are members of their group practice or their coverage group
- ☐ No voting rights, may not hold office

- **Consulting**

- ☐ Provide a service not otherwise available, or is available in very limited supply, on the Active Staff appointment to the Medical Staff
- ☐ Provides services at the Hospital only at the request of other Members of the Medical Staff
- ☐ No voting rights, may not hold office

- **Referral**

- ☐ No clinical privileges (may confer with attending)
- ☐ May refer patients to hospitalist services
- ☐ May have access to the EMR

Allied Health Professionals

Category I AHP Practitioners (Licensed Independent Practitioners – Licensed under state law to function independently.)

- Clinical Psychologists

Category II AHP Practitioners (Advanced Dependent Practitioners - Provide a medical level of care or perform surgical tasks consistent with granted clinical privileges.)

- Anesthesia Assistants
- Certified Registered Nurse Anesthetists
- Nurse Practitioners
- Orthopedic Technician - Certified
- Pathologists' Assistants
- Physician Assistants
- Surgical Assistants

Communication

Physician to Physician Communication

The expectation is that physicians will communicate directly with one another when requesting or responding to consultation and other patient care matters. Physicians are encouraged to exchange cell phone numbers with one another. Physicians may also obtain a listing of physician cell phone numbers from the Medical Staff Office.

Email

The standard communication tool is email. All important communication from hospital management and departments, including the Medical Staff Office, is sent by email. It is important that you ensure that the Medical Staff Office has your correct email address and that you check your email on a regular basis to avoid missing important messages.

Code of Conduct

Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care. Thus, Medical Staff members and Allied Health Professionals (“AHPs”) practicing in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

The Medical Staff Code of Conduct policy outlines collegial and educational efforts that can be used by Medical Staff leaders to address conduct that does not meet this standard. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve the concerns that have been raised, and thus avoid the necessity of proceeding through the disciplinary process in the Medical Staff Credentials Manual or the AHP Manual.

As an applicant to the Emory Saint Joseph’s Hospital Medical Staff, you will be required to sign an attestation that you agree to comply with this policy.

Physician Peer Review Process

- The Peer Review activities focus on ongoing and focused professional practice evaluations (OPPE & FPPE), the evaluation of the quality of care provided in the Hospital, monitoring for quality of care issues and trends, and facilitating performance improvement.
- Quality concerns may be brought to the Medical Staff Peer Review Committee by any source including: routine monitoring, STARS reports (incident reports), hospital staff or physicians.
- Cases reviewed by the Peer Review Committee are rated using the following scale:
 - 1 = routine care, supported in the literature
 - 2 = not routine, supported in the literature
 - 3 = questionable care, not supported in the literature
 - 4 = unacceptable care, not supported in the literature
- The Medical Staff Member's input on the case is solicited prior to final rating determinations.

On-Call Responsibilities

- Medical Staff appointment carries some responsibility in the hospital's obligation to provide emergency care for our community. In addition to responding to calls from the emergency room, on call specialists must also respond to calls from attending physicians of inpatients.
- On-call requirements vary among specialties and are generally provided to you during the application process. If you have questions about your on-call obligations, please contact the Medical Staff Office or speak with your section chief.

Medical Records Completion and Suspension

- Full procedure reports for operative and other invasive procedures, and non-invasive procedures that place the patient at risk, must be completed within 24 hours of the procedure. (Note: The immediate post-operative or procedure note does not replace the requirement for a full procedure report.) Records that are missing these items will be deemed delinquent.
- It is expected that the patient's medical record should be complete at the time of discharge. If incomplete at discharge, the physician has 30 days to complete the record including history and physical examination report dictated or written and signed, operative and invasive procedure reports dictated and signed, verbal orders signed, progress notes, principal and secondary diagnoses, principal procedure(s) and complication(s), (dictated and signed) clinical resume and answered and signed coding and CDI clarifications. If not complete within 30 days of discharge, the record will be deemed delinquent.
- Every week, the Health Information Management Department will count all incomplete and delinquent records, as described in items A and B above. Physicians will be notified, by email or fax, of the specific incomplete and delinquent medical records. The physicians will be informed that such records must be completed within 10 days from the date of the notification.
- If the physician fails to appropriately complete all delinquent medical records within 10 days from the date of notification, the physician will be automatically suspended. The physician will also be notified of the requirement to attend the next Medical Executive Committee meeting for possible disciplinary action, including the imposition of fines or revocation of full Medical Staff membership and clinical privileges.
- When a physician is suspended due to delinquent medical records, the physician's clinical privileges, with the exception of privileges for ongoing care of patients currently admitted and privileges for care of patients during fulfillment of the physician's scheduled emergency room on-call responsibilities will be automatically suspended until all delinquent records are completed.

