

WELCOME TO BANNER DEL E. WEBB MEDICAL CENTER



At Banner Health, **our nonprofit mission is to *make a difference in people's lives through excellent patient care.*** Whether caring for patients or our employees, we are committed to being an organization people can count on.

Orientation Guide

On behalf of our administration and the medical staff, we would like to extend to you a warm welcome to our nonprofit organization. Banner Health is recognized for both its high quality care and its commitment to service excellence.

As a person who chose to devote your professional life to medicine, you will find Banner Health to parallel your own values of clinical excellence and the emphasis on patients and their families. Everything we do as an organization centers around our mission of ***making a difference in people's lives through excellent patient care***. As a valued partner, we look forward to working together to further that mission.

You bring a new perspective to the organization and, as a valued partner, we welcome your input and involvement as we work together to reinforce a positive environment of teamwork, growth and cooperation for our patients, physicians and employees.

Continued next slide

Orientation Guide

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There are a number of ways you can get involved, including our bi-monthly Medical Staff Department meetings. More information on these meetings are available from the Medical Staff Services.

This orientation document will introduce you to many of the services and key individuals available to help make your transition into Banner Health a successful one. If you have any questions, please contact Medical Staff Services at 623-214-4010.

Again, on behalf of our entire team, we warmly welcome you.

Sincerely,
John Harrington, FACHE
Chief Executive Officer

Sincerely,
Jeffrey Ronn, MD
Chief of Staff

Getting Started

ID Badge

The Human Resources office will provide you an ID badge. You will need to provide a legible government issued ID card (current driver's license, military card or passport)

Your ID badge is necessary to provide you access to the Physician Lounge and many clinical areas, and should be worn at all times when on campus for security and safety purposes.

Parking

Covered physician parking is located on the east side of the hospital.

Physician's Lounge

Located on the first floor off the Cafeteria. Breakfast is served at 6:30 a.m. and lunch at 11 a.m., weekdays. A variety of items are available in the lounge at no charge between these times, after hours and on weekends. If you wish to purchase items through the Cafeteria during times when hot food is available in the lounge, you will be responsible for this cost. Cafeteria items are available to you during times when hot food is not available in the lounge at no charge up to \$8.

Contact Numbers

SENIOR OPERATIONS TEAM

John Harrington, Chief Executive Officer:	623-214-4001
Michelle Winters, Chief Nursing Officer:	623-214-4005
Gary Dechert, Associate Administrator:	623-214-4007
Charlie Agee, MD, Chief Medical Officer:	623-214-4057
Kirk Kearl, Chief Financial Officer:	623-214-4083
Marie Stehmer, Chief Human Resources Officer:	623-214-4006

OTHER ADMINISTRATIVE TEAM MEMBERS

Lorie Massey, Director of Medical Staff Services:	623-214-4435
Sonja Nelson, Director of Physician Resources:	623-214-4518

Medical Staff Structure

The organized Medical Staff has the delegated responsibility for overseeing the quality of patient care at the hospital. Banner Del E. Webb Medical Staff has two departments: Medicine and Surgery. Each member of the staff is assigned to one department based on specialty.

