



**UNIVERSITY OF NEBRASKA
AFFILIATED HOSPITALS**

**HOUSE
STAFF
MANUAL**

2011 – 2012

University of Nebraska Affiliated Hospitals
HOUSE STAFF MANUAL
2011-2012
Prepared by
The Office of Graduate Medical Education

PREFACE

Welcome to the training programs at the University of Nebraska College of Medicine. This is the most important phase of your professional training, and I hope your time with us is rewarding and productive. The purpose of this manual is to present as much of the information you will need about policies and procedures at the medical center as we could compress into a small booklet. If you have suggestions for topics that should be included in this manual, please let us know.

Good luck in the coming year.

Robert S. Wigton, M.D.
Associate Dean for Graduate Medical Education

INDEX

General Information for House Staff

ADA (American's With Disabilities Act).....	89
Body Fluid Exposure.....	36
Bookstore.....	66
Campus Map.....	105
Center for Continuing Education.....	69
Center for Healthy Living.....	85
Chemical Dependency.....	70
Child Development Center.....	86
Committee Appointments.....	75
Counseling Services.....	70
Credit Union.....	76
Disability Information.....	89
Disaster Policy.....	76
Duty Hours and the Working Environment.....	77
Equal Employment Opportunity.....	77
Ethics Consultation Service.....	60
Food Service.....	77
Frequently Called Numbers.....	103
Graduate Medical Education Office.....	78
Graduate Medical Education Policies.....	10
Grievance Procedure.....	83
HIPAA.....	84
House Officer Agreement.....	4
House Officers Association.....	89
House Officers Association Alliance.....	90
Institutional Vendor Policy.....	87
Insurance Benefits.....	86
Library.....	90
Licensure.....	94
Loan Deferments.....	94
Locum Tenens & Moonlighting.....	94
Malpractice Coverage.....	95
Non-discrimination, including Sexual Harassment, Policy.....	98
Notary Public.....	95
On-Call Rooms & Meals.....	95
Parking Services.....	96
Paychecks.....	96
Photo I.D.s.....	96
Program Reduction or Closure.....	23
Risk Management.....	96
Safety.....	66
Security.....	98
Vacation & Meeting Policies.....	102

The Nebraska Medical Center & Medical Staff Policies and Services

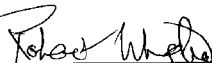
ACCESS & Outpatient Information.....	25
Deaths Within University Hospital.....	30
Infection Control.....	31
Information Technology Services.....	63
Health Information Management.....	44
Medical Records Transcription Service.....	51
Nebraska House/The Lied Transplant Center.....	28
Nursing.....	28
Nutrition (Medical Nutrition Therapy).....	57
Pathology & Microbiology.....	59
Pharmaceutical & Nutrition Care/Drug Information Center.....	54
Psychology.....	61
Social Work.....	62
Statement of Institutional Commitment.....	3
Utilization Management.....	64

**UNIVERSITY OF NEBRASKA
COLLEGE OF MEDICINE
INSTITUTIONAL COMMITMENT FOR
GRADUATE MEDICAL EDUCATION
AUGUST, 2007**

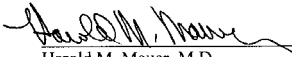
The University of Nebraska College of Medicine sponsors graduate medical education programs to provide specialty education opportunities for physicians and to prepare highly qualified physicians to practice the various disciplines of medicine for the health care benefit of the people of the State of Nebraska. The college is committed to providing the necessary educational, financial, and human resources to support these programs. These graduate medical education programs are established under the authority of the Board of Regents of the University of Nebraska.

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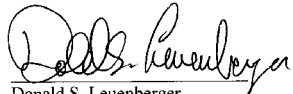
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UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE HOUSE OFFICER AGREEMENT 2011 - 2012

THIS AGREEMENT between the Board of Regents of the University of Nebraska, governing body for the University of Nebraska Medical Center College of Medicine (UNMC) and the house officer has been executed and entered into this first day of July, 2011 and shall be effective from July 1, 2011, through and including June 30, 2012. Except as otherwise set forth in this agreement, the benefits, terms, and conditions of employment of the house officer shall be those set forth in the rules and policies covering "other academic staff" as defined in paragraph 3.1.1.2 of the Bylaws of the Board of Regents of the University of Nebraska. House officers should observe the standards of behavior customary in the hospital to which they are assigned. UNMC and the undersigned house officer hereby agree as follows:

- 1. Acceptance.** The house officer wishes to obtain further training in the art and science of medicine. The house officer will enroll in the UNMC College of Medicine as a _____.
- 2. Responsibilities:** The house officer agrees to obtain and maintain the appropriate Nebraska license or permit to practice medicine while participating in this graduate medical education program. The house officer agrees to participate fully in patient care, and educational programs including the teaching and supervision of the house officers and students. The house officer agrees to adhere to the established practices, procedures, and policies of the institution and to develop a personal program of self-education and professional growth under the guidance of the teaching staff. The UNMC College of Medicine, through its administration and teaching faculty, agrees to use its best efforts to meet or exceed the guidelines relating to house officer education as set forth in the Essentials of Accredited Residencies established by the Accreditation Council for Graduate Medical Education and to provide supervision of house officers' educational experiences. The terms and conditions set forth in this agreement are subject to reasonable rules as established by the accrediting bodies for each training program.
- 3. Salary:** Salary for the academic year beginning July 1, 2011, and ending June 30, 2012, shall be _____.
- 4. Determination of Salary Level:** House officer salary at the time of appointment is based on the number of prior years of ACGME recognized residency training. Credit towards an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who enter an advanced fellowship position following residency training outside the U.S., will start at the level defined by the minimum prerequisite training for that fellowship, regardless of their years of prior training abroad. For the purpose of determining salary level, a chief resident year done after the required training is completed will be counted as a year of training provided the house officer is entering a subspecialty in the same discipline.

- 5. Insurance Benefits:** As employees of UNMC, house officers may participate in benefits offered to employees such as health, vision, long-term care, and dental insurance, automatic eligibility disability insurance, term life insurance, supplemental accidental death and dismemberment insurance and reimbursement accounts for health care and dependent care.
- 6. Vacations:** The house officer shall have four weeks (twenty working days) of paid vacation per year provided that such vacation days shall not include more than eight weekends. Vacation for house officers employed less than one year will be pro-rated. The maximum vacation that may be accrued is six weeks (30 working days). House officers shall be reimbursed for unused vacation time upon termination of employment. House officers may have up to five days of leave with pay for approved professional or educational meetings.
- 7. Scheduling Professional Leave or Vacations:** Professional meetings and vacation days must be scheduled to assure coverage in accord with minimum staffing standards of the service to which the house officer is assigned. Vacation and meeting days shall be scheduled by delivering a notice in writing at least 30 days in advance of the beginning of the scheduled rotation to both the house officer's own program and the service to which the individual is assigned and from which leave is to be taken. Conflicts in scheduling of meetings or vacation days shall be resolved by the Office of Graduate Medical Education. Meeting or vacation days not scheduled in the manner described above may nevertheless be taken if approved in advance by the house officer's program and by the director of the service to which the individual is then assigned.
- 8. Sick Leave:** As employees of UNMC, house officers are eligible for family leave, funeral leave, military leave, sick leave, and civil leave as set forth in the Medical Center Policies. House officers shall accumulate one day sick leave per month for the first two years of employment; thereafter the provisions applicable to full time permanent academic-administrative staff, as set forth in Section 3.4.3.3. of the Bylaws of the Board of Regents of the University of Nebraska, shall apply.
- 9. Effect of Leave on Completion of Educational Program:** In some circumstances, the amount of allowable leave may exceed the amount allowed by the program requirements or by the specialty board requirements to receive credit for a full year of training. Thus, additional training may be required to meet certification or program requirements, as outlined in your program's policies, if applicable. Details regarding specialty board availability can be found at the board's web site and also through a link on the Nebraska GMEC Office website.
- 10. Sexual Harassment:** UNMC works to maintain an environment free of sexual harassment. A detailed policy concerning sexual harassment is contained in the UNMC policies & procedures manual and is reprinted in the Housestaff Manual.
- 11. Impaired Physicians and Substance Abuse:** The policy on impaired physicians is provided in the Housestaff Manual.
- 12. Accommodation for Disabilities:** The policy on accommodation for disabilities is provided in the Housestaff Manual.

- 13. Counseling Services:** Counseling and psychological support assistance are available free of charge through the UNMC Student Counseling Center. The policy regarding counseling services is contained in UNMC policies and procedures manual and is reprinted in the Housestaff Manual.
- 14. Professional Activities Outside of the Training Program:** House officers may engage in medical practice outside of their residency program provided such practice does not interfere in any way with the responsibilities, duties, and assignments of the training program and the house officer is in compliance with the following requirements. To moonlight, the house officer must:
- Be in the PGY-2 year or above
 - Not be on a J-1 visa
 - Be in good academic standing within their training program
 - Have a full medical license in the state in which they are planning to work
- Outside practice must be approved in advance by the house officer's program director. The house officer must apply in writing to the program director before the starting date of the moonlighting. The director will approve or disapprove the proposed moonlighting in writing and the signed statement of permission will be kept in the house officer's permanent department file and a copy will be kept in the Graduate Medical Education Office. Such approval, once given, shall be withdrawn if it is determined that the moonlighting interferes with the responsibilities, duties, or assignments of house officer's training program. If approval is withdrawn, the house officer shall be notified in writing as soon as possible, but before the effective date of the practice activity. House officers cannot be required to participate in outside practice. Outside practice includes all moonlighting done in affiliated (*inside moonlighting) or non-affiliated hospitals or outpatient practice. All outside practice is subject to College of Medicine duty hour policies. The house officer must keep a log of the hours during the outside practice and either enter the times into the departmental duty hour record or present the log to the present director.
- 15. Professional Liability Insurance:** UNMC provides professional liability insurance, including tail coverage. This policy covers the house officer while providing patient care either as a part of the training program or as outside medical practice that has been approved according to paragraph 14 above. Details of the malpractice coverage are on the card provided to all new house officers at orientation and also available at the Graduate Medical Education Office
- 16. Call Rooms and On Call Meals:** UNMC will ensure that call rooms are provided for house officers assigned to in-house call duty. The facilities so provided shall be approved by the Associate Dean for Graduate Medical Education and shall, at a minimum, include bed, bath and toilet facilities, a writing desk, and a phone. Meal allowances for up to \$8.00 for the evening meal and \$5.00 for breakfast will be provided for those house officers required to be in-house overnight at The Nebraska Medical Center.
- 17. Required Off-Campus Training:** When off-campus training within the State of Nebraska is required as part of the training program of any house officer, and conditions require the house officer to reside at a place other than their regular

residence, then UNMC shall provide a suitable residence. The residence shall be approved by the Office of Graduate Medical Education and shall provide, at a minimum, a bed, bath and toilet facilities, a writing desk, and a phone. In the event off-campus training is required within the State of Nebraska as part of a house officer's training program at locations more than 25 miles from the UNMC campus, or for those based at Lincoln, 25 miles from the Family Practice Center, and conditions require the house officer to use a personal vehicle in order to reach such location, then the house officer shall be reimbursed for mileage to the extent provided under current UNMC policy. In the event the training program is one where lodging is provided, reimbursement shall be granted for one trip to and from the location and an additional trip for each month of such off-campus training. If the off-campus training program does not provide lodging, the house officer will be reimbursed for daily travel to and from such location. The house officer shall be reimbursed in the manner and at the rate provided for in UNMC policy and procedures applicable thereto. This does not preclude reimbursement for other off-campus travel at the discretion of the department or program involved.

