



EMORY UNIVERSITY HOSPITAL MIDTOWN NEW PROVIDER ORIENTATION

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

ORIENTATION GUIDE

- This provider orientation includes key information for your review prior to practicing at Emory University Hospital Midtown. You might also find it helpful to refer back to this during your appointment on our staff.
- Once you have reviewed all slides, please print the certificate found on the orientation webpage. The certificate must be signed and presented to the Medical Staff Office prior to your appointment date.

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**



The David-Fischer Sanatorium

HISTORY



Postcard of Emory Crawford Long
Hospital Campus

- “Born” on October 21, 1908, when Dr. Edward Cambell Davis and a former student of his, Dr. Luther C. Fischer, opened the 26-bed Davis-Fischer Sanatorium near present-day Turner Field.
 - With just 26 beds, the hospital quickly outgrew its capacity and by 1911, the hospital moved to its present site, opening an 85-bed Davis-Fischer Sanatorium on Linden Avenue.
- In 1911, the nursing school at the hospital graduated its first class of 3 nurses
- In 1931, the hospital was renamed Crawford W. Long Memorial Hospital in honor of Dr. Crawford W. Long, the first physician to use ether (*visit the [Crawford Long Museum in the hospital](#)*)
- In 1939, Dr. Fischer deeded CLH to Emory University, the gift to become effective on his death (1953)
- In August 2002, the new Medical Office Tower opened
- In 2008, ECLH celebrated its 100th Anniversary
- In 2009, the hospital was renamed Emory University Hospital Midtown, to emphasize the academic emphasis and importance of the hospital within Emory Healthcare



Mural of ECLH over the past 95 years

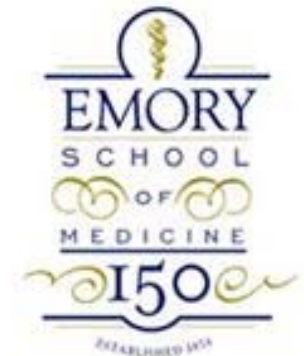
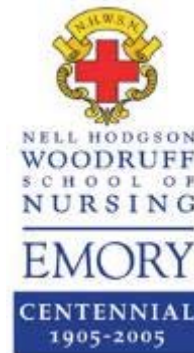
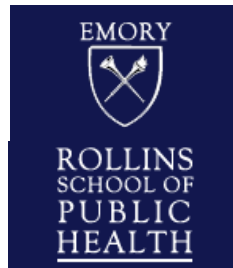


EMORY
UNIVERSITY



The Robert W. Woodruff Health Sciences Center

EMORY
HEALTHCARE



Emory University Hospital Midtown

Emory University Hospital Midtown is part of Emory Healthcare, one of the components of the Woodruff Health Sciences Center of Emory University



PRESENT

- Emory University Hospital Midtown is staffed by over 1,000 Emory University School of Medicine faculty and 500 private practice physicians
- 529 beds
- More than 23,000 inpatients , 4,600 deliveries, 185,000 outpatient and 63,000 ED visits each year



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN⁵**

EUHM Administrative Leadership

Chief Executive Officer



Daniel Owens
404-686-2010
daniel.owens@emoryhealthcare.org

Chief Nursing Officer



Tawanda Austin
404-686-8359
tawanda.austin@emoryhealthcare.org

Chief Medical Officer



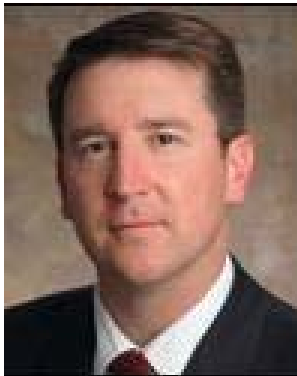
James Steinberg, MD
404-686-8910
jstei02@emory.edu

Chief Quality Officer



Nicole Franks, MD
404 686-4536
nicole.franks@emoryhealthcare.org

Chief Financial Officer



Greg Anderson
404-686-2823
greg.anderson@emoryhealthcare.org

VP Human Resources



David Mafe
404-686-7087
david.mafe@emoryhealthcare.org

VP Operations



Toni Wimby
404-686-2450
toni.wimby@emoryhealthcare.org

VP Operations



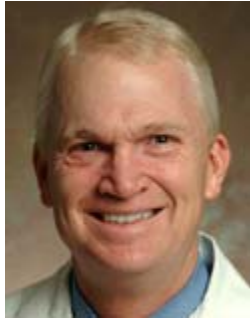
Min Lee
404-686-0217
min.lee@emoryhealthcare.org

