Annual Provider Education

2025

ST. MARY'S HEALTH CARE SYSTEM
A Member of Trinity Health

ST. MARY'S HOSPITAL
A Member of Trinity Health

ST. MARY'S Sacred Heart Hospital
A Member of Trinity Health

ST. MARY'S Good Samaritan Hospital
A Member of Trinity Health

Purpose: Ensure safe, high-quality patient care

The following materials outline required education and helpful information for practicing at St. Mary's.

In summary:

- 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.

Communication

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 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 Medical Staff Bylaws and Rules & Regs)*:
  - 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.

Professional Practice Evaluation

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.
- Department Chiefs, or their 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.

Patient Experience

- Providers play a ***major*** role in patient perception of care.
- HCAHPS (**H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems) survey asks:

  During your hospital stay, how often did doctors:
  - ➢ Treat you with courtesy and respect?
  - ➢ Listen carefully to you?
  - ➢ Explain things in a way you could understand?
- According to the 2024 National Consumer Survey Series patients view quality as, “simply a physician who listens to their concerns”.
- Please take the time to listen carefully and explain fully!

YOUR CARE FROM DOCTORS

4. **During this hospital stay, how often did doctors treat you with courtesy and respect?**
   - ☐ Never
   - ☐ Sometimes
   - ☐ Usually
   - ☐ Always
5. **During this hospital stay, how often did doctors listen carefully to you?**
   - ☐ Never
   - ☐ Sometimes
   - ☐ Usually
   - ☐ Always
6. **During this hospital stay, how often did doctors explain things in a way you could understand?**
   - ☐ Never
   - ☐ Sometimes
   - ☐ Usually
   - ☐ Always

2025 Goal in Physician Domain: **85.9**

Contact **Nicole Hackney,** Patient Experience Coordinator, for help processing patient concerns, complaints or praises: **(706) 389-3886**

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.

Emergency Preparedness

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.