- 18. Work Environment and Duty Hours:** The policy on work environment and duty hours is in the Housestaff Manual. Accurate reporting of duty hours is important to program planning as well as patient care and safety. Misreporting of duty hours is considered a breach of professional behavior and will affect academic performance evaluation.
- 19. Lab Coats and Laundering:** The house officer shall be supplied with four long white coats at the beginning of training which shall be laundered at no charge to the house officer.
- 20. Committees and Councils:** The house officer agrees to participate in UNMC and The Nebraska Medical Center committees and councils to which they are appointed or invited.
- 21. Grievance Procedures:** House officers who have a grievance regarding terms of this agreement should first attempt to resolve the grievance through his program director. If a satisfactory solution is not found they may ask the Associate Dean for Graduate Medical Education in conjunction with the Graduate Medical Education Committee to resolve the problem. If this does not produce a satisfactory solution, a house officer grievance committee may be convened. Membership on the grievance committee shall be appointed by the Dean, College of Medicine, and shall include three house officers and three faculty members. The grievance committee shall have the following powers and duties:
 - A. To establish its own rules of procedure in accordance with the Bylaws of the Board of Regents.
 - B. To consider a complaint filed by any house officer alleging any grievance.
 - C. To seek to settle the grievance by informal methods of adjustment and settlement, either itself or by using the services of any officer or body directed to settle grievances and disputes by mediation, conciliation, or other informal methods.

- D. To proceed, if informal methods fail to resolve the matter satisfactorily, in accordance with the following principles:
1. If the grievance alleges that inadequate consideration was given to relevant matters by the person or body which took the action or made the decision which led to the grievance, the Grievance Committee shall investigate the facts, and, if convinced that inadequate consideration of the relevant matters occurred, state the facts found and the respects in which the consideration was inadequate. The committee may order that the matter be recon-sidered by the appropriate person, group, or groups, or recommend that other rectifying actions be taken.
 2. The Grievance Committee shall not substitute its judgment on the merits for that of the person, group or groups which previously considered the decision.
 3. The committee shall not have the authority to modify any of the provisions of this agreement.
 4. The recommendations of the committee shall be reported in writing to the Dean, College of Medicine.

22. Unsatisfactory Performance: Unsatisfactory academic or professional performance or a breach of the terms of this agreement or of the Bylaws of the Board of Regents shall be sufficient grounds for termination of this agreement by UNMC. If it is determined by the appropriate dean, director, or department chairman that sufficient grounds exist for termination of this agreement, then written notice shall be given to the house officer specifying the facts constituting grounds for termination and the effective date of termination. The house officer so notified shall have the right to file an appeal under the house officer appeal procedure described in the Housestaff Manual. It is expressly agreed that termination of this agreement in accordance with the terms of this paragraph shall have the effect of academic dismissal of the house officer.

23. Appeal Procedure: House officers may also appeal an unsatisfactory written evaluation of academic perform-ance that does not lead to termination of this contract by following the procedure described in the house officer appeal procedure. The parties expressly agree that the house officer appeal procedure referred to in paragraph 22 shall apply to termination or nonrenewal prior to completion of the training program, notwithstanding contrary provisions in other policies and procedures of the University relating to termination of employment or academic dismissal.

24. Appointment and Advancement: This agreement shall be for the period commencing July 1, 2011 through and including June 30, 2012. Reappointment to succeeding years of training will depend on the house officer's satisfac-tory academic and professional performance, the availability of funding, and continuation of the training program. If the appropriate department decides that the house officer's agreement shall not be renewed prior to the house officer's completion of the training program, written notice of nonrenewal specifying the reason for nonrenewal shall be given to the house officer. The house officer shall have the right to file an appeal under the house officer appeal procedure.

The house officer must pass USMLE Step 2 or COMLEX Exams to advance to the HO II level and must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. House officers who do not meet these requirements will be placed on unpaid leave for a maximum of 6 months in order to prepare for and pass the exam. Failure to pass the required examination by the end of this leave period will result in dismissal from the program. The house officer's program director may apply to the GMCEC for a one-time extension of the requirement for a period of 6 months or less. The letter must present compelling reasons for the extension and must be co-signed by the house officer. At the end of the extension, if the requirements are not met, the house officer will go on unpaid leave and must pass the test within 6 months as above. Until the requirements are met, the house officer will not advance in pay level.

- 25. Certificate:** A certificate of service will be provided for house officers who leave after twelve months or more of service. The certificate will list only those degrees conferred by previous educational institutions.
- 26. Program Reduction or Closure:** The policy regarding program reduction or closure is contained in the Housestaff Manual.
- 27. Restrictive Covenants:** The University of Nebraska Medical Center has no restrictive covenants relative to practice or employment of house officers after completion of postgraduate training.
- 28. Non-discrimination:** UNMC shall not discriminate against any house officer for employment or registration of its course of study because of race, age, color, religion, sex, national origin, handicap, special disabled veteran status, or Viet-Nam era veteran status. UNMC agrees to comply with the Educational Rights and Privacy Act of 1974 governing access to student records.

All employer rights, powers, discretions, authorities and prerogatives are retained by and shall remain exclusively vested in the Board of Regents of the University of Nebraska and the University of Nebraska Medical Center except as clearly and specifically limited by this agreement.

Executed this _____ day of _____, 2011.

House Officer

Board of Regents of the University of Nebraska

By: Department Chair

Robert S. Wigton, M.D.,
Associate Dean
Graduate Medical Education

Graduate Medical Education Policies
University of Nebraska Residency Program
University of Nebraska Medical Center College of Medicine
Approved May, 1982, General Faculty,
amended January, 1991, amended May, 1993,
amended December, 1997, amended March, 2000,
amended January, 2002, amended December, 2004
amended September, 2007

I. INSTITUTIONAL ORGANIZATION AND COMMITMENT

A. Sponsoring Institution

1. The University of Nebraska College of Medicine sponsors graduate medical education programs to provide specialty education opportunities for physicians and to prepare highly qualified physicians to practice the various disciplines of medicine for the health care benefit of the people of the State of Nebraska. The College is committed to providing the necessary educational, financial, and human resources to support these programs. These graduate medical education programs are established under the authority of the Board of Regents of the University of Nebraska.

B. Educational Administration

1. The Graduate Medical Education Committee of the College of Medicine oversees all residency programs sponsored by the institution. It is responsible for advising on and monitoring all aspects of residency education.
2. Membership: Members are appointed by the Dean, College of Medicine, and approved by vote of the General Faculty of the College. Members include representatives from affiliated institutions, faculty members and residents. Program directors from all residencies are appointed ex officio with vote.
3. The Committee shall meet monthly. Minutes will be kept by the Office of Graduate Medical Education.
4. Duties and responsibilities of the Graduate Medical Education Committee:
 - a. Establishment of institutional policies for Graduate Medical Education
 - b. Liaison with directors and administrators of affiliated programs
 - c. Review of all ACGME letters of accreditation and review of program action plans in response to comments
 - d. Regular review of all residency programs:

5. Resident evaluations. A system shall be in effect which documents, at least semi-annually, evaluation of the knowledge, skills, and professional growth of each resident including a final evaluation upon completion of the resident's graduate medical education.
6. The Office of Graduate Medical Education together with the Graduate Medical Education Committee will periodically assess, following review of the program, all actions which have been taken to address the identified problems.

7. Internal Review Committees:

- A. Membership:
 - a. None of the committee members can be from the department being reviewed.
 - b. The committee is appointed by the associate dean for graduate medical education.
 - c. Committee is chaired by a member of the GMEC and additionally includes at least one faculty member of the GMEC and at least one house officer and the coordinator for graduate medical education. Other faculty or administrators from outside the program may be included.

All reviews will be in process and documented in the GMEC minutes by the midpoint of the accreditation cycle.
- B. The internal review consists of the following steps.
 - a. The DIO appoints the committee
 - b. The DIO notifies the program director and the chair of the department of the dates of the upcoming review.
 - c. The GME office surveys all residents in the program regarding the program's previous citations, the ACGME special requirements, and the items in the ACGME survey.
 - d. The committee interviews all residents in the program in a group meeting. (The residents are been given the results of the ACGME survey and the specialty requirements prior to the meeting.)
 - e. The committee interviews all teaching faculty of the program in a group meeting. (The teaching faculty are also given the specialty requirements and the results of the ACGME surveys of residents.)
 - f. The committee interviews the program director.
 - g. The written report is sent to committee members for suggestions and approval.
 - h. The written report is sent to the GMEC along with recommendations for follow up and progress reports.
 - i. The written report is sent to the program director, the chair of the department involved and the education officer or rotation chief at the affiliated hospitals in which the program has rotations.

- C. The Internal Review Committee assesses the following aspects of the program being reviewed.
 - a. Compliance with the common, specialty, subspecialty program and institutional requirements
 - b. Educational objectives and effectiveness in meeting those objectives
 - c. Educational and financial resources
 - d. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews
 - e. Effectiveness of educational outcomes in the ACGME general competencies
 - f. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies and
 - g. Annual program improvement efforts in
 - i. Resident performance using aggregated resident data;
 - ii. Faculty development
 - iii. Graduate performance including performance of program graduates on the certification examination
 - iv. Program quality (annual evaluation of the program and use of resident assessments and other evaluation results to improve the quality of the program)

- D. Materials and data reviewed include but are not limited to the following.
 - a. The previous internal review reports and GME committee actions.
 - b. The results of the questionnaire sent to the residents by the review committee and the most recent ACGME resident survey
 - c. The Institutional and Program Requirements that pertain to the program.
 - d. Letters of notification and from RC reviews and any progress reports submitted to the ACGME
 - e. Interviews with the program director, faculty and residents in the program as well as any other individuals outside the program as deemed appropriate by the committee.
 - f. Program written policies for selection, evaluation, promotion, discipline and dismissal of residents.
 - g. Annual program evaluations

- E. If a program has no residents or fellows at the midpoint of the review cycle a modified internal review will be done as described in ACGME Institutional Requirements IV.A,3:
 - a. The review committee will be appointed as above
 - b. The committee will review whether the program has maintained adequate faculty and staff resources, clinical volume and the necessary curricular elements required.

- c. When a resident or fellow is enrolled, a new internal review will be completed during the second six months of their first year in the program.
- F. Other review components.
- a. Policies and procedures for the selection, evaluation, promotion, discipline, adjudication of complaints and grievances, and dismissal of residents.
 - b. Assessment of resident contracts including working conditions and duty hours.
 - c. Provision of the following opportunities and/or activities for residents.
 - i. Participation in institutional committees which relate to patient care activities.
 - ii. Participation in evaluation of the quality of education provided by the program.
 - iii. Participation in quality assurance activities of the clinical service including review of all deaths and autopsies.
 - iv. Provision of appropriate clinical supervision as specified by the RRC.
 - d. Provision of ancillary support including sleeping quarters, food services, patient support services, medical/clinical information retrieval system and security measures.

