New Provider Orientation
Orientation Topics

• Who We Are

• Expectations & Key Policies

• Our Culture of Safety

• Our Patient Experience

• Your Experience & Resources
St. Mary’s Health Care System is a

“Member of Trinity Health”
Our Mission
We, Trinity Health, serve together in the spirit of the gospel, as a compassionate and transforming healing presence within our communities.

Our Core Values
- Reverence
- Commitment to Those Who are Poor
- Safety
- Justice
- Stewardship
- Integrity

Our Vision
We will be the most trusted health partner for life.

Our Actions
As a Trinity Health colleague, I will:
- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.

Our Promise
We Listen.
We Partner.
We Make it Easy.
Senior Leadership Team

Providing the day-to-day leadership, strategy, communications and support our colleagues need in order to provide care 24/7/365. Our leaders strive to be hands-on and engaged with directors, managers and front-line staff. Look for them across our system, including serving at our annual Hospital Week events.

Stonish Pierce
President and CEO
Trinity Health Georgia

Learn more about our leaders at stmaryshealthcaresystem.org/about-us/senior-leadership
Physician Leadership Team

Providing the administrative support our physicians and providers need in order to focus on patient care 24/7/365. Dr. Schuck graduated from Emory University School of Medicine in Atlanta, where he studied as an Air Force Health Professionals Scholarship recipient. He then successfully completed a residency in pediatrics at Wright-Patterson Air Force Base/Dayton Children’s Hospital in Dayton, Ohio, before serving nearly 10 years in the United States Air Force. He joined St. Mary’s in November 2023 after nearly two decades of progressive experience in healthcare leadership.

Learn more about Dr. Schuck and other leaders at stmaryshealthcaresystem.org/about-us/senior-leadership

Eric Schuck, MD, FAAP
Regional Chief Medical Officer
Trinity Health Georgia
Physician Leadership Team
St. Mary’s Hospital

Patrick Willis, MD
Medical Staff President, St. Mary’s Hospital

Alan Morgan, MD
Medical Staff President – Elect, St. Mary’s Hospital

Aaron Carr, MD
Medical Staff Secretary/Treasurer, St. Mary’s Hospital

Leland Perry, MD
Immediate Past President, St. Mary’s Hospital

Exceptional Care For Life. St. Mary’s Health Care System. Member of Trinity Health.
Physician Leadership Team
Good Samaritan Hospital & Sacred Heart Hospital

Dave Ringer, MD
Chief of Staff, Good Samaritan Hospital

Craig Colby, MD
Medical Staff Secretary, Good Samaritan Hospital

Richard White, MD
Chief of Staff, Sacred Heart Hospital

Morgan Wood, MD
Vice Chief of Staff, Sacred Heart Hospital
Physician Leadership Team
Department Leaders – St. Mary’s Hospital

Dr. Leland Perry
Chief of Anesthesiology

Dr. Erick Avelar
Chief of Cardiology

Dr. Michel Skelton
Chief of Emergency Medicine

Dr. Srilakshmi Rebala
Chief of Medicine

Dr. Neil Woodall
Chief of Neurosciences

Dr. Leland Perry
Chief of Anesthesiology

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Dr. Michel Skelton
Chief of Emergency Medicine

Dr. Srilakshmi Rebala
Chief of Medicine

Dr. Neil Woodall
Chief of Neurosciences

Dr. Joseph Gaines
Chief of Pathology

Dr. Jon De Witte
Chief of Radiology

Dr. Sergio Mejias
Chief of Surgery

Dr. Clay Chappell
Medical Director of Cardiac Cath Lab

Dr. Eduardo Martinez
Medical Director of Pulmonary/Critical Care

Dr. Sharif Elkabbani
Medical Director of Hospitalist Services

Dr. McKay Crowley
MEC Member at Large Medicine

Dr. Kathleen Jeffery
MEC Member at Large Surgery

Exceptional Care For Life.
Graduate Medical Education

- St. Mary’s Hospital is the Major Participating Site for AU/UGA Medical Partnership’s Internal Medicine Residency Program. The GME Office is located on the 1st floor of the Hospital across from the visitor elevators.

- Faculty physicians with privileges at St. Mary’s Hospital who hold academic appointments through Augusta University provide direct and indirect supervision to resident physicians.

- Policies outlining supervision requirements and other program processes are located in *New Innovations* (accessible to all faculty); copies are also available for review in the GME Office.

- Call schedules, contact information and supervisory requirements are available on the hospital Intranet [https://mytrinityhealth.sharepoint.com/sites/SMHCS/SitePages/Clinical-Resources.aspx](https://mytrinityhealth.sharepoint.com/sites/SMHCS/SitePages/Clinical-Resources.aspx)

- The Graduate Medical Education Committee (GMEC) provides oversight and meets regularly to assess the program. Medical Staff are encouraged to provide feedback to faculty or program leadership.

Learn more about the program at [Internal Medicine Residency Program - AU/UGA Medical Partnership (usg.edu)](https://usg.edu/mc/residency/programs/intmed)
St. Mary’s Hospital was founded in 1906 by two physicians as Athens’ first hospital. It exists today because in 1938, the Athens community asked the Bishop of Savannah to help re-open the hospital after the second of our two founding physicians died. The Bishop, in turn, asked the Missionary Sisters of the Most Sacred Heart of Jesus from Pennsylvania to come to Athens. They accepted the mission.

Missionary Sisters of the Most Sacred Heart of Jesus
The Missionary Sisters turned over sponsorship of St. Mary's to the Sisters of Mercy in 1998. Founded by Catherine McAuley, the Sisters of Mercy are known as the “Walking Nuns” because, rather than remaining in a convent, they walked throughout the streets of Dublin to find and care for the poorest among them. Their sense of service and commitment to social justice continues to be reflected in our mission and core values. Today, we are sponsored by Catholic Health Ministries, but the legacy of both religious communities continues to be a central part of our identity as a healing ministry.
Hospitals at a glance

St. Mary’s Hospital, Athens
- Licensed for 196 beds
- Stroke care + mechanical thrombectomy
- Cardiac Cath/EP/A-Fib Lab
- Critical Care
- Robotic & Traditional Surgery
- Family Birth Center
- Inpatient Rehab Center
- 24/7 Emergency Department
- Outpatient Services

St. Mary’s Good Samaritan Hospital, Greensboro
- 25-Bed Critical Access Hospital
- Surgical Services
- Swing Bed Care
- 24/7 Emergency Care

St. Mary’s Sacred Heart Hospital, Lavonia
- Licensed for 56 beds
- Critical Care
- Surgical Services
- Mother/Baby Unit
- 24/7 Emergency Care

Exceptional Care For Life.
St. Mary’s Health Care System. Member of Trinity Health.
St. Mary's Medical Group

- Provides multiple practices and dozens of providers to serve Northeast Georgia
- Outpatient care for patients in all seasons of life
- Accepts most insurance plans
- Virtual visits available for many established patients

Learn more: stmaryshealthcaresystem.org
Home Health Care/Hospice Services

- Serving patients in their homes since 1969
- Nursing, rehab, social work, aides, chaplains & more
- Home health in 10 counties
- Home hospice in 13 counties
Palliative care: Hospital & home

• Maximizing quality of life for patients at any stage of illness
• Care provided by team of expert specialists
• Acute care setting since 2009
• Home-based program launched 2019 in Clarke, Oconee & Greene counties
St. Mary's Highland Hills Village

An age-in-place retirement community offering...