Do Not Use Abbreviations

The following dangerous abbreviations shall NOT be used/hand written by medical and hospital staff in any medical record documentation.

DO <u>NOT</u> USE	Please Write
Levo	levophed, levodopa, levothyroxine, levofloxacin or levaquin as appropriate
MgSO ₄	magnesium sulfate, mag sulfate or magnesium
MSO ₄ or MS	morphine or morphine sulfate
Nitro or SNP	nitroprusside, nipride or nitroglycerin
PIT	vasopressin or oxytocin as appropriate
U, u	units
QD, Q.D., qd, q.d.	daily or Qday
QOD, Q.O.D., qod, q.o.d.	every other day or "QotherD"
X 3 d	x 3 days or 3 doses as appropriate
BIW or TIW	specific days of week, i.e., qMWF
IU	international units or units
Lack of leading zero before decimal point (.X mg)	0.1 mg is correct format
Trailing zeros (X.0 mg)	1 mg is correct format
µg	mcg or micrograms

Clinical Documentation Improvement (CDI) Program

Clinical terms documented are not always the same language as “Coding” language, which is how all providers are profiled. CDI review closes this language gap, so that claims systems recognize ALL factors that contribute to the complexity/severity of a given case. Improving the accuracy of clinical documentation can reduce compliance risks, minimize provider vulnerability during external audits, and provide insight into legal quality of care issues. Stating the true complexity of patients’ illness reflects all aspects of the encounter from clinical clarity to appropriate coding and billing.

- At Emory Saint Joseph’s , CDI reviewers cover our units and review patient records. Should they have a clarifying question, a Query will be logged and appear in the provider’s inbox in EEMR under the documentation section.
- It is important that we garner responses to ALL queries in a timely manner. Physicians’ response rates directly correlate to documentation improvement. You can agree, disagree or mark the query undeterminable if the answer is unknown. The electronic query process is very convenient and streamlined:
 - Open the query and Click modify
 - Place answer to query in the space provided on the query, at the bottom on the query in the area marked “Provider Response Here”
 - Click “sign”
- We appreciate your support with this initiative. Success with this program will improve accuracy of reporting, appropriately representing your cases to all agencies who review providers for quality and value in our industry. More information and education will be provided within your sections in the coming weeks. If you need further assistance with documentation or answering queries, please contact the Clinical Documentation Specialist on your unit or contact Bonnie Epps at Bonnie.Epps@emoryhealthcare.org, or 404-712-4550.

Direct Admissions and Transfers

The Emory Transfer Center

- In an effort to streamline patient throughput and provide a consistent process for our customers, we partner with the Emory Healthcare Transfer Center located at Emory Saint Joseph's Hospital for placement of all direct admissions and transfers.
- The Transfer Center is a great resource for you as a physician as it is one-call does it all. The Transfer Center personnel will collect all pertinent information for patient registration and work with the house supervisor for bed placement. The Transfer Center also facilitates utilization review and assists providers to avoid being impacted by inappropriate transfers.
- The appropriate number to call for direct admit and transfer requests is 404-686-8334 or the fax number is 678-843-8348.
- Required information if previous EHC admission:
 - Patient's Name
 - DOB
 - Physician's Name
 - Diagnosis
 - Bed type needed (ICU/Med-Surg/Tele)
 - Patient demographic sheet from office/transferring facility
- Additional information required if initial encounter/admission:
 - Social Security Number
 - Address
 - Insurance Information

Care Coordination

- At ESJH, our RN Case Managers are unit based during the week. They do both Utilization review and discharge planning for 100% of the patients on the floor. There are also Social Workers who work along side of the Care Managers who assist with the complex discharge plans.
- There are also two staff members that cover the hospital from 3-11 every day and from 7-7 on the weekends
- The Case Managers may talk to you about the correct billing status for the patient on Admission or to correct the billing status during the stay as dictated by the different payers when appropriate.
- We believe that discharge planning should begin on the day of admission. The CM or Social Workers will be discussing the D/C plan with you to determine what each patient needs at time of discharge.
- You may write orders for specific Discharge planning at any time in the admission. To do this you would enter an order in the electronic record requesting a Social services consult.
- You will be asked to write orders for specific services or equipment that will be needed at time of discharge such as Home Health, walker, etc.
- If at any time you have questions or concerns about utilization or discharge planning, please feel free to call the Director, Susan Freed at 37778.

