

**SOUTH TEXAS VETERANS HEALTH CARE SYSTEM**

# **HOUSESTAFF MANUAL**

South Texas Veterans Health Care System

Audie L. Murphy VA Hospital and Clinics

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## **WHO IS ELIGIBLE FOR CARE?**

Any person who served on active duty other than for training purposes, and received an honorable discharge, is eligible to apply for medical benefits through the Department of Veterans Affairs (VA). Some restrictions apply to those who entered active duty after September 7, 1980, and who did not complete 24 continuous months of active service. The Medical Administration Service (MAS) Eligibility Unit should be contacted at 210-617-5184 to determine proper eligibility. Non-service-connected Veterans and those without statutory eligibility must provide income and net worth assessments on an annual basis and may be assessed a co-payment for care. The MAS staff can provide proper information regarding these charges. *The Veterans you are treating are not getting "free" medical care. They have earned that care by serving many nights and days, hot and cold, wet and hungry, often away from home, often shot at and blown up.*

*"...to care for him who shall have borne the battle and for his widow, and his orphan..."  
Abraham Lincoln, March 1865*

## **HAVE THE VA MISSIONS CHANGED?**

The Missions of the Veterans Health Administration continue to be the *Provision of Clinical Care* for Veteran patients, *Education and Training* of the nation's clinical work force, and *Research* in support of the advancement of Veterans' healthcare. A more recently acquired Mission, that of serving as a resource for the nation in times of public health emergencies, has only now been demonstrated by the contribution of VA care for those civilians threatened by the COVID-19 pandemic.

## **BRIEF HISTORY AND OVERVIEW OF THE SOUTH TEXAS VETERANS HEALTH CARE SYSTEM**

The Department of Veterans Affairs South Texas Veterans Health Care System (STVHCS) was created on March 17, 1995 with the integration of the Audie L. Murphy Memorial Veterans Hospital, San Antonio and the Kerrville VA Medical Center (1947), Kerrville, TX. The system is comprised of two divisions referred to as the Audie L. Murphy VA Medical Center (VAMC) and the Satellite Outpatient Clinic Division. The STVHCS is part of the Veterans Integrated Service Network 17 (VISN 17, which includes VA hospitals all over Texas).

Graduate Medical Education residencies are overwhelmingly based within the Audie Murphy VAMC as well as the Frank Tejada Outpatient Clinic (a member of the Satellite Outpatient Clinic Division). The Audie L. Murphy VAMC, named after the nation's most decorated World War II hero, began operations in October 1973. Satellite clinics are in Kerrville (1947), San Antonio (1946), South Bexar County (1996), Victoria (1989), Harlingen (2004), north suburban San Antonio (North Central Federal Clinic, 2006), northwest San Antonio (Shavano Park, 2010), the near northwest in San Antonio (Balcones Heights, 2010). Community-Based Outpatient Clinics (CBOCs) are in New Braunfels (2001), Seguin (2005), and four locations [with WellMed] in San Antonio (2000). These CBOC's are contracted to provide primary care services to veterans closer to their home or work.

The STVHCS operates as a single integrated system that provides a full continuum of care. The satellite clinics act as the first point of entry for many veterans. The clinics offer primary care and some specialty services while sharing resources with each other and their respective communities. When required, veterans are referred to the Audie L. Murphy VAMC for specialty care where they receive medicine, surgery, mental health, rehabilitation, spinal cord injury, and long-term care services.

The STVHCS is transitioning from a hospital-based system of care to a more efficient health care system rooted in primary and ambulatory care. To facilitate this transition, the STVHCS activated the Primary Care/Managed Care Product Line in July 1997. The mission of the Primary Care/Managed Care Product Line is to improve the health of patients by providing accessible, comprehensive, continuous, coordinated, and cost-effective care. The PACT (Patient-Aligned Care Teams; the VA's PCMH program) has been generated out of this effort and is our system of engaging our patients in comprehensive care.

The primary care team approach ensures improved continuity of care; access to care, supervision of care by senior physicians, and superior medical education, while facilitating fundamental health care research that will provide a basis for improving patient outcomes. The Primary Care/Managed Care Product Line provides unique opportunities and challenges to Housestaff to become active participants on the cutting edge of health care transformation.

The most recent innovation introduced into the system of care at STVHCS has been a transition to more patient care through telemedicine, that is, the provision of care through devices linking the provider and the patient remotely (e.g., home). This transition has been accelerated by the pressures introduced by the COVID 19 pandemic and as of this writing there is both excitement and uncertainty regarding what medicine will look like in the near future.

**STVHCS Affiliates:** At the medical school level, the University of Texas Health-San Antonio Long School of Medicine is the grandfather affiliate, with by far the largest number of residents training in our facility. At any one time, 220 physician residents in 35 specialties train here. The military (primarily through the San Antonio Uniformed Services Health Education Consortium, based at Brooke Army Medical Center) sends the next most residents to STVHCS. The University of the Incarnate Word School of Osteopathic Medicine is our recent affiliate, sending Family Medicine and Psychiatry residents here. Over 35 associated health specialties from more than 130 schools also train within STVHCS.

## **CHAPTER 1--HOUSESTAFF PROCESSING & POLICIES**

All Housestaff rotating or on-call at the VA are appointed by the Office of the Associate Chief of Staff for Education (ACOS/E) prior to their rotation at the VA. Only Housestaff so approved are allowed to see patients at the VA. Proper appointment is necessary for obtaining coverage under the Federal Tort Claims Act, for your protection. The Education Office is located on the 3<sup>rd</sup> floor in Room D317.1 in the Audie Murphy VA Hospital. The telephone number is 210-617-5109.

The Sponsor's Program Director (from UTHSA, SAUSHEC, or UIW) will certify, in writing prior to appointment, that residents meet the education, credentialing, and program requirements established by their school in the applicable Accreditation Council for Graduate Medical Education (ACGME) accredited training program. Housestaff are responsible for providing documentation to support this statement, and credentials will be verified.

The ACGME accredits residency training programs upon the recommendation of the appropriate Residency Review Committee (RRC). Housestaff appointments at Audie Murphy are limited in duration to the minimum number of years required by the various specialty and sub-specialty boards for admission to their certifying examinations. Residents electing sub-specialty training usually move directly from the primary into the sub-specialty program, and they require re-approval at Audie Murphy for this further on-site training.

### **INPROCESSING AT AUDIE MURPHY**

Most inprocessing residents in the VA belong to UTHSA residency programs. Some belong to our new affiliate, the University of the Incarnate Word School of Osteopathic Medicine. You will be coming over to the VA as a "Site" for training. Your Program Coordinators have received all required instructions for your inprocessing and, once you have "matched" into their programs, will be communicating with you to start your inprocessing procedures both at the VA but also at University Hospital or any other training sites your program may have too as well.

Such inprocessing most urgently requires a security clearance, which includes fingerprinting. It would be quickest if this can be done before you ever arrive in San Antonio, and if you follow the instructions and communicate with us, we can provide you with a "letter of introduction" with which you can make an appointment to have your prints done at a VA medical center in or close to your town (if there's one there). (As of April 2020, in the pandemic, those fingerprints may be more difficult to obtain at remote VAMCs).

After you have completed your assignment at the VA or change to a different funding source outside the VA, you must complete a clearance sheet prior to your departure. The UTHSA or UIW Program Coordinator provides this form, which includes stops at UT and UH (UT programs) or UIW and their sites (UIW programs) as well as VA (all of which need to be done before you get your last paycheck).

## **MANDATORY TRAININGS FOR HOUSESTAFF**

Good news and bad news here.

**The Bad News:** As housestaff you are required to do the "Mandatory Training for Trainees" module both initially when you inprocess into VA (review with Education Office) as well as yearly thereafter. You'll get notified electronically, in enough time to get around to it. (You forgot? Might get "dis-usered" and shut out of computer but we're trying to fix that).

**The Good News:** That's ALL the training the VA makes you do. (Consider the 8-10 annual trainings the faculty have to do). Your local Site Director, in coordination with our Program Director, might rarely ask you to do a training here that may be deemed very desirable or essential (for instance, VA's module on moderate sedation is excellent).

## **RESIDENT SUPERVISION**

Careful supervision and observation are required to determine the trainee's abilities to perform technical and interpretive procedures and to manage patients. Although they are not licensed independent practitioners, trainees must be given graded levels of responsibility while assuring quality care for patients. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider. *Reference VHA Handbook 1400.1 on Resident Supervision, dated December 2012.*

Residents are supervised by credentialed providers ("staff attendings") who are licensed independent practitioners on the medical staff of the UTHSA or UIW teaching hospital in which they are attending. The staff attending must be credentialed in that hospital for the specialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff attending is ultimately responsible for the care of the patient. Each UTHSA or UIW Program Director completes a listing of resident clinical activities that are permitted by year of training, the required level of supervision for each activity, and any requirements for performing an activity without direct supervision (all in your program's Resident Supervision policy). Annually, the Program Director determines if residents can progress to the next higher level of training. The requirements for progression to the next higher level of training are determined by standards set by each Program Director. This assessment is documented in the annual evaluation of the trainees.