**VP Operations
Ambulatory Services**



Sheryl Bluestein
404-778-5432
sheryl.bluestein@emoryhealthcare.org

Chiefs of Surgery and Surgical Specialties



Surgery
Grant Carlson, MD



Director of Perioperative Services
Allan Pickens, MD



General Surgery
C. Rick Finley, MD



Cardiothoracic Surgery
Robert Guyton, MD



Vascular Surgery
Jay Miller, MD



Oral/Maxillofacial Surgery
Steve Rosser, MD



Neurosurgery
Gerald Rodts, MD



Obstetrics/Gynecology
Carrie Cwiak, MD



Ophthalmology
Priyanka Sood, MD



Orthopedic Surgery
David Monson, MD



Otolaryngology
Douglas Mattox, MD



Urology
James Bennett, MD

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

More Department Chiefs



Anesthesiology
Stuart Brooker, MD



Emergency Medicine
Daniel Wood, MD



Family Medicine
Jose Villiaon-Gomez, MD



Neurology
Wendy Wright, MD



Pathology Laboratory Med.
Jim Little, MD



Pediatrics
Patricia Denning, MD



Physical Med Rehab
Doris Armour, MD



Psychiatry
Scott Firestone, MD



Radiation Oncology
Karen Godette, MD



Radiology
Jamlík-Omari Johnson, MD

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

Department of Medicine and Medical Specialty Chiefs



Medicine
Byron Williams, Jr, MD



Cardiology
John Merlino, MD



Critical Care Medicine
Michael Sterling, MD



Gastroenterology
Chuck Fox, MD



Hematology/Oncology
Suchita Pakkala, MD



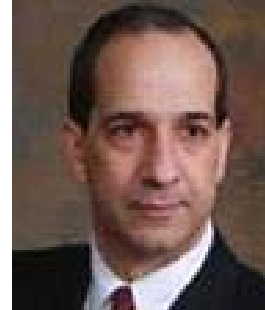
Hospital Medicine
Bruce Mitchell, MD



Infectious Diseases
James Steinberg, MD



Nephrology
Tashin Masud, MD



Pulmonary
Alvaro Velasquez, MD

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

2018-2019 MEDICAL STAFF OFFICERS AND OTHER MEDICAL STAFF LEADERSHIP



Medical Staff President
Larry Hobson, MD



President elect
Janice Lea, MD



Vice President
Dan Refai, MD



Past President
Elinor Benson, MD



Assistant Chief Medical Officer
Wendy Wright, MD



Associate Medical Director
James Bennett, MD



GYN/OB MEC Representative
*Camille Davis-Williams,
MD*



**Dept. of Medicine MEC
Representative**
Bill Cleveland, MD

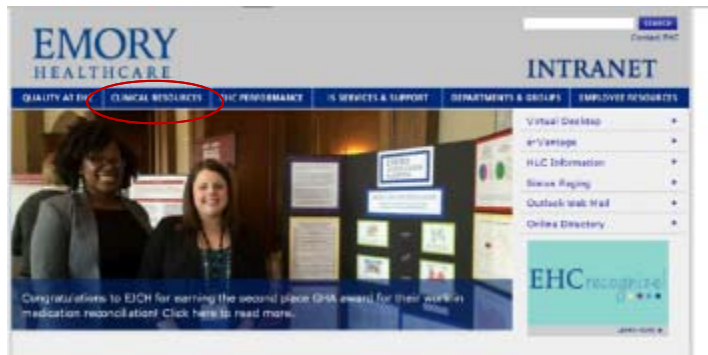


**Dept of Surgery MEC
Representative**
Rick Finley, MD

Medical Staff Bylaws

- All medical staff applicants must agree to abide by the hospital Bylaws, Rules & Regulations and policies. These documents are available on line. Please direct any questions to your Chief of Service , the hospital CMO, CQO or other members of the leadership team.
- To locate the Bylaws and hospital policies, go to the intranet home page

Click on
Clinical
Resources



Then MD
Support



Then
Policies and
Bylaws



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

MEDICAL STAFF BYLAWS

- Articles of the Bylaws include
 - Categories of the Medical staff
 - Procedures for appointment and reappointment
 - Corrective action plan
 - Clinical services
 - Officials and Officers
 - Committees and functions
 - Meetings
- Fair hearing plan

RULES AND REGULATIONS

- The Rules and Regulations are included with the Bylaws
- Articles include
 - Admission and discharge of patients
 - Medical records
 - General conduct of care
 - General rules regarding surgical care
 - Emergency Services
 - Committees of the Medical Staff

Medical Staff Meetings

- **Medical Staff Meetings**

- Quarterly Medical Staff Meetings are held on the 4th Tuesday at 6 PM in Jan, Apr, June, and Oct. Dinner is served.
- The meeting provides an exchange of information with hospital administration, review of quality data and other topical information and an introduction of new medical staff members.

- **Department and Section Meetings**

- Please talk to your Chief of Service about department meetings. The frequency and existence of standing meetings varies from department to department.

RULES AND REGULATIONS

The Attending Physician or his/her designee (Medical Staff member, House Staff member or Allied Health Professional who is associated with any clinical service involved with the care of the patient) shall see the patient each day of the hospitalization and provide a progress note daily, except for the day of discharge when a discharge summary may substitute for the progress note.

RULES AND REGULATIONS

MEDICAL RECORDS DOCUMENTATION

- **H&P** – must be in the Medical Record within 24 hours after admission per Georgia Law
- **Progress notes** must be recorded daily
- **Operative notes** should be completed immediately after the procedure
 - Considered delinquent if not completed within 24 hours
 - Posting privileges suspended if operative notes not completed within 7 days of procedure
- **Discharge summaries** should be entered within 72 hours of discharge
 - Considered delinquent if not completed within 14 days

