

New Provider Orientation



High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

Orientation Purpose: Ensure Safety & Quality



The following materials contain education and information that will help ensure your safety and promote high-quality patient care practices at St. Mary's.

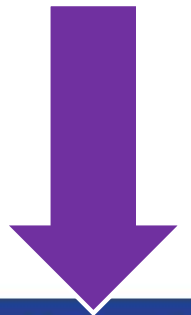
In summary:

- Education materials are housed on the Trinity [Hospital-Specific Bylaws, Policies and Procedures \(trinity-health.org\)](https://trinity-health.org) site.
- Providers should periodically review [Hospital-Specific Bylaws, Policies and Procedures \(trinity-health.org\)](https://trinity-health.org) for updates.
- Contact physician leadership or the Medical Staff Office if you have questions or if assistance is needed.



St. Mary's Health Care System is a

**“Member of
Trinity Health”**



High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

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.



St. Mary's (Regional) Promise



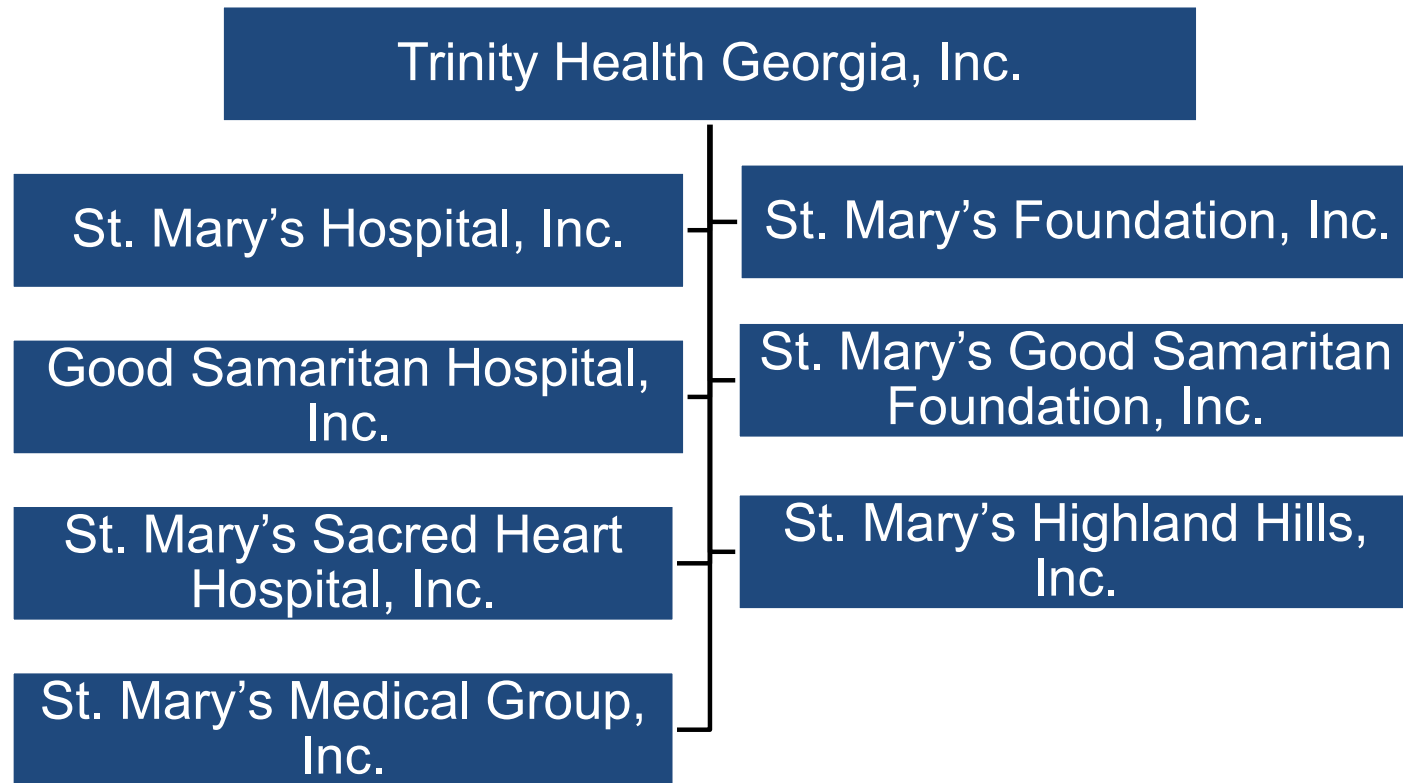
St. Mary's Health Care System is a faith-based organization providing personalized, **high-touch, accessible** care. We will be there when and where you need us – yesterday, today and tomorrow. Our vision is to be the **best place to work, practice medicine and receive care** in northeast Georgia.

St. Mary's 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 Georgia Corporate Structure



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 Senior Leaders at

<https://www.stmaryshealthcaresystem.org/about-us/senior-leadership>

Learn more about our Board of Directors at

<https://www.stmaryshealthcaresystem.org/about-us/board-of-directors>



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>

High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

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

- 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



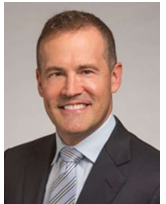
Dr. Eduardo Martinez
Medical Director of
Pulmonary/Critical Care



Dr. Yolin Bueno
MEC Member at Large
Medicine



Dr. Kathleen Jeffery
MEC Member at Large
Surgery



Dr. Chris Ward
Chief Medical
Officer

High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

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

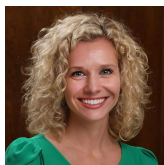


Graduate Medical Education

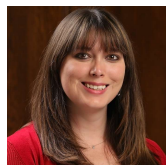
- St. Mary's Hospital is the Major Participating Site for AU/UGA Medical Partnership's Internal Medicine Residency Program. The GME Office is located on the 1st floor of the Hospital across from the visitor elevators.
- Faculty physicians with privileges at St. Mary's Hospital who hold academic appointments 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.



