



# **2021-2022 HOUSE STAFF MANUAL**

**REVISED MARCH 25, 2021**

## **WELCOME TO UNIVERSITY HEALTH**

We are so happy to have you as part of our team! University Health 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 having earned this prestigious accreditation since 2010. 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 locations across the community to provide the right level of care in facilities that are warm, welcoming and convenient for our patients. These include:

- University Hospital (Level I trauma center)
- More than 25 outpatient care centers
- Four school-based health centers
- Three dialysis centers
- Two ExpressMed urgent care centers
- Two ambulatory surgery centers
- Two healthyUexpress mobile units

The new Women's and Children's Hospital is currently under construction and expected to open in 2023.

Please visit [UniversityHealthSystem.com](http://UniversityHealthSystem.com) to learn more about our services and locations.

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 titled University Health 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 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**

University Health 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 business.

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

### **Mission**

The mission of University Health 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 FACILITIES AND SERVICES**

University Health is a nationally recognized academic medical center and network of outpatient health centers. University Health is committed to delivering patient-centered, compassionate, 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 has expanded access to primary, specialty and preventive healthcare services, and currently operates more than 25 health centers and clinics throughout Bexar County. University Health recently converted to the Epic Electronic Health Records system across all locations, and is in the top one percent in the nation for its use of information technology.

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

**University Hospital (4502 Medical Drive)** is the 716-bed acute care hospital of University Health. It serves as the primary teaching hospital for UT Health San Antonio, and is 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. 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.

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

**The University Health 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.

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

University Health-Pavilion:	4647 Medical Drive
Robert B. Green Campus:	903 W. Martin

**The *HealthyUExpress* 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 Breast Health Center in the Mays Cancer Center.

**University Health currently operates four School-based Health Centers.** These health centers provide low-cost primary and preventive health services to district students and members of the community.

**Three University Health operated outpatient dialysis centers** are located throughout the city.

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

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

**The University Health Breast Center** at UT Health’s Mays Cancer Center provides comprehensive screening and diagnostic services.

**The Texas Liver Tumor Center** at the Mays Cancer Center provides a full range of services for patients with liver tumors. Our unique streamlined process enables patients to consult with some of the nation’s top liver tumor specialists to receive a comprehensive, specialized treatment plan.

**Detention Health Care Services** – In 1995, University Health took on the responsibility of providing medical care for Bexar County adult and juvenile inmates, and Detention Health Care Services was created. Medical and psychiatric services are provided at all Bexar County adult and juvenile facilities.

## **SECTION II** **COMMUNICATIONS**

### **Area Code**

The area codes for San Antonio are “210” and “726”. University Health 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 non-hospital 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 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. Non-hospital Clinics with a 644 prefix can be reached by dialing “4” + 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**

Overhead paging is limited to Stat/Code calls only. All other overhead announcement requests must be approved by Corporate Communications or Hospital Administrator’s office during regular business hours or by the House Supervisor after hours.

## **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 (except UH Sky Tower) dial “8” + the 4-digit number
- To University Hospital Sky Tower dial “3” + the 4-digit number
- From UH to South Texas Veterans Hospital, dial “9” + (210) 617-5300
- From UH to UTHSA, dial 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 9 + (210) 567-7000
- South Texas Veterans Healthcare System 9 + (210) 617-5300

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

- One Call Center 743-3100
- UH Emergency Department Admin 8-5 M-F 743-0031
- Protective Services 358-2465
- Patient Placement Center 743-3105

### **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, and in accordance with University Health policy.

Each employee or other individual, including volunteers, house staff members, contractors and medical-dental staff members must wear the appropriate photo ID badge issued 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) or as approved by University Health administration (i.e. COVID screening station sticker).

Job-specific standards may be more stringent than the University Health dress code to ensure safety, health, sanitation, infection control, or the public relations requirements of University Health.

### **Employment Eligibility Requirements**

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

- Complete and return the University Health credentialing application through M-D App including all required file documents.
- Complete all On-Boarding Requirements for UH, STVHCS and UTHSA as required by each entity.
- Provide valid proof of employment eligibility. (Non-U.S. Citizen will be required to provide a valid visa, Permanent Resident card, or Employment Authorization Document).
- Provide proof of licensure or training permit issued by a Texas State Licensing authority.
- Provide a valid AHA Certified BLS and/or ACLS certification card (specialty-specific equivalent certifications are acceptable (i.e. NRP, PALS, ATLS). American Red Cross Certificates are acceptable only for military funded house staff taking courses through the Military Training Network.
- Receive employment clearance from the University Health Employee Health Clinic.
- Complete EPIC EMR training
- Attend the UTHSA/UH orientation session.
- Complete the UH/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 on your credentialing application may result in revocation of training privileges at University Health:

- 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.

To maintain eligibility requirements/privileges at University Health, the following are required:

Report immediately, in writing, to the Office of the Chief Executive Officer and Chief of Staff:

- Receipt of notice of any complaint filed against the individual with the applicable licensing body, including but not limited to, the Texas Medical Board and the Texas Department of Dental Examiners.

- Involvement of the practitioner in a professional liability action at the time of occurrence, and as soon as practicable, final judgments or settlements of professional liability action involving the practitioner, at any hospital, clinic or health care facility.
- Results and circumstances of any professional review action or investigation or any peer review action or investigation, including sanctions and corrective actions, that adversely affects, or has adversely affected, the clinical privileges of the practitioner.
- If applicable, the acceptance of the reduction, restriction, suspension, revocation, denial, non-renewal or voluntary surrender of medical staff membership to clinical privileges, or the acceptance of any restriction of such privileges by the practitioner, at any hospital, clinic or health care facility or membership or fellowship in any professional organization.
- The commencement of a formal investigation, the filing of charges, or any final action by the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or any State, including but not limited to any and all regulatory bodies responsible for the licensure and discipline of the practitioner.

### **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 health screening and be fit tested with the N95 mask. The State of Texas requires mandatory seasonal influenza vaccinations for all healthcare workers. As a result, University Health 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 UH Employee Health can affect your continued privileges at University Health. 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 up to 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 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 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 Infonet page under Department > Professional Staff Services.

### **Pay Policy**

House Staff funded by University Health 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. University Health 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 paper 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 Infonet home page under Department > Financial Accounting & Payroll.

### **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 UH 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 University Health Infonet home page. 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 institution- and 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 Health 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's DEA Certificate. This number must be included on the DEA line on all UH prescriptions. The suffix is only valid for prescriptions written at UH 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-UH facilities, they may complete the Exemption From the 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 issued under the American Heart Association. Specialty-specific certifications such as NRP or PALS for Pediatrics may also be acceptable depending on specialty. Military residents who obtain their certification through the Military Training Network may provide American Red Cross Certification. 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. UH 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 UH. House Staff should schedule a renewal course well in advance of expiration to ensure compliance.

House Staff can review course availability or to sign up for a course through the Learning Central link on the University Health InfoNet page or contacting the Center for Learning Excellence at (210) 743-6300.

### **Military and Elective Rotators**

In accordance with University Health policy on unauthorized personnel, any physician on University Health 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 (unless previously approved for embedded status) before being allowed to rotate at University Health. 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:
  - 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.
- Embedded Rotators are approved by the UT GME office for a continuous rotation status and will in-process upon initial approval. These rotators are not required to in-process before each rotation during the academic year. However, these rotators must maintain valid, unexpired certifications at all times and are subject to suspension of privileges if license or CPR are allowed to lapse. At the beginning of each academic year, these rotators must provide updated rotator packets to Professional Staff Services for continued embedded status.

### **Due Process Procedure**

Please refer to the following GME Policies:

- GME Policies  
<http://www.uthscsa.edu/academics/medicine/about/ogme/policies>
- GME Policy 2.10, Resident Grievance and Due Process Procedure  
<https://www.uthscsa.edu/academics/medicine/about/ogme/policies/manual>

### **Sexual Harrassment and Exploitation Counseling**

- GME Policy 7.5, Harrassment  
<https://www.uthscsa.edu/academics/medicine/about/ogme/policies/manual>

### **Consensual Relationships**

- GME Policy 7.7, Consensual Relationships  
<https://www.uthscsa.edu/academics/medicine/about/ogme/policies/manual>

### **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.

### **House Staff Recognition Program**

University Health 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 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 InfoNet page > Department > Human Resources > Employee Recognition.

#### **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 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.

#### **Provider of the Quarter Recognition**

Provider of the Quarter recognition has been a long-standing tradition at University Health. 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.

#### **Provider of the Year Recognition**

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

### **Gym Memberships**

The University Health Wellness Committee's goal is to improve the health and quality of life for House Staff and their families. University Health 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 UH ID badge to receive the discount rate. For additional details, amenities, hours and locations, refer to the Gym Membership page on the UH InfoNet under Department > Employee Health, 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 UH 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 \$180.00 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 may 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 automatically 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 Sky Bistro, located in the main lobby of the Sky Tower, is now open 24/7 to provide food options to house staff who are on-call after the UH Cafeteria closes at 8:00 p.m. In addition, nutritional services is placing individually wrapped sandwiches in the House Staff Lounge located on the 3<sup>rd</sup> Floor of Sky Tower. Only House Staff scheduled for on-call should partake of the sandwiches left in the House Staff Lounge 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. These non-house staff personnel should utilize the Sky

Bistro for any nutritional needs. Note: Sky Bistro hours and food availability in the House Staff Lounge are subject to change without notice.

### **Lab Coats**

House Staff will be furnished with three (3) white lab coats at no cost during their first year at University Health. It is the house staff's responsibility to maintain the coats in good condition. University Health 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**

There are eight (8) Cintas 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. Physicians/residents approved to utilize the Cintas scrub machines will receive access to three (3) scrub sets by scanning their University Health identification badge. The authorized scrub color for physicians will be gray.

#### **Authorized Users**

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

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 UH 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 Professional Staff Services. House Staff must reimburse University Health 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 Professional Staff Services for clearance.
- For infection control purposes, scrub apparel should only be worn while on duty at UH and should be removed and returned to the scrub machine prior to leaving the facility.

### **Violations of Scrub Machine Policy**

All scrub withdrawals and returns are monitored by camera. The following actions may result in the loss of scrub machine privileges and will be reported to Professional Staff Services for follow-up.

- Attempting to return items other than UH issued scrub tops/bottoms for credit. Only the gray UH 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.
- "Draping" across both return slots or placing non-scrub items in bin in an attempt to receive credit

Violations will be reported to Professional Staff Services and, in some cases, your program director. Repeated violations may result in loss of privileges.