Continuing Medical Education

- A large number of general and specialty conferences offering CME credit through the Emory CME office are held regularly at EUHM. These conferences include
 - Medical Grand Rounds, Glenn Auditorium, Friday 12:30 PM
 - EUH Medical Grand Rounds by videoconference, Tuesday 12:30 PM
 - GYN/OB Grand Rounds, Glenn Auditorium, Wednesday 8 AM
 - General Surgery M&M Conference, Wednesday 6:30 AM
 - Anesthesia Seminar
 - Otolaryngology Grand Rounds
 - Ethics Grand Rounds, Glenn Auditorium (quarterly)
 - Vascular Medicine Conference
 - Cardiothoracic Surgery Grand Rounds
 - Cardiology Conferences (ECHO, Nuclear, MRI)
 - Orthopedic-Sarcoma Tumor Conference
 - Breast Conference
 - GI Cancer Multidisciplinary Conference
 - Thoracic Tumor Board
- Contact the CME office at 404-727-5695 to get your CME transcript

Communication

- Physician to Physician Communication
 - The expectation is that physicians will communicate directly with one another when requesting or responding to consultation and other patient care matters.
- Email
 - Email is the standard communication tool. - important communication from hospital administration and departments, including the Medical Staff Office, is sent by email
 - It is your responsibility to ensure that the Medical Staff Office has your correct email address and that you check your email on a regular basis to avoid missing important messages
 - For HIPAA compliance reasons, patient information with identifiers(PHI) should not be sent by email outside the Emory firewall
- Physician Hotlist
 - In an effort to limit the number of emails to medical staff members, important information that is not time sensitive is compiled into a biweekly email, the Physician Hotlist.
 - Please read it

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

- FPPE is a Joint Commission requirement that the hospital verify the competencies of medical staff members in performing privileges for which they are credentialed
- FPPE – applies to
 - Newly credentialed providers
 - Typically involves direct observation for proceduralists
 - Those requesting new privileges
 - Those who may need closer monitoring for quality purposes
- New Medical Staff Members who perform invasive procedures should discuss FPPE observation requirements with their Chief of Service

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

- OPPE is a related Joint Commission requirement that requires that hospitals perform ongoing monitoring of all credentialed providers to ensure continued competency.
- OPPE needs to be performed more frequently than annually
- Data used for OPPE may come from administrative data, department registries, other quality data and sometimes chart review.
- OPPE data are reviewed regularly with the Chief of Service

PHYSICIAN PEER REVIEW

Why: *Healthcare Professionals have an obligation to define and maintain standards of practice; we have an ethical and legal duty to monitor ourselves and each other to ensure patient safety*

Purpose:

- Identify opportunities for improvement
- Learn from adverse events regardless of outcome
- Primary focus is on individual provider practice but the committee also strives to identify relevant system issues

Referral Sources:

- Providers, patients/families; routine quality reviews, SAFE reports

Process:

- All referrals screened for appropriateness for Peer Review
- Screened by PRC Chair, CMO, CQO and sometimes committee members with specific clinical expertise

PEER REVIEW

Criteria for review:

- Question of substandard care
- Failure to be available for timely patient care
- Unprofessional behavior that may impact patient care

Composition of PRC

- About 15 members representing a broad group of specialties, with participation of both Emory and private practice physicians as well as a physician assistant
 - There is a NP/PA subcommittee for Peer Review cases
 - Ad hoc reviewers are added as needed based on clinical expertise

Outcome:

- Peer Review Committee evaluates case and makes recommendations to the Chief of Service and MEC and provides performance improvement feedback
- Letter with final determination is shared with provider, COS and sent to credentials file

PHYSICIAN AVAILABILITY/CALL RESPONSIBILITIES

- All Medical Staff members are required to provide 24/7 availability for their patients
- At EUHM, an ongoing relationship with a patient is defined as:
 - A patient identified relationship or
 - Any inpatient contact within the past 1 year or
 - Outpatient f/u with a provider/group within the past 3 years
 - Provided phone consultation from the ED with recommendations for a specific problem for 30 days
- Requirements for medical staff members to take call for patients without providers at EUHM or “unassigned patients” vary by department
 - With the increase in hospital-based services/physicians, many departments do not require medical staff members to take call
 - Check with the Chief of Service if you have questions

ON CALL POLICY

- On call rosters are managed on the Department level. In most Departments, unassigned ED call is not obligatory but ED call may be obligatory based on the need to provide service to patients.
- On call responsibilities for medical and surgical specialties include **consultations and admissions**, when appropriate, from the ED and **inpatient consultation**
- The on call physician is responsible for the evaluation in the ED of patients without an ongoing relationship with a provider on the medical staff in the consultant's specialty

ON CALL POLICY

- Unless a specific MD is requested by a patient or a referring physician, the ED staff is obligated to use the on call schedule for all unassigned patients except for patients with specific clinical problems requiring time sensitive or specialized care including, but not limited to:
 - Patients with STEMI
 - Patients with suspected highly communicable infectious diseases, including returning international travelers with fever
 - True emergencies when another physician in that specialty is available

ON CALL RESPONSIBILITIES

INPATIENT CONSULTATIONS

- MD on call for inpatient consultations expected to:
 - Respond by telephone to consult requests within 1 hour
 - Perform consultations received before 5 PM on the day of consultation unless there is agreement between consultant and requesting physician that the patient can be seen on the next day

STANDING COMMITTEES OF THE MEDICAL STAFF

- Medical Executive Committee
- Credentials Committee
- Medical Practices Committee*
- OR Committee*
- P&T Committee*
- Infection Prevention Committee*
- Critical Care Committee*
- Bylaws Committee
- Ethics Committee*
- Peer Review Committee*

