



**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 Questionnaire
- MS Bylaws Attestation
- 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.

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: _____



**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
MEDICAL STAFF BYLAW ATTESTATION**

The following Sections of the Medical Staff Bylaws were revised. These were approved by the Medical Staff October 2022 and refer to any physician that is Active Staff for BSW TSJH:

A.16. "Primary Residence" also known as the "Principal Residence" means the primary location a person inhabits a majority of the time.

1.2.1 (b) Proximity - agree to establish his/her primary medical practice and Primary Residence within Smith County and adjacent counties. If Physician's Primary Residence and/or primary medical practice distance is greater than thirty (30) miles from the Hospital, a written plan of coverage is required for Physician's patients when the Physician is not available. Such plan of coverage must be submitted to and approved by the MEC and the Board.

I HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THESE CHANGES TO THE BYLAWS AND ATTEST THAT I QUALIFY FOR ACTIVE STAFF

Printed Name

Date

Signature