It is agreed that the levels of supervision for their residents/fellows rotating at STVHCS will mirror those promulgated by the matching UTHSA training program.

Regular evaluations of Housestaff by faculty are required and Housestaff will be asked for feedback about their general VA experience, as well.

## DOCUMENTATION OF RESIDENT SUPERVISION

- Every patient encounter requires documentation of resident supervision. This is accomplished in the Computerized Patient Record System (CPRS). There are different levels of supervision annotations for different kinds of notes, however:
  - Every inpatient daily note by residents requires, minimally, an attestation in the note of the name of the attending (such as, "I have discussed and seen the patient with my attending, Dr. X., and he/she agrees", or "I have discussed the patient with my attending, Dr. X", or even, "My supervising attending is Dr. X".) These statements are templated in your daily progress notes; you merely indicate the name of your attending. An attending's co-signature, or his addendum to the resident's note, or his separate note (but linked, by proximity in time to the resident note) also suffices.
  - Every admission H&P written must be accompanied by either an attending's addendum to your note or the attending's separate H&P; a co-signature or your simple attestation in your note does not suffice. This holds true for the pre-operative note as well, unless the attending writes all elements of the H&P and the pre-op note in the same document.
  - Procedure (non-OR) notes require not only indication of attending, by name, but also their presence or not (if you are not "approved" yet to perform without direct supervision, the staff or other "approved" higher level resident must be present to supervise you).
  - Clinic notes require any of the four types of documentation (separate but linked staff note; staff addendum; co-signature; or simply your attestation). If the patient has not been seen anywhere in Audie Murphy previously (i.e., your clinic visit is the first clinic visit to this hospital), your staff must write their own note or an addendum. At some sites, the hosting Department has specifically directed that every (new and f/u) clinic note requires at least a staff cosignature. In many cases, for a first time or a followup visit to your specialty clinic, a best practice might be that your attending would write a note or addendum anyway.
  - All, or almost all, of the above notes available for you in CPRS are templated, which makes it easy for Housestaff to be compliant with these rules.

## SUPERVISION FAQ'S:

### **Q. Does my attending need to write a note on every patient?**

- A. No, your note suffices in most cases if you document your supervising attending, except for admission notes, pre-op notes, and the "first visit to our VA". Also, ICUs may be exceptions too, where the attending will need to write his/her own note more frequently, depending on the rules at that local site of care.

### **Q. I am a senior medical resident and my clinic attending does not physically see some of my routine follow-up patients. How do I document this in the note?**

- A. Any of the available attendings in your clinic who you would have discussed the patient with if you needed to should be recorded as the attending of record. "My supervising attending is Dr. X." is sufficient for documenting the encounter. Remember, in the VA, your attending must be physically present in your "clinic area" for at least some of the time while the patient is there, as a resource for you.



- B. Also remember that your training program rules are often tighter than VA's (and you have to obey them too). For example, if you are still early in residency, your program rules may direct that even every followup patient must be seen by the attending.

**Q. So what legal responsibility DO I have for patient care?**

- A. You always have responsibility for the care of your patients. However, as a trainee, your attending is medico-legally responsible for the care you give, as well.

## **RESIDENT APPROVALS TO PERFORM PROCEDURES**

As residents progress through their training programs they generally will become "approved" for higher levels of responsibility, to include performing more complex procedures without direct supervision, for instance. Such approvals are granted by your Program Director, given feedback from your faculty. These approvals are depicted, variably, either through physical display at the site of practice (e.g., a paper document in nuclear medicine or in cytopathology) or, more commonly, by electronic depiction under the resident's name at the New Innovations "Procedure Tracker" web site (a read-only, loose password-protected site at <https://www.new-innov.com/login/> . (This link can also be found under "Clinical Resources" on the VA homepage.) The login and PW are VANurse and VANurse—yes, the nurses access this too. (The same data can be viewed at UHS by their nurses when they enter "UHNurse/UHnurse"). Look yourself up and see which procedures you've been registered to perform "independently" (without direct supervision) by your Program. Your Program Director and Program Coordinator are responsible for loading up your additional approved procedures as you accumulate them through your training.

**It is not a mistake that nurses (or other "ancillary personnel") can see your approvals to perform procedures independently. The ACGME and the Joint Commission expect them to have this visibility, and an attendant authority to interrupt one of your procedures if it becomes obvious to them that you need help, and to request of you to seek that help. (They've been instructed to call the attending if there is resistance).**

(These referenced procedures are for bedside or clinic-based actions, NOT operating room procedures, where [except for emergency procedures] the standard of care is always, the attending is present at the start [for the time-out] and during the critical parts of the procedure.)

## **MEDICAL LICENSURE**

Upon appointment, Housestaff will have an institutional permit (obtained by the affiliate institution, [UTHSCSA] or a license from the State of Texas or any other State, to practice medicine in the VA. Individuals seeking licensure in the State of Texas should contact the Texas State Board of Medical Examiners in Austin, Texas. The telephone number is 800-248-4062. If this is your desire, you may want to discuss the need for this with your Program Director first.

## PROFESSIONAL LIABILITY

When working at the VA, you are immune from individual liability if you work within your approved (by your Program Director and VA Site Director) scope of practice. Protection is provided by the Federal Government under the Federal Tort Claims Act. You are expected to cooperate with the government's investigation of, and defense of, claims and/or lawsuits involving alleged professional negligence. If claims are paid on your behalf, you may be reported to the National Practitioner Data Bank. (No report of a resident to the NPDB has been made in the 14 years of my tenure here at STVHCS).

## APPOINTMENT PROCESS

There are three appointment categories for our residents:

- *Disbursement Agreement (DA) (Term) Appointment.* Almost all physician residents/fellows are DA appointments (more accurately, a Without Compensation [WOC] appointment but paid through the DA). The VA has a Full Disbursement Agreement with the University Health System's Credentials Office and with the UIW Bursar's office which volunteered to serve as the respective Disbursing Agents ("DA") for Housestaff salaries. This DA is a central reservoir out of which uniformity of salaries for residents working on "both sides of the street" is possible. All Housestaff except Dental (AEGD, Endo, and Perio), Podiatry, and Special Fellows (see next) are appointed on a DA appointment (and Podiatry will start in summer 2020). Under this agreement, all pay, leave, and benefits (including medical, dental, life, accidental death and dismemberment, long term disability insurance and worker's compensation) are administered through the Disbursing Agent.
- *VA Appointment.* Dental, Podiatry (till this summer), and VA "special fellowships" (we have TBI and Addiction fellowships) are paid directly by the VA and have a VA appointment. The VA administers all pay, benefits, leave, and insurance eligibility. *Refer to **Benefits** (below) for details.*
- *Without Compensation Appointment (WOC).* Any Dental and Podiatry residents who are not on VA payroll, as well as active duty military, are appointed under this appointment category.

## BENEFITS

**NOTE: This only applies to Housestaff appointed on a Full-Time VA Appointment (e.g., podiatrists, dentists, Special Fellows).** It does **not** apply to most Housestaff who receive a paycheck from UHS through the **Disbursement Agreement (DA)**. For those DA residents, benefits are outlined with your contracts with your Program (and the Disburser, the University Hospital Professional Staff Services office).

A special comment about vacation days and sick leave days for DA residents: The VA allows absence from rotations at Audie Murphy in equitable proportions to absences at your other sites, i.e., a training program cannot allow all leaves to be taken from VA rotations (and not UHS rotations) just because "we're busier at UHS and we can spare an absence easier at VA". Also, the "Days off" at VA are different than at other rotation sites, e.g., while Christmas and New Year's Days are treated as "weekend days" at all sites, the VA has many Federal Holidays (see box below) that are treated like weekend days but only for residents assigned to a VA

rotation at that time. Similarly, UHS will have "days off" (such as a reduced Christmas week schedule, or Battle of Flowers day) that the residents on VA rotations will not have.

Didn't get to take the entire 3 weeks of leave during your previous year of residency? The VA will pay against additional "roll-over" days of leave beyond the 3 weeks during the following year if your PD schedules that.