*Have open membership. Contact the CMO, CQO or the committee chair if you are interested in serving on a committee

Our Quality Promise

Care that provides patients

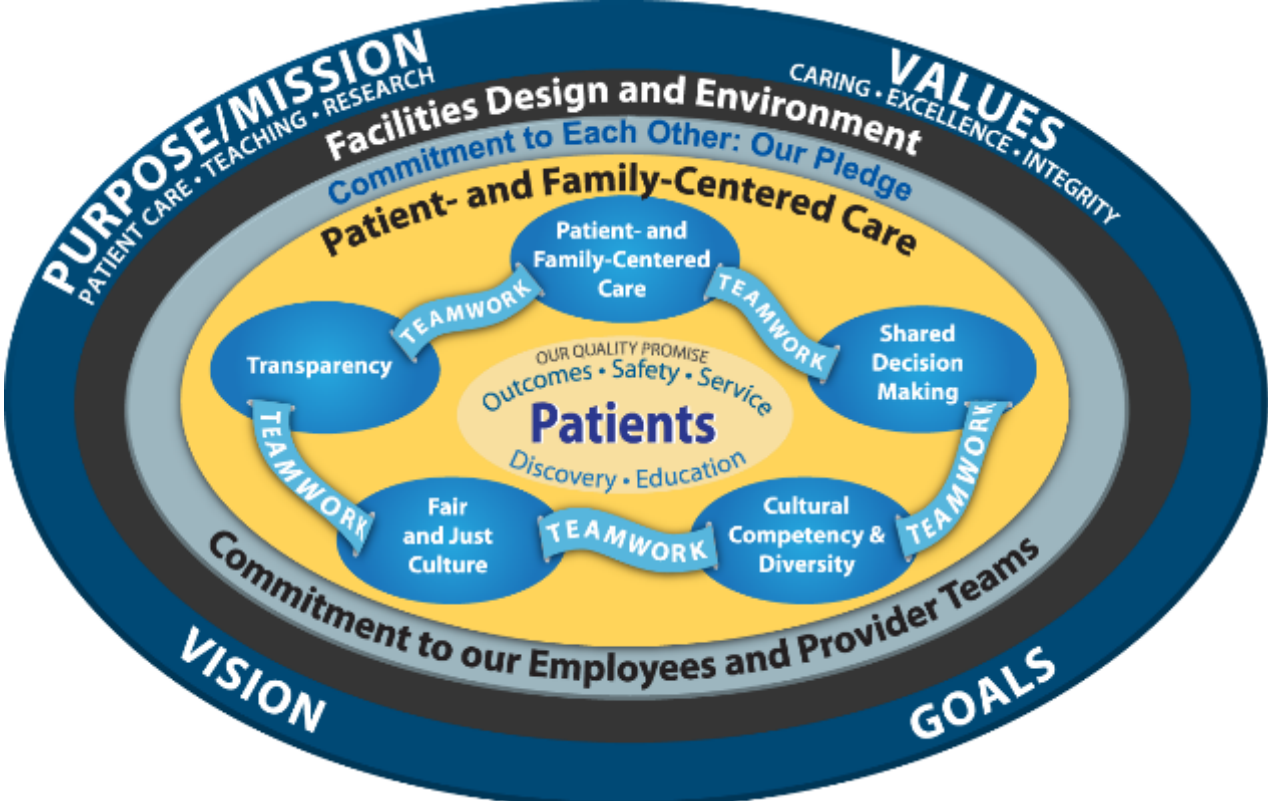
Impeccable outcomes

Delivered safely

With excellent service

EMORY HEALTHCARE CARE TRANSFORMATION MODEL

FIVE KEY COMPONENTS



We are intentional about our culture



PATIENT AND FAMILY CENTERED CARE

- Treating all with respect and dignity
- Information sharing (both ways)
- Participation in one's own care
- Collaboration in organizational planning, decision-making, improvement, etc.

EHC has over 170 Patient and Family Advisors who volunteer their time and expertise to serve on committees and improvement teams, review and edit educational materials and provide guidance

SHARED DECISION-MAKING

- Decisions are made at the appropriate level
 - Some should be made at the top
 - Some should be made at the grass roots
- Stakeholders are involved
- Transparency about how decisions are made

CULTURAL COMPETENCY AND DIVERSITY

- We serve a diverse community
- We are a diverse community
- We commit to drawing on and learning from the strengths of our diversity

TRANSPARENCY

- We strive to make performance data available
 - Data is for learning
- We disclose errors and unexpected events to patients and families
 - But this is hard
 - We are here to support you
 - Risk managers
 - CQO, CMO, other physician leaders

FAIR AND JUST CULTURE

“...the single greatest impediment to error prevention is that we punish people for making mistakes.”

Lucian Leape, MD; 1999

- Individual's role: be aware of risks, use good judgment, participate in making things safer
- Leader's role: create a learning culture that continually improves safety and manage behavioral choices

RESPONDING TO EVENTS

- Response to Human Error: **consolation**. Blaming individuals creates a culture of fear and defensiveness.
- Response to “At Risk” Behavior: informal **coaching** to remind the person of the risk associated with the behavior... but not done in a punitive or disciplinary manner.
- In a Fair and Just Culture, **the only time we respond in a punitive or disciplinary manner is if the behavior is deemed reckless.**

Error Reporting in the Hospital

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

- Report it to the department's manager or director, if not addressed proceed to your section chief, department chair, chief of staff or chief medical officer
- **Document** the error appropriately
- Report the error or potential near miss in SAFE – Incident Reporting System
- You will need to notify the patient/family and document the disclosure in the EeMR

What if it seems that no one listens?

