



**University  
Health System**

**2019-2020 HOUSE STAFF MANUAL**  
**REVISED MARCH 25, 2019**

## **WELCOME TO UNIVERSITY HEALTH SYSTEM**

We are so happy to have you as part of our team! University Health System is a nationally recognized teaching hospital and network of outpatient healthcare centers, serving the people of Bexar County and beyond with the highest level of care and customer service. We are South Texas' first Magnet healthcare organization, and regularly recognized by U.S. News in its Best Hospitals Study. Our goal is to be the hospital of choice in our community and throughout South Texas. Our expectation is that you will bring the best of yourself to our hospital and all clinical locations every day, and understand that you are leaving a lasting impression—either good or bad—on every patient and visitor you encounter.

We have more than 20 locations to provide the right level of care in the right locations, including:

- **University Hospital (UH)**: Home to the premier Level I trauma center, and only Level 1 Pediatric Trauma Center for all of South Texas, UH cares for nearly 100,000 patients through our Emergency Department every year, and discharges about 30,000 patients a year. A dedicated Pediatric Emergency Department is located in the Sublevel of the Horizon Tower. Centers for Excellence include trauma, pediatric burns, organ transplantation, neurosciences, maternal/fetal medicine, neonatal intensive care, and heart/lung/vascular services.
- **Robert B. Green Campus (RBGC)**: A one-stop shop for ambulatory care for adults and children. The RBG Campus includes a modern clinical services pavilion with full lab, pharmacy and imaging services, as well as an ambulatory surgery center.
- **Texas Diabetes Institute (TDI)**: This three-story building is dedicated to the fight against diabetes and to saving and changing lives. Comprehensive services for diabetic patients include endocrinology, podiatry, dermatology, ophthalmology, patient education, cooking classes and a fitness center. In partnership with UT Health San Antonio, it is also home to one of the nation's premier diabetes research programs.
- **Five Family Health Centers**: University Family Health Centers North, Northwest, Southwest, Southeast and the Dr. Robert I.M. Hilliard Center offer comprehensive primary and some specialty care services. Onsite laboratory, radiology, and after-hours/weekend Express Med services are available at several locations.
- **Medical Center Pavilion**: Directly across Medical Drive from the hospital, this location offers outpatient rehabilitation, ExpressMed walk-in care, pharmacy, radiology and some specialty care services.
- **Five Preventive Health Clinics**: Naco Perrin, Kenwood, South Flores, Zarzamora, and Salinas clinics are each paired with a Family Health Center to form a medical home and give patients complete care close to home. These smaller clinics focus on

prenatal care, family planning, children's health and other primary/preventive care services.

- **Health for Women on Callaghan:** Located inside the CommuniCare Health Center building, this location provides Ob/Gyn services.
- **Two School-based Health Centers:** Harlandale ISD and Southwest ISD School-based Health Centers provide primary and preventive care to students living within the districts and their siblings ages 18 and younger.
- **Four Dialysis Centers:** Northwest, South, Southeast, and West Dialysis Centers treat patient for acute and chronic kidney failure.
- **University Medicine Associates** – Dominion Crossing – Located in the medical office building at I-10 West at Dominion Crossing, this physician office provides primary care services for the entire family.

As a member of our House Staff, you will be practicing at some of these facilities and playing a vital role in the mission of our Health System. You will find additional information about these facilities in the section entitled University Health System Facilities and Services. We are counting on you to help us provide every patient with high-quality, patient-centered care.

We welcome you and hope that this manual will help give you a basic understanding of University Health System policies and procedures. If you have specific questions about something, we ask that you talk to the chief resident of your service, your service chief, administrative personnel, or Professional Staff Services.

## **STANDARDS OF CONDUCT/SERVICE EXCELLENCE**

The University Health System must create a caring environment to fulfill its basic mission of providing quality healthcare. The House Staff establish a caring environment through teamwork and by giving complete and efficient care, while respecting the dignity and worth of all individuals.

It is expected that everyone shall express a sincere interest in helping others by exercising patience, understanding and courtesy at all times. The absence of noise in a hospital creates an atmosphere of restfulness and dignity, which is favorable to the recovery of patients and to the satisfactory performance of all the hospital's work.

The relationships in any health care facility are strictly confidential. House Staff members are required to exercise the utmost discretion in the conversations and communications regarding patients, co-workers, and University Health System business.

## **MISSION, VISION, VALUES OF THE UNIVERSITY HEALTH SYSTEM**

### **Mission**

The mission of the University Health System is to improve the good health of the community through high quality, compassionate patient care, innovation, education and discovery.

### **Vision**

We are leading the way to be one of the nation's most trusted health institution.

### **Values**

Our patient care will be:

- High quality and compassionate above all
- Attentive, kind and helpful without exception, and
- Wise in the use of resources

**George B. Hernández, Jr.**  
**President/Chief Executive Officer**

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## **SECTION I**

### **UNIVERSITY HEALTH SYSTEM FACILITIES AND SERVICES**

University Health System, is a nationally recognized academic medical center and network of outpatient health centers. The Health System is committed to delivering patient-centered, culturally competent and high-quality healthcare based on a strong foundation of outcomes-based research and innovative teaching. It is the first public health system in Texas to earn Magnet designation by the American Nurses Credentialing Center. Over the past two decades, University Health System has expanded access to primary, specialty and preventative healthcare services, and currently operates more than 20 health centers and clinics throughout Bexar County. It is in the top one percent in the nation for its information technology and electronic health records connecting all patient settings.

**Community First Health Plans**, owned by University Health System, is the region's only nonprofit HMO and insurance provider. **University Medicine Associates** is University Health System's nonprofit provider group practice.

**University Hospital (4502 Medical Drive)** is the 716-bed acute care hospital of University Health System. It serves as the primary teaching hospital for the UT Health San Antonio, and the premier Level I Trauma Center for the estimated 2 million residents of Bexar County and South Texas. In October 2016, the American College of Surgeons (ACS) verified University Hospital as South Texas' only Level I pediatric trauma center. For the past six years, University Hospital has been ranked as the best hospital in the San Antonio region by U.S. News & World Report. The 10-story Sky Tower at University Hospital opened in April 2014. The tower includes an 84-bed Emergency Department, two floors of surgical suites (35 total ORs), 429 inpatient rooms (all private, with bathrooms), and a 3,300-space parking garage.

**Robert B. Green Campus (903 W. Martin St.)** is San Antonio's largest multi-specialty clinic, staffed by more than 100 primary and specialty care physicians. The ExpressMed and PediExpress clinics on the campus provide urgent care services with extended hours. Advanced imaging and diagnostic services include MRI, CAT scan and stress tests. An outpatient surgery center allows many procedures to be performed outside the hospital, in a more convenient location for many patients.

**Texas Diabetes Institute (701 S. Zarzamora St.)** offers comprehensive services for patients with diabetes, including endocrinology, podiatry, dermatology, ophthalmology, patient education, cooking classes and a fitness center. In partnership with UT Health San Antonio, it is also home to one of the nation's premier diabetes research programs.

**Dr. Robert L.M. Hilliard Center (601 Locke St.)** offers primary care for adults and children, as well as women's health. This is the Health System's newest location. It is a beautiful facility located on our community's East Side.

**University Health System's Neighborhood Health Centers** include University Family Health Center-Southwest (2121 S.W. 36<sup>th</sup> St. at Highway 90), University Health Center-



Southeast (1055 Ada St.), University Health Center-North (302 W. Rector St.), and University Health Center Northwest (7726 Louis Pasteur Dr.).

**Four outpatient dialysis centers** are located throughout the city.

**EXPRESS MED Urgent Care Clinics** are located at:

University Health System-Pavilion:	4647 Medical Drive
Robert B. Green Campus:	903 W. Martin
University Family Health Center-North:	302 W. Rector
University Family Health Center-Southeast:	1055 Ada
University Family Health Center-Southwest:	2121 SW 36 <sup>th</sup> Street

**Preventive Health Clinics** provide primary care and preventive health services for adults and children, including prenatal care. They are critically important to the Health System's development of Medical Home Teams for our patients.

**The University Health System Pavilion (4647 Medical Drive)** is located across from University Hospital. Services include ExpressMed urgent care, pediatrics, a general surgery follow-up clinic, a skin clinic, Reeves Rehabilitation outpatient services and a pharmacy.

**The HealthyUExpress and Healthy-U-Express2 mobile health vehicles** provide mobile mammography services and family healthcare anywhere they are needed. The **Mobile Mammography Unit** travels to businesses, schools, churches and other locations across the community to provide on-site digital mammography. Results are often provided the same day. Women needing further evaluation are directed to the University Health System Breast Health Center in the Mays Cancer Center.

**University Health System School-based Health Centers** include the Harlandale School-based Health Center, on the campus of Collier Elementary School (834 W. Southcross Blvd.), and Southwest ISD School-based Health Center, in the Southwest ISD Central Office Complex (11914 Dragon Lane). These health centers provide low-cost primary and preventive health services to district students and their siblings ages 18 and younger.

**The Heart Station** in UT Medicine's Medical Arts and Research Center (MARC) provides comprehensive cardiac screening services in a convenient location.

**University Health System Ambulatory Surgery Center** at the MARC provides outpatient surgery services.

**CommuniCare Health Center (8210 Callaghan Road)** is home to Health for Women, which opened in 2012. University Health System staff and UT Medicine OB/GYN specialists provide comprehensive services for women.

**Detention Health Care Services** – In 1995, the Health System took on the responsibility of providing medical care for Bexar County adult and juvenile inmates, and Detention Health Care

Services was created. Currently, medical and psychiatric services are provided at the adult and juvenile facilities of the Bexar County Detention Center.

### **San Antonio AirLIFE**

San Antonio AirLIFE, owned and operated by the Air Methods Corporation, is Southwest Texas' premier air medical transport service dedicated to safety, rapid transport, and superior medical care of patients requiring critical care twenty-four hours a day within a 150-mile radius of San Antonio. San Antonio AirLIFE is committed to community service through activities which promote safety, illness and injury prevention, and awareness of community medical resources.

## **SECTION II COMMUNICATIONS**

### **Area Code**

The area codes for San Antonio are “210” and “726”. University Health System currently uses the “210” area code and 10-digit dialing is now required for outside calls. For purposes of this manual, all telephone numbers will use the “210” area code unless otherwise noted.

### **Incoming Calls**

Calls from the outside may reach House Staff by calling “(210) 358” + the 4-digit extension at University Hospital Rio and Horizon Towers, “(210) 743” + the 4-digit extension at University Hospital Sky Tower, “(210) 358” + the 4 digit extension at Robert B. Green Campus or “(210) 644” + the 4-digit extension for the metro clinics. Telephones in House Staff call rooms are restricted from receiving direct calls from outside to ensure occupants are not disturbed unnecessarily. However, University Health System communications operators have the capability of transferring outside calls into these rooms should the need arise.

### **Local Outside Calls**

From either University Hospital or Robert B. Green Campus, simply dial “9”, listen for a dial tone, and dial the area code and 7-digit telephone number. NOTE: Some telephones at both institutions are restricted from placing outside calls. If, after dialing “9”, there is a wavering tone, that telephone is restricted. Go to an unrestricted telephone to place the call.

### **Internal Calls**

To place calls to other extensions within University Hospital, the Robert B. Green Campus or Metro Clinics, simply dial “8” (or “3” for the Sky Tower) + the 4-digit extension.

### **Long Distance Calls**

House Staff will be issued a long-distance access code. House Staff may use the long distance access code only for clinical purposes and call history may be audited.

### **In-House Overhead Paging**

To make an overhead page at either University Hospital or Robert B. Green Campus, dial “0” to contact the University Health System paging operator.

### **Watts Line Calls**

All 1-800 numbers can be dialed without an access code. Dial “9” for an outside line and then dial 1-800 plus the 7-digit number.

### **Tie-Line Calls**

- Within University Health System (except UH Sky Tower) dial “8” + the 4-digit number
- To University Hospital Sky Tower dial “3” + the 4-digit number
- From UHS to South Texas Veterans Hospital, dial “9” + (210) 617-5300
- From UHS to UTHSA, dial “67” + the 4-digit extension or “9” + (210) 567 + 4-digit extension

### **Main Numbers for Selected Facilities (All “210” Area Code)**

- University Hospital 358-4000
- Robert B. Green Campus 358-3400
- University Family Health Center-Southwest 358-5100
- University Family Health Center-Southeast 358-5515
- University Family Health Center-North 358-0800
- University Family Health Center-Northwest 358-8820
- Texas Diabetes Institute 358-7000
- University of Texas HSC at San Antonio 567-7000
- South Texas Veterans Healthcare System 617-5300

### **Other Important Numbers (All “210” Area Code)**

- One Call Center 743-3100
- UH Emergency Department 743-0150
- Protective Services 358-4265
- Social Work – Dispatch 743-3105

For additional telephone numbers, please refer to the UHS Phone Directory located on the UHS Intranet under Resources > UHS Phone Directory.

## **SECTION III** **HOUSE STAFF PERSONNEL POLICIES AND PROCEDURES**

### **Professional Staff Services**

Professional Staff Services is located on the first floor of University Hospital (UH) in the Horizon Tower and is available to assist house staff with graduate training agreements, payroll issues, name and address changes, verifications of employment, ID badge access, computer

access, vacation/sick leave, etc. The Professional Staff Services Office serves as the primary liaison for house staff at University Hospital and maintains all house staff credentialing and UH human resources records, regardless of funding source.

### **Dress Code**

Every Health System employee and other individuals including volunteers, house staff members, contractors and medical-dental staff members, are representatives of the Health System and as such, are required to project a neat and professional image while on duty.

Each employee or other individual, including volunteers, house staff members, contractors and medical-dental staff members must wear the appropriate photo ID badge issues while on duty or on official business. Badges must be worn with name and photo clearly visible at lapel level and may not be defaced in any manner. Stickers may not be placed over the ID Badge photo or elsewhere on the ID Badge, with the exception of the annual influenza vaccine sticker (placed on the lower corner of badge).

### **Non-Negotiable Dress Code Guidelines**

As an attachment to the official policy (Corporate Policy 4.0102), University Health System has adopted the following Non-Negotiable Dress Code Guidelines:

- Personal grooming and cleanliness are absolutely essential and required due to close contact with others. All staff members will be free of body odor. Light perfume/cologne or after-shave is acceptable.
- Fingernails must be no longer than ¼ inches from tip of finger, clean and well-manicured. No artificial fingernails, wraps and fillers are permitted in direct patient care areas.
- Facial hair must be neat, clean and trimmed at all times. House Staff who have facial hair interfering with the proper fitting of respiratory masks/PPE will be required to shave unless they can provide proof of medical or religious reasons why they cannot shave. The Program Director will be asked to provide accommodation to be allowed time to obtain a CAPR mask or to be exempted from patient rooms requiring an N95 mask.
- Hair longer than shoulder length, including loose and multiple braids, need to be styled off the shoulders, pulled back and secured. Extreme hair colors and hairstyles are not acceptable.
- Tattoos must be completely covered.
- Earrings are limited to one (1) earring per earlobe; dangling/hoop earrings are not permitted while providing direct patient care. Gauges or other visible piercings (including tongue piercings) are not permitted.
- Jewelry will be conservative in style and kept to a minimum. In clinical areas, a single short necklace may be worn. Bracelets will not be worn, and no more than two rings may be worn.
- Undergarments must not be exposed or visible through clothing. T-shirts must be clean, neat and tucked in. Long sleeved t-shirts are acceptable.

- In clinical areas, House Staff should wear their issued lab coat. Hoodies/sweat jackets are not appropriate in any setting within the Health System.
- Shoes must be clean and well-kept, with a slip-resistant sole. In clinical areas, footwear must be conservative in color. Athletic style shoes, nursing shoes/clogs are acceptable. However, clogs must not have any holes on top or on sides of the shoes. In non-clinical areas, style and height of high heels or platforms should be professional and appropriate for the work setting. Women's dress boots and western boots in good repair are permitted. However flip flops, dressy or casual sandals with significant foot exposure, hiking boots, athletic shoes and novelty shoes are not appropriate in the business setting.
- The following items are not part of the University Health System look and will not be work while on duty:
  - Capris, shorts or skorts
  - Leggings, stirrup pants, sweat pants or pants made of Spandex or Lycra material
  - T-shirts/sweat shirts worn as outer wear (unless approved by the Health System on special occasions/during special events)
  - Backless, strapless, spaghetti-string tops or dresses, mini-skirts, sun dresses, halter tops or tank tops
  - Revealing clothes such as low-cut necklines, sheer, see-through material or shirts that show midriffs
  - Dark glasses/sunglasses (except for documented medical reasons)
  - Low-rise pants (including scrub pants)
  - Isolation or patient gowns worn when not in use for patient care, including PPE worn outside of procedure areas
  - Recreational attire, including sports outfits and exercise/jogging shorts (while on duty)
  - Evening attire
  - Headwear, including hats, sweatbands and bandanas (except for religious headwear or for medical reasons)
  - No denim material of any color

### **Employment Eligibility Requirements**

To be eligible for employment/privileges at University Health System, new house staff will be required to:

- Complete all On-Boarding Requirements for UHS, STVHCS and UTHSA as required.
- Provide valid proof of employment eligibility. (Non-U.S. Citizen will be required to provide a valid visa, Permanent Resident card, or UTHSA-Approved Employment Authorization Document).
- Provide proof of licensure or training permit issued by a Texas State Licensing authority.
- Provide a valid BLS and/or ACLS certification card (specialty-specific equivalent certifications are acceptable (i.e. NRP, PALS, ATLS)).
- Receive employment clearance from the UH Employee Health Clinic.

- Complete Documentation Training.
- Complete Electronic Medical Record Training
- Attend the UTHSA/UHS orientation session.
- Complete the UHS/STVHCS in-processing session.

House Staff will not be allowed to begin their training programs until all of the above requirements have been satisfied.

Failure to disclose the following may result in revocation of training privileges at University Health System:

- prior educational and/or training sanctions, dismissals, admonitions, reprimands, probation or suspensions, whether reported to the State Board of Medicine or not.
- pending misdemeanor or felony charges, or failure to report a guilty plea or conviction of a crime or offense other than a minor traffic violation.
- any medical/psychological condition that could interfere with your ability to safely perform the duties required of your training program.
- any substance abuse issues, past or present, including any ongoing treatment.

### **Employee Health Services**

House Staff are required to complete an occupational health screening as a condition of employment. The pre-employment health screening includes a baseline health history and TB screening. It will also include a review of immunizations such as hepatitis B, varicella, MMR, and Tdap. A color blind test and N95 mask fit test is mandatory. House Staff must be clean-shaven for the N95 mask fit test. House Staff may not begin their training program until Employee Health has provided a clearance to Professional Staff Services.

Annually thereafter, the House Staff are required to have a TB screening and be fit tested with the N95 mask. The State of Texas now requires mandatory seasonal influenza vaccinations for all healthcare workers. As a result, University Health System requires that all House Staff receive an influenza vaccination, as well as an MMR, Varicella, Tdap and Hepatitis B vaccinations and titers as a condition of employment. Failure to provide proof of influenza vaccine or failure to obtain an annual health screening through UHS Employee Health can affect your continued privileges at University Health System. For questions regarding the annual screening, or to schedule an appointment, call 210-358-2277 or email [employee.health@uhs-sa.com](mailto:employee.health@uhs-sa.com).

### **Graduate Medical Education Agreement**

Graduate Medical Education Agreements are issued for a period of one year unless otherwise specified by the department. Exceptions to this practice must be submitted by the training department in the form of a written request to the University Health System Professional Staff Services office. When a House Staff terminates the Graduate Medical Education Agreement

prior to its expiration date, a copy of his/her letter of resignation or termination notice by the respective program director must be submitted to Professional Staff Services.

As specified in the Graduate Medical Education Agreement, House Staff must become familiar with and abide by (a) the House Staff Manual; (b) the Bylaws of the Medical-Dental Staff; and (c) the policies, rules and regulations of University Health System and UT Health San Antonio. These documents are located on the Graduate Medical Education website at [www.UTHSCSA.edu/gme](http://www.UTHSCSA.edu/gme) as well as the University Health System Intranet page under Services > Professional Staff Services.

### **Pay Policy**

House Staff funded by the University Health System will be paid on a bi-weekly basis. Payday is every other Friday and includes all earnings through the previous Sunday. There are **26** pay periods per calendar year. The University Health System distributes pay through the following options:

- **Direct Deposit:** The house staff designates a bank, savings and loan institution, or credit union of his/her choice where his/her pay will be deposited. House Staff have the option of splitting their paycheck between one or more accounts.
- **Paycheck:** The house staff elects to receive a paycheck to be available at the University Hospital cashier's window on payday (every other Friday) upon showing his/her photo identification card.

The current payroll calendar can be viewed on the University Health System intranet page under *Resources > Calendars and Schedules.*

### **Accessing Payroll Information**

Upon successful completion of all onboarding requirements, in-processing and employee health clearance, house staff will be issued an Employee ID number by the UHS Human Resources Department. House Staff will utilize this number as a user ID to access their payroll information on the Employee Self Service system located on the UHS Intranet page under *Quick Links.* The default password is your assigned Employee ID number plus the last four numbers of your social security number. To obtain your Employee ID number, please contact Professional Staff Services at (210) 358-0163/0062.

### **Licensure/Training Permits**

All House Staff under a Graduate Medical Education Agreement must obtain a training permit or license issued by a Texas State Licensing authority. A training permit is issued for training in Texas only and cannot be used outside the scope of training requirements. Training permits are specialty-specific and a new permit must be obtained if a house staff changes to another training specialty.

If a house staff obtains a full Texas Medical, Dental or Podiatric License, they must notify University Hospital Professional Staff Services immediately of the license issuance. The training permit will automatically be terminated by the Texas Medical Board upon receipt of a license. In addition, the house staff receiving a full license must apply for a Federal DEA Certificate (see “Controlled Substance Certificates”)

### **Controlled Substance Certificates**

Each House Staff under a Texas training permit will be issued a unique individual suffix number under University Health System’s DEA Certificate. This number must be included on the DEA line on all UHS prescriptions. The suffix is only valid for prescriptions written at UHS facilities. House Staff rotating to other facilities will need to obtain a separate number from the rotation site.

If a House Staff receives a full Texas Medical, Dental, or Podiatric License, they will be required to obtain their own Federal DEA Controlled Substance Certificate within 45 calendar days of license issue date. After 45 days, the assigned institutional suffix number will become null and void and prescriptive authority will be suspended until the certificate has been received. If a House Staff does not plan to moonlight or to use the DEA certificate at non-UHS facilities, they may complete the Exemption From Application Fee portion of the DEA application. The application is located at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov). Please contact Professional Staff Services at (210) 358-0062 for certifying official information.

### **Basic and Advanced Life Support Certification**

All house staff are required to maintain a minimum of Basic Life Support (BLS) Certification. Specialty-specific certification such as NRP or PALS for Pediatrics may also be acceptable depending on specialty. Each UTHSA Department will determine their Life Support certification requirements (BLS, ACLS or both) and house staff are expected to maintain these required certifications at all times. UHS grants a 30-day grace period from certificate expiration to provide an updated renewal certificate to Professional Staff Services. Failure to provide renewal certification by the end of the grace period will result in suspension of the house staff’s privileges at UHS. House Staff should schedule a renewal course well in advance of expiration to ensure compliance.

House Staff can view available courses on the UHS Intranet page under Resources > Calendars and Schedules > Center for Learning Excellence Calendars. To register for a course, please contact the Center for Learning Excellence at (210) 743-6300.

### **Military and Elective Rotators**

In accordance with University Health System policy on unauthorized personnel, any physician on University Health System premises must be a member of the Medical-Dental Staff (House Staff inclusive) or a student with properly documented and approved assignment by UTHSA.

Military and elective rotators must receive clearance from the UTHSA Graduate Medical Education office prior to each rotation before being allowed to rotate at University Health



System. The rotator must properly register through the Professional Staff Services office prior to reporting for service at the beginning of each scheduled rotation in order to complete the administrative processing. At this processing, the rotator must present:

- A valid Physician-In-Training Permit or Texas Medical License
- A current BLS and/or ACLS card
- Immunization Records to include:
  - A PPD reading within one year of current rotation. If positive, then;
  - A negative chest X-ray if PPD is positive (must be dated after positive PPD and within 2 years of rotation start date)
  - Proof of Hepatitis B series and proof of titer
  - Proof of current Influenza vaccine (if rotating between November 1 and April 1)
  - Professional Liability documentation (if elective rotator)
- Rotators will be required to bring their vehicle registration or title and proof of liability insurance in order to receive parking privileges at University Health System.

### **Due Process Procedure**

Please refer to the following GME Policies:

- GME Policies  
<http://www.UTHSA.edu/gme/gmepolicies.asp>
- GME Policy 2.1.10, Resident Grievance and Appeal Procedure  
[http://UTHSA.edu/gme/documents/2.10ResidentDueProcessPolicy-2016-06\\_001.pdf](http://UTHSA.edu/gme/documents/2.10ResidentDueProcessPolicy-2016-06_001.pdf)

### **Counseling Services**

#### **Substance and Chemical Abuse Counseling**

The Physician Health and Rehabilitation (PH&R) Committee of Bexar County Medical Society (BCMS) serves all House Staff. Its mission is to assist participants (including house staff) who have Substance Use Disorders and/or Depression to seek the help they need, and to monitor them appropriately to ensure they are safe to practice medicine. PH&R is a confidential advocacy group of physicians that identify and facilitate recovery success of other physicians with Substance Use Disorders (alcohol and/or drugs) and depression through support and monitoring, using a series of meetings, discussions, and other activities. The BCMS PH&R Committee will provide responsible advocacy to designated medical boards, hospital PH&R committees, credentialing authorities, and others at the request of the participants who maintain compliance within the program. See the BCMS.org website (Physician Rehabilitation tab) for more information.

#### **Sexual Harassment and Exploitation Counseling**

Please refer to GME Policy 7.5, Harassment

<http://www.UTHSA.edu/gme/policies/7.5%20%20Harassment.pdf>

## **Consensual Relationships**

Please refer to GME Policy 7.7, Consensual Relationships

[http://UTHSA.edu/gme/documents/2.10ResidentDueProcessPolicy-2016-06\\_001.pdf](http://UTHSA.edu/gme/documents/2.10ResidentDueProcessPolicy-2016-06_001.pdf)

## **Employee Assistance Program**

The Employee Assistance Program (EAP) is a completely free and confidential counseling and support service for Health System employees and their families. EAP counselors will provide counseling at no cost to regular full-time and regular part-time employees, and their spouse and children living at home. Each family member is entitled to eight sessions per issue, per year for marital, family, behavioral, substance abuse, grief, depression and other forms of counseling support. For further details, call 866-EAP-2400 or go to [www.dearokseap.com](http://www.dearokseap.com), User ID and Password: uhsys

## **House Staff Recognition Program**

University Health System is committed to recognizing and rewarding House Staff who exhibit outstanding performance and service excellence. Positive attitude, professional competence, and ability to build productive working relationships are vitally important to our patients and the success of our health care mission. University Health System desires House Staff to have an environment where they are treated as contributing, important members of the team.

## **E-Thanks and E-Buttons**

House Staff may receive on-the-spot recognition from management for daily successes. E-Thanks recognition will allow the recognized House Staff to be eligible for a quarterly drawing for a \$50 gift certificate. A brief electronic recognition module is available on the employee recognition website available on the University Health System Intranet page under *Quick Links/Employee Benefits*

## **Above and Beyond Recognition**

The “Above and Beyond” recognition program allows managers and staff members to recognize House Staff that represent above and beyond behaviors in support of University Health System values. A short electronic nomination form can be easily completed on the employee recognition website. Recognized House Staff receives an access code redeemable for one of numerous awards on the employee recognition website.

## **Physician of the Quarter Recognition**

Physician of the Quarter recognition has been a long-standing tradition at University Health System. Winners are honored at the Board of Managers’ meetings with a plaque and gift.

Additionally, winners in each category receive an access code redeemable for one of numerous awards on the employee recognition website.

### **Physician of the Year Recognition**

Physician of the Year recognition distinguishes University Health System's top performers. Physician of the Quarter winners are candidates for the Physician of the Year selection and recognition. We honor the Physicians of the Year winners at the annual Staff Recognition Awards banquet with a crystal plaque and cash award.

### **Gym Memberships**

The University Health System's Wellness Committee's goal is to improve the health and quality of life for House Staff and their families. University Health System offers a discounted gym membership at Gold's Gym locations with access to San Antonio and surrounding area locations dependent on level of membership requested. Some Gold's Gym memberships offer a nursery at no additional charge and several locations operate 24 hours per day. House Staff may register for Gold's Gym through the Employee Health Clinic located on the 3<sup>rd</sup> Floor of University Hospital or at the facility using their UHS ID badge to receive the discount rate. For additional details, amenities, hours and locations, refer to the Gym Membership page on the UHS Intranet under *Staff Resources > Employee Health & Wellness*, or the Employee Health Clinic at 210-358-2277.