- Independent living
- Assisted living
- 34-bed memory care facility
- Restaurant-quality dining
- Full-time activities director
- Onsite primary care physician visits
Outpatient & Wellness Center

Four services. One location.
- Radiology – MRI, CT, bone density, mammography, ultrasound & echocardiography
- Rehab – PT, OT & SLP
- Laboratory collection site
- Wellness center

2470 Daniells Bridge Road, Athens
Center for Wound Healing

- Advanced care for wounds due to diabetes, vascular disease, pressure ulcers, etc.
- Therapies: Hyperbaric oxygen, negative pressure, compression, infection control
- Freestanding facility on Atlanta Highway
- Includes ambulatory infusion center for outpatient IV medication administration
Internal Medicine Residency Program

• Joint effort with AU/UGA Medical Partnership
• Approved for 34 Internal Medicine residents
• Fully accredited by ACGME
• 3-year program with inpatient, outpatient & rural rotations
• Multiple graduates have chosen to remain in Georgia
Volunteer & Auxiliary Services

• 100+ volunteers at all 3 hospitals & hospice
• Improving the experience of patients & visitors
• Raising funds & support for St. Mary’s healing ministry
• Operating St. Mary’s Auxiliary Thrift Store, staffing Gift Shops, visiting patients & more
• Dedicated program for serving hospice patients
Community Impact

- $598.6 million local & state economic impact
- $260 million in total direct expenditures
- $22.5 million in uncompensated care
  - Indigent care
  - Charity care
  - Unreimbursed community services
- 4,512 Georgia full-time jobs created
- 1,769 FTE directly employed
Introduction to Trinity Health
One of the Largest Catholic Health Care Systems in the Nation

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<td>Clinically Integrated Networks</td>
<td>Continuing Care Locations*</td>
<td>PACE Center Locations*</td>
<td>Urgent Care Locations*</td>
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FY23 data unless noted. *Owned, managed or in JOAs or JVs.
Our Mission
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values
Reverence
Justice
Commitment to Those Experiencing Poverty
Stewardship
Safety
Integrity

Our Vision
As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.
Our Core Values

Reverence
We honor the sacredness and dignity of every person.

Commitment to Those Experiencing Poverty
We stand with and serve those who are experiencing poverty, especially the most vulnerable.

Safety
We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice
We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.
Trinity Health’s Promise: What We Must Deliver

Trinity Health is a Catholic, mission-driven health organization that provides comprehensive and coordinated health and well-being services through a network of organizations and partnerships for our members - colleagues, physicians and people in communities - across the United States.

Trinity Health provides care for all in body, mind and spirit, demonstrating that:

We Listen
We Partner in Achieving Health Goals
We Make It Easy
Trinity Health Values our Medical Staff Partners

- We are committed to working closely with our medical staff members to build a health system to provide better care, better health at lower cost.
- Our fiscally sound national ministry focuses on **quality** and provides you access to:
  - A culture based on shared mission, values and vision – and driven to be the most trusted health partner for life
  - Engaged colleagues who reflect the diversity of our communities
  - Having a voice in decision-making
  - Leadership on a national level
    - Phenomenal collective knowledge
    - Diverse clinical staffs across the country
    - Resources and the ability to leverage skills and scale
    - Advocacy at national, state and local levels
    - Payer contracting
    - Collaboratives that lead to establishment of national standards of practice
    - Trinity Health National Accrediting body –ACCME for CMEs
    - Teaching hospitals and international health programs
    - Commitment to personal and professional health and resilience
Clinical Framework teams create standard work for care redesign and delivery and are inclusive of clinicians from our ministries.

- Clinical Excellence Councils (CEC)
- Clinical Leadership Groups (CLG)
- Clinical Service Groups (CSG)
- Teams are interdisciplinary who address
  - clinical variation
  - TogetherCare documentation
  - AND make the decisions regarding their work.
Clinical variation encompasses a wide array of variation and opportunities due to the multiple root causes that clinical framework teams address.

- **Clinical Choice**: Products, resources, order sets. Driven by organizational availability, existing standards.
- **Care delivery: organization**: CIN Practice variation, palliative care, LOS. Driven by system workflows, state requirements.
- **Care delivery: clinician**: Physician variation within a DRG, or practice. Driven by workflows, practice patterns, history and autonomy.
- **Appropriate care**: Choosing Wisely, Evidence based care. Driven by autonomy, history.
Clinicians across the ministries are also involved in the provision of feedback that supports framework team decision-making.

Each month hundreds of practicing clinicians are asked to provide feedback using the Clinical Leadership Update on the clinical work under consideration.

The clinician feedback loop plus the membership of the clinical teams place clinical decision-making in the hands of those doing the actual work.

All previous CLU’s can be found here:

SO - Clinical Framework Teams - Home (sharepoint.com)
The Integrity & Compliance organizational structure includes three components that work together to provide a thorough and effective compliance program to Trinity Health and its affiliated organizations.

For privacy concerns, call the Privacy COE at
For integrity or compliance concerns, call the Integrity Line at
You can use the 24-hour Integrity Line to report a concern: 1-866-477-4661
Examples of Diversity, Equity, and Inclusion Efforts

- Unconscious Bias Training
- Diversity, Equity, and Inclusion Councils at Every Ministry
- Colleague Resource Groups
Laws and Regulations – Resources and Information for Medical Staff

• Medicare updates billing regulations annually [Medicare | CMS](https://www.cms.gov)
  • The Medicare Administrative Contractors also publish newsletters
• States and Federal government frequently adopt and implement new laws and regulations
• Trinity Health posts information for patients and providers on its websites
• Trinity Health shares education with medical staff and implements updates in hospital medical records’ systems
• Hospital Medical Staff leaders and Chief Medical Officers also provide information and updates to medical staff members as appropriate
• Providers are encouraged to access information from the American Medical Association, state medical societies and the Centers for Medicare and Medicaid Services
Supply Chain Overview