Overview of the CMS “Two-Midnight” Rule

- In October 2013, CMS put forth a new classification for “inpatient” versus “observation/outpatient” services. The policy is known as the “Two-Midnight Rule.” As part of this rule, CMS has instituted a “two-midnight benchmark” for determination of admission status. Patients who are determined to likely require hospitalization for at least two midnights should be considered inpatient, whereas patients who are likely to require hospitalization for less than two midnights should be considered observation. Note that this policy does not apply to patients who are undergoing an inpatient-only procedure as listed by CMS.
- **How to comply:** Documentation must support why the patient needs to be in the hospital for at least two midnights. To satisfy this new rule, two key components must be met:
 - Admission order (must be signed or co-signed by an attending) prior to discharge
 - Physician certification (statement to the necessity of inpatient admission) must be signed or co-signed by the attending prior to discharge
 - The Case Managers will be reviewing the Billing Admission Order against published Medical Necessity criteria (Interqual).
 - It is very important to carefully document all pertinent clinical information to assist in getting the patient in to the correct billing status.

Complying with the CMS “Two-Midnight” Rule

- The admission order in PowerChart includes certification language stating that a patient is anticipated to require at least two midnights in the hospital when inpatient status is chosen.
- This certification applies ONLY when a provider has chosen “inpatient.” The order entry field will already have the appropriate CMS language attached for patients in “inpatient” status. It does not apply for patients in observation status.
- Any admit order entered by an advanced practice provider, resident, nurse or ER provider must be co-signed by an attending caring for the patient prior to the patient being discharged from the hospital. To do so, right click on the order and choose co-sign. Or, you may use the co-signature button to sign the order. You can also co-sign the order from your EeMR inbox.
- CMS says you can certify at any point during a patient’s care; however, for the provider workflow and compliance, it is best to certify on a “prediction” basis, rather than right before discharge. In cases where the prediction does not come true:
 - **Patient expected to stay for two midnights, but doesn’t:** Most of the time, the patient’s status and bill should be observation. Rare circumstances where the patient may still be billed as inpatient include death, hospital transfer, leaving against medical advice (AMA) or unexpectedly rapid recovery.
 - **Patient not expected to stay for two midnights, but does:** **Patients whose hospital stays extend beyond two midnights will generally be *presumed* to meet inpatient status if the hospital stay was medically necessary.** Patient may also be in observation status if their hospital stay was medically unnecessary. Our Utilization Review staff will work to help guide and assist providers in these situations, which is current practice now.

Emory Saint Joseph's Magnet Culture

Emory Saint Joseph's nurses and their physician partners have earned the prestigious Magnet designation five consecutive times, beginning in 1995.

Purpose of Magnet: To recognize hospitals that create an environment where nurses and all disciplines can effectively work together, flourish in their professions and provide excellent patient care

Metrics benchmarked and reported to Magnet include:

- Patient Satisfaction
- Nurse Satisfaction
- Patient falls with injury
- CLABSI rate
- CAUTI rate
- VAE rate
- Restraint use
- Hospital acquired pressure ulcers

Acute Care Nursing Departments

Welcome to Emory Saint Joseph's! Our Acute Care Nursing Departments look forward to partnering with you! Together we can ensure the best care for our patients. Here is some information about acute care that we hope you will find helpful.

- All of our floor staff nurses carry hospital phones and their numbers are available at the main desk on each unit. Hospital Medicine and Case Manager's phone numbers/assignments are also available at the desk. Please ask the unit clerk for help identifying which staff member is assigned to your patients and their phone number.
- Staff uniforms at ESJH are color-coded. In each patient area you will see:
 - Nurses with navy blue and white uniform scrubs
 - Nurse techs with red and black uniform scrubs
 - Unit clerks with a tan jacket
 - Housekeeping with brown uniform scrubs
 - Respiratory therapy with olive green uniform scrubs
- Every inpatient nursing unit has a department Shift Manager or Charge Nurse, who will be happy to help you as needed. Please let us know how we can help make your transition to our hospital as smooth and pleasant as possible. We look forward to meeting you, introducing you to our staff and orienting you to our areas.