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

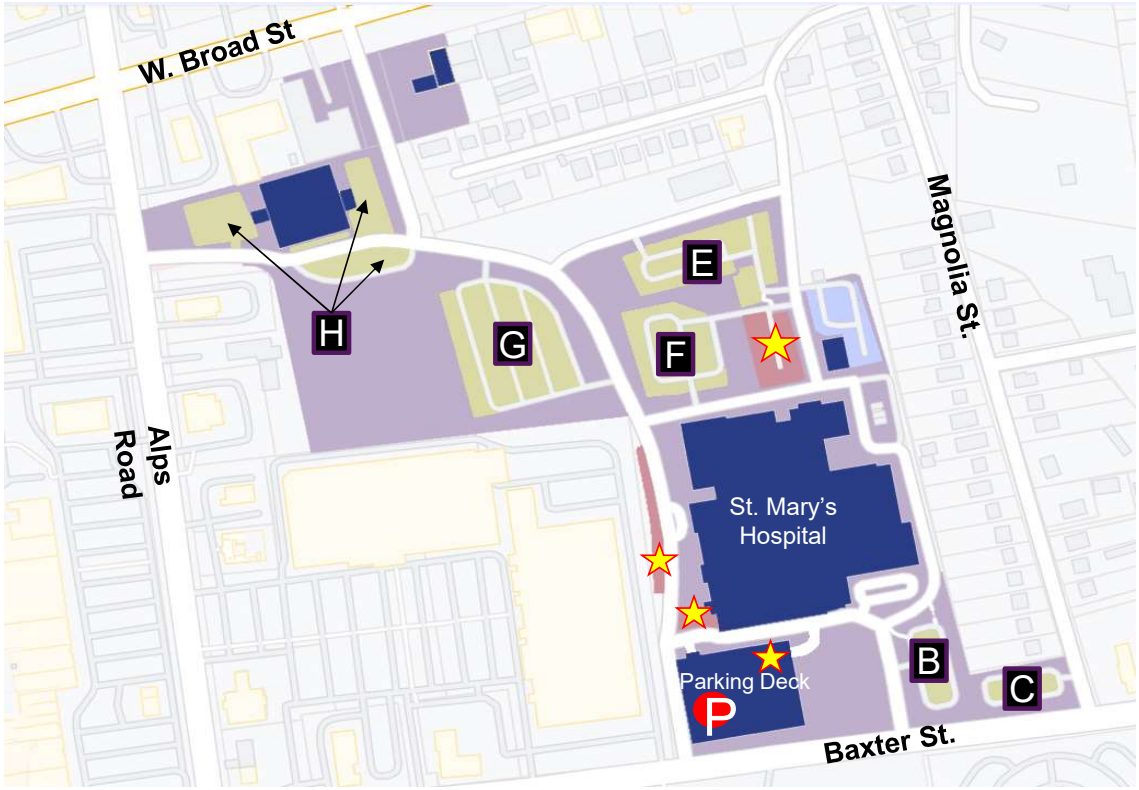
Security

- 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

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**.

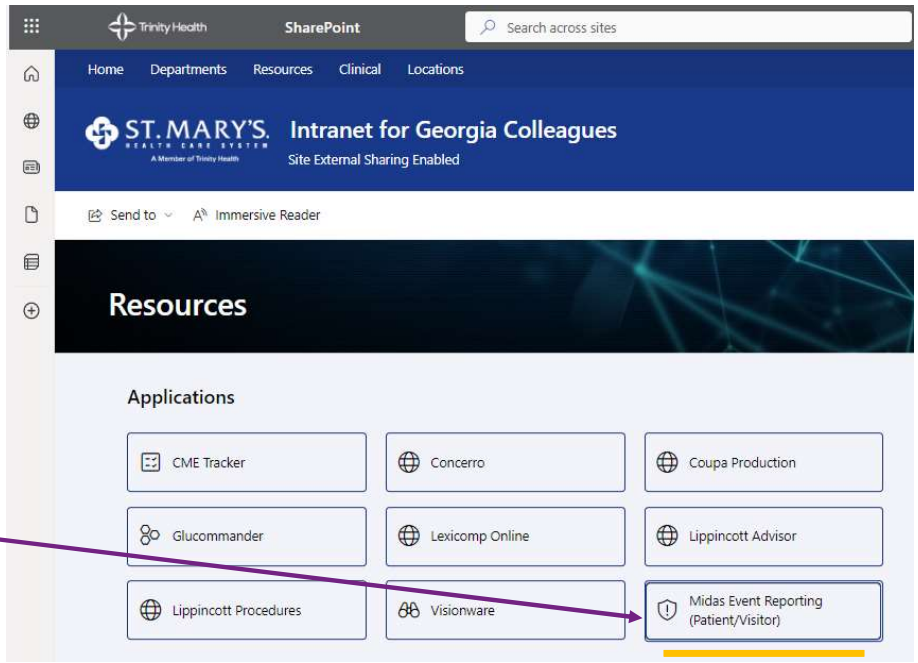
Please be mindful of patient & guest parking areas, and only park in spaces designated for colleague use. Patients are the reason we are here!



Incident Reporting

Those witnessing an incident involving any of the following should enter an event report in Midas

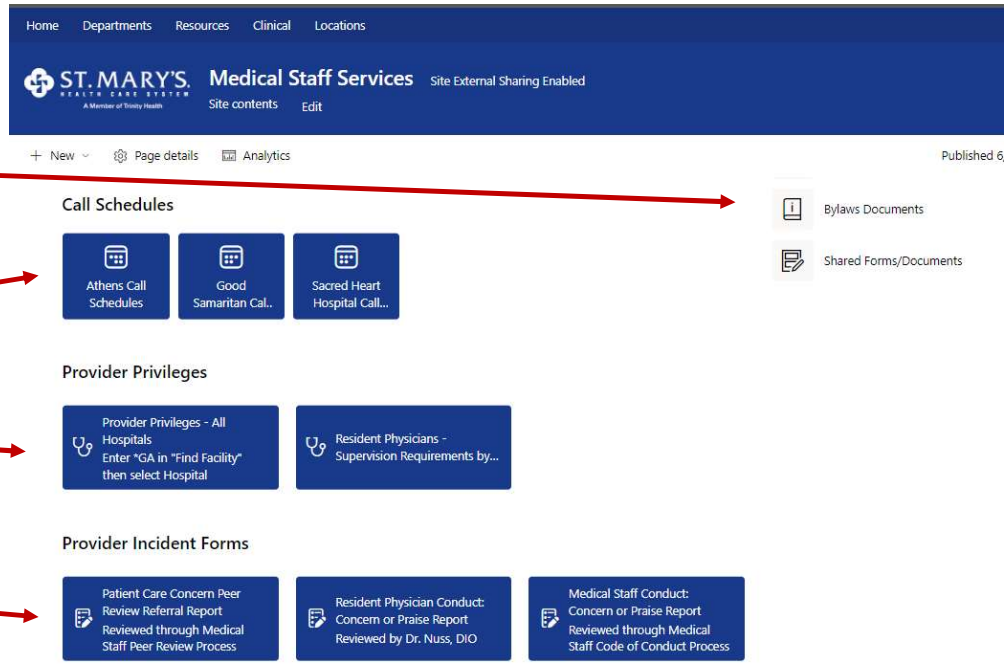
- Patient, Client, Participant, Volunteer, Resident, and Student Incidents
- Includes reporting unsafe conditions
- Reported in Midas (found on intranet)
- From Intranet page, select “Resources”, then select “Midas Event Reporting” from listed Applications