II. INSTITUTIONAL POLICIES AND PROCEDURES

A. Quality Assurance

- 1. House officers shall participate in the quality assurance activities of the clinical services to which they are assigned.

B. Resident Financial Support and Benefits

- 1. The Dean of the College of Medicine in concert with the Chancellor of the Medical Center is operationally responsible for the allocation of the institutional resources in any given year based on the requirements and capabilities of the individual programs.
- 2. Residency positions are apportioned with consideration of many factors: the quality of educational experiences that can be provided, the availability of qualified instructors, case mix and number of patients available, specialty health manpower requirements of the state, and availability of support funds.
- 3. House officer salary, at the time of appointment, is based on the number of prior years of ACGME recognized accredited residency training. Credit toward an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who

enter an advanced fellowship position following residency training outside of the United States will start at the level defined by the minimum prerequisite training for that fellowship, regardless of their years of prior training abroad. For the purpose of determining salary level, a chief resident year done after the required training is completed will be counted as a year of training provided the house officer is entering a subspecialty in the same discipline.

4. Residents' responsibilities, duration of appointment, financial support, conditions under which living quarters, meals, and laundry services are provided, conditions of reappointment, grievance procedures and due process, professional liability insurance, health and disability insurance, leaves of absence, duty hours, moonlighting, residency closure/reduction, and restrictive covenants are specified in the current House Officer Agreement.
5. Malpractice coverage during leave of absence is not ordinarily provided. To apply for coverage, a written request from the program director giving the number days of the leave, specific activities, dates, and location as well as reason it should be considered a part of the individual's training program should be submitted to the Graduate Medical Education Office at least two months in advance of the leave.
6. Each program must assure that the house officer's name on prescriptions is clearly legible so that they can be contacted by pharmacists when questions arise. The committee recommends that each program supply house officers with prescription forms bearing their name and medical license number.

C. Resident Supervision and Working Environment

1. Introduction:

Graduate medical education in the United States has evolved into a highly formalized system requiring that programs meet the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and that house officers are prepared to meet the certification requirements of those specialty Boards approved by the American Board of Medical Specialties. The hospitals in which these programs are housed are members of the Council of Teaching Hospitals of the Association of American Medical Colleges. These teaching hospitals, in general, provide high quality care, admit patients with more severe conditions and provide more care to medically indigent persons than non-teaching hospitals. Over time, the system of residency education in this country has surpassed that of all others and is recognized as the international leader.

Graduated Responsibility:

The philosophy of education that has pervaded this system as it evolved has included graduated responsibility for all house officers culminating in the final year in which a high level of individual responsibility is achieved prior to graduation. Supervision and education are provided by faculty

¹The term “house officer” as it appears in this document refers to any intern, resident or clinical fellow in training at the University of Nebraska Medical Center. who may be full-time academicians in schools of medicine, highly qualified practitioners who voluntarily contribute their time and knowledge to the program, or combinations of the two. Supervision and education are also provided by the house officers on to another as they progress through their program with a major responsibility shouldered by the senior house officers or chief residents in their final year.

While the need for graded responsibility in the provision of patient care is an important tenet of the educational system, it is critical that the education of house officers be accomplished in a high quality, expeditious and cost-effective manner.

University of Nebraska Medical Center house officers are physicians with an M.D. or D.O. degree and who have, at a minimum, a Nebraska Temporary Education permit which permits practice in the training program and many have unrestricted Nebraska licenses. They enter with basic medical knowledge and continue to add special skills and knowledge that will allow them to become fully certified in a medical or surgical specialty. The house officers utilize their superiors as consultants as their ability to assume more responsibility is developed and the need for direct supervision declines. They become competent to make judgments of increasing complexity and to perform procedures of increasing difficulty throughout their house officer training. The outcome of this philosophy of education produces a physician who has had responsibility for self-learning, for teaching, for graded responsibility in patient care and for obtaining consultation when appropriate.

Relationship Between House Officers and Faculty:

The supervisory relationships that exist between faculty and house officers can be at several levels. Inexperienced house officers require a greater level of supervision and the physical presence of a faculty member in the role of either the “attending physician” or the “consulting physician” to ensure that patients are receiving optimal care.

In order to qualify as an “attending physician,” the teaching physician must at a minimum:

1. review the patient’s history, the record of examinations and tests in the institution and make frequent reviews of the patient’s progress; and
2. personally examine the patient or see the patient; and
3. confirm or revise the diagnosis and determine the course of treatment to be followed; and
4. either perform the physician’s services required by the patient or supervise the treatment so as to assure that appropriate services are provided by house officers and that the care meets a proper quality level; and

5. be present and ready to perform any service that would be performed by an attending physician in a non-teaching setting when a surgical or medical procedure is performed; and
6. be recognized and/or accepted by the patient as his/her personal or responsible physician, or a member of the personal physician's group and be personally responsible for the continuity of the patient's care, at least throughout the period of illness or hospitalization.

Some specialists provide their services to patients from a site which is remote from where direct patient care is rendered. These "consulting physicians" provide expertise that is critical to the successful provision of patient care by the "attending physician."

In order to qualify as a "consulting physician," the teaching physician must, at a minimum:

1. either perform the consulting physician's services required by the patient or supervise the procedure so as to assure that appropriate services are provided by house officers and that the care meets a proper quality level; and
 2. be present and ready to perform any service that would be performed by a consulting physician in a non-teaching setting when a surgical or medical procedure is performed.
- B. As house officers progress satisfactorily in their training, they must be granted graded responsibility commensurate with their abilities. In this setting, house officers may provide patient care under the supervision of, but without direct participation by, the attending physician. Under these conditions, the attending physician, although fully responsible for the care of the patient, is considered to be fulfilling an administrative/educational role.
- C. Participation, for the purpose of this document, is defined as the attending physician being physically present on site during the delivery of health care. Participation includes supervision. On the other hand, a faculty member does not have to be physically present to supervise a house officer and, therefore, supervision does not imply participation. The faculty cannot bill a patient for services rendered unless there is participation in patient medical care.

The UNMC COM and the program in which house officer education is provided each have a responsibility to see that policies and procedures exist that describe the specific levels of supervision required for house officers. They are responsible to ensure that house officers, faculty and administration are informed of these requirements, that the requirements are met and that the requirements are re-evaluated on a regular basis. It is not possible to define specific levels of supervision or responsibility that could be applied to all programs and all situations because of variations in the requirements of specialties. Therefore, standards should be determined by each program and individualized commensurate with the clinical circumstance and the abilities of the house officer.

Certain principles should guide institutional and programmatic policies:

1. ACCREDITATION STANDARDS: The national standards for house officer supervision as defined by the Accreditation Council for Graduate Medical Education and individual Residency Review Committees must be met as approved and published by the Accreditation Council for Graduate Medical Education.
2. UNMC COMMITMENT:
 - A. The UNMC has responsibilities for support of house officers who are physicians engaged in postgraduate study and who provide institutional patient care.
 - B. The UNMC COM has a responsibility to help meet the cost to implement these guidelines.
3. PROGRESSIVE RESPONSIBILITY:
 - A. House officer education must continue to be progressively graduated in both experience and responsibility with due attention to the benefit and safety of the patient. Development of mature clinical judgment requires that each house officer be involved in the decision-making process. This process should be determined by each program and individualized commensurate with the clinical circumstance and the abilities of the house officer.
 - B. Progressive responsibility for “first decision” making prior to faculty involvement is important for the maturation of each house officer, whereas “final decision” making after involvement is the province of the faculty. In the process of allowing a house officer the opportunity to make the “first decision,” the attending physician must ensure that the process does not delay the provision of cost-effective and expeditious care.
 - C. It is appropriate and desirable that house officers who are more senior have responsibility for supervision and education of those house officers junior to them. House officers’ roles and supervisory relationships should be defined in writing by each program.
 - D. Faculty must supervise the total care for each hospitalized patient as well as the admission and discharge process and must follow program policy. There must be documented knowledge of every hospitalized patient as indicated by, at a minimum, initials or signature on the attending History and Physical, daily progress notes, procedure reports and the discharge summary.
 - E. Faculty have authority for patient care; however, both faculty and house officers at all levels have individual responsibility for their actions in patient care.

4. **EMERGENCIES:** In an emergency situation to preserve life or prevent serious impairment to health, house officers shall be permitted to implement life support services and notify the attending physician as soon as possible. The responsibilities of the attending physician to the patient and to the house officer are not changed by these circumstances.
5. **ADMISSIONS AND DISCHARGE:** House officers may admit patients to and discharge them from the hospital under the authority of, and only with the consent of, the appropriate faculty member. The only exception is an emergency where delay of permission could result in injury or loss of life. Appropriate faculty member(s) must be informed of all admissions, transfers and discharges.
6. **QUALITY MONITORING:** The overall quality of patient care is the collaborative concern of house officers, faculty, nursing staff and the administration. Clearly defined and carefully reviewed Quality Monitoring should regularly determine that the institutional standards are being met.
7. **CRITICAL DECISION AREAS:** In areas of the hospital where rapidity of critical decisions or interventions are common, a supervisory attending will always be available for consultation.
8. **CONSULTATION SERVICE:** A readily available consultation service should be provided by each department and/or division. All consultations given by house officers must be reviewed by a faculty member in a timely manner and any necessary revisions conveyed promptly.
9. **AMBULATORY CARE:** Every house officer must have the opportunity to participate in ambulatory care. Designated faculty must be available on-site, or readily available according to their respective RRC special requirements, for supervision of house officers in such settings.
10. **PROGRAM POLICY:**
 1. The development, implementation and enforcement of this policy is the responsibility of the program directors. Oversight for the compliance of individual programs is the responsibility of the Graduate Medical Education Committee acting on behalf of the Dean of the College of Medicine.
Departmental policies on supervision should include description of the role, responsibilities and patient care activities by level of house officers in the program. The policy should describe the means by which the program makes decision about a resident's degree of independence in patient care and procedural duties. These policies should be provided to all hospitals at which the residents are assigned.
 2. Each program must establish formal policies governing resident duty hours and working environment that are optimal for both resident education and the care of patients.
 - a. Departmental policies shall be based on an educational rationale and patient need, including continuity of care.

- b. The educational goals of the program must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Residents must have backup support when patient care responsibilities are especially difficult or prolonged.
 - c. Resident duty hours and on-call schedules must not be excessive. Duty hours must be consistent with the General and Special Requirements of the ACGME that apply to each program.
3. Affiliated institutions must provide services and develop systems to minimize the work of residents that is extraneous to their educational programs.

D. Ancillary Support

1. Policies regarding on call rooms and food services are contained in the current resident agreement.

E. Conditions of Resident Employment

F. Evaluation and advancement of residents.

1. Written evaluation of house officers.

Written evaluation of resident progress in each program will be done at a minimum of every six months with copies sent to the house officer and the Office of Graduate Medical Education. Programs must prepare a written report at the end of each year of training and at the completion of residency stating the overall performance and the number of months of training successfully completed. These summary reports may be substituted for the regular evaluation at the end of the year.