CHIEF OF STAFF

Jeffrey Ronn, MD

DEPARTMENT CHAIRS

Surgery Department: Arash Araghi, DO

Medicine Department: Amandeep Sodhi, MD

SECTION CHAIRS

Anesthesia: Reza Kharrazi, MD

Cardiology Section: Pradeep Agarwal, MD

Emergency Medicine: Bill Mostow, MD

OB/Gyn: Rosemary Fadool, DO

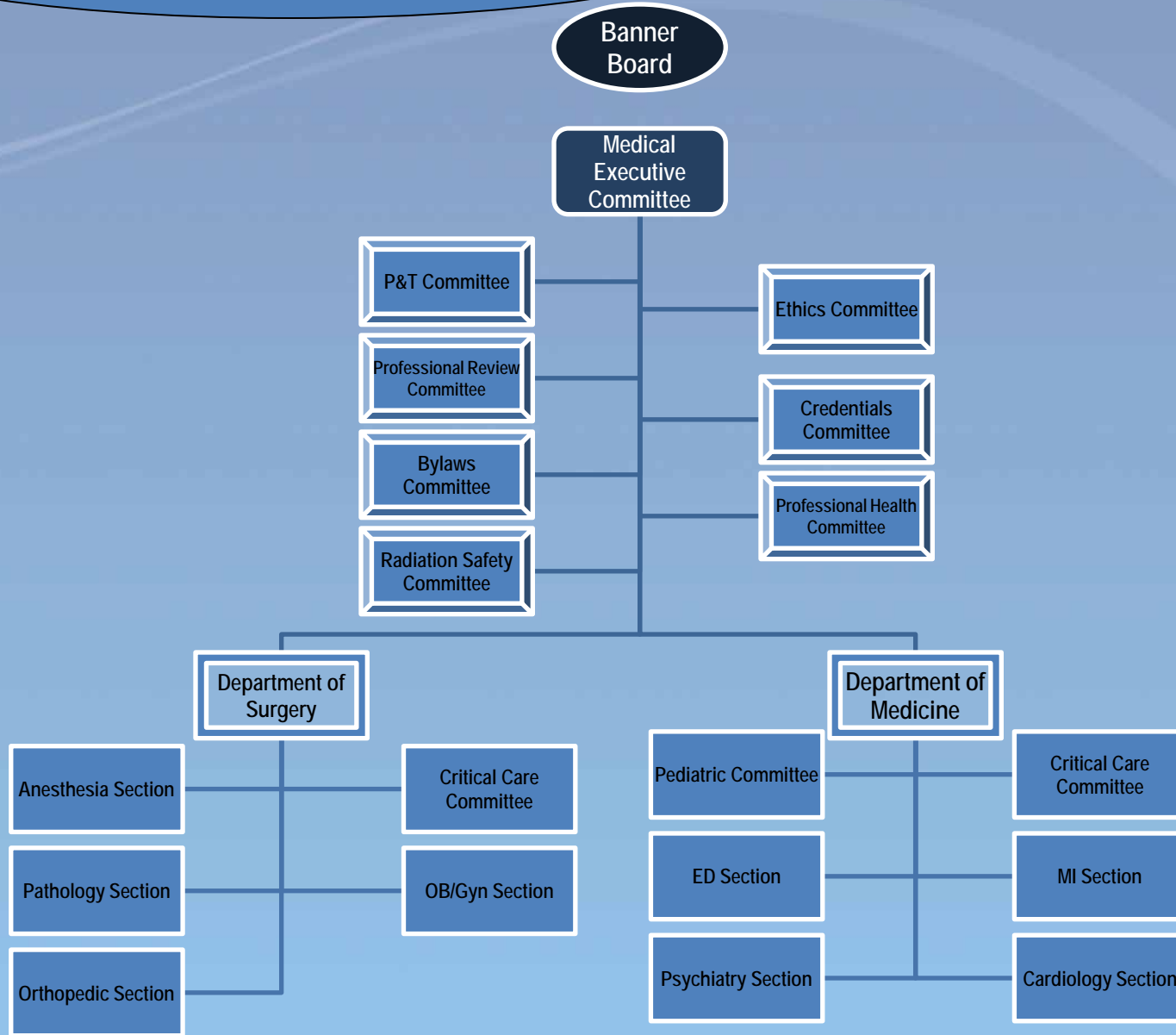
Medical Imaging: Dan Wright, MD

Orthopedic Surgery Section: Mark Campbell, MD

Pathology: Thomas Ruhlen, MD

Psychiatry: Jagveer Sandhu, MD

Dept/Committee/Section Reporting Structure



Specialty Reporting Structure

Department of Surgery

Anesthesiology
Colon/Rectal Surgery
Dentistry
General Surgery
Gynecology
Neurological Surgery
Obstetrics
Ophthalmology
Oral & Maxillofacial Surgery
Orthopedic Surgery
Otorhinolaryngology
Pathology
Plastic Surgery
Podiatry
Thoracic Surgery
Urology
Vascular Surgery

Department of Medicine

Allergy/Immunology
Cardiology
Clinical Psychology
Critical Care
Dermatology
Emergency Medicine
Endocrinology
Family Practice
Gastroenterology
Hematology/Oncology
Internal Medicine
Medical Imaging
Nephrology
Neonatology
Pediatrics
Pediatric Cardiology
Physical Med/Rehab
Psychiatry
Psychology
Pulmonary Medicine
Radiation Oncology
Rheumatology

Professional Health Committee

The Professional Health Committee is available to provide confidential assistance and resources to any practitioner experiencing an impairment of some type. If you would like to make an appointment to meet with the Professional Health Committee or make a referral, contact the Medical Staff Services Department Director at (623) 214-4435. Whenever possible, the referring individual's name and identity are kept confidential.

Professional Review Committee

The Professional Review Committee works to ensure that high quality, safe patient care is being provided across all medical staff departments. The committee also oversees peer review activities to assure case ratings are consistent and fair. If you are contacted regarding one of your cases in the peer review process or are asked to participate in a case review, please respond promptly to facilitate timely completion of the process. For more information about the PRC, contact the Quality Management Department at (623) 214-4482.

Medical Staff Expectations

1. See your patients within 24 hours of admission and daily thereafter. See patients admitted to the Critical Care Unit within 12 hours.
2. Document daily visits.
3. Dictate H&P within 24 hours of admission.
4. Communicate with patients/families.
5. Participate in Peer Review and Quality Improvement activities.
6. Complete Medical Records efficiently.
7. Professional Conduct & Ethical Behavior.
8. Consults rendered within 24 hours of notification and documentation within 24 hours of seeing the patient.
9. Respond to calls from the ED within 30 minutes.
10. Time, date and sign your entries in the medical record and make sure each is legible.
11. Respond to nursing units with admitting orders within 30 minutes on patients you have admitted from the ED.

Duty to Accept Patients & EMTALA requirements for the on-call physician

Banner Health currently has in place a Regional Patient Place Office (RPPO) that was established to accomplish a number of important objectives:

- Relieve individual hospital Emergency Departments from the burden of receiving calls from other hospitals, determining hospital capacity, and attempting to locate an accepting physician;
 - Assist in decompression of Banner Health Emergency Departments,
 - Ensure that Banner Health patients have access to necessary specialists, and
 - Equitably distribute the On Call burden.