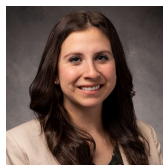
Shelley Nuss, MD
Campus Dean & DIO
706-713-2183



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/>



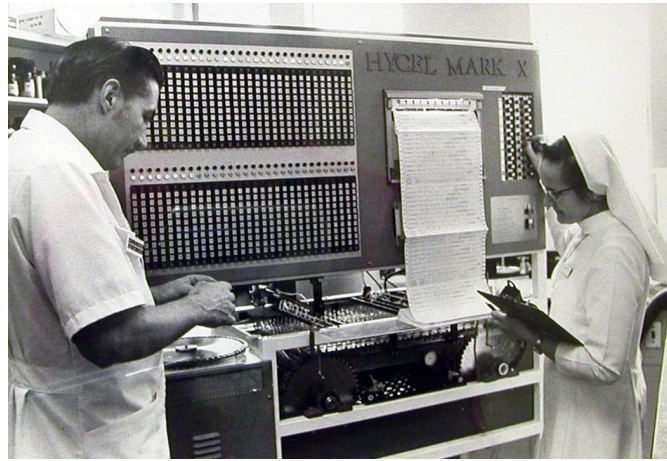
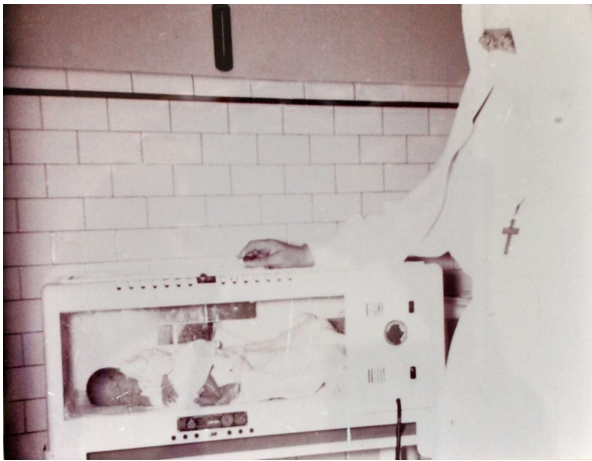
St. Mary's Founding *Missionary Sisters*



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.



A Continuing Presence



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.

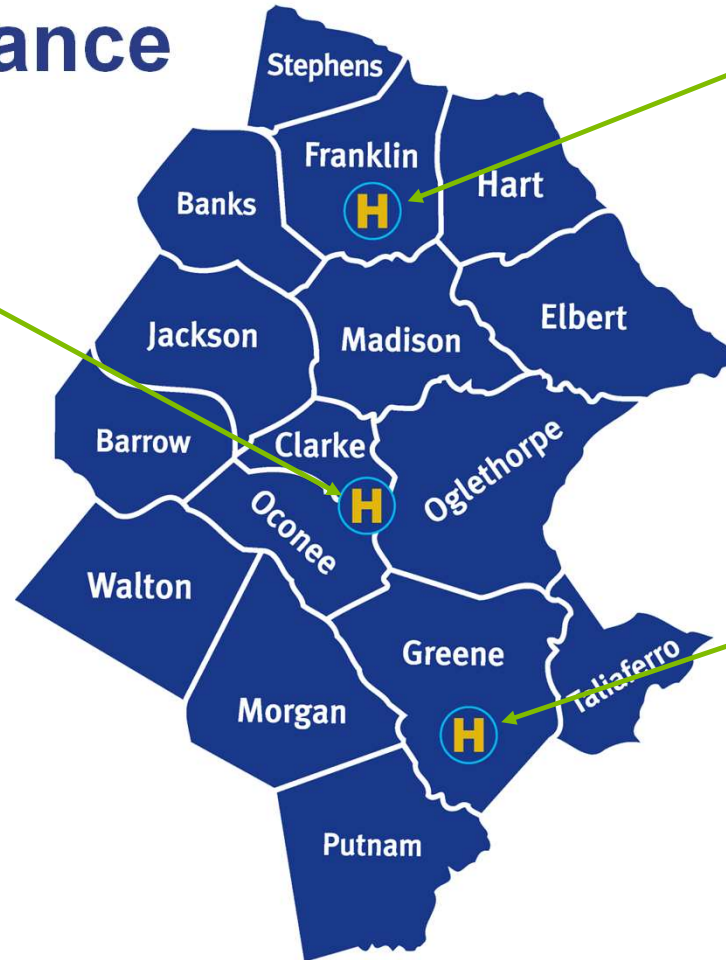


Hospitals at a glance



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 Sacred Heart Hospital, Lavonia

- Licensed for 56 beds
- Critical Care
- Surgical Services
- Mother/Baby Unit
- 24/7 Emergency Care



St. Mary's Good Samaritan Hospital, Greensboro

- 25-Bed Critical Access Hospital
- Surgical Services
- Swing Bed Care
- 24/7 Emergency Care

High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

St. Mary's Facilities, Services & Service Areas

- + 316 Outpatient Center (The Exchange)
- + Atlanta Highway: Infusion & Wound Care Center
- + Highland Hills Village (Trinity Health Senior Communities)
- + Home Health (Trinity Health at Home)
- + Hospice (Acute and Home)
- + St. Mary's Good Samaritan Hospital (Greensboro)
- + St. Mary's Hospital (Athens)
- + St. Mary's Medical Group
- + St. Mary's Sacred Heart Hospital (Lavonia)

Unparalleled Care

Region's first mechanical thrombectomy program
Advanced Primary Stroke Center
Certified Chest Pain Center
Certified joint replacement center
Robotic surgery
Brain & spine surgery
Family birth centers, Athens & Lavonia
Critical care, Athens & Lavonia
Inpatient rehab care, Athens & Greensboro
Rehab service, Athens, Lavonia, Greensboro and home care



A system that works together with a common focus – serve with quality and excellence

What benefits one business unit, benefits the system

High-level care. Higher-level caring.