Continuing Medical Education

Emory Saint Joseph's Hospital Department of Continuing Medical Education (CME) provides you with high quality activities that; enhance physicians' ability to improve their medical competence and practice performance, help you address identified priorities in quality and patients safety, improve your patient outcomes, and guide and support the professionalism of all participants. CME events offered through Emory Saint Joseph's Hospital are designed to capitalize on new developments that will enhance the medical knowledge, skills, and clinical performance of participants ensuring that our practitioners remain at the cutting edge of science and medicine leading in innovation.

- **Regularly Scheduled Series (RSS)** -These activities have multiple sessions; occur on an ongoing basis (weekly, monthly, and quarterly) and are multi-disciplinary in nature. Activities such as Tumor Boards, Quality and M&M Conferences are planned by and presented to Emory Saint Joseph's Hospital staff. The purpose is to discuss complex cases and best practice guidelines between multiple providers and disciplines to improve patient care at Emory Saint Joseph's Hospital.
- **Live CME Courses** - These activities are individual events held live with learners participating in person. Current reoccurring activities include Heart & Vascular Grand Rounds, Medical Grand Rounds, Medicine Conference, Anesthesia CME Lecture, and Tumor Conference. The Department of Continuing Medical Education also provides annual day conferences held off-site in the Atlanta Metro area for our staff and health care providers across the region and state.

Continuing Medical Education

CME Happenings

An annual calendar of on-site activities and information on upcoming regional conferences can be viewed in the CME Events tab (lower left) at www.SAINTJOSEPHSATLANTA.ORG/CME. Upcoming CME events will be highlighted in the Medical Staff Calendar (distributed monthly) and on the Captivcast TVs around the hospital. Detailed flyers can be seen in the Physician's Lounge and the CME Happenings Boards around the hospital. E-blasts will also be sent to announce upcoming activities.

Tracking CME Attendance

In order to log your attendance at CME activities make sure to sign-in on the CME Attendance Record. This should be available outside the meeting space or inside the classroom. Please make sure to print first and last name and list the last 4 digits of your SS#. This information creates a unique identifier that will track your personal attendance information. Evaluation Forms are available at each activity for you to give valuable feedback to presenters and the CME Office.

Share your Expertise and/or Identify Educational Needs

We encourage all our medical staff to consider sharing their knowledge and expertise by presenting during one of our regularly scheduled activities. To volunteer to present or to request we address specific topics call the CME Office at 678-843-5105 or email Sharon.Baldwin@emoryhealthcare.org.

Continuing Medical Education

Medical Education Video Library

We understand that it is often very hard to get away from clinical responsibilities to attend programs. While we all know that nothing replaces live interactive learning, circumstances arise that result in the need to participate in an activity at a time that is more convenient. The *Medical Education Video Library* was created to address this need. **Please note that CME credit is NOT available for on-demand viewing.**

The current catalog includes lectures by our own medical staff, local, national and international experts. Videos include lectures from Heart & Vascular Grand Rounds, Medical Grand Rounds, Medicine Conferences, Anesthesia CME Lectures and local and national conferences. New lectures are added monthly and are archived for two years.

For off-site viewing of the Medical Education Video Library visit www.SAINTJOSEPHSATLANTA.ORG/CME . Click the Learning tab (lower left), then click the Medical Education Video Library Icon and select the activity header that relates to your desired lecture topic. Please note, videos will not stream while accessing the website through the VDT—Use the CME-On Demand Icon on your VDT Applications page.

Catching the most recent CME lecture is now as easy as a click on your Emory VDT Applications page. Locate the CME On-Demand Icon in your VDT Applications menu and save it to your Favorites for quick access. Select the CME tab and choose from the following options: Heart & Vascular Grand Rounds, Medical Grand Rounds, Medicine Conference, Anesthesia CME Lecture and local and national conferences.

Continuing Medical Education

Requesting your ESJH CME Transcript

- Individual certificates are not issued for participation in on-site programs. To simplify tracking attendance the CME Office maintains a physician database of all ESJH CME activities. To request a copy of your personal CME Transcript contact the CME Office at 678-843-5105 or email Sharon.Baldwin@emoryhealthcare.org. Please note, transcripts for attendance at CME activities held at other Emory locations must be obtained from the EUSOM CME Office.