### **Resident Meal Credits**

House Staff in eligible departments are provided with meal credits for primary night calls. The number of credits provided are dependent on the type of call and the number of hours on call. Your program coordinator will provide Professional Staff Services with the request for meal credits on a monthly basis (or 4-week basis for departments on 4-week block schedules).

The house staff meal program is now administered through the QuickCharge employee payroll deduction system and therefore requires that the house staff have a UHS ID badge with a bar code on the back to access credits. The bar code will be scanned by the cashier when the badge is submitted for payment of meals. Funded house staff that do not have meal credits may also use their ID Badge to pay for meals and have the funds automatically deducted from their paycheck (up to \$150.00 per pay period). House Staff should be aware that payment for meals will ALWAYS be deducted from meal credits first. To opt-out of payroll deduction, the house staff must complete an Opt-Out Form through Professional Staff Services.

Meal credits can be used for food purchases at the following locations: University Hospital Cafeteria, University Hospital Gift Shop Bistro and Starbucks, Robert B. Green Cafeteria, and UCCH (TDI) Cafeteria. Meal credits will carry over until the end of the academic year on June 30. On July 1, any unused credits will be forfeited.

If for any reason a transaction is declined, and you feel you should have credits available, please request a copy of the decline receipt from the cashier and contact Professional Staff Services immediately at (210) 358-0163.

### **After Hours Meal Program**

The after-hours meal program was implemented for on-call House Staff in order to supplement the need to provide food during the cafeteria closure period. Each night, a number of meal items including sandwiches, fruit, snacks and water are brought to the 3<sup>rd</sup> Floor Sky Tower House Staff Lounge at 11:00 p.m. The hospital's cafeteria remains open until 1:00 a.m. and re-opens at 6:00 a.m., Monday-Friday, and is open from 6:00 a.m. until midnight on weekends. Only House Staff scheduled for on-call should partake in the after-hours meal program and should take no more than is needed for personal consumption. House Staff are prohibited from removing food items from the House Staff lounge in order to feed non-house staff personnel. Any deterrence may jeopardize the program.

### **Pagers**

House Staff funded through University Health System will be issued an alpha-numeric pager during in-processing at no cost to the house staff or UTHSA department. House Staff funded through other sources (i.e. military, direct UT paid) may be issued an alpha-numeric pager upon receipt of a memo from the UTHSA department agreeing to be billed for the cost of the pager. If a house staff member loses his/her pager, the house staff will be responsible for the cost of a replacement pager (currently \$69.00). Broken pagers can be taken to the Patient Placement Center on the sublevel of UH (C elevators) for replacement.

### **Lab Coats**

House Staff will initially be furnished with three (3) white lab coats at no cost. It is the house staff's responsibility to maintain the coats in good condition. University Health System does not launder lab coats, nor will they provide embroidery services. Renewing house staff may request one (1) replacement lab coat at no cost each academic year. A replacement coat is not guaranteed and is based on availability.

### **ScrubStation Access**

#### **Scrub Station Locations**

Effective March 25, University Health System will revert to a new scrub vendor, Cintas. There will be eight (8) scrub machines locations throughout the system: Robert B. Green Campus, MARC, labor and delivery, cath lab, 11<sup>th</sup> floor Horizon Tower O.R.s, sterile processing department and the 2<sup>nd</sup> and 3<sup>rd</sup> floor Sky Tower ORs. Authorized physicians/residents will receive access to three (3) scrub sets which will be accessible by scanning their University Health System identification badge. The new authorized scrub color for physicians will be gray. The green scrubs will cease to be approved attire.

## Authorized Users

The following departments/specialties are authorized users of the scrub machines within University Health System:

Anesthesiology	Otolaryngology – H&N
Family & Community Medicine	Pathology
Cardiovascular Disease	Pediatrics
Gastroenterology	Plastic & Reconstructive Surgery
General Surgery	Podiatric Medicine
Internal Medicine	Pulmonary Disease
Neurosurgery	Rehabilitation Medicine (PL-I and II)
Obstetrics & Gynecology	Surgical Critical Care
Ophthalmology	Cardiothoracic Surgery
Oral and Maxillofacial Surgery	Urology
Orthopaedics	

## Process for Authorized Users

- Authorized users will access the scrub machines by swiping their UHS ID badge.
- Permanent authorized users will have three (3) sets of scrub apparel available from the dispensing system, although it is recommended that only one set be removed at a time. House Staff will now be able to mix/match the top and bottom sizes.
- To receive proper credit for all returns, both top and bottom must be returned to the scrub machine return bin.
- Access will only be granted during active training dates as outlined within the Graduate Medical Education Agreement. At the completion of training, each authorized user is required to return all scrub apparel and receive clearance from Laundry Services. House Staff must reimburse University Health System for the cost of missing scrub apparel. It is the house staff's responsibility to ensure all credited sets have been returned to the machine or to provide proof of payment for missing scrubs before going to Laundry Services for clearance.
- For infection control purposes, scrub apparel should only be worn while on duty at UHS and should be removed and returned to the scrub machine prior to leaving the facility.

## Violations of Scrub Machine Policy

The following actions may result in the loss of scrub machine privileges and will be reported to Professional Staff Services for follow-up. **Always remember there is a camera watching every time you withdraw or return scrubs!**

- Attempting to return items other than UHS issued scrub tops/bottoms for credit. Only the gray UHS issued scrubs are to be returned to the system.
- Attempting to remove and return multiple sets of clean scrubs within a short period of time. This depletes the supply of scrubs for other users and results in the clean scrubs having to be sent out to be re-cleaned.

- Attempting to “cheat” the scrub machine by “draping” across both return slots or placing non-scrub items in bin to attempt to receive credit

**THE CAMERA WILL CATCH YOU IF YOU VIOLATE SCRUB POLICY AND YOU WILL BE REPORTED TO YOUR PROGRAM DIRECTOR FOR DISCIPLINARY ACTION!!**

### **Safe Ride Home**

As part of the House Staff Wellness initiative, University Health System set up a Safe Ride Home system, whereby house staff who feel they are too tired to safely drive home, can choose to obtain a taxi voucher to take them home and another to return to the hospital the next day or use a ride share service. The process is outlined as follows:

#### **For Taxi Vouchers:**

- House Staff acknowledges he/she is too tired to safely drive home
- House Staff calls UHS Operator at (210) 358-4000 to be transferred to Protective Services, or House Staff calls Protective Services Dispatch at (210) 358-2465 to request a Taxi Voucher.
- Protective Services Dispatch will send an officer to meet the House Staff and provide up to two (2) Vouchers, one voucher to be taken home and the second voucher to return to the Health System.
- House Staff will be required to provide their 5-digit provider identification number or their social security number for tracking and accountability purposes, and must sign the receipt acknowledging that they were provided with the Vouchers.

#### **For Ride Share:**

- House Staff acknowledges he/she is too tired to safely drive home
- House Staff arranges safe ride home and back to the Health System
- House Staff submits receipt(s) to University Health System, Professional Staff Services Office for review and approval no later than 45 days after the Rideshare option was exercised.
  - University Health System will not cover tips associated with the ride share option

### **Employment Verification**

In an effort to provide an efficient and standardized process for our employees, University Health System utilizes a secure electronic employment verification system through GroupOne Services. This system is utilized to complete pre-employment and employment verifications such as work history and earnings in accordance with University Health System policies and procedures.

GroupOne’s Employment Verification System is a pay-per-use system for third-party requestors. Upon request, the verifier will be notified about the new access methods of acquiring employment verification information. There is no charge for employees to obtain their own employment verification. Employees will need to call GroupOne Services at (469) 648-5099 or

(800) 683-0255, Ext. 5099, option 2 (Client Support) to obtain a personal verification. Employment verification requests are completed as follows:

- **Level I – To confirm current or previous employment**
- **Level II – To confirm employment and salary information.**

Information will only be provided if authorized by the employee. To gain Level II information that also includes an employee's current and historical salary information, the acquiring agency or individual must supply both the PIN number provided by the employee and the employee's Social Security Number. Instructions on how to create a Personal Identification Number (PIN) can be found on the UHS Intranet page under *Quick Links/Employee Benefits/Employment Verifications.*

### **Training Verification**

Requests for verification of training at University Health System can be obtained through the UHS Professional Staff Services Office. Please note that University Health System will only verify the dates of training and the programs in which the training was conducted. For more extensive information, the request must be submitted to the individual training program(s) at UT Health San Antonio (UTHSA). Requests for verification through Professional Staff Services can be faxed to (210) 358-4775 Attn: House Staff Services.

### **Completion-of-Training Clearance Procedures**

Upon termination/completion of training, all House Staff, regardless of funding source, are required to officially clear through the University Health System Professional Staff Services office. An official GME Clearance Form must be submitted with authorized signatures. A final paycheck will not be issued until all clearance items have been completed and a training certificate will not be issued. House Staff changing to Medical-Dental Staff status are also required to clear as a House Staff. House Staff changing specialties within UTHSA will not complete this form.

When a House Staff is terminating or clearing earlier than the last day of his/her Graduate Medical Education Agreement, a memorandum must be submitted to Professional Staff Services by the respective program director. The memorandum should specify why the House Staff is terminating or leaving early. House Staff leaving early cannot be granted pay if he/she does not have unused vacation leave. Accrued sick leave cannot be utilized to leave a program early.

## **SECTION IV** **HOUSE STAFF BENEFITS**

### **Benefits Program**

House Staff funded by University Health System are provided basic term life, accidental death, and short- and long-term disability at no cost. Eligible House Staff and their immediate

families have the choice of one medical plan, two dental plans, one vision plan, dependent life insurance, flexible spending accounts, supplemental disability insurance and 457 and 403(b) retirement plans. Please refer to the current House Staff Benefits Guide for further details on each of these benefits.

### **Open Enrollment and Qualifying Events**

The benefits program for House Staff is covered from January 1 through December 31 of each year. Open enrollment is held in October of each year and provides House Staff the opportunity to make any changes to their benefit plans effective January 1 of the following plan year.

Requests for benefit plan changes, resulting from a qualifying event, must be submitted on a benefit change form to the University Health System Human Resources department within 31 days of the event. Proof of the qualified event must also be received within 31 days of the event. Examples of qualified events are: family status change, such as marriage, divorce, death of a spouse or dependent, birth or adoption of a child, change in job status or termination of employment.

After the 31<sup>st</sup> day, changes will no longer be accepted. For additional details regarding mid-year changes, reference the current House Staff Benefits Guide Book or contact Human Resources.

### **Medical Plans**

University Health System offers one comprehensive medical plan. The University Family Care Plan allows House Staff the option and flexibility to receive care from two networks of providers without being subjected to pre-existing conditions. The two networks are the University Health System Family network (HMO) and the First Health network (Expanded Network). As part of the University Health System Family Care Plan, employees have access to annual eye exams through CFHP's affiliation with Envolve for a \$10 co-payment. The plan provides allowance for eyeglass frames or contacts and lenses. Please visit their website at <https://visionbenefits.envolvehealth.com/cfhp/> for a list of network providers.

### **Dental Plans**

Dental coverage is available through Guardian Dental (HMO) or Guardian Dental (PPO) for House Staff and eligible dependents.

### **Vision Plan**

University Health System offers a comprehensive vision plan through EyeMed Vision Care. The vision plan helps cover the cost of eye exams, eyeglass frames, and eyeglass or contact lenses. Additionally, if you are enrolled in the Medical Plan, a vision benefit is available to you and your enrolled dependents at no additional cost.



### **Flexible Spending Accounts**

A flexible spending account allows House Staff to set aside pre-tax dollars for out-of-pocket medical, dental, prescription and vision expenses. While medical, dental and vision plan benefits usually cover a large part of healthcare expenses, a flexible spending account is useful for planned expenses that are paid for out-of-pocket. Two flexible spending accounts are offered:

- Health Care Spending Account: exists to help pay for healthcare expenses that are medically necessary, non-cosmetic in nature for you and your eligible dependents and are not fully covered under medical, dental or vision insurance.
- Dependent Care Spending Account: exists to pay for certain dependent care expenses for your children under age 13 or adult family members who are disabled and depend on you for support.

### **Life and AD&D Insurance**

Group term life insurance in the amount of \$25,000 (subject to applicable age reductions for eligible employees) is provided at no cost by University Health System for all funded house staff. Dependent life insurance is also available to purchase for your spouse and/or children for a low monthly premium.

### **Short and Long Term Disability Insurance**

Short and long term disability insurance is provided to each eligible House Staff at no charge. Disability insurance is provided for non-work related injuries or illness. Short-term disability coverage will provide you with 70% of your weekly salary after a 15-day waiting period. After 90 days of illness or injury, the long-term disability benefit becomes effective. Long-term disability is provided to you at a coverage level of \$2,000 per month.

### **Supplemental Disability Insurance**

University Health System offers all eligible full-time and part-time (20 hours or more) House Staff the opportunity to purchase supplemental disability insurance. Residents are eligible to purchase a minimum of \$2,500 up to \$5,000 of monthly benefit.

### **457 Deferred Compensation Plan**

The deferred compensation plan provides a way for employees and House Staff to build their retirement savings on a pre-tax basis through payroll deduction. House Staff may begin deferring compensation into their accounts at any time and may defer as much as they wish, up to current annual limits established by law.

### **403(b) Savings Plan**

In addition to the 457(b) Deferred Compensation Plan, University Health System offers employees and House Staff a voluntary supplemental method of saving additional pre-tax dollars for retirement through a 403(b) Savings Plan. House Staff may begin deferring compensation into their accounts at any time and may defer as much as they wish, up to current annual limits established by law.

### **Professional Liability Coverage**

The University of Texas System provides each House Staff with professional medical liability self-insurance coverage in the following amounts: \$100,000 per claim; \$300,000 aggregate per participant. Coverage extends to all duly authorized off-campus assignments. Moonlighting is specifically excluded. Each House Staff is covered on the effective date of appointment and will receive a certificate of insurance from their respective program. Coverage is renewed at the beginning of each fiscal year and expires at termination of appointment. House Staff, upon becoming aware of an actual or alleged claim, must advise their program director.

## **SECTION V** **HOUSE STAFF LEAVE POLICIES**

### **Approved Leave**

Approved leave includes the following categories: vacation, sick, specialty meetings and seminars (including paper/publication presentations), jury duty, military reserves, board and licensure exams, standard and elective away rotations outside of San Antonio, and funeral leave. All scheduled leave must be approved by the Program Director and Professional Staff Services.

#### **Vacation Leave**

Fifteen (15) vacation days with pay are granted each contract year and must be approved by the Program Director. Vacation request forms must be submitted to the University Health System Professional Staff Services office thirty (30) days prior to the requested vacation leave. If a holiday falls within your leave time, it must be counted towards your vacation leave. All vacation leave must be taken within the current contract year. If a contract extension is required, the house staff will not be able to accrue additional vacation days until the extension has been completed. Unused vacation benefits cannot be carried over into the following contract year and will not be paid upon termination.

#### **Sick Leave**

Ten (10) sick days with pay are granted each contract year. Sick leave pay shall be granted only in cases of actual illness. Sick leave must be cleared with the program director and

Professional Staff Services must be notified via the leave form when the house staff is on sick leave.

Unused days of sick leave may be carried over into the following academic year upon the written request of the UTHSA program director. The carry-over request must be submitted to Professional Staff Services by the day prior to the beginning of the house staff's new contract year. Late requests will not be accepted. If a contract extension is required, the house staff will be not able to accrue additional sick days until the extension has been completed.

House Staff cannot utilize sick leave days to depart early from their program and will not be paid for unused sick days.

### **Holiday Leave**

University Health System does not recognize "holiday" leave for house staff. House Staff who request leave during weeks with holidays (i.e., Thanksgiving, Christmas, etc.) must utilize their vacation days. They do not automatically receive extra days off. UTHSA holiday schedules will not be taken into consideration when determining leave approval.

### **Leave of Absence (LOA)**

Under this definition, leave of absence (LOA) is unpaid leave generally requested when a house staff exhausts all other accrued leave. University Health System Professional Staff Services must be notified, in writing, of any house staff who will be utilizing LOA without pay. LOA requests will be forwarded to UHS Human Resources for additional follow-up and review, and may require submission of additional documentation. The written notification of LOA must be accompanied by a departmental memo of explanation signed by the program director and submitted by the program coordinator. The type of LOA (personal, illness, hospitalization/scheduled surgery, etc.) must be specified.

### **Maternity/Paternity Leave**

Requests for maternity/paternity leave must be submitted to Professional Staff Services as soon as the House Staff begins the leave. Requests must be accompanied by a memo from the UTHSA program director and must include the leave start date, the expected date of return, and a breakdown of the type of leave to be utilized (i.e., vacation, sick, LOA). The memo must include the number of days allowed for each type of leave. House Staff will be placed on FMLA status (if eligible) or Medical Leave on the first day of their maternity/paternity leave and will be expected to utilize available sick and vacation leave in conjunction with FMLA/Medical Leave coverage.

Once all leave has been exhausted, the house staff will be placed on unpaid leave until they have been cleared to return to work. While on maternity/paternity leave, house staff are not eligible to use "No Call" status or any other "free" day including holiday leave. A return to work clearance must be provided to Human Resource Benefits prior to being allowed to return to duty.

## **Family Medical Leave Act (FMLA)**

House Staff may be eligible for family leave provisions as outlined in the University Health System's **Family Leave Policy 4.0202** located on the UHS Intranet page under Corporate Policies.

The US Department of Labor Family Medical Leave Act (FMLA) provides up to twelve weeks of unpaid job protected leave to eligible House Staff for certain family and medical reasons. Federal eligibility requirements state that an employee must have worked for an employer for at least 12 months and worked at least 1,250 hours during the previous 12 months. The FMLA provides leave to care for:

- the birth of a child and to care for a new-born child within one year of birth;
- the placement of the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
- to care for the employee's spouse, child, or parent who has a serious health condition;
- a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty"; or c
- twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

House Staff are expected to utilize available vacation/sick leave in conjunction with FMLA coverage. Once leave has been exhausted, the House Staff will be placed on Leave of Absence without pay.

House Staff may not return to work until they have reported to UHS Human Resources, provided a physician's return to work clearance and received approve to return to duty.

## **Medical Leave**

Eligible House Staff may take 30 calendar days of continuous leave during the first twelve months of employment because of his/her own serious health condition.

The Certification of Healthcare Provider form must be provided to Human Resources within 15 days.

House Staff are expected to utilize available vacation/sick leave in conjunction with Medical Leave. Once vacation/sick leave has been exhausted, the House Staff will remain on Leave without pay.

House Staff may not return to work until they have provided a physician's clearance form to Human Resources and have received Human Resources approval to return to duty.

## **House Staff Time Donation Program**

This program provides an opportunity to House Staff for the donation of time to other House Staff members in instances of catastrophic illness or injury, who have exhausted all accrued Vacation and Sick Leave.

House Staff are eligible to donate up to two sick days per academic year upon completion of all Health System requirements and entering into an active training agreement. Donated time will expire when a house staff member completes his employment at UHS, unless the contributed time has already been utilized.

To receive and utilize Donated Time, a house staff member must be out of work for thirty (30) days due to a catastrophic illness/injury or catastrophic illness/injury of a spouse, parent, son or daughter, and must be approved for FMLA coverage.

House Staff may not utilize the Donated Time Program for general maternity/paternity leave nor can it be utilized for worker's compensation related catastrophic illness or injury.

The Donated Time Policy, as well as the Voluntary Donation Form and Application Form can be found on the UTHSA GME website at [www.uthscsa.edu/GME](http://www.uthscsa.edu/GME) > Policies > Hospital Specific Policies > University Health System and also on the University Health System Intranet page under Services > Professional Staff Services > Graduate Medical Education.

## **Seminars/Meetings**

A House Staff Leave Request Form for attending seminars/meetings must be approved by the program director and submitted to Professional Staff Services thirty (30) days in advance of the seminar/meeting. The leave form must include the type and location of the meeting. Leave for Seminars/Meetings will not be deducted from the House Staff's vacation/sick leave accrual unless specifically requested by the department's program director.

## **Authorized Rotations**

A University Health System House Staff leave form must be submitted by the UTHSA program to Professional Staff Services for any House Staff scheduled to complete an official rotation at a facility outside of San Antonio. Leave forms must include the name and address of the rotating facility. Request must be received thirty (30) days prior to the beginning of the rotation. Authorized Rotation time will not be deducted from the House Staff's vacation/sick leave accrual. If a house staff rotates to a facility outside of the State of Texas, they will not be covered under UHS Worker's Compensation nor will their UHS medical benefits cover them (unless it is an emergent situation).

## **Other Leave**

Other Leave includes leave not included in the previous leave sections. This includes leave for licensure exams, board exam, jury duty, military reserve duty, etc. The House Staff Leave

Form must be approved by the program director and submitted to Professional Staff Services thirty (30) days prior to leave. A jury summons must be attached to a request for jury duty leave. A copy of the military orders must be attached to military reserve leave requests. Leave specified as “other” will not be deducted from the House Staff’s vacation and sick leave accrual. Please note: “Other Leave” cannot be utilized for training or post-training job interviews. House Staff wanting to interview for positions at other institutions must utilize their available vacation leave time.

## **SECTION VI HEALTH INFORMATION MANAGEMENT (MEDICAL RECORDS)**

### **Record Content and Completion Requirements**

All medical record access requests will be processed and approved through the Data Security Department using the Information Access Request Form.

Documentation in the medical record of daily rounding is the responsibility of the primary faculty provider. The primary provider is responsible for ensuring appropriate documentation, which must maintain a complete, current, dated, timed, and legible medical record on each patient in attendance.

Each medical record must reflect daily documented assessments, consistent with Health System Medical-Dental Staff Bylaws. Each outpatient medical record must reflect a complete medical record within 72 hours of the patient encounter. When documenting on paper records, only black or blue ink will be used to annotate medical record entries. Only authorized individuals can make entries in the medical record.

### **Outpatient/Ambulatory Medical Records**

All outpatient/ambulatory medical records will be completed at or near the time of patient encounter and will contain the following information:

- The reason(s) for care, treatment, and services
- Dismissal orders specifying attending physician’s name and service
- Psychosocial needs, as appropriate to the age of the patient
- Dated and timed entries
- For emergent or immediate care, documentation must include:
  - Time and means of arrival
  - Indication of when patient left against medical advice (AMA), if applicable
  - Conclusions at termination of treatment, including final disposition, condition at discharge, and instructions for follow-up care
- All patient’s diagnoses, diagnostic impression(s), observations, or conclusions
- Any allergies to food, medications and drug interactions
- Any consultation reports
- Any observations relevant to care, treatment and services
- The patient’s response to care, treatment and services

- Any emergency care, treatment and services provided to the patient before his or her arrival
- All orders
- All medications ordered, prescribed, or dispensed
- Any medications administered, including the strength, dose, and route
- Any access site for medication, administration devices used, and rate of administration
- Treatment goals, plan of care, and revisions to the plan of care
- Results of diagnostic and therapeutic tests and procedures
- Discharge plan and discharge planning evaluation
- Any informed consent, when required by Health System policy
- Any records of communication with the patient, such as telephone calls or emails
- Any patient-generated information

### **Continuing Ambulatory/Outpatient Services**

A problem summary list is initiated for the patient by his or her third visit. The patient's problem summary list contains the following information:

- Established medical diagnoses and conditions (i.e. chronic, acute or temporary diagnoses)
- Operative and invasive procedures
- Adverse or allergic drug reactions
- Current medications, over-the-counter medications, and herbal preparations

The patient's problem summary list is updated whenever there is a change in diagnoses, medications, or allergies to medications, and whenever a procedure is performed. The problem summary list is readily available to practitioners who need access to the information of patients who receive continuing ambulatory care services in order to provide care, treatment, and services.

### **Inpatient Records**

All inpatient records will be completed within 28 days post-discharge and will contain the following health information as appropriate:

- Admitting orders specifying attending physician's name and service
- Reason for admission for care, treatment, services
- Dated and timed entries
- Discharge orders specifying attending physician's name and service
- Identification data and next of kin
- Medical history of the patient:
  - Chief complaint
  - Details of the present illness, including assessment of the patient's emotional, behavioral, and social status when appropriate
  - Relevant past, social, and family histories appropriate to the age of the patient
  - An inventory by body systems, as appropriate

- All patient’s diagnoses, diagnostic impression(s), observations, conclusions or condition(s), including initial and discharge diagnosis
- Any allergies to food, medications and drug interactions
- Any consultation reports
- Any observations relevant to care, treatment, and services
- The patient’s response to care, treatment, and services
- Any emergency care, treatment, and services provided to the patient before his or her arrival
- Any findings of assessments and reassessments
- Progress notes
- Adverse drug reactions
- All orders
- All medications ordered, prescribed and dispensed
- Any medications administered, including the strength, dose, and rate of administration
- Treatment goals, plan of care, and revisions to the plan of care
- Results of diagnostic and therapeutic tests and procedures
- Any access site for medication, administration devices used, and rate of administration
- Discharge plan and discharge planning evaluation

### **Demographic Information**

All medical records will contain the following demographic information:

- The patient’s name, address, date of birth, and the name of any legally authorized representative
- When applicable, the patient’s gender will include a two-step identifier: “birth gender” and “self-identified gender”
- The legal status of any patient receiving behavioral health care services (for example, the person responsible for making decisions on behalf of the patient)
- The patient’s preferred language and communication needs

### **Medical History and Physical Examination (Inpatient/Outpatient/Ambulatory)**

The report of the history and physical examination (H&P) includes the following requirements:

- In the ambulatory or outpatient setting, a pertinent H&P is reflected based on presenting complaint/requested service
- In the inpatient setting, including readmission cases and in the outpatient setting involving surgery or procedures, the pertinent H&P must be completed and documented for each patient no more than 30 days prior to admission or registration, or within the first 24 hours after admission or registration, but in all cases prior to surgery or a procedure requiring anesthesia, moderate or conscious sedation. At minimum, the physical examination must include an assessment of the heart, lungs and mental status. If the H&P is conducted within 30 days before admission or registration, an update must be



completed and documented in the medical record within 24 hours after admission or registration but, in all cases involving surgery or a procedure requiring anesthesia, prior to surgery or procedure. The updated note must document an examination for any changes in the patient's condition subsequent to the time that the H&P was performed that might impact the planned course of treatment. If upon examination, no change in the patient's condition since the H&P was completed is found, the practitioner may indicate in the medical record that the H&P was reviewed, the patient was examined, and that "no change" has occurred since the H&P was completed. Documentation regarding the updated examination and any changes in the patient's condition must be placed in the patient's medical record within 24 hours after admission or registration, but in all cases, prior to surgery or a procedure.

- When a patient is readmitted within 30 days for the same or a related problem, an interval history and physical examination reflecting any subsequent changes may be used in the medical record, provided the original information is readily available. If the physical examination from the previous visit is being referenced, then the provider must include a copy of that physical examination and history in the visit by submitting a copy to the Medical Records Department or by moving it electronically onto the current visit.
- When the history and physical examination are not recorded before an elective surgery or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the practitioner writes a note to the effect that such a delay would be detrimental to the patient.
- The inpatient obstetrical record shall include a complete prenatal record when available. However, an admission note must be recorded for all obstetrical admissions and a complete history and physical examination recorded on patients who have not received prenatal care.

## **Diagnostic and Therapeutic Orders**

All electronic and paper orders will be completed by authorized users in accordance with Health System policy. When paper orders are used, the order must be written legibly on the order sheet, signed, timed and dated with the practitioner's or House Staff member's ID number and filed in the medical record.

- Practitioners and House Staff may write patient care orders.
- Physician assistants, nurse practitioners and midwives may write patient care orders according to established department protocols.
- Certified Registered Nurse Anesthetists (CRNAs) may document orders, and other RNs may carry out those orders if the orders pertain to the peri-operative period. CRNAs may only document medication orders on medication sheets, not on prescription pads.
- A licensed dietitian, acting within the scope of his or her license, may order medical nutrition therapy, laboratory tests and related medical protocols for an individual patient or group of patients.

Verbal orders related to restraints may be accepted by designated registered nursing personnel. Both adult and pediatric nonviolent restraint orders must be co-signed by a physician within 24 hours. Violent restraint orders must be co-signed by a physician within one hour of the

restraints being applied. During emergency application situations, the verbal order must be obtained immediately (within a few minutes) following the emergent application of the restraint. Each order must be administered in compliance with Health System policy.