St. Mary's Health Care System. A 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



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

Outpatient & Wellness Center



Four services. One location.

- Radiology – MRI, CT, bone density, mammography, ultrasound & echocardiography
- Rehab – PT, OT & SLP
- Laboratory collection site
- Wellness center
 - ✓ 24/7 Fully equipped fitness facility
 - ✓ Personal training & massage therapy services
 - ✓ Complimentary group fitness classes

2470 Daniells Bridge Road, Athens



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

\$23.9B

In Revenue

26

States

1.4M

Attributed Lives

\$1.3B

Community Benefit Ministry

127K

Colleagues

9.3K

Medical Group
Physicians and
Providers

29K

Affiliated Physicians

93

Hospitals*

15

Clinically Integrated
Networks

107

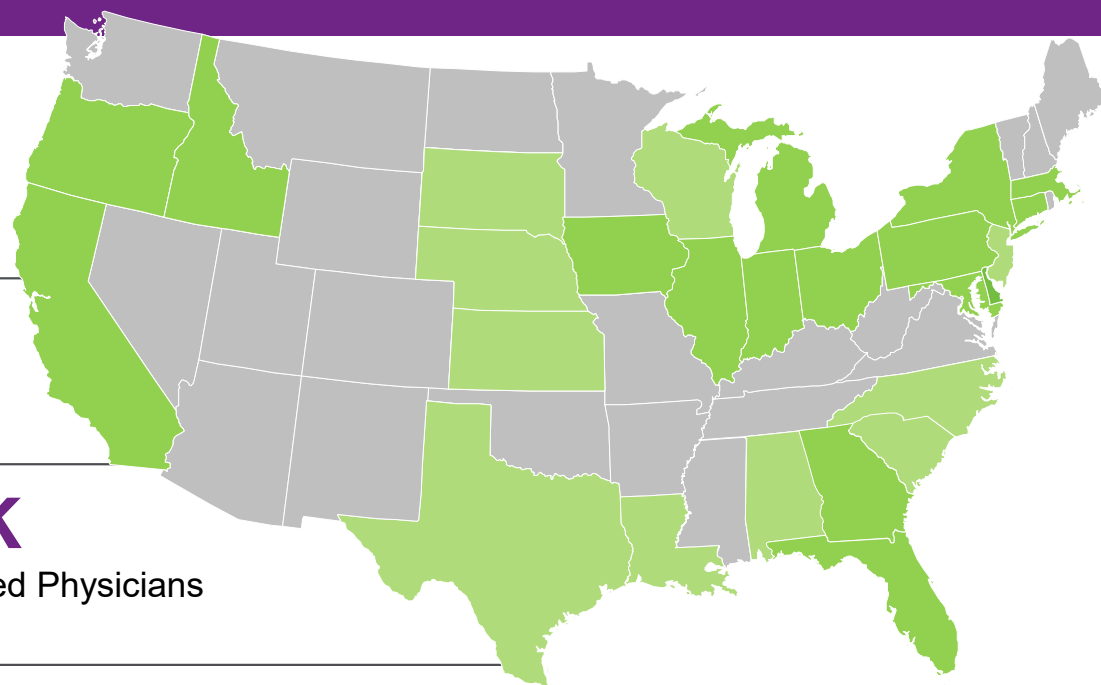
Continuing
Care Locations*

26

PACE Center
Locations*

142

Urgent Care
Locations*



FY24 data unless noted. *Owned, managed or in JOAs or JVs. Dark green states: primary ministry locations. Light green states: other services