### **Back to Full-time VA-PAID residents:**

- **Physicals.** Housestaff on a VA Appointment are required to have a pre-employment physical prior to appointment. The physical is provided by the VA Employee Health physician. It primarily consists only of a TB skin test or serology, however.
- **Stipends** (salaries). Stipend levels are indicated on the contracts signed each year by the Housestaff officer and the STVHCS.
- **Paydays.** Pay periods are of two weeks duration, always ending on a Saturday. When you in-process at Audie Murphy, payroll information is provided. Direct deposit is mandatory to the financial institution of your choice. Any changes to your records, such as Federal tax exemptions, residence address, etc., during the year should be directed to the VA Payroll Section, at ext. 15882.
- **Payroll Deductions.** Mandatory deductions from your paycheck are Federal Income Tax and FICA (Social Security). The FICA is a combination of Old Age Survivors Disability Insurance and Medicare. Other deductions (charities; alimony; insurances) can be arranged, at your request.
- **Vacation Leave.**
  - All VA-PAID residents, of any post-graduate level, are entitled to 13 duty days of annual leave per academic year, the timing of which is approved by the appropriate Residency Program Director and VA Service Chief. Because the training year is short, taking leave "in advance", e.g. a few days in September if needed but before those leave days are accumulated, is permitted (Program Director permitting). But that's a peculiarity only offered to this category of trainee.
  - Vacation leave for VA-PAID residents must be taken during the academic year in which it is earned.
    - VA-PAID residents renewing their appointments with the VA may retain unused vacation leave balances to the next leave year only as an exception. Requests for exception must be made in writing with a strong justification to the Residency Program Director and VA Service Chief; they will be considered on a case-by-case basis. Unused vacation days are not paid upon termination of your appointment—don't fall behind!
- **Sick Leave.** VA-PAID residents accumulate 13 calendar days of sick leave each year at the rate of approximately 1¼ days per month. Unused sick leave is not paid upon termination of your appointment. However, unused sick leave can be re-credited to the employee's sick leave account if he/she is re-employed by a federal agency.
- **Administrative/Professional Leave.** An authorized absence may be approved to attend scientific meetings and councils, present scientific papers, attend State and specialty board examinations, fulfill jury duty, etc. This does not involve a charge to leave or loss of pay. The appropriate Residency Program Director and VA Service Chief must approve. If within driving distance, the absence is just assigned as your duty station for the day. If you have to leave town for it you will be assigned as "Travel status" in the timekeeping. However, it would be unusual to travel to such events in any VA official travel status.

- **Parental Leave.** The Federal Government has a provision for granting parental leave under the Family Medical Leave Act. Speak to your Service Chief.
- **Leave Without Pay (LWOP)** is a temporary, non-pay status/absence from duty.
- **Emergency Leave.** A limit of three calendar days is authorized for personal leave in case of death of a family member or sudden severe illness. The VA Service Chief has authority over this.
- **Health Benefits** are available through the Federal Employees Health Benefits Program. The FEHB program helps protect you and your family members against the cost of illness or accident. It is a *voluntary* program and you must enroll within 31 days from the date of your appointment. In the San Antonio area there are several plans available to cover individual needs. However, if you are in a non-pay status for an entire pay period or if your salary for a pay period does not cover the employee share of the premium, you are required to make the payment regardless.
- The **Federal Employees' Group Life Insurance (FEGLI) Program** is term insurance with no accumulating cash value. Eligible employees are automatically enrolled in Basic Life Insurance unless they waive the coverage. (Exception: If you are hired on a Temporary Appointment [1 year or less], you are not eligible to participate in the FEGLI Program). However, most of you are appointed as 366 day appointees and could avail yourself of this benefit. Within the first 60 days after your appointment, you may elect to waive or elect optional insurance coverage by completing a SF-2817 FEGLI election form. This term insurance is not a large amount (equal to your annual salary) and, as you may consider the premiums more than you can tolerate, you may elect to waive this benefit. Your HR advisor should specifically ask you about this benefit, and the waiver.
- **Workers' Compensation Coverage.** If you are a VA appointee, you are covered for workers' compensation under the provisions of the Federal Employees Compensation Act (FECA). Injuries or diseases incurred while on duty are immediately reported to your Chief of Service. (*Note: Housestaff paid under the Disbursement Agreement are covered through the Disbursing Agency*).
- **Uniforms and Laundry.** Housestaff on VA-PAID appointment (not DA appointment) may wear the short white coat provided by the VA in lieu of receiving a uniform allowance. Coats and laundry services are provided daily between the 7:45-9:00 a.m. and 3:00-4:00 p.m. in Environmental Management Service, Uniform Room L009. A VA Form 10-1148, Uniform Card, signed by the Service Chief, is required before coats are issued.

**LEGAL HOLIDAYS**—the following national holidays are observed by the VA:

<b><u>Holiday</u></b>	<b><u>Date</u></b>
New Year's Day	January 1 <sup>st</sup>
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4 <sup>th</sup>
Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11 <sup>th</sup>
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25 <sup>th</sup>

When New Year's Day, Independence Day, Veterans Day, or Christmas falls on Saturday, the Friday immediately before is observed as the legal holiday; when the holiday falls on Sunday, the following Monday is the legal holiday.

Duty and call schedules during holidays at Audie Murphy are arranged by the VA Service Chief and the training programs. These holidays in the VA are typically managed as if they were "Sundays"; if you are not on-call, time off in VA is granted as if it were Sunday.

## **RESPONSIBILITY TO RECOGNIZE AND CARE FOR THE PATIENT AS A PERSON**

VA beneficiaries—those persons being served by the VA—are a select group of individuals. Their medical care is provided for by law as a benefit for serving in the Armed Forces in the defense of our nation. When they request assistance, it is our opportunity to provide them our service. Legal eligibility will vary among the veterans.

### **Abuse of the Patient**

Abusing patients is unprofessional but it is especially egregious when directed at Veterans who at one time paid dues most of us did not. The maximum penalty for abusing a patient is removal from Audie Murphy without allowance for return (which can put a resident's course of training at jeopardy). Appropriate penalties (admonishment, reprimand, suspension, or demotion) may be imposed if mitigating or extenuating circumstances warrant lesser penalty or the nature of the abuse is minor. Abuse of a minor nature includes such acts as teasing a patient; speaking harshly, rudely, or irritably to a patient; laughing at or ridiculing a patient; inappropriately scolding a patient; showing inappropriate indifference; etc. In certain instances, such acts can be considered major abuse.

Employees and Housestaff should report any complaint or evidence that a patient has been mistreated or abused in any way to the Chief of the Service to which the patient is assigned.

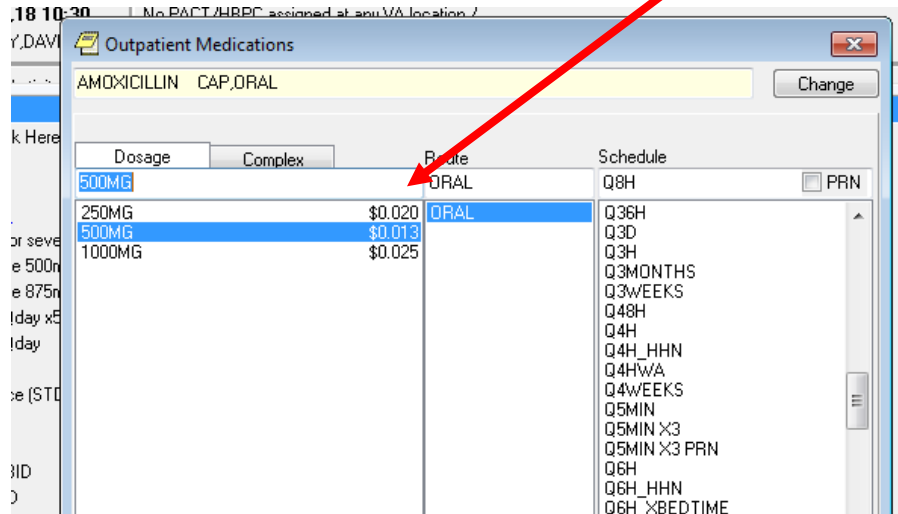
### **Abuse of the Resident**

It occasionally occurs where verbal or physical abuse of the resident by patients or by an Audie Murphy employee occurs. Residents should strive greatly to maintain a professional demeanor but these incidents must be reported. (Start with your attending, or your Audie Service Chief, or the Education Office). Appropriate action may be taken against either patients or employee(s) who have demonstrated clearly inappropriate behavior.

## **COST CONTAINMENT**

Residents are encouraged to understand the importance of cost effectiveness in the delivery of health care services. Cost containment can be accomplished without jeopardizing the quality of care by appropriate admission of patients, the judicious ordering of procedures, medications, equipment, etc., and by expediting the discharge of patients. Quality assurance activities are one mechanism to evaluate cost effectiveness.

(By the way: do you know how to “see” how much your outpatient meds cost? The price of each pill you write, in VA, is listed next to the med right there when you’re calling it up to order....)



## ETHICS

Housestaff must comply with VA policies, procedures, and regulations governing ethics. Additionally, you may obtain a consult from the Ethics team when faced with difficult patient management decision by calling the Ethics Consultation Team. They can be reached at their pager numbers listed in the On-Call Roster.

## RELEASE OF MEDICAL INFORMATION

Medical information in Audie Murphy is available through the Release of Information (ROI) office (internal ext. 15410) in the Medical Administration Service (MAS). You (but preferably your social worker) may complete personal insurance, legal, or medical forms for the veteran through this office to ensure compliance with the Privacy Act and HIPAA.