G. Reappointment of House Officers.

1. Reappointment of house officers will depend upon the house officers' academic and clinical performance, professional behavior, the availability of funding and the continuation of the residency program itself.
2. House officers must pass USMLE Step 2 or COMLEX Exams to advance to the HO II level and must pass USMLE Step 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. A house officer who does not meet these requirements will be placed on unpaid leave for a maximum of 6 months in order to prepare for and pass the exam. Failure to pass the required examination by the end of this leave period will result in dismissal from the program. The house officer's program director may apply to the GMEC for a one-time extension of the requirement for a period of 6 months or less. The letter must present compelling reasons for the extension and must be co-signed by the house officer. At the end of the extension, if the requirements are not met, the house officers will go on unpaid leave and must pass the test within 6 months as above. Until the requirements are met, the house officers will not advance in pay level.
3. Notification of non-reappointment. Programs must provide house officers with a written notice of intent not to renew a house officer's contract no later than four months before the end of the house officer's current contract. If the

primary reasons for the non-renewal occur within the four months before the end of the contract, the program must provide the house officer with notice of non-renewal as early as circumstances will allow.

4. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion. (Common Program Requirements II.C.1,2)

H. Certificates: Period of service.

An official certificate of service will be issued for those house officers who complete a recognized training program. This would include recognized one year preliminary programs and special fellowships. For house officers leaving after one year but have not completed a program of training, the institution will provide a letter attesting to their training and the department may award a certificate or letter of their own.

I. Procedures relating to unsatisfactory performance and dismissal.

1. "On Review".

If questions are raised regarding the adequacy of a house officer's performance, the house officer may be placed "on review". "On review" status does not necessarily signify unsatisfactory performance, nor does it represent disciplinary action, but merely indicates the house officer's performance is being more closely scrutinized. The house officer is placed "on review" through written notification to both the house officer and the Office of Graduate Medical Education.

2. Probation.

If a house officer's performance is deemed to be unsatisfactory from academic or professional aspects or as a consequence of a breach of the House Officer Agreement or the Bylaws of the Board of Regents, the house officer may be placed on probation. If so, the house officer, the Office of Graduate Medical Education, and the Graduate Medical Education Committee shall be notified in writing. The notice shall include: the specific problems in the house officer's performance, what will constitute evidence that the problems have been remedied, and the date at which the house officer's performance will next be reviewed.

A review of the house officer's performance must take place within three months following the initiation or extension of probation. At the designated time the department may extend the house officer's probation, end the probation, or dismiss the house officer.

3. **Dismissal**

Unsatisfactory academic performance, or breach of the terms of the house officer agreement or of the Bylaws of the Board of Regents shall be sufficient grounds for dismissal. Gross failure to perform duties, or illegal or unethical conduct may result in immediate dismissal. The Office of Graduate Medical Education must be notified and provided with all supporting documentation prior too initiating dismissal action.

4. **Grievance and appeals.**

Policies regarding appeal of academic dismissal, unsatisfactory academic performance, or grievances involving terms of the House Officer Agreement are contained in the House Officer Agreement.

III. PROGRAM PERSONNEL

A. Program Director

1. The director of each program is designated by the respective department chair and approved by the Dean, College of Medicine in consultation with the institutional Graduate Medical Education Committee. All program directors must meet Requirement IV.A.1 of the ACGME General Requirements.

B. Teaching Staff

1. Each program must have a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all residents in the program.
2. The program director must assure that all members of the teaching staff demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education and participation in scholarly activities.
3. Each program must designate a member of the teaching staff at each participating institution who is responsible for the day-to-day activities of the program at that institution under the overall direction of the program director.
4. The teaching staff of each program must have regularly documented meetings to review program goals and objectives and review how well the program is meeting those goals. At least one resident representative should be participate in the reviews.
5. The teaching staff of each program should periodically evaluate the utilization of the resources available to the program, the contribution of affiliated institutions if applicable, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

IV. PROGRAM RESEARCH AND SCHOLARLY ACTIVITY

1. Each program must establish an environment supportive of research and scholarly activity by their residents. The graduate medical education committee, through its periodic review of programs assesses programs' success in this regard.

V. ELIGIBILITY

Applicants with one of the following qualifications are eligible for appointment to UNMC postgraduate training programs.

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or
 - Have successfully completed a Fifth Pathway program provided by an LCME accredited medical school.
4. Acceptance of applicants into a postgraduate training program (residency or fellowship) at the:
 - HO II year requires the passage of USMLE Steps 1 and 2 or its equivalent.*
 - HO III year or beyond requires the passage of the USMLE Steps 1, 2 and 3 or its equivalent.*
5. Prior to entrance into the program, the applicant must provide appropriate documentation satisfying the University's requirements as stated above.
6. Prior to beginning postgraduate training, each house staff physician must possess either a Temporary Educational Permit or a permanent license in Nebraska.

*Footnote: Equivalent exams include: COMLEX, Licentiate of the Medical Council of Canada Qualifying Exam (LMCC), NBME, FLEX, or a combination of exams recognized by the State of Nebraska Regulations and Licensure Agency known as "Hybrid Exams" include: 1) Any combination of NBME Parts I, II, III and USMLE Steps 1, 2 and 3; 2) Flex Component I with USMLE Part 3; 3) Combination of NBME Components I, II or USMLE Steps 1, 2 with Flex Component 2.

VI. SELECTION

1. Each program selection committee must ensure that the program selects from among eligible applicants on the basis of their preparedness, ability, academic credentials, communication skills and personal qualities such as motivation, integrity and professionalism. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

2. UNMC Graduate Medical Education programs participate in the National Resident Matching Program (NRMP), if applicable. Selection of house staff through the NRMP is preferable, when possible. When programs are enrolled in the NRMP, house staff accepted outside of the match must be approved by the Associate Dean for Graduate Medical Education.
3. All candidates for postgraduate training will submit a completed application with appropriate documentation of training and other materials requested, and when possible, have a personal interview with members of the program selection committee.
4. The program selection committee will rank the candidates for entrance into the NRMP, where appropriate, for selection based on qualifications.

VII. PROGRAM REDUCTION OR CLOSURE

If a postgraduate program is at risk for reduction or closure either by the University of Nebraska Medical Center for financial or administrative reasons or by loss of ACGME accreditation, the University will inform the housestaff physicians as soon as possible and will make every effort available to place the current housestaff physicians into another similar approved program elsewhere or transfer the housestaff physicians to another program within the institution. Where possible, housestaff physicians will be allowed to complete the academic year in progress.

IX. DUTY HOURS AND WORKING CONDITIONS

Procedures relating to unsatisfactory performance and dismissal.

1. Duty Hours (from the ACGME Common Program Requirements, July 2007)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- B. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
- C. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

2. On-call Activities

- A. In-house call must occur no more frequently than every third night, averaged over a four-week period.

- B. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- C. No new patients may be accepted after 24 hours of continuous duty.

3. At-home call (or pager call)

- A. The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- B. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
- C. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

4. Moonlighting

- A. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- B. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

5. Work Hours Exception

A program who wishes to request an exception to the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours must first obtain GMEC approval. The application should be made to the GMEC in writing and will be distributed to members for review before the next meeting. The request should include the services affected and the rationale for the request. The GMEC will review the letter at the meeting along with discussion with the program director of the program requesting the exception. The exception may be turned down, returned to the program for more information, or approved for transmittal to the RRC.

ACCESS SERVICES/PATIENT REGISTRATION SERVICES INPATIENT AND OUTPATIENT REGISTRATION THE NEBRASKA MEDICAL CENTER

Jana Danielson, Executive Director 402-552-3739

Rita Armendariz, R. N., BSN, Director 402-552-3943

Candy Beermann, R.N., BSN, Clinical Manager 402-552-2017

Cyndi Nelson, CHAM, Operations Manager 402-559-2496

To admit a patient to The Nebraska Medical Center, the next pages will provide the necessary information to assist you.

Admissions may be schedule via telephone with the Patient Placement Unit (Bed Office) by calling 402-559-BEDS (2337).

Future admissions should be scheduled as early as possible.

To assure that beds are available for admissions, discharge planning is extremely important.

Admission Order Definitions (requests for beds are for the following patient types)

Ambulatory – Admit/account type utilized for the purpose of outpatient surgical/diagnostic procedures, when the patient is expected to have a normal recovery or extended stay without condition change and discharged in less than 24 hours. Order must read “Place in Ambulatory”.

Observation – Account type when the patient condition can be evaluated/treated within 24 hours and /or rapid improvement of the patient’s condition is anticipated within 24 hours. Observation status should also be used when additional time is needed to determine if inpatient admission is medically necessary and if a patient in Ambulatory status has a change in medical condition during their recovery time, such as: uncontrolled pain, uncontrolled bleeding, persistent nausea/vomiting, fluid/electrolyte imbalance, unstable level of consciousness. Order must read “Place in Observation”.

Inpatient – Account type utilized for the purpose of inpatient services when the patient condition **cannot** be evaluated/treated within 24 hours and or rapid improvement of the patient’s condition is **not** anticipated within 24 hours. Inpatient status would also be indicated for Ambulatory/ Observation patients having a serious change in medical condition that warrants more than 24 hours of hospital care. Order must read “Admit to Inpatient”.

Based on these definitions the physician is to determine the proper patient status and document as a written order as above. (Order must read “Admit to Inpatient”) If you have questions regarding patient status contact the Utilization Management Manger at 402-552-3910.

Admissions:

Admissions are considered “scheduled” if the Patient Placement Staff is notified at least the day before admission. Physicians are urged to notify ACCESS as soon as you and your patient decide hospitalization is necessary and an admission date has been determined.

Scheduled admissions allow ACCESS to pre-register the patient either in person or by phone. The patient will receive assistance with directions and services as needed.

Pre-Admission speeds the patient to the care area allowing the plan of care to begin as soon as possible.

Please be aware of the hospital’s Financial Assessment policy. When non-emergent services are requested, The Nebraska Medical Center must be assured that the patient will be able to meet their financial obligations to The Nebraska Medical Center prior to the provision of those non-emergent services. Non-emergent services will not be rendered until the requirements of the assessment process have been met. If a patient is pre-registered, ACCESS is able to verify insurance and make arrangements for payment, etc. prior to admission. ACCESS always notifies the physician of any pertinent financial concerns.

Emergency or same day admissions should be called to the Patient Placement Unit at 402-559-BEDS (2337), immediately. Emergencies are given priority and are admitted regardless of ability to pay for hospital services.

The following information is needed when booking a patient with the Patient Placement Unit:

- A. Patient’s last and first name
- B. Date of birth or approximate age, sex
- C. Diagnosis/procedure/core measure identification
- D. Admitting/attending physician
- E. Referring physician
- F. Primary physician
- G. Where is the patient now/ETA
- H. Requested accommodation
- I. Isolation need and type if applicable
- J. Date of admission
- K. Requestor name and call-back number

PEDIATRIC UNITS:

Age Classification:

The ages for the Pediatric Units are as follows:

Ages 6 weeks to 16 years

PRIVATE ROOMS:

Private rooms are limited on some units and medical necessity will take precedence over patient request.

INCREASED OCCUPANCY:

In times of increased occupancy it may not always be possible to place the patient in the first choice of specialty area or accommodation. To avoid a delay in care, the patient may be placed on another nursing unit that can accommodate the requested level of care.