- Contracting for supplies and services is centralized and led by Strategic Sourcing
- All clinical supplies are evaluated by Expert Panels to select products that offer the best outcomes and value
  - Expert Panels for physician specialty items are comprised of practicing physicians utilizing the items under consideration
- Ministries are accountable for compliance to the contracted portfolio of supplies
  - Local Supply Chain Directors and/or operational leaders should be contacted to confirm items and services included in the Trinity Health contract portfolio
  - Requests for use of non-contracted physician specialty items is considered by a physician led exceptions review committee
Medical Staff/Physician Leadership at the System Office

- Dan Roth, MD, Executive VP, Chief Clinical Officer
- Tammy Lundstrom, MD, JD, Senior VP, Chief Medical Officer
- Mark LePage, MD, Senior VP, Medical Groups and Ambulatory Strategy
- Emily Brower, Senior VP, Clinical Integration
- Tom Peterson, MD, VP, Chief Safety Officer
- Murielle Beene, Senior VP, Chief Health Information Officer
- Anne Wynne, Director, Medical Staff Services/CPI
What is expected of me as a Medical Staff member or Allied Health provider?
St. Mary’s method for communicating information with all providers is by **Email**.

The Email address provided in your original application is used to send Hospital updates. Be sure and check your inbox regularly for information such as:

- Service line updates;
- Emerging infections;
- Medication shortages;
- Other updates that effect providers.

Contact the Medical Staff Office at [medstaff@stmarysathens.org](mailto:medstaff@stmarysathens.org) or 706.389.3940 to change your preferred Email address.
Medical Record Expectations

Completion Requirements:

- Trinity Health Georgia (St. Mary’s Health Care System) utilizes “TogetherCare”, the unified Trinity Health version of the Epic Electronic Health Record system.
- Computerized Physician/Provider Order Entry (CPOE) is an expectation of all credentialed providers in all settings.
- History and Physical Requirements *(content details in Bylaws)*:
  - Within 24 hour of admission
  - Pre-op completed within 30 days prior to surgery and updated day of surgery
- Operative Reports must be completed immediately after the procedure *(content details in Rules & Regs)*.
- Other records (progress notes, discharge summaries, etc.) are delinquent at 15 days and privileges will be suspended at 30 days.
- Verbal or telephone orders:
  - Only acceptable when CPOE is not feasible for urgent patient care needs
  - Require “read back and verify” validation and documentation
  - Must be signed before leaving the patient care area (verbal) or within 30 days (telephone)
- Paper orders are accepted from non-employed physicians for outpatient testing and pre-procedure orders prior to the procedure day.
Focused Professional Practice Evaluation (FPPE):

- Every new privilege granted to a provider, both at initial appointment or during an existing term, must be evaluated. This period of evaluation is called Focused Professional Practice Evaluation (FPPE).
- When questions arise regarding a privilege, a period of focused review may be initiated to assess and/or confirm competence.
- Medical Staff leaders, such as Department Chiefs or other designees, may contact providers as they conduct reviews. It is every provider’s responsibility to work constructively in carrying out these peer review activities. All efforts are confidential and privileged (pursuant to GA Code Ann. §31-7-15, §31-7-131, and §31-7-140 et seq.).
- The FPPE period allows providers to participate in all aspects of patient care within their specialty, and allows the Medical Staff to orient providers, as well as assess ability and fit within St. Mary’s.

Ongoing Professional Practice Evaluation (OPPE):

- Once privileges are assessed and competence is confirmed, providers transition into Ongoing Professional Practice Evaluations (OPPE).
- OPPEs are completed every six months on every privileged provider. Each Department determines the OPPE data to be collected. Providers can view their OPPE reports in the Medical Staff Office.
Influenza & Covid Vaccination Program

St. Mary’s complies with CDC guidance for healthcare provider (HCP) vaccinations

- All physicians and APPs are strongly encouraged to be up-to-date with COVID vaccination as recommended by the CDC-ACIP. All must submit vaccination history or declination forms as a condition of membership and/or privileges.
- The CDC recommends annual Flu and COVID vaccination for everyone aged 6 months and up as soon as vaccine becomes available.
  - CDC website for flu: [https://www.cdc.gov/flu/professionals/vaccination/index.htm](https://www.cdc.gov/flu/professionals/vaccination/index.htm)
  - CDC website for COVID: [https://www.cdc.gov/covid/professionals/vaccination/index.htm](https://www.cdc.gov/covid/professionals/vaccination/index.htm)
- If declining, providers should adhere to mask recommendations during the influenza season & when prevalence of Covid indicates masking.

Contact the Employee Health Office at 706.389.2141 for further information
St. Mary’s Clinical Quality Goals

• **Zero Harm: Patient Safety and Employee Safety**
  • Measured by Patient Safety Indicators (PSI), Falls with Injury Rate, and OHSA Recordable Injury Rates
  • Goal of increasing event reporting (Midas) to improve our systems/processes (especially precursor events/near misses/unseen conditions)

• **Patient Experience: Inpatient, Emergency Department, and Medical Group**
  • Measured by “Net Promoter Score” on patient experience surveys

• **Length of Stay Reduction and Clinically Appropriate Next Site of Care**
  • Working with physicians and all team members to determine what barriers are preventing patients from going home
  • Discharging to the least restrictive, clinically appropriate, discharge disposition. If a patient came from home, consider, “Why not home?” on d/c

• **Clinical Quality Improvement:**
  • **Prevent and Reduce Hospital Acquired Infections**
    • CLABSI
    • CAUTI
    • Hospital Onset C.diff
    • MRSA blood stream infections
    • Surgical Site infections
    • Hand Hygiene performance
  • **Reduce Readmissions**
    • All-Cause 30 Day Readmissions for Medicare Patients

Learn more about goals and current performance at
FY24 Balanced System Scorecard (Quality and Clinical Excellence - Home (sharepoint.com)}
Infection Prevention & Hospital Acquired Infection (HAI)

**CLABS—Central Line Associated Bloodstream Infection**

**Right Line, Right Patient, Right Time**
- CLABS cause increased morbidity, mortality, length of stay, and hospital costs
- Some factors for increased risk for CLABS:
  - Clinicians inserting/maintaining line lacking competency
  - Line being in place >72 hours
  - Less appropriate site (more risk is associated with femoral or J sites)
  - Dressing compromise/line contamination
- Some factors to help prevent CLABS:
  - Proper hand hygiene
  - Follow full-barrier precautions at insertion
  - Daily review of necessity of catheter/
    Remove catheter as soon as possible
  - CHG site prep/daily bath with CHG for patient

**CAUTI—Catheter Associated Urinary Tract Infection**

**Urinary Catheter Stewardship**
- Most common type of HAI
- Consult STMH Indwelling Urinary Catheter policy for CAUTI Prevention Bundle details
- Utilize decision support for ordering cultures
- **Prolonged use of IUC increases risk of CAUTI**
  - Consider alternatives to indwelling catheter
  - If no alternative to IUC, complete a daily review of the need for catheter
- Adherence to hand hygiene and the proper insertion/maintenance of catheter decreases the risks