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 for each Hospital
- Provider Privilege lookup tool
- Forms for reporting concerns or praises for physicians, Residents and APPs



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
- 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.

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Campus Dean & DIO
706-713-2183

Lela Ward, MD
Program Director
706-389-3865

Abby Ward
Program Coordinator
706-389-3860

Emily Lewis
Program Coordinator
706-389-3812

Learn more about the program at https://medicalpartnership.usg.edu/education/gme/internal-medicine-residency/

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/unsafe 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 Hospital Acquired Infections**
    - CLABSI
    - CAUTI
    - Hospital Onset C.diff
    - MRSA blood stream infections
    - Surgical Site infections
    - Hand Hygiene performance
    - PPE/isolation compliance
  - **Reduce Readmissions**
    - All-Cause 30-Day Readmissions for Medicare Patients

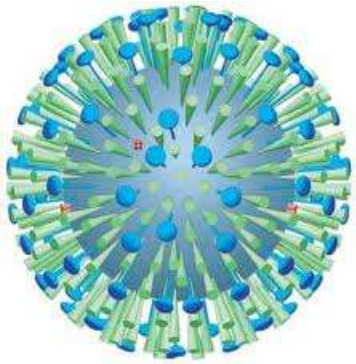
Learn more about goals and current performance at
TogetherSafe Scorecard
Balanced Scorecard

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 initial and ongoing 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
  - CDC website for COVID: 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.

Bloodborne Pathogen Exposure Control Plan (ECP)



- **OSHA Regulation**
- Located on St. Mary's Intranet and in the Nursing Administration Office
- Describes how this organization protects healthcare workers who have exposure to blood and body fluids.
  - Report all exposures to the unit director/manager.
  - Reference Employee Health policy: Management of Occupational Exposure to Blood and Body Fluids.docx

Contact Employee Health and/or Infection Control Offices for further information

Infection Prevention & Hospital Acquired Infection (HAI)

CLABSI-Central Line Associated Bloodstream Infection

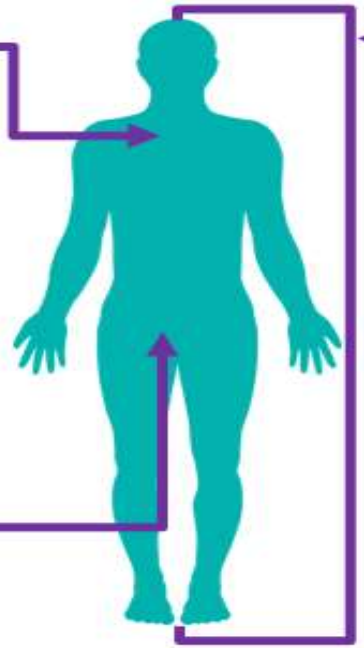
Right Line, Right Patient, Right Time

- CLABSI cause increased morbidity, mortality, length of stay, and hospital costs
- Some factors for increased risk for CLABSI:
  - Clinicians inserting/maintaining line lacking competency
  - Line being in place >72hours
  - Less appropriate site (more risk is associated with femoral or IJ sites)
  - Dressing compromise/line contamination
- Some factors to help prevent CLABSI:
  - 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 a 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