Verbal orders, if used, must be used infrequently. This means that the use of verbal orders must not be a common practice. Verbal orders pose an increased risk of miscommunication that could contribute to a medication or other error, resulting in a patient adverse event. Verbal orders should be used only to meet the care needs of the patient when it is impossible or impractical for the ordering practitioner to write the order or enter it into the computer without delaying treatment. Verbal orders are not to be used for the convenience of the ordering practitioner. Under the supervision of appropriately credentialed providers, verbal and telephone orders may be accepted by registered nurses, licensed vocational nurses, blood bank scientists, medical laboratory technologists II working in Transfusion Services, and medical assistants for designated medications, laboratory, radiology and diagnostic services.

Pharmacists may accept verbal and telephone orders for medication and respiratory therapists may accept verbal and telephone orders for respiratory therapy from appropriately credentialed providers.

All practitioners, House Staff, designated nursing personnel, medical assistants, certified nursing assistants, licensed vocational nurses, respiratory therapists or allied health professionals receiving verbal or telephone orders will perform and document a verification and “read-back” of the completed order in the medical record. The order must be signed, dated and timed by the requesting provider within 48 hours of having been issued.

All practitioners, House Staff, or designated nursing personnel receiving critical test results will document the performance of a verification “read-back” of the complete results in the medical record.

Allied health professionals may not write orders for narcotics, with the exception of CRNAs during the peri-operative period.

### **Evidence of Informed Consents**

Evidence of appropriate informed consent must be documented in the medical record in accordance with Health System policy.

### **Consultations**

In an effort to provide effective, efficient and timely care for our patients, consultative service will be managed according to Health System policy.

## Operative or High Risk Procedures, Moderate or Deep Sedation for Anesthesia

The medical record of every Health System patient undergoing an operative or other high-risk procedures and/or the administration of moderate or deep sedation or anesthesia will contain the following information:

- A practitioner or licensed independent practitioner involved in the patient's care must document the provisional diagnosis in the medical record before an operative or other high-risk procedure is performed.
- The patient's medical history and physical examination must be recorded in the medical record before an operative or other high-risk procedure is performed.
- An operative or other high-risk procedure report must be documented upon completion of the operative or other high-risk procedure and prior to the next level of care. When a full operative or other high-risk procedure report cannot be accessed immediately in the patient's medical record after the operation or procedure, a brief procedure report must be documented in the medical record immediately. The brief operative or high-risk procedure report must include the following information:
  - The name(s) of the practitioner(s) or the licensed independent practitioner(s) who performed the procedure and his or her assistant(s)
  - The name of the procedure performed
  - Findings of the procedure
  - Any estimated blood loss (must document whether there was loss of blood or not)
  - Any specimen(s) removed (must document whether specimen(s) were removed or not)
  - The postoperative diagnosis
  - Wound classification
  - The full operative report must be documented within **24 hours** from the conclusion of the procedure and contain the seven elements outlined above. In addition, the full operative report must also include:
    - Preoperative diagnosis
    - Must document if there were complications
    - Type of anesthesia (moderate or conscious sedation)
    - Full description of the procedure
- If the practitioner or licensed independent practitioner performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, then it is acceptable for the report to be documented in the new unit or area of care.
- The post-operative record must contain the following information:
  - The patient's vital signs and level of consciousness.
  - Any medications, including intravenous fluids and any administered blood, blood products, and blood components.
  - Any unanticipated events or complications (including blood transfusion reactions) and the management of those events.

- Documentation that the patient was discharged from the post-sedation or post anesthesia care area either by the licensed independent practitioner responsible for his or her care or according to discharge criteria.
- Documentation of the use of approved discharge criteria that define the patient's readiness for discharge
- The name of the licensed independent practitioner responsible for discharge.
- The hospital must have complete and up-to-date operating room register that includes the following:
  - Patient's name
  - Patient's hospital identification number
  - Date of operation
  - Inclusive or total time of operation
  - Name of surgeon and any assistants
  - Name of nursing personnel
  - Type of anesthesia used and name of person administering it
  - Operation performed
  - Pre- and post-operation diagnosis
  - Age of patient
  - NOTE: if all items listed above are included, a post-operation summary may be considered.

### **Transfer From One Medical Service to Another**

When a patient is transferred from one medical service to another, the transferring service is responsible for documenting a detailed interim service transfer summary addressing the care rendered while responsible for the patient. This summary must include the same level of detail as a discharge summary in the patient's medical record. Upon discharge, the medical service dismissing the patient is responsible for documenting the final discharge summary for the medical record. The final discharge summary will address the care rendered from the date of service transfer.

### **Discharge Summaries**

A discharge summary must be documented within 24 hours of discharge by the responsible practitioner or House Staff on all hospitalized patients. The discharge summary shall concisely recapitulate:

- The reason for hospitalization
- The significant findings/diagnoses
- The procedures performed and treatment rendered
- The condition of the patient on discharge
- The disposition of the patient
- Any specific instructions given to the patient and/or family
- Instructions relating to physical activity, medication, diet, and provisions for follow-up care

A final progress note summary will be sufficient in those cases which require less than a 48-hour period of hospitalization, normal newborn infants, and uncomplicated obstetric deliveries. However, the final progress note must contain the outcome of hospitalization, disposition of the case and provisions of follow-up care.

When a patient is transferred to a different level of care within the hospital, and providers change, a transfer summary may be substituted for the discharge summary. If the providers do not change, a progress note may be used.

In the event of death, the final summary must indicate the reason for admission, the findings, course in the hospital and the events leading to death. A death note is acceptable for patients admitted for less than 48 hours.

### **Shadow Medical Records**

Shadow medical records are considered copies of the original medical record. A shadow medical record must never include original documentation. All original documentation must reside in the electronic medical record or in the Medical Records Department. All shadow record rooms must maintain medical records in a locked and secured area.

### **Autopsy**

When an autopsy is requested the provisional Autopsy Report must be completed within three working days of the request, and the final Autopsy Reports must be completed within 60 days of the request.

### **Anesthesia Record**

The pre-op anesthesia evaluation must be completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery and an immediate post-anesthesia assessment must be documented no later than 48 hours after surgery but before discharge. The following information must be documented as applicable:

- When the anesthesia began
- When the anesthesia ended
- Time surgery began
- Time surgery ended
- Total fluids
- Estimated or measured levels of blood loss
- Type of anesthesia
- Whether equipment was checked for proper function
- Name of operative procedure
- The name(s) and signature(s) of the anesthesiologist(s) involved in the care
- Name of surgeon
- Pre-op and post-op evaluation, signature, date and time
- Any known allergies

- Post-recovery evaluation, signature, date and time
- Post-anesthesia note for patients given I.V. sedation or anesthesia

### **Making Corrections to the Medical Record**

Correcting information in the electronic medical record is accomplished using the “amend” function. An audit trail retains the sequence of medical record entries. However, when making corrections on paper, the provider must draw a line through the original documented error in such a way that the original entry remains legible, sign, date and time the new documentation. The provider must not alter the original record in any way by trying to erase or remove the incorrect information. All corrections must be made at or near the time services are rendered. The new and corrected information must be connected by the same health record and visit number and made in the same system where the documentation was originally created.

Corrections made through a transcription service interface must be monitored to ensure that the correction is correctly merged with the original medical record.

### **Wrong Patient Name in the Report**

When the wrong patient name is indicated in the medical record, but the information is correct, the document should be retracted by using the cancel function and a correct copy, without the wrong patient’s name, should be placed in the record.

### **Wrong Patient and Wrong Information in the Report**

The document should be retracted by using the cancel function and a note indicating the reason for the retraction must be documented in the appropriate medical record and visit number.

The Medical Records Department must be informed when an incorrect patient entry error is identified.

### **Secure Health Messaging Documentation**

Documentation made in any secure health messaging system is used for communication purposes between clinical staff, nursing personnel, front desk and providers, and is part of the medical record.

### **Order Sets**

All personal and system-wide orders sets must be reviewed by their designated department every three (3) years. The Medical Records Department will monitor compliance of this standard.

### **Responsibility for Record Completion**

The attending physician must assure the proper completion of the medical record

For patients who expire, the physician who provides patient care during the inpatient stay must complete and sign the patient's record. In those cases where it is not clearly stated in the record as to which physician provided the care, the responsibility for record completion will be given to the attending physician admitting the patient or most recently accepting the patient in transfer until such time as the attending physician identifies a physician to be responsible for the records completion.

A record awaiting completion or signature by a practitioner will be considered delinquent 28 days after discharge. Practitioners with records that are 28 days or more delinquent will have their clinical privileges suspended until such time as the delinquent records are completed.

### **Documentation Requirements of Attending Physician**

House Staff: When members of the House Staff are involved in patient care, sufficient evidence must be documented in the medical record to substantiate the active participation in and supervision of the patient's care by the attending physician responsible for the patient.

Medical Students: Attending physicians/residents must document sufficient evidence in the medical record to substantiate the active participation in and supervision of patient's care when medical students are involved in patient care. The supervising physician/resident must re-document all medical student documentation with the exception of the review of systems and the past family, medical and social history.

Allied Health Professionals: Physician assistants and nurse practitioners are agents of the supervising physician for any medical services delegated by that physician that are:

- Within the physician assistant's/nurse practitioner's scope of practice
- Delineated by protocols, practice guidelines, or practice directives established by the supervising physician or department, and approved by the Board of Managers.

When allied health professionals, with the exception of certified nurse midwives, are involved in patient care, the supervising physician will continuously oversee the activities of, and accept responsibility for, the medical services rendered by the allied health professional. Entries made in the medical record by allied health professionals requiring countersignatures by attending physicians, as applicable, are as follows:

- Admission orders
- Admission history and physical
- Invasive procedure report
- Discharge Summary

### **Electronic Medical Record Applications and Practitioner Signatures**

The documentation of patient treatment is accomplished through means of an electronic medical record application. In utilizing this application, the following pertains:

- Practitioners will be issued an exclusive computer key password that will enable access to the electronic medical record specific to the authorization level of each password holder.
- To maintain system security, practitioners will use only the computer key passwords assigned specifically to them in accordance with Health System policy.
- The electronic medical record application enables the author of the entry to electronically sign the entry upon verification of accuracy. The electronic signature resulting from use of this application will satisfy the signature requirements for these electronic medical records.
- The Health System maintains a hybrid medical record containing electronic and paper documentation. The electronic portion of the medical record will be considered original documentation and will be maintained online and will be only printed on demand/as requested. All requests for medical records from patients or outside agencies must be forwarded to the Medical Records Department for processing and release.
- The Medical Records Department has an Internal Disaster Plan for the protection of the paper medical record.
- The electronic medical record is mirrored in two separate backup systems to ensure record preservation and retrieval in the event of an external or internal disaster.

### **Downtime Procedures**

When there is an electronic method for documenting the record of care, that electronic method must be used. Paper documents must only be used during a downtime situation.

Each unit has a procedure for documenting patient cases during an EMR outage. Medical Record forms are available on demand within the UHS intranet in the public drive under the folder titled “Downtime Forms”. Each unit will maintain paper medical record packets to be utilized during a downtime situation.

For dictation assistance, please contact Medical Records at (210) 743-5408.

<b>Medical Records-UH (210 Area Code)</b>		<b>Medical Records-Robert B. Green Campus (210 Area Code)</b>	
Administration	743-5403	Administration	358-3542
Incomplete Charts	743-5408	Release of Information	358-3532
Record Processing	743-5401	Record Processing	358-3548
Scanning	743-5417 743-5418		
Research/Review of Records	358-3160		
Coding Manager	743-5407 743-5405		



## **SECTION VII** **HOUSE STAFF SUPPORT SERVICES**

### **Clinical Information Services**

Information Services provides access to patient information on desktops located throughout all Inpatient and Outpatient patient care areas which are accessible to physicians. These systems are also available outside of UHS for those authorized.

#### **Clinical Resources**

Access to Clinical Resources are available from University Health System Home Page as well as in Sunrise. Clinical subscriptions such as Up-To-Date, Clinical Practice Guidelines, Micromedex, LexiComp (UHS Drug Formulary), E-Facts, VisualDX, PubMed, InterQual and The Medical Letter are found here.

#### **EMR-Sunrise**

The Sunrise Electronic Medical Record (EMR) is the primary source of all clinical patient information. All orders, allergies, problem lists, immunizations, prescriptions, medication administration records, clinical notes and flow sheet data, as well as billing information for some departments are entered directly into the system. Sunrise provides all result data: laboratory and radiology, including digital radiology images; cardiac cath and non-invasive cardiologic studies; neurodiagnostics; endoscopy; pft's and vascular labs. Also available in Sunrise are dictated discharge summaries, operative reports, EMG/NCV reports, and access to scanned documents (OnBase). Sunrise Mobile MDII is also available for iPhone and iPad users and can be downloaded from the Apple Store. This product provides an excellent rounding tool and is available to all physicians.

Due to the complexity of the Sunrise application, formal training is mandatory. House Staff will be scheduled for training during their orientation week. If additional training is desired, email [computer.training@uhs-sa.com](mailto:computer.training@uhs-sa.com) with contact information and a training session can be created.

#### **HIE – DbMotion**

University Health System, along with UT Medicine, worked to bring information from the two different EMR systems (Sunrise/EPIC) together in one screen (DbMotion). This is a private Health Information Exchange (HIE) that facilitates access to and retrieval of clinical data, allowing physicians and other health care providers to securely view a patient's vital medical information electronically. In addition, users can access patient information from HASA (Health Access San Antonio) which is the city of San Antonio's public HIE where all area hospitals share information.

Physicians can access this patient information from Sunrise using the Community Record HIE tab or from the Health System's home web page under "Clinical Apps", Clinical Views-HIE.

## **PACS**

PACS is a picture archiving and communications system which provides digital storage and convenient access to images from several medical imaging devices such as ultrasound, CT, X-ray, MRI, etc. As a physician, you can review these images on any University Health System desktop or through Sunrise. PACS is also available remotely via <http://anywhere.uhstx.com>.

## **SPOK**

SPOK is the physician on-call system used by University Health System. SPOK is available from the University Health System Home Page under "Quick Links", Physician On-Call. It is available to all staff and provides convenient access to physician on-call schedules and displays physician's on-call along with department service code and physician's pager number.

## **Cafeteria Services**

The University Health System encompasses University Hospital patient food service and cafeterias at University Hospital, Robert B. Green Campus, and Texas Diabetes Institute.

The University Hospital cafeteria is located on the 3<sup>rd</sup> floor and has a variety of breakfast, lunch and dinner offerings. Traditional cafeteria style hot meals as well as sandwiches, hamburgers, pizza, soups, salad bar and desserts are available. Hours of operation are 6:00 a.m. to 1:00 a.m. They are closed daily for cleaning from 10:00am-11:00am.

The Robert B. Green Campus café is open from 7:30 a.m. to 2:30 p.m., Monday-Friday, and closed on weekends and major holidays.

The Texas Diabetes Institute's 701 Café offers a wide selection of heart healthy favorites. Hours of operation are 7:30 a.m. to 2:30 p.m., Monday-Friday, and is closed on weekends and major holidays.

The University Hospital Sky Tower also has a small bistro, located in the Level I Main Floor Lobby in the Sky Tower. This bistro is accessible through the Gift Shop and is open Monday-Friday 6:00 a.m. – 6:00 p.m. and Saturday-Sunday 7:30 a.m. – 5:00 p.m.

## **Catering Services**

Catering services are available at University Hospital by contacting (210) 358-2420. If you would like catering at the Texas Diabetes Institute, call (210) 358-7090, or catering at the Robert B. Green Campus, call (210) 358-3683. Catering requests **MUST** be entered through the CaterTrax online system located on the UHS Intranet page under *Services > Nutrition Services*.

## **Vending Machines**

Vending machines with snacks and beverages are located throughout University Hospital, Robert B. Green Campus and the Texas Diabetes Institute.

## **Employee Discount**

House Staff are entitled to a 25% discount for food purchases in excess of 50 cents before tax at the University Hospital cafeteria, the Robert B. Green Campus café and the Texas Diabetes Institute café. House Staff must display their official University Health System ID badge to receive the discount. Starbucks and sushi items are not discounted.

## **Meal Payment Options**

House staff meal credits are granted through the UHS QuickCharge system after receiving a request from the UT Health training department. House Staff wishing to use meal credits must utilize their UHS ID badge with bar code to purchase food items in the UH Cafeteria, UH Gift Shop, RBG Cafeteria, and UCCH Cafeteria. If a house staff has no credits, meal purchases paid for using the UHS ID Badge will be deducted from the house staff's paycheck up to \$150.00 (funded house staff only).

## **Center for Learning Excellence**

### **Mission**

Center for Learning Excellence (CLE) creates and/or facilitates a wide variety of relevant, timely learning opportunities for University Health System employees, volunteers and designated partners. We support the delivery of the highest quality patient care, customer service and health care student education.

### **American Heart Association (AHA) Courses**

University Health System (UHS) accepts American Heart Association (AHA), and Red Cross for selected groups (i.e. military rotators). House Staff should contact Professional Staff Services for credentialing questions. UHS is designated as an approved AHA Training Center that currently offers the three disciplines: Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Basic Life Support (BLS). UHS/AHA courses are open to all UHS staff and House Staff, UT Health San Antonio, University Medicine Associates and direct patient care providers.

In June of each year, the Center for Learning Excellence offers ACLS, PALS, and BLS training exclusively for incoming house staff.

### **Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)**

The ACLS course provides instruction on care of the adult, while the PALS course provides instruction on the care of the pediatric patient. These courses will enhance knowledge and

psychomotor skills in responding to cardiovascular and stroke emergencies. Course participants are expected to have a basic knowledge of ECG interpretation and pharmacology. These concepts are not taught specifically, but are integrated in the mega code algorithm discussion and practice, and are tested through written examination and skills demonstration.

Advance preparation is mandatory. A pre-test with a passing score is required for admission to the class. Participants must bring the pretest certificate and their provider manual on the first day of the class. Early registration is strongly recommended.

ACLS courses are offered from January to November. These courses are categorized as:

- 2-day ACLS Provider Course
- ACLS Update One-Day Course
- 2-day PALS Provider Course
- PALS Update One-Day Course

### **Heartcode BLS – Instructor Led**

The Center for Learning Excellence offers a blended learning approach to BLS training. Heartcode BLS is comprised of two parts:

- Part 1: – Heartcode BLS may be purchased in person or via telephone at the cashier's office located in the sublevel at University Hospital. The e-card or electronic provider card for both ACLS and PALS can also be purchased at the cashier's office. UHS cashier's phone number is (210) 358-2210. Another option is to purchase Heartcode BLS directly from the AHA website at eLearning.Heart.org. Heartcode BLS online Part 1 is a web-based module, which is accessible 24 hours a day. Through case-based scenarios, interactive activities and videos, this course teaches the concepts of both single-rescuer and team basic life support (AHA, 2015).
- After online Part 1 is completed, participants are to complete the hands-on skills practice (Part 2) and skills check off (Part 3).

CLE offers Heartcode BLS January through November at Highpoint Tower (8401 Datapoint Drive, San Antonio, TX 78229, 1<sup>st</sup> Floor). Heartcode BLS class sessions start at 7:30a.m. and typically last 2 hours depending on number of students.

Available Courses can be found on the UHS Intranet page under *Resources>Calendars and Schedules>Center for Learning Excellence Calendars*. To register for a course, house staff would need to contact the Center for Learning Excellence at (210) 743-6300.

### **Library Services**

The Libraries of UT Health San Antonio serve the House Staff, students, faculty and staff of UT Health San Antonio, including House Staff of University Health System. The Briscoe Library is located on the main campus at 7703 Floyd Curl Drive. Branch libraries are also located at the Texas Research Park and the Laredo Regional Campus.

## User Services

The libraries provide a complete range of services including circulation, reference, research and clinical information, access to electronic databases and the internet, instructional programs, interlibrary loan document delivery, and fee-based printing and photocopying. Individual and group study rooms are available in the Briscoe Library. Computers, study carrels, collaborative and individual study tables, and comfortable seating can be found throughout the library. Use of library computers or Wi-Fi requires a campus network login. Multipurpose classrooms are located on the second floor of the Briscoe Library. When classes are not in session, the classrooms and adjacent lounge areas are available for 24/7 study.

Librarians provide quick reference and in-depth research assistance. House Staff may contact their liaison librarian for assistance with literature searches and evidence-based research, database instruction, locating specific materials and with interlibrary loan requests for material not owned by the library, and refer users to other libraries and/or agencies, as appropriate. Librarians can provide database searches on clinical, research and educational topics.

The library's instructional program includes orientation for House Staff, as well as workshops on database searching for research and evidence-based medicine articles, locating medical information on the web, using End Note or RefWorks, and other topics. Orientation and classes can be scheduled by request through your library liaison. One-on-one instruction and assistance in the use of library materials, including electronic and print resources, is also available. Liaison Librarian contact information may be found at <http://library.uthscsa.edu/2011/10/get-help/>.

The library's catalog provides information about the collections which includes over 75,000 books, 35,000 electronic books and 46,000 electronic journals. MEDLINE is available through OvidSP and PubMed with full-text links to journal articles. Other full-text databases such as UpToDate, Clinical Key, Access Medicine, ACP Journal Club, CINAHL (nursing and allied health), Scopus, PsycINFO (psychology and psychiatry), and Micromedex (full-text drug information) are also available through the library's website at <http://www.library.uthscsa.edu>.

Off-campus access to e-journals and e-books is restricted to UT Health San Antonio ID holders and University Health System House Staff. Some databases such as Clinical Key, UpToDate, and Micromedex provide apps for use on mobile devices. There is no fee for House Staff to use library resources. House Staff may register online to borrow library materials. Complete information on loan periods, rules and charges may be obtained when registering for borrowing privileges.

House Staff may request work-related materials not owned by the library through interlibrary loan. Interlibrary loan is offered at no cost unless rush service is requested.

## Hours of Operation

The Briscoe Library is open to House Staff 24/7/365. Regular staffed hours of service are shown below. After hour entry to the library is available by HSC ID swipe only:

Monday-Thursday	7:00 a.m. – 9:00 p.m.
Friday	7:00 a.m. – 6:00 p.m.
Saturday	9:00 a.m. – 6:00 p.m.
Sunday	10:00 a.m. – 6:00 p.m.

Holiday hours may vary. If you need assistance, you can email [askalibrarian@uthscsa.edu](mailto:askalibrarian@uthscsa.edu), visit <http://www.library.uthscsa.edu/gethelp>, call 567-2450 or visit the library during regular staffed hours.

## Photocopy and Printing Services

Self-service photocopiers and printers are available at the Briscoe and Laredo Libraries. The cost for copying or printing is eight cents per page. Users may set up a payment account on a UT Health San Antonio ID card. Guest cards are also available for those who do not wish to set up an account.

For information on services, including off-campus access to library resources, contact the Briscoe Library at 567-2450, or via email to [Askalibrarian@uthscsa.edu](mailto:Askalibrarian@uthscsa.edu). Information can also be obtained from the UT Health San Antonio library's website at <http://www.library.uthscsa.edu>.

## Department of Police and Protective Services

The Bexar County Hospital District Police and Protective Services Department is a progressive, professional and state recognized police agency through the Texas Police Chiefs' Association. Our vision is to provide the highest level of police and ambassador service to each person we contact. We are committed to work in partnership with our healthcare community to provide a safe environment for the patients, guests, and staff on the property within the jurisdiction of Bexar County Hospital District (d.b.a. University Health System).

### Police and Protective Services Functions

Licensed Texas Police Officers, augmented with Security Ambassadors, provide random vehicular and foot patrols of all UHS facilities throughout Bexar County. While protection of people from injury or victimization is the first priority, protection of property is also an important responsibility of the department.

Prompt reporting of suspicious activity/persons, losses of personal/departmental property, hazards and fire/safety risks is vitally important to ALL persons on Health System property. Reports can be made in person or by calling the Police Dispatcher at (210) 358-2465.

Police and Protective Services encourages that any personal property brought into Health System facilities be properly secured. The majority of thefts occurring involve unsecured/unattended property. Crime prevention is everyone's responsibility! For more tips and useful information, visit the Police and Protective Services page on the UHS Intranet under [Services > Protective Services](#).

Removal of Health System property without proper written authorization is prohibited. This prohibition includes, but is not limited to, scrubs, linen, food, supplies, and equipment of all types.

## **Facility Access**

All UHS facilities are secured after hours. University Hospital is the only UHS facility open to the public 24 hours a day, 7 days a week. Access to specific facilities/areas is granted via UHS identification badge with prior approval, in accordance with the position-identified job duties. To be granted access, House Staff must submit their request through Professional Staff Services.

Unlock service is not provided by Police and Protective Services. House Staff should ensure they have the proper keys to their areas of responsibility. This must be coordinated through your attending physician.

## **Registration and Identification (ID Badge and Parking)**

All House Staff members are required to obtain a University Health System photo identification badge and register their vehicles within the Registration and ID office located in the Rio Tower of University Hospital on the sublevel next to the "D". The office is open 7:00 a.m. to 5:00 p.m. Monday through Friday. House Staff will not be issued an ID badge without prior approval through Professional Staff Services. Registration and ID staff can be reached at 210-358-2466 or email [registrationandid@uhs-sa.com](mailto:registrationandid@uhs-sa.com).

All House Staff members are required to display a UHS issued photo identification badge **worn between the shoulder and waist line**, while on University Health System property (UHS and Joint Commission requirement). Photo identification badges are security sensitive and must be treated as such, i.e., no modifications to the badge like stickers, pins, holes, etc., unless authorized by University Health System. The identification badge authorizes the use of specific facilities through the proximity devices (card readers) and prevents unauthorized access to secured areas.

All House Staff are required to register their vehicles with Registration and ID by providing proof of valid insurance and state vehicle registration. House Staff members are assigned to specific parking facilities/lots. A map will be issued indicating the designated parking facilities/lot. House Staff are required to follow all parking rules/regulations.

A replacement fee is charged for lost and stolen items (i.e. ID badges/keys) issued by the Registration and ID office. Please contact Registration and ID at (210) 358-2466 for instructions

on replacing lost/stolen items. The cost for replacement of lost/stolen items is the responsibility of the individual house staff member.

## **SECTION VIII** **CONFIDENTIALITY**

### **Release of Information**

#### **Release of Information Regarding House Staff**

All inquiries regarding a current or former member of the House Staff must be referred to the Professional Staff Services office at University Hospital. Professional Staff Services can be contacted at (210) 358-0163/0062.

Should a house staff receive a written request for a reference regarding a current or former member of the House Staff, he/she shall refer the request to the Professional Staff Services office for handling. No Health System employee or member of the House Staff may issue a reference letter to any current or former member of the House Staff without the permission of Professional Staff Services.

Under no circumstances shall any Health System employee or member of the House Staff release any information about any current or former member of the House Staff over the telephone. All telephone inquiries regarding any current or former member of the House Staff of University Health System must be referred to Professional Staff Services.

In response to an outside request for information regarding a current or former member of the House Staff, Professional Staff Services will furnish or verify only a current or former House Staff's name, job title, department, dates of participation in the program, and the date of successful completion of the program. No other data or information will be furnished unless the member of the House Staff specifically authorizes University Health System to furnish this information in writing. This releases the University Health System from liability in connection with the furnishing of the information or when the University Health System is required by law to furnish information.

Outside requests for information regarding specific training information about a current or former member of the House Staff will be referred to the specific training program at UT Health San Antonio (UTHSA).

#### **Release of Patient Information**

A primary function of the University Health System Corporate Communications and Marketing Department is to serve as the University Health System liaison with the media. The news media closely follow the conditions of many University Health System patients. During regular business hours, media inquiries are handled by the Corporate Communications staff at (210) 358-2335. After hours and on weekends, routine patient condition reports to the news media are handled by the Patient Transfer Center supervisor. Inquiries considered sensitive or



difficult that occur after hours or on weekends may be referred to the Corporate Communications and Marketing staff via the hospital operator or pager.

House Staff may not release information regarding patient conditions. House Staff should refer any requests for information received from the press, radio, or television to their floor supervisors, who will notify UHS Corporate Communications and Marketing. House Staff contacted directly by members of the news media should refer all patient condition requests to Corporate Communications who maintain a patient condition report book. This procedure is for the protection of House Staff and patients.