Pursuant to the Centers for Medicare and Medicaid (CMS), the Emergency Medical Treatment and Active Labor Act (EMTALA) requires an on-call physician to accept the transfer of unstable patients from Emergency Departments anywhere in the U.S. provided the Hospital has the capacity and “**capability**”. This includes accepting transfers from communities that unfortunately do not have coverage within our state. The physician who refuses risks a \$50,000 fine and potential termination from the Medicare and Medicaid programs. The hospital faces such exposure as well. A physician who is saturated (i.e., in the OR doing an emergency case) is not obligated to accept the patient, but should know the government has requested proof of saturation.

On-call physicians are considered “**capabilities**” of the hospital and therefore if the Emergency Department physician or the OB triage nurse requests assistance of the attending or on-call physician, the on call physician must respond within 30 minutes and come to the ED when the ED physician or qualified medical person has determined a patient requires those services.

The medical staff must enforce EMTALA obligations. The law specifies if a physician is not available to cover his/her call days, the physician is responsible for making sure that the assigned call days are covered by an appropriately credentialed member of the hospital’s medical staff with like privileges. Changes in assigned days must be processed through the Medical Staff Services Department and must meet assigned ED on-call obligations as determined by the applicable Department Rules and Regulations.

Universal Protocol

Conduct a pre-operative/pre-procedure verification process. Banner uses a checklist to verify that the consent form, history & physical, diagnostic test results, consultations, and other importation preparations have been completed.

Mark the operative site. Banner requires that all invasive procedures involving laterality, multiple structures (e.g. fingers and toes), or levels (e.g. spine) and surgical sites are marked by the physician who will perform the procedure.

Conduct a “time out” immediately before starting the procedure with all members of the professional health care team present. At Banner the time out must include: positive identification of the patient with two identifiers and match with all corresponding paperwork; name of the procedure that is to be performed; verification of consent for procedure; surgical site verification; positioning of patient for procedure; verification that all required equipment and supplies are available; and verification that all medications and solutions prepared for the procedure have been labeled appropriately.

National Patient Safety Goals

All verbal or telephone orders and reporting of test results must utilize a write-down and read-back protocol to verify effective communication.

Never use dangerous abbreviations. At Banner, the [DO NOT USE ABBREVIATION](#) list includes (right click to view):

U (use Unit)
IU (use International Unit)
QD or **Q.D.** or **qd** or **q.d.** (use Daily)
QOD or **Q.O.D.** or **qod** or **q.o.d.** (use Every Other Day)
MS or **MSO4** (use Morphine Sulfate)
MgSO4 (use Magnesium Sulfate)
Trailing Zero (like “1.0 mg”; instead use 1 mg)
Dose with Leading Zero (like “.1mg”; instead use 0.1 mg)

Use structured communication techniques for “hand-off” reports and other conversations, such as the SBAR format (Situation-Background-Assessment-Recommendation). Banner staff uses the SBAR structure for communicating with the patient’s physician about a critical situation.

Behaviors that undermine a culture of safety

- Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.
- Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

Preventing errors relating to commonly used anticoagulants

Reports of accidental deaths and overdosing due to the improper use of anticoagulant drugs have received significant public attention. Anticoagulants have been identified as one of the top five drug types associated with patient safety incidents in the United States. In the United Kingdom, anticoagulants are one of the classes of drugs commonly associated with fatal medication errors.

The Joint Commission's Sentinel Event Database includes 446 medication-related sentinel events (9.3 percent of all events) reported from January 1997 through December 2007, with 7.2 percent (32) of these involving anticoagulants; of those, two-thirds (21) involve heparin. According to the United States Pharmacopeia MEDMARX database, a total of 59,316 medication errors related to anticoagulants were reported to the MEDMARX program from 2001 to 2006 (these data do not include errors involving heparin lock flush). Nearly 60 percent of these errors reached the patient and nearly 3 percent resulted in harm or death. Performance error (e.g., administration) is the most common cause of adverse events relating to anticoagulant medications.

HIPAA & Patient Privacy

Please note that it is the responsibility of all of us to protect the privacy and HIPAA rights of our patients. We have had several recent reports of patient rights being violated because caregivers spoke openly in front of family, visitors, or other patients about the patient's condition and diagnosis. Following is Banner Health's approach to sharing patient's medical information when family or visitors are present:

- When a health care provider is going to share medical information with a patient and there is family or visitors present in the room, consider stating something like, **“I would like to discuss Tom's health status with him and ask for some privacy now.”** This would then allow the patient to respond by saying it is okay for them to stay or let the health care provider take the lead with excusing them.
- If the patient is sharing a room with another patient or is in an open area, close any curtains/dividers or move the patient to a more private area. Speak to the patient in a low voice when possible.

If you have any questions or issues related to HIPAA, please call Jami Wuebkenberg, HIMS Director/Privacy Officer for Boswell and Del E. Webb, 623-876-5522.

Compliant Documentation Management Program

Banner has partnered with J.A. Thomas & Associates to roll out the Compliant Documentation Management Program (CDMP). CDMP is a multi-disciplinary team approach to improve hospital and physician practice medical record documentation. The focus includes:

- Concurrent processes for experienced nurses, who are trained in Medicare terminology, to assist physicians in clarifying ambiguous terminology and/or incomplete documentation.
- Ensuring medical record documentation that supports regulatory compliance in your practice and the Hospital and accurately reflects the severity of illness in your patients.
- Creates consistency between patient severity reported by the hospital and those reported by physicians.