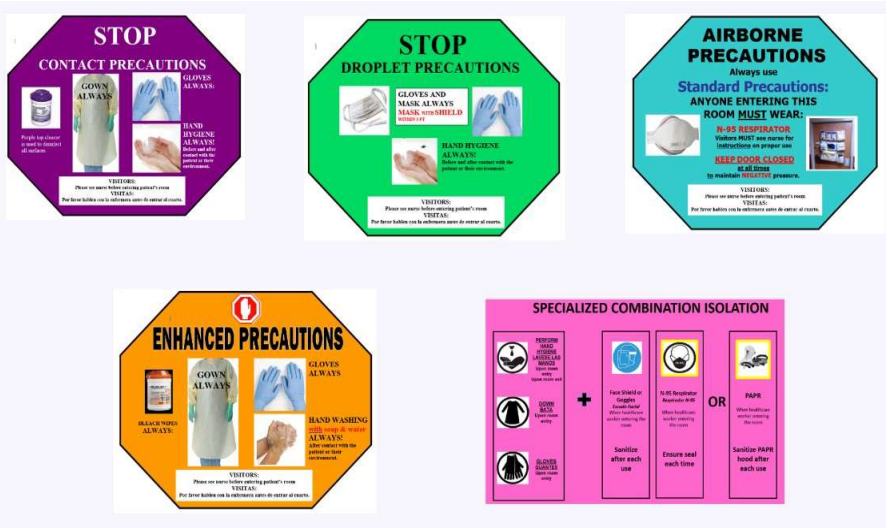
MDRO-defined as microorganisms that are resistant to one or more classes of antimicrobial agents

To prevent the spread:

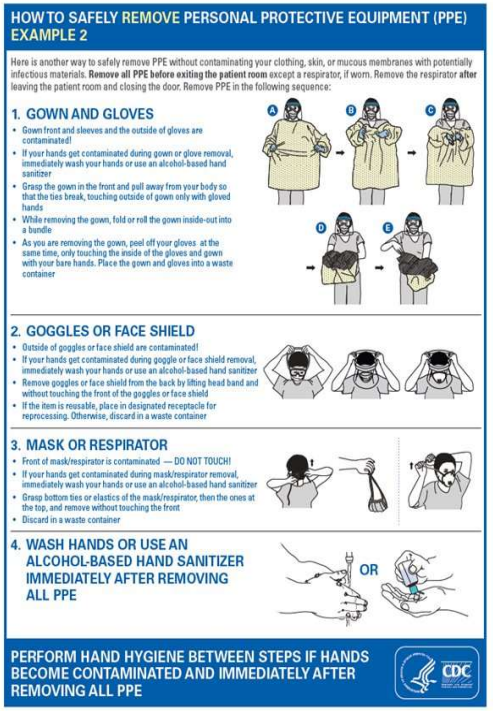
- Prompt identification of MDRO status and appropriate patient isolation
- Follow Antibiotic Stewardship guidelines
- Proper hand hygiene and cleaning of equipment

Infection Prevention & Personal Protective Equipment (PPE)

PPE used for patients known or suspected to be infected with highly transmissible or epidemiologically important pathogens.



Donning and Doffing PPE:



2 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: Beth Ricketson, 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 thrombolytic 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
  - North American Spine Society (2020). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain
- Spine Performance Measures
  - Ambulate Patients two times a day
  - Establish a pre-operative pain goal
  - Complete smoking cessation education for smokers
  - Apply SCDs post-operatively
- Spine Performance Initiatives
  - Pain education
  - Early ambulation
  - Infection control
  - Post-op complications
  - Smoking Cessation
  - Standardized 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 **P**hysician **H**ealth **P**rogram provides confidential referral, treatment oversight & monitoring – St. Mary's, the Medical Partnership & the GA Composite Medical Board recommend & use this program!

Georgia PHP
Healthy Professionals, Healthy Georgia

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.

