

# **BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL**

## **Medical Staff Credentialing Initial Appointment Checklist**

- Texas State Credentialing Application
- Government ID/Driver's license
- CV/Resume
- ACLS Certificate, if applicable
- Email address for peer references
- Certificate of Liability Insurance
- State license
- DEA license
- Practitioner Orientation document
- Medical Staff Orientation Checklist
- Medicare/Medicaid Attestation
- CEU Statement
- Health Statement / TB Symptom Questionnaire
- Confidentiality Agreement
- Delineation of Privilege Form
- Two (2) years of case logs



**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL**

**PRACTITIONER ORIENTATION**

**ONLINE POLICIES**

To review the following policies, go to [tsjh.org](http://tsjh.org), click on Credentialing.

1. All Hazard Emergency Management Plan
2. Code of Conduct
3. Medical Staff Bylaws
4. Medical Staff Rules and Regulations

My signature below indicates that I have read the policies listed above and agree to abide by the policies of Baylor Scott & White Texas Spine & Joint Hospital.

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**Signature**

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**Printed Name**

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**Date**



## MEDICAL STAFF ORIENTATION

PHYSICIAN NAME: \_\_\_\_\_

I have read the following check sheet and understand its contents. Further information for clarification is available by request from Administration.

- 1) For each unit I have been provided with a tour so that I know the location of fire exits, fire extinguishers, restrooms, emergency equipment, and supplies needed for patient care.
- 2) All chemical and waste encountered at the Hospital are regarded as hazardous in nature and should not be handled. Material Safety Data Sheets are available online or by calling 800-451-8346 or 760-602-8703.
- 3) I have been made aware of and oriented to patient schedules and programs.
- 4) This facility adheres to Universal Precautions, which assume that all patient blood, body fluids and other potentially infectious materials are contaminated. Appropriate protective equipment will be provided if I am required to handle these materials. I will wash my hands before and after patient contact and follow infection control guidelines.
- 5) I have been oriented to documentation requirements by receiving a copy of the Medical Staff Bylaws and Medical Staff Rules and Regulations (located on our website). In addition, I have been given or shown other documentation forms I will be using, such as physicians' orders, progress notes, master treatment plans, etc.
- 6) I understand how to report and respond to emergency situations. Emergency codes are:

### Weather Alerts

- Severe Thunderstorm Warning  
*"Weather alert + Severe Thunderstorm Warning + Hazardous conditions exist; please use caution if going outdoors"*
- Tornado Watch  
*"Weather alert + Tornado Watch + Conditions are favorable for a possible tornado today; please use caution if going outdoors"*
- Tornado Warning  
*"Weather alert + Tornado Warning + Please remain inside until the weather clears"*
- Hurricane Warning  
*"Weather alert + Hurricane Warning + Please remain inside until instructed to evacuate the building"*

### Security Alerts

- Missing patient (infant, child or adult)  
*"Security alert + missing [child/person] + description [approximate age, gender, clothing if known] + last seen with + last seen location + please notify staff if you see someone that fits this description"*
- Person with a weapon or Active shooter  
*"Security alert + person with a weapon/active shooter + last known location + please avoid this area"*
- Suspicious package

*“Security alert + suspicious package + location + please avoid this area”*

### **Facility Alerts**

- Fire/Fire drill  
*“Facility alert + fire alarm activation/fire drill + location + please avoid this area”*
- HazMat spill  
*“Facility alert + hazardous spill + location + please avoid this area”*
- Emergency Operations Plan Activation  
*“Facility alert + Emergency operations plan activation + Incident description [ED surge, EPIC outage, Utility outage, etc.]”*

### **Medical Alerts**

- Cardiac arrest  
*“Medical Alert + Code blue/Pediatric Code Blue + location (inpatient/outpatient)”*
- Rapid Response Team  
*“Medical Alert + Rapid Response Team + location (inpatient/outpatient)”*

7) In the event of fire, I would:

- |            |            |  |
|------------|------------|--|
| <b>R</b> = | Rescue     | Remove all patients from the area                              |
| <b>A</b> = | Alarm      | Pull fire alarms, call “3300” to report the fire               |
| <b>C</b> = | Contain    | Close doors to contain the fire                                |
| <b>E</b> = | Extinguish | Use fire extinguishers ONLY after the above measures are taken |

All fire extinguishers at Baylor Scott & White Texas Spine & Joint Hospital are located within 75 feet of where ever you are standing.