**SSI—Surgical Site Infections**

SSI are the second largest number of HAI
- SSI cause increased hospital days,
  increased costs, higher risk of disability, and higher risk of mortality
- Decrease the risk by utilizing SCIP(Surgical Care Improvement Project) measures such as:
  - Appropriate antibiotic prophylaxis
  - Appropriate skin/site preparation
  - Appropriate prep for bowel surgery
  - Regulation of glucose level, oxygenation, and temperature
  - Decolonization of patient preoperatively
- Incorporate Enhanced Recovery Pathway
- Patient education

**MDRO (Multi-drug Resistant Organisms)—Prevention Strategies**

MDRO-defined as microorganisms that are resistant to one or more classes of antimicrobial agents
To prevent the spread:
- Prompt identification of MDRO status and appropriate patient isolation
- Follow Antibiotic Stewardship guidelines
- Proper hand hygiene and cleaning of equipment
As a Catholic health care system, we abide by the Ethical and Religious Directives for Catholic Health Care Services (ERDs). The ERDs reaffirm the ethical standards of behavior that flow from the Church's teaching about the dignity of the human person. They are the source of authoritative guidance on moral issues in health care, including issues in care for the beginning of life and care for the seriously ill and dying.

Beyond these important clinical issues, the ERDs address the social responsibility of Catholic health care, its role in the community and its responsibility as a steward of health care resources. The ERDs can be found in their entirety at: *Ethical and Religious Directives for Catholic Health Care Services*

PART ONE The Social Responsibility of Catholic Health Care Services
PART TWO The Pastoral and Spiritual Responsibility of Catholic Health Care
PART THREE The Professional-Patient Relationship
PART FOUR Issues in Care for the Beginning of Life
PART FIVE Issues in Care for the Seriously Ill and Dying
PART SIX Collaborative Arrangements with Other Health Care Organizations and Providers
Ethics Consults

• The Ethics Committee is an advisory, supportive function to assist physicians, colleagues and families in dealing with complex decision-making issues and adhering to the Ethical and Religious Directives for Catholic Health Care Services.

• The CMO, CNO, Vice President of Mission Services, Manager of Spiritual Care, a critical care physician, hospitalist, and palliative care team member serve on the committee.

• Anyone may make a request for an ethics consult (physician, colleague or family member)

• A request may be made by contacting a member of the Ethics Committee or requesting a consult in Epic.
Disease Specific Joint Commission certifications

- Thrombectomy-Capable Stroke
- Spine Surgery

Review the following slides for guidelines, performance initiatives and goals specific to each program. Clinical leaders for each program can be reached through Epic’s Secure Chat (Haiku app):

- Stroke: Whitney Barfield, RN
- Spine: Michael Shaw, RN

St. Mary’s has been continuously accredited since 1954
Thrombectomy-Capable Stroke Center

- Provides comprehensive care and education to patients with Stroke and TIA.
- Clinical Practice Guidelines:
  - AHA/ASA Guidelines for the Early Management of Patients with Acute Ischemic Stroke (since 2019)
  - Guidelines for the Prevention of Stroke in Patients with Stroke or TIA (2021)
- Standardized Stroke Order Sets:
  - Neurology – Ischemic Stroke Thrombolytic Admission
  - Neurology – Ischemic Stroke Nonthrombolytic Admission
  - Neurology- Aneurysmal Subarachnoid Hemorrhage Admission
- Stroke Performance Initiatives
  - Door-to-Needle (tenecteplase (TNK)): 85% within 45 min or less
  - Door-to-Skin Puncture (mechanical thrombectomy): 75 min or less
- Thrombectomy-Capable Certified – only Hospital certified in GA
Specialty Stroke Services Available

• St. Mary’s Hospital, Athens
  • Neurohospitalist on site 8am-6pm weekdays, 8am-4pm weekends
  • Teladoc teleneurology during off hours
  • IV thrombolytic treatment and post care
  • Endovascular treatment for cerebral thrombectomy or aneurysm repair
  • Neurosurgical treatment for ICH or SAH
  • Inpatient rehab unit

• Good Samaritan Hospital, Greensboro
  • Teladoc teleneurology for ischemic intervention 24/7
  • IV thrombolytic treatment
  • Swing bed for post stroke rehab

• Sacred Heart Hospital, Lavonia
  • Teladoc teleneurology for ischemic intervention 24/7
  • IV thrombolysis treatment and post care
Acute Stroke Assessment and Transfer

Stroke Alert (Emergency Department or Inpatient code Stroke)
- Use emergency stroke alert order set
  - Ex. Emergency – Ischemic Non-Thrombolytic version SMAT stroke alert
  - Early evaluation by neurology (either Neurohospitalist or Teleneurologist)
- If VAN positive or suspected posterior circulation stroke
  - Order CT Angio Head/Neck Stroke and CT Cerebral Perfusion w Contrast at the same time as the CT Head Stroke to evaluate for LVO
- IV thrombolytic (tenecteplase)
  - Door to needle goal – 45 minutes from arrival
  - Treatment window – 0-4.5 hours from last known well time
- Cerebral thrombectomy
  - Door to puncture goal – 75 minutes from arrival
  - Treatment window – 0-24 hours from last known well time
- ICH
  - Consult neurosurgery
- SAH
  - Consider CT Angio Head/Neck Stroke to evaluate for aneurysm
  - Consult interventionalist

Transfer to a Higher level of care
- Door in door out goal – 120 minutes
- For St. Mary’s Athens, call Transfer Center 706-389-2600
  - Notify them it is a Stroke Transfer
  - If candidate for cerebral thrombectomy, be sure to explain it is an emergent LVO patient
  - Transfer center will connect you with the appropriate physician
Spine Program

- Provides comprehensive care and education to patients receiving spine procedures
- Clinical Practice Guidelines
  - Assessment of chronic pain
  - NASS. Diagnosis and treatment of cervical radiculopathy from degenerative disorders
  - Clinical Systems Improvement. Adult Acute and Subacute Low Back Pain.
- Spine Performance Measures
  - Administer appropriate pain medication
  - Encourage early ambulation
  - Ensure preop baths are completed
  - Educate and encourage use of incentive spirometry
- Spine Performance Initiatives
  - Improve process of preop clearance
  - Decrease SSI and LOS
  - Develop standardized multimodal pain order sets
- Future Goals
  - Continue to grow and progress the spine surgical services
Illness & Impairment Recognition

The Hospital and its Medical Staff are committed to providing quality care, which can be compromised if a practitioner is suffering from impairment.

