



Fairfield Hospital
Medical Staff Orientation Manual

Welcome to the Fairfield Hospital Medical Staff

Fairfield Hospital opened in 1978 and is licensed for 220 beds. You are joining a medical staff of 700 and a hospital with 1176 employees. The main hospital number is 513-870-7000.

Mercy Hospital Fairfield	2010
Acute Admissions	15,479
Deliveries	1,532
Inpatient Surgeries	2,636
Outpatient Surgeries	4,993
ER Visits	51,787

Medical Staff Office (870-7116)

An updated event and meeting calendar and any announcements are located in the physician lounge. Lorrie Paulus is Director of Credentialing & Medical Staff Affairs for the Cincinnati Market and Manager of Medical Staff at Fairfield. Direct any questions you may have for committee chairs or medical staff governance to the office at **870-7116**.

Medical Staff Members Photo Identification Badge

Obtain a photo identification badge from the Security Office (Cheri Foxx 870-7012) during business hours. This must be worn at all times in the hospital. An extra tab identifies you as a physician. The badge contains a chip that allows entrance to the physician lounge, restricted hospital areas, the physician parking garage and the external doors after hours.

Physician Parking

Convenient physician only covered garage parking is available. As you enter the main Hospital entrance, turn right and follow the signs to the Emergency Department—the garage entrance will be on your left. You will need your badge to open the gate. If you forget your badge, press the communication button at the gate and speak with the operator.

Mercy Hospital Fairfield Nursing Units and other patient care areas

Unit	Floor	Manager	Description
CVU	2	Natalie Goforth	Cardiac Intensive Care
3A	3	Jackie Smith	Telemetry
3T	3	Pam Montague	Progressive Care
ICU	3	Diana Hughes	Intensive Care
4T	4	Patty Roberts	Ortho/Neuro/Surgery
FBC	4	Jennifer Lipke	OB
Rehab	4	Patty Roberts	Acute Rehab
5T	5	Natalie Goforth	Oncology
5C	5	Diana Hughes	Telemetry
IP OR	2	Susan Arnold	Inpatient surgery
MASC	2	Angel Ripperger	Ambulatory surgery
ED	2	Daryl Collins	Emergency Department

Committees of the Medical Staff

Monthly Meetings

Medical Executive Committee	3 rd Tuesday
Credentials Committee	2 nd Monday
Advisory Committee	2 nd Tuesday
Quality and Patient Safety	1 st Tuesday
Cancer Conference	3 rd Thursday
Critical Care	2 nd Wednesday
Surgical Leadership	2 nd Friday
Breast Cancer	2 nd and 4 th Thursdays
CHF	4 th Thursday
Emergency Department	4 th Wednesday
Utilization Review	2 nd Wednesday

Quarterly Meetings

Cancer Committee	3 rd Thursday
Robotic Surgery	3 rd Friday
Ethics	1 st Thursday every other month

General Staff Meetings, and meetings of the Departments of Medicine and Surgery are scheduled at needed, but no less than once a year. The holiday meeting of the General Staff is held annually in December.

2019 Mercy Hospital Fairfield Medical Staff Governance

Chief of Staff – Frank Wolf, DO (chairs MEC)
Chief of Staff Elect – Kevin Cochran, MD (chairs Quality committee)
Past Chief of Staff – Lester Suna, MD
Vice President Medical Affairs – Farzan Irani, MD

Medical Executive Committee Members

Don Staggs, MD – Chair of Medicine
Reza Mehzad, MD – Medicine at Large
Ritche Chiu, MD – Medicine at Large
Bill Cook, MD – Cardiovascular Services
Mo Dahman, MD – Chair of Surgery
Doug Berg, MD, Surgery at Large
James Abbott, MD – Surgery at Large
Justin Coomes, MD – Chief of Emergency Medicine
Kevin Hartwig, MD – Chief of Anesthesia
Colleen Swayze, MD – Chief of OB/GYN
Pathology Representative – Ming Jin, MD
Radiology Representative – Joe Benjamin, MD
Hospitalist Representative – Brian Keegan, MD
Credentials Committee Chair – Brian Keegan, MD
Outpatient Representative – Chip Roper, MD

MEC Administrative Non-voting Members

Providence Group President – Paul Smith
Fairfield Hospital President – Justin Krueger
Chief Operating Officer –
Chief Nursing Officer – Ramona Cheek, RN
Vice President, Medical Affairs – Farzan Irani, MD
Mid American Group Chief Medical Officer – Steve Feagins, MD
Director, Quality – Michele Greene
Director, Credentials & Medical Staff Affairs – Lorrie Paulus

Incident Reporting For Physicians Available Through *SafeCare*

SafeCARE is an electronic reporting system available on all hospital computers. This system is used for any incident reports, and is anonymous, if desired. No User ID is required.