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

MANAGEMENT OF PATIENT SAFETY EVENTS



SAFE – Incident Reporting

- All patient safety events, near misses or behavior concerns should be reported using the SAFE Event reporting system via the application located on the Virtual Desktop
- All events are reviewed and investigated by designated hospital leaders. Leaders are also responsible for monitoring action plans that address ongoing improvement.
- All high risk events, trends and regulatory concerns are managed by the Patient Safety Committee.
- Shared learning is communicated via stories of harm, huddles and hospital and medical staff committee meetings.



EMORY
UNIVERSITY
HOSPITAL
MIDTOWN

RISK MANAGEMENT

- **Mission:**
Foster a health-care organization that provides high quality and cost effective patient care; Promote a safe campus environment; Protect the assets of the Emory system through pro-active loss prevention and aggressive claims management.
- Risk Management can be reached by calling 404-686-6980
- We expect medical staff members to Pro Actively Report any adverse outcomes or at risk behaviors in the SAFE reporting system.
- We expect medical staff members to perform timely Disclosure of events when discovered with planned updates when the investigation is completed.
- 2nd Victim Support is available to all medical staff dealing with difficult situations



Our Pledge

<p>We will treat each other the way we want to be treated.</p> <p>We will...</p> <ul style="list-style-type: none"> • treat everyone as professionals and with respect and dignity • greet each other by name • welcome and encourage new team members • be honest and open in all interactions • be respectful of everyone's privacy • be culturally and racially sensitive <p>We will not...</p> <ul style="list-style-type: none"> • raise our voices in anger or use sarcasm or profanity • be passive-aggressive • make culturally or racially derogatory remarks • undermine each other's work • criticize each other and Emory in public spaces <p>We will cultivate a spirit of inquiry.</p> <p>We will...</p> <ul style="list-style-type: none"> • ask "why" when we have questions or concerns, especially about safety • ask for a pause when we think someone is about to make a mistake or do something unsafe • thank each other for raising concerns • declare our openness to the inquiry of others <p>We will not ...</p> <ul style="list-style-type: none"> • respond with anger or sarcasm when someone requests a pause • intentionally belittle or respond in a threatening or condescending manner when someone asks a question • tolerate rudeness • stifle learning 	<p>We will defer to each other's expertise.</p> <p>We will...</p> <ul style="list-style-type: none"> • encourage each other to offer different perspectives • recognize that all members make important contributions to the team • seek help when we don't know the answer <p>We will not ...</p> <ul style="list-style-type: none"> • belittle or ignore the ideas and perspectives offered by each other • assume that expertise is overruled by age, profession, or rank <p>We will communicate effectively.</p> <p>We will...</p> <ul style="list-style-type: none"> • listen thoughtfully and ask for clarification when we don't understand • check that others have understood when we say something important • remain respectful with our body language and tone of voice • remain calm when confronted with or responding to stressful situations • use scripts, read-back, repeat-back, or other techniques where appropriate to reduce the chance of misunderstanding <p>We will not ...</p> <ul style="list-style-type: none"> • stifle clarifying questions • interrupt our team members unnecessarily • say "it's not my job" or "it's not my responsibility" <p>We will commit to these behaviors in support of Emory Healthcare Care Transformation</p> <p>We will...</p> <ul style="list-style-type: none"> • encourage and support each other • hold each other accountable for the behaviors identified in this Pledge
--	---

THE EMORY PLEDGE

- Our commitments to each other in support of mutual respect, honest dialogue, and creative teamwork
 - We will treat each other the way we want to be treated
 - We will cultivate a spirit of inquiry
 - We will defer to each other's expertise
 - We will communicate effectively
 - We will commit to uphold this pledge and will support others and hold each other accountable

EXPECTATIONS

- Live by the Pledge, support others to do so, and be receptive to feedback about your behaviors
- Report concerns/errors
- Engage patients and families in their care
- Participate in improving performance and safety

QUALITY REPORTING

- The Medical Staff is responsible for participating in the review, response and improvement of quality metrics to include clinical outcomes, efficiency, clinical effectiveness, patient experience and patient safety measures.
- Quality metrics are increasingly being used for physician and hospital reimbursement and impact financial bottom lines.
- Information regarding optimizing care decisions that satisfy quality reporting requirements are communicated by email alerts, medical staff meeting announcements, active notifications in CPOE and direct feedback back to providers.