- Impairment means substance abuse or a physical, mental or emotional condition that adversely affects someone's ability to practice safely and competently.
- Practitioners suffering from an impairment are encouraged to voluntarily bring the issue to the Practitioner Health Committee so that appropriate steps can be taken to protect patients and to help the physician to practice safely and competently.
  - Confidentiality will be upheld to every extent possible.
- Anyone who is concerned that a practitioner who is on Hospital premises is impaired and poses an immediate threat to the health and safety of patients should immediately notify the department chief, the President of the Medical Staff, or their designees.
- Anyone who is concerned that a practitioner is impaired (not an immediate threat) should submit a written report to the President of the Medical Staff factually describing the incident(s) that led to the concern.
- Details of how Impairment issues are handled can be found in the Practitioner Health Issues policy, located on the Intranet and the Medical Staff Office.

- **GA’s Physician Health Program** provides confidential referral, treatment oversight & monitoring – St. Mary’s, the Medical Partnership & the GA Composite Medical Board recommend & use this program!
Sepsis Care

Sepsis is a medical emergency requiring immediate attention. Recognition of risk factors and knowledge of signs and symptoms of sepsis and septic shock. **Initiation of the sepsis 1 hour bundle** has been proven to reduce mortality from sepsis and septic shock.

- Measure lactate level. Remeasure lactate if the initial lactate level is greater than or equal to 2
- Obtain blood cultures BEFORE administering antibiotics
- Administer broad-spectrum antibiotics
- Begin rapid administration of 30 ml/kg crystalloid for hypotension or lactate =>4. *If administering less than 30 ml/kg for medical reason or based on ideal body weight, the PROVIDER must document reason in notes or if IBW was used.
- Give vasopressors if hypotensive during or after fluid resuscitation to maintain a mean arterial pressure =>65. *If patient has 2 BP SYS <90 or MAP <65 within the 1 hour after IVF resuscitation bolus received (30ml/kg), vasopressors should be administered.

For more information visit: [survivingsepsis.org](http://survivingsepsis.org)

Contact the Quality Improvement Office for further information
Assessing & Managing Pain

The Hospital and its Medical Staff are committed to appropriately assessing and managing each patient’s pain.

- It is the policy of St. Mary’s that all patients in all care settings will receive pain assessment and management.
- Physicians are encouraged to review the full policy, “Pain Management”, on the St. Mary’s Intranet site yearly. It may also be reviewed in detail with the nursing staff at any time.
- The focus of the pain management program is to provide pain control that is timely, safe, evidence-based and multimodal. The policy describes how this will be accomplished.
- When ordering PRN pain medication, include whether medication is indicated for mild, moderate or severe pain.
- Assessment scales used to measure pain intensity should be appropriate to the patient’s developmental, physical, emotional and cognitive ability. The following scales may be used: providing a comprehensive initial assessment and regular reassessments of pain;
  - The 0 to 10 “verbal numeric intensity scale” or the “Wong Baker Faces” scale;
  - The FLACC pain scale if the patient is unable or unwilling to self-report;
  - Newborns in the NICU will be assessed using the “CRIES” pain scale;
  - Use the Clinical Pain Observation Tool (CPOT) for nonverbal/sedated patients (ICU)
Patient Restraints

- It is the policy of St. Mary’s to create a physical, social and organizational environment that limits the use of restraint to clinically appropriate and adequately justified situations.

- Physicians are encouraged to review the full policy, “Restraints”, on the Intranet site yearly. It may also be reviewed in detail with the nursing staff or CMO at any time.

- Highlights relating to physician ordering of Restraints:
  - There must be an order entered daily to start or continue restraints;
  - For Violent Restraints, you must evaluate the patient within 1 hour of the initial order;
  - The order can be renewed every 4 hours for age 18 & older; 2 hours for ages 9-17; & every hour under age 9 for up to 24 hours. After the 24-hour period, another face-to-face evaluation is required if issuing a new order.
Antimicrobial Stewardship Education

- **Antibiotic Misuse is Common.** A study published in JAMA in March 2021 found that antimicrobial therapy was inappropriate in:
  - 79% of patients treated for community acquired pneumonia (CAP)
  - 77% of patients with urinary tract infection (UTI)
  - 47% of patients prescribed fluoroquinolone therapy
  - 27% of patients prescribed vancomycin therapy

- **Harms of Antibiotic Use:**
  - Adverse Drug Events (ADE) associated with antibiotics, such as allergic reactions, end-organ toxic effects, C-diff infection & development of antibiotic resistance
  - About 20% of Emergency Department visits related to adverse drug events are antibiotic-related
  - Study by Tamma and colleagues found that an antibiotic related ADE occurred in 20% of all patients who received antibiotics during their hospital stay

- **COVID-19 Impact on Antimicrobial Resistance:**
  - CDC 2022 data shows an alarming increase in resistant infections starting during hospitalization, growing at least 15% from 2019 to 2020.

  **Italics:** Carbapenem-resistant *Acinetobacter* (78%)
  **Bold:** Antifungal-resistant *Candida auris* (60%)*
  **Bold:** Carbapenem-resistant Enterobacteriales (35%)
  **Bold:** Antifungal-resistant *Candida* (26%)
  **Bold:** ESBL-producing Enterobacteriales (32%)
  **Bold:** Vancomycin-resistant Enterococcus (14%)
  **Bold:** Multidrug-resistant *P. aeruginosa* (32%)
  **Bold:** Methicillin-resistant *Staphylococcus aureus* (13%)

* *Candida auris* was not included in the hospital-onset rate calculation of 15%. See Data Table and Methods for more information on this pathogen.
Antimicrobial Stewardship Education

- Cost of Antibiotic Misuse:

<table>
<thead>
<tr>
<th>Infecting Organism</th>
<th>Antibiotic</th>
<th>Cost/ Day*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methicillin Susceptible S. aureus (MSSA)</td>
<td>Cefazolin</td>
<td>$5</td>
</tr>
<tr>
<td>Methicillin Resistant S. aureus (MRSA)</td>
<td>Vancomycin</td>
<td>$13</td>
</tr>
<tr>
<td>Enterococcus (vancomycin sensitive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA; Vancomycin resistant Enterococcus (VRE)</td>
<td>Daptomycin</td>
<td>$115</td>
</tr>
<tr>
<td>Enterobacteriales</td>
<td>Ceftriaxone</td>
<td>$1.50</td>
</tr>
<tr>
<td>Extended Spectrum Beta-Lactamase (ESBL) producing Enterobacteriales</td>
<td>Ertapenem</td>
<td>$32</td>
</tr>
<tr>
<td>Carbapenem Resistant Enterobacteriales</td>
<td>Ceftazidime-Avibactam</td>
<td>$972</td>
</tr>
<tr>
<td>Pseudomonas</td>
<td>Cefepime</td>
<td>$17</td>
</tr>
<tr>
<td>Multi-Drug Resistant Pseudomonas</td>
<td>Ceftolozane-Tazobactam</td>
<td>$663</td>
</tr>
</tbody>
</table>