Media photographs and television filming of patients must always be coordinated through Corporate Communications. Consent to Photograph forms (Form #364) must be signed by the patient or spouse, parent or guardian in all cases. TV cameras and photographers are not allowed in patient care areas unless by special arrangement and with prior approval through Corporate Communications. Other specific situations include:

- Dead on Arrival Reporting: Names are not released to the news media until verification that next of kin has been notified.
- Cases Involving Rape: Patients received in University Health System facilities that are alleged rape victims are never identified as such.
- Incidents of Suicide or Attempted Suicide: With regard to releasing patient information, there is no such word as “suicide”. The hospital may report patient condition and nature of the injury or illness, but never indicate the victim is a suicide or attempted suicide.
- Psychiatric Patients: By law, University Health System cannot acknowledge the presence of a psychiatric patient. Special procedures have been developed for handling such inquiries.
- Patients Who Refuse Treatment: Patients who are brought to University Health System facilities for treatment but refuse treatment are reported accordingly.
- Patient Requests for Confidentiality: A patient admitted to University Health System facilities may request that information regarding nature of illness or condition not be released. The hospital must honor the patient’s right to privacy. The Protective Services department can also initiate a “black out”. A “black out” notice will be sent to areas receiving inquiries about patients. A “black out” signifies no release of information.
- Inmate/Custody: All media inquiries about patients under custody should be referred to the law enforcement agency in charge of the patient.

### **Health Insurance Portability and Accountability Act (HIPAA)**

#### **HIPAA Violation Disciplinary Guidelines for House Staff**

Protected Health Information (PHI), including electronic Protected Health Information, is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or

assisting others to obtain or use PHI, when unauthorized or improper, will result in counseling and/or disciplinary action up to and including termination. The University Health System's Health Insurance Portability and Accountability Act (HIPAA), Privacy Policy #2.14, provides the overall framework and guidance for the safeguarding of PHI as required by HIPAA and applicable state and federal law.

### Protected Health Information

University Health System (UHS) Policy 2.14 strictly enforces the Uses and Disclosures of PHI in order to ensure the confidentiality of a patient's protected health information. House Staff may not use, disclose or discuss patient-specific information with others unless it is necessary for treatment, payment or operations, or required by law. House Staff must never use or disclose confidential information that violates the privacy rights of our patients and will sign a confidentiality statement agreeing to maintain the confidentiality of patient information. House Staff are allowed access to a patient's PHI only to the extent minimally necessary to do their jobs. Breaches of confidentiality are a violation of a patient's privacy rights and will result in counseling and/or disciplinary action up to and including termination. The following disciplinary guidelines have been established for House Staff.

### Definitions and Caveats

PHI means any information, whether oral or recorded in any form or medium that (1) relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (2) that identifies, or may be used to identify, the individual.

Depending on the nature of the breach, violations at any level may result in more severe action or termination.

- Levels I-III are considered to be without malicious intent. Level IV connotes malicious intent.
- At Level IV, individuals may be subject to a civil and/or criminal liability.
- For any offense, a preliminary investigation will precede assignment of level of violation.

Level of Violation	Examples	Minimum Disciplinary/Corrective Action
Level I	<ul style="list-style-type: none"> <li>• Misdirected faxes &amp; emails</li> <li>• Failing to log-off, close or secure a computer with PHI displayed</li> <li>• Leaving a copy of PHI in a non-secure area</li> <li>• Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator,</li> </ul>	<ul style="list-style-type: none"> <li>• First offense: written counseling by Program Director and notification of DIO.</li> <li>• Second offense within one year: written warning by Program Director with copy to DIO and GMEC.</li> <li>• Notify Privacy Officer of all</li> </ul>

	<p>etc.)</p> <ul style="list-style-type: none"> <li>• Failing to redact or de-identify patient information for operational/business uses</li> <li>• Transmission of PHI using an unsecured method,</li> <li>• Leaving detailed PHI on an answering machine.</li> <li>• Improper disposal of PHI.</li> </ul>	incidents.
Level II	<ul style="list-style-type: none"> <li>• Requesting another individual to inappropriately access patient information</li> <li>• Inappropriate sharing of ID/password with another co-worker or encouraging co-worker to share ID/password</li> <li>• Failure to secure data on mobile devices through encryption/password protection.</li> </ul>	<ul style="list-style-type: none"> <li>• First offense: written warning by Program Director with copy to DIO.</li> <li>• Written warning plus corrective action plan by DIO and copy to Chair and President of Medical-Dental Staff.</li> <li>• Notify Privacy Officer of all incidents.</li> </ul>
Level III	<ul style="list-style-type: none"> <li>• Releasing aggregate patient data without facility approval for research, studies, publications, etc.</li> <li>• Accessing or allowing access to PHI without having a legitimate reason</li> <li>• Giving an individual access to your electronic signature</li> <li>• Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, co-worker, famous or “public” person, etc.</li> <li>• Posting PHI to social media.</li> </ul>	<ul style="list-style-type: none"> <li>• Written notification of probation by Program Director, or Department Chair, or DIO (See GME Policy Manual), with notification of President of Medical-Dental Staff; or</li> <li>• President of Medical-Dental Staff appoints ad hoc group for investigation, potential disciplinary action(s). DIO or designee serves as a member of the ad hoc group</li> <li>• Minimum action required as to corrective action plan to be initiated.</li> <li>• Notification of affiliated health systems for possible termination of computer access</li> <li>• Notify Privacy Officer of all incidents.</li> </ul>
Level IV	<ul style="list-style-type: none"> <li>• Releasing or using data for personal gain</li> <li>• Compiling a mailing list to be</li> </ul>	<ul style="list-style-type: none"> <li>• UHS will notify DIO, the President of Medical-Dental Staff and Privacy</li> </ul>

	<p>sold for personal gain or for some personal use</p> <ul style="list-style-type: none"> <li>• Disclosure or abusive use of PHI</li> <li>• Tampering with or unauthorized destruction of information</li> </ul>	<p>Officer</p> <ul style="list-style-type: none"> <li>• Written notification of suspension by President of Medical-Dental Staff with copy to Program Director</li> <li>• President of Medical-Dental Staff appoints ad hoc group for investigation, potential corrective action(s). DIO or designee serves as a member of the ad hoc group</li> <li>• Notification of affiliated health systems for termination of computer access</li> <li>• Notify Privacy Officer of all incidents</li> </ul>
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House Staff are not allowed to order their own clinical services, including but not limited to, labs, x-rays, medications, consults, procedures, etc., instructing another employee to order their own clinical services, or documenting, editing or otherwise making an entry in one's own medical record.

House Staff may not access the PHI of family, friends, and others until after the patient has completed UHS BCHD #510 Form, Authorization to Allow Designated UHS Employee to Access, Inspect and/or Obtain a Copy of Health Information, and it has been scanned into the patient's UHS record. House Staff who wish to access their child's medical record must complete and sign BCHD #510 Form as the legal guardian, and provide the form to the Medical Records Department to be scanned into the child's medical record.

PHI accessed by House Staff will be audited regularly to ensure our patients' health information is protected. Accessing the PHI of family, friends, and others before filing the completed BCHD #510 Form with the UHS Medical Records Department is an unauthorized disclosure of PHI which could potentially lead to disciplinary action. This form must be provided to the Medical Records Department prior to each disclosure.

The taking of a still or motion picture of a patient or the televising of a patient (photography) is considered a use or disclosure of PHI and requires the authorization of the patient or person authorized to consent for the patient unless the photography is related to a course of treatment of the patient, which is permitted pursuant to the patient's Consent for Treatment of Conditions for Admissions.

## **Information Assets**

University Health System Policy #2.0802, Information Asset Security/Use protects the integrity and confidentiality of all types of information assets while providing access to these assets to appropriately authorized users.

Information is confidential and may be obtained and used only as authorized by management and only for approved purposes to perform a House Staff's professional responsibilities. Any item developed and/or created while using UHS equipment is the property of University Health System. All requests for access must be approved by the Professional Staff Services department and Information Services. The user must sign a confidentiality agreement before access will be granted.

A House Staff's user ID and password may only be used to obtain access to information necessary to perform his/her professional responsibilities. A House Staff's user ID and password may not be disclosed to any person or entity. Furthermore, House Staff are responsible for all actions performed at their workstations activated with their User ID and password. House Staff must never write down or otherwise record a readable password and store it near the access device to which it pertains. Passwords must be difficult to guess and are to be kept confidential and not shared. When House Staff leave their workstation, they must either lock the computer, disconnect or log off the system, and must log off at the end of shift. Information may not be stored on the local disk (C:) or Desktop, even temporarily, and any portable storage device that connects to a UHS computer must allow encryption of any information transferred to the device. **In the event any user suspects their User ID and password has been compromised, the UHS Help Desk should be contacted immediately at 210-358-4059 to report the issue.**

Violation of the Information Asset Security/Use Policy and/or Confidentiality Agreement may result in withdrawal of computer access and formal disciplinary actions up to, and including, termination.

Upon completion of training, House Staff shall continue to be responsible for the protection of confidential information maintained by University Health System. UHS Professional Staff Services shall be notified immediately if a house staff resigns or is terminated prior to the end of his/her contract year.

## **SECTION IX** **ENVIRONMENT OF CARE AND OCCUPATIONAL SAFETY**

### **Safety Procedures**

The Environment of Care and Occupational Safety offices handle inspections, investigation and training of environmental and safety issues. To inquire about or report a safety hazard concern, please consult with the University Health System nursing house supervisor.

## House Staff Safety Responsibility

Everyone has a responsibility for safety through all levels of management. House Staff are expected to:

- Follow safe practices on the job and abide by rules established in the University Health System *Environment of Care Manual* and in the regulations of the Health System, including *Corporate* and *Departmental* policies and procedures;
- Maintain awareness of and notify the Environment of Care office of any hazards, unsafe acts, and unsafe conditions;
- Use and maintain the provided personal protective equipment (PPE). Departmental supervisors can provide more details regarding PPE and safe work practices; and
- Understand and follow safe work practices, as applicable to the job being performed.

## Fire Reporting

The major risk to a hospital is fire. Fire must be of predominant interest to all staff. Good housekeeping, proper maintenance of electrical and medical equipment along with proper storage of hazardous materials, to include flammable liquids and compressed gases, are the correct methods in controlling fire potential. Any indication of fire, such as smoke, unusual odors, heat, or other possible signs of fire must immediately be reported by dialing the appropriate STAT number.

- University Hospital (210) 358-2222
- Robert B. Green Campus (210) 358-3333
- Texas Diabetes Institute (210) 358-7777

For all remaining University Health System facilities, dial **911** then activate any alarm pull stations. The code red paging system indicates the potential for a fire, and all persons making such a report must stay on the telephone to provide the necessary information for a prompt and effective response.

To aid in this response, University Health System employs two acronyms, **“RACE”** and **“PASS”**, to assist in remembering priority tasks:

- |                         |                        |
|-------------------------|------------------------|
| R – Rescue              | P – Pull the pin       |
| A – Alarm               | A – Aim the nozzle     |
| C – Control/Contain     | S – Squeeze the handle |
| E – Extinguish/Evacuate | S – Sweep at the base  |

Complete details of fire procedures are contained in the University Health System Comprehensive Emergency Management Program (CEMP) posted on the corporate intranet site under *Services/Emergency Management*.

## Accident Prevention

University Health System is committed to providing a safe workplace for all house staff. House Staff are required to comply with hospital safety policies and are encouraged to actively participate in identifying and eliminating/controlling workplace hazards that may cause injury or illness. To reduce the risk of injury/illness, house staff will be trained and provided with Personal Protective Equipment (PPE) such as safety glasses, gloves, masks, etc.

## On-the-Job Incident Reporting

House Staff Injury Reporting: Workers' Compensation insurance benefits are provided to all house staff funded by University Health System. If a house staff is injured or is involved in an exposure on the job, an On-the-Job Incident (OJI) Form should be completed on-line using MIDAS by the end of the shift or prior to seeking medical treatment.

Should the house staff require medical treatment, the employee can report to the Employee Health Clinic (EHC) for evaluation and treatment during its regular hours of operation, between **7:30 a.m. – 4:00 p.m.** Monday-Friday, or contact the workers' compensation specialist at 210-358-2911 for an approved medical facility. The Workers' Compensation Specialist **must** be contacted following any medical treatment.

After hours, weekends and holidays, the employee can be evaluated at an Express Med Clinic, the Emergency Department or call 210-358-1118 for assistance. The employee **must** report to the Employee Health Clinic the next business day, if medical treatment was needed.

Body fluid exposures and SHARP injuries must be treated within **one** hour of exposure. Employee Health Clinic does not treat these exposures after **2:00 p.m.** The employee must report to the Express Med Clinic or the Emergency Department to have the lab work completed and report to the EHC the next business day.

Call (210) 358-2911 if you have questions on Workers' Compensation.

Patient/Visitor Injury Reporting: Patient and visitor injuries are to be reported on the Electronic Risk Assessment Form (ERAF). Event involving patient or visitor injury or possible claims should be identified early for remedial efforts to mitigate potential damage or loss. Ideally, the investigation of the event should occur while the patient or visitor is still on the property so that all facts can be gathered, documented, and evaluated as a means of improving the hospital environment. Protective Services are to be contacted for the investigation of visitor falls and injuries.

## Worker's Compensation for Off-Site Rotations

University Health System worker's compensation insurance will cover house staff for off-site rotations only if the rotation is within the State of Texas. If a house staff is injured while outside

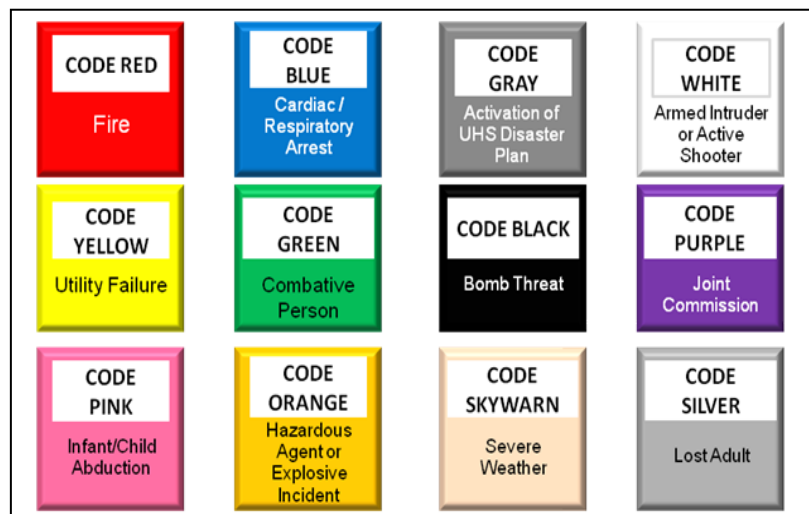
the State of Texas or outside of the U.S., they will not be covered under the University Health System worker's compensation insurance.

### **Emergency Management**

The purpose of Emergency Management is to help University Health System plan, prepare, respond and recover from emergencies. This begins with a Hazard Vulnerability Analysis whereby a list of natural, technological and human hazards is developed and the probability of each is estimated. All-hazard UHS plans and procedures are developed to mitigate, prepare, respond and recover from those identified hazards.

UHS utilizes a colored code system as short hand for different types of emergency situations. It is important that all members of the UHS community know and understand this code system.

To assist staff members, the red covered UHS Emergency Response Guide is posted in all areas of the University Health System. It contains emergency phone numbers as well as overarching response guidance for a number of emergent situations codes.



The Emergency Management department assists all departments in developing a Department Emergency Operations Plan (DEOP). DEOPs are defined as all hazards planning documents that outline and define the department-planned response to extraordinary emergency situations associated with natural and man-made disasters. Copies of the departmental emergency operations plans are posted with the UHS Emergency Response Guide for easy reference. (All House Staff must review these materials frequently to maintain familiarity with individual and unit requirements, responsibilities and procedures).

House Staff will be issued an Emergency Management Card with their University Health System Badge. This card contains important emergency contact phone numbers, an Emergency Code listing and some emergency response actions. It should be kept on your person at all times.

It is vital that all UHS staff create Personal Preparedness Plans as well. In the event of an emergency our community needs our help. It is imperative that we can support and exceed expectation. Develop a personal preparedness plan that includes what to do if schools and day care centers are closed or support is needed. Resources such as [www.ready.gov](http://www.ready.gov) or [www.readysouthtexas.gov](http://www.readysouthtexas.gov) have helpful tools that can help create these plans. In addition, please



verify contact information in Peoplesoft. Mobile contact numbers must be listed as a mobile phone in Peoplesoft to receive emergency text messages from University Health System.

For more details about Emergency Management, please contact Emergency Management, (210) 743-6565 or EmergencyManagement@uhs-sa.com.

## **SECTION X**

### **INFECTION CONTROL AND PREVENTION**

Infection Control & Prevention Contact Information:

Hospital Epidemiologist; pager (210) 513-1059

Director of Infection Control and Prevention; office (210) 358-4990

Website: UHS Intranet-Services-Infection Control and Prevention

Telephone: (210) 358-2927

Fax: (210) 358-2277

24/7 On-Call Cell: (210) 284-9107

Email: InfectionControl@uhs-sa.com

#### **Role of the Hospital Infection Control and Prevention Program**

- Available 24/7 as a source of information and guidance regarding exposure to communicable diseases, isolation, prevention of infection, and policies.
- Investigate problems related to infection control and prevention
- Work with San Antonio Metropolitan Health District regarding communicable diseases.
- Responsible for mandatory reporting of healthcare-associated infections.

#### **Your role in the Infection Prevention and Control Program**

- Closely involved in the care of the patient (eyes and ears).
- Preventive measures (your patient care decisions make a difference).
- Take care of yourself with appropriate immunization (e.g., HBV, Tdap, Influenza) and exposure follow-up (TB).

#### **Bundle of Care of Evidence-Based Best Practices**

#### **Evidence-based best practices for preventing healthcare associated infections**

- Care of patients with Multi-drug Resistant Organisms (MDRO) (i.e. MRSA, VRE, CRE)
  - Hand hygiene (alcohol based hand sanitizer or soap and water) before and after patient contact
  - Carefully clean and disinfect patient care equipment between patients
  - Use dedicated patient care equipment when possible

- Maintain Contact Precautions for the duration of the hospitalization
- Foley Catheter Insertion and Maintenance
  - Insert urinary catheters only for appropriate indications and leave in place only as long as needed.
  - Consider using alternatives such as external catheters (condom catheters) or intermittent catheters
  - Insert urinary catheters using aseptic technique and sterile equipment.
  - Properly secure indwelling catheter after insertion to prevent movement and urethral traction.
  - Maintain unobstructive urine flow by:
    - Keeping the catheter and collecting tube free from kinking
    - Keeping the collecting bag below the level of the bladder at all times. Do not rest the bag on the floor.
  - Always use gloves and perform hand hygiene before and after handling the drainage device for any reason
  - Urinary catheters placed at outside facilities should be replaced on admission unless contraindicated by a physician
  - Urinary catheters should be replaced in the presence of infection, obstruction or when the closed drainage system is compromised
  - Do not change indwelling catheters or drainage bags at routine, fixed intervals unless based on clinical indications such as infection, obstructions, or when the closed system is compromised.
  - Promptly remove urinary catheters that are no longer indicated. Most urinary catheters can be removed by a nurse utilizing the same nurse driven Foley removal protocol. A physician order is required for removal of urinary catheters.
- Central Line Insertion and Maintenance
  - Perform hand hygiene before insertion and while handling the catheter
  - Use of 2% chlorhexidine skin prep at insertion
  - Use of maximal sterile barrier precautions (provider wears gown, gloves, mask and head cover; patient is covered in a full body drape)
  - Preferred site is subclavian; document if unable to use this site
  - Minimize days of central line use by daily assessment if continued presence of central line is necessary, and removal when not needed.
  - Use sterile technique with alcohol followed by 2% chlorhexidine site care for dressing changes.
  - When accessing, vigorously scrub the hub with alcohol or 2% chlorhexidine for a minimum of 15 seconds and allow to air dry.
  - A provider order is required if heparin flushes are indicated to maintain central line patency

Note: Every clinical area has sterile barrier trays that, when used in conjunction with the procedure kit and gloves, provides all sterile product items required for procedures.

- Care of patients on Ventilator
  - Head of bed elevation at 30°-45°
  - Oral care: antiseptic rinse every 4 hours and tooth brushing twice per day
  - Assess readiness to extubate daily and minimize days of ventilator use

- DVT prophylaxis
- GI bleed prophylaxis for patients at risk
- Patients undergoing Surgery
  - Hair removal: if required, use clippers - No razors
  - Not all surgeries need prophylactic antibiotics (Check with your department or infection control when in doubt)
  - Choice of prophylactic antibiotic is institution-dependent; choice of antibiotic and timing of antibiotic are core measures (Check with your department or infection control and prevention department)
  - Time prophylactic antibiotic within 1 hour prior to surgery (“cut”) time (2 hours for vancomycin and fluoroquinolones). Extended surgery length requires re-dosing of antibiotics
  - Discontinue prophylactic antibiotic within 24 hours (48 hours for cardiac surgery) after surgery stop time.
  - Strict glucose control perioperatively
  - Ensure normothermia perioperatively
  - Use 2% chlorhexidine wipes skin prep pre-operatively (patients with a CHG allergy should be directed to use antibacterial soap and water for pre-op bathing)
  - Preoperative bowel prep
  - High flow FiO<sub>2</sub> (>80%)
  - Use Chloraprep or Duraprep skin prep
  - Separate closing instruments accompanied by change of gown and gloves prior to closing and discussion of wound class
  - Wound protector and GU irrigant used intra-operatively
  - Post-operatively O<sub>2</sub> levels should be maintained for 2 hours (100% non-rebreather or 80% for intubated patients)
  - Post-op dressing removal by surgical team at 48 hours

Note: be sure to document your best practices. Use templates if available. Remember “Not documented=Not done!”

### **Hand Hygiene**

Hand hygiene includes the practices of hand washing, antiseptic hand rub and surgical hand antisepsis and is the single most effective means of preventing transmission of pathogens.

#### **Technique for using hand sanitizer**

- Dispense one pump of hand sanitizer into your hand
- Rub palms of hands, between fingers, up to wrist and fingertips.
- Continue to rub hands until completely dry (15-20 seconds).

#### **Technique for hand washing**

- Wet hands first (prevents soap irritation to skin).
- Apply one pump of soap and lather.

- Rub palms of hand, between fingers, up to wrist and wash fingertips.
- Use friction for at least 15 seconds.
- After rinsing with water, dry with clean paper towel.
- Turn off faucet with paper towel.

### **Hand hygiene with hand sanitizer or hand wash**

- Must be performed
  - Before direct contact with patients.
  - Before putting on gloves and after removing gloves
  - Before inserting central intravascular devices,
  - Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices.
  - After direct contact with a patient's skin.
  - After contact with body fluids, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
  - When moving from a contaminated body part to a clean body part during patient care.
  - After contact with inanimate objects in the immediate vicinity of the patient (including, but not limited to, anything in the bed space area of the patient).
  - When leaving the patient room/bed space if there has been any contact with the patient or the patient's environment.
  - Before handling medication.
  - Before handling food.
- Alcohol-based hand sanitizer is the preferred method for hand hygiene in most situations due to the superior efficacy in rapidly reducing bacterial counts and the ease of use. Alcohol-based hand sanitizer kills bacteria and many viruses but not *C.diff* spores or some enteric viruses like norovirus.
- Hand washing is the required method of hand hygiene:
  - After using the restroom.
  - Before eating.
  - When hands are visibly dirty or contaminated with proteinaceous material or with blood or other body fluids.
  - After caring for patients with infectious diarrhea.
- Use only lotions and moisturizers provided by the facility (petroleum based products are associated with glove breakage).

### **Nail policy**

- No artificial nails.
- Nails no longer than ¼ inch.
- Bacteria can reside under the nails and around chipped nail polish, even with appropriate hand hygiene, which has been associated with outbreaks at some hospitals.

## Respiratory etiquette:

- Cover nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- When tissues are not available, cough into fabric such as your sleeve. Cover your cough with your arm, not your hand.
- Perform hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

## Standard Precautions

### Standard Precautions

- Apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes.
- Considers all patients and all body fluids as potentially infectious.
- Prevents transmission of HIV, Hepatitis B Virus, Hepatitis C Virus, and other bloodborne pathogens.
- Require use of appropriate personal protective equipment (PPE) to protect yourself from exposure.
- PPE (gowns, gloves, face shields/safety eyewear, masks, and shoe covers) is worn to protect skin/clothing from coming into contact with blood or other potentially infectious material.
- PPE should only be worn in procedure areas and patient rooms. **PPE in public areas such as the cafeteria, elevators and lobbies is not acceptable** as it is a potential vector in transmission of pathogens and may be perceived as lacking professionalism.

### Key points about PPE

- Don before entering the room (all except gloves, which should be put on after hand hygiene is performed, preferably while in the room with the patient and just before glove use)
- Remove and discard carefully prior to exiting the room or bay except for particulate masks use in Airborne Infection Isolation Rooms; these should be removed outside room and discarded.
- Immediately perform hand hygiene after removal of PPE.
- Sequence for donning PPE (combination for PPE required for task will affect sequence)
  - Gown first
  - Mask or respirator
  - Goggles or face shield
  - Gloves extended over gown cuffs

- Sequence for removing PPE (Front of PPE will be contaminated. The back ties and straps are considered clean):
  - Peel gloves away from hand, turning glove inside out.
  - Face shield or goggles
  - Peel gown away from the body while turning it inside out.
  - Mask or respirator
  - Hand hygiene
  -
- Gloves
  - Always use hand hygiene prior to putting on gloves.
  - Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items.
  - Put on clean gloves just before touching mucous membranes and non-intact skin.
  - Change gloves **between** tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
  - Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient,
  - Wash hands immediately to avoid transfer of microorganisms to other patients and environments.
  - Wearing gloves is not a substitute for hand hygiene.
- Mask
  - Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Use of Gowns
  - Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
  - Select an appropriate gown for the activity and amount of fluid likely to be encountered. Opening is in the back. If gown is too small, use two gowns. Gown #1 ties in the front and Gown #2 ties in the back.
  - Remove a soiled gown as promptly as possible.
  - Wash hands to avoid transfer of microorganisms to other patients or environments.

## **Patient Care Equipment**

- Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
- Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
- Ensure that single-use items are discarded properly.

## Work Practice Controls

- Use safety needle devices whenever possible.
- Do not recap needles. If no alternatives are available, recap only by using the one-hand scoop method.
- Specimen transport in leak-proof secondary bags or containers.
- Contaminated or biohazard waste management.
- No food, eating, smoking, or application of cosmetics in work areas.
- Capped/lidded drinks are allowed in non-patient care work areas. On patient care units, these drinks are allowed only at the main nurse station, not in the hallway or other areas except break rooms.
- Personal bags or backpacks should not be stored in hallways or near patient care equipment or carts.

## Exposure Controls

- Types of bloodborne exposure
  - Percutaneous injury such as needlestick or cut with a sharp object.
  - Contact of mucous membrane with non-intact skin (abrasions, dermatitis, or chapped skin).
  - Contact with non-intact skin or extensive skin contact with blood, tissue, or other body fluids.
- Post-exposure evaluation and prophylaxis
  - Immediately STOP what you are doing and safely pass off continued patient care.
  - Wash injury with soap and water and initiate aggressive local wound care to the exposed site; for mucous membrane exposures, rinse out with saline or use a permanent eye wash station.
  - Draw a red-top tube of the patient or source to whom you were exposed if available
  - Bring the tube of blood to the Employee Health Clinic (EHC) immediately during regular hours (M-F 7:30 a.m.-3:30 p.m.), any Express Med clinic after the EHC closes (3:30 p.m. – 8:30 p.m., or the Emergency Department when Express Med is closed.
  - Be sure to inform the clerk of the need to be evaluated as a result of an exposure. This will help expedite you through the system.
  - Complete the on-the-job injury online form (located under Staff Resources/Employee Health and Wellness) as completely as you can. This information helps analyze means of preventing exposures in the future.
  - Take post-exposure prophylaxis as recommended.
  - Follow-up with the Employee Health Clinic on the first work day after the exposure.

## **Transmission Based Isolation Precautions**

Transmission based isolation precautions are designed by the Centers for Disease Control and Prevention to break the chain of transmission of specific infectious agents.

- Isolation precautions:
  - Rationale of placing a patient in appropriate isolation precautions:
    - Protect you from infectious pathogens, i.e., airborne precautions for TB, droplet precautions for Influenza.
    - Protect the patient from cross contamination. Contact Precautions for multi-drug resistant organisms.
  - Contact Precautions are for direct transmission through hands, clothing, and common equipment. At University Health System, two types of contact isolation are used: regular Contact Precautions and contact-enhanced precautions. Contact-enhanced precautions are used for patients with *Clostridium difficile* and patients who are incontinent, requiring a diaper. These patients require hand washing with soap and water.
  - Droplet precautions are for large-particle aerosols of respiratory secretions. Patients are placed in a private room with door closed; the physician wears a regular surgical mask.
  - Airborne precautions are for small-particle aerosols of respiratory secretions. For a patient in an Airborne Infection Isolation Room (AIIR), the physician must wear an N95 mask.
  - A combination of precautions may be necessary
    - Contact + Droplet: Adenovirus, Parainfluenza in infants and young children, Diphtheria (pharyngeal).
    - Contact + Airborne: Chickenpox, SARS, Smallpox, Viral Hemorrhagic Fever, Emerging Pathogen-Transmission Unknown.