CDMP is a method to assist the physician, via the documentation clarification and coding process, with the help of Clinical Documentation Specialists (CDSs) to provide the most accurate and compliant documentation for each patient. The role of the CDSs is to have clinical knowledge and be well versed in the Medicare rules as well as documentation options and the impact these options can have on severity ratings. CDSs will be utilized concurrently on the floors and will assist the physicians in using "compliant" language in addition to helping with communication to the hospital coders.

Pain Management Assessment Protocol

Banner Health believes that the patient is the best authority of his/her pain and that the patient has a valuable role in the treatment of pain. We also believe that pain management affects quality of care and patient satisfaction.

Pain Assessment

Upon admission, patients are asked about their pain and asked to describe the source, location and intensity of the pain. A pain rating scale of 0-10 is used to provide a framework of care. Behavior and vital signs are included in the pain assessment but are not to be used in lieu of a self report from the patient. For the nonverbal patient, pain is assessed through direct observation or history from the caregivers.

Intervention

Once the patient's pain assessment has been completed the physician will be consulted for intervention to assist in reducing pain to an acceptable level. If initial or subsequent intervention was not effective or it is determined further intervention is necessary, the physicians will collaborate with other caregiver team members, such as a clinical pharmacist or anesthesiologist, to identify the best treatment for the patient.

Use of Range Orders

PPN Range orders for pain medications are used to provide flexibility in dosing to meet individual patient needs. Decisions about implementation of range orders will be based upon: assessment of pain intensity, patient's previous response to analgesics, the time of onset, and time to peak effect, duration of action and side effects of the analgesic to be administered.

Patient Safety Concerns

When you have concerns about patient safety or quality of care:

Use your chain of command:

- First, always notify and discuss your concern with the department director and/or house supervisor.
- You can also report your concerns to your administrator and/or the chief medical officer.

In addition, you can also contact:

- Quality Management Director (623-214-4482)
- Risk Management (602-747-4750)
- Comply Line (1-888-747-7989)

Our facility is licensed by the Arizona Department of Health Services. For more information, visit www.azdhs.gov or call 602-364-3030.

Banner Health 's philosophy supports a Just Culture and transparency that encourages staff to "Speak UP" about safety and care quality concerns.

Safety & Security Emergency Codes

Please familiarize yourself with these emergency codes in the event you are in the building when a code is called overhead and your expertise and assistance may be needed. If you hear a code and do not know if you should respond, please ask any member of the staff for information.

Code Pink – Infant/Child abduction

Code Orange - Chemical Spill

Code Red – Fire

Code Blue – Cardio/pulmonary arrest

Code Triage – Internal/External Disaster

Code Yellow - Bomb Threat

Code Purple – Over Capacity

Code Gray - Combative Person

Safety & Security Emergency Codes

If you hear fire alarms sounds, please remain in the area in which you are located. Hospital staff will close doors to all rooms. In the unlikely event that evacuation is necessary, you will receive instructions from the hospital staff. If you are in the immediate area of a fire, follow the RACE guidelines:

- R** Rescue anyone who may be in danger
- A** Activate the pull station and call the switchboard (ext. 6666)
- C** Contain the fire by closing doors
- E** Extinguish the fire if it is small and can be extinguished using one fire extinguisher (such as garbage can size) or evacuate if lives are in danger

Medical Record Suspension Policy

- o Medical records shall be considered delinquent if not completed within 22 days from the date of the patient's discharge.
- o A list of all incomplete records and his/her deficiencies will be provided to each physician and Allied Health Practitioner (hereinafter referred to as “practitioner”) weekly.
- o The practitioner, or his/her office manager will be notified by phone 48 hours prior to the impending suspension.
- o If the records remain incomplete 22 days following discharge, the CEO, or designee, shall authorize the suspension of all new admitting, treating, consultation and operating privileges of the practitioner. The practitioner may continue to treat his/her patients currently in-house, or already scheduled for OP services and will continue to take mandatory ED call if applicable.
- o If the practitioner accumulates 23 consecutive or intermittent days of suspension in a revolving 12-month period, the Chief of Staff or designee will contact the practitioner informing him/her of their medical record responsibilities and further consequences. Documentation of this communication will be placed in the practitioner’s file.

Medical Record Suspension Policy

- o If 40 consecutive or intermittent days of suspension are accumulated in a revolving 12-month period, the practitioner will be required to submit a corrective action plan to the Medical Executive Committee.
- o If 60 days of suspension within a revolving 12-month period are accumulated, the practitioner shall be deemed to have voluntarily resigned from the medical staff, and will be informed by letter that the voluntary resignation has been accepted and will be effective 15 days from receipt of the notice. The practitioner may not reapply until all medical records are complete and must pay a fee of \$300 in addition to completing the application process. The application will be processed by Medical Staff Services. If the practitioner applies and is reappointed to the staff, the applicant will be said to have 0 days of suspension when appointed. Any days of suspension will be counted from that day forth.
- o Members of the Allied Health Staff are suspended in accordance with the policy above for incomplete records. The supervising physician is suspended in conjunction with the Allied Health practitioner and accumulates suspension days for his or her Allied Health practitioner's incomplete medical records, which are attributed to the physician's total suspension days.