## RELEASE OF INFORMATION (ROI) TO PRESS AND RADIO

Press, radio, and TV releases are the final responsibility of the Office of the Director through the Public Affairs Office. Information should not be released for use in magazines, newspapers, public reports, displays, etc., without specific approval of the Hospital Director or designee.

## MAINTAINING PATIENT CONFIDENTIALITY (PRIVACY ACT)

One of your responsibilities as a resident is to protect the confidentiality of all patient information. Our patients have a legal right to privacy and we, as their caregivers, have a legal and moral responsibility to protect that right. Common violations include leaving work lists with

patient information in public places or discussing patient cases in public areas, such as elevators, hallways, or stairwells. Please do NOT do this! The Privacy Act and other Federal statutes provide penalties for the knowing and willful misuse or disclosure of confidential information to any person or agency not entitled to receive that information.

## **VHA PRIVACY POLICY**

Training in VHA Privacy Policy is provided in the "Mandatory Training for Trainees" ("MTT") that you receive before you came to work in the VA. Employees, students, and physician and associated health trainees may use the health information in VHA records only in the official performance of their duties for treatment, payment, and health care operation purposes. The minimum amount of information from these records necessary to fulfill or complete their official duties should be used. Information from VHA records that identify the patient and social security number can be released to the patient or another individual (third party) when a prior written authorization from the patient is obtained.

Veteran patients have rights as listed in the VHA Notice of Privacy Practices. Patients at STVHCS are given the right to opt-out of the facility directory during their inpatient episodes of care. If the patient requests to opt-out, the facility will not disclose ANY information about the patient to anyone, including callers, visitors, family, friends, non-VA clergy, or receive flowers, cards and most mail. The patient has the right to change their opt-out selection any time during their inpatient episode. As a health care provider you may be asked to make the opt-out determination for an incapacitated patient in the patient's best interest. This decision is documented as a progress note in the medical record.

### **FAQ: HOW CAN I SEND PHI THROUGH E-MAIL?**

Within VA, there are three ways. Two are within the VA Outlook (which most physician Housestaff don't use at all). But in there, you can either send it all Secure (Option menu at top, then Permissions, then Encrypt only [you must have applied and been granted PKI enabled status; call 15109 for how]). Easier, at Option menu, click Permissions, then "do not forward" (no PKI registration for you required). But: don't put PHI in the subject line, it'll still be visible! The third way (clumsy but it's OK) is to send TWO e-mails: one with all the clinically pertinent material but NO identifiers; send a second with ONLY the name and last 4. Recipient understands the two are linked.

### **FAQ: HOW CAN I TAKE CLINICAL MATERIAL TO CONFERENCES/MEETINGS OUTSIDE VA FOR PRESENTATION/DISCUSSION?**

It's kind of hard to do, given the prohibition against mass storage devices in VA (e.g., no thumb drives at all). Alternatives:

--Your Site Director can and should identify at least one computer in the service that will have its CD burner enabled. He/she requests this through OIT (have him/her call 15109 again for how) with "medical education" as justification. (DO NOT lose such a CD with PHI on it! Best also to maybe destroy CD after you're finished)

--You can e-mail such information **if you take great care to delete identifiers** (e.g., X-rays can have names covered up). VA e-mail tends to get blocked up with attachments >/~ 15 MB, however. May have to send multiple smaller mailings.

--As of this writing, pathology specimens (microscope slides) are not allowed to leave the VA building.

## **MEDICAL STATEMENTS**

When asked by a patient or family member to provide a "medical statement", you may provide the facts of the illness as well as limitations that the illness may impose. DO NOT provide legal or court-requested documentations. It is recommended that you do not provide a statement with an opinion supporting carriage of a weapon or firearm.

## **PATIENT COMPLAINTS**

If a patient or his family is dissatisfied, a member of the health care team (Physician, Nurse, Social Worker, etc.) is usually the first to know and resolution of the dissatisfaction should be done at the team level. If this is not possible, the health care team will determine at which level the dissatisfaction can be resolved or reviewed, i.e., supervisory level, Service Chief, top management. A team member will then discuss the patient's/family's dissatisfaction with that level of personnel to determine a resolution.

## **PATIENT ADVOCATE CONTACTS**

Patients sometimes ask you where they can go to make general complaints about something that bothers them about their care or our facility. While we encourage you to do "recovery"-- an attempt to resolve issues with the patient at the simplest level-- Audie Murphy does have the Patient Advocate Office which patients or family members can contact. Sometimes that office can really untangle problems or frustrations for the patient. Have the patient call 949 3822.

## **SEXUAL HARASSMENT AND EXPLOITATION**

Training and awareness of this issue, which the VA takes very seriously, is provided during your "MTT" orientation. Multiple Federal and state statutes hold that these are illegal and actionable under civil and criminal law. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, verbal or physical conduct of sexual nature when:

- submission to such conduct is made either explicitly or implicitly;
- submission to or rejection of such conduct is used as a basis for evaluation in making personnel decisions affecting that individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's performance as an administrator, staff, fellow, resident, or student, or creating an intimidating, hostile or offensive environment.

Examples of behavior that could be considered sexual misconduct or sexual harassment include, but are not limited to:

- physical contact of a sexual nature including touching, patting, hugging, or brushing against a person's body;
- explicit or implicit propositions or offers to engage in sexual activity;
- comments of a sexual nature, including sexually explicit statements, questions, jokes or anecdotes; remarks of a sexual nature about a person's clothing or body; remarks about sexual activity; speculation about sexual experience;
- exposure to sexually oriented graffiti, pictures, posters, or materials; and/or



- physical interference with or restriction of an individual's movements.

## **GRIEVANCES; MECHANISMS FOR SOLVING PROBLEMS**

Chief Residents serve as the first point of contact for Housestaff with complaints or grievances. Resolution of problems will begin with the Chief Resident and will be raised to a higher level only if the situation cannot be resolved.

Each training program in Audie Murphy is sponsored by a professional service that coordinates with the Office of the Associate Chief of Staff for Education (ACOS/E). Each Service has an assigned "VA Site Director" (senior VA faculty with primary responsibility for the resident training at Audie) and who coordinates your VA training (including problems) with your program. It is our experience that it is not difficult for a trainee to have their grievances taken seriously within Audie.

## **PHYSICIAN IMPAIRMENT/SUBSTANCE ABUSE**

If you realize that you are personally impaired by depression, other psychiatric difficulty, alcohol or drug abuse, or if you perceive that a faculty member or other trainee may be so impaired, your PD should be directly consulted; there are established and effective mechanisms for help.

Additionally, information on treatment of physician faculty and Housestaff impaired due to such illnesses is available by contacting the Bexar County Medical Society, Physician Health and Rehabilitation Committee at 210-734-6691.

## **COMMITTEES OF INTEREST TO HOUSESTAFF OFFICERS**

The following Boards/Committees are in place at Audie Murphy; your participation on them may be useful to you (for familiarization for the future, but also for your CV), and will also be useful to us. Many board members do not have the direct visibility of patient care that you do. Participation may be secured through the office of the ACOS-Education, who can coordinate with your program leadership (for your time).

**CLINICAL EXECUTIVE BOARD** coordinates research, education, and medical activities; reviews recommendations and findings requiring approval and/or action by the board; recommends professional policies to the Hospital Director; and reviews the professional accreditation functions to ensure compliance with TJC requirements. It is the Medical Staff Committee equivalent in other hospitals. The Chief of Staff is chairperson. We would like Housestaff to be represented on this board and we encourage your interest.

**RESIDENT SUPERVISION COMMITTEE** addresses not only the mechanisms for appropriate documentation of the faculty/resident training experience, but also monitors the residents' environment of training. It is chaired by the ACOS/E and, as you may expect, may be an extremely useful committee for you. Chief Residents for Internal Medicine and for Surgery already participate.

## CHAPTER 2 - SUPPORT SERVICES

This chapter addresses those support services around the facility that are necessary or useful for you to do your job every day.

### **CANTEEN SERVICE (CAFETERIA)\*:**

- **Food Service** – next to the Main Entrance on first floor
  - Weekdays 7:00 a.m.-6:00 p.m.
  - Weekends 8:00 a.m.-2:30 p.m.
  - Holidays CLOSED (except Veterans Day--open 8:00 a.m. - 2:30 p.m.)
  - After-hours food and drink: Audie Murphy provides meals for those residents on-call at the VA. Residents (not medical students!) on-call can find the evening meal in the refrigerator in the 3<sup>rd</sup> floor on-call suite (or in the psychiatry call room refrigerator outside GLA). But during daytime hours, please use the Canteen.
  - There is ALSO a short order grill open at midnight until 2 AM, as of this writing (July 2018), where meal vouchers may also be used.
- **Retail Store\*** – co-located in the rear of the Canteen
  - Weekdays 11 P.M. through 4 P.M. next day.
  - Weekends 8:00 a.m. to 2:30 p.m.
  - Holidays CLOSED (except Veterans Day--opens 8:00 a.m. to 2:30 p.m.)