### **Safe Ride Home**

As part of the House Staff Wellness initiative, University Health 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 they can choose to 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 UH 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 ambassador to meet the House Staff at their location and provide up to two (2) Vouchers, one voucher to be taken home and the second voucher to return to University Health.
- 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 forwards receipt email(s) to University Health, Professional Staff Services at [GME@uhs-sa.com](mailto:GME@uhs-sa.com) for review and approval no more than 45 days after the Rideshare option was exercised.
- University Health will not cover tips associated with the ride share option.

Rideshares will not be reimbursed for any other purposes including rides between clinic/hospital locations or rides between University Health and an address other than the house staff's home address. The full RideShare policy can be obtained from Professional Staff Services by emailing [GME@uhs-sa.com](mailto:GME@uhs-sa.com).

### **Employment Verification**

In an effort to provide an efficient and standardized process for our employees, University Health 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 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) 648-5052 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 UH InfoNet page under Department > Human Resources > Employment Verifications.

### **Training Verification**

Requests for verification of training at University Health can be obtained through the UH Professional Staff Services Office. Please note that University Health 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 emailed to [GME@uhs-sa.com](mailto:GME@uhs-sa.com).

### **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 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 training specialties within UTHSA will not complete this form.

When a House Staff is terminating or clearing prior to 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. If House Staff has resigned, a resignation letter must be provided. House Staff leaving early cannot be granted pay if he/she does not have available 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 are provided basic term life insurance, and short- and long-term disability at no cost. Eligible House Staff and their dependents (spouse/domestic partner and children) 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 benefit plan year 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, with proof of the qualifying event attached, to the University Health Human Resources Department 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 or contact the Human Resources Benefits Team through email at [UHS.Benefits@uhs-sa.com](mailto:UHS.Benefits@uhs-sa.com).

### **Medical Plans**

University Health 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 Family Network (HMO) and the First Health Network (Expanded Network). As part of the University Health 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 Delta Dental's DeltaCare USA DHMO 13B Plan and Delta Dental DPO Low or DPO High Plan for House Staff and eligible dependents.

### **Vision Plan**

University Health offers a comprehensive vision plan through EyeMed Vision Care. The vision plan helps cover the cost of eye exams, frames and lenses, contacts.

### **Flexible Spending Accounts**

A flexible spending account allows House Staff to set aside pre-tax dollars for out-of-pocket medical, dental, 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 by 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.

### **Pet Insurance**

Nationwide offers two pet insurance coverage options at a 50, 70%, or 90% reimbursement rate. This coverage helps with the cost of maintaining your pet's health at any licensed veterinarian nationwide. Pet coverage is available for dogs, cats, birds, pigs, snakes, rabbits and more. Please visit the Nationwide website at [www.petinsurance.com/uhsresidents](http://www.petinsurance.com/uhsresidents) to enroll or call 877-738-7874 for more information.

Plan Features include:

- Up to \$500 in emergency boarding
- Claim submission through email or mobile app



- Up to \$500 lost pet benefit
- Up to \$1,000 to cover humane euthanization/burial/cremation.

### **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 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 up to \$500 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 offers all eligible full-time and part-time (20 hours or more) House Staff the opportunity to purchase supplemental disability insurance. House Staff 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 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 offers 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.

### **Employee Assistance Program**

The Employee Assistance Program (EAP) is a completely free and confidential counseling and support service for 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.dearoakseap.com](http://www.dearoakseap.com), User ID and Password: uhsys

### **Professional Liability Coverage**

The University of Texas System provides each House Staff with professional medical liability self-insurance coverage in the following amounts: \$500,000 per claim; \$1,500,000 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 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 of employment.

#### **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 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 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 UH 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 memo of explanation (on an official extended leave template), signed by the program director and submitted by the program coordinator. The type of LOA (personal, medical, maternity, or paternity) 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 (on the approved extended leave template) 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 offered FMLA coverage (if eligible) or 30-day Medical Leave (if not eligible for FMLA) 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.

When 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 physician’s 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’s **Family Leave Policy 4.0202** located on the University Health InfoNet > About > 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
- 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 University Health Human Resources, provided a physician's return to work clearance and received approve to return to duty.

To inquire about going on a leave of absence or to apply, email [UHS.Benefits@uhs-sa.com](mailto:UHS.Benefits@uhs-sa.com).

## **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. Eligibility requirements state that the employee must have worked 6 months and 16 hours per week in the last 6 months.

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. To inquire about going on a leave of absence or to apply, email [UHS.Benefits@uhs-sa.com](mailto:UHS.Benefits@uhs-sa.com).

## **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.

## **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 interviewing for positions at other institutions must utilize their available vacation leave time.

## **House Staff Time Donation Program**

This program provides House Staff with the opportunity to donate unused sick time to other House Staff members, who have exhausted all accrued vacation and sick leave, in instances of catastrophic illness or injury.

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 UH, 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) > Resources > Our Policies > Hospital Policies > University Health System or by contacting Professional Staff Services at [GME@uhs-sa.com](mailto:GME@uhs-sa.com).

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

### **Medical Record Content Timelines**

#### **Inpatient Medical Record**

- Documentation of daily rounding. Documentation completion does not exceed 30 days after the patient's discharge. More stringent guidelines will apply for designated medical record types as indicated below during an in-patient stay.

#### **Outpatient Medical Record**

- Documentation completion does not exceed 48 hours after the patient's discharge.

#### **Medical History and physical examination**

- Including updates, in the medical record within 24 hours after the registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, and update documentation any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

#### **Informed Consent**

- Is properly executed and is placed in the medical record prior to surgery, except in emergencies. Informed consent must be completed using the electronic medical record inventory unless there is an unexpected or anticipated downtime.

#### **Operative Report or other high risk procedure**

- Report is written or dictated upon completion of the operative or other high risk procedure, moderate or deep sedation or anesthesia and before the patient is transferred to the next level of care. The exception to this requirement occurs when an operative or other high risk procedure progress note is written immediately after the procedure, in which case, the full operative report can be written or dictated within 24 hours of the high risk procedure. If the provider performing the operation or high-risk procedure accompanies the patient from the operating room to the next unit or area of care, the report can be written or dictated in the new area of care.

#### **Verbal and Telephone Orders**

- Written on behalf of the provider; are signed by the ordering provider within 48 hours of being issued.

#### **Non-Violent Restraint Orders**

- Adult and pediatric
- 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.

**Discharge Summary**

- Must be documented in the medical record within 48 hours of discharge.

**Autopsy**

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

**Copy and Paste Functionality-Copying and Pasting Medical Records**

- All providers documenting in the Electronic Health Record must avoid discriminately copying and pasting progress notes and duplicate/redundant information provided in other parts of the EHR.

**Electronic Medical Record Access**

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

**Record Content Requirements****Diagnostic and Therapeutic Orders**

Orders must be 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.

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 infrequently by registered nurses, licensed vocational nurses, Pathology Services Genetic Counselor, 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 document a verification and “read-back” of the completed order in the medical record.

### **Evidence of Informed Consents**

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

### **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.

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

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.

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.

In the inpatient setting, 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 countersign the following:

- Admission orders
- Admission history and physical
- Operative/Invasive report



## Retiring of Medical Records

If a provider leaves University Health with incomplete electronic medical records and can be contacted, Information Services will be notified to reinstate the provider's Electronic Medical Record (EMR) access, or coordinate a manual paper record completion. If applicable, HIM will work with Human Resources (HR) to coordinate an in-person appointment for the provider to complete the electronic medical records in the HR Department.

If the provider who left University Health permanently cannot be reached and an alternate provider has been or can be identified, the incomplete medical record may be reassigned to the alternate for completion.

When a provider cannot be contacted, or an alternate provider cannot be identified, the incomplete medical records will be reviewed by the Medical Record Committee (MRC). MRC has the authority to approve the admin closure of the incomplete medical records. Incomplete electronic medical records will be admin closed with a reason stating "provider no longer with organization". If the incomplete medical record is paper, an addendum will be added to the record with the following: "At the request of the Medical Record Committee, this incomplete medical record has been filed in the permanent file. The provider is no longer practicing at University Health and left prior to completing the patient's medical record".

## 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 University Health public share drive under the folder titled "Downtime Forms" (This PC > Data ([\\uhsdata](#)) (S:) > Public > Downtime Forms. Each unit will maintain paper medical record packets to be utilized during a downtime situation.

<b>Medical Records-UH Main (210 Area Code)</b>	
Administration	743-5403
Provider Assistance Room	743-5409
Release of Information	743-5401
Prepping/Scanning	743-5419
General Transcription Questions	743-5419
Rotator and House Staff Clearance	743-5408 743-5409

Detailed information regarding Medical Record Content Requirements in individual patient settings can be located in the Corporate Policies on the University Health InfoNet under About > Corporate Policies > 10.03 Medical Records > Attachment II.

## **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 UH for those authorized.

#### **Clinical Resources**

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

#### **EMR-Epic**

Epic 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 Patient Admission, Transfer, Discharge, appointments and billing are entered directly into the system. Epic provides all result data: laboratory and radiology, including digital radiology images; cardiac cath and non-invasive cardiology studies; neurodiagnostics; endoscopy; pulmonary function studies, vascular labs and audiology studies. Also available in Epic are dictated discharge summaries, operative reports, EMG/NCV reports, and access to scanned documents within OnBase. Epic HAIKU/CANTO applications are also accessible via mobile devices which will provide some of the similar functionality. These products provide an excellent rounding tool and are available to all physicians.

Due to the complexity of the Epic applications, formal training is mandatory. House Staff will be scheduled for training during their orientation week. Epic training is scheduled through Learning Central. 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 or provided.

#### **Clearsense**

Clearsense contains all of the EMR record historical data from Allscripts for 2005 to July 11, 2020. A link is provided within the Epic EMR to allow access to the data without having to exit the EMR.

#### **HIE – (Care Everywhere)**

Care Everywhere Health Information Exchange (HIE) facilitates access to and retrieval of clinical data from all other Epic clients that allow sharing which includes UT Medicine. In addition, it is connected to HASA (Health Access San Antonio) which is the city of San Antonio's

public HIE, and the E-health Exchange Hub. This includes, but is not limited to VA, DOD, SSA, Athena Health, E-Clinical Works, NextGen, Surescripts, Commonwell Health Alliance, Zen HealthCare IT, and KNO2.

Physicians can select allergies, medications, problems, and immunizations from outside sources to incorporate into the patient's local chart using the Reconcile Outside Information activity within the Epic EMR. These data are then included in decision support and advisories for the patient.

## **Qgenda**

Qgenda is the physician on-call system used by University Health. Qgenda is available from the University Health InfoNet page under Physician On-Call: Qgenda. It is available to all staff and provides convenient access to physician on-call schedules and displays physicians on-call along with department service code and physician's pager number.