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

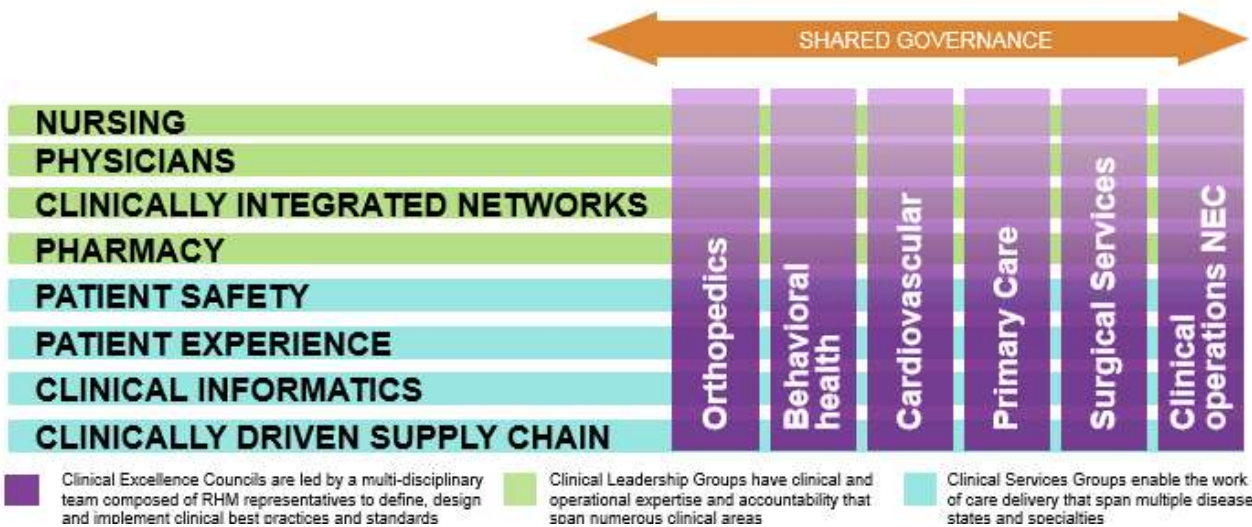


Trinity Health Values our Medical Staff Partners

- 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 Framework



Graphic is representative and not intended to represent an accurate picture of all teams.

- 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.



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 \(sharepoint.com\)](#)

Integrity & Compliance Program



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

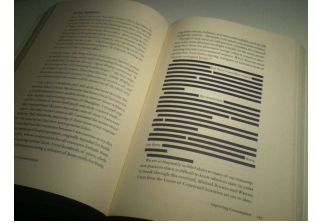
Examples of Diversity, Equity, and Inclusion Efforts

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](#)
 - 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

Supply Chain Governance



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?

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):

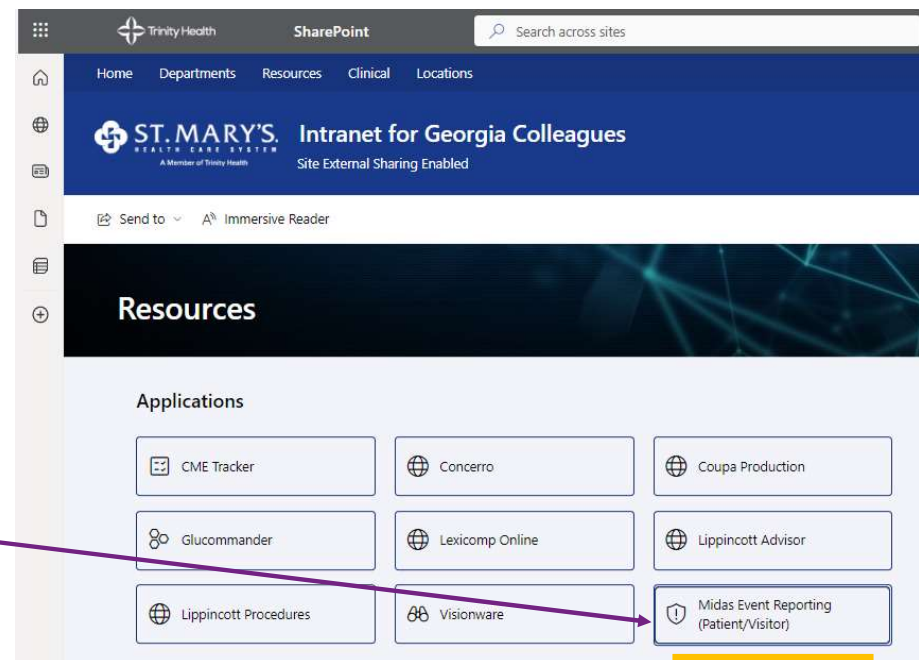
- Once privileges are assessed and competence is confirmed, providers transition into Ongoing Professional Practice Evaluations (OPPE).
- OPPEs are completed every six months on every privileged provider. Each Department determines the OPPE data to be collected. Providers can view their OPPE reports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



Incident Reporting

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

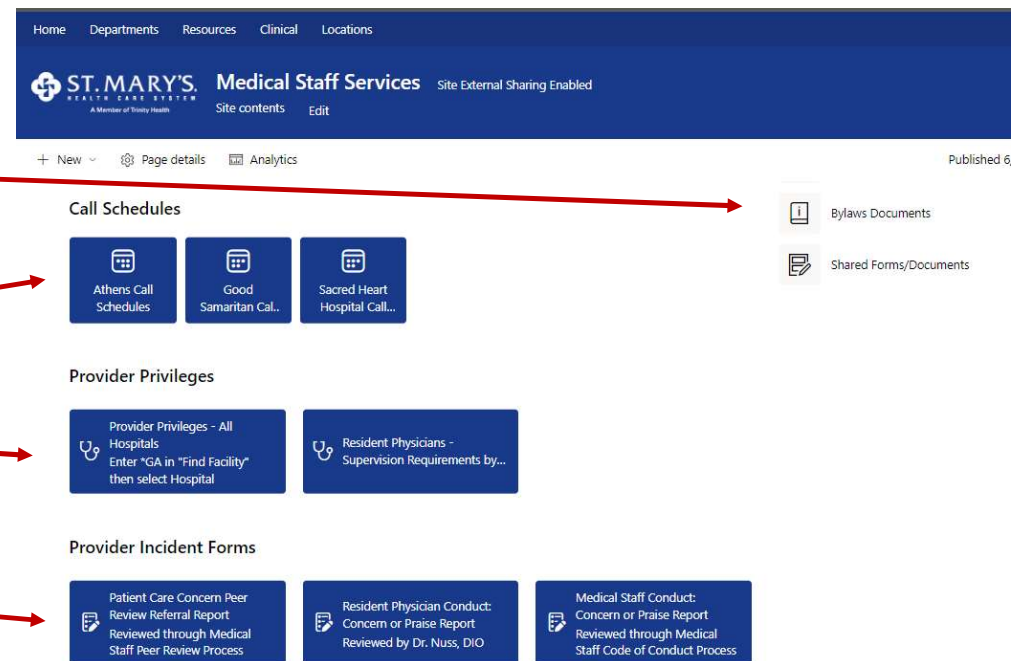
- Patient, Client, Participant, Volunteer, Resident, and Student Incidents
- Includes reporting unsafe conditions
- Reported in Midas (found on intranet)
- From Intranet page, select “Resources”, then select “Midas Event Reporting” from listed Applications