\*The hours, and whether you can sit down and enjoy meals there, seem to change weekly during the ongoing COVID 19 response.

### **LIBRARY SERVICES**

STVHCS has moved over to an entirely on-line library and database package. It's impressive. Please see **APPENDIX A**. The collection includes the widely used general reference "Up-to-Date", the search engine Ovid, and an exhaustive list of complete medical texts at "e-books". These robust on-line services can be accessed from the STVHCS home page (under "Clinical Resources"), or in CPRS through the Tools Menu.

### **HOUSESTAFF MEAL VOUCHERS**

Meal vouchers for use in the cafeteria ("canteen") are issued to those residents who meet well-defined on-call criteria. These paper vouchers are distributed through your UTHSCSA Program Coordinator. This meal voucher will not make purchases at the Retail Store (but IS redeemable at the Starbucks). NOTE: A more up-to-date automated system is still awaited as of 2020.

### **PHOTOGRAPHY SERVICE**

Limited (professional) photography service is available through the Office of Public Affairs (OPA). To photograph a patient, you'll need their consent (one is in IMED consents). In the clinics, there are designated photographing personnel (e.g., there's a nurse in IMC that does it there). Ask who yours is. Technically, all photos of patients should be downloaded into CPRS immediately and erased from cameras. For additional information for inpatient photos, contact Photography at VA ext. 16130.

## **PARKING**

Parking is provided for most Housestaff at University Hospital (only the "VA PAID" trainees, e.g., podiatry, dentistry, and PAID Associated Health can be issued VA parking tags). Card operated electronic gates control access to the parking garage adjacent to the hospital. (After hours/weekend parking at the VA in the visitor lots is allowed for everyone, but the police warn, have your cars moved out by 0730 on weekday mornings!)

## **COVID SCREENING AND MASKING**

By April 2020, both VA and UHS have arrived at the point where everyone (medical or lay) entering the buildings receive "active screening" (questions, and temperature taken) before entering is permitted. In both places a mask is required for every entering person--"universal masking" is required. Medical (surgical, or possibly N95) masks are issued if patients are to be seen; the process has varied over time and by location. Residents should expect at least the level of Personal Protective Equipment that the faculty have.

## **PHYSICIAN CALL ROOMS, AND FOOD AT NIGHT**

A635      CCU Call Room  
D306      Non-ICU Call Rooms (not reserved by any one program; use whichever room is unoccupied)  
D712      SICU Call Room  
GLA      Psychiatry work room/Call Room

These rooms are secure and lockable. Showers are available in the main call room suite (D306). After hour "panic buttons" are enabled by pressing keys F9 and F11 simultaneously (911, get it?) on any computer in your room (or from any in the building really); police respond. (Warning: they typically DO respond, and quickly!).

When you're on call at night food is available in the refrigerator in the main call room suite (or for psychiatry on call, you have food in your GLA call room too).

Environmental Management Service (EMS) provides sanitary maintenance and provides linens (stacked on the beds) to the physician call rooms in the early afternoon. We do get occasional complaints regarding unkempt call rooms, or linens not being provided (extras are supposed to be in the closet at the end of the hall), or even insects being seen.

**Please let the Education Office know if these rooms are not being serviced! Call internal ext. 15109 (or at night, 15142).**

## **SCRUB ATTIRE/DOCTOR'S COATS**

Scrubs at the VA are distributed through the "Scrub Avail" automated system. There are three locations: 1<sup>st</sup> floor by the Service elevators; OR (only for those working in the Surgical Suite); and on the 7<sup>th</sup> floor in the Main Elevator area. This system is user friendly and allows 24/7 access. If you need scrubs during your rotation at the VA, contact EMS, Room L029 or at internal ext. 15034 and they will issue you a bar-coded access badge (go through your Site

Director; you'll need a paper from your sponsoring service). Scrub attire cannot leave the hospital complex: the risk of spreading blood borne pathogens prompted this restriction.

Doctor's coats will be issued from the uniform room, Room L029, with a completed VA Form 10-1148 (Uniform Issue Card) issued by your assigned service at the VA. Note: Doctor's coats are issued to only physicians/dentists/podiatrists on a **VA paid appointment**, so unfortunately most of the residents (intermittent appointment under the Disbursement Agreement) do not qualify. (VA does contribute to the cost of the Disburser issuing you white coats.)

## **POLICE NOTIFICATION PROCEDURES**

Anyone within the VA is authorized, urged and expected to notify the VA Police as soon as possible when they are aware of actual or suspected criminal activity or emergency conditions (i.e. theft, assault, disturbance, threat, suicide or attempts, etc.). Contact the VA Police at internal ext. 15911 (or if imminent threat of harm, the F9 and F11 computer keys simultaneously, as mentioned above). You may also visit the VA Police Desk in the front (flagpole entrance) lobby.

## **ON CALL SCHEDULE**

The on-call roster can be accessed by the item on the left-hand menu on the Audie Home Page. Login and PW are AudieXX (any number you randomly pick from 01 to 10) and MurphyXX (same number). This will time out within a few minutes.

## **CHAPTER 3 - COMPUTER SYSTEM**

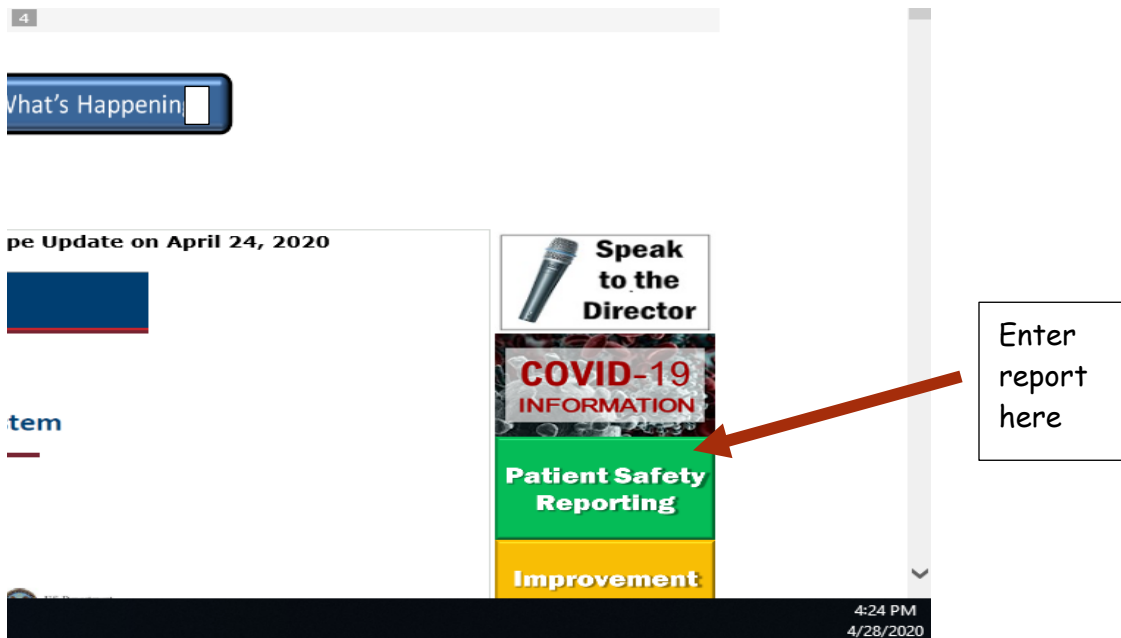
After you have been properly approved and appointed through the VA Education Office you will receive computer access codes. You will receive a "PIV" card (a smart card with an identifying chip; especially useful for signing on quickly, but also necessary for easily writing outpatient controlled substances electronically). You'll be directed to create a PIN to sign in with; don't forget it!

- Log into the VA computer Network using your PIV card and PIN.
- Log into the CPRS through the VISTA system using your VISTA Access/Verify Code (see **APPENDIX C**)
- If logging into VISTA for the first time, change your electronic signature/verification code (see **APPENDIX D**)

## **REPORTING MISTAKES OR OTHER BAD STUFF THAT HAPPENS**

Audie has a patient safety reporting system, accessed through an icon at bottom right of the home page.

- (a) It opens eventually in Chrome; wait for it!
- (b) When asked for "campus", enter "Audie", it'll default to here.
- (c) ONLY ASTERIXED ITEMS ARE NECESSARY



## THE COMPUTERIZED PATIENT RECORD SYSTEM (CPRS)

The VA has a computerized patient record system that can be accessed in a variety of ways. You can view and use the system by signing on with VISTA passwords. Training can be obtained at an excellent interactive training module inside TMS: open TMS (where you did your MTT; link on Home Page, behind "Employee Resources") and enter 35795 into search window.