Note: See Infection Control and Prevention webpage on the UHS Intranet or Clinical Resources on Sunrise for isolation precautions and supplemental pediatric isolation precautions for disease/organism specific guidance.

### **How to Don a Particulate Respirator or N95 mask**

- Select the N95 mask size for which you have been fit tested.
- Place over nose, mouth and chin.
- Securely fit flexible nose piece over bridge of nose.
- Secure on head with elastic.
- Adjust to fit.
- Perform a fit check (this must be done each time you don an N95 mask)
  - Inhale: respirator should slightly collapse around face.
  - Exhale: there should not be any air leakage around face.



## Antimicrobial Resistance and Stewardship

The development of antibiotics make once lethal infections readily treatable and prompt initiation can save lives by decreasing mortality in serious infections. However, overuse of antibiotics can lead to antibiotic resistant organisms. The Center for Disease Control (CDC) recommends focusing on the Four Core Actions to Prevent Antibiotic Resistance:

- 1. Preventing Infections and Preventing Spread of Resistance** – Avoiding infections in the first place reduces the amount of antibiotics that have to be used and reduces the likelihood that resistance will develop during therapy. There are many ways that drug-resistant infections can be prevented:
  - Immunization
  - Handwashing
  - Using antibiotics as directed and only when necessary
  
  - Remove catheters once the patient no longer meets the appropriate indication
  - Following Standard and Transmission Based Precautions.
- 2. Tracking Resistance Patterns** – CDC gathers data on antibiotic-resistant infections, causes of infections and whether there are particular reasons (risk factors) that caused some people to get a resistant infection. With that information, experts can develop specific strategies to prevent those infections and prevent the resistant bacteria from spreading.
- 3. Improving Antibiotic Prescribing/Stewardship** – Changing the way antibiotics are used is perhaps the single most important action required to greatly slow down the development and spread of antibiotic-resistant infections.
  - Up to 50% of antibiotics prescribed today are unnecessary or inappropriate. Patients unnecessarily exposed to antibiotics are at risk for serious side effects without clinical benefit. Antibiotic risks include:
    - *Clostridium difficile* infection – organism that causes diarrhea but may cause death in some patients.
    - Side effects – kidney and liver damage, heart problems, allergic reactions, etc.
    - Antibiotic resistance – spread of resistant organisms can harm the health of people who have not even been exposed to antibiotics.
  - Antimicrobial stewardship programs (ASPs) optimize clinical outcomes and patient safety while minimizing unintended consequences of antimicrobial use. Everyone is an antimicrobial steward and can help prevent the development and spread of antibiotic resistant bacteria by:
    - Using the right antibiotic for the right bug and for the right patient.
    - Ensuring all orders have dose, duration, and indications.
    - Obtaining cultures before starting antibiotics.
    - Taking an “antibiotic timeout” – reassessing antibiotics after 48-72 hours.
- 4. Developing New Drugs and Diagnostic Tests** – Since antibiotic resistance occurs as a part of a natural process in which bacteria evolve, it can be slowed but not stopped. Consequently, there will always be a need for new antibiotics to keep up with resistance bacteria as well as new diagnostic tests to track the development of resistance.

## **Current environment of healthcare and the need for infection prevention**

- Patient advocacy groups and consumer unions lobbied for more stringent measures to prevent healthcare-associated infections, as well as increased accountability on the part of hospitals and healthcare providers. Texas Senate Bill 288 was passed in 2007 enacting mandatory reporting of specific healthcare associated infections. In 2012, Center for Medicare and Medicaid Services (CMS) implemented pay for performance (P4P or Value Based Purchasing):
  - Healthcare Acquired Infections (HAI) that are available to the public:
    - All inpatient central-line blood stream infections,
    - All inpatient urinary catheter associated urinary tract infections,
    - All coronary artery bypass, hip and knee arthroplasty, colon and hysterectomy surgical site infections
    - All *Clostridium difficile* infections and all MRSA bacteremia.
  - Data on HAI is reported to CMS through the CDC's National Healthcare Safety Network.
  - CMS does not pay for certain complications that occur in the hospital.

Please refer to infection control and prevention policies located on the UHS intranet website under Services > Infection Control and Prevention:

- IC 5.5 Prevention of Transmission of Tuberculosis in the University Health System TB Exposure Control Plan.
- IC 5.7, Bloodborne Pathogens Exposure Control Plan
- IC 5.9, Standard and Transmission Based Precautions
- IC 5.16, Reporting Communicable Diseases and Conditions
- IC 5.28, Influx of Infectious Patients
- IC 5.30, Outbreak Investigations
  - [www.cdc.gov/hai](http://www.cdc.gov/hai)
  - [www.ihl.org](http://www.ihl.org)
  - [www.coughsafe.com](http://www.coughsafe.com)
  - [www.cdc.gov](http://www.cdc.gov)

## **SECTION XI** **QUALITY IMPROVEMENT AND PATIENT SAFETY**

The organized medical staff has a leadership role in all Health System clinical performance improvement activities to improve quality of care, treatment and services and patient safety. The organized medical staff is required to participate in the measurement, assessment and improvement of processes that affect the quality of healthcare service delivered. Working together, the Department of Quality Improvement & Accreditation, Infection Prevention and Risk Management are charged with ensuring the Health System continuously works toward establishing and maintaining a safe patient and staff environment.

The requirement is support through the medical-dental staff committee structure and the following University Health System departments:

- Quality Improvement
  - Abstraction of data elements from medical records for focus reviews or identified by regulatory and/or accrediting agencies (i.e., Center of Medicare and Medicaid Services, Joint Commission, various registries) with the intent of monitoring standards of care, compliance with conditions of participation, and/or impact reimbursement.
  - Aggregates and analyzes data for specific needs and expectations, such as how well the hospital meets the needs and expectations of the patient.
  - Publish reports for Health System goals related to Quality.
  - Identifies opportunities for system improvement through reductions in variation.
- Accreditation Services
  - Oversees the continuous readiness of the Health System as it relates to compliance with the regulatory and/or accrediting agencies (i.e., Joint Commission, Center for Medicare/Medicaid Services, Texas Department of Human Services, etc.). Monitors compliance through proactive tracer activities, committee participation, policy and procedure reviews.

## Frequently Asked Questions

*What drives the monitoring of quality?*

Regulatory Agencies:

- Center for Medicare & Medicaid Services (CMS)
- Texas Department of Health and Human Services (TDHS)

Accreditation Agencies:

- The Joint Commission
- College of American Pathology
- American College of Surgeons

Publicly Reported Data:

- CMS Star Ratings (Hospital Compare)
- The Leapfrog Group (Hospital Ratings and Safety Scores)
- Patient safety issues as identified through Risk reporting

*What are the University Health System policies that define and instruct staff, providers and House Staff on quality improvement and patient safety?*

- University Health System Corporate Policy Series 5.0

*What is the intent of CMS survey or The Joint Commission accreditation survey?*

- To ensure healthcare organizations are continuously providing safe and quality healthcare to the public.

*How do we create a safe environment?*

- Adoption of evidence based practices and standardization of work processes.
- Adherence to accrediting, regulatory and federal and state rules and code.

- External reviews.
- Internal reviews and reporting of errors, near misses (Root Cause Analysis, peer review, in-depth reviews)
- Internal proactive process improvement activities (PI, FMEA, Rapid Cycle Testing, Plan-Do-Act-Control)
- Transparent and consistent quality and patient safety reporting (i.e., UHS Quality Dashboard, Sepsis Dashboard, Core Measures).

*What is a near miss?*

- An event that could have resulted in an accident, injury or illness but did not, either by chance or through timely intervention.
- Near misses are opportunities for learning and developing preventive strategies and actions.

*What is FMEA?*

- Failure Mode and Effect Analysis: A systematic method of identifying and preventing product and process problems before they occur.

*What are some examples of clinical indicators/outcomes established by the Health System to monitor quality of care with patient events?*

- Mortality – number of deaths
- Readmissions
- Hospital-acquired Injuries
- Healthcare-associated Infections
- Surgery and Invasive Procedures
- Transfusion Reactions
- Blood Product Utilization
- Cardiopulmonary Resuscitation
- Falls
- Medication Errors
- Advance Directives
- Use of Restraints
- Sedation and Analgesia
- Pain Management (5<sup>th</sup> vital sign)

## **SECTION XII** **RISK MANAGEMENT**

Risk Management includes any activity or process undertaken by the University Health System to identify, evaluate and reduce the risk of injury to patients, staff and visitors. The main objectives of risk management include improving the quality of care provided to patients, promoting a patient-safe environment and, as a result, prevent or minimize financial loss and the risk of liability exposure to the University Health System, while continually improving the care

provided to our patients. The House Staff is a front-line participant in the elimination or reduction of unsafe systems and practices.

Reporting of any occurrence, sentinel events or patient safety concern is a key component of the Risk Management Program and can be done through the Health System occurrence reporting system. Access can be found on the University Health System corporate webpage. No login is required. Or you may contact the Risk Management department directly at (210) 358-1345 to report or obtain guidance. A Risk Management representative is on-call and available 24/7 via cell phone at (210) 668-3073. When in doubt, you are encouraged to contact Risk Management for guidance. Reporting of an event is a way to communicate opportunities to improve processes and make improvements. Anyone involved, anyone who witnesses or anyone who is aware is responsible for reporting. Examples of events to report include by are not limited to:

- medication events
- falls
- equipment issues
- unprofessional conduct
- good catches
- blood transfusion events
- allegations of abuse/assault
- any unanticipated outcome

Risk Management staff investigate and review all electronic risk assessment (eRAF) reports; and quality of care concerns referred by patient relations, facilitate root cause analysis, and manage the medical-dental peer/case review process. The Risk Management staff, along with Quality Improvement and Clinical Outcomes staff support investigation by, and responses to, reports or visits from federal and state agencies as well as any accrediting entities.

There are three corporate policies that define and instruct all Health System staff, providers and House Staff in the management of occurrences, reporting, and investigation. The following policies can be found by going to the health system Corporate webpage and clicking on the tab at the top right of the screen titled CORPORATE, then clicking on the Corporate Policies link. Please read the following:

- Occurrence Reporting (Policy 5.01.05)
- Sentinel Events (Policy 5.08)
- Communication of Unanticipated Outcomes (Policy 5.11)

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm or severe temporary harm. Such events are called "sentinel" because they signal the need for immediate investigation and response. The terms "sentinel event" and "medical error" are not synonymous. Not all sentinel events occur because of an error and not all errors result in sentinel events. Sentinel events, as defined by our accrediting organization, include, but are not limited to the following:

- An event that has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.
- Suicide of any patient receiving care, treatment and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital's emergency department.
- Unanticipated death of a full-term infant.
- Abduction of any patient receiving care, treatment or services.
- Discharge of an infant to the wrong family.
- Any elopement (this is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the emergency department), leading to death, permanent harm, or severe temporary harm to the patient.
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment and services while on site at the Health System's premises.
- Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the Health System's premises.
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups).
- Invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure.
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery.
- Severe neonatal hyperbilirubinemia (>30mg/dl).
- Prolonged fluoroscopy with cumulative dose of >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose.
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care.
- Any intrapartum (related to the birth process) maternal death.
- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm.

## **SECTION XIII**

### **DEPARTMENTAL INFORMATION**

#### **Rehabilitation Medicine**

University Hospital's Reeves Rehabilitation Center has been one of the South Texas region's leading providers of physical rehabilitation services since 1994. University Hospital is the primary teaching hospital for UT Health San Antonio, School of Medicine, Department of Rehabilitation Medicine. Accredited by The Joint Commission, Reeves Rehabilitation Center honors the late San Antonio jurist Judge Blair Reeves and his lifelong determination to master the disabilities he sustained in World War II.

## **Our Rehabilitation Medicine & Therapy Services**

The physicians and nurses at Reeves Rehabilitation Center provide a comprehensive array of inpatient and outpatient rehabilitation services to aid our adult, pediatric and neonatal patients in recovering from polytrauma, brain injury, heart attack, as well as congenital issues, surgical or medical procedures and premature birth. Our rehabilitation services include:

- Physical therapy to focus on balance, gait training, strengthening and agility
- Occupational Therapy for improving independence with Activities of Daily Living, upper extremity coordination and fine motor development
- Speech therapy for improved language, communication and swallowing abilities along with cognitive retraining.

## **Our Rehabilitation Facilities**

A Reeves Rehabilitation Center inpatient service is located on the sixth floor of University Hospital, with Outpatient services available at the medical center pavilion directly across from University Hospital, at Robert B. Green Campus, Texas Diabetes Institute and University Family Health Center-Southeast. We also staff therapists at University Hospital to evaluate and treat patients in acute care ranging from neonates to adults along with providing wound care services through the Skin, Wound and Ostomy Center.

## **Comprehensive Inpatient Rehabilitation**

The inpatient rehabilitation program at Reeves Rehabilitation Center provides an environment where patients can receive increasingly challenging therapy, with a goal towards a safe and effective return home and into the community. Working together with the patient and the patient's family, our interdisciplinary team of physicians, nurses, occupational therapists, physical therapists, speech language pathologists, case managers and rehab counselors dedicate themselves to helping each patient reach his or her highest level of recovery.

The following diagnoses and conditions are commonly treated at Reeves Rehab:

- Stroke
- Spinal Cord Injury
- Amputation
- Major Multiple Trauma
- Traumatic and Non-traumatic Brain Injury
- Neurological Disorders (including Parkinson's, Multiple Sclerosis and Muscular Dystrophy)
- Debility
- Hip Replacements
- Bilateral Knee Replacements
- Medically Complex (Transplants)
- Pulmonary
- Cardiac

## Outpatient Rehabilitation Services

Reeves Rehabilitation therapy services are offered in outpatient facilities around San Antonio. The treatments provided address patients with prevention and rehabilitation of acute or prolonged dysfunction.

Outpatient Therapy Services offered include:

- Physical Therapy Services
  - Orthopaedic Rehabilitation
  - Stroke and Neuromuscular Rehabilitation
  - TheraSuite® Method
  - Facial Nerve Rehabilitation
  - Vestibular Rehabilitation
  - Bioness®
  - ESKO Exoskeleton
- Occupational Therapy Services
  - Hand Therapy
  - Orthopaedic Rehabilitation
  - Stroke and Neuromuscular Rehabilitation
  - Driving Assessment
- Speech & Language Therapy
- Hearing and Balance
- Brain Injury Day Program
- Lymphedema Therapy
- Pre & Post Breast Surgery Rehabilitation

## Method of Referral

Referral to rehabilitation medicine physician, therapy services, and wound care clinic can be done via Sunrise EMR or through the following telephone numbers:

<b>Location</b>	<b>Telephone Number Area Code (210)</b>	<b>Fax Number Area Code (210)</b>
Inpatient Reeves Rehabilitation	358-2637	358-4795
Reeves Acute Care Rehabilitation	358-1057	
Wound Care Clinic	358-8707	358-4750
Rehab Medicine Outpatient Physician Clinic	743-7191	Rehab: 358-4740 EMG: 743-7191
Outpatient Therapy-Pavilion	358-2710	358-4739
Outpatient Brain Injury Program	358-2710	358-4739
Hearing and Balance Center	358-4583	358-2654
UCH & SE Outpatient Therapy	358-7024	358-7869
Robert B. Green Outpatient Therapy	358-5815	358-3685



## Research Department

### Clinical Research Department Contact Information

E-Mail: [research@uhs-sa.com](mailto:research@uhs-sa.com)

Phone: (210) 743-6450

Website: [http://hr.universityhealthsystem.com/research/Research\\_Department\\_Home.htm](http://hr.universityhealthsystem.com/research/Research_Department_Home.htm)

The Clinical Research Department is responsible for a Human Protections Administration Program that assures all study activities related to human subject research, regardless of funding source, is guided by the principles of the Belmont Report (respect for persons, beneficence, and justice).

The University Health System Clinical Research Department facilitates the review and approval of each research protocol conducted within the University Health System (UHS).

All IRB approved studies conducted at any UHS site(s) are required to be submitted to the research office prior to beginning any research activity. Additionally, projects determined by the IRB as Research Not Involving Humans, Non-Regulated Research, Quality Improvement projects, Exempt Research, Repository, Treatment Protocols, Humanitarian Use Device, Expanded Access, and Emergency Use protocols require UHS review. The department evaluates research projects to determine the impact and extent of support required to execute a proposed research protocol.

Each protocol that requires clinical support services will require a contract to be established between the Health System and the Investigator. All UHS research contracts are created and managed by the Clinical Research Department. The Research Department is also responsible for all research-related invoicing and collections.

All investigators and staff engaged in research must have appropriate UHS privileges and demonstrate sufficient knowledge of the ethical principles and guidelines for protecting human research subjects. This requirement must be satisfied either through the completion and periodic renewal of the appropriate web-based training available through the Collaborative Institutional Training Initiative (CITI) at the University of Miami at <http://www.citiprogram.org> or its equivalent.

The Research Compliance Program is an integral component of the Human Research Protection Program. The Research Compliance Program is dedicated to the success of all clinical research studies and serves as an internal resource for training and education to investigators and research staff to provide accountability and excellence in research. The Compliance Program conducts internal monitoring and auditing of human subject research studies to promote compliance with laws and regulations, continuous improvement and best practices. Open lines of communication and reporting is maintained through an open-door environment including the operation of a toll-free University Health System Integrity Hotline (877-225-7152) to report suspected or actual misconduct.

## **Pharmacy Services**

Pharmacy Services assists House Staff in any manner relating to pharmacy practice. Specific services include inpatient and outpatient dispensing, intravenous admixture, investigational drug dispensing, drug information and therapeutic drug monitoring, patient rounding, and consults for certain clinical services.

Pharmacists are available in most of the patient care areas on the day shift to provide clinical support to House Staff and Patient Care Services and are available 24/7 in the Inpatient Central Pharmacy.

### **Pharmacy and Therapeutics Committee**

The Pharmacy and Therapeutics (P&T) Committee is a medical-dental staff committee composed of members of each of the services. The committee establishes and maintains the drug formulary and oversees development of criteria for use of certain drugs. It sets and reviews policies related to the procurement, storage and use of medications.

Pharmacy Services implements the decisions of the committee. Requests for changes to formulary or policy review must be submitted by a faculty physician to the committee for action.

To review the Pharmacy and Therapeutics Committee Policy, click on the “Pharmacy” link from the UHS intranet home page and then on the “Policies” tab on the left side of the “Pharmacy Home” page. The Pharmacy & Therapeutics Committee Policy link is available on the “Policies” page.

### **University Health System Formulary**

University Health System (UHS) has a restricted formulary. The mission of the formulary process is to promote the use of safe and cost-effective drugs for specific medical indications. The hospital formulary is available on-line from any UHS computer as part of Lexi-Comp Online™ and can be accessed by various methods:

- From the Home page via the “Pharmacy” link, click on “LexiComp” from the “Pharmacy Home” page or click on Clinical Pharmacy references tab on the left from the “Pharmacy home” page then “Lexi Comp (UHS Formulary Information)”.
- From within Allscripts Sunrise by clicking on “Tools” above the icon toolbar; from that drop-down you can select several options:
  - “Clinical Inquiry” then (after logging in), click on Clinical Pharmacy references, then LexiComp (UHS Formulary Information).
  - “UHS Clinical Resources”, then click on UHS formulary.
  - “Pharmacy Intranet Page”, then click on Clinical Pharmacy references.
  - After selecting a patient on your Sunrise list, click on the gray tab called the “InfoButton” below the patient header. Here you will see links to various clinical references including LexiComp.
  - Links are available from within the medication order for most medication orders.

The use of non-formulary and restricted drugs on an inpatient basis must be discussed with the attending faculty physician ordered on behalf of that attending and approved by pharmacy. The pharmacist will assist with recommendations for an available formulary alternative.

- Non-formulary Home meds: If a physician wishes to continue a patient's home regimen of a non-formulary medication, while the patient is in the hospital, the physician can write an order for the patient to use their own medication. If the patient does not have the medication available for use, the pharmacist can recommend a formulary alternative.

### **Clinical Pharmacy Consults**

Physicians may place consult orders in Sunrise for certain clinical pharmacy services. Please contact your pharmacist for additional information on how to place an order for these services. See Pharmacy Policies 4.0204 to 4.0204d located in the "Policies" section on the "Pharmacy" home page for protocol details.

- Discharge Medication Counseling on the following topics
  - Anticoagulation Discharge Medication Education
  - Pediatric Discharge Medication Education
  - Transplant Discharge Medication Education
  - "High-Risk" stratified patients on 5ACU and MED9 (Pilot Project)
- IV to PO Conversion per Protocol
- Pharmacy to Dose and Monitor Vancomycin Protocol (6ACU Pilot Project)

### **Ordering and Transcribing**

Only medications needed to treat the patient's condition will be ordered. Variations from hospital-approved indications will be followed up by the pharmacist verifying the order.

- There must be a documented diagnosis, condition, or indication for use for each medication ordered. For inpatient orders, the medical record chart will suffice.
- Order sets are encouraged, from a patient-safety aspect. Standing orders, with specific instructions from the Licensed Independent Practitioner to administer a medication to a patient in clearly defined circumstances, are approved through services at the Clinical Management Team level.
- PRN orders must include specific, clear instructions that define when each therapy is to be used. PRN orders for multiple medications for the same indication must include directions for preferred administration sequence. Pharmacy and nursing will contact the physician for clarification if order is unclear.
- Examples of acceptable PRN orders for analgesics are as follows:
  - Acetaminophen 325mg, 2 tabs po q4h PRN pain scale 1-3
  - Hydrocodone/Acetaminophen 5mg/325mg, 1 tab po q4h PRN pain scale 4-7
  - Morphine 2mg IV push q4h PRN pain scale 8-10
- Examples of acceptable PRN orders for antiemetics are as follows:

- Ondansetron 4mg IV push Q8h prn nausea
- Promethazine 25 mg IV push Q6h prn nausea unrelieved by ondansetron
- PRN orders for antipsychotic and anxiolytic medications must contain:
  - Target symptoms which trigger use
  - Dose
  - Minimum interval allowed between doses
  - Maximum dose in 24 hours
- Blanket reinstatements or previous orders are not allowed.
- Orders for medication-related devices are deemed acceptable in the course of ordering medications where these devices are used, i.e., nebulizers, spacers, etc.
- Titration orders must include the following required elements:
  - Starting rate
  - Increment of change (i.e. how MUCH rate may be changed)
  - Interval (i.e. how OFTEN rate may be changed)
  - Physiologic endpoint (e.g. MAP >65)
  - Max rate, or when to contact provider
- Range orders are prohibited, with the following exception:
  - Increment (amount) of change in titration orders of vasopressors, sedatives, and analgesics
- Taper orders must contain amount of dose reduction for each step and when each step is to occur, i.e. Prednisone taper.
- A current height and weight must be entered in the electronic medical record for every patient prior to medication ordering.
- Herbal products or other alternative medications will not be stocked or stored in the Pharmacy. They will not be available for use.
- The use of any blue dye (methylene blue, indigo carmine, FDC blue dye, etc.) in enteral feedings is banned.

### Prohibited Abbreviations<sup>1</sup>

Medication orders will not be processed if prohibited abbreviations are used.

Abbreviation	Potential Problem	Use Instead
U, u (units)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write units
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write “international unit”
MS MSO4 MgSO4	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write “morphine sulfate” or “magnesium sulfate”
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”	Write “daily” Write “every other day”
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed.	Write X mg Write 0.X mg

<sup>1</sup> Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

\*Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

## Legal Requirements for Writing Prescriptions

Please provide the following information on prescriptions for University Health System patients. Medical-Dental staff, physician assistants/nurse practitioners and contract providers should provide the following information in order to avoid unnecessary delays. Only one (1) prescription per sheet should be written or electronically imprinted on tamper-resistant paper.

- Patient name
- Diagnosis, condition or indication for which the drug is intended.
- Date of issuance.
- Patient’s date of birth is required for controlled substance prescriptions.
- Address is optional **except** for controlled substance prescriptions.
- Medication (generic name is preferred).
- Directions for administration. Range orders must contain appropriate elements (i.e., dose range, route, a fixed time interval and any limitations). Note: “every 4-6 hours” is not acceptable. (Example: Vicodin 1-2 tabs PO, every 4 hours not to exceed 8 tabs in a 24-hour period).
- Quantity. Controlled substance prescriptions must include Arabic and script/print (i.e., 30 (Thirty)).
- Refill quantity. Please write “Zero” if no refills are authorized.
- Physician signature and physician name printed in the box below the signature (name stamp is permissible). Printing of the physician’s name is a legal requirement.
- Physicians (House Staff, faculty, physician extender) must include the 5-digit provider number assigned by Professional Staff Services or CareLink on all prescriptions. This makes it a valid UHS prescription.
- Telephone number/pager of the physician, including the area code.
- DEA registration number or suffix number must be included on controlled substance prescriptions. The hospital DEA number should be written on the prescription if using a suffix.
- Physician assistants and nurse practitioners must include their license number and/or their prescriptive authority number on all prescriptions. If the prescription is for a controlled substance, please refer below for additional required information.
- Physician assistants and nurse practitioners who have a personal DEA number may prescribe Class III-V controlled substance prescriptions. These prescriptions must have their DEA and the name and DEA number of their supervising physician to be legal. Effective September 1, 2009, mid-level prescribers can issue a controlled substance prescription including refills for no more than a 90-day supply.
- Schedule II prescriptions must be filled within 21 days after the prescription was issued. The official prescription form is void if presented for filling later than 21 days after the

date of issuance. A new prescription is required. Three prescriptions of a 30-day supply can be written for a Schedule II. Each prescription will contain the original date and the subsequent date the next prescription can be filled.

## **Controlled Substance Prescriptions**

All controlled substance prescriptions must contain clear, concise and complete patient directions. Pharmacy Services will not dispense controlled substance prescriptions that contain directions such as “take as directed”.

- Prescriptions for Schedule II Controlled Substances must be written on prescription forms supplied by the Texas State Board of Pharmacy to an individual physician.
- Schedules III, IV, V controlled substance prescriptions may be written on University Health System prescription blanks by medical-dental staff members licensed to practice in Texas that have a current, valid DEA number. House Staff or military physicians practicing under a current institutional permit issued by the Texas Medical Board may prescribe controlled substances. Practitioners writing controlled substances for ambulatory patients must write these prescriptions in ink, and prescriptions must include the following information:
  - Date prescription is written
  - Full name and address of the patient
  - Patient’s date of birth
  - Name of the physician, to include signature and printed name in space provided
  - DEA number of prescribing practitioner (use the hospital’s DEA number and your assigned suffix supplied by the hospital if you are a House Staff on a training permit)
  - Medication quantity written in both numeric and alphabetic form, diagnosis or indication.
- Refills for controlled substances
  - Schedule II drugs – no refills
  - Schedule III-V drugs – maximum of 5 refills; prescription expires 6 months from the date written
- Pharmacy Service will not dispense a Schedule II drug if the prescription is older than 21 days (or the future fill date is greater than 21 days)
- Practitioners may not write prescriptions for controlled substances (Schedules II, III, IV, V) for themselves or their dependents; they must have such drugs prescribed by another physician with a valid DEA number.
- Currently UHS providers cannot submit e-prescriptions for controlled substance.

## **Dismissal Medications**

Physicians will enter dismissal medication orders in Script Writer. Orders for dismissal medications should be written to “Anticipate Discharge” 24 hours prior to dismissal. If the patient is not medically capable of being dismissed the following day, the physician can cancel the order. If a Nurse Practitioner, Physician Assistant or Medical Assistant enters dismissal medication orders in Script Writer, the name of the Supervising Physician must also be on the

prescription. Controlled substance prescriptions must include the DEA number of the prescribing practitioner (or hospital DEA number and assigned suffix if you are a House Staff on a training permit) as well as the DEA number of the Supervising Physician. If a Schedule II medication is prescribed, it must be written on prescription forms supplied by the Texas State Board of Pharmacy to an individual physician. House Staff should familiarize themselves with policies for subsidized/non-subsidized medications by visiting the pharmacy website located on the UHS Intranet under the Services tab. The hours of operation for the discharge pharmacy are 9:00 a.m. to 6:30 p.m., Monday-Friday, 9:00 a.m. to 10:00 p.m. Saturdays, and 9:00 a.m. to 2:00 p.m. Sundays.