To use extinguisher:

- |            |                |
|------------|----------------|
| <b>P</b> = | Pull pin       |
| <b>A</b> = | Aim nozzle     |
| <b>S</b> = | Squeeze handle |
| <b>S</b> = | Sweep flames   |

- 8) The Performance Improvement Program utilizes the CQI approach for improvement:
- Plan/design the indicator/process to measure performance
  - Do/Implement a change to improve the outcome
  - Check/ (how did we do?) Did the action actually result in an improvement?
  - Act/to maintain the gain
- 9) I have participated in the orientation to pain management and understand the application of the Hospital’s policy regarding assessment and management.
- 10) I have been advised of my responsibilities for patient care hand off communication for the continuum of care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICARE NOTICE TO PHYSICIANS**

**“Medicare payment to hospitals is based in part on each patient’s principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment may be subject to fine, imprisonment, or civil penalty under applicable Federal laws”**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Signed**

**MEDICAID NOTICE TO PHYSICIANS**

**“Medicaid payment to hospitals is based in part on each patient’s principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment may be subject to fine, imprisonment, or civil penalty under applicable Federal laws”**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date Signed**

**\*\* Your signature will be kept in medical records, please sign as you would in a medical record chart or medical record electronic record.**

**Baylor Scott & White Texas Spine & Joint Hospital**

**Professional Staff Continuing Education Verification**

Please submit documentation of your continuing education for the past year.

The following options are offered:

- 1) List the courses taken, location, date and number of CEUs or contact hours obtained. If necessary, attach additional pages(s).
- 2) Forward a copy of your own listing. Copies of certificates may be submitted, but are not required.

Course Taken	Location	Date	CEU/Contact Hrs.

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date



# Baylor Scott & White

TEXAS SPINE & JOINT HOSPITAL

TYLER

*Joint ownership with physicians*

## HEALTH STATEMENT AND TUBERCULOSIS SYMPTOM QUESTIONNAIRE

- |   |     |    |
|---|-----|----|
| 1. Have you been treated in the past for TB?  | Yes | No |
| 2. Have you ever had a positive TB skin test? | Yes | No |
| 3. Do you have any of the following symptoms: |     |    |
| a) Chronic cough                              | Yes | No |
| b) Sputum production                          | Yes | No |
| c) Night sweats                               | Yes | No |
| d) Fever                                      | Yes | No |
| e) Involuntary weight loss                    | Yes | No |
| f) Chronic fatigue                            | Yes | No |

If yes to any of the above, please explain: \_\_\_\_\_

4. Physician review to positive answers: \_\_\_\_\_

5. Have you ever completed the Hepatitis B Series? Yes No

6. Do you have any history of natural rubber/latex allergy? Yes No

Date of last physical exam: \_\_\_\_\_

Examining Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

**I HEREBY ATTEST THAT I AM OF SOUND PHYSICAL CONDITION AND WILL  
MAINTAIN A STATE OF HEALTH WHICH ENABLES ME TO MEET THE  
DEMANDS OF PATIENT CARE IN A SAFE AND EFFECTIVE MANNER**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL**  
**CONFIDENTIALITY AGREEMENT**

Baylor Scott & White Texas Spine & Joint Hospital (BSWTSJH) has legal and ethical responsibilities to safeguard the privacy of its employees, patients, and their families and to protect the confidentiality of protected health information and all other types of confidential information. Members of the BSWTSJH community include but are not limited to:

- BSWTSJH Workforce Member: an individual performing work on behalf of BSWTSJH and under the direct control of BSWTSJH, whether or not the member is employed by BSWTSJH. Examples include: staff; temporary agency workers, physicians, physicians staff, contractors, students, and volunteers.
- Extended Community Member: an individual who is present on BSWTSJH premises or is accessing information resources at BSWTSJH for a specific treatment, payment, or health care operation business purpose allowed under the Health Insurance Portability and Accountability Act (HIPAA) such as a third-party payer representative, a visitor for a guided tour or observation experience, media or vendor representatives, or other health care providers involved in a patient's continuum of care.
- Business Associate: is a person or company that performs certain functions or activities on behalf of, or for, BSWTSJH that involve the creation, use or disclosure of BSWTSJH protected health information.

As a member of the BSWTSJH community, I agree to conduct myself in strict conformance with all applicable laws and with BSWTSJH's policies governing confidential information. I understand and agree that measures must be taken so that all confidential information captured, maintained, or utilized by BSWTSJH and any of its off-site facilities is accessed only by authorized users. These obligations apply to confidential information that is collected or maintained verbally, in paper, or electronic format.

BSWTSJH confidential Information includes any and all of the following categories:

- Patient information including demographic, health, and financial information (in paper, verbal, or electronic form regardless of how it is obtained, stored, utilized, or disclosed);
- Information pertaining to members of the BSWTSJH workforce or Extended Community (such as social security numbers, banking information, salaries, employment records, disciplinary actions, etc.);
- BSWTSJH information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary information including computer programs, source code, proprietary technology, etc.);
- Third-party information (such as insurance, business contracts, vendor proprietary information or source code, proprietary technology, etc.); and

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I agree that:



1. I will access, use, and disclose confidential information only as authorized and needed to perform my assigned job duties. This means, among other things, that I:
  - a) will only access, use, and disclose confidential information that I have authorization to access, use, and disclose in order to perform my job duties;
  - b) will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job duties and as in accordance with all applicable BSWTSJH policies and procedures and with all applicable laws;
  - c) will report to my supervisor or to the appropriate office any individual's or entity's activities that I suspect may compromise the privacy or security of BSWTSJH confidential Information.
  
2. If I am granted access to BSWTSJH electronic systems, including email, I am the only person authorized to use the individual user identification names and passwords or access codes assigned to me. I agree to the following:
  - a) To safeguard and not disclose my individual user identification passwords, access codes or any other authorizations that allows me to access BSWTSJH confidential Information to anyone including my manager.
  - b) To not request access to or use any other person's passwords or access codes.
  - c) I accept responsibility for all activities undertaken using my passwords, access code and other authorizations.
  - d) It is my responsibility to log out of any system to which I have logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.
  - e) If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password.
  - f) I understand that my user identification will be deactivated upon notification to Information Management that I am no longer a BSWTSJH workforce Member, Extended Community Member, or Business Associate; or when my job duties no longer require access to the computerized systems.
  - g) I understand that BSWTSJH has the right to conduct and maintain an audit trail of all accesses to confidential information, including the machine name, user, date, and data accessed and that BSWTSJH may conduct a review of my system activity at anytime and without notice in order to monitor appropriate use.
  - h) I understand and accept that I have no individual rights to or ownership interests in any confidential information referred to in this agreement and that therefore BSWTSJH may at any time revoke my passwords or access codes.

- i) I understand that individuals who access BSWTSJH confidential information from home must follow BSWTSJH's security guidelines for remote access.
- j) I understand that it is my responsibility to be aware of BSWTSJH Human Resource policies, and any other policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.
- k) I understand that any IIII cannot be transmitted via mobile device unless device has been encrypted. This includes, but is not limited to, smartphones, digital music players, hand-held computers, laptop computers, tablet computers, and personal digital assistants (PDAs).

**My signature below indicates that I have read, accept, and agree to abide by all of the requirements described above. I acknowledge that any violation of these requirements may result in disciplinary measures up to and including termination of employment and/or affiliation with BSWTSJH.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_