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



St. Mary's Clinical Quality Goals

- **Zero Harm: Patient Safety and Employee Safety**
 - Measured by Patient Safety Indicators (PSI), Falls with Injury Rate, and OSHA 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](#)



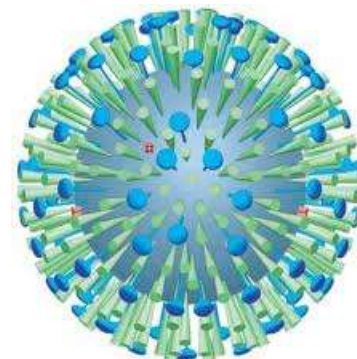
Influenza & Covid Vaccination Program

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)

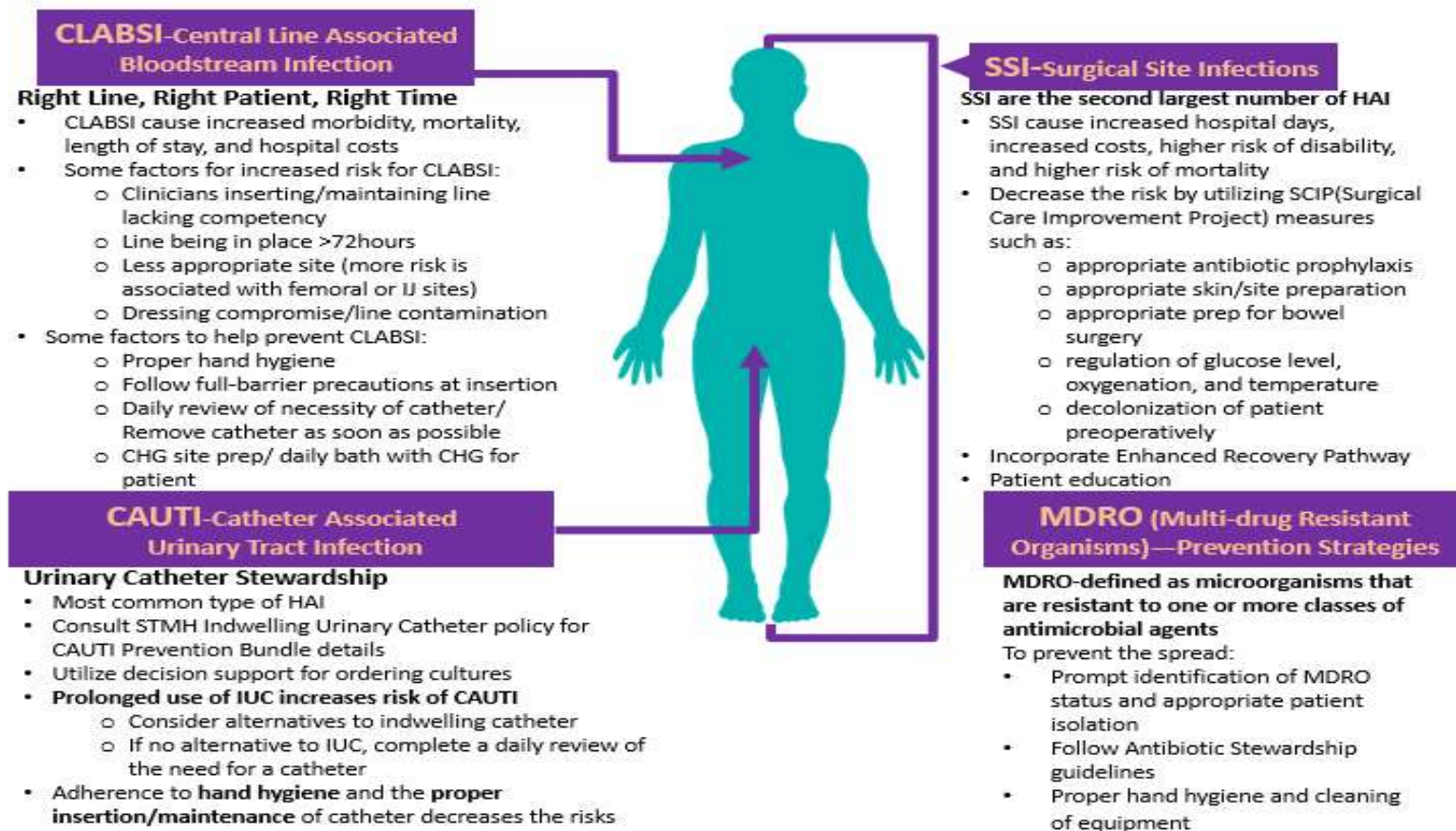
- OSHA Regulation
- Located on St. Mary's Intranet and in the Nursing Administration Office
- Describes how this organization protects healthcare workers who have exposure to blood and body fluids.
 - Report all exposures to the unit director/manager.
 - Reference Employee Health policy: [Management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