### **General Outpatient Drug Supply**

The Pharmacy and Therapeutics Committee and the Medical Advisory Council have authorized the pharmacy to limit the quantity of medication dispensed on an outpatient prescription to a 30- or up to a 90-day supply. Refills may be authorized to extend the drug therapy to a total of one year. No medications will be dispensed to patients transferred to another hospital or to a nursing facility. Due to Medicaid requirements, prescriptions charged to Medicaid may only be refilled for 12 months.

### **Exceptions to the General Outpatient Drug Supply**

The following are exceptions to the general policy regarding outpatient drug supply:

- Schedule II drugs may be dispensed in quantities of up to a 1-month supply and may not be refilled.
- Schedule III-V drugs may be dispensed in quantities of up to a 1-month supply. A maximum of five refills is permitted if dispensed within 6 months of the original prescription date.
- Prescriptions for patients going to a Nursing Home will be for a 3-day supply and not refillable.

## **SECTION XIV** **SELECTED POLICIES**

Several policies of the University Health System have been selected as important enough to warrant coverage in the House Staff Manual. Complete policies are available on the Health System Intranet under the “Corporate” tab.

### **Patient’s Right to Consent**

Corporate Policy 9.02 addresses the right of every patient to be apprised of their rights and afforded the opportunity to make voluntary and fully informed decisions about medical care, treatment and procedures within Health System facilities. Physicians on the Medical-Dental staff have the responsibility to ensure their patients (or the appropriate person acting on the patient’s behalf) receive the information necessary to make informed choices and decisions regarding medical care and treatment, and the physician will document such communication and consent, or refusal to consent, in the medical record. Policy elaboration within the policy includes Texas medical disclosure requirements for different procedures, including identification

of risks, and includes information about minors, adult patients unable to consent, surrogate consent, consent procedures and refusal to consent. The policy also addresses the exceptions to patient consent, including emergency medical treatment and forensic blood specimens for law enforcement.

For complete policy guidelines and references, refer to Health System Policy 9.02, Patient's Right to Consent on the UHS Intranet home page under Corporate Policies.

### **Consultative Services**

Consultative Services policy establishes guidelines and procedures for a standardized process by which consultative services are requested and delivered in the Health System in both the inpatient and outpatient settings. Additional information regarding consults, including the distinction of routine, expedited and STAT consult requests are available in Corporate Policy 10.09.

### **Drug Sample Policy**

The Health System's Pharmacy & Therapeutics Committee does not permit drug samples at any Health System facilities, including all Health System and CMA ambulatory clinics, and will not permit the dispensing of samples to any Health System patient or staff member. It is a violation of this policy for pharmaceutical drug representatives to deliver or send drug samples to any of the Health System facilities. [Pharmacy Policy Number 3.0701]

### **Hallway Prescribing**

It is the policy of the University Health System that all medical and clinical services are rendered in an appropriate setting, ordered by the attending physician, and documented in the patient's medical record. Therefore, House Staff are prohibited from providing medical advice and/or prescriptions outside the clinical setting.

### **Advance Directives**

In compliance with the federal Patient Self Determination Act and the Texas Advance Directives Act, the Health System will provide the competent adult patients, emancipated minors, or representatives of patients who lack decision making ability, at the time of a hospital admission, with information regarding patient rights under Texas law to make health care decisions, including the right to accept or refuse medical treatment, and the right of a patient to execute an advance directive. While University Health System believes in the dignity of human life, there are situations where medical treatments and interventions can no longer provide any real benefit to the patient or may cause harm to the patient. The decision to withdraw or withhold medical treatments should be made in collaboration with the patient, or the patient's surrogate decision-maker and the treating physician. An advance directive only becomes effective when the patient has been determined to be unable to make his or her own medical decisions by the attending physician.



This policy includes a detailed explanation of the three types of inpatient advanced directives recognized under Texas law; the “Directive to Physicians, Family or Surrogate”, the “Medical Power of Attorney”, and “Out-of-Hospital Do-Not-Resuscitate Order”. A Directive to Physicians, Family or Surrogate allows a patient in advance of incapacity to issue directives regarding the withholding, withdrawal or administration of life sustaining treatment. While a Directive to Physicians is useful to help direct a patient’s care when the patient has a terminal or irreversible condition, it does not authorize treatment in the absence of these conditions. In contrast, a Medical Power of Attorney allows the competent adult to appoint an agent (surrogate) to make health care treatment decisions as directed by the competent patient’s own desires in the event the patient cannot speak for him/herself. The appointed agent can also make the decision to withdraw life-sustaining treatment in the event that a physician certifies the patient has a terminal or irreversible condition. The applicable Health System Policy 9.07, Advance Directives, is available for review on the Health System homepage under Corporate Policies.

### **Determination of Death**

Within University Health System, the determination of death of a patient will be made by a doctor in compliance with the Texas Determination of Death Act. The policy includes definitions of cardio-respiratory death and brain death, and includes guidance on clinical assessment and confirmatory tests to determine brain death for both pediatric and adult patients. For more information, refer to Health System Policy 9.05, Determination of Death.

### **Restraint and Seclusion Policy**

Corporate Policy 9.13 provides information regarding the use of Restraint and Seclusion within the Health System that is consistent with state and federal regulations and the Joint Commission. Key definitions within the policy include:

- **Physical Restraint:** any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
- **Restraint for Safety/Non-Violent/Non-Self Destructive Behavior:** A restraint is initiated when a patient’s actions threaten the continuity of medical (or surgical) interventions or treatments.
- **Restraint or Seclusion for Violent or Self Destructive Behavior:** The need for restraint or seclusion for violent or self-destructive behavior involves an individual who is behaving in a violent or self-destructive manner and for which preventive, de-escalative, or verbal techniques have been determined to be ineffective, and it is immediately necessary to restrain or seclude the individual. Holding a patient to administer emergency psychotropic medication is a type of restraint called personal restraint.
- **Behavioral Emergency:** A situation involving an individual who is behaving in a violent or self-destructive manner and in which preventive, de-escalative, or verbal techniques have been determined to be ineffective and it is immediately necessary to restrain or seclude the individual to prevent imminent probable death or substantial bodily harm to the individual because the individual is attempting to commit suicide or serious bodily harm; or imminent physical harm to others because of acts the individual commits.

- **Seclusion:** The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. Note: Seclusion is only utilized on the Inpatient Psychiatry Unit.
- **Chemical Restraint:** defined as a drug or medication used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition. Chemical restraint is not a known possible side effect of administering appropriate sedatives and/or antipsychotics at standard doses for a clinical indication. The term “chemical restraint” should not be used in medical records, but rather the term “emergency medication” should be used.
  - **Note:** *Medications used solely for restraint and not indicated for the clinical condition of the patient is NOT allowed.*

## Orders for Restraints

- **General Considerations**
  - The use of restraint or seclusion **MUST** be in accordance with the order of the attending or treating physician. Restraints must be ordered by a physician (to include house staff).
  - The decision to use restraint is not based on the treatment setting but on the situation the restraints are being used to address.
  - The patient and/or significant other will be informed of the reason for the restraint or seclusion, the criteria for release, and how current behavior meets criteria for continued intervention.
  - When there is a change in the patient’s condition in which the use of restraints or seclusion is upgraded, downgraded, or released, the patient, significant other/designated family member, and the treating physician must be notified.
    - **Note:** *This includes when there is a change in the type or number of restraints. Example: 2 to 4 point, 4 to 2 point, limb to vest, etc. The order must match what the patient has on.*
  - Orders **MAY NOT** be written as a standing order, as needed (PRN) basis, or for a future date. They are to be implemented in the least restrictive manner.
- **Orders for NON-Violent and/or NON-Self Destructive Restraints**
  - Initiated when the patient’s actions threaten the continuity of medical (or surgical) interventions or treatments. The patient is exhibiting unintentional behavior to harm self and/or others which ultimately interferes with treatment. The word “behavior” *within this context* does not necessarily mean behavior that is associated with the term “Violent and/or Self-Destructive Behavior”. Renewal of orders to continue **MUST** be written *each calendar day*.
  - The RN may determine the need for restraints and apply them, but **MUST** immediately notify the physician and obtain an order from the physician.
  - Restraints should be released once the patient has met removal criteria established within the order.

The nurse performs assessments within the defined time frames: The continued need for restraints at least 1x/shift; Assessments to address physical needs occur at least every two hours. The results of the continued need and/or changes in physical assessment are conveyed to the physician.

- **Orders for Violent and/or Self-Destructive Restraints**
  - Seclusion may only be used on inpatient psychiatry and is NOT used simultaneously with restraint.
  - Considered an emergency procedure and is to protect the patient from intentional harm to self and/or others.
  - health violent/self-destructive behavior restraint may be initiated by an RN and an order obtained from the physician immediately. A face-to-face evaluation from a physician must be completed within one (1) hour. The face-to-face MUST still occur even if the behavior resolves prior to the physician arriving. **Note: Please refer to the Policy 9.13 for the detailed requirements associated with this mandatory evaluation.**
  - The patient MUST be continuously monitored while in restraint or seclusion and assessment documented.
    - Every 15 minutes until the patient verbalizes understanding of what behavior initiated the restraint, current behavior meeting criteria, criteria for release, and how staff can assist patient gaining release.
    - Every 15 minutes during restraint episode assessment of extremities (i.e. warm, palpable pulse, etc.) and skin contact.
    - Every 15 minutes of restraint episode – respiratory status
    - Every 1 hour accomplish Range of Motion.
    - Every 2 hours address nutrition, hydration, fluids/meal provided, elimination, toileting, provided, etc.
  - Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be obtained and renewed in accordance with the following limits:
    - Up to four (4) hours for adults ages 18 and older;
    - Up to two (2) hours for children and adolescents ages 9-17;
    - Up to one (1) hour for children under age 9.
    - The order may be renewed one time for up to a total of 8, 4, and 2 hours respectively after which time the order expires.
  - Violent/self-destructive behavioral restraint or seclusion requires monitoring by a staff member of same sex unless contraindicated by patient history and documented in the medical record.
  - A violent/self-destructive behavioral restraint MUST be removed once the patient is asleep and the patient should be reassessed when awake.
  - Any change in the patient's medical condition MUST be reported to the assigned medical staff. If medical emergency occurs, the patient must be released immediately even if the dangerous behavior continues.
  
- **Detention and Restraint of Individuals Under Forensic or Correctional Restrictions**

- Individuals under forensic or corrections restrictions remain the responsibility of the custodial law enforcement agency.
- Officers from law enforcement agencies may employ handcuffs, leg irons, and various types of mechanical restraints. These devices, when used for custody, detention, or public safety reasons (i.e., protection of patients, visitors and staff or to prevent escape of a prisoner) are acceptable and outside the scope of the organizational policy.
- **Other Information within Corporate Policy 9.13**
  - Contains more detailed information regarding orders, assessments, documentation, and training on the use of restraints.
  - Contains information related to mandatory reporting to regulatory agencies when a death has occurred while a patient is in restraints or seclusion and/or restraints were used with the defined time frame for the current hospitalization.

## **SECTION XV** **PATIENT CARE/CLINICAL**

### **The Patient Bill of Rights**

The following “Patient Bill of Rights” is made available to the patients of the University Health System according to the recommendation of the American Hospital Association (AHA). House Staff need to be aware of the contents of the document. This statement is an adaptation from that issued by AHA.

### **Your Rights as a Patient at the University Health System**

The University Health System, its doctors, nurses and entire staff are committed to assure you excellent care. It has always been our policy to respect your individuality and dignity. This listing is published to be certain you know the long-standing rights that are yours as a University Health System patient.

1. You have the right to considerate and respectful care.
2. You have the right to obtain from your physician complete and current information concerning your diagnosis, treatment, and prognosis in terms you can understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person. You have the right to know the name of the physician responsible for coordinating your care.
3. You have the right to receive from your physician information necessary to give an informed consent prior to the start of any procedure and/or treatment. Except in emergencies, information for informed consent should include the specific procedure and/or treatment, the medical risk involved, and the expected length of time for your recovery. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. You also have the right to know the name of the person responsible for performing procedures and treatments.

4. You have the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your action.
5. You have the right to every consideration of personal privacy concerning your medical care program. Case discussion, consultation, physician examination, and treatment are confidential and should be conducted discreetly.
6. You have the right to expect that all communication and records pertaining to your care will be treated as confidential.
7. You have the right to expect that, within its capacity, the hospital must make reasonable response to your request for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of your case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which you are to be transferred must first accept you for transfer and care.
8. You have the right to obtain information as to any relationship of your hospital in other health care and educational institutions insofar as your care is concerned. You have the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating you.
9. Since this hospital is affiliated with a university engaged in medical, dental and nursing education, you may be involved in educational studies. We believe the presence of these students and their faculty supervisors adds to the quality of care given in this hospital.
10. Depending upon the nature of your illness, you may be asked to participate in research projects which can offer you the latest advances in the field of medicine; however, before you participate in any research project, you have the right to refuse to be part of such a study. If you refuse to participate in a research study, you have the right to receive the best care the hospital can offer under the circumstances.
11. You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available for your care. You have the right to expect this hospital will provide a mechanism whereby you are informed by your physician or his/her delegate of your continuing health care requirements following discharge.
12. You have the right to examine and receive an explanation of your bill, regardless of source of payment.
13. You have the right to know hospital rules and regulations apply to your conduct as a patient.
14. As a patient, you also have certain responsibilities which should be carried out in your own best interest:
  - Appear for your appointment on time.
  - Telephone the hospital if it is impossible for you to report at the scheduled time.
  - Bring to your appointment information about past illnesses, hospitalization, medications and other matters relating to your health.
  - Be open and honest with us about instructions you receive concerning your health; that is, let us know immediately if you do not understand them or if you feel the instructions are such that you cannot follow them.

- Be considerate of other patients, and see that your visitors are considerate as well, particularly with reference to noise, which can be disruptive to other patients.
- Be prompt about payment of hospital bills, providing us the information necessary for insurance processing and clearing up any questions you may have concerning your bills.

## **Patient Procedures**

### **Case Management**

The case management function is an integrated process that provides both utilization review and case management for the University Health System. The case manager is responsible for coordinating the interdisciplinary treatment plan of care for patients across the healthcare continuum. Case managers facilitate the delivery of services, evaluate the effectiveness, track outcomes, and function as the patient's advocate to identify and communicate health care needs. There is a nurse case manager assigned to each unit that can assist with:

- Issues relating to the Health System.
- Insurance requirements.
- Obtaining pre-certification for unexpected procedures/treatment that arise during hospitalization.
- Utilization review issues
- PCP identifications
- Continuum of care needs
- A resource to facilitate and coordinate the needs of your patients.
- Coordinate home health services.
- Collaborate and communicate frequently with multidisciplinary team members at all levels, the patient/family, outside agencies and other areas as appropriate for positive outcomes.

### **Utilization Review:**

Managed Care has become the primary way for the Third Party Payers of Healthcare to implement cost containment. As a result, there are many requirements the hospital and physician must meet in order to be reimbursed for the care provided. The payers are Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), as well as traditional and managed Medicare and Medicaid. All have different methodologies of payment and criteria the providers must meet before payment will be made for services rendered.

The Bexar County Tax Fund provides coverage for the indigent residents of Bexar County through the Health System's CareLink Program. CareLink has specific guidelines that providers must follow.

The payers bring to the healthcare system a requirement for precertification/authorization for services that are numerous and varied depending on the payer. Generally speaking, some examples of the most common situations requiring precertification/authorization by the patient's primary care physician (PCP) or the HMO are:

- Visits to a physician specialist.
- Special diagnostic tests/procedures (i.e., MRI, CT, Endoscopy, Sonograms, etc.)
- Admissions – all except actual emergencies.

In addition, there are other requirements that must be met on managed care patients such as:

- PCP approval for observation and/or admission, transfers to other acute facilities, sub-acute facilities, home health, nursing home, etc.
- Continued Stay Reviews – patients must meet medical necessity for the entire hospital stay. These reviews are generally conducted between nurses representing insurance companies and nurse case managers representing the Health System.

#### **Some Pitfalls to Avoid:**

- Inadequate documentation – medical necessity for admission.
- Admission for pre-operative work-ups.
- Scheduled admission with a pre-operative day.
- Inappropriate use of observation following a procedure as up to six (6) hours of recovery time is optimal before the patient is dismissed.
- Admissions/observations for social reasons.
- Delays in care which increase length of stay.
- Providing care in the inpatient setting which could be provided in the outpatient setting.
- Incomplete care resulting in readmission.
- Working up and/or treating non-emergent incidental findings while inpatient.

#### **Query Process**

The query process is utilized in an effort to adequately capture the patient's diagnosis(es), treatment, length of stay, acuity and/or severity of illness per CMS guidelines. You will be asked to use your independent clinical judgement when addressing the question(s) that will be sent to you either by email, an electronic document, or verbally. The fact that a question is asked does not imply that any particular answer is desired or expected. Possible, probable, or suspected are acceptable if documented at the time of discharge. Please reply via email or by phone with one of the below actions within 24-48 hours:

- Documentation is added to your most current Progress Note and Discharge Summary.
- You are unable to clinically determine the answer to the question.
- You have additional questions regarding the request.

These are just a few informational tidbits to help you along the way. Should you need additional information or assistance, contact the case manager on the unit or you can call the administrative office at (210) 358-2300.

## **Patient Access (Admission) Procedures**

### **Responsibility for Care Statement**

The University Health System is a political subdivision of the State of Texas. By Texas statutes, the University Health System's primary responsibility is to furnish medical aid and hospital care to the indigent and needy persons residing in Bexar County. Within the constraint of the available resources, the University Health System will admit and accept patients to any and all its services in the following priority:

1. Any patient requiring emergency care
2. Medically indigent patients for whom the Health System has legal responsibility, without regard to race, age, sex, creed, national origin or disability.
3. Bexar County residents capable of paying for services received.
4. Non-Bexar County residents whose financial responsibility can be satisfied prior to admission, either through full payment or anticipated hospital charges or evidence of third-party coverage.

### **Financial Commitment Policy**

No physician or employee of the University Health System or of UT Health San Antonio (except those designated by job description or assigned by the President/CEO of the University Health System) has the authority to make any commitment to patients relative to financial arrangements for hospitalization. It is the sole responsibility of the referring facility, clinic, and /or provider to obtain admission/specialty services authorization from third-party payers before services are scheduled and/or rendered. All inpatient admissions to the University Health System must be authorized in writing by admitting physicians with admitting privileges only. Any questions or concerns regarding the Patient Access department policies or procedures should be directed to the department manager at 210-358-0080 or (210) 743-3002.

### **Scheduling (Future) Elective Inpatient Admissions**

To schedule elective-inpatient admission from the University Hospital or other University Health System clinic sites refer the patient to the University Health System clinic pre-admissions office or the main University Hospital Patient Access department, as appropriate for pre-admission processing and determination of financial criteria. Do not use the Emergency Department to circumvent protocol for any elective admissions!

- Complete admission orders (Form #92) or complete in Sunrise Clinical Manager at the time the patient is seen and the decision is made to admit. Admission orders should be



submitted within a minimum of 72 hours (3 business days) prior to actual admit date to process admission information.

- Form must include date of service desired, admission type, CPR and ICD9 diagnosis, admitting and attending physician and contact phone number(s) for questions.
- The admission orders, associated laboratory or radiology orders, and a copy of the patient's verified insurance cards/third-party-payer information will be forwarded to the admission site for pre-admission screening for appropriateness and verification of financial clearance for pending admission date. Insurance will be verified or in-network vs. out-of-network benefits.
- The patient is notified of their financial responsibility that will be collected at the time of their admission. They will also be notified if the facility is out-of-network based on the payor. A pre-certification number for admission will be validated and if the pre-certification number is not valid, a financial counselor from the Patient Access department will contact a managed care coordinator and/or physician to advise them the patient's admission has not cleared and may require rescheduling.
- The University Hospital admission site will contact the patient prior to their scheduled admission date to confirm the admission and verify the patient's ability to satisfy financial responsibility and/or provide evidence of third-party coverage for specific admission/procedure.
- If the patient is determined to be "self-pay", they will be advised of the admission fee deposit required for services.
- When the patient is cleared, they will be asked to contact Admissions prior to coming in for bed availability/assignment. Patients are not to be sent directly to the floor/unit. All patients must be processed through the admissions department on the Ground Level office SG-407J, located near the Emergency Department.
- Should the patient not be able to satisfy admission or funding criteria, the admitting physician, nurse, or managed care coordinator for the admission will be contacted and advised of the admission discrepancy related to the pending admission. If the admitting physician chooses to designate the admission as urgent, the following must occur for the admission to be cleared:
  - The physician must discuss the case with the on-call utilization review physician consultant to determine if the case meets the urgent admission criteria.
  - At the utilization review physician's direction/authorization, the patient will be admitted or rescheduled until the patient can meet financial criteria for admission. Other admissions may be subject to review by the medical-dental staff.

For questions concerning the patient's admission status/criteria and financial clearance you may contact the admissions office at (210) 743-3002.

### **Elective Patients Scheduled for Re-Admission at Time of Dismissal**

Re-admission orders should be written on form #92 or the order placed in Sunrise at the time the patient is dismissed and sent to University Hospital admissions on the first floor. The order will be screened and processed according to procedures listed under Scheduling (Future) Elective Inpatient Admissions.

## **Elective Admissions from Other Sources**

For patients seen in facilities other than UT Health San Antonio (UTHSA) Medicine outpatient clinics, such as the May's Cancer Center or the Medical Arts & Research Center (MARC), write admission orders and refer the patient with orders to University Hospital admissions. Admissions will be accomplished following the same procedure listed under Scheduling (Future) Elective Inpatient Admissions.

## **Admitting Patients of the UTHSA Faculty**

Patients seen in the UTHSA Medicine clinics, or referred to the UTHSA faculty, are pre-admitted a minimum of 72 hours (3 business days) prior to actual admit. The admission order must indicate the faculty member as the “admitting” and “attending” physician. The authority to admit patients cannot be delegated to House Staff. All patients are subject to pre-admission screening, even though they have established responsibility for their hospital stay.

## **Observation Admissions**

- 23-hour observation is available on the nursing units.
- 23-hour observation time for patients begins at the time the patient is registered in the system.
- Patients arriving via the Emergency Department (ED) will use the observation area designated by the physician/nurse.
- Observation is available on the nursing units for medicine patients requiring observation for transfusions, chemotherapy, IV drugs, etc.
- Before 24 hours have elapsed, all observation patients should be assessed for appropriateness of continued observation or subsequent admission to in-patient status to prevent denials related to inappropriate patient type and related services received if funding is other than self-pay.

## **Urgent/Emergent In-Patient Admission Requests**

- Admissions from the Emergency Department (ED).
- A physician's signature on the form #92 or Physician's Assignment Order constitutes authority to admit (only those with admitting privileges).
- Orders to admit specifically to observation or inpatient stay for psychiatric services must be forwarded to the Inpatient Financial Clearance team for notification to third-party payers and to bed control for bed assignment.
- In the event that a scheduled clinic/office visit (an out-patient elective admission) becomes, or is followed by, an “urgent” or “emergent” in-patient admission, refer to the “Patient Transfer Center” section for the procedure to admit.

## **Pediatric Admissions**

The 18<sup>th</sup> birthday (under 18 years old) is the dividing age between pediatric and adult patients. In unusual circumstances and with concurrence of the physician, certain pediatric patients may be admitted to other floors.

## **Psychiatric Admissions**

Psychiatric admissions will be admitted only to the psychiatric unit and are not eligible for transfer to other units unless the attending service is changed by a physician.

### **Patient Placement Center**

When a patient transfer is requested at a University Health System facility, the following procedures apply:

#### **Transfers to University Hospital Emergency Department or In-Patient Units**

- The physician/hospital requesting transfer must first be referred to the Patient Placement Center at 210-743-3100 to initiate the transfer.
- Following the transfer request, House Staff who are Post Graduate Year (PGY) III or higher may medically clear the transfer after discussion with the requesting physician on a recorded line. House Staff PGY-III or higher or faculty will inform the Patient Placement Center of medical clearance or denial of clearance.
- If the transfer is denied, the reason for denial will be documented.
- All EMTALA transfers must be approved or denied within 30 minutes of receiving the initial transfer request as stated in the University Health System policy 8.03. An escalation to on call faculty or department chair will result in the failure to return to return initial page or phone call.
- Inpatient transfers to University Hospital will be accepted to an inpatient bed. All patients must have medical acceptance as well as administrative acceptance.

#### **Transfers Out of University Hospital to another Hospital due to Need for Alternate Level of Care, Non-Availability of Staff, Equipment, or Beds.**

University Health System physician contacts Care Coordination to initiate a transfer from University Hospital to another hospital.

- For all outgoing transfers, the physician must complete the required paperwork including, but not limited to, the Memorandum of Transfer (MOT) and Physician Certification Statement (PCS) for ambulance transport. Additionally, a physician to physician discussion is required for transferring a patient to another hospital. This should be initiated thru the Patient Placement Center on a recorded line.
- Documentation in the medical record and a discharge order is required.

## Outpatient Surgery Physician Guidelines

The required admissions packet for elective outpatient surgery consists of a completed UHS form #92 surgical admit form or Sunrise order with ICD9-CPT, history & physical, UHS surgical consent and completed pre-operative diagnostic tests.

The original paperwork must be in the outpatient surgery department three working days (72 hours) prior to the scheduled surgery date.

The surgery clinic is responsible for obtaining financial clearance for the patient's procedure. Pre-certification number for admission will be validated by UHS admitting personnel. If the precertification number is not valid, an admissions representative will contact the originating clinic and/or physician to advise them the patient's admitting has not cleared and surgery may require rescheduling. The patient must be financially cleared for surgery prior to being posted in the operating room.

Posting cards must be submitted to the operating room no later than 9:00 a.m. (M-F) the business day prior to surgery. When holidays occur on Monday, patients scheduled for Tuesday surgery must be posted by 9:00 a.m. the prior Friday.

### **Detailed guidelines are as follows:**

- Admit form: The physician must complete and sign the 92 Form (surgical admission orders). The orders must also be completed in Sunrise. The admission orders to be used in Sunrise are "Admit (Outpatient Surgery)" or "Admit (Same day surgery with Admit)". All 92 forms or Sunrise orders must include the correct ICD-9 and CPT codes.
- History and Physical: The physician must complete and sign a history & physical (Form 805-a must be reviewed and signed prior to surgery) on every patient undergoing outpatient surgery. The form must be updated within 30 days of surgery. This form, which is located in the document section and is entitled "Physician Admit H&P" can also be completed in Sunrise.
- Consent: The appropriate University Health System consent form must be completed on every patient having surgery at University Hospital. There must be a physician signature, patient signature, witness signature and date on all consent forms. By law, hysterectomies must be consented on the hysterectomy consent (Form 179) prior to the date of surgery. Multiple consent forms must be completed if multiple surgical services are involved in a procedure. Consents should be originals.
- Pre-Op Diagnostic Tests: Patients should be instructed to obtain all diagnostic tests (EKG, Radiology, and Blood) prior to the day of surgery. Pregnancy tests must be done within 7 days of surgery. Type & screens must be done within 72 hours of surgery. All tests should be completed prior to the day of surgery. If a pre-op diagnostic study (such as needle localization, etc.) is a part of the surgical procedure, it should be noted on the surgical admission orders and posting card.
- Schedule Revisions: The outpatient surgery personnel provide pre-op calls to the patients the afternoon prior to surgery. Revisions to the schedule are discouraged after the surgical schedule is posted. The admitting surgeon is responsible for communicating surgery

cancellations, scheduling revisions, and additions to the O.R., outpatient surgery and the patient.

- **Anesthesia Pre-Op:** Patients whose medical histories indicate potential problems with anesthesia should have pre-op appointments to the Anesthesia Preop Clinic (APC). The surgeon should schedule patients to visit APC several days prior to the surgery. A copy of the admissions packet must be faxed to APC prior to the clinic appointment. All medical workups should be done prior to the patient's arrival in APC. Copies/results of any pertinent diagnostic tests (stress tests, etc.) must be faxed to the clinic prior to the appointment.
- **Financial Authorization:** The outpatient surgery admitting staff will contact the admitting physician as early as possible if the patient does not meet financial requirements so that surgery can be rescheduled or different arrangements can occur.
- **Op Hours:** Outpatient Surgery is open 24 hours a day M-F and until 3:00 p.m. Saturday. The department is closed from 3:00 p.m. Saturday until 6:00 a.m. Monday and holidays.