PRE-ADMISSION REVIEW REQUIREMENTS OF THIRD PARTY PAYORS

Many third party payors require a pre-admission review. Failure to do so may result in full or partial denial of payment. Some insurance companies place this responsibility on the patient. Many put the responsibility on the physician or his/her designee.

The information the payors will request generally includes the patient's name, age, current address, and insurance identification number. They will ask the reason for admission, e.g. a tentative diagnosis, history of the chief complaint, pertinent past medical history, current medication, and any lab or x-ray results available, the physician's plan of care and any scheduled procedures. A yes or no answer to the admission request will be given. If a reference number is given, this number must be forwarded to the PFS Operations Manager's Office (ZIP 8140) so that it may be used for billing purposes.

REGISTRATION/Scheduling

ACCESS staff will register all new patients with the exception of decentralized areas.

For the convenience of our patients The Nebraska Medical Center now offers on-line pre-registration. Once your patient is scheduled for services at The Nebraska Medical Center they may go to www.nebraskamed.com/reg to complete their registration on-line. The on-line registration process should be completed 24 hours prior to your patient's scheduled appointment. Patients who have questions or prefer to register via phone or in person still have that option as well. To register via phone patients may call 402-552-3251 or 800-552-8802.

Surgical, invasive radiology and cardiovascular scheduling are schedule with the department performing the service.

Outpatient ancillary testing and coordination of outpatient services are scheduled through the ACCESS Services Centralized Scheduling office at 402-559-2500.

FINANCIAL ASSESSMENT

In recognition of the partnership in healthcare between The Nebraska Medical Center and its patients, a process is maintained to assist patients and their families in meeting their financial obligations to The Nebraska Medical Center. The Nebraska Medical Center will not refuse any patient treatment of an emergent nature based on the ability to pay.

Financial Counseling will be performed by qualified individuals and can be contacted at the below numbers.

General Financial Counseling	402-559-5346
Transplant Financial Counseling	402-559-8346

NEBRASKA HOUSE/THE LIED TRANSPLANT CENTER

Nebraska House is a guest facility located within the Lied Transplant Center and the Special Services Pavilion (SSP). This facility is for patients receiving treatment at The Nebraska Medical Center and their families. All 85 guest rooms are private and can accommodate 1, 2 or 4 persons, depending on the room type. Laundry facilities, concierge services, exercise room and patient resource center are just some of the many amenities available.

We suggest anyone needing a room to call ahead. Reservations cannot be guaranteed due to the nature of their use. For the convenience of the medical staff and patients, the guest services desk is operated 24 hours a day, 7 days a week.

Telephone number: (402) 559-5599
(888) 805-1115 (Toll Free)

Address: The Lied Transplant Center
Nebraska House
987600 Nebraska Medical Center
Omaha, NE 68198-7600

Manager: Cathy Miedl
Hospitality Services Manager

NURSING

The Nebraska Medical Center – South/University Hospital and
The Nebraska Medical Center – North/Clarkson Hospital
Rosanna Morris, RN, MPH, MBA, CNA-BC
Chief Nursing Officer & Senior Vice President
Patient Care Services
402-552-3298

The nurses of the Nebraska Medical Center would like to help with your transition into the medical center arena. This information will give you some basic insight into the organization of nursing at The Nebraska Medical Center.

1. Organization

Each nursing care unit is lead by a Director and Manager. Most of the units also have a lead/charge nurse. The majority of the units are run utilizing nurses who work 12 hour shifts. Nursing is committed to partnering with you as a colleague to provide the best care for the patients. If you have suggestions, concerns or kudos please share with those closest to the issue, i.e. if it is with a nurse please interact directly with that nurse, if that is not

possible then do so with the lead or manager. The Director will always be willing to assist with any issues but the quickest route to resolution is with the person closest to the issue. If you feel the kudos or concern needs to be escalated please go to the manager, then if needed the Director. The Chief Nursing Officer is always available and willing to assist but respects the right of the areas to handle both kudos and concerns directly.

2. Communication

We welcome open direct communication and hope that you will take advantage of our open door policy utilizing the process described above.

If you need immediate nursing assistance with issues on off-hours and weekends, there is a nursing resource coordinator on duty. This nurse can be contacted via the operators. However, for critical unit issues, the managers and directors would be happy to respond to your call. They can also be reached via the hospital operators.

Please assist the nursing staff in getting to know you by introducing yourself when rounding or calling the units. They will do the same. You have an open invitation to attend our nursing director or manager meeting to meet the leadership team. Please contact the Chief Nursing Officer and Senior Vice President Patient Care Services to get on the agenda at either of these meetings.

3. Care Delivery

Emphasis is on partnering or collaborating to care for patients. As you round on the various patient care areas, you will note differences both in personnel and physical environment. Some units will have a centralized area for patient charts while most of the others will have them located at patient servers outside each room. Many of the areas have unit based pharmacists. They are very willing to assist with any information you may need.

Patient rooms have white communication boards inside the room. These boards have the name of the nurse caring for the patient that shift along with the times of scheduled tests or therapies.

4. Order writing

In order to facilitate timely and accurate processing of the orders you write, please assist us by doing the following:

- a. Write legibly
- b. Date and time each set of orders
- c. Print your name and carecast number under your signature
- d. Leave your contact number or pager number under the order if you want to be called results or other data

- e. Whenever ordering lab, radiology, scans, etc., please include the indication for the order
- f. Familiarize yourself with the non-approved abbreviation list

Carrying out the above will cut down on the phone calls to you to clarify orders.

5. Collaboration

Nursing has implemented many initiatives to attract and keep staff. One of those is a healthy work environment. Our satisfaction surveys demonstrate that physicians and staff have a good relationship. We pride ourselves in continually building that relationship through mutual respect. We look forward to partnering with you to deliver extraordinary care to our patients.

DEATHS WITHIN UNIVERSITY HOSPITAL

All patients' deaths within The Nebraska Medical Center must be reported to the Acute Bereavement Service (ABS). Without exception.

ABS is charged with processing all paperwork related to patients' deaths, including coroner notification, autopsy authorization, organ/tissue donation, and are resources in the completion of clinical abstracts for autopsy, donation to the anatomical board, and funeral home contacts. Additionally, ABS personnel provide emotional and spiritual support to families of deceased patients at The Nebraska Medical Center and can provide referral information for pastoral support or outside counseling if requested.

ABS personnel ensure that all families are offered the option of having an autopsy performed at The Nebraska Medical Center.

If medically indicated, all families of deceased patients are offered the opportunity to donate organs and/or tissue. The opportunity for donation is presented to the family by a member of the Nebraska Organ Recovery System (NORS) or the Lions Eye Bank of Nebraska (LEB).

ABS must be notified immediately if the patient meets imminent death criteria (please refer to policy TX02). For all other deaths, ABS must be contacted at the time of death; however, contact prior to an impending death is strongly encouraged.

ABS personnel may be contacted through the Hospital Operator or WEB on-call at any time by asking for the Acute Bereavement Service (ABS) person on-call. Personnel are available on a 24-hour basis.

Questions can be addressed to the Pastoral Care Department at 2-3219.

INFECTION CONTROL

Mark E. Rupp, M.D.

Medical Director, Department of Healthcare Epidemiology

SSP – Room 3016A

402-559-5276

Department of Healthcare Epidemiology at The Nebraska Medical Center operates under the direction of the Medical Staff Infection Control Committee. This committee is comprised of members from a variety of clinical areas, hospital administration, auxiliary departments and nursing. The Infection Control program is responsible for maintaining surveillance; providing a coordinated approach to the study of all hospital infections determining hospital policy relating to infection control; conducting special studies as indicated; monitoring of antibiotic use; and assisting with educational aspects of infection control. The hospital is also a member of the National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention.

INFECTION CONTROL PROGRAM PERSONNEL

Dr. Mark Rupp, Professor of Infectious Diseases, serves as the Medical Director of the Department of Healthcare Epidemiology and as the Hospital Epidemiologist. He acts as a consultant to the medical staff in the area of disease control and to the Infection Control Specialists in all aspects of the program. He assumes emergency authority for investigation of epidemics and implementation of infection control measures, and acts as a liaison officer between the local health department and CDC. He may be reached at his office, 402-559-5276, or by pager 402-888-2417.

Nedra Marion is the Manager of the department and coordinates the infection control program. Nedra can be reached by pager at 402-888-2287. There are six Infection Control Specialists on staff. They are responsible for performing surveillance for infection; investigation of unusual increases or clusters of infection; and acting as consultants to hospital personnel on matters of infection control. They may be reached at 402-559-5276 or by paging the specialist on call.

SURVEILLANCE PROGRAM

Standard definitions and criteria from the Center for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN) are utilized by infection control personnel to determine presence of infections in patients. A summary of hospital acquired infections in inpatient areas and selected surgical site infections is prepared from this information. This information is reviewed by the Infection Control Committee and serves as a basis for establishing control measures. A summary of information is compiled annually and is available upon request.

INFECTION CONTROL POLICIES

We recognize that not all infections can be prevented. However, infections can be reduced by application of appropriate infection control measures. Therefore, policies have been developed which are based on practices of proven efficacy in control of infections. In addition, a number of practices which seem prudent and rational, but which at this time do not have conclusive evidence of their effectiveness, have been developed. The complete policies may be found with The Nebraska Medical Center Policies and Procedures on the intranet, (Surveillance, Prevention, and Infection Control section). A brief overview of the policies follows:

Standard and Transmission Based Precautions

Standard Precautions (SP) are to be used in care of all patients at The Nebraska Medical Center and research subjects at University of Nebraska at Omaha (UNMC). Any blood or body fluid is considered a potential source of bloodborne disease. Standard precautions involve protecting yourself and others from ALL blood and body fluids (except sweat), tissues and slides.

Gloves are to be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients. This includes performing vascular procedures and when handling items or surfaces soiled with blood or body fluids.

Gloves are to be removed immediately after completion of the procedure.

Hand hygiene is essential even though gloves are used.

Gowns are to be worn during procedures that are likely to generate splashes of blood or body fluids.

Masks and protective eyewear are to be worn during procedures that are likely to generate splashes of blood or body fluids.

All skin surfaces exposed to blood or other body fluids must be washed immediately and thoroughly.

Transmission Based Precautions are used to isolate patients with specific documented or suspected infections. They include the following:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Persons exhibiting signs or symptoms of an infectious respiratory tract illness will be asked to wear a surgical mask, contain respiratory secretions and practice hand hygiene.

Contact Precautions: Are used for patients who have organisms that can be transmitted by either direct or indirect contact.

Contact isolation requirements: Always follow standard precautions

Wear gown and gloves each time entering room

Use antimicrobial soap for hand washing or a hand sanitizer

Room has “dedicated equipment” meaning that all equipment used on the patient is kept in the patient’s room until the patient is discharged or is transferred from the room; then all surfaces and equipment are wiped down with a low-level disinfectant before it is used by another patient.

Droplet Precautions: Are used for patients who have organisms that are contained in large particle droplets.

Droplet isolation requirements: Always follow standard precautions

Wear a regular mask when entering the room

Airborne Precautions: Are used for patients who have organisms that are contained in droplet nuclei.

