



## EXPECTATIONS FOR MEDICAL STAFF AND ALLIED HEALTH STAFF

### NON-NEGOTIABLES:

- OUR PATIENTS ALWAYS COME FIRST.
- WE WILL ALWAYS TREAT PATIENTS AND STAFF WITH RESPECT AND COLLEGIALLY.
- WE ARE COMMITTED TO ATTAINING WORLD CLASS QUALITY AND PRACTICING EVIDENCE-BASED MEDICINE. OUR QUALITY STANDARDS WILL BE UNIFORMLY AND FAIRLY APPLIED.
- WE ARE COMMITTED TO THE COMPETENCE, DEPENDABILITY, AND ACCOUNTABILITY OF HOSPITAL SYSTEMS.

1. Medical staff meetings occur quarterly. These are an opportunity to share information, learn about important changes, vote on medical staff issues, and spend time with your colleagues. Attendance at two (2) medical staff meetings per year (minimum) is required.
2. Active members of the medical staff are expected to take call for their specialty. Please make sure the switchboard has at least one reliable contact phone number. It is your responsibility to inform the appropriate people when this number changes. The requirement for EMTALA compliance is that calls from the emergency department are returned within thirty (30) minutes.
3. Documentation Reminders: Computerized order entry is required. Charts need to be completed in a timely fashion per by-laws requirements.

Documentation	Timeframe for Completion
<i>Discharge Summary</i>	<i>7 Days</i>
<i>History &amp; Physicals</i>	<i>24 hours and/or prior to surgery - Can be completed prior to admission/surgery but no more than 30 days prior and must be updated. If &gt;24 hours, an interval note is required on day of surgery.</i>
<i>History &amp; Physicals completed by midlevel provider must be co-signed by physician</i>	<i>7 Days for co-signature</i>
<i>Verbal/Telephone Orders</i>	<i>48 hours</i>
<i>Brief Post-Operative Notes</i>	<i>Immediately after procedure and before next case</i>
<i>Complete Operative Report</i>	<i>24 hours</i>
<i>All other dictations/signatures</i>	<i>30 days from discharge</i>

**TEXTING:** No Personal Health Information should be sent by text. DO NOT send any orders by text. Orders sent via text cannot be accepted.

4. All medical staff are required to receive a flu shot and provide annual documentation of their flu shot status.



## **EXPECTATIONS FOR SURGERY DEPARTMENT**

1. Please send patients to all specialists for surgical clearance prior to the PAT appointment, i.e. cardiology, pulmonology, endocrinology etc.
2. Please arrange for discharge medications prior to the day of surgery. If the surgery is unplanned, utilize Escribe to send prescriptions directly to the pharmacy.
3. Place all orders, history and physicals, and operative notes into Epic to the date of surgery.
4. Historical times will be used to schedule all cases. Epic keeps an average of the last twelve (12) cases to calculate historical times.
5. Arrive fifteen (15) minutes prior to surgery start time to speak with patients and sign, date and time consents.
6. Surgeons will notify the Operating Room if they will be late or early for scheduled cases, call (828) 650-6969 (OR Charge Nurse) or (828) 681-2716 (Preop Charge Nurse).
7. All surgical site marking will be performed in the privacy of a patient room, never in the surgical waiting area.
8. All first cases of the day will start at 0730.
9. The Operating Room will run all seven (7) rooms until 1500, four (4) rooms until 1700 and two (2) rooms until 1900. There will be no elective cases after 1900. All scheduled elective cases must be scheduled to end by 1900.
10. All cases performed after 1900 Monday thru Friday, or on the weekends, must be urgent/emergent in nature. Elective cases are not performed after hours.
11. All after hours add-on cases will be scheduled through the Anesthesiologist on call. The hospital switchboard can connect you, (828) 684-8501.
12. If scheduling cases for the following day, all orders need to be in before 3:00 PM. For same day add-ons, the OR Charge Nurse is to be contacted at (828) 650-6969.
13. If utilizing a flip room, the time the patient is waiting in the second room should be kept to a minimum of less than fifteen (15) minutes.
14. All surgery patient/family consults will take place as soon after surgery as possible.
15. All post-operative orders must be specific to the type of surgery performed.
16. All discharge instructions must include: post-op medications, wound care, follow-up, if needed, and activity instructions specific to the type of surgery performed. All discharge orders/instructions must be in the After Visit Summary (AVS) prior to discharge.