YOUR RESOURCES!

Medical Staff Services

623-214-4010

- Provides administrative support to the medical staff and acts as a liaison between you and administration.
- Located in the medical center outside the Physicians' Lounge and the Medical Library.
 - **Lorie Massey, Director, (623) 214-4435**
 - **Amy Ormond, Medical Staff Coordinator, (623) 214-4436**
 - **Katie Garrobo, Medical Staff Coordinator, (623) 214-4010**
 - **Amanda Welch, Medical Staff Coordinator, (623) 214-4010**

Office Hours: Monday – Friday/ 8 a.m. – 5 p.m.

Quality Management

623-214-4482

- Responsible for implementing and overseeing the facility's Quality, Patient Safety and Infection Prevention programs, including:
 - Regulatory issues
 - Patient Safety issues
 - Data Management
 - Performance/Process Improvement
 - Peer Review, including Sentinel Event/ RCA investigations and clinical care complaint investigations.
- Quality Management is located on the main floor in the Health Information Management office.
- Hours of operation: Monday -Friday / 7:30 a.m. – 5 p.m.
- Quality RN Clinical Specialists are assigned to every medical staff department, serve on committees as a Quality liaison and facilitate peer review and reappointment processes, as well as lead performance improvement activities. Other RN Quality Specialists are assigned to coordinate regulatory activities, patient safety, sentinel event investigations and clinical care complaints.

Quality Management

623-214-4482

- Quality RN Clinical Analysts perform data abstraction for Core Measures and are responsible for all phases of data management.
- RN Infection Preventionist reports to Quality Management and facilitates infection prevention, surveillance and monitoring for the facility.
- Quality Management is responsible for carrying out the Banner Health Corporate Strategic Initiatives for Quality and Patient Safety implementation at the facility level. Data for these initiatives are reported to the Banner Health Board of Directors.
- Banner Del E. Webb Medical Center's medical staff involvement in improving clinical quality is fundamental in achieving success and recognition as an institutional leader in demonstrated quality of care.

BDWMC Physician Resources

The Physician Resources department is here to:

- Develop strong relationships with you and your staff
- Serve as a single point of contact for you and your staff when there are questions, suggestions or concerns
- Facilitate prompt problem resolution
- Provide resources with practice management, medical office space and medical practice vendors
- Communicate educational opportunities and resources
- Provide education and updates on hospital programs and services
- Connect key hospital staff and other physicians to you by providing introductions or contact information
- Assist with physician recruitment
- Your Physician Resources Director is Sonja Nelson. She can be reached at (623) 214-4518.

Public Relations

Banner Del E. Webb's Public Relations Office exists to provide communication support to the hospital and to promote the programs and services offered by the hospital and its physicians.

Our services include:

- Producing the bi-monthly physician newsletter, *MedLink*. The newsletter is mailed to all physicians. Publication Editor Candace Hoffmann can be reached at 623-214-4359.
- Finding and arranging speaking opportunities for physicians in the surrounding community
- Finding and arranging promotional opportunities in the local print and electronic news media
- Connecting reporters with physician experts on newsworthy topics

More information: Public Relations, 623-214-4047

Service Excellence

What are the physician benefits for contributing to a positive Patient Experience?

- Increased patient satisfaction
- Reduced call backs from staff, patients and families
- Increased patient safety
- Reduced liability
- Improved community reputation
- Increased referrals
- Higher income
- Personal satisfaction at the end of the day!

Service Excellence

What physician-related questions are patients asked on the patient experience survey?

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
2. During this hospital stay, how often did doctors listen carefully to you?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

Patients are provided with the following response options:
Never, Sometimes, Usually, Always

How will your patients answer these questions?

Contact Information: Service Excellence Department, (623) 975-8766

Banner's Policy & Training For Restraint & Seclusion

CMS requires that physicians and other licensed independent practitioners who are authorized to order restraint or seclusion have a working knowledge of the hospital's policies on restraints and seclusion. Banner has two policies on restraints and seclusion – one for the violent patient, the other for the non-violent patient. Banner's policy requires staff to promote the safety, rights, dignity and well being of patients. Restraints may be used as the intervention of last resort, and all possible alternative measures shall be used prior to using restraints. Moreover, they must be used in the least restrictive manner possible and must be discontinued as soon as possible. At Banner Webb, only the following restraints may be used: soft limb restraints, mittens that are tied, bed side rails, and Freedom Splints (where available) and enclosed beds (where available). For violent patients, restraint or seclusion of any kind is the intervention of last resort to secure the physical safety of the patient, a staff member, or others. Again, these restraints will be used in the least restrictive manner possible and will be discontinued as soon as possible. "PRN" orders for restraint or seclusion are not acceptable (except for raised side rails). This includes medications, such as Haldol

**Banner's Policy & Training
for Restraint & Seclusion
(con't)**

“PRN” orders for restraint or seclusion are not acceptable (except for raised side rails). This includes medications, such as Haldol and Ativan, that are ordered in response to changes in patient behavior and are not part of the patient’s home medication regimen. Staff will contact the physician for orders and will describe the patient’s condition that requires restraints. For nonviolent patients, a new order is required every 24 hours if restraints are to be continued. For violent patients, orders must be given every four hours for patients age 18 and older; every two hours for patients ages 9 through 17; and every one hours for patients less than age 9. Orders may be renewed if necessary up to a total of 24 hours in increments stated above. In addition, for these patients, a face-to-face assessment must occur within one hour by trained staff. The assessment must address the patient’s immediate situation, his/her reaction to the intervention, his/her medical and behavioral condition, and the need to continue or terminate restraint.