PROCESS IMPROVEMENT

- The Medical Staff is encouraged to partner and or lead process improvement (PI) activities
- Lean/Six Sigma and the IHI Model of Improvement principles are used by the PI teams
- Training is available to medical staff in the biannual Quality Academy course
- Contact Nicole Franks, CQO at EUHM with questions at nicole.franks@emoryhealthcare.org

HOSPITAL ACCREDITATION

- The Joint Commission surveys EUMH every 3 years (last survey in September 2018)
- Medical Staff Key Areas of Impact
 - Consistently perform Hand Hygiene
 - Sign & Date all paper forms
 - Every test and medication must have an order
 - Sign all electronic orders in \leq 48 hours
 - Comply with Surgical Attire Policy
 - Consistently perform Time Out/Debrief for procedures

CLINICAL DOCUMENTATION IMPROVEMENT (CDI) PROGRAM

- Clinical terms documented in the medical record are not always written in the “Coding” language needed to establish diagnoses for billing and determine the severity of illness of a patient.
- The goal of CDI review is to improve accuracy of documentation and clarify diagnoses so that claims systems recognize ALL factors that contribute to the complexity/severity of a given case. Improving the accuracy of clinical documentation can also reduce compliance risks and minimize provider vulnerability during external audits.
- CDI reviewers cover most units and review patient records. Should they have a clarifying question, a Query will be logged and appear in the provider’s inbox in EeMR under the documentation section.
- It is important to respond to ALL queries within 24 hours. Physicians’ response rates directly correlate to documentation improvement. You can agree, disagree or mark the query undeterminable if the answer is unknown. The electronic query process is very convenient and streamlined:
 - Open the query and Click modify
 - Place answer to query in the space provided on the query, at the bottom on the query in the area marked “Provider Response Here”
 - Click “sign”
- We appreciate your support with this initiative. If you need further assistance with documentation or answering queries, please contact the Clinical Documentation Specialist on your unit or contact Renella Fruge at renella.fruge@emoryhealthcare.org or 404-686-4435.

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

Direct Admissions and Transfers

The Emory Transfer Center

- In an effort to streamline patient throughput and provide a consistent process, all direct admissions and transfers are handled by the Emory Healthcare Transfer Center
- The Transfer Center personnel will collect all pertinent information for patient registration and work with the house supervisor for bed placement. The Transfer Center also facilitates utilization review and assists providers to avoid being impacted by inappropriate transfers.
- For direct admit and transfer requests, call 404-686-8334 or FAX 678-843-8348
- All communications with outside facilities regarding hospital transfers should involve the Transfer Service who will also record the call and ensure EMTALA compliance
- Required information for all admissions:
 - Patient's Name
 - DOB
 - Physician's Name
 - Diagnosis
 - Bed type needed (ICU/Med-Surg/Tele)
 - Patient demographic sheet from office/transferring facility
- Additional information required if initial hospital encounter/admission:
 - Social Security Number
 - Address
 - Insurance Information

EMTALA

Introduction

- Also referred to as the patient anti-dumping act
- Ensures that all patients receive necessary medical care as soon as possible

EMTALA Hospital Obligations

- Medical Screening Examination (MSE) and Stabilization within the *capability* of the Hospital, *including responsiveness of on-call physicians to patients with Emergency Medical Conditions*
- Appropriate Transfer to Stabilize
- Acceptance of Appropriate Transfers – *When requested, we must accept transfers from the EDs of hospitals without necessary services when we provide the service and have capacity*

Penalties for violating EMTALA may include:

1. Termination of the hospital or physician's Medicare provider agreement
2. Hospital fines up to \$50,000 per violation
3. Physician fines up to \$50,000 per violation, including for on-call physicians
4. Hospitals may be sued civilly by patients harmed by alleged EMTALA violations (but likely not physicians)

CARE COORDINATION

- Goal: To assist with the throughput of patients from admission through discharge (inpatient and observation patients) as it relates to both clinical and financial metrics
- Two components
 - Utilization Management
 - Review cases on a concurrent basis to determine if patient care is medically necessary, efficient and concordant with payer requirements
 - Determine admission status of patient
 - Social Services
 - Address social determinants of health
 - Facilitate transition across levels of care such home health, skilled nursing facilities, etc.
- For questions, contact Willie H. Smith Jr., M.D., medical director of Care Coordination, at whsmith@emory.edu.



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

UTILIZATION REVIEW

- Utilization Management or Utilization Review
 - Review cases on a concurrent basis to determine if patient care is medically necessary, efficient, and concordant with payer requirements
 - Helps clarify determine admission status of patient
 - Makes notifications to insurance companies
 - Helps determine severity of illness based on objective clinical indicators (are they sick enough to be inpatient setting?)
 - Helps determine intensity of service based on the therapeutic and diagnostic monitoring that can only be administered at a specific level of care (inpatient, observation, outpatient?)
 - Make sure you interact with the UR team if/when they call. They are here to help

SOCIAL WORKERS

- Vitally important especially with our patient population to help with discharge planning
- Unit based
- Can assist with:
 - Discharge planning
 - IV infusion
 - Post-acute care
 - Transportation
 - Psychosocial assessments
 - Medication assistance programs

CARE TRANSITION COORDINATORS

Readmission Risk Stratification

- identification of post acute care needs such as home health
- communication of risk and needs during patient care rounds/teams
- guide team on mitigating readmission risk
- Recommendations to accelerate discharge
- Scheduling of patient appointments
- Post-discharge management
- Post discharge phone calls

OTHER TEAM MEMBERS

- Palliative Care – To help address goals of care for patients/families
- Risk Management/Patient Advocacy- Can call proactively about patient issues such as belligerent family members, patients not cooperating with discharge planning, or preemptively letting them know of difficult situations
- Legal – Can help with guardianship issues
- Ethics Committee