<b>Contact Information</b>	<b>Telephone Area Code (210)</b>	<b>Fax Area Code (210)</b>
Anesthesia Preop Clinic	358-0257/743-0650	644-9348
Anesthesia Preop Nurses	743-0651, 743-0652, 743-0653	
Preop Charge Nurse	743-1948	
Preop Unit Clerk	743-1917	702-6216
Holding	743-1921	
Phase II	743-1922	
PACU Charge Nurse	743-1943	
PACU Unit Clerk	743-1911	
Perianesthesia Nursing Director (Polly Smith)	743-0411	
Patient Care Coordinator (Beena Chorath)	743-1932	

### **Preoperative Testing Requirements**

The following preoperative tests are required for all patients undergoing an operative procedure with the use of general/regional/MAC anesthesia. These tests should be done within one month of the operative procedure. Call 358-0257 to make an appointment for your patient.

#### **Absolute Requirements:**

- Hct: all presurgical patients.
- Serum BHCG: all females of childbearing age, not otherwise sterilized, should be tested for potential pregnancy prior to undergoing anesthesia within seven (7) days of surgery.
- EKG: All patients age 40 or above; otherwise, patients with cardiovascular disease, pulmonary disease, diabetes, hypertension, arrhythmias; symptoms of CHF, DOE,

shortness of breath, fainting, dizzy spells, palpitations, chest pain, sleep apnea; also patients s/p chemotherapy, or history of cocaine use.

- Sickle dex: All African American patients. Hemoglobin electrophoresis should be completed if sickle test plus to evaluate for Sickle thalassemia and percentage of HBA.

### **Requirements Based on Medical Indication**

- White Blood Count
- Electrolytes with BUN/Creatinine: Any patient with renal disease, diabetes, CHF, or peripheral vascular disease; patients on diuretics, Digoxin or steroids.
- Blood Glucose (preferably fasting): Known or suspected diabetics, patients on steroids.
- Chest X-ray: All patients with pulmonary symptoms, known or suspected pulmonary disease (acute or chronic), significant smoking history, cardiovascular disease, sleep apnea, patients s/p radiation therapy and chemotherapy.
- Coagulation studies: Patients with liver disease, bleeding disorders, history of easy bruising and those taking anticoagulant agents. Bleeding time is required if platelet dysfunction is suspected.
- Flexion and Extension neck films: Patients with rheumatoid arthritis, Down Syndrome, symptoms/suspicious of cervical instability.

### **Dismissal**

When a patient is informed that he/she is to be dismissed, the patient will also be informed that he/she is expected to depart by the 11:00 a.m. checkout time. Twenty-four hour notice, in advance, will help patients make arrangements to get home.

### **Patient Deaths**

#### **General Procedure Following Death of a Patient**

The following procedures must be carried out for all deaths occurring in the hospital:

- Physician examines and pronounces death of the patient, discloses this to the patient's family, and completes medical records. The medical record completion includes a death pronouncement note, a death summary, and discharge summary. The attending is in charge of the online death certificate.
- The physician determines if the case should be referred to the Medical Examiner (see following sections).
- For certain communicable diseases (see "Reportable Diseases" below), the physician ensures that the disease is documented in the patient's medical record and reported via the patient's nurse to the Texas Department of State Health Services.
- Nurse in charge completes consent for release of body form (Form #161), calls Texas Organ Sharing Alliance hotline and the Medical Examiner's office (if determined by the patient's physician). Completion of electronic death certificate:
  - If the case is accepted by the Medical Examiner's Office, the Medical Examiner will perform the postmortem examination and will sign the death certificate.

- If the case does not come under the jurisdiction of the Medical Examiner’s Office, the physician completes the death certificate (see Completion of Death Certificate, below).
- If the case is not accepted by the Medical Examiner, the physician requests permission for autopsy from the person authorized to grant such a request. There is no charge to families for autopsies.
- Nurse delivers Consent for Release of Body form, death certificate, autopsy permission form, and patient’s chart to the supervisor in the Patient Placement Center.
- Before releasing the body to the mortician, the Patient Placement Center verifies that the attending physician has signed the death certificate. The mortician is required by law to deliver the completed death certificate to the San Antonio Metropolitan Health District, Department of Vital Statistics.
- For discussion of policy relating to determination of death, see the specific section found elsewhere in this Manual.

## **Reportable Diseases**

For certain diseases (AIDS or HIV infection, anthrax, brucellosis, cholera, Creutzfeldt-Jakob disease, viral hepatitis, plague, Q fever, rabies, relapsing fever, Rocky Mountain spotted fever, syphilis, tuberculosis, tularemia, viral hemorrhagic fever, or any communicable disease that represents a danger to the general public), the Texas Department of State Health Services must be notified, and also requires that any person so affected have a tag on the body (preferably on the great toe) that states “Communicable Disease-Blood/Body Fluid Precautions Required”. The required label is available from hospital supply.

### **Definition of Medical Examiner’s Case**

#### **Code of Criminal Procedures or Trauma-Related Medical Examiner’s Cases**

(Extracted from Revised Civil Statutes of Texas, Code of Criminal Procedure, Article 49.25 Medical Examiners)

Section 6: Any Medical Examiner, or his duly authorized deputy, shall be authorized, and it shall be his duty, to hold inquests with or without a jury within his county, in the following cases:

1. When a person dies within 24 hours after admission to a hospital or institution or in prison or in jail;
2. When a person is killed, or from any cause dies an unnatural death, except under sentence of the law, or dies in the absence of one or more good witnesses;
3. When the body of a human being is found, and the cause or circumstances of the death are unknown;
4. When the circumstances of the death of a person are such as to lead to suspicion that he came to his death by unlawful means;
5. When a person commits suicide, or the circumstances of his death are such as to lead to suspicion that he committed suicide;

6. When a person dies without having been attended by a duly licensed and practicing physician, and the local health office or registrar required to report the cause of death under Section 193.005, Health and Safety Code, does not know the cause of death. When the local health officer or registrar of vital statistics whose duty is to certify the cause of death does not know the cause of death, he shall notify the Medical Examiner of the county in which the death occurred and request an inquest;
7. When the person is a child who is younger than six years of age and the death is reported under Chapter 264, Family Code;
8. When a person dies who has been attended immediately preceding his death by a duly licensed and practicing physician or physicians, and such physician or physicians are not certain as to the cause of death and are unable to certify with certainty the cause of death as required by Section 193.005, Health and Safety Code; and
9. Organ Transplant Donors: When death occurs to an individual designated a prospective organ donor for transplantation by a licensed physician under circumstances requiring the Medical Examiner to hold an inquest, the Medical Examiner, or a member of his/her staff will be notified by the administrative head of the facility in which the transplantation is to be performed.

### **Completion of Death Certificates**

Texas law requires the physician last attending the patient to complete the medical part of the death certificate, except when the Medical Examiner accepts the case as coming under his jurisdiction.

On accepted cases, the Medical Examiner will sign the death certificate whether or not he decides to perform an autopsy.

A person dead on arrival (DOA) at the hospital is not automatically a Medical Examiner's case. If the patient has been seen in the hospital clinic, has been discharged recently from a hospital, or has been attended by a private physician, the Medical Examiner may decide the case does not come under his jurisdiction. Under these circumstances, the physician who last attended the patient (not the one who pronounced the patient dead) becomes the one responsible for signing the death certificate.

### **Inpatient Deaths**

Upon pronouncing a patient dead, the physician will document in the electronic medical record (EMR). The physician who pronounced the patient will be notified by the funeral home via email. Once the provider receives the email, they need to log onto Texas Electronic Register (TER) and electronically complete the death certificate within five days.

### **DOA and EC Deaths**

Refer the cases to the Medical Examiner for disposition according to University Health System Corporate Policy 9/14 – Attachment 1.



If the Medical Examiner denies the patient, then the emergency room physician will be responsible for completing the TER death certificate.

## Autopsies

### **Autopsy Findings and Cause of Death on Death Certificates**

According to Texas State law, the underlying cause of death and other diagnoses should be completed on the death certificate without recourse to autopsy findings. If the attending physician truly cannot assign a cause of death, the death should be referred to the Medical Examiner.

There are two compelling reasons for not relying on autopsy findings to complete the death certificate. First of all, delay in completing the death certificate causes both the mortician and the family unnecessary difficulty. Secondly, only about 5 percent of all deaths in the U.S. are autopsied, so using data other than clinical observations, however meager or inconclusive they may be, in a small proportion of death certificates introduces a variable source of bias into the data.

### **Purpose and Objective of Autopsies**

The autopsy serves one or more of four principle objectives: Patient care, quality improvement, education and research. Autopsies at University Hospital are performed primarily to identify significant disease processes and determine the cause of death. It also helps to improve patient care, thereby providing a tool for the education of medical students, House Staff, and attending medical staff, and to answer family questions about cause of death and other medical matters. The autopsy serves research when it supplements clinical investigative studies, as in evaluating the effects of new therapeutic procedures. It is also valuable to descendants of the deceased as it can identify potential health risks or provide answers that may aid the grieving process. Additional information for the patient's family can be found in the Facts About Autopsies in the Postmortem Examination or Autopsy Consent Form (BCHD #403).

### **Communicating the Objectives for an Autopsy**

To use the autopsy efficiently, the attending physician must propose to the pathologist specific questions that the autopsy may answer, since not all available autopsy procedures may be performed on every case. The Postmortem Examination or Autopsy Consent Form (BCHD #403) has been designed for this purpose. Make sure the completed form includes the name of all pertinent attending physicians, including House Staff, and pager numbers. The contribution of autopsy follow-up to clinical research studies particularly depends on directing the autopsy toward specific questions.

In order to minimize the risk to prosecutor and other autopsy personnel from patients with reportable communicable diseases, direct discussion between prosecutor and clinician prior to beginning the post-mortem exam is essential. Organ biopsies and removal of only the most

essential organs is the standard procedure when there is the potential for significant hazard to the prosector.

## **Consent for Autopsy**

Autopsy permission should not be sought until it has been clearly determined that it is not a Medical Examiner's case. If you ask for an autopsy, you implicitly assume responsibility for signing the death certificate. If you are uncertain regarding the cause of death of a patient and conscientiously feel that you cannot assign a cause of death on the death certificate, consult the Medical Examiner. If an autopsy is indicated and is to be performed, note the following:

- The patient's physician is responsible for requesting permission from the individual who is legally authorized to give this consent, using the Postmortem Examination or Autopsy Consent Form (BCHD #403).
- Administrative personnel will assist the physician in every possible way but cannot directly obtain the autopsy consent.
- A patient cannot consent to an autopsy prior to death.

Regulations for determining which person is authorized to give consent for an autopsy are on the last page of the Postmortem Examination or Autopsy Consent Form (BCHD #430). Below is a summary of the individuals who are legally authorized, in descending order of priority, to give consent for autopsy. Of note, medical power of attorney is void at time of death.

- Spouse of the decedent
- Person acting as guardian of the decedent at the time of death, or court having care of a minor child, or the executor or administrator of the decedent's estate
- Adult children of the decedent
- Parents of the decedent
- Adult siblings of the decedent
- Next of kin
- Any person who assumes custody of and responsibility for the burial of the body

The following considerations should be noted in regard to autopsy concerns:

- A person may not give consent if, at the time of the decedent's death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.
- Difficulty in contacting a relative does not abrogate his or her legal rights.
- Autopsy consents obtained by telephone or by fax are acceptable. This form of consent must be witnessed both by the person obtaining consent and one other person; both must sign the consent form.
- A relative appearing to be mentally incompetent has full legal rights unless legally declared insane by an appropriate court.
- The "father" of a child of an unmarried mother who has not been legally determined to be the father, has not acknowledged paternity under applicable law, or is not the adoptive father, generally has no legal right to give permission for the child's autopsy.

- For autopsy on a dead fetus, see Autopsies on Stillborn and Nursery Cases below
- An autopsy will be performed on a stillbirth provided the consent form is completed, the autopsy consent is accompanied by the maternal admitting record and when the body is accompanied by the placenta and the cord (see Autopsies on Stillbirth and Nursery Cases below).
- There is no charge to the family for autopsies on University Health System patients.

## **Special Examinations and Restrictions**

The person consenting to the autopsy has the right to state limits to the procedures performed. All restrictions, if any, must be clearly and explicitly stated on the Postmortem Examination or Autopsy Consent Form (BCHD #430), i.e. “Examination is restricted to the chest cavity”. However, before extraordinary restrictions or special time requirements are agreed upon, consult the pathologist. If an examination that is not part of the conventional “complete” autopsy procedure is indicated, the consent should state this extended permission explicitly, i.e. removal of an eye, excision of a tissue sample for a facial lesion, or dissection of an extremity.

## **Autopsies on Stillborn and Nursery Cases**

- A deceased fetus of less than 350 grams that a family does not wish to have buried is considered an abortus, and is submitted as a surgical specimen to the laboratory. If the weight is not available, then the estimated gestational age is used; those under 20 weeks gestation are then considered an abortus. Autopsy consent is not required for examination of these specimens, but the extent of tissue inspection and disposal of tissue may take into consideration the wishes of the parents.
- A deceased fetus of more than 350 grams must be handled as a child for purposes of autopsy and burial. If the weight is not available, then the estimated gestational age is used and those greater than or equal to 20 weeks gestation are then considered to be a child. A death certificate must be completed.
- The autopsy consent will not be considered completed until the following conditions have been met:
  - The maternal admitting record must be available in the electronic medical record. The maternal admission record contains data essential for verification of the validity of the autopsy consent. Examination of this form by the prosecutor is mandatory.
  - The Postmortem Examination or Autopsy Consent Form (BCHD #403) for stillborn infants and neonatal deaths must include adequate information on maternity history and the conduct of labor and delivery.
  - The placenta must accompany the body of stillborn infants.

## **Autopsies on DOA and EC Deaths**

The following policies will determine whether the Pathology staff will perform an autopsy on a patient dead on arrival or who has died in the Emergency Department when the case is not accepted by the Medical Examiner:

- The pathologist will not perform an autopsy to determine the cause of death for purposes of completing the death certificate.
- If valid autopsy consent has been obtained, the pathologist will perform an autopsy on such patients under the following conditions:
  - The patient has been followed in the University Hospital and has a readily available medical record from either recent admissions or outpatient visits.
  - The patient dies in the Emergency Department after clinical observations have been made and emergency treatment procedures have been attempted.

When any question arises, consult the Pathology House Staff or the Director of the Autopsy Service.

### **Autopsy Procedure for In-Hospital Deaths of Trauma Patients**

Patients dying in the hospital after suffering trauma are almost always referred to the Medical Examiner's Office. The deceased will not be evaluated by University Hospital Autopsy Services if the Medical Examiner chooses to do a complete autopsy. However, the Medical Examiner may choose to do an external examination only. If this is the case, then hospital staff may not learn of significant internal disease processes that complicated the patient's hospital course. If the Medical Examiner chooses to perform only an external examination, the deceased may be brought back to University Hospital for complete autopsy according to the following procedure.

- After the patient's death, the Medical Examiner is called as per routine.
- Obtain consent for University Hospital autopsy, as well as a Release of Remains form, contingent on Medical Examiner performing an external examination only.
- Trauma personnel inform University Hospital Pathology and Medical Examiner's Office regarding potential case.
- Deceased is taken to the Medical Examiner along with consent for University Hospital autopsy and Release of Remains form.
- If the Medical Examiner chooses not to perform a complete autopsy, then the Medical Examiner contacts University Hospital Patient Placement Center.
- Patient Placement Center coordinates transport to University Hospital morgue via University Health System ambulance (24/7).
- Autopsy is performed in University Hospital autopsy suite.
- Body is released to the funeral home.

### **Procedure after Autopsy Consent is Obtained**

When autopsy consent has been obtained, the physician will send the completed consent form to the University Hospital One Call Center. The autopsy consent with completed consultation form must be physically present in the University Hospital admitting office before an autopsy consent is considered complete. The pathologist has the final judgment regarding the validity of autopsy consent.

## **Autopsy Schedule**

The Department of Pathology customarily performs autopsies beginning at approximately 8:00 a.m. each weekday and Saturday (Sunday and holidays excluded). If the autopsy consent is received after 12:00 p.m., the autopsy will usually be performed the following morning. Special arrangements with the pathologist on-service are needed to perform autopsies at other times.

## **Autopsy Procedure**

Complete autopsies will be done in the typical manner as follows:

- **Chest-Abdomen-Pelvis:** A Y-shaped incision will be made along the torso and abdomen (the incision will not be visible during funeral services). The internal organ will temporarily be removed for gross examination and small samples of tissue will be fixed in formalin preservative and examined microscopically. The organs are then returned to the deceased.
- **Brain:** The scalp will be incised (the incision will not be visible during funeral services). The calvarium will be opened using a saw and replaced after extraction. The brain will be removed and examined two weeks after autopsy following fixation in formalin preservative.

Of note, if an examination that is not part of the conventional “complete” autopsy procedure is indicated, the consent should state this extended permission explicitly.

## **Reports of Autopsy Findings**

The Provisional Anatomic Diagnoses report (PAD) is placed in the medical record on the next business day following the autopsy. The PAD reports preliminary findings based on clinical history and gross autopsy findings only, and may be modified in the Final Anatomic Diagnoses report (FAD) by histologic, microbiologic, chemical and/or other special studies. The FAD is placed in the patient record no later than 60 calendar days (2 months) after the autopsy is performed.

## **Release of Body**

If consent for autopsy is not obtained, the attending physician will notify the One Call Center to release the body. If consent for autopsy is obtained, the Autopsy Service will notify the One Call Center to release the body when the autopsy is completed. The One Call Center staff will not release the body without the authorization of either the attending physician or the Autopsy Service.

## **Anatomical Law Related to Cadavers**

### **Cadaveric Organ and Tissue Procurement**

University Health System, with the endorsement of the executive committee of the medical-dental staff, has an established policy that encourages presenting the option of organ and/or tissue donation to the decedent's family in a discreet and sensitive manner. For additional information, call (210) 358-2310.

### **Willed Remains**

Any living person who wishes to will his/her bodily remains to UT Health San Antonio (UTHSA) may obtain the necessary forms for this request from the UTHSA Department of Anatomy. Upon the individual's death, the next of kin should arrange with the Department of Anatomy for the funeral and transportation of the body to UT Health San Antonio. Normally no transportation expense is incurred by the next of kin if there is no funeral and if the death occurred within a reasonable distance from UT Health San Antonio.

### **Donated Remains**

The legal claimant of any deceased person may donate the remains to UT Health San Antonio (UTHSA). If the death occurred in University Hospital, the claimant may make the donation by signing the consent for release of body form (Form #161) and inserting "UT Health San Antonio" in place of the name of the funeral home. If a funeral is desired, the deceased should be released to the funeral home, and notification should be given to both the funeral home and UTHSA Department of Anatomy as to the intentions to donate. UTHSA never assumes responsibility for funeral expenses and this should never be promised or implied to relatives.

### **Unclaimed Remains**

Texas law requires that if no claimant appears after death, the body shall be embalmed within 24 hours. It is further required that due effort be made for a period of 72 hours to find kindred of such deceased and to notify them of the death. If no claimant is found, or if kindred does not claim the body within 48 hours after receipt of notification, the body shall be recognized as unclaimed and the Texas Anatomical Board representative, Department of Anatomy, at UTHSA shall be notified.

Permission to autopsy unclaimed bodies shall be granted only by the Anatomical Board after a period of 72 hours and following a specific request to the Board showing evidence of medical urgency. Direct such requests to the Texas Anatomical Board representative, Department of Anatomy at UTHSA.

**SECTION XVI**  
**PATIENT SERVICES AND PROGRAMS**

**Bexar County Family Justice Center**

The Bexar County Family Justice Center and all agencies of the Center are committed to providing a comprehensive array of services to victims of domestic violence “under one roof”. The ease of service lessens stress in seeking help, providing the empowerment needed to help victims take control of their situation, moving from a role of survivor to thriver.

The Center is committed to helping all victims of domestic violence and is available to men, women, and children of any age, economic, social or ethnic group. The Center does not discriminate against any victim. All services provided at the Center are free of charge to victims of domestic violence. No appointment is necessary. For more information, call (210) 631-0100. The Center is located at 126 E. Nueva, 2<sup>nd</sup> Floor.

**The Center for Health Care Services Crisis Care Center**

The Crisis Care Center is a 16-bed, walk-in mental health clinic providing 24-hour assessment and intervention services, crisis resolution, extended observation, and coordination into alternative care. No appointment is needed. On-Site, direct care staff including a psychiatrist and/or psychiatric nurse practitioner, licensed clinical social workers and licensed professional counselors, and RNs and LVNs trained in mental health psychiatric care are available on-site. To reach the Crisis Care Center, call (210) 225-5481.

The Crisis & Substance Abuse Helpline Line is a 24-hour crisis intervention and mental health assistance line for Bexar County residents in the event of a mental health crisis, including suicidal or homicidal thoughts. The Crisis Line provides a telephonic triage to determine the immediate level of need and to mobilize emergency services for the consumer. The Crisis Line works closely with the law enforcement community and 911 to ensure the safety of the consumer, as well as the community. The Crisis Line also serves as an initial point in determining eligibility for services through the Center for Health Care Services. To reach the Crisis Line, call (210) 223-SAFE (223-7233), or (800) 316-9241.

The Children’s Crisis Unit helps Bexar County residents between the ages of 3 and 17 who experience significant mental health issues. The Crisis Unit takes referrals from schools, law enforcement, mental health facilities, hospitals and local mental health partners. A family may also bring a child in on a walk-in basis for immediate crisis concerns.

**Child Abuse and Child Neglect**

In the State of Texas, failure to report suspected abuse or neglect of a child is a misdemeanor punishable by fine and/or imprisonment. The law provides immunity from liability to those reporting in good faith.

All health care professionals that have reason to believe that a child has been or may be abused or neglected must make a report within 48 hours of when abuse or neglect is first suspected. This duty to report cannot be delegated. A report of suspected child abuse or neglect should contain the reporter's basis of belief that a child has been or may be abused or neglected or has died from abuse or neglect. University Health System staff or medical professionals having cause to believe a child has been abused or neglected must access the Department of Family and Protective Services (DPFS) secure website (<https://www.txabusehotline.org/Login/Default.aspx>) to complete an online report and document accordingly in the patient's medical record. If more immediate action is required, call the Texas Abuse Hotline at 1-800-252-5400.

For additional information, please refer to UHS Corporate Policy 9.11.05.

For procedures regarding photographic documentation of suspected child abuse cases, see section on Public Information Regarding Patients.

In addition, for children less than fourteen (14 years of age presenting with an STD and/or pregnancy, state law requires a completed report to a local law enforcement agency or Child Protective Services.

### **PREMIERE Program**

The PREMIERE Program's mission is to ensure infants at risk of developmental delays due to prematurity, catastrophic illness at birth, or environmental factors are evaluated for growth, neurological, and developmental abnormalities in an intense follow-up program with developmental testing, appropriate interventions, and family education.

The PREMIERE Program's goals are:

- To have a specialized program for all South Texas babies born prematurely and weighing less than 3.5 lbs. at birth available through referral by the primary care physicians.
- To have a parent education program that begins before the infant is discharged home from the nursery. The enable the family to become knowledgeable about their baby's developmental needs, help the infant to achieve maximum potential and to empower families with information to access healthcare.
- To provide developmental age-appropriate testing and enhance development
- To conduct research and educational programs that will further the knowledge of premature infant development, how families access healthcare for their children, and health disparities in those areas.

The program offers extensive developmental assessments in the areas of growth and nutrition, mental and motor development and speech and behavior up to three years of age. The clinic is staffed by a developmental psychologist, a full-time nurse coordinator, a nurse case manager and a medical director specialized in neonatology. Early intervention is planned as needed and the family is connected with appropriate services taking into account transportation



and insurance. The assessments also serve as framework for teaching parents about infant development and their role in guiding the growth of their own baby.

For more information about the program, call (210) 567-5235.

### **Cardiology Services**

#### **Cardiac Catheterization Laboratory**

University Health System's cardiac catheterization laboratory provides state-of-the-art diagnostic and interventional procedures for adult patients. Technical staff, under the direction of the RN coordinator, consists of staff RN's, cardiopulmonary technologists, and radiologic technologists. A suite of biplane labs is located in the Rio Tower sub-level, elevator D of University Hospital. The catheterization laboratory opens at 7:00 a.m., Monday-Friday, and routine procedure hours are 8:00 a.m.-5:30 p.m., Monday-Friday.

Invasive diagnostic and interventional cardiology procedures are performed by a staff cardiologist and a cardiology fellow. Procedures performed include: diagnostic right and left heart catheterization using biplane cineangiography, percutaneous transluminal coronary angioplasty, atherectomy, stent placement, laser angioplasty, intra-coronary ultrasound, angiography, valvuloplasty, computerized cardiac imaging, pericardiocentesis, endomyocardial biopsy and electrophysiology studies.

Procedures are performed on both an inpatient and outpatient basis. Consultations should be directed to the cath lab fellows at (210) 358-2690/4142. Outside referrals should be sent to the cardiology service at UT Health San Antonio at (210) 567-2777 or the University Hospital at (210) 358-1837.

Emergency procedures can be performed only after notification and approval by the cardiology fellow and the staff cardiologist on-call. Designated personnel on-call for emergency procedures can be contacted via the UTHSA operator at (210) 567-4601.

#### **Cardiac Electrophysiology Laboratory**

State-of-the-art diagnostic and therapeutic cardiac electrophysiology (EP) procedures and surgeries are performed in the EP lab at University Hospital. Procedures and surgeries performed there include diagnostic EP studies, ablations, implantations of pacemakers and ICDs, and others. They are performed by the electrophysiology staff, often with a cardiology fellow, in a suite of biplane labs located in the Rio Tower sublevel of University Hospital.

Procedures are performed on both an in- and out-patient basis, after EP consultation. In-patient consultations can be referred to the cardiovascular diseases fellow rotating through the EP services (pager number available at (210) 358-2690 or (210) 358-4000). Out-patient consults can be directed to the cardiology office at (210) 567-2106.

## **Non-Invasive Cardiology/ECG Lab**

The Non-Invasive Cardiology Lab, located on the 2<sup>nd</sup> Floor of University Hospital Rio Tower, Elevator D, offers a full range of non-invasive diagnostic cardiac tests for both inpatients and outpatients. During normal hours of operation (8:30 a.m. to 4:30 p.m., Monday-Friday), the following services are offered: ECGG, Exercise Tolerance Test (ETT), and Echocardiogram (2D/M-mode, Color and Spectral Doppler), Stress Echocardiograms (Dobutamine and Exercise Echo), and Transesophageal Echo. Stress Echo and Transesophageal Echo are scheduled by consulting the cardiology fellow rotating through Non-Invasive Cardiology. To schedule a patient for any of the procedures above, please call University Hospital at (210) 644-3278 during normal business hours.

ECGs can be obtained after normal work hours, weekends and holidays by contacting the STAT EKG pager at (210) 203-7085. Emergency Adult Echocardiograms can be ordered by calling the operator for cardiology consult pager on-call. Emergency Pediatric Echocardiograms can be ordered by contacting Children's Heart Network at (210) 341-7722. If the procedure is approved by the appropriate adult/pediatric cardiologist, the on-call cardiac sonographer will be contacted by the cardiologist to perform the necessary procedure.

Outpatient Non-Invasive Cardiovascular Services are also offered at the Robert B. Green Campus Clinical Pavilion located in downtown San Antonio. These services include ECG, Echocardiogram, ambulatory monitoring (Holter and Event monitoring), and Exercise Tolerance Testing (EET), as well as Phase II telemetry monitored outpatient cardiac rehabilitation. Appointments for diagnostic services can be made by calling (210) 358-3700. For cardiac rehab, please fax referrals to (210) 358-3585.

## **Cardiac Rehabilitation**

The Reeves Rehabilitation Center, in conjunction with cardiology services offers Phase I inpatient cardiac rehabilitation and Phase II telemetry monitored outpatient cardiac rehabilitation. Education classes, to include nutrition, exercise, smoking cessation, stress management and medication education are also offered in the outpatient program. Outpatient referrals may be faxed to (210) 358-4740. Inpatient referrals may be faxed to (210) 358-4750.

## **Medical Specialty Services**

### **Endoscopy Center**

University Health System's endoscopy center, located on the 2<sup>nd</sup> floor of University Hospital Rio Tower, Elevator B, is equipped with state-of-the-art technology that includes video endoscopy, laser, and fluoroscopy to provide diagnostic and therapeutic procedures.

Diagnostic services include upper and lower endoscopic examinations, ERCP, secretory testing, motility evaluations, ambulatory pH monitoring, bronchoscopy, EUS and capsule endoscopy. Therapeutic services include removal of polyps, treatment of upper and lower

gastrointestinal bleeding, dilation of strictures, insertion of stents and drains to relieve biliary obstruction, removal of common bile duct stones and placement of percutaneous gastrostomy tubes.