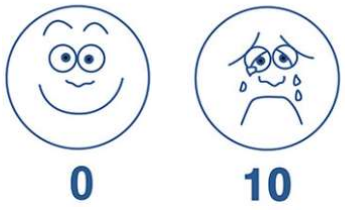
For more information visit: survivingsepsis.org

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

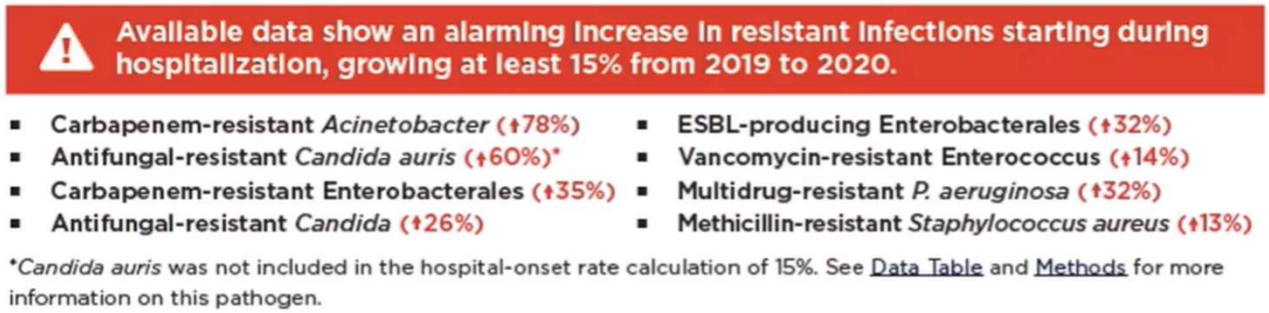
- It is the policy of St. Mary's to create a physical, social and organizational environment that limits the use of restraint to clinically appropriate and adequately justified situations.
- Physicians are encouraged to review the full policy, "Restraints", on the Intranet site yearly. It may also be 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 →



Antimicrobial Stewardship Education

- **Cost of Antibiotic Misuse:**

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

*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?”

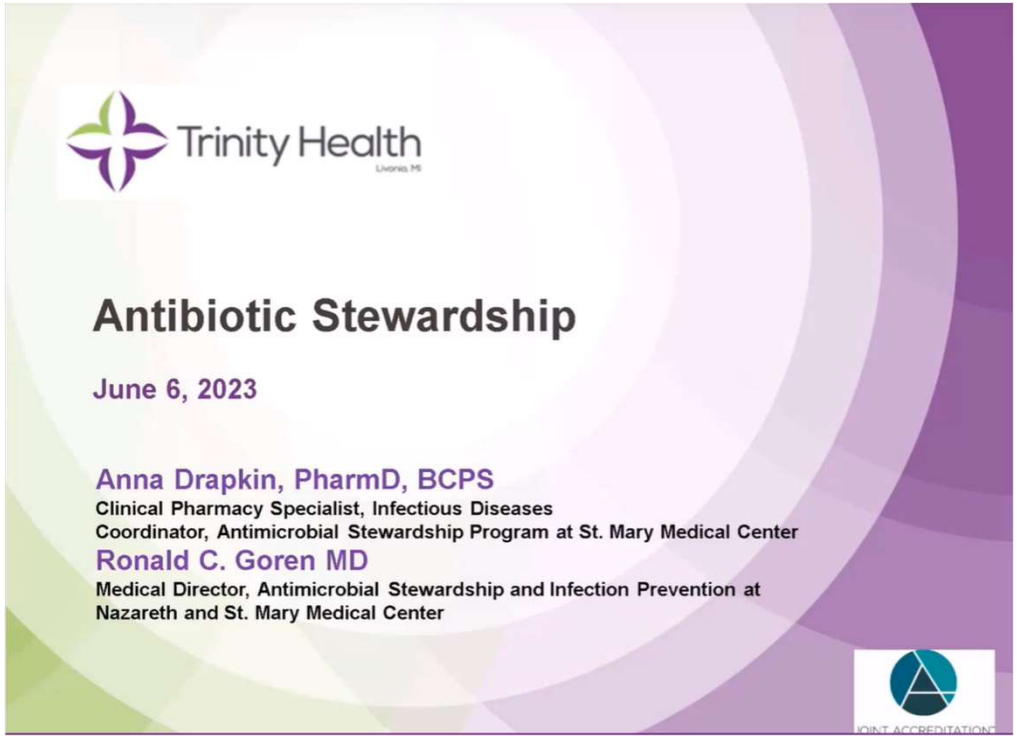
Antimicrobial Stewardship Education

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/gr3rdc0094



Senior Leadership Team

Stonish Pierce
President and CEO
Trinity Health Georgia

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.