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

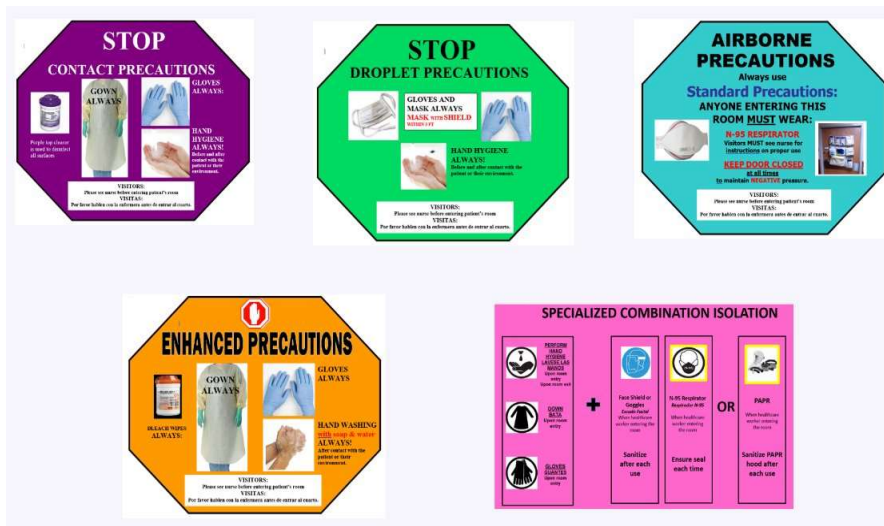


Infection Prevention & Hospital Acquired Infection (HAI)



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:

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- GOWN AND GLOVES**
 - Gown front and sleeves and the outside of gloves are contaminated!
 - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
 - While removing the gown, fold or roll the gown inside-out into a bundle
 - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
- GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — **DO NOT TOUCH!**
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container
- WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

High-level care. Higher-level caring.

St. Mary's Health Care System. A Member of Trinity Health.

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

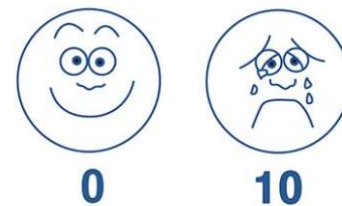
Contact the Quality Improvement Office for further information



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.



Patient Rights and Responsibilities

Each patient is provided a copy of their rights on admission to the hospital. It is our responsibility as providers and colleagues of the hospital to assure that the rights of each patient is protected.

Patients have the right to –

- a prompt and reasonable response to questions and requests; and to know who is providing medical services and who is responsible for your care.
- know what patient support services are available, including whether an interpreter is available if you do not speak English.
- know what rules and regulations apply to your conduct.
- be given information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis; to refuse treatment, except as otherwise provided by law.
- appropriate assessment and management of pain.
- be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- (if eligible for Medicare) know, upon request in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate.
- receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- receive a copy of a reasonable, clear and understandable itemized bill and upon request, to have charges explained.
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap or source of payment.
- treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- express grievances regarding any violation of your rights, as stated in Georgia law, through the grievance procedure of St. Mary's and the appropriate state licensing agency.
- be treated with courtesy and respect, with appreciation of your individual dignity and with protection of your need for privacy.
- provide a designated person that is allowed 24-hour access to patient's room to assist them with their personal needs

Patients are responsible for –

- providing to St. Mary's, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- reporting to St. Mary's whether you understand a contemplated course of action and what is expected of you; reporting unexpected changes in your condition to St. Mary's
- following the treatment plan recommended by St. Mary's healthcare providers.
- keeping appointments and, when you are unable to do so for any reason, for notifying the healthcare provider or healthcare facility.
- your actions, if you refuse treatment or do not follow the healthcare provider's instructions.
- assuring that the financial obligations of your medical care are fulfilled as promptly as possible.
- following St. Mary's rules and regulations affecting your care and conduct.



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 →



Available data show an alarming increase in resistant infections starting during hospitalization, growing at least 15% from 2019 to 2020.

- | | |
|---|---|
| ▪ Carbapenem-resistant <i>Acinetobacter</i> (+78%) | ▪ ESBL-producing Enterobacterales (+32%) |
| ▪ Antifungal-resistant <i>Candida auris</i> (+60%)* | ▪ Vancomycin-resistant Enterococcus (+14%) |
| ▪ Carbapenem-resistant Enterobacterales (+35%) | ▪ Multidrug-resistant <i>P. aeruginosa</i> (+32%) |
| ▪ Antifungal-resistant <i>Candida</i> (+26%) | ▪ Methicillin-resistant <i>Staphylococcus aureus</i> (+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:**

Infesting Organism	Antibiotic	Cost/ Day*
Methicillin Susceptible <i>S. aureus</i> (MSSA)	Cefazolin	\$5
Methicillin Resistant <i>S. aureus</i> (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
<i>Pseudomonas</i>	Cefepime	\$17
Multi-Drug Resistant <i>Pseudomonas</i>	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