If you would like a copy of one/both policies, please contact Medical Staff Services. The policies are on the Banner intranet and are available throughout the Hospital. Should you have any questions, please do not hesitate to contact Quality Management.

Pharmacy Services

Our mission of Banner Del E. Webb's Pharmacy department is to provide safe, timely, polite and cost effective pharmaceutical services. We utilize the Cerner Pharmacy computer system and Pyxis unit based cabinets to provide medication distribution services. Pharmacists are available 24 hrs each day, seven days a week to assist with drug-related issues.

Pharmacy Information

Main Pharmacy Number: 623-214-4070

Clinical Pharmacist – Carmen Hutter: 623-214-4030

Pharmacy Manager – John Vlahopoulos: 623-214-4340

Pharmacy Manager – Gary Kilsdonk: 623-214-4071

Surgical & Procedural Services

The Surgical and Procedural Services Team at Banner Del E. Webb Medical Center is committed to working with our medical staff to provide the highest quality patient care and service. Surgical and Procedural Services includes:

- Pre-Anesthesia Testing
- Pre-op Admission
- Surgery
- Post-Anesthesia Care
- Endoscopy
- Endovascular Services (Cath Lab, Interventional Radiology)
- Pain Center
- Infusion Therapy

Prior to scheduling any procedures, we would like to meet you, explain our processes, and answer any questions you have about the services we provide.

We have several requirements for scheduling and patient admission to ensure a safe patient experience. Please contact us at 623-214-4037 to review these requirements.

Transcription Instructions

- Step 1:** Dial **2-5480** (inside hospital) or **623-876-5480** (outside hospital)
- Step 2:** Enter your Location Code followed by the # key.
- 22 = Banner Boswell Medical Center**
33 = Banner Del E. Webb Medical Center
44 = Banner Boswell Rehab
- Step 3:** Enter AZ STATE LICENSE NUMBER Number followed by the # key.
- Step 4:** Enter Report Type and Press #.
- Step 5:** Enter Medical Record number and Press # (enter 9# if patient does not have a number assigned).
- Step 6:** Begin dictating after you hear the stated job number followed by the tone.
- Step 7:** Hang up when finished.

Questions: 623-214-4046

REPORT TYPE

76 = Pre OP H&P	37 = Discharge Summary
67 = OP Report	11 = EEG
27 = Consult	22 = ED
89 = Echo	55 = Psych Progress notes
47 = Routine H&P	57 = Psych Consult
44 = Endoscopy Report	80 = Cardiac Cath
49 = Stress Test	

KEY PAD OPTIONS

2 = Dictate	3 = Rewind/Listen
4 = Stop/Pause	5 = Next Dictation
6 = Go to end/stop	7 = Fast Forward
8 = To beginning/play	## = Confirmation Number
*7 = Will prioritize a report	

Infection Control

Cindy Hammond, RN, Infection Preventionist

Direct line from outside: 623-214-4317

In-House Extension: 44317

Digital Pager: 602-202-9877

Medical Imaging

The Medical Imaging Department consists of six subspecialties of diagnostic radiology:

1. Diagnostic X-ray, 24 hours/7 days
2. Computed Tomography (CT), 24 hours/7 days
3. Ultrasound, 24 hours/7 days
4. Intervention/Angio, 7 a.m.-4:30 p.m./M-F/On-call
5. Magnetic Resonance, 6 a.m.-11 P.m./M-F/S-S 6 a.m.-6 p.m./On-call
6. Nuclear Medicine, 7 a.m.-5:30 p.m./M-Fr/On-call

Medical Imaging Main Number: 623-214-4070

Director: Larry Bonno 623-214-4263

Radiologist: Dr. Daniel Wright 623-214-4060

PACS Manager: Jason Brewer 623-214-4459

Professional Library

The Banner Del E. Webb Library can provide information and services to assist in research and clinical decision-making. Services are available at any facility by phone, fax, e-mail or in person. Please contact Librarian **Nancy Showalter at 623-214-4223** for access and password information.

BOOKS AND JOURNALS: each library maintains a collection of books, journals and other materials. For journals owned by the libraries, health professionals may receive copies of the tables of contents of current journals of their choice. After receiving tables of contents, professionals may select articles for delivery.

INTERLIBRARY BORROWING: Materials not owned by Banner libraries may be borrowed from and articles copied by other libraries for individual use.

INTERNET WORKSTATIONS: Each library has computer workstations available 24 hours a day, seven days a week.