Airborne isolation requirements: Always follow standard precautions

All employees wear an N-95 mask; the mask is to be donned just before entering the room and removed as soon as they have left the room (fit-testing is required to wear an N-95 mask)

Negative air pressure is required in an airborne isolation room

The door to the patient’s room is to be kept closed at all times

All procedures possible are done in the patient’s room; if the patient must leave their room, they are to wear a regular mask if at all possible. If the patient can not tolerate wearing a regular mask, they will be given a tissue and instructed to cough into the tissue.

There are six areas on campus that have negative air-pressure rooms and are places where patients with potential airborne diseases can be evaluated and initial diagnoses made on an out-patient basis. These areas are the Emergency Department, the Endoscopy Center, the Pediatric Clinic, the Internal Medicine Clinic, the Specialty Care (HIV) Clinic and the Lied (Peggy Cowdery Center). If a patient is referred to one of these areas because an airborne illness is suspected, the area that they have been sent to should be called and notified prior to the patient's arrival. Prior notification will allow these areas to ensure that their negative air pressure room will be accessible to the patient as soon as they arrive for evaluation.

Removing a Patient from Isolation

Protocol for discontinuing isolation precautions is as follows:

MRSA/VRE: (Methicillin Resistant Staph Aureus/Vancomycin Resistant Enterococcus)

Please contact Healthcare Epidemiology before removing any patient from MRSA/VRE contact isolation (402-559-5276).

1. Patient is off antibiotic therapy for at least 48 hours
2. Obtain 3 consecutive negative cultures at least 1 week apart while patient remains off antibiotics
3. Sites for culturing each time:
 - a. MRSA: nares + former positive site(s), if available (for example – wound)
 - b. VRE: rectal or stool + former positive site(s), if available (for example – wound)

ESBL: (Extended Spectrum Beta-Lactamase)

Available data indicates patients may remain colonized with ESBL-producing bacteria for prolonged periods. Generally, isolation is continued for duration of hospitalization. Please call Department of Healthcare Epidemiology (402-559-5276) for questions on individual patients.

C. difficile: (Clostridium difficile)

Testing is not done to remove patients from isolation. Patients with *C difficile* infection should remain in isolation until their diarrhea resolves and seven days have elapsed since completion of CDI treatment. If patient is in presumptive isolation for *C difficile*, but testing reveals that C difficile is not present (glutamate dehydrogenase (GDH) antigen (-)/toxin A/B (-)), isolation precautions can be discontinued.

Tuberculosis: (TB)

1. 3 negative sputum smears for acid-fast bacillus (AFB)

OR

2. Clinical improvement

AND

3. Approval of Department of Healthcare Epidemiology (402-559-5276)

ILI: (Influenza Like Illness)

ILI includes fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and sometimes diarrhea and vomiting.

1. Negative Respiratory Viral Panel

Influenza:

1. Five (5) days from onset of illness

AND

2. Afebrile for at least 24 hours

For Immunocompromised hosts, consult the Hospital Epidemiologist.

Housekeeping

Blood spills are to be cleaned immediately followed by use of sodium hypochlorite (household bleach) 5.25 (diluted 1:10) or a phenolic.

Biohazardous Waste

Biohazardous waste is defined as materials of biological origin that are capable of producing an infectious disease in humans or animals (e.g., blood, body fluids, inoculated culture media, tissues and slides), in amounts that can be poured, dripped or flaked (if dry).

Biohazardous waste is placed in biohazardous waste containers, which have a biohazardous label on the outside of the container and are available in all patient care areas. A biohazardous label is fluorescent orange-red in color and bears the biohazard symbol. These labels are affixed on containers used to store, transport or ship blood or other potentially infectious materials.

Sharps Disposal and Preventing Sharps Injury

Safer medical devices are required by federal law to be used whenever possible.

Do not dismantle syringes or needles or try to circumvent a safer medical device.

Personnel should obtain adequate assistance when administering IV therapy or injections to uncooperative patients.

Sharps and/or disposable instruments (knife blades, lancets, etc.) are disposed of in approved sharps containers. Used needles must not be recapped. NEVER allow sharps containers to over-fill. All sharps containers must be:

- Accessible for use

- Approved by Campus Safety

- Leak-proof

- Closeable

- Labeled with a biohazard symbol

- Disposed of when approximately $\frac{3}{4}$ full

Contaminated Equipment

Equipment going for repair that is contaminated with biohazardous substances must be cleaned and decontaminated as much as possible prior to shipping. Parts of equipment that are unable to be cleaned and decontaminated of biohazardous substances must be labeled with a biohazardous label and contaminated parts identified.

BODY FLUID EXPOSURE

If staff has an exposure to body fluid, either through the skin (for example, a needlestick) or onto a mucous membrane (eyes, nose, mouth):

Wash the affected area immediately with soap and water (mucous membranes should be flushed with water). Provide immediate first aid. For a splash into eyes, wash with copious amounts of water. For a needle stick, cut, wound, or splash onto the body or mucous membrane other than the eyes, wash with copious amounts of soap and water

1. Remove soiled clothing, wash skin, and replace with clean clothing.
2. **DO NOT WAIT. Report immediately** to The Nebraska Medical Center Employee Health Department or call the post-exposure paging system for risk assessment and assistance in determining needed healthcare follow-up. **Before patient is discharged (or leaves Clinic/Emergency Department) review with Employee Health to ensure that the appropriate specimen has been obtained from patient.**
3. The post-exposure paging system is available 24 hours a day, 7 days a week.

The post-exposure paging system is accessed as follows:

Number	Location
*9-402-888-OUCH (6824)	On campus
402-888-OUCH (6824)	Calling from Off-campus
1-402-888-OUCH (6824)	Calling Long Distance

4. **Inform the appropriate supervisor.**
5. **Document the exposure** on University of Nebraska Medical Center incident report form.
6. **Follow-up** with any recommended treatment and/or evaluation.

Calls to this pager are answered 24 hours a day including weekends and holidays. Office hours are Monday - Friday 7:00 a.m. - 4:30 p.m.

The Nebraska Medical Center Employee Health will provide immediate evaluation, treatment, and education. If you have any questions, contact Employee Health at 402-552-3563. Also, refer to the infection control section of The Nebraska Medical Center Policy Manual for the Employee Health Policies and the Exposure Control Plan.

*If HIV prophylaxis is needed, the Centers for Disease Control and Prevention recommends this be started in the first 1-2 hours after exposure

Student and Employee Health Services

Recommendations for initial student and employee health evaluation as well as ongoing monitoring have been made and are found in detail in Healthcare Epidemiology Policies. Recommendations for protection of students and employees in the event of laboratory accident or exposure to a patient with previously unsuspected communicable disease may also be found in these policies.

All personnel (including house officers) must have a record of tuberculin skin testing prior to employment. Skin testing is to be repeated on a yearly basis thereafter (for those with negative skin tests). Tests are to be read by The Nebraska Medical Center Employee Health. The status of immunity to rubella, rubeola, mumps and Varicella zoster must be established prior to employment. All personnel must have documentation of Hepatitis B immunization or sign a declination.

Healthcare Workers Infected with Bloodborne Pathogens

Current scientific data indicates that the potential for healthcare workers infected with bloodborne pathogens to transmit infections to patients while providing patient care does exist. In light of this evidence, a healthcare worker with a known bloodborne pathogen has a moral and ethical responsibility to report their health condition to The Nebraska Medical Center Employee Health Department.

When it becomes known that a healthcare worker at The Nebraska Medical Center is infected with a potentially transmissible bloodborne pathogen, a meeting of an Advisory Council will be called to review the healthcare worker's duties. The Advisory Council includes, but is not limited to the following persons: the healthcare worker's personal physician, if available; the Director of the HIV Clinic; the Medical Director of Employee Health; the Chairman of the Infection Control Committee; the Chief of the Medical Staff; and Coordinator Risk Management. Contact the Medical Director of Healthcare Epidemiology to convene the council. Drawing upon consultations as needed, the Advisory Council will formulate a judgment as to whether the infected staff member's practice should be limited in any way.

Infection with a bloodborne pathogen should not require restrictions on rendering care to patients in most circumstances. However, special considerations may be

appropriate when exposure-prone, invasive procedures are performed. Cases will be reviewed periodically.

The chairman of the Advisory Council will communicate facts in the case and any required work restrictions to the healthcare worker, and the supervisor/department chairman, or to the Nebraska Department of Health and Human Services (NDHHS), as necessary. The Nebraska Medical Center will communicate and cooperate with NDHHS as required. The identity of the infected staff member will be kept confidential. Record of the Advisory Council's review and recommendations will be kept in the healthcare worker's confidential file in Employee Health.

Hand Hygiene

Hand hygiene before and after contact with each patient is the single most important means of preventing the spread of infection.

Routine handwashing in all areas consists of the use of soap, running water, and friction for a minimum of 15 seconds.

Antiseptic towelettes, alcohol based hand hygiene agents, or other evaporative agents may be used upon approval of and as directed by the Department of Healthcare Epidemiology. These products are to be supplied in individual use packaging, small bottles (8oz. or less) or a disposable refill cartridge (including the dispenser tubing).

If hands are not visibly soiled, one may use an alcohol-based hand sanitizer for routine decontamination of hands. Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Do not use gel in close proximity to electrical equipment or sources of ignition. They are effective in reducing germs on skin, but should not be used when hands are visibly soiled. Soap and water must be used if hands are visibly soiled. Alcohol-based hand sanitizers are NOT reliable in killing bacterial spores (e.g., *Clostridium difficile*, *Bacillus anthracis*).

Gloves are required when caring for patients with *Clostridium difficile*-associated diarrhea. After gloves are removed, hands should be washed with antimicrobial soap and water. Gowns are required if staff clothing will come into contact with the patient or things in the patient's environment.

Alcohol hand sanitizer is flammable, and can not be stored or used around an open flame.

No artificial fingernails or extenders are allowed for personnel involved in direct patient care and/or the care of high-risk (e. g., immunocompromised) patients. Natural nails are to be maintained at a short (1/4 inch or less) length. If nail polish is worn, it must not be chipped or peeling.

Hand jewelry should be kept to a minimal (e. g., wedding band) to enhance hand hygiene.

An antimicrobial soap is preferred for routine handwashing in all clinical areas as designated by Healthcare Epidemiology. Antimicrobial soap or an approved scrubless antiseptic is to be used for all surgical hand scrubs.

Urinary Catheterization

Urinary catheters are to be inserted aseptically only by adequately trained physicians, nurses, PAs, and students.

Careful attention to aseptic technique is imperative to prevent the introduction of infectious organisms into the urinary tract, resulting in the development of infection. This process includes careful attention to hand hygiene (washing hands) both before starting the procedure and after removal of personal Protective equipment (PPE).

Indwelling catheters should be used only when necessary and discontinued as soon as possible.

A closed drainage system is to be used with a non-obstructed dependent flow maintained at all times. The system should not be disconnected unless irrigation of an obstructed catheter is required. Under exceptional circumstances when irrigation is required, it is to be done under aseptic conditions.

No specific recommendation is made in regard to the time for changing of a closed system catheter and drainage bag. In general, if the urine is flowing freely, the catheter is not encrusted, and the drainage bag is functioning well, there is no need to change the system.

Intravenous Therapy

The “needleless” IV system and safer medical devices are to be used whenever possible.

Intravenous cannulas and/or stainless steel needles should be inserted only by adequately trained physicians, RNs, PAs, and students.