## **Cafeteria Services and Catering**

University Health cafeteria services and catering encompasses 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 Rio Tower and has a variety of breakfast and lunch offerings. Traditional cafeteria style hot meals as well as sandwiches, hamburgers, pizza, soups, and desserts are available. Hours of operation are 6:00 a.m. to 8:00 p.m. They are closed daily for cleaning from 10:00am-11:00am. Due to COVID-19 all services and food options may be modified due to business demand.

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 Bistro is located in the Sky Tower Lobby and is open 24 hours a day. Sky Bistro offers a variety of breakfast, lunch and dinner options. Offerings include Starbucks Coffee, hamburgers, sushi, chicken tenders, hot dogs, soups and desserts. The Sky Bistro also offers sundries, gifts, snacks and beverages.

## **Catering Services**

Catering services are available at University Hospital by contacting (210) 358-8332. 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 UH InfoNet page under My Tools > Our Links.

## **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 Sky Bistro, the Robert B. Green Campus café and the Texas Diabetes Institute café. Discounts are only given when paying by badge or resident meal card (rotators). Purchases using cash or credit card payments do not qualify for the discount. Starbucks and sushi items are not discounted.

## **Meal Payment Options**

House staff meal credits are granted through the UH QuickCharge system after receiving a request from the approved UT Health training department. House Staff wishing to use meal credits must utilize their UH ID badge with bar code to purchase food items in the UH Cafeteria, UH Sky Bistro, RBG Cafeteria, and UCCH Cafeteria. If a house staff has no credits available, meal purchases using the UH ID Badge will be deducted from the house staff's paycheck up to \$180.00 per pay period (funded house staff only). There is an opt-out option for house staff who prefer to use credits only. Please contact Professional Staff Services at (210) 358-0062 for assistance.

## **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 employees, volunteers and designated partners. University Health is designated as an approved American Heart Association Training Center.

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

University Health (UH) accepts American Heart Association (AHA), and Red Cross for selected groups (i.e. military rotators and house staff) only. House Staff should contact Professional Staff Services for credentialing requirements.

Live courses current offered are:

- Advance Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Basic Life Support (BLS)
- Pediatric Emergency Assessment, Recognition and Stabilization (PEARS)
- Heartsaver

UH AHA courses are open to all UH staff and House Staff, UT Health San Antonio, University Medicine Associates and direct patient care providers.

\*During the COVID-19 pandemic, only BLS, ACLS & PALS courses are being offered as a blended learning option. A live hands-on skills practice/check off is required to complete for credential. Future full-day live instructor-led course schedules will be published based on the current pandemic safety measures in effect.

### **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.

### **Basic Life Support (BLS)**

This course trains participants to promptly recognize several life-threatening emergencies, give high-quality chest compressions, deliver appropriate ventilations and provide early use of AED. The BLS course is taught solely as a blended learning course.

### **Live Course Calendar**

Live course dates can be found on the UH InfoNet page under Department > Center for Learning Excellence > Learning Central. To register for a live course, house staff can contact the Center for Learning Excellence department at (210) 743-6300 or [Learning.Resources@uhs-sa.com](mailto:Learning.Resources@uhs-sa.com).

### **HeartCode® Complete Simulation Center**

HeartCode Complete allows learners to fully complete their BLS, ACLS or PALS training at their own pace, with courses delivered through Learning Central. **You MUST have an existing account in Learning Central to utilize this option.** If you don't have an account, see live course options above.

The program delivers detailed debriefing after each online learning module and real-time audio and visual feedback during skills sessions to ensure learners are receiving the highest-quality training possible. After completing their assigned course, learners earn an AHA eCard valid for two years. By combining comprehensive online learning with hands-on skills practice and testing, HeartCode Complete delivers consistent, quality resuscitation training at a pace that is right for every individual.

The Simulation Center is located at University Hospital on the 6<sup>th</sup> Floor Rio Tower in the Center for Clinical Excellence department and is available 24/7/365. To inquire about this option, please contact the CLE Department at (210) 743-6300 or [Learning.Resources@uhs-sa.com](mailto:Learning.Resources@uhs-sa.com).

### **Library Services**

The UT Health San Antonio Briscoe Library provides services for the interns, residents and fellows of UT Health San Antonio and University Health and is located on the main campus at

7703 Floyd Curl Drive. Remote access to library resources and library staff is available by visiting the library home page (<http://library.uthscsa.edu>).

## 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, and interlibrary loan document delivery

Many of the library's collections are available online 24/7 and can be accessed through the library website. Discipline specific books and journals can be found through the library's United Search interface located on the library home page. E-resources are available remotely by logging in through the library home page or by using the UT HAS VPN. Requests for materials not owned by the library can be placed through interlibrary loan at no cost. Complete information on loan periods, rules and charges may be obtained when registering for borrowing privileges. *(Due to COVID-19, check out of physical items is currently unavailable). The library also has two virtual interview rooms located on the third floor that are reservable and available for use by house staff. Each room is equipped with a desktop computer, webcam, surface microphone and speaker. The computers have the necessary software (Zoom, Skype, Microsoft Team, Cisco Webex) installed for virtual meeting use.*

Study space is available in the Briscoe Library. Computers, study carels, 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.

A Librarian is on-call Monday thru Friday, 8 a.m. – 5 p.m. for quick reference and research support and can be contacted by phone, email, or chat. House Staff may contact the School of Medicine (SOM) liaison librarian for assistance with literature searches on clinical, research, and education 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, RefWorks, or other reference management software. Orientation and classes, including virtual consultations, can be scheduled by request through the SOM library liaison. One-on-one instruction and assistance in the use of library materials, including electronic and print resources, is available. The SOM Liaison Librarian contact information regarding library hours, chat, and library services may be found on the UT Health San Antonio Library Get Help web page.

\* Please note: Due to COVID-19 restrictions in 2020-2021, house staff can contact the library information line at 210-567-2440, email [askalibrarian@uthscsa.edu](mailto:askalibrarian@uthscsa.edu), or visit the library website regarding status of these services.

## Hours of Operation

Access to the Briscoe Library building is available by UT Health SA identification card swipe only. Regular staffed hours of service are shown below:

Monday-Friday	7:00 a.m. – 8:00 p.m.
Saturday-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 the UT Health San Antonio Library Get Help web page, call 210-567-2450 or visit the library during regular staffed hours.

## Photocopy and Printing Services

Please contact UT Print regarding campus photocopy and printing services.

For more information about the UT Health San Antonio library, visit their website at UT Health Science Center Library ([library.uthscsa.edu](http://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).

## Police and Protective Services Functions

Licensed Texas Police Officers, augmented with Security Ambassadors, provide random vehicular and foot patrols of all University Health 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 University Health 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 University Health 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 University Health InfoNet under Department > Protective Services.

Removal of University Health 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 University Health facilities are secured after hours. University Hospital is the only University Health facility open to the public 24 hours a day, 7 days a week. Access to specific facilities/areas is granted via University Health 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 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” elevator. 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). Note: Times may vary due to current situation or holidays.

All House Staff members are required to display a University Health issued photo identification badge **worn between the shoulder and waist line**, while on University Health property (University Health 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, as this may prevent the badge from working correctly. The identification badge authorizes the use of specific facilities through the proximity devices (card readers) and prevents unauthorized access to secured areas. If you have several badges from several external hospitals as part of your rotations, separate the badges to prevent the primary University Health badge from being denied access.

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 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 to furnish this information in writing. This releases the University Health from liability in connection with the furnishing of the information or when the University Health 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 Corporate Communications & Marketing Department is to serve as the University Health liaison with the media. The news media closely follow the conditions of many University Health patients. During regular business hours, media inquiries are handled by the Corporate Communications & Marketing 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 & Marketing staff via the Patient Placement Center.

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 UH Corporate Communications & Marketing. House Staff contacted directly by members of the news media should refer all patient condition requests to Corporate Communications & Marketing 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 & Marketing. Patient consent must be secured prior to any video. TV cameras and photographers are not allowed in patient care areas unless by special arrangement and with prior approval through Corporate Communications & Marketing. 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 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 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 facilities for treatment but refuse treatment are reported accordingly.
- Patient Requests for Confidentiality: A patient admitted to University Health 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. University Health’s Uses and Disclosure of Protected Health Information: 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 (UH) 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, etc.)</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 incidents.</li></ul>

	<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>	
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> </ul>	<ul style="list-style-type: none"> <li>• UH will notify DIO, the President of Medical-</li> </ul>

	<ul style="list-style-type: none"> <li>• Compiling a mailing list to be sold for personal gain or for some personal use</li> <li>• Disclosure or abusive use of PHI</li> <li>• Tampering with or unauthorized destruction of information</li> </ul>	Dental Staff and Privacy Officer <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 UH BCHD #510 Form, Authorization to Allow Designated UH Employee to Access, Inspect and/or Obtain a Copy of Health Information, and it has been scanned into the patient's UH 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 UH 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 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 UH equipment is the property of University Health. 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 UH 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 UH 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. UH 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 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 *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) 358-2222
- Texas Diabetes Institute (210) 358-2222

For all remaining University Health 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 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 Comprehensive Emergency Management Program (CEMP) posted on the corporate InfoNet site under Department > Emergency Management.

## Accident Prevention

University Health 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. 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 the "Submit an OJI" link on the UH InfoNet by the end of the shift or prior to seeking medical treatment.

Should the house staff require medical treatment, the employee can call (210) 358-2277 for appointment or 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 call 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 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 worker's compensation insurance.

### **Emergency Management**

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

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

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

<b>CODE RED</b> Fire	<b>CODE BLUE</b> Cardiac / Respiratory Arrest	<b>CODE GRAY</b> Activation of UHS Disaster Plan	<b>CODE WHITE</b> Armed Intruder or Active Shooter
<b>CODE YELLOW</b> Utility Failure	<b>CODE GREEN</b> Combative Person	<b>CODE BLACK</b> Bomb Threat	<b>CODE PURPLE</b> Joint Commission
<b>CODE PINK</b> Infant/Child Abduction	<b>CODE ORANGE</b> Hazardous Agent or Explosive Incident	<b>CODE SKYWARN</b> Severe Weather	<b>CODE SILVER</b> Lost Adult

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 University Health 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 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 University Health 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.

For more details about Emergency Management, please contact Emergency Management, (210) 743-6565 or [EmergencyManagement@uhs-sa.com](mailto: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: UH InfoNet > Department > 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](mailto: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).

### **COVID-19**

The World Health Organization (WHO) declared an outbreak of a respiratory illness cause by a novel coronavirus, called SARS-CoV-2, as a global pandemic in March 2020. To date, the U.S. continues to experience widespread, ongoing transmission of SARS-CoV-2, which is not previously been seen in humans. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. The disease caused by the novel coronavirus has been named “coronavirus disease 2019” or “COVID-19.”

