



 ScionHealth

**CLINTON MEMORIAL HOSPITAL**

*New Provider Orientation*

Dear Staff Member:

On behalf of CMH Regional Health System, welcome to the team! Our people make the difference for our patients, and we're glad you've decided to help us make a difference in the lives of the people in Southwest Ohio.

Our vision at CMH is to be this region's healthcare destination. This can only happen by recruiting and retaining quality healthcare providers such as yourself.

Our medical staff is led by our Chief of Staff, Dr. Rajiv Patel. The entire medical staff is focused on delivering quality care to every patient, every day. Your active participation in the medical staff will enhance our ability to help deliver quality care to patients at CMH. We are fortunate to have a dedicated group of healthcare providers who always put the needs of our patients first.

Feel free to contact me anytime with your ideas, questions, and concerns. I look forward to working with you as we improve the health of the great people living in Southwest Ohio.

WELCOME ABOARD!

Sincerely,

Anthony Young  
Interim CEO



**TO:** NEW HEALTHCARE PROVIDERS ON STAFF AT CLINTON MEMORIAL HOSPITAL  
**FROM:** MEDICAL STAFF OFFICE  
**SUBJECT:** NEW PROVIDER ORIENTATION

- Dear Staff Member:
- Additional Informative Information:
- You can find the Medical Staff Rules and Regulations and the Medical Staff By-Laws and the complete Physician Orientation on the [www.cmhregional.com](http://www.cmhregional.com) website and click on "About Us" and then click on Provider Resources.
- We hope that you find your membership to the medical staff at Clinton Memorial Hospital to be beneficial and welcoming.
- If you have questions, please feel free to contact our Medical Staff office at (937) 382-9314 or (937) 382-9310.

Sincerely,  
Medical Staff Services  
610 W. Main St.  
Wilmington, OH 45177  
(937) 283-9774 FAX

## **Expectations of Healthcare Providers Granted Privileges at Clinton Memorial Hospital**

This document describes the expectations that physicians have of each other as members of our medical staff. The expectations described below reflect current medical staff bylaws, policies and procedures and organizational policies. This document is designed to bring together the most important issues found in those documents and key concepts reflecting our medical staff's culture and vision. While these expectations will provide a guide for the medical staff in selecting measures of physician competency, not every expectation will be directly measured.

Medical staff leaders will work to improve individual and aggregate medical staff performance through non-punitive approaches and providing appropriate positive and constructive feedback that allows each physician the opportunity to grow and develop in his or her capabilities to provide outstanding patient care and valuable contributions to our hospital.

**Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society as evidenced by the following:

1. Act in a professional, respectful manner ~~at all times~~ to enhance a spirit of cooperation and mutual respect and trust among members of the patient care team.
2. Address disagreements in a constructive, respectful manner away from patients or other non-involved caregivers.
3. Respond to requests for inpatient consultations in a timely manner by performing the consult or otherwise notifying the referring physician by the procedure indicated in the medical staff rules and regulations.
4. Respond promptly to nursing requests for patient care needs.
5. Participate in emergency room call coverage as determined by the Medical Staff policy.
6. Respond in the spirit of continuous improvement when contacted regarding concerns about patient care.
7. In the spirit of early assistance, help to identify issues affecting the physical and mental health of fellow medical staff members and cooperate with programs designed to ~~provide assistance~~.
8. Make positive contributions to the medical staff by participating actively in medical staff functions, serving when requested and by responding in a timely manner when input is requested.

<sup>1</sup> ©2002 The Greeley Company, Approved MEC 8/9/2005, Revised 5/17/10, Reviewed MEC 7/6/10  
Approved Dept of Surgery 7/21/10, Approved Dept of Med 8/5/10, Approved MEC 01/4/11

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**Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as evidenced by the following:

1. Refrain from inappropriate behavior including but not limited to impulsive, disruptive, sexually harassing or disrespectful behavior or documentation in the medical record that does not directly relate to the patient clinical status or plan of care and is derogatory or inflammatory.
2. Communicate effectively with physicians, other caregivers, patients and families to ensure accurate transfer of information through appropriate oral and written methods according to hospital policies.
3. Support the medical staff's efforts to maintain patient satisfaction rates for physicians.
4. Maintain medical records consistent with the medical staff bylaws, rules, regulations and policies including but not limited to chart entry legibility and timely completion of History and Physical examination reports, Operative Reports, procedure notes, appropriate abbreviations and discharge summaries.
5. Request inpatient consultations by providing adequate communication with the consultant including a clear reason for consultation and, for urgent or emergent requests, make direct physician-to-physician contact.

**Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:

1. Provide for patient comfort, including prompt and effective management of acute and chronic pain according to accepted standards in the medical literature.
2. Discuss end-of-life issues when appropriate to a patient's condition, including advance directives and patient and family support, and honor patient desires.
3. Provide effective patient care that consistently meets or exceeds medical staff or appropriate external standards of care as defined by comparative outcome data, medical literature and results of peer review activities.
4. Assure that each patient is evaluated by a physician as defined in the bylaws, rules and regulations and document findings in the medical record at that time.
5. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
6. If applicable, supervise residents, students and allied health professionals to assure patients receive the highest quality of care.

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**Practice Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. Review your individual and specialty data for all dimensions of performance and utilize this data to for self improvement to continuously improve patient care.
2. Respond in a constructive manner when contacted regarding concerns about patient care.
3. Use hospital information technology to manage information and access on-line medical information.
4. Facilitate the learning of students, trainees and other health care professionals

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**5/2010 References**

ACGME Board February 13, 2007  
CMH Medical Staff Rules and Regulations 3/2006  
CMH Medical Staff Bylaws 11/2004  
CMH Policies and Procedures and Organizational Policies  
The Greeley Company 2010

5 ©2002 The Greeley Company, Approved MEC 8/9/2005, Revised 5/17/10, Reviewed MEC 7/6/10  
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## EMTALA

The Emergency Medical Treatment and Labor Act (EMTALA) is a federal statute that addresses how hospitals deliver emergency medical services to the public. Known as the “anti-dumping” law, it prohibits a hospital emergency department (ED) from delaying care, refusing treatment, or transferring a patient to another hospital based on the patient’s ability to pay for services.



A significant portion of our patients enter the hospital through the emergency department. Anyone with an emergency medical condition is provided a medical screening examination and necessary stabilization. In an emergency situation or if the patient is in active labor, we will not delay the medical screening and necessary stabilizing treatment in order to seek financial and demographic information. We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay.

Patients with emergency medical conditions will only be transferred to another hospital at the patient’s request or if the patient’s medical needs cannot be met at the RCCH hospital (*e.g.*, we do not have the capacity or capability) and appropriate care is knowingly available at another hospital. Patients will only be transferred after they have been stabilized within the capabilities and capacity of the transferring hospital, and are formally accepted for treatment at the receiving hospital. Patients are only transferred in strict compliance with state and Federal EMTALA regulatory and statutory requirements.

- **Ethics Committee** meets the last Wednesday of the month quarterly at 1300 at Main Hospital
- Co-Chair – Brian Santin, CMO
- Co-Chair- Mandie Powell, Risk Manager
- Jill Reese, CNP
- Cassie Tagg, RN- Director of Case Management
- Lezli Oesterle-Henman, Social Worker
- C. Henry, MD
- H. Schulte, MD
- Veronica Grabill- Chaplin/Community Member

- **Cancer Committee** meets the 1st Thursday of each quarter at 1200 in the Cancer Center Community Room
- K. Agarwal, MD- Diagnostic Radiologist
- W. Timperman, MD- Pathologist- Alternate- B. Nestok, MD
- R. Lovano, MD- Surgeon- Alternate- N. Roberts, MD
- J. Hatton, MD- Medical Oncologist
- **R. McClure, MD (Chair)**- Radiation Oncologist
- R. Lovano, MD- Cancer Liaison
- K. Andrews, RN- Cancer Program Administrator
- K. Andrews, RN- Oncology Nurse- Alternate- B. Griffith, RN
- M. Roth, LSW- Social Worker- Alternate- C. Morgan, LSW
- D. Fawley, CTR- Certified Tumor Registrar
- J. Schumacher, RN- Quality Representative- Alternate- M. Powell, RN
- A. Pierce, RN- Palliative Care
- L. Zufall, LD- Dietitian
- M. Roth, LSW- Psychiatric/ Mental Health
- D. Fawley, CTR- Cancer Conference Coordinator
- J. Schumacher, RN- Quality Improvement Coordinator
- D. Fawley, CTR- Cancer Registry Quality Coordinator
- J. Reese, CNP- Community Outreach Coordinator
- K. Andrews, RN- Clinical Research Coordinator
- M. Roth, LSW- Psychosocial Services Coordinator

- **Credentials Committee** meets the 4<sup>th</sup> Friday monthly at 0730 a.m. in the Board Room
- Chairman – Mary L. Inwood, MD
- Kenneth Vawter, MD
- Michael Clark, MD
- Lance Beus, CEO
- Amanda Powell, RN Director of Quality

**General Medical Staff** (combined with DOM and DOS meetings) business meeting the 2<sup>nd</sup> Tuesday of even months at 1800 in CMH Conference Rooms 1 & 2; off site social 2<sup>nd</sup> Tuesday of odd months - location to be determined. *All members of the medical staff, physician assistants, and nurse practitioners are invited to attend General Medical Staff meetings.*

**Medical Staff Quality Improvement Committee** (meets the 4th  
Thursday semi-monthly in the Board Room)

Chairperson: W. Timperman, MD

M. L. Inwood, M.D.

B. Weaver, MD

D. Cohen, M.D.

S. Bedi, M.D.

M. Clark, M.D.

## Performance Improvement

- We participate in and require documentation on the following core measures:
  - Emergency Department
  - Outpatient ED, Stroke, AMI, Chest Pain
  - OP Web Measures- Colons
  - Immunization
  - Stroke
  - Sepsis
  - Venous Thromboembolism
  - Perinatal Care Mom
  - Perinatal Care Baby
- Our goal is to be in the top 10% with all our core measure sets.