Procedures are available on both an inpatient and outpatient basis and generally must be approved by a gastroenterology or pulmonary fellow assigned to University Hospital prior to scheduling. Information about patient preparation should be obtained from the gastroenterology or pulmonary fellow or from the center staff at (210) 358-8841.

### **Neurodiagnostic Center**

The Neurodiagnostic Center provides electroencephalography (EEG) service to both adult, pediatric and neonatal inpatients and outpatients. Inpatient EEG service is able to provide routine diagnostic studies as part of evaluation of various conditions ranging from encephalographies and seizures. In addition, continuous bedside EEG can be performed in order to diagnose spells or as part of management within the intensive care unit such as monitoring coma or status epilepticus. The Neurodiagnostic Center is located on the 2<sup>nd</sup> floor of University Hospital Rio Tower, Elevator D, and routine inpatient and outpatient studies can be scheduled through Sunrise EMR. Because EEG is an integral study in medical management, our service provides 24/7 coverage. Our technicians can be paged after hours (weekends and after 4:30 p.m. on weekdays) to perform stat studies upon neurodiagnostic attending approval.

Our service includes a National Association of Epilepsy Centers designated Level IV comprehensive epilepsy center. We have a ten-bed adult epilepsy monitoring unit and a four-bed pediatric epilepsy monitoring unit. Our services include diagnostic evaluations as well as surgical options for epilepsy. Referrals for outpatient evaluation and consultation by one of our five epileptologists can be made through our center. Information can be obtained by calling our staff at (210) 358-2362.

### **Sleep Disorder Center**

University Health now offers two hotels for our Sleep Lab Services; La Quinta Inn & Suites San Antonio Medical Center and Courtyard by Marriott San Antonio Downtown Market Square, providing 14 private rooms. The Sleep Lab provides all the same advanced monitoring technology and professionalism as in a hospital-based sleep lab. The Sleep Lab includes evaluations for obstructive sleep apnea syndrome, narcolepsy, and other nocturnal parasomnias as well as excessive daytime sleepiness (EDS). Referrals are made through consultations submitted to the sleep medicine service through Sunrise EMR.

### **Pulmonary Function Laboratory**

The pulmonary function laboratory is located on the 2nd floor of University Hospital Rio Tower, D elevator and 2nd floor of Robert B. Green Campus. The lab provides a full range of pulmonary function measurements. Normal working hours are 8:00 a.m. to 4:30 pm, Monday-Friday (RBG Campus lab closes at 12:00pm on Friday). Routine pulmonary function studies include Spirometry (pre- and post-bronchodilator), diffusing capacity, lung volumes, and resting

arterial blood gases. The laboratory also has available cardiopulmonary exercise testing, finger pulse oximetry, negative expiratory and inspiratory force (NIF & NEF), and bronchospasm provocation test.

## **Vascular Laboratory**

The Vascular Center (vascular laboratory and vascular clinic) is located on the 3<sup>rd</sup> floor of University Hospital Rio Tower, Elevator B. Hours of operation are 8:00 a.m. to 4:30 p.m., Monday-Friday and appointments are by physician referral. The purpose of the vascular center is the diagnosis and treatment of vascular disease. Patients are seen in the clinic for evaluation and treatment by physicians trained in the treatment of vascular disorders. The ICAVL accredited vascular laboratory aids in the diagnosis of vascular disease through non-invasive vascular tests that include cerebrovascular, arterial and venous test procedures. The technical staff is under the direction of a registered vascular technologist and the medical director of the vascular lab is a board certified vascular surgeon. Patients may be referred to the vascular lab without referral to the vascular clinic.

For further information and scheduling, call (210) 358-2074. Non-invasive vascular tests can be requested in Sunrise or on a general consult form. Fax the completed form to (210) 358-4779.

## **NurseLink**

NurseLink is the University Health System's 24-hour nurse telephone triage department. This area of specialized nursing began in March of 1995. Staffing consists of registered nurses available 24/7. Callers are provided with medical information, guidance on accessing community resources, health information and advice. The patient is triaged safely and effectively by using symptom-based computerized protocols.

An important function of the department is having the capability to direct callers to the appropriate urgent care location or make an appointment to one of the community health centers. Additionally, by protocol, the nurses are capable of offering sound interim care advice when a visit to the doctor is not necessary. For physician convenience and easy access to the NurseLink staff, NurseLink provides a physician's hotline at (210) 358-9999. For more information on the NurseLink program, call (210) 358-5808.

## **Nutrition Services**

The Nutrition Services department provides nutrition services for inpatients, as well as cafeteria services for all employees and visitors alike. Catering is also available.

Inpatient nutrition services are provided by Registered and Licensed dietitians on staff.

- When requesting consultation, diet instruction, calorie counts, or nutritional assessments, House Staff should use the ordering procedure in Sunrise, selecting Consult, (Inpatient) (Nutrition); consults will print out in the diet office. All consultations including diet instructions require a minimum of 24-hour notice for appropriate scheduling and

adequate time allotment with the dietitian. A clinical dietitian is available Monday through Sunday for patient evaluations, feeding recommendations, diet instructions, or other questions pertaining to the nutritional care of patients. A dietitian can be reached by pager (coverage schedule can be found on the UHS Intranet under Services/Nutrition Services) or by calling the diet office at (210) 358-2410.

- When ordering a diet, the physician uses the Sunrise electronic medical record. All diet orders for inpatients are sent to the central diet office on the first floor of University Hospital. House diets (those not requiring nutritional modifications) and therapeutic diets are described in the University Hospital diet manual.
- The University Health System diet manual is available online from the intranet homepage under Services/Nutrition Services/Clinical Nutrition. Included are descriptions of recognized diets, guidelines for enteral and parenteral nutrition interventions and many additional nutrition-related resources. For adult and pediatric nutrition care references, you can access the American Dietetic Association's Online Nutrition Care Manual, also on the UHS intranet under Services > Nutrition Services > Nutrition Care Manual.

Cafeteria hours and catering services information can be obtained via the University Health System Intranet homepage under Services/Food Services or by calling (210) 358-2420.

### **Nutrition Clinic**

The nutrition clinic at the Robert B. Green Campus provides diet counseling for patients requiring nutritional intervention incurred by specific disease entities. Patients are appointed to be seen by a clinical dietitian for diet counseling on referral from a University Health System physician. The outpatient nutrition clinic consultation request/report should be used to order diet counseling. Weekly weight management group sessions are also offered upon physician referral. The clinic operates from 8:30 a.m. to 5:00 p.m., Monday-Friday.

On designated days, diet counseling is also provided at the University Family Health Center-Southwest.

### **Pathology Services**

Comprehensive laboratory services, including diagnostic clinical chemistry, hematopathology, urinalysis, microbiology, virology, immunology, cytopathology, surgical pathology, autopsy pathology, histocompatibility and immunogenetics and transfusion medicine are offered at University Hospital. Point of care laboratory support is offered in the emergency department, neonatal intensive care unit and the outpatient clinics. Routine and urgent testing are available 24 hours a day. A supervisor, Pathology house staff and faculty are always available and may be reached through (210) 358-2760 or pagers published on a call schedule. The laboratories are required to communicate to the requesting physician any test result in the "critical value" range or any result of a critical test that has been ordered as priority "Critical (Clinically Unstable)". These communications require that the individual receiving the information record the information and read back the name, MRN and the value of the result. All test ordered as priority "Critical (Clinically Unstable)" must be hand carried to the laboratory within twenty (20) minutes of collection. Additionally, a pager number or cell number of the

physician must be provided for communications of results. Any deviation from this procedure will delay testing. Routine laboratory services are offered at the Robert B. Green Campus, UFHC Southwest, UFHC Southeast, UFHC North, and UFHC Northwest. Hours of service coincide with clinic operating hours.

Results for most routine tests are available within two (2) hours. Urgent services are available within one (1) hour or less for tests whose results have an immediate effect on the course of patient treatment. All laboratory results may be reviewed as soon as they have been reported through the University Health System's Sunrise EMR system. A complete listing of available services, specimen requirements and turnaround times is available electronically through Directory of Laboratory Services (DOLS) via the University Health System intranet and the internet (<https://dols.uthscsa.edu>). Specific questions, comments or suggestions are welcome and may be directed to any of the laboratory's supervisors, medical directors or the administrative staff.

### **Patient Care Services**

Patient Care Services at University Health System, with its available resources, serves the following purposes:

- Provide high quality nursing care and customer services to patients.
- Participate with others in mentoring and education of health care professionals and paraprofessionals.
- Participate in or institute research directed toward improvement of health care utilizing best practices.

Nursing services are provided through the University Health System by RNs, LVNs, and technicians. The nurses work within guidelines determined by University Health System policies, regulatory policies and national nursing standards.

### **University Hospital**

Patient care on the nursing units is guided and provided by the employees of Patient Care Services. They work together to provide high quality outcomes and customer service while managing costs. Additional information pertaining to the functions and activities of patient care services is listed below:

- Each unit or floor has a nursing director (RN) who has 24-hour responsibility for managing the nursing unit. Questions or concerns about nursing should be referred to the nursing director or designee. In addition to the nursing director, there is a charge nurse responsible for each shift on every unit, who is available to address your concerns or direct you to the nursing director, as needed.
- Large units are divided into modules. The RN responsible for the patients in that module will supervise the nursing care delivered by a team of nursing personnel. The team may be composed of RNs, LVNs, and technicians. Staffing is based on patient acuity.

- Nurses plan, implement, and evaluate the delivery of patient care in an effort to promote optimal levels of health and functioning for their patients. While adhering to the medical plan of care, coordinating it with the nursing plan of care, they perform procedures, monitor the use of equipment and supplies, and provide teaching and counseling for patients. The nurses also coordinate care between other members of the health care team to meet the patient's needs.
- Nursing administration consists of an Associate Administrator/Chief Nursing Officer who oversees patient care outcomes on all of the nursing units. Nurse supervisors are available 24 hours for patient care issues. Questions concerning the patient care services departments should be addressed to the director during the day or the nurse supervisors on evenings, nights and weekends.
- University Hospital has nurses who function in an advanced practice role. Nurses in these roles include: clinical nurse specialists, an enterostomal therapist, certified registered nurse anesthetists, nurse practitioners and nurse midwives.

### **Robert B. Green Campus**

At the Robert B. Green Campus, each clinical area is under the direction of a qualified clinic supervisor who reports to the administrative director. The administrative director reports to the senior vice president for ambulatory services.

The administrative clinic directors and the clinic supervisors are responsible for the planning, implementation and evaluation of nursing care delivered within their respective clinics. All staff members are responsible for the delivery of safe and effective care on their respective tours of duty. A designated team leader is available when the clinic supervisor is not accessible on the unit.

### **Patient Relations**

Patients, their families, or their representatives sometimes have problems or concerns about their rights as patients and the health care services provided to them at University Health System facilities. These problems or concerns may not be directly related to their diagnosed illness or injury, but they are an important part of the overall experience of a patient's visit. To facilitate communication and coordinate problem resolution, the Health System has established the Patient Relations Department.

As patient advocates, the department supports patients and families by their emphasis on neutrality, collaboration, and problem resolution. The patient advocate:

- Serves as a liaison between patients, families, hospital and medical staff
- Advocates for patient rights
- Serves as a point of contact for complaints and grievances
- Provides feedback to the organization for improving the patient experience
- Serves as a resource and support for ethical issues, including end-of-life treatment and disclosure of unanticipated events
- Provides general assistance with services, resources, etc.

The Patient Relations Department is located at University Hospital on the 1<sup>st</sup> Floor of the Rio Tower and may be reached at (210) 358-0600 during normal business hours (8:30 a.m. to 5:00 p.m. Monday-Friday) or at [Patient.Relations@uhs-sa.com](mailto:Patient.Relations@uhs-sa.com). For after hours, weekends, and holidays, the nursing house supervisor is available to assist with any patient experience issues. Should any of these after-hours complaints carry over into normal business hours, the house supervisor should contact the Patient Relations Department for hand-off of the issue.

The Patient Relations Department is also responsible for patient satisfaction surveys and language assistance. Please see the department's Intranet page for additional information on these services.

### **Interpreter Services**

University Health System promotes effective communication between patients, staff, and physicians by the provision of interpreter services for languages other than English and for patients who are deaf or hearing impaired. The goal is to eliminate language as a barrier and ensure every patient and family member is able to communicate and receive information effectively in a timely and efficient manner. When patients and family are well-informed, participate in treatment decisions, and communicate openly with their physicians and other health professionals, the risk of miscommunication or misunderstanding is greatly reduced and the opportunity to deliver high quality care is maximized. It is important that only qualified medical interpreters are used for this function. Friends, family members of the patient, or non-qualified staff should never be asked to perform the role of interpreter.

University Health System provides telephonic, video remote and onsite interpreter service options. Staff can request an on-site interpreter by completing the appropriate form found on the Intranet by selecting the Interpretation Services link under "Quick Links" on the home page. We are pleased to also have over 400 dual-role employee interpreters. A list of these qualified medical interpreters is available by selecting the Interpretation Services link on the Intranet home page.

Please note that for any on-site interpreter requests made after business hours and on holidays or weekends, the nursing house supervisors are the only staff authorized to contact our vendors by telephone to arrange for services.

The Patient Relations Department also coordinates translation of any forms which must be presented to patients or visitors in languages other than English. Written translations may include medical documents such as: consent forms, research and treatment protocols, patient information, medical letters, diagnostic studies and other documents used by health professionals. Please submit electronic files of the written material, along with the request form to [language.assistance@uhs-sa.com](mailto:language.assistance@uhs-sa.com). The translation request form is available on the Interpretation Services intranet page as well.

For more information about these services, please contact the Patient Relations office at (210) 358-0600.



## Radiology Services

Radiology services are provided at seven University Health System sites. These sites include University Hospital (UH), and seven ambulatory clinics including Robert B. Green Campus (RBGC), University Pavilion, Texas Diabetes Institute, University Family Health Center Southwest (UFHC-SW), University Family Health Center Southeast (UFHC-SE), University Family Health Center North (UFHC-North) and University Family Health Center Northwest (UFHC-NW). Comprehensive mammography services are provided through the University Health System mammography service located at the Mays Cancer Center (CTRC), and Robert B. Green Clinic (RBGC).

### **Radiology Staffing**

Radiology faculty and House Staff are available in-house at University Hospital and/or through on-call at all times.

### **Radiology Modalities Available at Different Locations**

- University Hospital: MRI, CT, ultrasound, nuclear medicine, diagnostic x-ray and special procedures (endo/neuro vascular services)
- UHS Mammography Service: screening and diagnostic mammography
- Robert B. Green Campus: diagnostic x-rays, mammography, ultrasound, CT and MRI (limited to certain procedures), DXA
- UFHC-SW: diagnostic x-rays
- UFHC-SE: diagnostic x-rays
- UFHC-North: diagnostic x-rays
- UFHC-Northwest: diagnostic x-rays
- TDI: diagnostic x-rays, DXA
- UHS Pavilion: diagnostic x-rays and ultrasound

### **Imaging and Imaging Library**

The Imaging Library is located at University Hospital in the Radiology Department. The UH Imaging Library is part of the Radiology Help Desk and is open 24/7. Radiology images are stored and distributed digitally via a Picture Archiving and Communication System (PACS). Access to PACS is granted via Data Security. CD-ROM copies of images are available through the film library locations at University Hospital. Authorization forms are required before the release of CDs to patients.

### **Hours of Operation**

<b>University Hospital</b>		
General Radiology	7 days/week	24 hr/day
Emergency Department	7 days/week	24 hr/day
MRI	7 days/week	24 hr/day
Ultrasound	7 day/week	24 hr/day
Nuclear Medicine	Monday-Friday	7:30 a.m. – 4:00 p.m. and

		emergency on-call
CAT Scan	7 days/week	24 hr/day
Special Procedures (Angio)	Monday-Friday	8:00 a.m. – 4:30 p.m. and emergency on-call
Imaging Library	7 days/week	24 hr/day
<b>Robert B. Green Campus</b>		
General Radiology	Monday-Friday	7:30 a.m. – 8:00 p.m.
Mammography	Monday-Sunday	7:30 a.m. – 4:30 p.m.
DXA	Monday-Friday	8:00 a.m. – 4:30 p.m.
CAT Scan	Monday-Friday	8:00 a.m. – 4:30 p.m.
MRI	Monday-Friday	8:00 a.m. – 4:30 p.m.

<b>UFHC-SW</b>		
General Radiology	Monday-Thursday	7:30 a.m. – 8:00 p.m.
	Friday	9:00 a.m. – 8:00 p.m.

<b>UFHC-SE</b>		
General Radiology	Monday-Thursday	7:30 a.m. – 8:00 p.m.
	Friday	9:00 a.m. – 8:00 p.m.

<b>UFHC-North</b>		
General Radiology	Monday-Thursday	7:30 a.m. – 8:00 p.m.
	Friday	9:00 a.m. – 8:00 p.m.

<b>UFHC-NW</b>		
General Radiology	Monday-Thursday	7:30 a.m. – 8:00 p.m.
	Friday	9:00 a.m. – 8:00 p.m.

<b>CTRC</b>		
General Radiology	Monday-Friday	8:00 a.m. – 4:30 p.m.
Mammography	Monday-Friday	8:00 a.m. – 4:30 p.m.

<b>TDI</b>		
General Radiology	Monday-Friday	8:00 a.m. – 5:00 p.m.
DXA	Monday-Friday	8:00 a.m. – 5:00 p.m.

The following will help provide prompt and efficient radiology services. Concerns about radiology services and department functions should be brought to the attention of the department director at (210) 358-2715.

- Orders for radiology procedures must be entered into Sunrise. All fields within Sunrise must be complete. If Sunrise is unavailable, then orders must be made on a Form #757-A. The form must be entirely completed (diagnosis is required) and signed by the requesting physician.

- Always consult with the radiologist for all complicated or invasive cases and whenever there is doubt as to the type of procedure needed.
- If a specific prep is required for a procedure, the prep and the complete instructions will be given to patients by the radiology department or referral site. Prep medications will be given to the patient by the pharmacy department. Routine work is completed promptly on all cases with the emergency cases taking priority. If a patient discharge is pending completion of a radiology procedure, please contact the appropriate radiology modality to ensure the study is given the appropriate priority.
- With the exception of plain film x-ray, all procedures are to be scheduled, including fluoroscopy. All procedures which require injection of contrast agent and fluoroscopy and urology exams need to be made by 11:00 a.m. the day prior to the examination to ensure proper preparation of the patient.
- Procedures performed on an emergency basis require the approval of the radiology staff or House Staff on duty. Radiology Help Desk at (210) 358-8532 should be contacted for assistance.
- All elective special procedure examinations (those requiring injection of intravascular contrast agent) will be performed by appointment during regular working hours, Monday through Friday.
- “STAT” or “Critical” exams should only be ordered when there is a true emergency. It is critical this word is not misused and there is credibility when an emergency procedure is requested to the proper response is received. It is the responsibility of the physician to first enter the order into Sunrise and then contact the department at (210) 358-2726. These examinations must contain documentation in the patient’s medical record indicating the procedure ordered with supportive clinical indication for that order.
- After-hour procedures in the hospital should be limited. It is advisable for physicians requesting procedures during this time to call the shift supervisor or senior person before bringing any patient to the department.
- Bedside procedures should only be ordered when it is absolutely impossible to move the patient from the unit to the department. These procedures are performed with mobile equipment and are limited in quality and diagnostic value and should be avoided if at all possible.
- All radiology images are available to the medical staff and other select providers via the Fuji PACS system. Questions regarding access to the system should be addressed to the information services help desk at (210) 358-4059.

### **Ordering Radiology Procedures**

All orders should be ordered on the Sunrise order system. Paper orders are used only when Sunrise order is not functional.

### **Pre- and Post-Procedure Orders**

Pre- and post-procedure orders must be entered on the Sunrise system. Sunrise contains specific order sets based on the radiology procedure performed. Outpatients transferred to OPS have order sets specific to OPS.

## Therapeutic Radiology

All therapeutic radiology treatments are currently performed at the Mays Cancer Center. The only exceptions are intracavitary or interstitial placement of radium implantations. House Staff must request therapy consultation in the radiology department at (210) 358-2961 to ensure proper evaluation, appointment and transportation of patients.

## Radiation Safety

There is a radiation safety office located at UT Health San Antonio, which can be reached at (210) 567-2955/2960. House Staff are urged to consult with the radiologist and radiology House Staff within the department, especially if there is any confusion as the most appropriate examination to be ordered.

## Renal Dialysis

### **Adult Renal Dialysis Unit**

The University Health System has five adult renal dialysis units – four outpatient and one inpatient unit. The inpatient unit is located on the 9th floor of University Hospital Rio Tower and has six stations to provide care for acute and chronic patients. The unit has the capability to perform continuous renal replacement therapy (CRRT) and dialyze critically ill patients in the MICU, CICU, SICU, and TICU areas. In addition to hemodialysis, the other modality offered is peritoneal dialysis including continuous ambulatory peritoneal dialysis (CAPD) and continuous cycling peritoneal dialysis (CCPD). The inpatient unit phone number is (210) 358-4070. The inpatient nurse on call may be reached through the hospital operator when the dialysis unit is closed.

The four outpatient dialysis units are located in the Northwest, West and South sectors of the city. All units are staffed Monday-Saturday, 6:00 a.m. to 10:30 p.m. by a professional staff of RNs and LVNs and supplemented by PCTs. Ancillary support staff includes a biomedical technician, social worker, and a dietitian. Medical care is provided by the renal fellows under the supervision of the medical director. The renal fellows rotate between Wilford Hall Medical Center, South Texas Veterans Health Care System, and University Hospital, caring for renal consult patients, as well as chronic patients.

The Northwest unit has 24 stations, the West unit has 28 stations, the South unit has 20 stations, and the Southeast unit has 16 stations. The locations and phone numbers are listed below:

<b>Dialysis Unit Name</b>	<b>Location</b>	<b>Telephone Number (Area Code (210))</b>
Dialysis Northwest Unit	7450 Louis Pasteur #100	358-2675
Dialysis West Unit	701 S. Zarzamora (TDI) Campus	358-7300
Dialysis South Unit	3750 Commercial Avenue #110	921-5620
Dialysis Southeast Unit	1407 Fair Avenue	358-5780

## **Respiratory Care Services**

Respiratory care is an allied health specialty responsible for the diagnosis, treatment, management and care of patients with deficiencies and abnormalities of the lungs and airways. Responsibilities of the respiratory care department include:

- Management of airways at all “Code Blue” and “R.T.STAT” situations.
- Set up and management of all continuous long-term ventilators.
- Set up and management of all oxygen devices.
- Monitoring of all patients using respiratory care equipment.
- Administration of various therapeutic modalities to include:
  - Hand-held nebulizer
  - Positive airway pressure therapy (PAP)
  - Incentive spirometry
  - Sputum inductions
  - Percussion and postural drainage
  - Nebulized pentamidine
  - Metered dose inhaler (MDI)
  - High frequency chest wall oscillation (IPV/Meta Neb)
  - Cough assist therapy
- Performance of bedside diagnostic pulmonary testing to include:
  - FVC
  - FEV1
  - Peak flow
  - FEF 25-75
  - FEV/FVC%
- Provision of in-service instruction
- Indirect calorimetry
- End-tidal CO<sub>2</sub> monitoring
- Percutaneous arterial blood gas sampling
- STAT ECG from 4:30 p.m. – 7:00 a.m., Monday-Friday, and 24/hrs a day on weekends for Psych and Controlled Access.
- Provide inpatient chronic obstructive lung disease (COPD) education and inpatient/outpatient asthma education.

### **Department Policies**

The administration of respiratory care shall be based on written and signed physician’s orders. Nursing personnel cannot make ventilator changes. Physicians should document rationale and desired effects of therapy in the patient’s chart. Orders to initiate mechanical ventilation, any changes to settings, and termination of mechanical ventilation must be entered within 2 hours.

The respiratory care department protocols have been approved by the Executive Committee of the University Health System. They assess and treat protocols including the following therapies:

- Hand held nebulizer (aerosol treatments)
- Positive Airway Pressure (PAP)
- Incentive Spirometry
- Percussion and postural drainage
- Aerosol treatments via meter dose inhaler (MDIs)

Physicians should write an order in the patient's chart to request respiratory care to assess and treat per patient driven protocol (PDP).

- Faculty must sign orders for therapy to be given more frequently than Q3 hours (unless self-administered). This does not apply to therapy given in the Emergency Department or intensive care units.
- All respiratory care therapy (except oxygen, ventilator, CPAP, or BIPAP) is discontinued after 72 hours. Orders must be renewed.
- All patients ordered to have sputum inductions for AFB should be in respiratory isolation.
- Specimens are collected every 8 hours until three specimens are collected and sent to pathology.
  - For a sputum collection, oral care will be given, and the patient will be instructed to deep breathe and cough. For induced sputum, oral care will be given, then a hand-held nebulizer (HHN) administered with hypertonic solution. If the treatment causes bronchospasm, the therapist will administer an aerosol bronchodilator treatment according to the patient's current prescription. If the patient is not on aerosol therapy, the therapist will administer 2.5 mg of Albuterol via handheld nebulizer.
  - If HHN is unsuccessful, the therapist will contact the physician for an order to perform nasotracheal suctioning.

Orders received for respiratory care services will be evaluated through the therapist driven protocol. The protocol system allows the practitioner to independently review and adjust orders in accordance with criteria outlined to address utilization, appropriateness and quality patient outcome. Therapist driven protocol recommendations are tailored to each patient's specific clinical needs following a thorough assessment and review of the patient's medical history.

### **Physician's Request for Service**

When the physician requests respiratory care services, the following guidelines should be observed:

- Respiratory care to assess and treat per protocol or physician may write orders as below. However, all therapy is evaluated based on the therapist driven protocols.
  - Hand-held nebulizer therapy: specify medication type, dosage and frequency of therapy. Example: Hand-held nebulizer treatment Q4 with 2.5mg Albuterol unit dose.

- Incentive spirometry: specify frequency of therapy and if therapy is to be self-administered. Example: Incentive spirometry at bedside, instruct patient to use Q2 while awake.
- Percussion and postural drainage: specify area of the lungs to be concentrated on and frequency of therapy. Example: Percussion and postural drainage Q4 to the right lower lobe (RLL).
- Metered dose inhalers (MDI): specify the medication type and dosage, frequency of therapy and if a spacer is to be used. Spacers will be used on all MDIs. Example: Proventil metered dose inhaler x4 puffs, Q4 instruct patient in use of spacer with MDI.
- Oxygen therapy: specify oxygen concentration or liter flow and method of administration. Example: O2 at 31 pm via nasal cannula; or 30% O2 via face tent; or 50% venti mask. For further information, please contact the department of respiratory care at (210) 358-2696.

### **Spiritual and Pastoral Care**

The Spiritual Care Department supports the spiritual and emotional needs of the entire University Health System community which includes patients, families and staff; everyone is welcome and treated with respect, regardless of race, sex, creed, religious preference, or age. For those who have experienced a loss, we offer emotional support, grief support groups, information on grief support in our community and memorial services.

Our team includes trained chaplains from different faith traditions who are available seven days a week. Our training chaplains are medical people, professional counselors, therapists, spiritual directors, pastors and lay church ministers. Services are held at the following locations:

#### **University Hospital Peveto Center for Pastoral Care (1<sup>st</sup> Floor main entrance)**

Sunday	Catholic Mass	3:30 p.m.
Tuesday	Interfaith Prayer Service	12:00 noon
Wednesday	Meditation	12:00 noon
Thursday	Catholic Mass	12:00 noon
Friday	Bible Reflection	12:15 p.m. – 12:45 p.m.
	Jummah Islamic Prayer	2:00 p.m.

#### **Texas Diabetes Institute (Chapel, 1<sup>st</sup> Floor)**

Friday 1 <sup>st</sup> & 3 <sup>rd</sup> )	Prayer Service	12:15 p.m.
Friday 1 <sup>st</sup> & 3 <sup>rd</sup> )	Prayer, “Hands On Spirituality”	After prayer service

The priests are assigned by the Catholic Archdiocese to administer the sacraments when requested by calling operator “0”. Extraordinary ministers of Holy Communion are available

daily to offer communion to inpatients, their families and staff by calling the Spiritual Care Department during office hours, 8:30 a.m. – 5:00 p.m.

Blessing of the hands and blessing of the workplace throughout the University Health System are available upon request and are ministered by our chaplains.

The Director of Spiritual Care can be reached at (210) 743-3300. For assistance after hours and/or weekends, please contact the operator at (210) 358-4000.