Contact Information & Office Location:

- The CME Office is located on the Ground Floor of the hospital (across from the cafeteria).
(phone) 678-843-5105


Security/Safety



- 24/7 Campus coverage
 - Panic devices in parking decks
 - Camera throughout interior and exterior
- Report Security and Safety Emergencies **x35555**
(678-843-5555)
- Safety Manual
 - EHC Intranet and Red Binder
- ID Badges

Unified Emergency Codes

Look for the Emergency Codes cards in the Physician Lounge or obtain one from security. These are designed to be kept in your ID badge holder.



IN CASE OF FIRE
R: Rescue those in danger
A: Alarm others
C: Confine the fire
E: Extinguish fire or evacuate

FIRE EXTINGUISHER
P: Pull the pin
A: Aim nozzle at the base of fire
S: Squeeze the handle
S: Sweep the nozzle from side to side

EMERGENCY NUMBERS
Note: You must dial the **entire** 10-digit number when calling from **any** mobile phone.
The Emory Clinic: 404-778-8888
Emory Decatur Hospital: 404-501-6111
Emory Hillandale Hospital: 404-501-8111
Emory Long Term Acute Care: 404-501-6220
Emory Johns Creek Hospital: 678-474-7000 (internal x4444)
Emory Saint Joseph's Hospital: 678-843-5555
Emory Rehabilitation Hospital: 404-712-1777
Emory University Hospital: 404-712-1777
Emory University Orthopedics & Spine Hospital: 404-251-3777
Emory Wesley Woods Hospital: 404-728-6999
Emory University Hospital Midtown: 404-686-1777
Emory University Hospital Strydom: 404-251-2955
All Ambulatory sites, call 911

EMORY
HEALTHCARE

EMERGENCY CODES

Medical Alert Blue
Medical Alert SMS (EMM ONET)
Medical Alert OB
Medical Alert Rapid Response
Medical Alert Stroke
Security Alert Active Threat
Security Alert Bomb Threat
Security Alert Code Red
Security Alert Missing Patient or Visitor
Security Alert Officers Needed
Security Alert Suspicious Item
Facility Alert Fire Alarm
Facility Alert Hazardous Spill
Facility Alert Host Calcutty
Facility Alert Severe Weather
Facility Alert Utility or Technology Interruption

Adult, pediatric or neonatal patient in cardiac/respiratory distress
Visitor, staff, or outpatient requests or requires emergency care
Pregnant or post-partum mother in distress
Patient is deteriorating rapidly
Inbound patient or resident is suspected of having a stroke
Person with weapon is acting hostile or making threats
Bomb threat received at an EHC facility
Sedating infant has gone missing - suspected abduction
Patient or visitor (adult/child/non-bedded infant) is missing
Security Officer assistance needed
Unusual package or container left unattended
Reported fire or system testing
Internal or external hazardous materials release
Internal or external disaster emergency response
Severe weather has been identified for this area
Critical utility or technology system is currently inoperable

To view complete list of emergency codes, scan the QR code on reverse side.

Fire Safety - Response to Code Red

Code Red – Indicates Fire or Smoke Conditions

Response to Code Red – R.A.C.E.

R - Rescue - anyone in immediate danger.

A – Alarm - activate fire pull station, dial 5555 to notify the operator to page “Code Red” and location.

C - Contain - closing all doors and windows, ensure O2 zone valve that serves the fire area shut-off.

E – Extinguish - using a fire extinguisher and following acronym “PASS” Pull, Aim, Squeeze, Sweep.

- Testing/Training
 - Drills conducted once per shift per quarter
- Know Location
 - Nearest Fire Alarm Pull Station and Fire Extinguishers
 - Medical Gas Shut-Off Valve
 - Outside meeting location in the unlikely event of evacuation
- Emergency Number **x35555 (678-843-5555)**
- Evacuation will only occur when announced overhead.



Error Reporting in the Hospital

What do you do if you think there's an error?

- Report it to the department's manager or director, if not addressed proceed to your section chief, department chair, chief of staff or chief medical officer
- **Document** the error appropriately
- You will need to notify the patient/family

What if it seems that no one listens?