*Cost/day based on 70 kg patient with normal renal function

- The Four Moments of Antibiotic Stewardship:
  - **Moment 1** occurs at the time initiation of antibiotic therapy is considered. Ask, “Does my patient have an infection that requires antibiotics?”
  - **Moment 2** occurs when the decision is made to start antibiotics. Ask, “Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate?”
  - **Moment 3** occurs every day of antibiotic therapy. Ask, “Can I stop antibiotics? Can I narrow therapy? Can I change from IV to oral therapy?”
  - **Moment 4** occurs when the infectious process is clear and the patient responds to therapy. Ask, “What duration of antibiotic therapy is needed for my patient’s diagnosis?”
Antimicrobial Stewardship Education

**Summary of Principles of Diagnosis and Treatment:**

- Make your own diagnosis
- Multiple blood cultures (2 sticks), repeat before antibiotics are started when positive culture identified
- Consider blood culture contaminants
  - Usually REAL unless proven otherwise: Yeast, Staph Aureus, GNR
  - Usually NOT REAL unless proven otherwise: Skin flora such as staph epidermidis (and other coagulase negative staph) diptheroids, bacillus (except anthracis)
    - Exceptions are persistently positive cultures or intravascular device
- Urine Cultures: Only treat when clinically indicated and suspected, do not treat asymptomatic
- MRSA Nares: High negative predictive value for MRSA pneumonia
- 48-72 hr timeout to re-assess need for antibiotics, de-escalation, switch to PO
- Switch to oral. Examples of highly bioavailable agents:
  - Amoxicillin, cephalexin, clindamycin, doxycycline, fluconazole, metronidazole, TMP/SMX, levofloxacin, linezolid
- Narrow the spectrum
- More data to support that shorter courses are better
- Acute viral bronchitis does not need antibiotics
Antimicrobial Stewardship Education

For the complete CE Activity go to: https://trinityhealth.wistia.com/medias/gr3r00d0094
Ongoing Education

To ensure safe, high-quality patient care, all providers should regularly review educational materials and updates provided for practicing at St. Mary’s.

• Education materials are housed on the Trinity Hospital-Specific Bylaws, Policies and Procedures (trinity-health.org) site.

• Providers should periodically review Hospital-Specific Bylaws, Policies and Procedures (trinity-health.org) for updates.

• Contact physician leadership or the Medical Staff Office if you have questions or if assistance is needed.

• If required education is not completed, providers will be subject to actions outlined in the Medical Staff bylaws and associated policies, which may include loss of system access or automatic relinquishment of membership or privileges.
Our Culture of Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
TogetherSafe: Foundations of Safety

TogetherSafe is our shared journey toward high-reliability and zero harm for all. All colleagues participate in Foundations of Safety training.

Options for training:

1. View the [Foundations of Safety: Training for Physicians and Providers by Dr. Tom Peterson 12.07.2022 - YouTube](#).

2. Obtain CME by viewing the recorded training session utilizing the CME tracker enduring materials link:

   Enduring materials: [https://cmetracker.net/THLMI/Login?FormName=RegLoginLive&Eventid=67432](https://cmetracker.net/THLMI/Login?FormName=RegLoginLive&Eventid=67432)
   - The link to the CME tracker and event ID (67432) is on the last slide of the presentation.
   - Job aide to obtain CME is available on the TogetherSafe SharePoint site: [Job Aide- CME Tracker-create profile, credit link- 2023.docx](#)

Contact the Medical Staff Office at [medstaff@stmarysathens.org](mailto:medstaff@stmarysathens.org) or [706.389.3940](tel:7063893940) with any questions
Emphasizes that each one of us is accountable for preventing harm.

Because safety is at the heart of all that we do.

Connects to our culture of creating one Trinity Health — Together.

Safe care for our patients.
Safe environment for our colleagues.

**TogetherSafe** is our shared journey toward high-reliability and zero harm for all.
The TogetherSafe Behaviors

- Prepare for the Process and Manage the Task
- Support the Team
- Communicate Clearly
- Questioning Attitude
- Attention to Detail
If you witness harassment of any form:

Immediately state your objections to the person and tell them that you would like the behavior to stop.

Report the situation to someone who can help:

<table>
<thead>
<tr>
<th>Security</th>
<th>Manager</th>
<th>Medical Staff Services</th>
<th>Chief Medical Officer, Medical Staff Officer</th>
<th>Organizational Integrity Office 866-477-4661</th>
</tr>
</thead>
</table>
Code of Conduct

We are committed to carrying out our Mission with the highest standards of ethical behavior.

✓ **Professionalism** – speaking and acting in a respectful, courteous manner at all times

✓ **Providing Quality Care that is Safe** and Medically Appropriate – safely and collaboratively carrying out evidence-based medicine

✓ **Advocating for Our Patient’s Needs** – effectively communicating to determine and carry out treatment plans from birth to end of life

✓ **Stewardship of Resources & Corporate Citizenship** – acting honestly and properly using all environmental, corporate, state and federal resources

Details of expected behaviors, along with the process for reviewing claims of inappropriate conduct, are found in the [Code of Conduct](#) policy. If you experience inappropriate behavior, submit an incident report using the [MIDAS](#) system. The Midas icon is located on all Trinity Health computers.
If you feel you have been exposed to workplace violence in any form:

1. Call/Contact Security

2. Notify the Chief Medical Officer

3. Report
   - Submit an incident report using the MIDAS system. This icon is located on all Trinity Health computers. Further instructions on next slide.
Those witnessing an incident involving any of the following should enter an event report in Midas:

- Patient, Client, Participant, Volunteer, Resident, and Student Incidents
- Includes reporting unsafe conditions
- Reported in Midas (found on intranet)
- From Intranet page, select “Resources”, then select “Midas Event Reporting” from listed Applications
Intranet: Other Resources

Medical Staff policies & other helpful resources can be found on our intranet home page by selecting Departments > Medical Staff Services

- Code of Conduct policy & other policies under the “Bylaws Documents” link outline expected behaviors and processes for reporting & responding to conduct issues.
- Call Schedules are posted for each Hospital.
- Provider Privilege lookup tool.
- Forms for reporting concerns or praises for physicians, Residents and APPs.
Your Security Team is Here for You

<table>
<thead>
<tr>
<th>Assist with Difficult/Disruptive Patients and Visitors</th>
<th>Security Risk Assessment, Safety Awareness and Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance and Patrolling of Buildings and Campus</td>
<td>Investigate Incidents of Workplace Violence (WPV)</td>
</tr>
<tr>
<td>Investigate Visitor &amp; Colleague falls</td>
<td>Patient, Visitor, and Colleague Assists, Escorts and Way-finding</td>
</tr>
<tr>
<td>Liaison to Local Law Enforcement</td>
<td>Lost &amp; Found Property</td>
</tr>
<tr>
<td>ID Badge Creation &amp; Distribution</td>
<td>Fire Extinguisher Management</td>
</tr>
<tr>
<td>Door Key Control</td>
<td>On-Campus Parking</td>
</tr>
</tbody>
</table>
Safety, Security, and Emergency Preparedness
Emergency Preparedness

If there’s a Disaster in the community, physicians should respond as follows:

• Employed or contracted physicians: Report to your contracted hospital’s Physicians Lounge

• Medical Staff Officers and Department Chairs: Report to your respective hospital’s Physicians Lounge

• All other physicians: Report to the nearest hospital’s Physicians Lounge

*Note that EMS will respond according to trauma protocols.