University Health's COVID-19 Clearinghouse is located on the UH InfoNet homepage and contains the latest clinical guidance and tools available for healthcare providers to assist with managing patients with COVID-19.

## **COVID-19 Infection Prevention Measures**

### **Perform Daily Monitoring**

All healthcare personnel should perform daily self-monitoring for signs and symptoms compatible with COVID-19. The signs and symptoms present at illness onset vary, but over the course of the disease many people with COVID-19 will experience the following:

- Fever (subjective or measured  $\geq 100.0^{\circ}$  F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The incubation period for COVID-19 is 2-14 days with a median time of 4-5 days from exposure to symptom onset.

If you are experiencing signs or symptoms or symptoms compatible with COVID-19, please stay home and call University Health's COVID Hotline at 210-358-9999 to speak with a provider and arrange testing.

If you become even mildly symptomatic at work, notify your supervisor and immediately leave work. If your symptoms worsen, visit University Health's Express Med Clinic or the Emergency Department.

### **Follow University Source Control Measures**

Source control refers to the use of barrier masks to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

Healthcare personnel should wear a barrier mask at all times while within University Health, including breakrooms or other spaces where coworkers might be encountered.

Patients should wear a barrier mask if safely tolerated through their stay in the facility. Patients may remove their mask while in their rooms but should place it back on when around others and when leaving their room.

Perform hand hygiene immediately before and after any contact with your barrier mask, before and after all patient contact, and contact with potentially infectious materials. Practicing hand hygiene, which includes the use of alcohol-based hand sanitizer or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand sanitizer is the preferred method of hand hygiene in most situations.

### **Follow Physical/social distancing**

Healthcare delivery requires close physical contact between patients and healthcare personnel. However, when possible, physical distancing is an important strategy to prevent SARS-CoV-2 transmission.

Remember that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Continue maintaining physical separation from others especially during breaks for eating and drinking.

University Health Personal Protective Equipment (PPE) Toolkit is an available resource for healthcare personnel involved with the care of patients with suspected or confirmed COVID-19. The toolkit includes information on PPE protocols and appropriate patient placement in regards to isolation precautions. Visit University Health's COVID-19 clearinghouse on the UH InfoNet under Department > Infection Control to review the latest PPE toolkit.

### **Discontinuation of Transmission-Based Precautions for Patients with COVID-19**

The Centers for Disease Control (CDC) recommends following a symptom-based strategy for discontinuing isolation precautions for patients with COVID-19. A test-based strategy is not recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. The duration of isolation precautions depends on the patient's severity of illness and if they are immunocompromised. Visit University Health's COVID-19 Clearinghouse to review the latest guideline for discontinuing isolation precautions.

**The COVID-19 situation continues to evolve and this guidance is based on currently available information. Recommendations are subject to change based on future clinical needs and evidence.**

### **Evidence-Based Care Bundles**

**A bundle is a structured approach of improving the processes of care and patient outcomes; a small, straight-forward set of evidence-based practices that when performed collectively**

**and reliably, have been proven to improve patient outcomes such as preventing health-care associated infections.**

- I. Care of patients with Multi-drug Resistant Organisms (MDRO) (i.e. MRSA, VRE, CRE)
  - Perform 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
- II. Urinary 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, female catheters) or intermittent catheters.
  - Insert urinary catheters using aseptic technique and sterile equipment.
  - Properly secure indwelling catheters after insertion to prevent movement and urethral traction.
  - Maintain unobstructive urine flow by:
    - Keeping the catheter and tubing free from kinking
    - Keeping the collecting bag below the level of the bladder and off the floor at all times.
  - Always perform hand hygiene and use gloves 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/replace 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 urinary catheter removal protocol. A physician order is required for removal of urinary catheters.
- III. Central Venous Catheter Insertion and Maintenance
  - Perform hand hygiene before insertion and before handling the catheter
  - Use of maximal sterile barrier precautions including a sterile gown, gloves, mask and head cover; patient is covered in a full body sterile drape)
  - Use of chlorhexidine skin antiseptics. A solution of 2% chlorhexidine gluconate (CHG) in 70% isopropyl alcohol and allowed to dry. Povidone-iodine application may be used for patients where CHG is contraindicated.
  - Optimal catheter type selection. A catheter with the minimum number of ports or lumens necessary for the patient should be selected.

- Optimal catheter site selection. Selection of a central line placement site should be guided by consideration such as patient-specific factors (i.e. pre-existing catheters, irregularities in hemostasis or anatomic anomalies), risk of complications (such as bleeding risk or pneumothorax), infection risk, potential for ambulation and operator experience. Preferred site is subclavian; document if unable to use this site.
- Use of sterile dressing (gauze, transparent dressing, antimicrobial foam disc).
- Minimize days of central line use by performing daily assessment if continued presence of central line is necessary, and prompt removal of unnecessary CVCs.
- Use sterile technique with alcohol followed by 2% chlorhexidine site care for dressing changes.
- Prior to accessing the catheter hub, disinfect with an appropriate antiseptic (i.e. 70% alcohol, greater than 0.5% chlorhexidine with alcohol, providone-iodine) by vigorously scrubbing the hub 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 procedure

#### IV. Care of patients on mechanical ventilation

- Avoid intubation if possible.
  - Use noninvasive positive pressure ventilation whenever feasible.
- Minimize sedation
  - Manage ventilated patients without sedatives whenever possible.
  - Interrupt sedation once a day (spontaneous awakening trials) for patients without contraindications
  - Assess readiness to extubate daily and minimize days of ventilator use
  - Pair spontaneous breathing trials with spontaneous awakening trials.
- Maintain and improve physical conditioning.
  - Provide early exercise and mobilization
- Minimize pooling of secretions above the endotracheal tube cuff
  - Provide endotracheal tubes with subglottic secretion drainage ports for patients likely to require greater than 47 or 72 hours of intubation.
- Elevate the head of bed to 30°-45°
- Maintain ventilator circuits
  - Change the ventilator circuit only if visibly soiled or malfunctioning
- Perform oral care with an antiseptic rinse such as chlorhexidine
- The following interventions may be indicated for reasons other than ventilator-associated pneumonia prophylaxis:
  - Venous thromboembolism prophylaxis
  - Peptic ulcer disease prophylaxis

#### V. Patients undergoing Surgery

- Do not remove hair at the operative site unless the presence of hair will interfere with the operation. If hair removal is required, remove hair with clippers (do not use razors).

- Administer pre-operative antimicrobial agents only when indicated based on clinical practice guidelines and timed such that a bactericidal concentration of agents is established in the serum and tissues when the incision is made.
  - Selection and weight-based dosing of antimicrobial agent are based on clinical practice guidelines. Check with your department or attending for procedure specific information.
  - Begin administration of antimicrobial prophylaxis within one hour before incision to maximize tissue concentration (Note: Two hours are allowed for vancomycin and fluoroquinolones).
  - Re-dose prophylactic antimicrobial agents for long procedures and in cases with excessive blood loss during the procedure.
  - Discontinue prophylactic antimicrobial agents within 24 hours after surgery (Note: discontinue within 48 hours for cardiac surgery).
- Maintain perioperative glycemic control in all patients.
- Maintain perioperative normothermia in all patients.
- Administer increased FiO<sub>2</sub> during surgery and after extubation in the immediate postoperative period for patients with normal pulmonary function undergoing general anesthesia and with endotracheal intubation.
- Advise patients to shower or bathe (full body) with an antiseptic agent (e.g. chlorhexidine gluconate solution) at least the night before the operative day. Patients with a CHG allergy should be directed to use an antimicrobial soap and water for pre-operative bathing.
- Perform intraoperative skin preparation with an alcohol-based antiseptic agent unless contraindicated (e.g. Chloraprep, Duraprep).
- For patient undergoing abdominal procedures:
  - Administer a pre-operative mechanical and oral antibiotic bowel prep.
  - Use separate closing instruments accompanied by a change in gown and gloves prior to closing and discussion of wound class.
  - Use impervious wound protectors for gastrointestinal and biliary tract procedures.
  - Use a genitourinary irrigant intra-operatively.

### **Hand Hygiene**

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Precautions. Poor adherence to hand hygiene practices is a primary contributor to healthcare-associated infections and transmission of antimicrobial resistant pathogens.

#### **I. Methods**

Hand hygiene includes the practices of both handwashing with plain or antiseptic-containing soap and water, and the use of alcohol-based products that do not require the use of water.

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.difficile* spores or some enteric viruses like norovirus.

## **II. Indications for handwashing and hand antisepsis**

Handwashing is the required method of hand hygiene in the following situations:

- 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.

Hand hygiene with alcohol-based hand sanitizer or handwashing must be performed in the following situations:

- Before direct contact with patients.
- Before donning gloves and after doffing 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 or food.

## **III. Technique**

Hand sanitizer

- Dispense one pump of hand sanitizer into your hand
- Rub palms of hands, covering all surfaces of hands, in between fingers, wrists and fingertips, until hands are dry.
- Continue rubbing hands until completely dry (approximately 15-20 seconds).

Hand washing

- Wet hands first with tepid water. Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis.
- Apply one full pump of soap and lather. Rub hands vigorously for at least 20 seconds, covering all surfaces of hands, in between fingers, wrists, and fingertips.
- Rinse hands with water and dry thoroughly with clean disposable towel.
- Use the towel to turn off the faucet.



#### **IV. Nail policy and other aspects related to hand hygiene**

Healthcare personnel wearing artificial nails or extenders have been linked to outbreaks within health systems. Microorganisms can reside under the nails and around chipped nail polish, even with appropriate hand hygiene.

- No artificial nails or extenders.
- Keep natural nails less than ¼ inch long.
- Maintain fresh nail polish, as chipped nail polish can support the growth of microorganisms
- Use only hospital-approved lotion in patient care settings as the use of petroleum-based hand lotions or creams may adversely affect the integrity of gloves.