- Always give the hospital an opportunity to address concerns through escalation
- If you feel your concerns have not been addressed, you may contact Joint Commission on Accreditation of Healthcare Organization (JCAHO)
- Email: complaint@jointcommission.org
- Phone: 800-994-6610
- No disciplinary action will be taken because an employee reports safety or quality of care concerns to Joint Commission

Medical Staff Amenities

Physician Lounge

The Physician Lounge, located on the 1st floor, is intended to provide physicians with a collegial environment where they can interact with one another.

- Due to limited space, APPs do not have access to the lounge but are welcome when accompanied by a Medical Staff member.
- While residents and fellows do have access, it is preferred that they also be accompanied by a Medical Staff member.
- In consideration of others, we ask that physicians limit the number of guests (APPs, house staff and others), especially during peak times.
- Breakfast service: 6:00am – 9:45 am Lunch service: 11:00am – 2:00 pm

Cafeteria Charges by Medical Staff Members

It has been a long standing custom at ESJH to allow Medical Staff members (physicians only) to charge meals in the cafeteria after hours and on weekends. Guidelines for this courtesy are as follows:

- Monday-Friday: only after 5pm (No breakfast or lunch charges.)
- Weekends
- \$10 limit
- Cashier will provide a form to be completed and signed

Fitness Center

- Doctor's Office Building 5667; Ground Floor – Suite 180
- Fitness center and classes are open to all physicians on the ESJH Medical Staff and to APPs of contracted services on campus - Emergency, Anesthesia and Pathology. (Private practice/community APPs do not have access.)
- Stop by to register. Hospital ID required.

Parking

When you visit the hospital security office to obtain your Hospital ID badge, your campus parking will be added to that badge in accordance with the following guidelines:

- For Medical Staff members with offices on ESJH campus, daytime parking must be arranged with your building management. Your ID badge access will only allow you to enter the Physician Parking lot (adjacent to the ED) between the hours of 5pm and 6am.
- Medical Staff members (physicians) who do not have an ESJH campus office may park in the Physician Parking lot (adjacent to the ED) 24/7.
- AHPs and house staff who do not have an ESJH campus office may park in the Employee Parking decks.

The Medical Staff Office

The Medical Staff Office functions as the administrative center for the organized medical staff and is the “home office” for the Chief of Staff and other elected officers of the medical staff.

The Medical Staff Office can assist with:

- Credentialing: initial and reappointment applications for medical staff members and credentialing for your extenders (RN, NP, PA or surgical assistant) who assist you in the hospital
- ER on-call schedules and meeting calendars
- Committee membership
- Requests for additional clinical privileges and eligibility criteria for non-core privileges
- Proctoring
- Interpretation of bylaws, rules & regulations, and policies of medical staff, hospital and health system
- Department and section meetings
- Address change notifications
- Verification letters for other institutions

Donna Colella, CPMSM, Medical Staff Office Manager 678-843-7310, donna.colella@emoryhealthcare.org

Kate Martiny, Medical Staff Liaison, 678-843-5127, kate.martiny@emoryhealthcare.org

Susan Lieberman, Medical Staff Liaison, 678-843-7318, susan.Lieberman@emoryhealthcare.org

Tinischa Holmes, Credentials Verification Specialist, 678-843-7997, tinischa.holmes@emoryhealthcare.org

Getting Started

ID/Badge

Once you receive confirmation from the Medical Staff Office that your application and clinical privileges have been approved, you will be able to obtain your hospital ID badge from the Security department, located on the ground floor of the hospital. Your ID badge should be worn on campus for security and safety purposes. This badge will give you access to:

- Parking lots
- Physicians Lounge- located on the first floor across from Hospital Administration
- Surgeons Lounge – Located on the first floor across from the main entrance to the Surgery department.
- Clinical areas such as the surgery department, Cath/EP Lab, Emergency department
- Health Information Management department (Medical Records)

Hospital Tour

The Medical Staff Office, 678-843-7998, can assist you in arranging a hospital tour.

Thank you!

Thank you for viewing the orientation slides for new medical staff members and allied health professionals.

We look forward to collaborating with you to share our mission and values of making a positive difference in the health of our communities.

Welcome to Emory Saint Joseph's Hospital!

Certificate of Completion

I hereby attest that I have reviewed the orientation slides for new medical staff members and allied health professionals.

Applicant Name (print): _____

Applicant Signature: _____

Date: _____

Please print this page, complete, sign and return it to the Emory credentialing team.
Please call 678-843-5308 if you need assistance submitting this certificate.