Modified Early Warning System (MEWS) -- Early Detection of Patient Deterioration

A nurse may call and mention the MEWS score, which is a scoring system that identifies high risk patients. The score is calculated based on heart rate, blood pressure, respiratory rate, temperature, and neurologic status. The score is calculated in Epic to enable nurses to identify patients who are deteriorating and who need urgent intervention and may call for a Rapid Response Team.

Rapid Response Team

The Operator overhead pages “Rapid Response Team” and location three times. Respondents include the Hospitalist, ICU Charge RN, and Respiratory therapist. Others like radiology or EKG tech may be called as needed. This is intended for “pre-codes” or significant change in status requiring an immediate evaluation. Staff, patients, family members or visitors can activate the Rapid Response Team by calling the operator.

Code Blue

The operator overhead pages "Code Blue" and location three times. ICU Charge Nurse assumes leadership role and follow ACLS protocol until physician present. Primary responders to code blue are the Hospitalist, ICU Charge RN, Respiratory Therapist, and Transporter (chest compressions). Secondary responders to code blue are radiology and phlebotomist from laboratory. Code blue occurring in the Emergency Department are handled by ED staff; MD, RN, and Respiratory Therapist. Critical Care committee will review code blues quarterly.

The Clinical Administrator (CA)

Shifts: 6a-6p and 6p-6a. They cover the hospital 24/7

Location: their office is located next to Nursing Administration on the second floor across from the lab in the staffing office.

Contact Information: 682-9888

Primary responsibilities: The CA is primarily responsible for throughput. They do all patient bed placement using EPIC and Awarix tracking board. They quick register direct admit patients in EPIC so physicians can perform order entry. They manage all staffing and adjust staffing levels every 4 hours based on the hospital needs. They are the primary nursing responder to all FAST teams and Code Blue's. They are all critical care trained and can manage patients any where in the hospital if needed. They are responsible for updating GCHC when the hospital is at or over capacity. They are responsible for initiating the chain of command when there is an issue that needs administrative assistance. They call in all OR teams and Cath lab teams for acute issues. Night shift CA's do an in-house restraint log and are responsible for locating any equipment or supplies that might be needed through the house. Weekends, they assist in the diagnostic center with port/PICC line draws. They start IV's at all hours. They have a CA report they fill out twice a day that is sent to administration electronically. They also follow-up on all elevated MEWS and Lactic acid scores in house.

EPIC Electronic Medical Records and Physician Order Entry

The hospital provides a fully electronic environment for physicians including the Epic electronic medical records, physician-order entry, digital radiology and remote access. All physicians are required to attend EPIC physician training prior to caring for patients. You will receive your log-in at that time. Epic may be used for all documentation and is fast and easy with customization, dictation is still permitted.

Epic Access From Home or Office

The website for OUTSIDE the hospital is <https://chpEconnect.health-partners.org> Best to use Windows *Explorer* or *Firefox*. Only works with *Firefox* on the Mac (not *Safari*). Does NOT work on an iPad.

Three Methods for Order Authentication

The Ohio Board of Pharmacy requires a secondary authentication for any medication orders. That's why we must use the RF-ID "tap" to sign orders or the challenge questions or RSA token outside the hospital. Away from the hospital, the RSA token is used as secondary authentication when ordering any medication. This must be activated and a PIN number

specified before use. Call 981-5050 to set up an RSA token. Otherwise, challenge questions work in all three cases.

Epic Challenge Questions

To meet Board of Pharmacy requirements, set a total of 15 “challenge questions”. Remember that no two answers can be the same, answers must be at least three characters, and case sensitive. The Ohio Board of Pharmacy requires a pool of 15 questions. You answer two questions with each order.

Dictation Instructions

The Medical Staff Office has a card available that outlines all dictation procedures and numbers.

Any problems with dictation or transcription, call regional transcription at **981-6495** or after hours call the IT Service Desk at 800-498-1408.

Translators Available, call the Operator

In accordance with CLAS Standards and Title VI, patients who are identified as Limited English Proficient (LEP) will be provided access to qualified interpreters to aid in facilitating communication related to patient needs at all times. LEP patients are those who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English. To obtain a dual headset phone call the operator at “O”. This stays with the patient until discharge.

Bilingual employees cannot be used as staff interpreters unless they have undergone the process to become a qualified interpreter. Services of a qualified foreign language interpreter must be offered, at no additional cost, to all patients and/or relatives identified as Limited English Proficient. To preserve patient confidentiality, family and friends should not be asked to interpret for a patient unless there is an emergency situation (until an interpreter can be arranged and arrives), or the patient expressly requests to use that person. Document this in the medical record.