#### **Standard Precautions**

Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status and are used for all patient care. Standard precautions are based on the principle that all blood, body fluids, secretions, and excretions except sweat, non-intact skin, and mucous membrane may contain transmissible infectious agents. Elements of Standard Precautions include:

- Perform proper hand hygiene
- Use personal protective equipment whenever there is an expectation of possible exposure to infectious agents
- Follow respiratory hygiene/cough etiquette principles
- Ensure appropriate patient placement
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices. Clean and disinfect environmental surfaces appropriately.
- Handle textiles and laundry carefully
- Follow safe injection practices. Use single-dose vials whenever possible over multiple-dose vials
- Wear a surgical mask when performing lumbar punctures
- Properly handle needles and other sharps

#### **Respiratory hygiene/cough etiquette**

- Follow source control measures to reduce transmission of respiratory pathogens
  - Cover mouth/nose with a tissue when coughing and promptly dispose of used tissues 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
  - Use barrier masks on coughing persons when tolerated and appropriate

- Perform hand hygiene after contact with respiratory secretions
- Maintain spatial separation, ideally greater than 3 feet, of persons with respiratory infections
- Educate patients and visitors of the elements of respiratory hygiene/cough etiquette

### **Key points about personal protective equipment (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 used in Airborne Infection Isolation Rooms (AIIRs); these should be removed outside room and discarded.
- Immediately perform hand hygiene after removal of PPE.
- Sequence for donning PPE (combination of 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,
  - Perform hand hygiene 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.
- N95 respirator
  - Select the N95 respirator 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 bands

- Adjust fit
  - Perform a fit check each time you don an N95 respirator
- 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.
  - 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 incident form located on the UH Occupational Safety InfoNet page. The information provided will help with the analysis of the event and assist with 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 a group of precautions designed to break the chain of transmission of specific infectious agents. Transmission of infectious agents within a healthcare setting requires three elements: a source (or reservoir) of infectious agents, a susceptible host with a portal of entry receptive to the agent, and a mode of transmission for the agent.

Transmission-based precautions, also known as isolation precautions, are implemented for patients with known or suspected infections that represent an increased risk for transmission.

### **Contact Precautions**

Initiate Contact Precautions for patients with suspected or confirmed infections that represent an increased risk for contact transmission. Contact precautions also apply for patients with excessive wound drainage, fecal incontinence, or other discharges from the patient's body as these factors pose an increased potential for extensive environmental contamination.

Contact transmission is the most common mode of transmission and is divided into two subgroups: direct contact and indirect contact. Elements of Contact Precautions include:

- Ensure appropriate patient placement in a single patient room
- Use personal protective equipment (PPE) appropriately. Wear a gown and gloves for all interactions that involve contact with the patient or the patient's environment.
- Limit transport and movement of patients outside the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.
- Use disposable or dedicated patient-care equipment (e.g. blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

Note: Initiate Contact-Enhanced Precautions for patients with diarrhea pending laboratory results or for patients with *C.difficile* associated diarrhea. *C.difficile* is a pathogen that has been a major cause of healthcare-associated diarrhea and has been responsible for many large outbreaks in healthcare settings.

The elements of Contact-Enhanced Precautions are the same as Contact Precautions, however, the required method of hand hygiene and type of disinfectant used to disinfect equipment and surfaces is different.

- Perform hand hygiene with soap and water instead of alcohol-based hand sanitizer
- Use a bleach-based disinfectant to disinfect equipment and frequently touched environmental surfaces

### **Droplet Precautions**

Initiate Droplet Precautions for patients with suspected or confirmed infections that are transmitted by respiratory droplets, which are generated by patients who are coughing, sneezing, or talking.

- Place a barrier mask on the patient if the patient can safely tolerate it
- Ensure appropriate patient placement in a single patient room
- Use personal protective equipment (PPE) appropriately. Don a barrier mask upon entry into the patient room
- Limit transport and movement of patients outside the room to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette.

### **Airborne Precautions**

Initiate Airborne Precautions for patients with suspected or confirmed infections that are transmitted through droplet nuclei, which remain infectious over long distances when suspended in the air (e.g. tuberculosis, measles, chickenpox, disseminated herpes zoster).

- Place a barrier mask on the patient if the patient can safely tolerate it.
- Ensure appropriate patient placement in an airborne infection isolation room (AIIR).
- Use personal protective equipment (PPE) appropriately. Don an N95 respirator or higher level respirator for healthcare personnel.

### **Syndromic and empiric applications of Transmission-Based Precautions**

Diagnosis of many infections require laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, isolation precautions must be implemented while test results are pending based on the clinical presentation and likely pathogens.

Use of appropriate isolation precautions at the time a patient develops symptoms or signs of transmissible infection, or arrives at a healthcare facility for care, reduces transmission opportunities.

## **UH Resources**

Visit the Infection Control and Prevention InfoNet page for an updated list of commonly encountered and most infectious pathogens and clinical conditions, for which isolation precautions are recommended. The type and duration of recommended isolation precautions are listed with additional comments regarding the use of adjunctive measures or other relevant considerations to prevent transmission of the specific pathogen.

## **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 contain 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 procedures, hysterectomies and select vascular surgical site infections
    - All *Clostridium difficile* infections and all MRSA bacteremia.
  - HAI data are 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 UH InfoNet website, IC 5.5 Prevention of Transmission of Tuberculosis in the University Health 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.cdc.gov](http://www.cdc.gov)

## **SECTION XI**

### **QUALITY IMPROVEMENT AND PATIENT SAFETY**

The organized medical staff has a leadership role in all University Health 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 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 Health and 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 policies that define and instruct staff, providers and House Staff on quality improvement and patient safety?*

- University Health 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-Study-Act Plan-Do-Check-Act).
- Transparent and consistent quality and patient safety reporting (i.e., University Health 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 University Health 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 University Health (UH) 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 UH, 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 UH occurrence reporting system. Access can be found on the UH InfoNet page. 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 (to include visitors)
- Equipment issues
- Unprofessional conduct
- Good Catches (near misses, caught before it reached the patient)
- Blood Transfusion Events
- Pressure Ulcers
- 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. The Risk Management team facilitates root cause analysis, and manages the medical-dental peer/case review process. The Risk Management staff, along with Quality Improvement and Clinical Outcomes staff support investigations by Federal, State and other Regulatory/Accrediting agencies and provides required responses.

There are three corporate policies that define and instruct all UH staff, providers and House Staff in the management of occurrences, reporting, and investigation. The following policies can be found on the UH InfoNet page under About > Corporate Policies. Please read the following:

- Occurrence Reporting (Policy 5.01.05)
- Sentinel Events (Policy 5.08)
- Communication of Adverse Events (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.
- Discharge of an infant to the wrong family.
- Abduction of any patient receiving care, treatment or services.
- Any elopement (that 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.
- Administration of blood or blood products having unintended ABO and non-ABO (*Rh, Duffy, Kell, Lewis and other clinically important blood groups*) incompatibilities, hemolytic transfusion reactions or transfusions resulting in severe temporary harm, permanent harm or death.
- 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 UH 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 UH premises.
- Surgery or other invasive procedure at the wrong site, on the wrong patient, or that is the wrong (unintended) procedure for a patient.
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery.
- Severe neonatal hyperbilirubinemia (>30milligrams/deciliter).
- 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 direct patient care caused by equipment operated and used by University Health. To be considered a sentinel event, equipment must be used at the time of the event; staff do not need to be present.
- 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 EPIC 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 Wound Care Pt. Help Desk	644-7903 644-7903	644-7937
Rehab Medicine Outpatient Physician Clinic	644-7902	Rehab: 644-7937 EMG: 644-6503
Rehab Medicine Outpatient Physician Clinic  Front Desk (Ray)  Nurse – Mike  Nurse – Raquel  Resident Lines	644-7902  644-7902 or Cisco 743-7207  644-7909 or Cisco 743-7258  644-7924 or Cisco 743-7259  644-7901, 7913, 7906, 7912, 7926, 7904, 7911	Rehab: 644-7937 EMG: 644-6503          702-4340
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, complies with the ethical principles of the Belmont Report (respect for persons, beneficence, and justice).

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

All Institutional Review Board (IRB) approved studies conducted at any University Health site(s) are required to obtain University Health Clinical Research Department's review prior to beginning any research activity. 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 University Health review. The department evaluates research projects to determine the feasibility, impact on usual care, and extent of support required to execute a proposed research protocol.

Each protocol that requires clinical support services at University Health will require a Clinical Research Affiliation Agreement (research contract) between University Health and the Investigator. The Clinical Research Department manages all University Health research contracts. The Research Department is also responsible for all research-related invoicing and collections.

All investigators and staff engaged in research must have appropriate University Health 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 Subject Protection Program. The Research Compliance Program is dedicated to all clinical research studies' success. It 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 of human subject research studies to promote compliance with laws and regulations, continuous improvement and best practices. Open lines of communication and reporting are maintained through an open-door environment including the operation of a toll-free University Health Integrity Hotline (877-225-7152) to report suspected or actual misconduct.

### **Pharmacotherapy and Pharmacy Services**

The Department of Pharmacotherapy and Pharmacy Services assists House Staff in any manner related to medications or pharmacy practice. Specific services include inpatient and outpatient medication dispensing, intravenous admixtures, investigational drug services, drug information, therapeutic drug monitoring, multi-disciplinary patient care rounds, medication education for patients, caregivers, and health care professionals, and pharmacotherapy consults for certain clinical services.

Pharmacists are available in various patient care areas on the day and evening shifts to provide clinical support to House Staff and Patient Care Services and are available 24/7 in the Inpatient Central Pharmacy and Emergency Department.

## **Pharmacy and Therapeutics Committee**

The Pharmacy and Therapeutics (P&T) Committee is a medical-dental staff committee comprised of members from a variety of medical specialties. The Committee establishes and maintains the Health System Drug Formulary and oversees development of criteria for use of certain drugs. The Committee also reviews and approves policies, guidelines, protocols, and clinical pathways or algorithms related to the procurement, storage and use of medications. The Department of Pharmacotherapy and Pharmacy Services implements the decisions of the Committee.

## **University Health Formulary**

The Health System has a restricted formulary. The mission of the formulary process is to promote safe, efficacious, evidence-based and cost-effective use of drugs. The Formulary is available as part of Lexi-Comp Online™ and may be accessed from the Department of Pharmacotherapy & Pharmacy Services home page on the Health System InfoNet under Department > Pharmacy > Clinical Pharmacy References.

### Formulary Addition Requests

If a medication is identified that warrants a Formulary addition or restriction amendment, an attending faculty physician shall champion the request. Requests for formulary additions or restriction changes must be completed on a “Formulary Addition Request” form and signed by the attending faculty physician. The form may be accessed from the Department of Pharmacotherapy and Pharmacy Services home page on the Health System InfoNet at Department > Pharmacy > Formulary Information > Formulary Addition Request, and may be submitted via email to [formulary.requests@uhs-sa.com](mailto:formulary.requests@uhs-sa.com). The request will be referred to the respective P&T Subcommittee for review, and, if approved, will be presented to the Pharmacy and Therapeutics Committee for final approval. The requesting faculty attending physician or a peer alternate may be required to attend the P&T Subcommittee and/or Committee meeting when the request is presented.