## VIEWING THE ELECTRONIC MEDICAL RECORD (CPRS)

- Double-click on the Gold Star (STX GUI Executables) icon on the desktop, then the "CPRChart STX" link from that menu.
- Enter your VISTA Access Code, then your Verify Code, and click OK or press return.
- Enter patient's name, or SSN, or (best) first initial of last name and last four digits of SSN in the middle column text query box.
- After the **Cover Sheet** builds, select from Tabs at bottom to view desired portion of record
- To see details of **orders**, place cursor over the order and double-click to see.
- To see medications, click on Medication tab.
- To see **Notes**, click on the Notes Tab and click on note date to view
  - At the Notes page, you will see Templates on the left-hand menu bar. Multiple different kinds of notes can be found here (Admission, Progress, Procedure, PASS, etc.). One important Template note is the "Medical Student note". This is the **ONLY** note that your medical students can use; once they open it, they can populate it as an H&P, or progress note, etc. By using the template the note will be labeled "Medical Student Note", which is required. Every "Medical Student" note that they write requires a cosignature by anyone on your team with MD or DO after their name.
- To see details of entries on the list, hold your pointer still over the entry date and you will see the note title, clinic name, date of note and author

## COPY AND PASTE (CLONED NOTES)

- This function of CPRS can be both a powerful tool and a dangerous weakness if misused. Clinical, financial, and legal problems may result when text is copied in a manner that implies the author or someone else obtained historical information, performed an exam, and/or documented a plan of care when the author or someone else did not personally do it.
- Readers of your notes know you've done it wrong when *time-dependent elements* from one day are incorrectly copied into the next day. Edit these notes carefully!
- Never copy one doctor's signature block into another note.
- Do not copy entire laboratory findings, radiology reports and other information in the record verbatim into a note. Especially day after day after day! Who reads that! Data copied into the record should be specific, brief, and pertinent to the care provided.
- Do not re-enter previously recorded data.
- Authors are liable for the content of copied items within the notes they authenticate. Use of copy and paste functionality is monitored and where violations occur findings are reported to the Medical Record Committee for determination of disciplinary or other adverse action.

**There are significant medicolegal ramifications of improperly edited copy/paste notes. Be careful!**

## PROCESSING CLINICAL ALERTS IN CPRS

- Sign into CPRS as described in the previous section.
- See your clinical alerts (notifications) at the bottom of the patient selection window.
- Highlight the notification to process.
- If just an info alert, processing will make it disappear; if an action alert, processing will take you to the part of the chart requiring processing (i.e., signing a note, etc.)
- After an alert is processed, click on NEXT at the bottom right of your window.
- To end alert processing, select another patient, or close CPRS.

## ORDERING CONSULTS IN CPRS

- Sign into CPRS
- Choose your patient
- Click on Consult tab
- Click on New Consult button
- Select the consult service to which you are sending consult. (There is now also an "e-consult menu" that can be selected if you think your question could be answered electronically, without the patient seeing the consultant. Especially in the era of COVID).
- Fill in patient information (mandatory to enter provisional diagnosis, reason for consult, and to answer all questions)
- Click on "Accept Order"
- **You're not finished yet; the order still needs to be signed!** Go to Orders tab
- Select your unsigned consult by placing the cursor over it and left-mouse clicking once to highlight it
- Click on Action on the menu bar
- Click on Sign Selected

- Enter your Electronic Signature Code

## **ORDERING NARCOTICS**

There's increasing sensitivity to this with growing number of veterans addicted to narcotics that we gave to them (often too much, too long). Current recommendation for duration of narcotics for acute pain is 5 to 7 days, tops. If you write two different strengths of a narcotic, indicate purpose in "Comment" section of orders (e.g., "for moderate pain" for one, and then "for severe pain" for the other). New 2020 thing: the need for Texas pharmacy check (to ensure patient is not getting prescriptions elsewhere too). Your faculty will have to perform that check.

## **WRITING THE DNR ORDER** (which is no longer "DNR" order!)

When looking for "DNR" in orders, or a "DNR" note which might trigger an order...It's no longer there! NOW the DNR order is triggered by opening up the Life Sustaining Treatment note.

---it can be long and arduous

---the advantage is, it's portable and lasts forever (doesn't fall out when discharged, or after X period of time). Of course it can be temporarily or permanently suspended, or discontinued, by the patient.

Specific instructions (5 PPT slides) are visible in **Appendix E**.

## **TOOLS MENU**

Under Tools (on the top menu bar) in CPRS, you can directly access Up-to-Date, IMED consents; VISTA radiology (view X-rays and EKGs), standing ICU and COVID protocols; the Shift Hand-Off tool, and others. At the bottom of this menu you can pick "Options" to customize what you see within CPRS (such as, your recurrent lab selections, or what teams you want CPRS to default to). "Graphing" is at bottom too and very useful, with which you can see lab result trends over time, or you can track medication administration over time.

### **Phone and/or pager numbers in Audie:**

- 1) There is a "NEW Back Office Directory" in the Tools drop-down menu. Many numbers, by either position or by name, for many services are in there (e.g., Medicine, Psychiatry, Psychology have really loaded it up).
- 2) You can find many contact numbers in the phone directory (Home Page, left hand menu, "Phonebook", then "Vista Telephone Directory for STVHCS". We put as many Housestaff in there as we could too.
- 3) The On-Call system has its "Employee" category (right after you sign in) and pager or CP numbers can often be easily retrieved there.

## **ASSIGNING SURROGATES.**

When you leave VA (either rotating out, or going on vacation), it is good to assign a surrogate here who then would receive the notifications for lab tests or X-rays that you have ordered. Those results would come only to them (they won't be put into your tray while you're gone, meaning, you may not ever see them unless you go look for them). Choose a clinician who is permanently here, i.e., either a VA faculty or a PA/Nurse Practitioner who will be here more or less constantly and can read and respond to those results. (As a courtesy, don't forget

to advise them you're doing this!). When they view the result(s), the result will drop out of their results tray. (Remember, you will not be flagged at all!).

Assign the surrogate by clicking on the Tools tab at top, then Options, then Notifications, then Surrogate Settings, then enter surrogate name and date range.

You can also alert your attending to a lab or radiology result in addition to you at the time that you order it, either before or after you sign your orders. See Appendix F.

## **DRAGON DICTATION.**

The Dragon dictation program is able to be activated on your computer. You have to contact Mr. Michael Patterson at 13192 (or email [Michael.patterson4@va.gov](mailto:Michael.patterson4@va.gov)) to request activation. Have your computer number (EE number on the tag) and the room number available.

The program will be permanently placed then on that computer. You'll find it under "Network Edition" (don't look for "Dragon"). It will not "follow you around" to other computers. You can load it up on other computers under your name too though. Once loaded, other users can find and use it on that computer too.

At "login" put your network login (vhastxXXXXXX that you were issued), then leave PW blank and just click "login".

Training is available but the Help (question mark, top right of program) function is very instructive.

Dictation requires a USB plug-in headphone/microphone. You may be issued one of those at the Education Service (just one! Don't lose it!).

## **COMPUTER HELP DESK SERVICES**

Any computer related problems or questions may be directed to the Office of Information Technology, Customer Support Section Help Desk at internal ext. 15519 (daytime) or 855 673 4357 (anytime). These technicians are usefully helpful and patient, and they can do password resets for Windows (network) logins or reset VISTA logins. They do have visibility of your updated training status (i.e., if you haven't done your annual Mandatory Training for Trainees, or MTT) and they cannot grant you access if that training has not been performed. (You'll have to get someone else on your team to write your notes or orders, and tackle this the next day after you do the MTT).

### **FAQ'S:**

**Q. I'm returning to the VA after not signing on for > 90 days and my computer codes/PIV card will not allow me access to the Network/CPRS. What do I do?**

A. During the normal work day, call the help desk at 15519, and ask to have your codes reactivated. After normal duty hours/evening/weekends, call the National number (855 673 4357) and a national help desk assistant can help you.

**Q. I don't have my PIV card. How can I do my work today?**

A. First, if you have LOST your card, you do have to go down to the lobby and report it to the police. Once done, you can go to HRMS and get processed for a new card.



However, second, if you think you just left it at home, you can call the National Help Desk (855 673 4357) and ask for a temporary login and password. That would be good for 2 weeks, although a recent initiative (during COVID) has allowed this to be active and usable for 6 months (you have to ask the National Help Desk in particular for that).

## **PIV CARDS AND YOUR PIN**

At the issuance of your PIV card you are tasked with choosing a PIN. It won't expire nor need changing during your tenure here. A new PIV card however IS required every 3 years, so if your training program is longer, you'll have to get a new one, which even means fingerprinting again. Your computer will ping you about that. Ask Education Office (15109) about that when it happens.