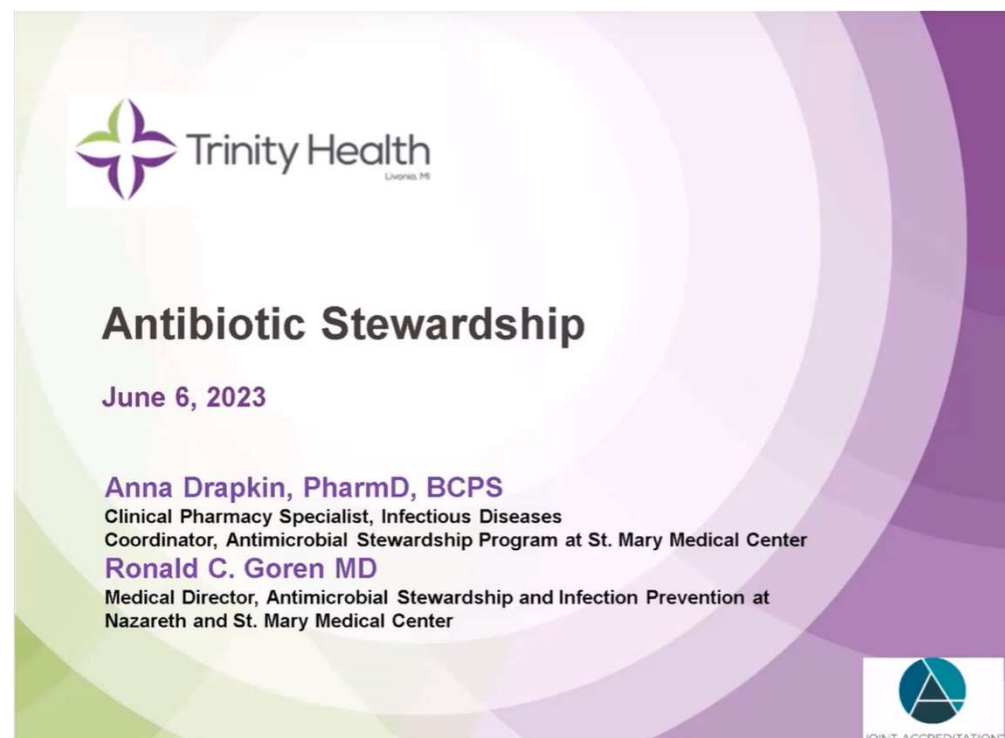
Summary of Principles of Diagnosis and Treatment:

- 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>



Ethical and Religious Directives for Catholic Health Care Services

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:

<http://www.usccb.org/about/doctrine/ethical-and-religious-directives/upload/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06.pdf>

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

Ethical and
Religious
Directives for
Catholic Health
Care Services

Sixth Edition

UNITED STATES CONFERENCE OF
CATHOLIC BISHOPS



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.



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



St. Mary's Clinical Laboratory Services

- Fully accredited by the College of American Pathologists and the American Association of Blood Banks
- Scope of services include
 - Non-gynecologic Cytology, Surgical Pathology, Autopsy
 - Transfusion Medicine
 - Core Laboratory –Chemistry, Hematology, Urinalysis, Coagulation, and Microbiology
 - Point of Care Testing and & Referred Testing
- Do you expect to have unique laboratory or pathology testing needs? If so, email the laboratory director, Corey McCarthy, Corey.McCarthy@stmarysathens.org or for immediate assistance 706-658-6297, to have your testing requirements ready when you arrive.

Clinical Laboratory Test menu: <https://www.stmaryshealthcaresystem.org/find-a-service-or-specialty/clinical-laboratory/test-directory>



Our Culture of Safety



“

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

”



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.



Standards of Conduct

Fraud and Abuse: What's expected of you?

- ✓ Act with honesty and integrity in all St. Mary's activities
- ✓ Follow all laws, regulations, and requirements of the government that apply to your work and ask for assistance if you have questions
- ✓ Participate in training and education, and cooperate with any investigations

False Claims Act

- ✓ A Federal law that makes it a crime to knowingly falsify a record or file a false claim involving federal health care programs
- ✓ Whistleblower protections: The federal and state False Claims Acts protect anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit.

Conflicts of Interest

- ✓ If outside activities or relationships influence – or could appear to influence – decisions you make in your work at St. Mary's, you must disclose the activity or relationship
- ✓ Disclosure questions are presented during your initial and reappointment applications to all St. Mary's facilities – if you would like to review your answers or provide additional question, reach out to Medical Staff Services



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 course led by Dr. Tom Peterson at <https://www.youtube.com/watch?v=PJPGEdPXRfY>.
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>

- 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 or 706.389.3940 with any questions





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:

Security

Manager

Medical Staff
Services

Chief Medical
Officer, Medical
Staff Officer

Organizational
Integrity Office
866-477-4661



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 all Trinity Health computers. Further instructions on next slide.



Your Security Team is Here for You

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



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 & Department Chairs: Report to your respective hospital's Physicians Lounge
- All other physicians: Report to the nearest hospital's Physicians Lounge

Note: 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

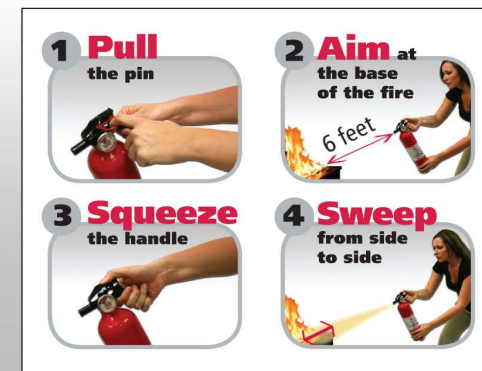
- When you discover a fire, **rescuing patients in immediate, life-threatening danger is always your top priority**. This means you should always stop to investigate any unusual odor at once. If you smell smoke coming from behind a door:
- **The MRI Department** will, in event of a fire, practice and 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.