### Non-Formulary Patient-Specific Drug Use

Formulary medications should be used when possible. A patient’s home supply of a medication that is non-formulary, or does not meet formulary restrictions, may be used for an inpatient if the home supply is available. The provider must indicate on the medication order that the patient’s own medication supply shall be used. Requests for inpatient use of a non-formulary or restricted medication for a specific patient as a new start, or as continuation of a home medication when the home supply is not available, must be completed on a “Non-Formulary Patient-Specific Drug Request” form and signed by an attending faculty physician. The form may be accessed from the Department of Pharmacotherapy and Pharmacy Services home page on the Health System InfoNet at Department > Pharmacy > Formulary Information > Non-Formulary Drug Request for Patient-Specific Use, and may be submitted via email to [formulary.requests@uhs-sa.com](mailto:formulary.requests@uhs-sa.com). Depending on cost and availability of the medication, the



request may be approved by a pharmacist or pharmacy manager the same day, or may require approval by P&T Committee representatives with up to two business days for approval.

### Clinical Pharmacy Consults

Physicians may place consult orders in the electronic medical record for select clinical pharmacy services. Example include medication education and pharmacy-to-dose for medications that require therapeutic drug monitoring.

### Prohibited Abbreviations

Medication orders will not be processed if prohibited abbreviations are used. This rule applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

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

\*Note: 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.

### Inpatient Orders

All medication orders must be clear and complete prior to verification by a pharmacists.

- Diagnosis, condition, or indication for use must be documented for each medication ordered. For inpatient orders, the medical record will suffice.
- Order sets are encouraged, from a patient-safety aspect. Requests for new order sets or changes to existing order sets must be submitted to the Information Services Department.
- 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 prescriber 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
- 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. steroid taper.
- A current height and weight must be entered in the electronic medical record for every patient prior to medication ordering.
- The use of any blue dye (methylene blue, indigo carmine, FDC blue dye, etc.) in enteral feedings is banned.

## **Outpatient Prescriptions**

### **Legal Requirements for Writing Prescriptions**

All University Health providers who are legally authorized to write prescriptions may submit prescriptions electronically. Electronic submission for controlled substance prescriptions will become mandatory by new Texas law in 2021. For directions on how to register, please contact Professional Staff Services.

For prescriptions that are not electronically submitted, only one (1) prescription per sheet shall be written or electronically imprinted on tamper-resistant paper. Manually written prescriptions must be written in ink.

All prescriptions must contain clear, concise, and complete patient directions. The following information is required on prescriptions for University Health patients:

- Patient's full name
- Diagnosis, condition or indication for which the drug is intended.
- Date of issuance.
- Patient's date of birth (recommended for all prescriptions; legally required for controlled substance prescriptions).
- Patient's address (recommended for all prescriptions; legally required for controlled substance prescriptions).
- Medication (generic name is preferred).
- Directions for administration.
  - Range orders must contain appropriate elements (dose range, route, a fixed time interval and any limitations). Interval ranges are not allowed (e.g. every 4-6 hours). An acceptable example is: Hydrocodone/Acetaminophen 5mg/325 mg tablets, 1-2 tablets PO every 4 hours, not to exceed 8 tabs in a 24-hour period).
  - "Use as directed" is not allowed. Complete directions must be entered.
- Quantity to be dispensed. Arabic and script/print required for controlled substance prescriptions (e.g., 30 (Thirty)).
  - Controlled substance prescriptions for opioid written for acute pain are limited to a 10-day supply
  - Prescriber must indicate "chronic pain" for opioid quantities exceeding a 10-day supply
- Number of refills authorized (write "0" or "Zero" if no refills are authorized).
  - Non-controlled substances: up to a one-year supply
  - Schedule II controlled substances: no refills allowed
  - Schedule III-V controlled substances: maximum of 5 refills; prescription expires 6 months from the date written
- Prescriber signature and prescriber name printed in the box below the signature (name stamp is permissible). Printed name of prescriber is a legal requirement.
- University Health prescribers must include their 5-digit provider number assigned by Professional Staff Services or CareLink on all prescriptions.
- Ten-digit telephone number/pager of the prescriber.
- Mid-level providers must include their license number and/or their prescriptive authority number on all prescriptions.

### **Controlled Substance Prescriptions**

Controlled substance prescriptions must include the required information listed above under "Legal Requirements for Writing Prescriptions" plus the DEA number or prescribing practitioner (House Staff on a training permit must include the hospital's DEA number and assigned suffix supplied by Professional Staff Services).

For manually written prescriptions:

- 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 prescription blanks.

Providers authorized to prescribe controlled substances:

- House Staff or military physicians practicing under a current institutional permit issued by the Texas Medical Board may prescribe controlled substances.
- Physician Assistants and Nurse Practitioners who have a personal DEA number may prescribe Schedule III-V controlled substances.
  - Prescriptions must include their DEA number and the name and DEA number of their supervising physician to meet legal requirements.
  - Mid-level prescribers may issue a controlled-substance prescription, including refills, for no more than a 90-day supply for chronic pain
- Practitioners may not write prescriptions for controlled substances (Schedules II, III, IV, V) for themselves or their dependents
  - Must be prescribed by another provider with a valid DEA number

Limits on controlled-substance prescriptions:

- 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, and a new prescription will be required
- Three prescriptions of a 30-day supply may be written for a Schedule II controlled substance
  - Each prescription must contain the original date and the subsequent date the next prescription may be filled
- University Health Pharmacies will not dispense a Schedule II drug if the prescription is older than 21 days, or if the future fill date is greater than 21 days
- Schedule III-V drugs may be dispensed in quantities of up to a 1-month supply
  - A maximum of 5 refills is permitted if dispensed within 6 months of the original prescription date
- Some prescription insurance plans may limit the quantity of controlled substances to a 3- to 7-day supply

## **Texas Prescription Monitoring Program**

The Texas Prescription Monitoring Program (PMP) is used to collect and monitor prescription data for all Schedule II, III, IV, and V Controlled Substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. The PMP also provides a database for monitoring patient prescription history for practitioners and the ordering of Schedule II Texas Official Prescription Forms. The purpose of the PMP is to help eliminate duplicate and overprescribing of controlled substances, as well as to obtain critical controlled substance history information.

Beginning March 1, 2020, pharmacists and prescribers (other than a veterinarian) are required to check the patient's PMP history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. The reporting requirement applies to all Schedule II, III, IV, and V controlled substances.

## **Discharge Medications and Outpatient Pharmacy Services**

Providers shall enter discharge medication orders in the electronic medical record. “Anticipate Discharge” orders should be written 24 hours prior to the anticipated discharge when possible. Orders may be placed on hold or cancelled if the patient is not medically cleared for discharge at the anticipated time. Discharge prescriptions may be printed and signed, or may be electronically submitted (preferable) to the patient’s preferred pharmacy.

## **Meds-to-Beds Program**

The Meds-to-Beds program is a bedside delivery service for discharge prescriptions, which is offered to all inpatients who elect to use the University Hospital (UH) Discharge Pharmacy. Program enrollment by pharmacy technicians and bedside discharge medication delivery services are available Monday – Friday from 7:30 a.m. to 8:00 p.m. and Saturday from 8:30 a.m. to 5:00 p.m.

## **Outpatient Pharmacy Services**

Discharge prescription services are also available outside the meds-to-beds program for pick-up by the patient, nurse, or caregiver.

- For prescriptions pick-up, the UH Discharge Pharmacy is located on the 1<sup>st</sup> Floor of the Horizon Tower. The hours of operation are 24 hours a day, 7 days a week.

Patients may also get new prescriptions and refills at the UH Discharge Pharmacy, or at other University Health pharmacies located at satellite ambulatory clinics.

## **Prescription Restrictions**

University Health Outpatient Pharmacies are available for all University Health patients. The ability to fill outpatient prescriptions may be limited by the patient’s insurance provider, unless the patient opts for self-pay.

Discharge prescription fills or quantities for inpatients being transferred to another inpatient, long-term acute care or skilled nursing facility, may be limited by current laws and patient’s insurance restrictions.

## **Controlled Substance Diversion Prevention Program**

University Health is committed to establishing and maintaining a safe and healthy environment for employees, patients and visitors, free of controlled substance (CS) diversion and/or misuse. CS diversion by healthcare personnel creates a significant risk to patients and staff. The prevention, detection, and reporting of controlled substance diversion is the responsibility of all personnel, including prescribers.

The University Health Controlled Substance Diversion Prevention (CSDP) Program provides a systematic, coordinated, and continuous approach to preventing, detecting, and addressing suspected or verified diversion-related activities, in order to ensure safe medication practices and employee behavior and to prevent patient harm. The Department of Pharmacotherapy and Pharmacy Services maintains a CS diversion auditing and surveillance program to facilitate identification of loss or diversion of CS and to quickly identify the responsible individual(s). All suspected incidents of controlled substance diversion will be thoroughly investigated.

## **SECTION XIV**

### **SELECTED POLICIES**

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

#### **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 and treatment. Physicians on the Medical-Dental staff are responsible for ensuring that 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 documenting such advice 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 blood specimens drawn for legal purposes.

For complete policy guidelines and references, refer to University Health Policy 9.02, Patient’s Right to Consent on the University Health InfoNet.

#### **Consultative Services**

Consultative Services policy establishes guidelines and procedures for a standardized process by which consultative services are requested and delivered in University Health 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 located on the University Health InfoNet.

#### **Drug Sample Policy**

The Health System’s Pharmacy & Therapeutics Committee does not permit drug samples at any University Health facilities, including all University Health and UMA ambulatory clinics, and will not permit the dispensing of samples to any University Health 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 University Health facilities. [Pharmacy Policy Number 3.0701]

## **Hallway Prescribing**

It is the policy of University Health 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, University Health 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 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 University Health Policy 9.07, Advance Directives, is available for review on the University Health InfoNet under About > Corporate Policies.

## **Determination of Death**

Within University Health, 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 University Health Policy 9.05, Determination of Death.