LENGTH OF STAY FORUMS

- LOS is a very important metric for the hospital financially and patient qualitatively
- There are several options/forums/teams that focus on LOS (along with readmissions, patient flow, etc.); you have administrative backing to help with discharge needs
- Care Coordination Discharge and Transfer (CCDAT) rounds
- Structured Interdisciplinary Bedside Rounds (SIBR)
- Team Rounding
- The goal of these rounds is to help meet unit and hospital metrics
 - Caring for our patient in real time
 - Curbing preventable readmissions with robust efforts for home health etc.
 - Anticipating Disposition and needs (why are they *still* here and what needs to happen next)
 - 11AM discharge time

CMS “TWO-MIDNIGHT” RULE

- In October 2013, CMS put forth a new classification for “inpatient” versus “observation/outpatient” services also known as the “Two-Midnight Rule”
- Patients who are determined to likely require hospitalization for at least two midnights should be considered inpatient, whereas patients who are likely to require hospitalization for less than two midnights should be considered observation
- Note that this policy does not apply to patients who are undergoing an inpatient-only procedure as listed by CMS
- **How to comply:** Documentation must support why the patient needs to be in the hospital for at least two midnights. To satisfy this new rule, two key components must be met:
 - Admission order (must be signed or co-signed by an attending) prior to discharge
 - Physician certification (statement to the necessity of inpatient admission) must be signed or co-signed by the attending prior to discharge

Acute Care Nursing Departments

Welcome to Emory University Hospital Midtown! Our Acute Care Nursing Departments look forward to partnering with you and working with you to ensure the best care for our patients. Here is some information about acute care that we hope you will find helpful.

- All of our floor staff nurses carry hospital phones and their numbers are available at the main desk on each unit. Hospital Medicine and Case Manager's phone numbers/assignments are also available at the desk. Please ask the unit clerk for help identifying which staff member is assigned to your patients and their phone number.
- Staff uniforms at EUHM are color-coded. In each patient area you will see:
 - Nurses with Caribbean blue/teal scrubs
 - Nurse techs with royal blue scrubs
 - Respiratory therapy with hunter green scrubs
 - Pharmacists with maroon scrubs
 - Physical therapists with powder blue scrubs
 - Radiology tech with gray scrubs
- Every inpatient nursing unit has a department Shift Manager or Charge Nurse, who will be happy to help you as needed. Please let us know how we can help make your transition to our hospital as smooth and pleasant as possible. We look forward to meeting you, introducing you to our staff and orienting you to our areas.

NURSING CARE - 5 FOCUS EFFORTS TO ENHANCE PATIENT SATISFACTION

- Daily Huddles – Each Shift
- Daily Leader Rounds
- Bedside Shift Report
- Intentional Rounds
- Comment Cards

ELECTRONIC MEDICAL RECORD

- EeMR training can be arranged
 - Through the credentialing coordinator
 - By calling 8-HELP (404-686-4357)
- Emory Hospitals are working toward being a paperless system
 - All orders are expected to be entered electronically including admit orders
 - These orders help drive physician reimbursement
 - EXCEPTION- paper orders can be used for direct admits from an outside office prior to creation of an encounter number
- All notes should be entered electronically
 - Discharge summaries and operative notes may be dictated
- Consents and TPN/chemotherapy orders are still on paper
- If you would like further EeMR training after onboarding, please contact 8-HELP

PROVIDER PATIENT SAFETY MODULE

- Annual process for documenting that all medical staff members are compliant with important patient safety programs
- Compliance with some of the elements required by regulatory agencies (eg OSHA blood-borne pathogen standard)
- Has several mandated components – failure to complete leads to suspension of privileges
- Required modules are updated annually with some change in components year to year as not all elements require annual completion

PROVIDER PATIENT SAFETY MODULE COMPONENTS (UPDATED ANNUALLY)

- Influenza immunization
 - Annual influenza immunization mandated at all Emory Hospitals (and becoming more common nationally)
 - About 96% compliance with opportunity for medical exemptions
- TB testing – annual
- Immunizations – with initial appointments; opportunity to update with PPSM
- Annual Blood-borne pathogen and Infection Prevention module and test
- EMTALA module
- Care of patients with hearing or language barriers module
- Regulatory Compliance

EHC LIBRARY RESOURCES AVAILABLE TO PHYSICIANS WITH EHC ID

Available off-site to EHC
Network physicians

Pubmed -

US National Library of
Medicine information in
the public domain

DynaMed Plus -

Guidelines & critical
appraisals of evidence

Clinical Key -

Guidelines, drug, and
disease information

Available via workstations inside
Davis-Fischer Library, or contact
Ask-A-Librarian

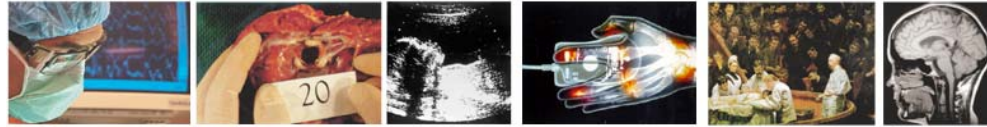
OVID –

Access to major journals, books,
collections, MEDLINE,
Journals@OVID, Nursing@OVID

Ejournals.emory.edu -

Gateway access to all journals,
including independents New England
Journal of Medicine and JAMA.