# Reduce the Risk of Healthcare Associated Infections

- CDC hand hygiene guidelines are followed. Use soap and running water, rub hands vigorously for 15 seconds, rinse well and dry hands with a paper towel. If hands are not visibly soiled, an alcohol-based foam gel may be used.
- Deaths resulting from healthcare associated infection are treated as a sentinel event. A root cause analysis will be conducted to determine how and why the patient acquired the infection.

## **Area of Concern Contact Person**

**Administration** Lance Beus, President & CEO 937-382-9213

**Physician Concern** Amanda Powell, Director of Quality 937-382-9335. Melissa Vail, Medical Staff Services Coordinator 937-382-9314.

**Incident Reporting System**, 937-382-9207

**Cancer Center** Kristen Andrews, 937-382-9213

**Laboratory** Judy Holmquist, Lab Director- 937-382-9542

**Pharmacy** Theresa LeMaster, Director 937-382-9360.

**Diagnostic Imaging** Danielle Brown, Manager Diagnostic Services 937-382-9456, 937-725-1278

**Employee Concerns** Teresa Daniels Manager, Human Resources and Support Services 937-382-9280

**Information Technology** Lori Savage Director, IT Help Desk 937-283-9682

**Medical Records** Debbie Pratt -(513) 833-6322

**Nursing Administration** Elaine Storrs, CNO 937-382-9215

**Quality Outcomes** Amanda Powell, RN 937-382-9335.



# Patient Rights

- Introduce yourself by name to the patient.
- Ask permission to allow students or other approved outsiders to be present while care is being given.
- Obtain informed consent. When a surgical and/or invasive procedure is to be performed, it is the responsibility of the physician performing the procedure to provide information about the procedure to the patient, answer any questions raised by the patient and obtain consent.
- **Physicians must wear a name badge without obstruction to photo, name and title.**



## Protect Patient Confidential Information

Be mindful of your surroundings,  
and remember that voices can be overheard  
when having in-person conversations  
AND when using cell phones.

Breaches in patient confidentiality can occur anywhere...

### At the Hospital

- Hallways
- Cafeteria
- Elevators
- Nurses' stations
- Break rooms
- Parking lot

### In the Community

- Neighborhood events
- Sports games
- Parties
- Stores
- Restaurants
- Church



Quality Mgmt/JCAHO/092016

- CASE MANAGEMENT

- Case Management reviews all patients in the hospital for medical necessity criteria and discharge planning needs.
- Case Managers are available to assist the Physician and staff to coordinate the care of the patient.
- Social workers assist with complex discharge issues and psychosocial needs of the patient and/or family.
- You may reach case management from 7 a.m. to 11 p.m. at extension 9318.

# Fire Safety

If you discover a fire (RACE):

- Remove persons in immediate danger.
- Alarm- pull the fire alarm and call the switchboard operator to give location of the fire.
- Contain the fire by closing doors and windows.
- Extinguish the fire if possible or evacuate.

To Use the fire extinguisher (PASS):

- Pull the pin in the handle.
- Aim the nozzle at the base of the fire.
- Squeeze the handles.
- Sweep back and forth at the base of the fire.

You must call the switchboard in conjunction with pulling the fire alarm and give the location of the fire.

## **Thank you for completing the Physician/New Provider Orientation!**

Please be sure to complete Part 1, Part 2, Part 3 and Part 4 of this orientation on the About Us-Provider Resources tab on our website.

Once all the above is complete-Please sign the acknowledgement certificate (found on the next page) and return it to the Medical Staff Office or by email

[demorrison@cmhregional.com](mailto:demorrison@cmhregional.com)

Or fax to (937) 283-9774 Or if onsite, sign and leave with the Medical Staff Office



# Clinton Memorial Hospital New Healthcare Provider Orientation

## CERTIFICATE OF COMPLETION

I acknowledge that I have reviewed and completed the information in Clinton Memorial Hospital's Physician Orientation (Part 1), and the Sepsis Education (Part 2), and Avoiding Medicare/Medicaid Fraud and Abuse (Part 3) PPE Self Care-Safe practices (Part 4)

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NAME (PRINT)

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SIGNATURE

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DATE