HOW TO USE A FIRE EXTINGUISHER

Remember the Phrase **PASS**



Emergency Codes

Event	Revised Codes (as per recommended plain language standards)
Fire / Alarm	"Code Red" remains (no change)
Medical Emergency	"Code Blue" remains (no change)
Utility / Technology Interruption	"Facility Alert" + Type of Service Interruption + Descriptor + Location
Evacuation / Relocation	"Facility Alert" + Evacuation (or Relocation) + Descriptor + Location
Hazardous Materials Spill	"Facility Alert - Hazardous Material Spill" + Descriptor (if any) + Location
Mass Casualty Incident (MCI)	"Facility Alert - Mass Casualty Incident" + Descriptor (Trauma, Rad, Bio, Chem, or Unk)+ Location
Weather (e.g. Tornado)	"Facility Alert – [Applicable Weather] Warning"+ NWS Statement +Location
Infant/Child Abduction or Missing Person	"Security Alert - Missing Person" + Description of Person + Last Seen Location
Armed Intruder / Shooter/ Hostage Situation	"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.
Bomb Threat /Suspicious Package	"Security Alert – [Applicable Threat]" + Location + "Stay Clear"
Controlled Access/Egress	"Security Alert – Lockdown Implemented" + Location
Behavioral Disturbance	"Security Alert – Public Safety Officers Needed" + Location



Emergency Codes

- A copy of the emergency codes is included with your Identification Badge hanger.



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

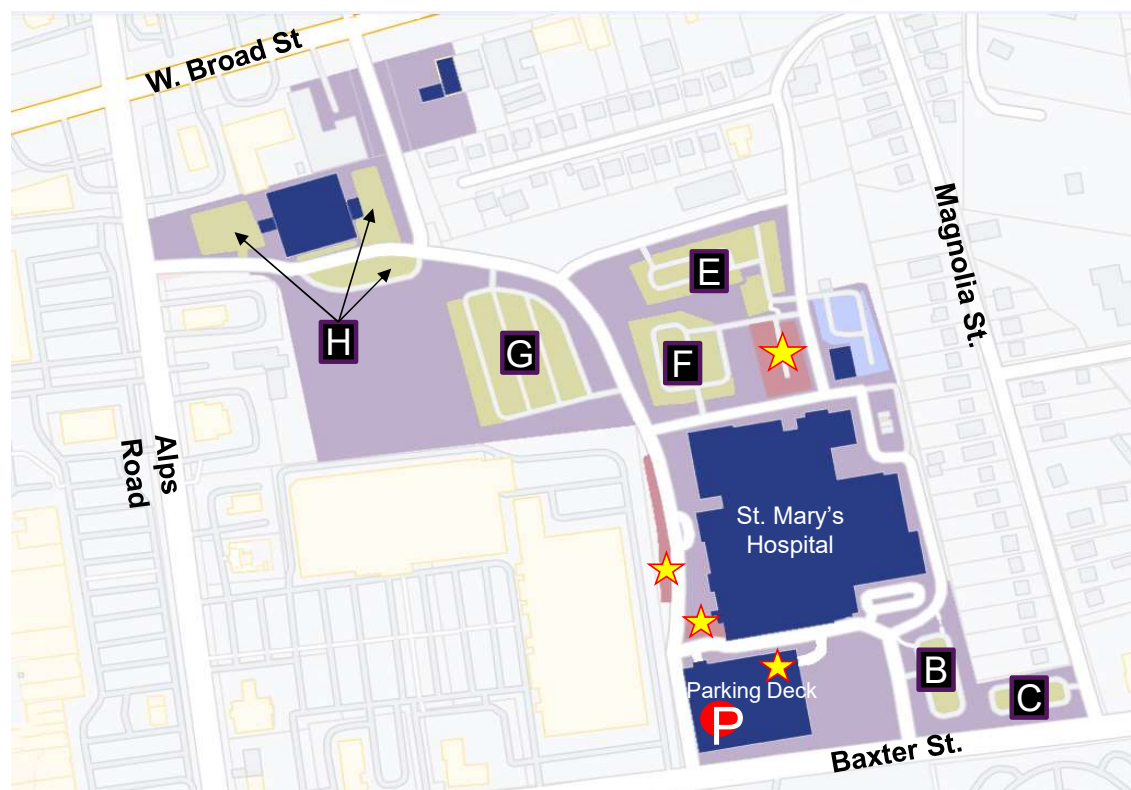


Provider Parking – St. Mary's Hospital

★ **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!



Our Patient Experience



“We will be the most trusted health partner for life.”



High-level care. Higher-level caring.



St. Mary's Health Care System. A Member of Trinity Health.

Your Role in Our Patient Experience

- Providers play a **major** role in patient perception of care.
- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) 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!



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

2025 Goal in
Physician Domain:
85.9

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



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)



Spiritual Care



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.

Key Contacts

Trinity Health Integrity & Compliance Phone: 1-886-477-4661 Online: www.mycompliancereport.com Access Code 'THO'	Medical Staff Office Phone: 1-706-389-3840 Email: medstaff@stmarysathens.org
Epic TogetherCare Assistance Phone: 1-706-389-2244 Email: Erica.Philyaw@stmarysathens.org	Retirement Program www.myfidelity.com/trinityhealth
Etime Timekeeping System Email: Tammi.wiatrowski@stmarysathens.org Phone: 706-389-2619	Interpretation Services/Mission Services Phone: 706-389-3276
Security Services (Hospital Locations) <ul style="list-style-type: none"> St. Mary's Hospital: Dial 111 Sacred Heart Hospital: Dial "0" Good Samaritan Hospital: Dial "78" 	Security Services (Non - Hospital Locations) Non-Hospital: Dial 9-911



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.



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.

- John O'Donohue, "Blessings for a New Position," *To Bless the Space Between Us: A Book of Blessings* (2008)



You have completed this portion of orientation.
Please check with the Medical Staff Office (706-389-3840, medstaff@stmarysathens.org) to confirm all parts of onboarding have been completed.

Welcome to the Medical Staff

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