Adequate skin antisepsis prior to central line insertion is essential. A 2% chlorhexidine/alcohol combination preparation (e.g., Chloraprep) is preferred. 70% alcohol and povidone iodine are also available. Skin antiseptics should be applied in the manner recommended to maximize their efficacy (for chlorhexidine: back and forth scrub for 30 seconds on dry sites, and 2 minutes on moist sites). Skin should be allowed to air dry after application (for Chloraprep, 30 seconds for dry sites and 1 minute for moist sites).

For central line insertion, use maximal sterile barrier precautions. This includes: sterile long-sleeved gown, sterile gloves, mask, eye-protection, head cover, and

a large sterile drape that covers the entire patient. These supplies can be found packaged together in Pyxis machines throughout the house, labeled as the "Barrier-Device Pack." Included in the pack is a check-box style central line insertion procedure note. When it is completed by the physician, it provides the necessary legal documentation that can be used instead of the physician's narrative procedure note.

Use sterile gloves and sterile drapes for insertion of peripheral arterial catheters.

The needle or cannula should be securely anchored and the infusion site covered with a sterile dressing.

Indwelling peripheral canulae should be changed every 96 hours unless prohibited by the patient's condition (i.e., if the site is red, warm, tender, or swollen). Replace catheters inserted under emergency basis within 48 hours. Intravenous tubing should also be changed every 96 hours, except:

- Replace lipid tubing every 24 hours,

- Replace blood/blood product tubing/filters every 4 units or every 4 hours, whichever comes first,

- Replace propofol tubing on pre-fitted syringes every 12 hours. If propofol is drawn up from a vial, replace tubing every 6 hours,

- Whenever possible, Total Parenteral Nutrition (TPN) should be given through a dedicated line.

All canulae should be removed as soon as they are no longer medically indicated.

Intravenous therapy should be discontinued immediately upon signs of phlebitis, inflammation or purulence at the site of infusion, and the tip of the cannula sent to the laboratory for culture.

Collection of Blood Samples for Blood Cultures

The skin is to be cleansed prior to venipuncture with an approved skin antiseptic (i.e., 70% isopropyl alcohol, povidone-iodine solution, or 2% chlorhexidine/alcohol combination). Allow the solution to dry. Do not palpate the site once the antiseptic has been applied. If palpation is required after skin preparation, then skin preparation should be repeated.

Gloves are to be worn when drawing blood cultures.

When multiple cultures are necessary, they should be drawn from separate sites, if possible.

Blood cultures should not be drawn from stopcocks or visibly soiled injection caps.

When drawing central line cultures, thoroughly cleanse the injection cap or catheter/ tubing junction with alcohol.

Clean the rubber top of culture bottles with 70% isopropyl alcohol. Culture bottles should be labeled and immediately taken to the laboratory. Venting for aerobic and anaerobic specimens will be done in the laboratory.

Collecting the appropriate volume of blood is critical because the sensitivity of blood cultures in detecting pathogens is proportional to the volume of blood collected. Studies have shown that the yield of positive cultures increases approximately 3% per ml of blood cultured. The increase in volume can also shorten the time to recovery of a positive culture. For those difficult blood draws when the required volume of blood per culture was not obtained, place the optimal volume of blood into the aerobic bottle as opposed to the anaerobic bottle.

REQUIRED DISEASE REPORTING

Nebraska law requires clinical laboratory personnel and physicians to report evidence of actual communicable disease to the local health department or the State Health Department of Health. In such instances, Healthcare Epidemiology will complete a Disease Case Report and send it to the County Health Department. A copy will be sent to the attending physician of the patient. Please call Healthcare Epidemiology if you have concerns about the reporting. Diseases reportable to the health department include:

Acquired Immunodeficiency Syndrome (AIDS)

Amebiasis (*Entamoeba histolytica*)

Anthrax (*Bacillus anthracis*)*

Babesiosis (*Babesia sp.*)

Botulism (*Clostridium botulinum*)*

Brucellosis (*Brucella species*)*

Campylobacteriosis (Campylobacter species)

Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia)

Cholera (*Vibrio cholera*)

Clusters, outbreaks or unusual events, including possible bioterroristic attacks

Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy)

Cryptosporidiosis (*Cryptosporidium parvum*)

Dengue virus infection

Diphtheria (*Corynebacterium diphtheriae*)

Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*)

Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*)

Encephalitis (caused by viral agents)

Escherichia coli gastroenteritis (*E. coli* O157-H7 and other pathogenic *E. coli* from gastrointestinal infection)

Food poisoning, outbreak-associated

Giardiasis (*Giardia lamblia*)

Glanders [*Burkholderia (Pseudomonas) mallei*]*

Gonorrhea (*Neisseria gonorrhoeae*) venereal infection and ophthalmia neonatorum

Haemophilus influenzae infection (invasive disease only)

Hantavirus infection

Hemolytic uremic syndrome (post-diarrheal illness)

Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)

Hepatitis B [surface antigen or IgM core antibody positive; for labs doing confirmatory tests (e.g., blood banks), results of confirmatory tests for surface antigen or core antibody supersede results of screening tests]

Hepatitis C (requires a positive serologic test; when a confirmatory test is done, the results of the confirmatory test supersede results of the screening test)

Hepatitis D and E

Herpes simplex, primary genital infection and neonatal, less than 30 days of age

Human Immunodeficiency Virus infection (confirmatory test positive)

Immunosuppression documented by a total CD4 count of less than 800 per micro liter (per Douglas County Health Department Reporting and Control of Communicable Diseases, Regulatory and Licensure)

Influenza (DFA positive or culture confirmed)

Kawasaki disease (mucocutaneous lymph node syndrome)

Lead poisoning (all analytical values for blood lead analysis shall be reported)

Legionellosis (*Legionella species*)

Leprosy (*Mycobacterium leprae*)

Leptospirosis (*Leptospira interrogans*)

Listeriosis (*Listeria monocytogenes*)

Lyme disease (*Borrelia burgdorferi*)

Maarburg virus*

Malaria (*Plasmodium species*)

Measles (Rubeola)

Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*]*

Meningitis (*Haemophilus influenzae* or *Neisseria meningitidis*)

Meningitis, viral or caused by *Streptococcus pneumoniae*

Meningococemia (*Neisseria meningitidis*)

Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin)

Monkey pox

Mumps

Pertussis/whooping cough (*Bordetella pertussis*)

Plague (*Yersinia pestis*)*

Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals or mercury

Poliomyelitis

Psittacosis (*Chlamydia psittaci*)

Qfever (*Coxiella burnetii*)*

Rabies, (human and animal cases and suspects)

Retrovirus infection (other than HIV)

Rheumatic fever, acute (cases meeting the Jones criteria only)

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*)

Rubella and congenital rubella syndrome

Salmonellosis including typhoid (Salmonella species)

SARS

Shiga toxin, resulting in gastroenteritis

Shigellosis (*Shigella* species)

Smallpox*

Staphylococcal enterotoxin B intoxication

Staphylococcus aureus, vancomycin-intermediate and resistant (MIC>4µg/mL)

Streptococcal disease, invasive only (all invasive disease caused by Groups A and B streptococci and *Streptococcus pneumoniae*)

Syphilis (*Treponema pallidum*)

Syphilis, congenital

Tetanus (*Clostridium tetani*)

Toxic Shock Syndrome

Trichinosis (*Trichinella spiralis*)

Tuberculosis (*Mycobacterium tuberculosis* and human cases of *Mycobacterium bovis*)

Tularemia (*Francisella tularensis*)*

Typhus Fever, louse-borne (*Rickettsia prowazekii*) and flea-borne/ endemic murine (*Rickettsia typhi*)

Venezuelan equine encephalitis*

West Nile Virus

Yellow Fever

Yersiniosis (*Yersinia* species)

Bold type: Report immediately

Regular type: Report within seven days

***Potential agents of bioterrorism**

Reportable Once a Month by Tabular Summary

Enterococcus spp., vancomycin-resistant (MIC \geq 32 µg/mL and/or resistant by disk diffusion) and intermediate (MIC=8-16 µg/mL)

Staphylococcus aureus, methicillin-resistant (MIC \geq 4 µg/mL and/or resistant by disk diffusion)

Staphylococcus aureus, vancomycin-intermediate/resistant (MIC>4 µg/mL)

Streptococcus pneumoniae, penicillin-intermediate (MIC=0.12-1.0 µg/mL) and penicillin-resistant (MIC \geq 2.0 µg/mL)

THE NEBRASKA MEDICAL CENTER HEALTH INFORMATION MANAGEMENT

Health Information Management Crown Point
10304 Crown Point
402-559-4024

Health Information Management Main Campus – CH 1882
402-552-2130

The Health Information Management Department performs the functions of maintaining and providing the medical record, releasing patient information according to legal guidelines, transcription of reports, coding and DRG assignment, and tumor registry.

THE MEDICAL RECORD:

- a) Is a unit paper record containing all emergency, clinic and hospital information. Patient information is being computerized as The Nebraska Medical Center moves towards an electronic medical record.
- b) Is confidential and must never be removed from the hospital or clinic.
- c) Must always be available for patient care. Call the Health Information Management Department to change the location in the computer if the record is moved from an area.
- d) Must meet the content requirements delineated in the Medical Staff Rules and Regulations.
 1. History and physical dictated prior to surgery or within 24 hours after admission.
 2. Operative report dictated immediately after surgery.
 3. **The Carecast number of the ordering provider is to be recorded for all orders.**
 4. Telephone and verbal orders must be signed, dated, and timed **by the receiving care provider. Verbal orders will be read back to the ordering physician.**
 5. All orders in writing, signed, dated (including the year), and timed.
 6. **The Nebraska Medical Center will designate abbreviations and symbols which are not appropriate for use in the medical record.** Abbreviations are never to be used in the final diagnosis. **Abbreviations will not be used on consent forms or other forms signed by the patient or patient representative.**
 7. Progress notes written as often as possible, but at least daily.
 8. Consultation report recorded within 24 hours of the consultation.
 9. Discharge summary should be dictated at the time of discharge. This should be a concise recapitulation of the reason for hospitalization, significant findings, treatment rendered, diagnoses, procedures, patient instructions and condition on discharge.

GUIDELINES FOR DOCUMENTATION

- Time (military time) and date all entries.
- Sign every entry you make including your professional title **and Carecast number**.
- Entries must be permanent – black ballpoint pen or typewriter – no pencils, colored ink or flair-type pens.
- Write legibly.
- Be specific – avoid generalizations and general characterizations. Examples of entries to avoid: “patient doing well,” “patient uncooperative,” and “patient ambulating.” How?
- Be objective – document facts – avoid tentative phrases such as “appears to be” and “seems to be.”
- Complete – include everything significant to the patient’s condition and course of treatment and document a typical treatment and the reasons for it. Enter any unusual occurrences and the responsive or remedial steps taken and the patient’s condition. Do not enter “incident report filed.”
- Display thought processes – if records document all available evidence was prudently weighed and a decision, even one with clinical risk to the patient, was carefully taken, the situation is far more defensible.
- Make sure entries are consistent and avoid contradictions.
- Make continuous entries – never skip lines or leave spaces.
- Documentation should prove you were there – sufficient entries in the attending physician’s own handwriting should demonstrate his full involvement in, and awareness of, the patient’s course of treatment.
- Make alterations carefully. Draw a single thin line through each line of inaccurate material making certain it is still legible, date and initial entry, add a note stating why entry is being replaced (i.e., error in entry), and enter the correction in chronological order. Do not obliterate entries.
- Avoid evidence of tampering.
- Never make or sign an entry for someone else or have another make or sign an entry for you.
- Avoid extraneous remarks or “jousting” (arguing, complaining, criticizing, etc.) with other health care professionals. Such entries show inattention to duty, unprofessionalism, and frivolity.