Regarding your PIN. It's hard for a pirate to access the VA computer with your PIN if they don't have your PIV card. Still, to increase the protection of VA systems:

- Do not display PINs on screens or any other media at any time, and do not store it in clear-text (unencrypted) form.
- Take appropriate actions to prevent others from observing your PIN.
- Do not write down or store PINs in automatic log-in scripts, software macros, terminal function keys, or any place where others might discover them.
- Do not disclose or share your PIN with anyone.
- Don't "be a pal" and let someone sign onto CPRS after you've opened the network with your own PIV/PIN.

In the unlikely event your VA computer (which is highly protected) acquires a virus, stop using it immediately and contact the Service ADPAC (your services' IT Coordinator), or call the STX OIT Help Desk at internal ext. 15519.

## **CONFIDENTIALITY**

DO NOT walk away from your computer without logging off. Do not leave hard copy patient records or documents where they are not adequately controlled. Do not talk about a veteran's case in a public place, like the hallway, elevator, or the Canteen. Do not drop or leave behind your patient lists on the ward, or in the hallways, or (the worst!) in the Canteen after you eat there.

**Logbooks**---many of you should keep these, either for tracking your procedures or operations, or for tracking of clinical or research data. But they are time bombs if you lose them/drop them. Best is, either don't ever take them out of VA (have a VA-specific logbook that you leave here) or keep the linked identifiers in a second record so that the clinical data in the logbook cannot be tracked without that.

## **LARGE VOLUME DRIVES**

The VA has moved to a "no thumb drive" environment because these data storage devices, which can store large amounts of patient-related material, are easily lost. The use of thumb drives is forbidden in VA and attempts to use them in a VA computer may result in your computer being locked or automatically shutting down. Most of the CD drives on VA computers have also been inactivated (see page 14 for exceptions).

## **EXTERNAL (REMOTE) ACCESS TO VA COMPUTERS**

Housestaff can apply through the Education office (15109) for permission for access to the VA network computers through the Citrix Access Gateway (CAG). This operates like any other external-access gateway. A formal application is filed, however, and it takes a day or two to come back (from the Information Security Office). Get the instructions for that application in the Education Office, or you can go to the Home Page, then Information Security on the left-hand menu, then "Request VPN Account" on the right-hand menu, then follow instructions. You'll be notified by e-mail when you can sign in from outside VA.

## **ACCESSING VA COMPUTERS FROM UHS—AND VICE VERSA**

This comes and goes (firewalls pop-up and change). As of May 2020 you *are* able to access the computers on one side of the street from your computer on the other side.

## **BACKUPS**

Backups are your best defense to protect your data against viruses and other malicious software. OIT is responsible for backing up data stored on network servers but not on individual PCs. **YOU** are responsible for backing up all data stored on your PC, which is done by saving your work to the U-Drive (under "This PC"). If you are dialing into the VA system through the CAG from outside the firewall, you can access elements you've saved back onto your U drive but will not be able to see things you've saved on your original desktop.

## **EMAIL SECURITY**

In the VA, email is a vital communications tool. Proper use of email is essential to ensure that this resource is uninterrupted. Chain letters and hoax messages rob us of valuable computer space and processing speed. DELETE these messages and DO NOT forward or reply with stop or unsubscribe requests. These messages are sent by the thousands and slow down network capability.

Sensitive information on a patient should NOT be sent by email unless it is sent securely (i.e. encrypted). No patient name or "first letter and last 4"—which could identify a patient—should ever be sent over unsecure email along with ANY other information, and even then, that simple identifier must not be in the subject line (put it in the body). There are ways to communicate securely, even using PHI; see "Privacy" section above (page 15). You can communicate between physicians within a patient's CPRS record by using the "additional signer" selection after you have signed your note or your addendum.

## **INFORMATION SECURITY RESPONSIBILITIES**

You have an obligation to protect VA information assets. All employees, contractors, residents, students, and volunteers have a responsibility to be familiar with VA security policies, procedures, rules, and regulations (know what to do, how to do it, and why).

Every VA facility has an Information Security Officer (ISO) and at least one Alternate Information Security Officer (AISO) who can help answer questions you may have about your security responsibilities. The STHVCS ISO and AISOs are:

- Gerald Stewart, ISO 210 616-8165
- Donald Clark, AISO 210 616-8166

For questions or assistance regarding information security at the University of Texas Health Care System (UTHSCSA), contact the Chief Information Security Officer at 210 567-5900.

## **ETHICAL BEHAVIOR**

Computer security ethics are the basis for the decisions and choices you make about how you conduct yourself while using VA information assets. You face ethical issues every day and often they are not easy issues, and how you respond says a lot about your character. Ethical decision-making is an obligation, not an option.

VA Computer Ethics are a code of conduct that spells out the standards and values that VA computer users are expected to live up to and instill in their co-workers. Much of the following is covered in your MTT.

Ethical behavior includes the following code of conduct:

- Users are responsible for their use of computer hardware, accounts, and user-IDs. These should be used only for authorized purposes.
- Log off your PC or workstation before you leave the work area.
- Protect sensitive information. Maintain control of sensitive data and dispose of it properly when you no longer need it.
- Be a good role model and encourage your co-workers to behave ethically.
- Do not share your password ever, not even with the OIT Help Desk, other OIT staff or security personnel.
- Do not view or use another person's computer files, programs, or data without permission, or for personal gain, curiosity, etc. Only access information required to do your job.
- Do not attempt to modify computer systems or software in an unauthorized manner.
- Do not send random, commercial, political, obscene, harassing, or threatening electronic messages through e-mail, bulletin boards, networks, or newsgroups. E-mail is subject to monitoring, and its misuse is punishable.
- If you are unsure of what decision to make, ask yourself the following questions:
  - Would you want your boss or co-workers to know about your actions?
  - Would you want the action you are considering to be printed in the local paper?
  - How would you feel if someone else did the action that you are thinking of to you (if your positions were reversed)?

## **APPENDIX A. VA'S LIBRARY AND DATABASE ASSETS**

The VA's Library network (VALNET) has accumulated many electronic assets over the years. They are available either on the drop-down menu in CPRS (under "Tools", find Up-to-Date), or more completely, behind the Clinical Resources button on the VA home page, or under the "Residents" button on the home page. There, you can find:

Up-to-Date again. (For those of you requiring CME, which would only be those who have clinical privileges or also moonlight here, Up-to-Date does grant CME). Can be downloaded onto your smart phone.

Ovid, a search engine; also PubMed, the standard National Library of Med search engine.

e-journals—a great site for full-text access to many journals.

e-books—a great site for full-text access to many books/textbooks. Atlases alone are priceless.

Harrison's Textbook of Medicine, on-line.

New England Journal of Medicine (not found in the e-journals).

Merck Manual.

Micromedex (close to, and complementary to, Up-to-Date for pharmaceutical references).

Stat!ref—a massive general database, many cross-references, with excellent linked references.

DynaMed Plus—also a massive database but designed around symptom presentations (so differential diagnoses are constructed and presented).

## **APPENDIX B. Getting/replacing your PIV Badge. And why do I need it?**

### **1) How do I get a PIV badge?**

- a) You first need to be fingerprinted. (For the first PIV badge, military residents do not need fingerprints, but for the replacement, yes). Fingerprints are done as a walk-in in Human Resources (first floor, close to the entrance you come through from the crosswalk). They won't take the photo then, or do any other PIV processing, at that time.
- b) To make the appointment for PIV processing, you must visit <https://va-piv.com> and select "registrar" as appointment type. However, please check with the Education Office to make sure you're entered to get the PIV badge, prior to making that appointment. They will take the photo at that time and all the information for the badge and start the processing. You must be fingerprinted before that "registrar" appointment. Currently, people can get appointments within the same week (because fingerprints are now walk-ins only).
- c) Your badge gets processed down there; this typically takes 3-5 days, but can take longer. Mrs. Risemas (Education office) will get an email from that office saying the badge is ready to be picked up. She sends an email to you with further instruction on what to do next (e.g., options to pick it up [appt vs. walk-in] and the hours and locations to do so). Please don't continually call or email to check the status because as soon as she gets the notification from the PIV office she really does send that out. If you've not heard from her that the badge is ready to be picked up, it just hasn't been printed yet.

### **2) I've lost my PIV badge. What do I do!!**

- a) Believe it or not you have to report it to the VA police, in person, in building 4 outside the main entrance.
- b) Start with 1.b. above then. Because it's a replacement, your fingerprints are still good.
- c) In the MEANTIME, you can function right away in VA by getting a "temporary password". This will only last 2 weeks unless you specifically ask for the "long term exemption" (which can go to 6 months). Get that by calling 1-855-673-4357, select option #5 and then option #2. (Sometimes you get through quick; sometimes it takes 30 minutes to get through). If you have not gotten your new PIV card within that 2 weeks, you must call that number again and get ANOTHER password for the next 2 weeks. And so on, and so on, so you might want to ask for the long term exemption the first time.

