

BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL

Medical Staff Credentialing Reappointment Checklist

- Texas State Credentialing Application
- Government ID/Driver's license
- Medical Staff Orientation Checklist
- ACLS Certificate, if applicable
- Certificate of Liability Insurance
- State license
- DEA license
- CEU Statement
- Health Statement / TB Symptom Questionnaire
- Delineation of Privilege Form

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. |
|--------------|----------|------|------------------|
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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



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:

- | | | |
|------------|------------|----------------------------------------------------------------|
| R = | Rescue | Remove all patients from the area |
| A = | Alarm | Pull fire alarms, call “3300” to report the fire |
| C = | Contain | Close doors to contain the fire |
| E = | 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:

- | | |
|------------|----------------|
| P = | Pull pin |
| A = | Aim nozzle |
| S = | Squeeze handle |
| S = | Sweep flames |

- 8) The Performance Improvement Program utilizes the CQI approach for improvement:
- a) Plan/design the indicator/process to measure performance
 - b) Do/Implement a change to improve the outcome
 - c) Check/ (how did we do?) Did the action actually result in an improvement?
 - d) 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: _____