Questions about disaster processes can be referred to Joe Lockman, Director of Safety & Security, 706-510-9777
EMTALA

Emergency Medical Treatment and Active Labor Act (EMTALA) refers to Sections 1866 and 1867 of the Social Security Act which requires hospitals with emergency departments to provide an appropriate medical screening examination within the capability of the hospital’s emergency department to any individual who comes to the emergency department and requests examination or treatment, regardless of the individual’s ability to pay. The law prohibits hospitals with emergency departments from refusing to examine or treat individuals with emergency medical conditions or women in labor. EMTALA’s purpose is to ensure that all patients receive medical care as soon as possible. Among other things, this law requires:

- The hospital to provide to any person coming to the hospital requesting emergency services an appropriate medical screening examination by individuals qualified to perform such examination to determine whether an emergency medical condition (an “EMC”) exists.

- The hospital to either provide necessary stabilizing treatment for any EMC or labor within the hospital’s capability and capacity or transfer the individual appropriately to a hospital that has the capability and capacity to stabilize the EMC.

- A patient must be stable for transfer. “Stable” or “to stabilize” means to provide such medical treatment of the EMC necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility; or, in the case of a woman in labor, that the woman has delivered the child and the placenta.

- The transferring physician must identify a facility with a receiving physician that will accept the transfer and had corresponded directly with the transferring physician on the patient condition. The transferring physician has to determine, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition; and the transferring physician reasonably believes the receiving facility has the capability to manage the patient’s medical condition and any reasonably foreseeable complication of that condition.
Code Red – Fire Safety

Fire response (RACE): **Remove** patients, Activate the **alarm**, **Confine/contain** the fire, **Evacuate** or if safe to do so, **Extinguish**

- When you discover a fire, *rescuing patients in immediate, life-threatening danger is always your top priority.* This means you should always stop to investigate any unusual odor at once. If you smell smoke coming from behind a door:
- **The MRI Department** will, in event of a fire, practice and implement RACE; Rescue anyone in the area; Alarm the area; Confine the area; allow the sprinkler to extinguish the fire. *DO NOT CARRY AN EXTINGUISHER INTO THIS AREA UNDER ANY CIRCUMSTANCES!*
- Feel the door with the back of your hand before opening it
- If it’s too hot to touch, don’t open it; If it’s touchable, open it slowly
- If you must enter the scene of the fire to rescue a patient, stay low, remember that smoke and heat rise to the ceiling. Crawl beneath them.

Fire Extinguishers

- Portable fire extinguishers are designed to put out a small fire or control a larger one until the fire department arrives. Just as there are different kinds of fires, there are different kinds of fire extinguishers.
- Each of the three basic classes of fires has its own standard symbol. Fire extinguishers are labeled with the symbols for the classes of fires they can put out. There are 3 Classes of Fire: Class A, B, and C. For each class there are designated fire extinguishers.
Provider Parking – St. Mary’s Hospital

**Physician Parking:** There are 85 spaces located nearest to the Hospital designated for physician use. Three gated lots are accessible by physician ID badge, including the top half of the parking deck. Physician badges also work in all staff lots.

- **Advanced Practice Providers:** AAs, CRNAs, CNMs, NPs & PAs are able to park in all colleague areas as well as the top half of the parking deck when rounding on patients. Lots B, C, E, F & G are gated and accessible by ID badge. Lot H is open and available to anyone.

- **Security** is available for badge assistance and for escorts to any lot upon request; call **706-389-3991**.

Please be mindful of patient & guest parking areas, and only park in spaces designated for colleague use. Patients are the reason we are here!
All students must park in designated areas.

- **Good Samaritan Hospital** – park behind the hospital in employee parking.
- **Sacred Heart Hospital** – park in the front visitor’s entrance.
- **St. Mary’s Hospital** – students park in lot H
- **Security** is available for badge assistance and for escorts to any lot upon request; call 706-389-3991

Do not park in patient & guest parking areas. Patients are the reason we are here!
ID Badges, Access & Security

Your ID badge must be worn at all times while you are on duty. Your badge is a critical component of workplace safety and customer service. ID badges must be worn at or above chest-level.

- Facility access – external & internal
- Parking lot access

Security
- If you see a suspicious person/situation at one of our facilities:
  - Non-Hospital: Dial 9-911
  - St. Mary’s Hospital: Dial 111
  - Sacred Heart Hospital: Dial “0”
  - Good Samaritan Hospital: Dial “78” and state the emergency
- Alcohol/Drugs are not allowed
- Weapons are not allowed
- DON’T think it will be ok! – Report it!
- Be sure to secure all valuables and equipment
- Smoking - Tobacco free campus
- Parking – All staff should have a parking permit
- Contractors working at STMH will wear picture ID. All others will wear numbered ID’s
# Emergency Codes

<table>
<thead>
<tr>
<th>Event</th>
<th>Revised Codes (as per recommended plain language standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire / Alarm</td>
<td>“Code Red” remains (no change)</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>“Code Blue” remains (no change)</td>
</tr>
<tr>
<td>Utility / Technology Interruption</td>
<td>“Facility Alert” + Type of Service Interruption + Descriptor + Location</td>
</tr>
<tr>
<td>Evacuation / Relocation</td>
<td>“Facility Alert” + Evacuation (or Relocation) + Descriptor + Location</td>
</tr>
<tr>
<td>Hazardous Materials Spill</td>
<td>“Facility Alert - Hazardous Material Spill” + Descriptor (if any) + Location</td>
</tr>
<tr>
<td>Mass Casualty Incident (MCI)</td>
<td>“Facility Alert - Mass Casualty Incident” + Descriptor (Trauma, Rad, Bio, Chem, or Unk) + Location</td>
</tr>
<tr>
<td>Weather (e.g. Tornado)</td>
<td>“Facility Alert – [Applicable Weather] Warning” + NWS Statement + Location</td>
</tr>
<tr>
<td>Infant/Child Abduction or Missing Person</td>
<td>“Security Alert - Missing Person” + Description of Person + Last Seen Location</td>
</tr>
<tr>
<td>Armed Intruder / Shooter/ Hostage Situation</td>
<td>“Security Alert – [Applicable Threat]” + Location + Perpetrator’s Description + “Stay Clear” **Be familiar with rooms with green dots above the door – these rooms can be locked and have limited windows.</td>
</tr>
<tr>
<td>Controlled Access/Egress</td>
<td>“Security Alert – Lockdown Implemented” + Location</td>
</tr>
<tr>
<td>Behavioral Disturbance</td>
<td>“Security Alert – Public Safety Officers Needed” + Location</td>
</tr>
</tbody>
</table>
Emergency Codes