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**



ORGANIZATIONAL DEVELOPMENT

Literature Search Assistance

First floor Davis-Fischer Building, down the hall from MD dining

Library Services –

- literature searches
- interlibrary loans
- article requests
- reference questions
- bibliographic instruction

404.727.8727

or online, see “Ask a Librarian” at
health.library.emory.edu



Need Help?
Ask
a Librarian

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

EMERGENCY CODES

- To have easy access to all emergency codes, either
 - Download the Emergency Codes app for iOS and Android mobile devices
 - iOS: <http://www.ourehc.org/departments/human-resources/communication/pdfs/emergency-code-app-instruction/emergency-code-application-installation-instructions-ios.pdf>
 - Android: <http://www.ourehc.org/departments/human-resources/communication/pdfs/emergency-code-app-instruction/emergency-code-application-installation-instructions-android.pdf>
 - Or get a lime-green Unified Emergency Code Card from the security office. These are designed to be folded and kept in your ID badge holder.



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

MEDICAL EMERGENCY RESPONSE

- **Code MET** - Emergency medical response alert for Inpatients Only : Medical Assistance requests
- **Code BLUE** -Emergency medical response alert for Inpatients Only : Cardiac Arrest/Life threatening concern
- **Code EMS** – Emergency medical response alert for Outpatients, Staff and Visitors : All emergencies
- Only Physicians designated to be a part of the Rapid Response Team are obligated to respond

Security/Safety

- 24/7 Campus coverage
 - Panic devices in parking decks
 - Camera throughout interior and exterior
- Report Security and Safety Emergencies x 6-1777 (404-686-1777)
- Safety Manual
 - EHC Intranet and Red Binder
- ID Badges

Fire Safety in the Hospital

- Code Red
 - Drills once per shift per quarter
- Know Location
 - Nearest Fire Alarm Pull Station & Fire Extinguishers
 - Medical Gas Shut-Off Valve
- Emergency Number **6-1777 (404-686-1777)**
- R.A.C.E. -- Rescue, Alarm, Contain, Extinguish
- P.A.S.S. – Pull, Aim, Squeeze, Sweep



FACULTY STAFF ASSISTANCE PROGRAM

- Mission
 - The FSAP promotes wellness by providing services that enhance the emotional and physical health of Emory employees and their families
 - All medical staff members and immediate family members are eligible for these services
 - Main office 1762 Clifton Road
 - Satellite office in the Orr Building on the EUHM campus

- Contact information
 - www.fsap.emory.edu



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

FSAP SERVICES

- Behavioral Mental Health Services
 - Free, confidential
 - Short-term Individual, Couples & Family Counseling
 - Psychiatric Consultation (FSAP's Main office)
 - Career Counseling
- Team Dynamics
 - Mediation/team dynamics interventions
 - Coaching
- Education and Outreach services
 - Stress/fitness/ergonomics/wellness workshops and preventative education

OTHER FSAP RESOURCES

- **FSAP Website:** www.fsap.emory.edu
 - Workplace Resources
 - Fitness Facilities and Discounts
 - Community Resources
 - On-line Self Assessments
 - Informational videos/podcasts
 - *All About Health* On-Line Newsletter
 - Upcoming Events
- **FSAP Email:** efsap@emory.edu (404) 727-WELL
- **FSAP Listserv:** FSAP-L@listserv.cc.emory.edu
- **FSAP Facebook**  **and Twitter** 



**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

The Medical Staff Office

The Medical Staff Office can assist with:

- Credentialing: initial and reappointment applications for medical staff members
- Requests for additional clinical privileges and eligibility criteria for non-core privileges
- Address change notifications
- Verification letters for other institutions
- IT access for community providers

Rose Bailey – EUHM Credentialing Verification Specialist

Woodruff Bldg., 1st Floor, Room 1210

Phone: 404-686-1977 Fax: 404-686-4299

Rose.bailey@emoryhealthcare.org

Candace Myers - Medical Staff Liaison

Woodruff Bldg., 1st Floor, Room 1210

Phone: 404-686-0604 Fax: 404-686-0301

candace.myers@emoryhealthcare.org

Lindsay Johnson - Medical Staff Liaison

Woodruff Bldg., 1st Floor, Room 1212

Phone: 404-686-1690 Fax: 404-686-1127

Lindsay.d.Johnson@emoryhealthcare.org

Tewanda Lang – Medical Staff Liaison

Woodruff Bldg., 1st Floor, Room 1212

Phone: 404-686-404-686-2771

Tawanda.lang@emoryhealthcare.org

JoyDawn Perry - Physician Outreach Liaison, Market Services

Phone: 404-809-8477

joydawn.perry@emoryhealthcare.org

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

Getting Started

ID/Badge

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

- Clinical areas of the hospital
- Physician section of the parking deck
- Physician Dining Room
- Library/media services on the 1st floor of the Davis-Fischer Building Tower

Computer Access and Training

Your network ID will be provided to you by the Medical Staff Office upon approval of your application. Afterwards, you may schedule EMR training by sending an email to: CPOE@emoryhealthcare.org.

Hospital Tour

Donna Cannon, manager of the Medical Staff Office, 404-686-7777, can assist you in arranging a hospital tour.

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

Thank you!

Thank you for viewing the new physician orientation slides

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

Welcome to Emory University Hospital Midtown!

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**

Certificate of Completion

I hereby attest that I have reviewed the Emory University Hospital New Physician Orientation slides.

Physician Name (print): _____

Physician Signature: _____

Date: _____

Please print, complete and submit this certificate to the Medical Staff Office.

Fax: 404-686-0301

**EMORY
UNIVERSITY
HOSPITAL
MIDTOWN**