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

Physician Leadership Team

Christopher Ward, MD
Regional Chief Medical Officer
Trinity Health Georgia

Providing the administrative support our physicians and providers need in order to focus on patient care 24/7/365. Dr. Ward received his Doctor of Medicine degree from the University of Miami Miller School of Medicine and completed his Emergency Medicine Residency at Emory University in Atlanta. He is board certified in Emergency Medicine through the American Board of Emergency Medicine, holds an MBA from New York University Stern School of Business, and is a Certified Physician Executive (CPE) through the American Association for Physician Leadership. He joined St. Mary's in April 2025 after nearly three decades of progressive experience in healthcare leadership.

Learn more about Dr. Ward and other leaders at https://www.stmaryshealthcaresystem.org/about-us/senior-leadership

2025 Physician Leadership

- Officers – St. Mary's Hospital

Alan Morgan, MD
Medical Staff President/
Chief of Staff,
St. Mary's Hospital

Aaron Carr, MD
Medical Staff Vice President/
Vice Chief of Staff,
St. Mary's Hospital

Robert Meyer, MD
Medical Staff Secretary/
Treasurer,
St. Mary's Hospital

Patrick Willis, MD
Immediate Past President/
Past Chief of Staff,
St. Mary's Hospital

2025 Physician Leadership

- Officers – Good Samaritan & Sacred Heart Hospitals

Dave Ringer, MD
Medical Staff President/
Chief of Staff,
Good Samaritan Hospital

Craig Colby, MD
Medical Staff Vice President/
Vice Chief of Staff,
Good Samaritan Hospital

Richard White, MD
Medical Staff President/
Chief of Staff,
Sacred Heart Hospital

Morgan Wood, MD
Medical Staff Vice President/
Vice Chief of Staff,
Sacred Heart Hospital

2025 Physician Leadership

- Department Leaders – St. Mary's Hospital

Dr. Leland Perry
Chief of Anesthesiology

Dr. Erick Avelar
Chief of Cardiology

Dr. Michael Skelton
Chief of Emergency Medicine

Dr. Sharif Elkabbani
Chief of Medicine

Dr. Neil Woodall
Chief of Neurosciences

Dr. Julian (JP) Price
Chief of Orthopedic Surgery

Dr. Joseph Gaines
Chief of Pathology

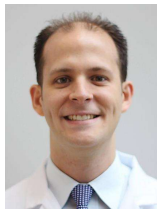
Dr. Jon De Witte
Chief of Radiology

Dr. Sergio Mejias
Chief of Surgery

Dr. Edward Reece
Chief of Women's & Childrens

Dr. Lela Ward
Program Director, Internal Medicine Residency

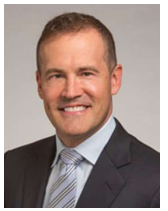
Dr. Clay Chappell
Medical Director of Cardiac Cath Lab



Dr. Eduardo Martinez
Medical Director of Pulmonary/Critical Care

Dr. Yolin Bueno
MEC Member at Large Medicine

Dr. Kathleen Jeffery
MEC Member at Large Surgery



Dr. Chris Ward
Chief Medical Officer

2025 Committee Leadership

MEC

Dr. Morgan

Bylaws

Dr. Willis

Breast Health

Dr. Jeffery

Credentials

Dr. Carr

Professional Practice

Dr. Chappell

Pharmacy & Therapeutics

Dr. Elkabbani

Robotic Steering

Dr. Carr

Utilization Review

Dr. Elkabbani

Our St. Mary's & Trinity Health Culture

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.

You have completed this year's annual education.

Please contact the Medical Staff Office (706-389-3840, medstaff@stmarysathens.org) with any questions or suggestions for annual educational materials.

We appreciate all you do for patients

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