## Restraint and Seclusion Policy

Corporate Policy 9.13 provides information regarding the use of Restraint and Seclusion within University Health 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, and including staff holding the patient, 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. Examples include removing airway support, removing invasive lines/devices and/or posing a safety risk of non-intentional harm to self/others related to medical conditions.
- **Restraint or Seclusion for Violent or Self Destructive Behavior:** The need for restraint or seclusion for an individual who is behaving in a violent or self-destructive manner and for which preventive, de-escalation, or verbal techniques have been determined to be ineffective, and it is immediately necessary to restrain or seclude the individual to prevent self-harm and/or harm to others.
- **Personal Restraint:** Holding a patient for less than 15 minutes to administer emergency psychotropic medication in an emergent situation.
- **Behavioral Emergency:** A situation involving an individual who is violent or self-destructive and in which preventive, de-escalation, 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 or others.
- **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 a violent or self-destructive episode that jeopardizes the immediate physical safety of the patient, a staff member, or others. The patient is under constant observation by a member of the nursing staff until patient is released. 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 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 for which the restraints are being used.
- The patient and/or legal representative of the patient (i.e. guardian, surrogate decision maker), and family member when available, 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 on the restraint applied.***
- 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, such as attempting to remove lines, intubation tube, etc. Renewal of orders to continue **MUST** be written *each calendar day*.
- Physician or house staff will conduct an evaluation/examination to assess patient's need to continue in safety restraints, and document the findings in the patient's medical record each calendar day.
- The RN may determine an urgent 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.
- Physician/house staff attending to patient's treatment must evaluate/examine patient within 24 hours.
- 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 the Inpatient Psychiatry Unit 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.
- Violent/Self-Destructive restraint may be urgently initiated by an RN, though an order must be obtained from the physician immediately. A face-to-face evaluation from a physician must be completed within one (1) hour of the placement of the patient in restraints. The face-to-face MUST still occur even if the need for restraint has resolved 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 assessments documented.
  - Every 15 minutes until the patient verbalizes understanding of what behavior initiated the restraint, current behavior meeting criteria, criteria for release are met, and how staff can assist patient gaining release.
  - Every 15 minutes during restraint episode: assessment of extremities (i.e. warm, palpable pulse, etc.) mental cognitive state, level of distress/agitation, skin integrity and respiratory status.
  - Every one (1) hour provide range of motion, assess cardiac functioning, take vital signs and assess the safety needs of the patient. Also, nutrition, hydration and elimination is offered the patient.
- Each order for restraint or seclusion used for the management of violent/self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others must 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 years of age;
  - Up to one (1) hour for children under 8 years of age.
- 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 falls asleep and the patient should be reassessed upon awakening. Restraints should be removed when the patient meets criteria for removal, i.e., is no longer an immediate danger to self/others.
- 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 from restraints immediately even if the patient continues to be a danger to self or others.
- **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 as part of law enforcement procedures.
    - 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.

- If patient under forensic or correctional restrictions requires restraints to prevent harm to self or others (for Safety/Nonviolent or Violent restraints) the physician or house staff will follow UH Policy 9.13, without violating the custodial law enforcement agency requirements.
- **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 or the death is deemed associated with their use.

## **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 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 University Health**

University Health, 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 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 University Health. 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 University Health.
- 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 University Health'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 University Health.

### **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 or diagnoses, 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**

University Health is a political subdivision of the State of Texas. By Texas statutes, University Health'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, University Health 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 University Health 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 University Health or of UT Health San Antonio (except those designated by job description or assigned by the President/CEO of University Health) 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 University Health must be authorized in writing by admitting physicians with admitting privileges only.

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

To schedule elective-inpatient admission from University Hospital or other University Health clinic sites, refer the patient to the University Health referring clinic department and then to central scheduling clinic. Do not use the Emergency Department to circumvent protocol for any elective admissions!

- Complete admission orders in Epic 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.
- 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 placed in the Epic EMR at the time the patient is dismissed and sent to University Hospital admissions. 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.

### **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 signed order in Epic (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 Placement 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 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, and the requesting facility will be notified by the Patient Placement Center.
- All EMTALA transfers must be approved or denied within 30 minutes of receiving the initial transfer request as stated in the University Health policy 8.03. An escalation to on call faculty or department chair will result in the failure 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 physician contacts Care Coordination to initiate a transfer from University Hospital to another hospital.

- For all outgoing transfers, the physician and Care Coordination 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.

### **PREOP/Holding/Phase II Surgery Physician Guidelines**

Patients having elective surgery must have preop orders completed in EPIC. The patient is given instructions about the surgery and questions are answered in the surgeon's office. The consent for surgery and history and physical (H&P) may be completed during the clinic visit. Note that consent and H&P is valid for 30 days.

The surgery clinic is responsible for obtaining financial clearance for the patient's procedure. Pre-certification number for admission will be validated by UH 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.

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

- Admit form: The physician must complete preop orders in EPIC. There is a preop order set available in EPIC. Case requests being place on the OR board must include the correct ICD-9 and CPT codes. For orders: In EPIC>Select Pt>Orders>Order Entry>View By Order Sets> (then to the right) Select Order Sets>In the box type Preprocedure and all order sets will pop up>Select appropriate Order Set.
- History and Physical: The physician must complete and sign a history & physical in EPIC. The H&P must be reviewed and signed prior to surgery on every patient going to the OR. The H&P 24 hour review must be reviewed and signed prior to the patient going to the OR. H&P is valid for 30 days.

- **Consent:** The appropriate University Health consent form must be completed in the EMR 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 prior to the date of surgery. Multiple consent forms must be completed if multiple surgical services are involved in a procedure. Consents should be completed in EPIC. Consents are valid for 30 days.
- **Pre-Op Diagnostic Tests:** Patients should be instructed to obtain all diagnostic tests (EKG, Radiology, and Blood) prior to the day of surgery. Serum pregnancy tests will be done within 7 days of surgery. Urine pregnancy tests are done every time the patient goes to surgery unless there is a serum pregnancy test done within 7 days. Pregnancy tests are done on patients from 12-52 years of age and any woman having menses. No pregnancy test is required if the patient has had a hysterectomy. Type & screens should 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 surgical request placed in the depot by the surgeon.
- **Schedule Revisions:** The Preop/Phase II nursing staff will provide pre-op phone calls to patients on the OR schedule 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 OR schedulers until 1500, and past 1500, any changes should be reported to the OR board runner and/or OR unit clerk. The OR board runner or OR unit clerk will notify the Preop/Phase II nurse who will notify the patient of changes made.
- **SAFE Anesthesia Clinic:** Patients whose medical histories indicate potential problems with anesthesia should have pre-op appointments to the SAFE Anesthesia Clinic. The surgeon should schedule patients to visit the SAFE Anesthesia Clinic several days prior to the surgery. A copy of the admissions packet must be uploaded into the UH EPIC prior to the clinic appointment. Copies/results of any pertinent diagnostic tests (stress tests, etc.) should be scanned into the UH EPIC prior to the clinic appointment.
- **PREOP/Holding/Phase II Hours:** PREOP/Holding/Phase II is open 24 hours a day seven days a week.

<b>Contact Information</b>	<b>Telephone Area Code (210)</b>	<b>Fax Area Code (210)</b>
Anesthesia Preop Clinic	358-0257	644-9348
Anesthesia Preop Nurses	358-8953, 358-8954, 358-8942	
Preop Charge Nurse	743-1948	
Preop Unit Clerk	743-1917	702-6216
Holding	743-1921	
Phase II	743-1922	
PACU Charge Nurse	743-1941	
PACU Unit Clerk	743-1911	
Perianesthesia Nursing Director (Polly Smith)	743-0411 or Cell 806-544-6381	
Patient Care Coordinator		

Beena Chorath	743-1932	
Connie Wan	743-2075	
Neli Martinez	743-2073	
Elsa Oria-Tijol	743-1991	

### **SAFE Anesthesia Clinic**

The nurses working in the SAFE Anesthesia Clinic will call patients on the OR schedule 1-2 weeks prior to their day of surgery (DOS). The screening questionnaire will be completed in EPIC. Depending on the score from the screening questionnaire, a determination will be made if the patients will receive a phone call from the anesthesia residents or if an appointment will be made to come in and be seen by anesthesia.

Patients coming in for appointments will be eligible to have lab work drawn, EKG, CXR, and Covid screening done if appropriate for DOS.

### **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.
- Physician completes Consent for Release of Body form and autopsy permission form to be given to the Patient Placement Center by Care Coordination or nursing staff.
- 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, COVID-19 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 officer 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 (TxEVER) 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 Corporate Policy 9.14 – Attachment 1.

If the Medical Examiner denies the patient, then the emergency room physician will be responsible for completing the TxEVER 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 prosector 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 patients.

## **Where to Find the Autopsy Consent**

The autopsy consent to obtain permission for performance of an autopsy can be found within the electronic medical record and also on the InfoNet page. It is important to use the most up-to-date autopsy consent form as copies of older forms may not comply with current guidelines. To find the most updated form on the InfoNet, go to Department > Medical Records > Medical Records Forms > Consent Forms.



## **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 ED 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. If the Medical Examiner chooses to do a complete autopsy, then the deceased will not be evaluated by University Hospital Autopsy Services. 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, then 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 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 Patient Placement 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. Saturday autopsies may be performed under special circumstances at the discretion of the pathologist. Autopsies are generally not performed on Sundays or holidays. 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**

The next of kin providing consent for performance of an autopsy must be informed as to what occurs during an autopsy. Procedures performed during a complete autopsy are listed below:

- **Chest-Abdomen-Pelvis:** A Y-shaped incision is made along the torso and abdomen (the incision will not be visible during funeral services). All visceral organs are temporarily removed for gross examination. The heart, lungs and any other major organs pertinent to the probable cause of death are retained, as are small samples of tissue from different organ systems needed for microscopic examination. The retained tissues will be fixed in formalin preservative and cremated after the final autopsy report has been issued. The retained tissues, which often include the heart and lungs, will not be returned to the deceased. The organs and tissues that are deemed not pertinent to the cause of death will be returned to the deceased person and buried/cremated with them.
- **Brain:** A coronal incision is made in the scalp. The skull is opened using a Stryker autopsy handsaw and the brain is removed. After the brain is extracted, the cranial cap is replaced and the scalp incision is sewed closed (the incision will not be visible during funeral services). The brain is examined two weeks after autopsy following fixation in formalin preservative; the brain is not returned to the deceased.

Of note, if an examination that is not part of the conventional “complete” autopsy procedure is indicated (e.g. removal of eyes) then 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 within 60 calendar days after the autopsy is performed.

## **Release of Body**

If consent for autopsy is not obtained, the attending physician will notify the Patient Placement Center to release the body. If consent for autopsy is obtained, the Autopsy Service will notify the Patient Placement Center to release the body when the autopsy is completed. The Patient Placement 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, 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 is a collaborative community response to domestic violence. It is the co-location of a multi-disciplinary team of professionals who work together, under one roof, to provide coordinated services to victims of domestic violence.

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. 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. To reach the 24-Hour Crisis & Substance Use Helpline, call (210) 223-SAFE (223-7233), or (800) 316-9241.

The Children's Crisis Unit helps Bexar County residents between the ages of 4 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 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 the situation is urgent and needs investigated within 24 hours, call the Texas Abuse Hotline at 1-800-252-5400.