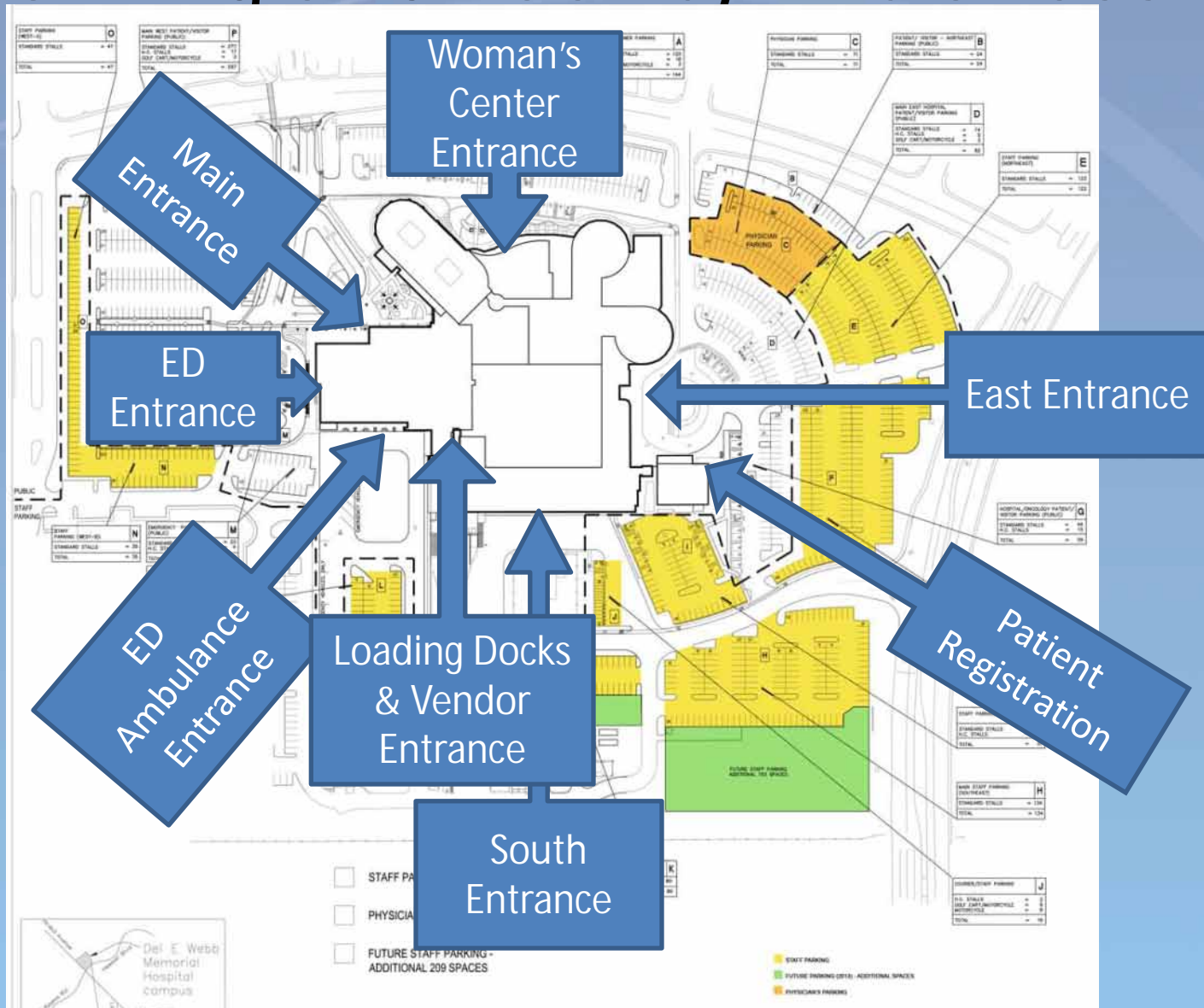
LITERATURE SEARCHES: Librarians can search online databases for you or train you to conduct searches. Databases available include Medline, CINAHL, full-text journals, STAT!Ref (electronic text-books), Micromedex, and the Cochrane databases.