### **3) I'm working from home with a Mac which doesn't handle the PIV card easily. How can I work like this!?**

You can get the long term exemption allowing you to sign in with login and PW, rather than your PIV. Call the National Help Desk (855 673 4357). (That support tech will look in the computer to make sure that you had been issued a PIV

card). This may only last until the current adjustments towards telework/telemedicine caused by the COVID19 pandemic expire.

**4) If I can just use the login and password, what do I need a PIV card for!**

- a) At baseline: it is now the law, given to VA to follow. The login/PW is an "exemption" status designed to accommodate...you, the prescribers, and our patients who really need you.
- b) Getting a new login/PW every 2 weeks (if you don't get the long term exemption) is inconvenient over the long run.
- c) Prescribing controlled substances. For inpatients, you can prescribe within CPRS without the PIV. But for outpatients, the PIV makes it much easier.

**5) You mean I can't prescribe controlled substances for outpatients without the PIV card?**

No, yes you can (although using the PIV card is better because of the automatic checks it triggers). You may use a hand-written prescription blank on an approved VA prescription pad (note that the VA does not require this be done on a triplicate or approved state prescription blank). You'll have to find one in your clinic (the clinic docs usually have a pad secured away) or you can pick up your own pad by going to the **inpatient** pharmacy window on the first floor, identifying yourself, and they will issue the pad to you. **That pad is thereafter your personal responsibility; keep it secure!**

## **APPENDIX C. LOGGING ON TO VISTA AS A NEW USER**

(You must do this within 24 hours of first being handed your computer access codes by the Education Office).

Double click on VISTA your desktop

Enter your Access Code, then Verify Code

- You are prompted to enter a personalized Electronic Signature Code; follow the directions, type your code, and [Enter]. (Don't forget this! And, it's not your PIV PIN!)
- You are prompted to enter your Electronic Signature Code a second time for verification type your code and [Enter].
- You are prompted to electronically sign the Computer Security Agreement. Sign it.

VISTA will prompt you to enter a verify code of your choosing. Instructions are on the screen.

## **APPENDIX D. CHANGING YOUR ELECTRONIC SIGNATURE CODE**

- Sign on to VISTA using your Access and Verify Codes
- At any prompt, type TBOX [Enter]; Type EL [Enter]
- Press [ENTER] six times until you get to Electronic Signature
- If you already have an electronic signature and you want to change it, type in your current signature code and [ENTER]
- You will be prompted to enter a new signature code. It must be at least 6-20 characters, but with NO special characters; it can be alphabetical, alphanumerical, or numerical
- Type your new electronic signature code [ENTER]
- Type your new electronic signature code again to verify [ENTER]

MEMORIZE YOUR SIGNATURE CODE. DO NOT LET ANYONE ELSE KNOW IT. A DOCUMENT SIGNED WITH AN ELECTRONIC SIGNATURE CODE CONSTITUTES A LEGALLY SIGNED DOCUMENT.

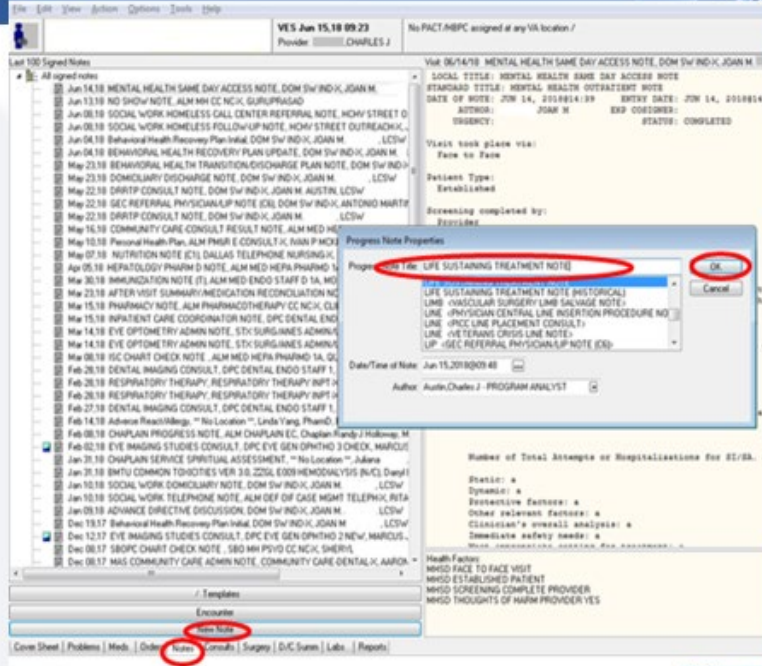
If you forgot your signature code, call the OIT Help Desk at ext. 15519; they will clear the old code from the system and create a new one for you.

**IF YOU EXPERIENCE PROBLEMS WITH NETWORK OR VISTA PASSWORDS, CONTACT THE OIT HELP DESK AT EXT. 15519 DAYTIME) MONDAY THROUGH FRIDAY, 8:00 a.m. – 4:00 p.m., OR 855 673 4357 ANYTIME**

# APPENDIX E—WRITING THE DNR ORDER (START WITH “LIFE SUSTAINING TREATMENT NOTE”)

## Orders – DNR Orders

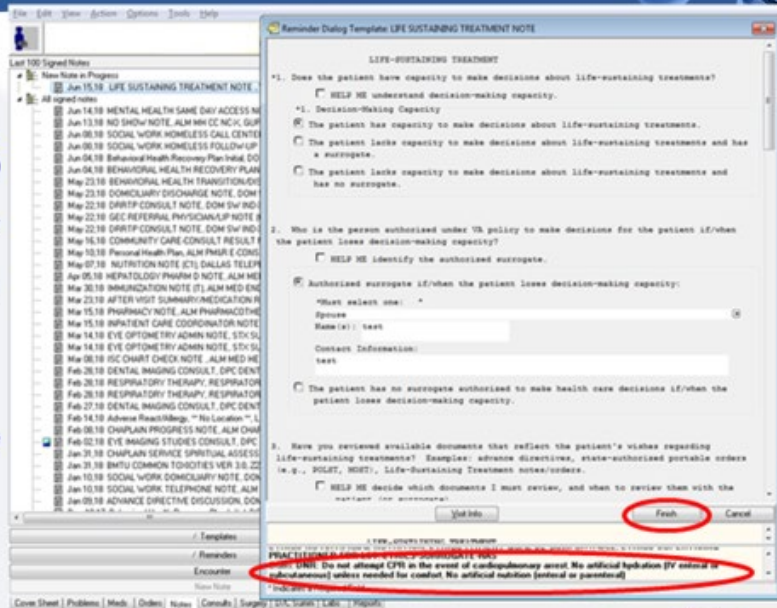
To enter in-hospital Life Sustaining Treatment orders (such as DNR, no artificial nutrition/hydration, etc.) for a patient, you will first create a new note named **LIFE SUSTAINING TREATMENT NOTE**. Before doing this, make sure that any existing DNR orders have been discontinued or canceled. On the CPRS **Notes** tab, click on the **New Note** bar in the lower left of the screen. Then type in the note title in the **Progress Note Title** window. Click **OK**.



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## Orders – DNR Orders

A note template pops up, and you will click on the DNR options and other associated orders (such as limiting nutrition, CPR, etc.) that the patient or surrogate requests for their care. Note that any orders that have been selected in the note appear in the bottom window. In some cases, if no options with orders have been chosen, no orders will appear at the bottom. When you have completed all needed options in the note, click the **Finish** button.



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"DNR" (Life Sustaining Treatment note) orders, continued....

## Orders – DNR Orders

Then, to sign the 3 orders, you highlight them, right click, click on the **Sign...** option, enter your Vista electronic signature code in the **Electronic Signature Code** window, and click the **Sign** button.

The screenshot displays a table of active orders with the following data:

Service	Order	Start / Stop	Provider
Life Support	>> No artificial nutrition (enteral or parenteral) "UNSIGNED"	Start: NO/W	Charles J
	>> No artificial hydration (enteral, IV or subcutaneous) except if needed for comfort "UNSIGNED"	Start: NO/W	Charles J
	>> DNR: Do not attempt CPR in the event of cardiopulmonary arrest "UNSIGNED"	Start: NO/W	Charles J
	>> No artificial nutrition (enteral or parenteral)	Start: 03/30/18 14:17	Katherine A
	>> No artificial hydration (enteral, IV or subcutaneous) except if needed for comfort		Katherine A

A context menu is open over the first three rows, with the **Sign...** option highlighted in red. Below the table is a window titled "Electronic Signature Code" with a text input field and a **Sign** button, both highlighted in red.

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## APPENDIX F. CO-ALERTING YOUR STAFF ATTENDING TO LABS/X-RAYS.

This is useful if you're going to rotate out of VA and you want to make sure someone sees the results. And, dangerous if you don't!—Who's going to get alerted to that K+ of 2.2, or the pulmonary nodule? You can flag for your results in this manner either before or after you have signed the order. You can "blue out" multiple orders and flag them all at once.