For additional information, please refer to UH 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 with complex medical conditions and developmental challenges due to prematurity, catastrophic illness at birth, or environmental factors are evaluated for growth, neurological, and developmental abnormalities in an intense care-coordinated 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, angioscopy, 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. For patient referrals, please call 1-888-432-7861.

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.

### **Diagnostic Cardiology**

Diagnostic Cardiology, located on the 1<sup>st</sup> Floor of University Hospital Sky Tower in the Advanced Diagnostic Center, offers a full range of non-invasive diagnostic cardiac tests for both inpatients and outpatients. During normal hours of operation (8:00 a.m. to 4:30 p.m., Monday-Friday), the following services are offered: ECG, Exercise Tolerance Test (ETT), Nuclear Stress

Testing, Echocardiogram (2D/3D/M-mode, Color, Spectral Doppler, Strain), Stress Echocardiograms (Dobutamine and Treadmill), and Transesophageal Echo. Stress Echo and Transesophageal Echo are scheduled by consulting the cardiology fellow rotating through Diagnostic Cardiology. To schedule a patient for any of the procedures above, please call University Hospital at (210) 64-HEART during normal business hours.

Emergency Adult and Pediatric Echocardiograms can be ordered after hours by calling the operator for cardiology consult pager on-call. 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 Diagnostic Cardiology Services are also offered at the Robert B. Green Campus Clinical Pavilion located in downtown San Antonio and at the Medical Arts and Research Center located in the Medical Center. These services include ECG, Echocardiogram, ambulatory monitoring (Holter and Event monitoring), and Exercise Tolerance Testing (ETT). Normal business hours for both locations are Monday - Friday, 8:00am – 4:30pm. These procedures can be scheduled by calling (210) 64-HEART.

## **Cardiac Rehabilitation**

Phase II telemetry monitored outpatient cardiac rehabilitation is offered at our Cardiac Rehabilitation Center at the Robert B. Green Campus Clinical Pavilion located in downtown San Antonio. Education classes which include nutrition, exercise, smoking cessation, stress management and medication education, are also offered in the outpatient program. Outpatient referrals may be faxed to (210) 358-3874. For any questions or inquiries, please call (210) 358-5835.

## **Medical Specialty Services**

### **Advanced Diagnostic Center**

University Health's endoscopy center, located on the 1st floor of University Hospital Sky Tower, 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 EPIC 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 epileptologists can be made through our center. Information can be obtained by calling our staff at (210) 358-2310.

## **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 EPIC 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 at University Hospital are 7:30 a.m. to 4:00 pm, Monday-Friday, and 8:00 a.m. to 4:30 p.m. Monday-Thursday and 8:00 a.m. to Noon on Friday at Robert B. Green campus. 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 D. 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) 743-7300. Non-invasive vascular tests can be requested in EPIC EMR.

### **NurseLink**

NurseLink is University Health'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 EPIC, selecting Consult, (Inpatient) (Nutrition); consultations 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 calling the diet office at (210) 358-2410.
- When ordering a diet, the physician uses the 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 diet manual is available online from the InfoNet homepage under MyTools > My Links. 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 UH InfoNet under MyTools > My Links.

Cafeteria hours and catering services information can be obtained via the University Health InfoNet homepage by clicking on the fork and knife icon 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 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) 203-2031 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. 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's EMR system. A complete listing of available services, specimen requirements and turnaround times is available electronically through Online Specimen Collection Manual via

the University Health InfoNet under MyTools > Our Links. 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, 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 University Health by RNs, LVNs, and technicians. The nurses work within guidelines determined by University Health 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 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 InfoNet page for additional information on these services.

## **Interpreter Services**

University Health promotes effective communication between patients, staff, and physicians by the provision of interpretative services for languages other than English and for patients who are deaf, deaf/blind, 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 nationally certified or qualified medical interpreters are used for this function. Friends, family members of the patient, or non-qualified staff should never be asked to interpret on the behalf of the patient.

University Health provides telephonic, video remote and onsite interpreter service options. Staff can request an on-site interpreter by completing the appropriate form found on the InfoNet by searching for Patient Relations and selecting the Onsite Request form on the 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 Interpreter Services link on the Patient Relations InfoNet page or by searching for Interpreter Services on the search menu.

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.

All patient units have at least two Cisco DX70 video phone devices which are used to access Video Remote interpreters 24 hours a day. These units are kept in the unit clerk's office and must be returned there after use.

Finally, staff can reach a telephone interpreter 24 hours a day by dialing extensions 8-1100 from any UH phone. When calling from a non-UH phone, staff can dial 210-358-1100 to reach this service.

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 Interpretative Services InfoNet 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 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), and University Family Health Center North (UFHC-North). Comprehensive mammography services are provided through the University Health 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)
- Mays Cancer Center Mammography Service: screening and diagnostic mammography
- Robert B. Green Campus: diagnostic x-rays, mammography, ultrasound, CT and MRI (limited to certain procedures), and DXA
- UFHC-SW: diagnostic x-rays
- UFHC-SE: diagnostic x-rays
- UFHC-North: diagnostic x-rays
- TDI: diagnostic x-rays and DXA
- UH 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 (In-patient)	7 days/week	24 hr/day
General Radiology (out-patient)	7 days/week	7:00am-7:30pm
Emergency Department	7 days/week	24 hr/day
MRI (In-patient)	7 days/week	24 hr/day
MRI (out-patient)	7 days/week	6:30am-9:00pm
Ultrasound (in-patient)	7 days/week	24 hr/day

Ultrasound (out-patient)	Monday-Friday	7:30am-4:00pm and emergency on-call
Nuclear Medicine	Monday-Friday	7:30am – 4:00pm and emergency on-call
CAT Scan (in-patient) CAT Scan (out-patient)	7 days/week Monday-Saturday	24 hr/day 7:00am-4:00pm and emergency on-call
Special Procedures (Angio)	Monday-Friday	8:00 am – 4:30pm and emergency on-call
Imaging Library	7 days/week	24 hr/day
<b>Robert B. Green Campus</b>		
General Radiology	Monday-Friday	7:30am - 8:00pm
Mammography	Monday-Sunday	7:30am – 4:30pm
DXA	Monday-Friday	8:00am – 4:30pm
CAT Scan	Monday-Friday	8:00am – 4:30pm
MRI	Monday-Friday	8:00am – 4:30pm
Ultrasound	Monday-Friday	8:00am - 4:30pm

<b>UFHC-SW</b>		
General Radiology	Monday-Thursday	8:30 a.m. – 5:00 p.m.
	Friday	9:00 a.m. – 5:00 p.m.

<b>UFHC-SE</b>		
General Radiology	Monday-Thursday	8:30 a.m. – 5:00 p.m.
	Friday	9:00 a.m. – 4:30 p.m.

<b>UFHC-North</b>		
General Radiology	Monday-Thursday	9:00 a.m. – 4:30 p.m.
	Friday	9:00 a.m. – 5:30 p.m.

<b>Mays Cancer Center (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. – 4:30 p.m.
DXA	Tuesday-Thursday	1:00 a.m. – 4:00 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 the EMR. All fields within EPIC must be complete. If EPIC 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 so the proper response is received. It is the responsibility of the physician to first enter the order into EPIC 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 AGFA PACS Enterprise Imaging (EI) 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 EPIC order system. Paper orders are used only when EPIC order is not functional.

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

Pre- and post-procedure orders must be entered on the EPIC system. EPIC 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**

University Health has four adult renal dialysis units – three 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 three outpatient dialysis units are located in the West, South, and Southeast sectors of the city. The West and Southeast units are staffed Monday-Saturday, 5:30 a.m. to 10:30 p.m., and the South unit is staffed Monday, Wednesday and Friday from 5:00 a.m. to 9:00 p.m. All units are staffed 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 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 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 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)
  - Initial Incentive spirometry
  - Sputum inductions
  - Vest 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
  - NIF
- Provision of in-service instruction
- End-tidal CO2 monitoring
- Percutaneous arterial blood gas sampling
- 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. They assess and treat protocols including the following therapies:

- Adult Ventilator Management Guideline
- 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 therapist driven protocol (TDP).

- 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. CPAP/BiPAP orders will be discontinued if the patient has not used the device for 24 hours.
- 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 if indicated.

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) 358-2291.

### **Spiritual Care Department**

The Spiritual Care Department promotes integrated healthcare to address the whole person. We employ professional, clinically trained chaplains to support the spiritual and emotional needs of the University Health community. We do this in a manner that honors individuals of all faiths, or no faith. In addition, we welcome and training spiritual care volunteers.

A person's identity, life, and belief system can be injured when facing an illness, accident or trauma. Our team accompanies patients/loved ones and staff on the healing journey. Whether by referral, formal consult or unit rounding, chaplains encounter patients, families, and their caregivers, assess for spiritual distress, provide interventions and record outcomes.

- Presence and guidance during the processing of grief, loss, fear, meaning, identity, end of life, and healthcare decisions.
- Providing prayer, blessings, sacraments and other religious rituals, as well as contacting patient's/family's faith community upon request.
- Facilitating the use of 1<sup>st</sup> floor Viewing Room when appropriate.
- Staff support, including a calm presence & listening ear, individual and group debriefings, and "Code Lavender" following a traumatic event.
- Staff education related to religious/cultural practices, compassion fatigue, resilience & self care.

### **University Peveto Center for Pastoral Care**

Services are available in the Peveto Center located on the 1<sup>st</sup> Floor main entrance. Times are provided on the Spiritual Care InfoNet page located under Department > Spiritual Care.

### **Community Clergy Contacts**

The department connects with community faith leaders and manages a list of clergy who are available to assist patients from many religious traditions. The Archdiocese of San Antonio has

priest who assist in addressing sacramental needs of Catholic patients, and Catholic ministers of Holy Communion are available as well.

### **Spiritual Care Intervention**

- Presence and guidance during the processing of grief, loss, fear, meaning, identity, end of life, and healthcare decisions.
- Prayer, blessings, sacraments and other religious rituals, as well as contacting patient's/family's faith community upon request.
- Facilitation of the Viewing Room when appropriate. This room is located in the Sky Tower first floor.
- Staff support, including a calm presence & listening ear, individual and group debriefings, and "Code Lavender" following a traumatic event.
- Staff education related to compassion fatigue, burnout & self-care.
- Blessing of hands, grief support, memorial services and other rituals to support our staff.

To request a chaplain, please contact the Spiritual Care Department:

- Chaplains are available 24/7.
- Call (210) 743-3300.
- Place a Spiritual Care Consult in the EMR
- Consult QGENDA for the on-call chaplain.
- The department supervisor may be reached at (210) 743-3307