Library Hours: 8 a.m. – 4:30 p.m., Monday thru Friday

Finding your way



Parking and Facility Entrances



Traffic Flow

Visitor and
Patient Flow



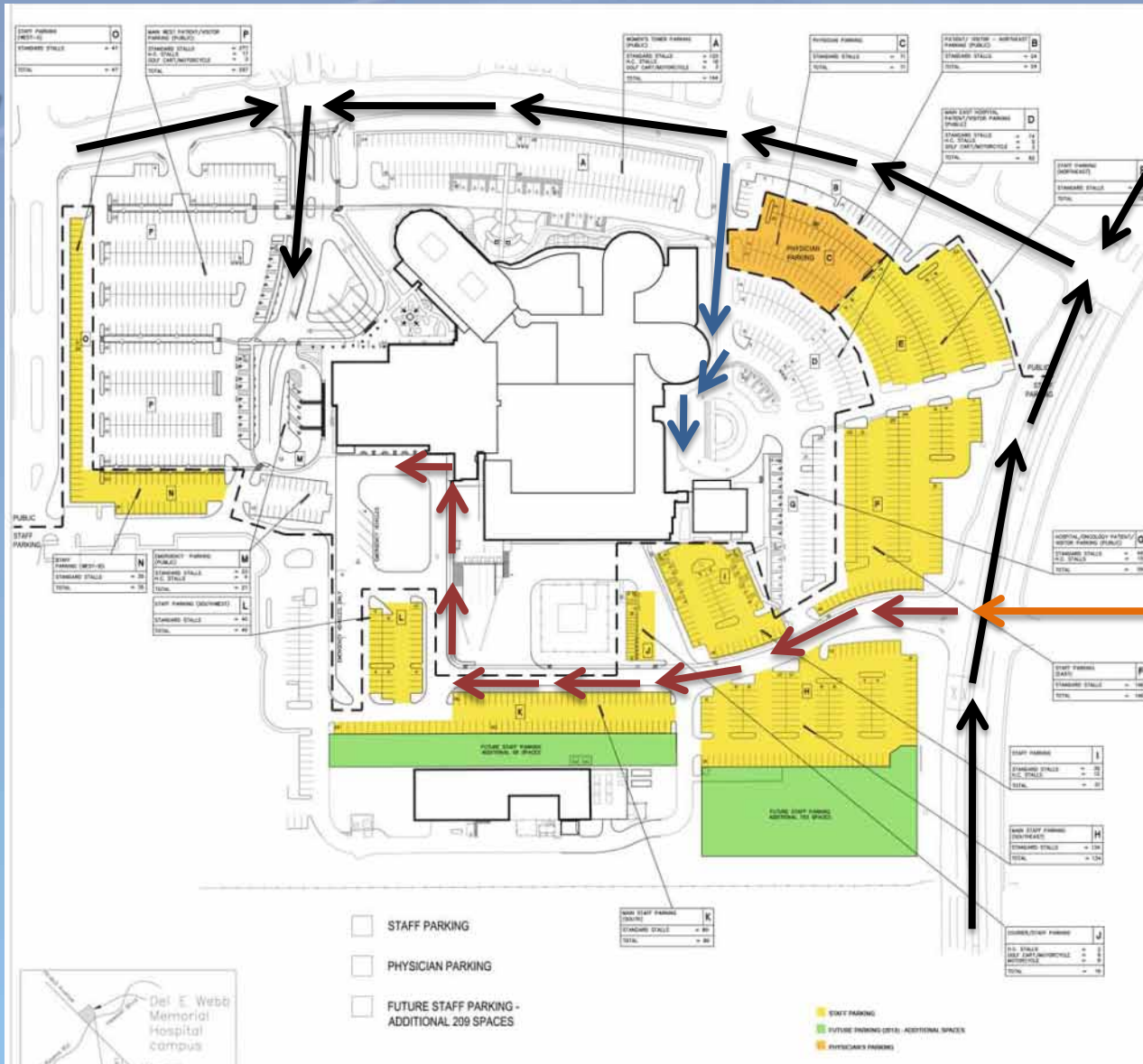
Registration
Flow



Ambulance
Flow



Employee
Entrance



A little about services offered by our hospital . . .
Banner Del E. Webb Medical Center

- 50 bed Emergency Department
- General Surgery
- Heart Care
- Orthopedic Surgery
- Women & Infants
- Rehabilitation Services
- Behavioral Health
- Outpatient Services
- Pre-Op/PACU
- 38 bed Tele Unit



- 1,600 employees
- 650 physicians
- 2000 Volunteers
- Treat 53,000 patients each year in our Emergency department
- About 20,000 inpatients treated annually
- With new wing, Webb becomes 8th largest hospital in the Valley



For Our Patients & Guests

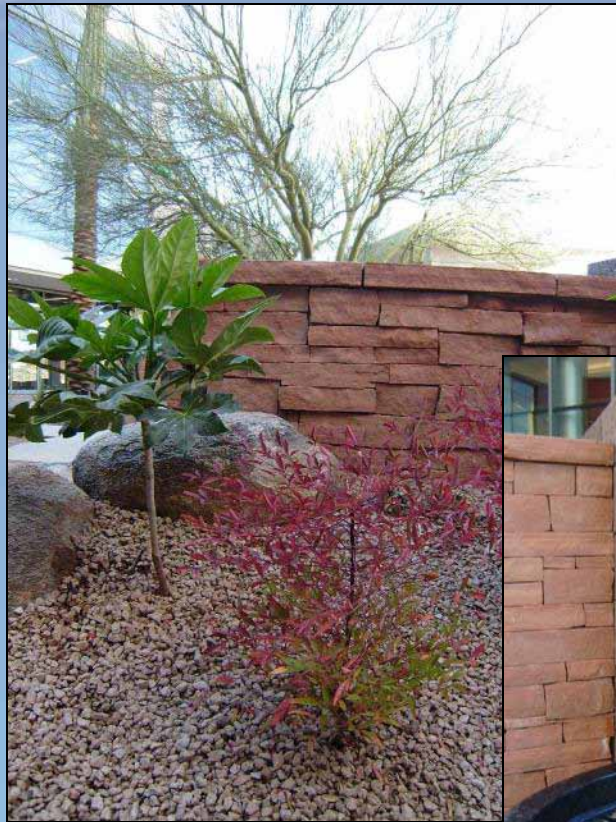
Evidence-based Design Features



- Natural light
- Reflection Garden
- Interior colors, artwork chosen for healing effects
- Separate transportation corridors for patients, visitors
- Medical imaging capabilities in ED
- Private rooms

For Our Visitors

Banner Del E. Webb Reflection Garden



- Lush garden with plants and trees native to the southwest
- Walking paths
- Bench seating
- Four relaxing fountains surround seating area

WELCOME!