- A copy of the emergency codes is included with your Identification Badge hanger.
Our Patient Experience
“We will be the most trusted health partner for life.”
Put our Trinity Health values & actions into practice daily

Remember that the little things go a long way

Leverage your available resources

Additional Training & Resources
How Do We Know How We Are Doing?

- We LISTEN:
  - Patient Relations
  - Patient Experience Surveys
  - Patient Rounding
  - Patient Focus Groups
  - Patient and Family Advisory Councils
Language Services

- As a matter of quality of care and respect for patients, patients’ families or friends should NOT be relied upon for translation services
- **Dedicated iPads** loaded with an app to Cyracom interpreter services are available at each hospital and at most other St. Mary’s locations.
- **Cyracom** provides interpreter services for more than 100 languages as well as American Sign Language interpretation services.
- At St. Mary’s Athens, an on-site Spanish interpreter is available during certain hours and when pre-arranged.
- For assistance with interpreter services, contact Mission Services at extension **2-3276** (706-389-3276)
Professionally-trained chaplains are onsite at:

- St. Mary's Hospital Athens
- St. Mary's Good Samaritan Hospital
- St. Mary's Sacred Heart Hospital
- Highland Hills Village
- Home Hospice

The chaplains are available to all patients and colleagues and can be reached by calling 706-389-3276.
When to call a chaplain?

- When a death occurs
- During a code – blue, stroke, rapid response
- When patients or family members are struggling to cope with hospitalization (excessive crying, shaking, refusing to participate, etc.) Don’t ask if they want a chaplain, just contact us!
- When a patient or family member needs assistance contacting a representative of their faith tradition or a specific faith ritual is requested
- Feelings of loneliness, isolation, grief, or anxiety are expressed
- After a decision to withdraw life-sustaining therapies
- Staff support is needed – we are here for you, too!
Patient Grievances at Each Location

<table>
<thead>
<tr>
<th>Contact</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Hackney</td>
<td>St. Mary’s Athens &amp; other facilities not listed below</td>
</tr>
<tr>
<td>Kim Tyler</td>
<td>Good Samaritanian Hospital</td>
</tr>
<tr>
<td>Lauren Papka</td>
<td>Sacred Heart Hospital</td>
</tr>
<tr>
<td>Brandt Halbach</td>
<td>SMMG Physician Practices</td>
</tr>
<tr>
<td>HHV Administration Office</td>
<td>Highland Hills Village</td>
</tr>
<tr>
<td>Sandra Stephenson</td>
<td>HHC/Hospice/Home Palliative Care</td>
</tr>
</tbody>
</table>

WE ARE ALL A PART OF THE PATIENT EXPERIENCE
## Key Contacts

<table>
<thead>
<tr>
<th><strong>Trinity Health Integrity &amp; Compliance</strong></th>
<th><strong>Medical Staff Office</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-886-477-4661</td>
<td>Phone: 1-706-389-3840</td>
</tr>
<tr>
<td>Online: [<a href="http://www.mycompliance">www.mycompliance</a> Report.com](<a href="http://www.mycompliance">http://www.mycompliance</a> Report.com) Access Code ‘THO’</td>
<td>Email: <a href="mailto:medstaff@stmarysathens.org">medstaff@stmarysathens.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Epic TogetherCare Assistance</strong></th>
<th><strong>Retirement Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-706-389-2244</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:Erica.Philyaw@stmarysathens.org">Erica.Philyaw@stmarysathens.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Etime Timekeeping System</strong></th>
<th><strong>Interpretation Services/Mission Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Tammi.wiatrowski@stmarysathens.org">Tammi.wiatrowski@stmarysathens.org</a></td>
<td>Phone: 706-389-3276</td>
</tr>
<tr>
<td>Phone: 706-389-2619</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Security Services (Hospital Locations)</strong></th>
<th><strong>Security Services (Non - Hospital Locations)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- St. Mary’s Hospital: Dial 111</td>
<td>Non-Hospital: Dial 9-911</td>
</tr>
<tr>
<td>- Sacred Heart Hospital: Dial “0”</td>
<td></td>
</tr>
<tr>
<td>- Good Samaritan Hospital: Dial “78”</td>
<td></td>
</tr>
</tbody>
</table>
New Provider Orientation Conclusion
Reminder of Our Why

Our Mission
We, Trinity Health, serve together in the spirit of the gospel, as a compassionate and transforming healing presence within our communities.

Our Core Values
- Reverence
- Commitment to Those Who are Poor
- Safety
- Justice
- Stewardship
- Integrity

Our Vision
We will be the most trusted health partner for life.

Our Actions
As a Trinity Health colleague, I will:
- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.

Our Promise
We Listen.
We Partner.
We Make it Easy.

Exceptional Care For Life. St. Mary’s Health Care System. Member of Trinity Health.
A Blessing For Your New Job

May your new work excite your heart, kindle in your mind creativity to journey beyond the old limits of all that has become wearisome.

May this work challenge you toward new frontiers that will emerge as you begin to approach them, calling forth from you the full force and depth of your undiscovered gifts.

Remember to be kind to those who work for you. Endeavor to remain aware of the quiet world that lives behind each face.

Be fair in your expectations, compassionate in your criticism. May you have the grace of encouragement to awaken the gift in the other’s heart, building in them the confidence to follow the call of the gift.

May you come to know that work which emerges from the mind of love will have beauty and form.

May your work assume a proper space in your life; instead of owning or using you, may it challenge and refine you, bringing you every day further into the wonder of your heart.


We pray that you find support, peace, community and passion here at St. Mary’s. May the work you do bring you a sense of great joy. Many blessings on the journey ahead.

Best Wishes, The Spiritual Care Team
You have completed the orientation.
Please check with the Medical Staff Office (706-389-3840, medstaff@stmarysathens.org) to confirm all parts of onboarding have been completed.

We hope you enjoy your experience

Thank you for choosing St. Mary’s Health Care System!