Over the phone Interpreters, dial “O” for the operator

Pacific Interpreters is the preferred vendor. *Language Line* and *Vocalink* are used as a back up service for rare languages.

Sign Language Interpreters

MHF contracts with *Affordable Language Services* – who specialize in medical translation. They are used by Cincinnati Children's Medical Center. They are certified and trained on medical terminology with and required continuing education.

When Patients Complain -- We Want to Know

If you have any patients who complain or have issues with their hospital stay, please give them the number of our Patient Representative – 682-7249. The call will be returned within 24 hours. We want to know when patients have a bad experience, we want to improve.

Department of Pharmacy

Pharmacy Director – Matt Yatsko Office: 870-7010

Employee Health

On site 7am – 3pm Tuesday, Thursday and Friday. Located on first of the Hospital, near the Esther Benzing Conference Room.

Bloodborne Pathogen Exposure

If you are exposed, page **343-5076**. The hotline nurse will order labs on both the source patient and the physician involved free of charge. Labs include Rapid HIV, Hep C and Hep B antigen on source and HIV, Hep C and Hep B antibody on physician involved. This hotline is also used for any other communicable disease exposure that can be treated with prophylaxis, for example meningitis.

TB Skin Testing is available on site in Employee Health Office. Annual TB Testing is done every March. Specialties requiring annual TB testing include: any Mercy employed physician, Cardiology, Anesthesia, Radiology, Pediatrics, and OB/GYN.

Respirator Fit Testing -- Annual fit testing takes place in Employee Health every June, July and August and available to any physician.

Spiritual Care Services

Mercy Hospital Fairfield provides chaplaincy services 24/7 and may be contacted by calling the operator. The Chaplains are board certified through professional chaplaincy associations and represent multi-faith backgrounds and approaches. Chaplains are available to all of our patients who need spiritual and/or emotional support; chaplains are members of the interdisciplinary team; chaplains assess for spiritual needs without disrespecting anyone's beliefs, values or faith background; chaplains support a holistic approach to patient care recognizing that attention to spiritual and emotional needs are important elements in healing; chaplains provide assistance with advance directives and end-of-life discussions with the patient and family members.

Advance Directive Information and the Chaplaincy Role

Chaplains receive referrals for advance directive information. Health Care power of Attorney (HCPOA) and Living Will (LW) information is offered to all patients admitted to our facility. The HCPOA lets the patient name who they would want to make their health care decisions if they are unable to do so. The LW directs the physician on a patient's wishes for end-of-life care. The HCPOA goes into effect if the patient is temporarily or permanently unable to speak for him/herself. The LW is activated only after two physicians determine and document the patient has a terminal condition (defined in the document) or is permanently unconscious with little hope of regaining consciousness. The LW is not a DNR order. A DNR order must be written by a physician. While chaplains are available to discuss issues related to a patients' journey with illness, meaning and hope, they do not discuss DNR orders. Code status discussions are outside of the scope of practice of chaplains as they require the patient to understand how their medical condition affects their goals.

Mercy belongs to the US Living Will Registry and offers registration free to any patient and their families. This is a national database that stores the ADs electronically so that caregivers have access to them wherever the patient is. Chaplains help patients complete this process.

Ethical concerns are handled with a multidisciplinary approach. Patients (or their decision makers) are given all the information and support they need to make decisions. The patient's physician should be advised of patient concerns. The Ethics Committee is a consultative resource for patients, families, physicians and staff. This committee can be reached by calling the operator. Chaplains are available to support patients and their medical team in difficult discussions. Spiritual Care is represented on the hospital ethics committee.

Credentialed Medical Staff Required to Follow Ethical and Religious Directives (ERD)

Catholic health care is premised on the human dignity of all persons and the sacredness of human life. Our ByLaws require that all medical staff abide by the Ethical and Religious Directives (ERDs) for Catholic Health Care Services. Compliance with these ERDs is a condition for medical staff privileges.

When you accept hospital privileges, you are agreeing to practice in a manner consistent with the ERD when rounding and performing procedures at any Mercy facility. "Consistent" neither implies nor suggests that the physician personally espouses the Directives or adheres to the Catholic faith. "Consistent" does imply that the physician will participate in the healing mission of the hospital and will not provide a limited set of prohibited services – direct abortion, direct sterilization, active euthanasia or some means of contraception.

A full copy of the ERDs is available at <http://www.usccb.org/bishops/directives.shtml>.