MEDICAL RECORD COMPLETION

Discharge summaries must be dictated within two days after discharge. It is best to dictate at the time of writing the discharge order. Operative reports are to be dictated immediately after surgery. The Health Information Management Department monitors compliance with these requirements and notifies the responsible staff physician who will lose his/her clinical privileges when records are not completed on a timely basis. This includes those records awaiting resident dictation.

POORLY KEPT RECORDS CAN CAUSE

- Errors or delay in treatment due to inaccurate or incomplete information.
- Loss of admitting/clinical privileges.
- Loss of malpractice suits.
- Delayed or denied reimbursement.
- Loss of accreditation status for the hospital.
- Loss of eligibility for intern/residency programs.

“Keep the record in such fashion that if all the practitioners treating a patient were suddenly to disappear, a new team coming on the scene could, from the record alone, immediately continue the best possible treatment.”

MEDICAL STAFF POLICIES

Medical staff policies are located in The Nebraska Medical Center Policy Manual. Please familiarize yourself with this information. They are available on The Nebraska Medical Center intranet site under Employee Resources/Policy and Procedures.

STUDENT AND HOUSE STAFF RESPONSIBILITY

House Staff who are in the Hospital shall at all times adhere to the policies and procedures governing the Medical Staff and The Nebraska Medical Center personnel.

It is particularly important for all students and house staff to be cognizant and respectful of the confidentiality and privileged character of their communications with and concerning patients, as well as all patient rights and responsibilities. Student and house staff interactions with The Nebraska Medical Center Hospital patients in regard to their medical care shall ultimately be under the clinical direction of the appropriate attending physician.

TELEPHONE ADVICE DOCUMENTATION

1. Documentation of telephone calls between The Nebraska Medical Center staff and patients is included in the medical record to ensure continuity of care. Required elements of documentation are based on the type of phone call.
 - a. Communication – patient information is exchanged between The Nebraska Medical Center and outside agency (i.e., VNA, nursing home, physician office). Information important to care management is to be documented in the record.
 - b. Coordination – assists patients to access patient care services such as appointments, referrals, arranging appliances/home care. These calls do not require documentation unless information is important to care management.

- c. Case management – requires an assessment of the patient’s description of symptoms and a review of the patient’s past medical history (i.e., medication refill, triage of an acute case, anticoagulation management, etc.)

Documentation in the record is to include:

- i. Description of the problem
 - ii. Pertinent symptoms/past history findings
 - iii. Assessment of the patient’s problem based on the above findings
 - iv. Instructions given or new plan of care
- d. Education – requires interpretation and explanation to the patient (i.e., lab/ test results, preparation for tests and procedures, counseling on medications, advice regarding symptoms or complaints, etc.)

Documentation in the record is to include:

- i. Description of the problem
 - ii. Information communicated
 - iii. Assessment of the patient’s understanding of information provided
 - iv. Instructions given or change in plan of care
- 2. Non-Nebraska Medical Center patients seeking medical advice should be advised to call the Medical Call Center. If an emergency is described, the caller should be advised to seek emergency care.
 - a. Advice to non-Nebraska Medical Center patients should be given according to the standard protocols for registered patients. Documentation of advice given to non-Nebraska Medical Center patients is to be sent to their physician. If the caller does not have a physician, the documentation is to be maintained in the Call Center.

ADVANCE DIRECTIVES

A copy of the Advance Directive is maintained in the medical record behind a clearly designated divider. Physicians should:

- a) Review the provisions of the Advance Directive with patient or patient’s representative and document the review in the record.
- b) Review the plan of care and treatment options in terms of the Advance Directive.
- c) Inform consulting physicians of the presence and provisions of the Advance Directive.

THE CONSULTATIVE PROCESS

The written request for consultation should be prepared by the attending Medical Staff or his/her house officer clearly indicating the questions to be addressed by the consultant.

- a) House officers should not initiate a consultation request without the consent of the patient’s attending physician except in cases of emergency.

- b) The consulted physician should be notified of this consultation request by a phone call from the attending Medical Staff or his/her house officer.

The formal consultation report should be prepared by the consulted Medical Staff or his/her house officer with clear indication of the participation of the Medical Staff.

- a) The consulted Medical Staff must initiate his/her participation and supervision very early in the consultative process.
- b) The consulted Medical Staff should write a progress note at the time of his/ her initial contact with the patient documenting his/her participation, indicating pertinent recommendations and that a formal consultation report will follow.
- c) The completed consultation report should be available within 24 hours of the request for routine consultations. d) The consultation report should be placed in the patient's chart and a copy sent to the referring physician.

GUIDELINES FOR REQUESTING AUTOPSIES

Efforts to obtain permission for an autopsy which meets the following screening criteria should be documented in the patient's medical record.

1. Unexpected or unexplained death, not subject to forensic medical jurisdiction.
2. To allay the concerns of the family or public, and to provide reassurance to the family.
3. Death within 48 hours of any procedure or medical/dental therapy.
4. Intraoperative/intraoperative death.
5. Deaths occurring in patients who have participated in clinical trials or protocols that are approved by the Institutional Review Board (IRB).
6. Natural deaths that are subject to, but waived by, forensic jurisdiction such as the following: (a) persons dead on arrival at the hospital; (b) deaths occurring in the hospital within 48 hours of admission; and (c) deaths in which the patient sustained or apparently sustained an injury while hospitalized.
7. Death due to high-risk communicable/infectious disease and/or environmental/occupational hazard.
8. Deaths incident to pregnancy or within 7 days following delivery.
9. Neonatal and pediatric deaths.
10. Death while on a psychiatric service, in the Emergency Room or in an outpatient setting.
11. Deaths associated with a possible drug reaction or blood product administration.
12. Death at any age in which it is felt that an autopsy would disclose a known or suspected illness, which may also have a bearing on survivors or recipients of transplant organs.

IDENTIFICATION OF ABUSE OR NEGLECT

Victims of abuse or neglect are identified using established criteria contained in Policy PE2 or available through Social Services.

USE OF RESTRAINTS

A physician's time limited order, written for a specific episode, must be obtained for use of any type of restraint. Written and verbal orders must be documented on the Restraint Order Form except when an approved protocol is in use. The order must contain start and end times with a maximum time of 24 hours, and should specify the reason for restraint use and the type of restraint. All orders must be written or countersigned within 24 hours. (See The Nebraska Medical Center policy TX-1, Restraint Use.)

CONSENT FOR TRANSFUSIONS – BLOOD COMPONENT ADMINISTRATION POLICY

- A. Informed Consent: See The Nebraska Medical Center Policy, MS-6, "Informed Consent for Transfusion of Blood and Blood Components" for full information.
 1. All patients who are likely to receive transfusions of blood and/or blood components must give informed consent to transfusion prior to administration of any blood products. **The Informed Consent to Transfusion of Blood or Blood Components form (The Nebraska Medical Center-168)** (see Attachment A), shall be used except in NICU, where the NICU consent form shall be completed. If the patient refuses transfusion, this shall also be documented on the same form. A label is placed on the chart, "No blood products per patient request."
 2. The patient's staff physician is ultimately responsible for ensuring the patient understands the risks and benefits of transfusion of blood and/ or blood components, and also the potential risks and benefits of refusing transfusion therapy. The staff member may delegate another member of the health care team, (e.g. house officer, physician's assistant, nurse, technician, etc.) to obtain informed consent. See **The Nebraska Medical Center Policy, MS-14, "Consents and Permits"** for full information.
 3. Clinical situations may occur in which it is not possible to obtain informed consent prior to transfusion. The attending physician is responsible to make this determination and document it in the patient's medical record.

CONSENTS AND PERMITS

Informed consent must be obtained and documented on The Nebraska Medical Center consent forms in the medical record for all diagnostic or therapeutic procedures including transfusion of blood and blood components. Consent must be obtained from a parent, legal guardian or other person legally authorized to give consent for patients other than competent adults. Obtaining a patient's informed consent is the responsibility of the Medical Staff member who will perform the procedure. The Medical Staff member may designate another member of the health care team (e.g., house officer, physician's assistant, nurse, technician, etc.) who is knowledgeable of the benefits and inherent risks of the procedure and of alternative procedures to obtain the patient's consent.

Generally, the following should be explained prior to obtaining a patient's consent: 1) the patient's diagnosis; 2) the proposed procedure; 3) the likely risks and discomforts of the procedure; 4) the expected benefits of the procedure; 5) alternative decisions open to the patient; 6) the patient's prognosis with and without the procedure; and 7) the identity of the staff member performing the procedure and any additional health care professionals responsible for and who may perform the procedure. Consent is valid until consent is withdrawn by the patient or until the clinical status of the patient changes such that the treatment is no longer appropriate to the condition(s). As a general rule, new consent to treatment should be obtained upon each hospital admission or for any significant change in the status of any of the seven items noted above.

ADVERSE DRUG REACTIONS INCIDENT REPORTING

An adverse drug reaction is defined as a pharmacologic or idiosyncratic effect of medication which is unintended or excessive. A Med Watch Form (FDA form 3500) is to be completed when an adverse drug reaction is suspected. Pharmacy and nursing personnel are available to assist in the completion of this documentation.

REMOVAL OF SPECIMENS

A. Policy

All specimens removed during operative procedures, unless specifically excepted, shall be sent for examination. A written report on the examination shall be provided and placed in the medical record within 48 hours. Longer turnover time is accepted in specimens needing decalcification and special procedures such as immunohistochemistry and electronmicroscopy. Foreign bodies of medical/legal consequence, such as bullets, may be given directly in the chain of custody to law enforcement officials.

B. Exceptions

The only exceptions are newborn foreskin (less than one year); teeth and tooth fragments removed for traumatic injury; non-tissue medical/therapeutic devices such as IUD's, pessaries, orthopaedic pins, screws, plates and other fixation devices, but not including prostheses. Catheters, stents, injection ports and the like are to be included on this list as are foreign bodies not having any medical/legal consequences. Cataracts; normal placentas; normal vaginal mucosa removed during perineal repair procedures; normal tissue removed for surgical access; skin and soft tissue debridement resulting from traumatic injury; and excess normal tissue removed for the purpose of grafting or scar tissue, from plastic/reconstructive or cosmetic procedures.

Human tissues removed during the course of an approved Institutional Review Board research protocol may be excepted from pathologic examination by specific action of the Pathology Service Chief.

All instances where specimens removed during an operative procedure fall within the class of exceptions shall be clearly documented in the operative report.

C. Non-Compliance Procedure

Compliance with this policy will be monitored by The Nebraska Medical Center Tissue Committee through review of the operative record. In those instances where exceptions are not properly documented in the operative report, the committee will refer the case to the service involved for review and response.

All responses will be reviewed by The Nebraska Medical Center Tissue Committee.

THE NEBRASKA MEDICAL CENTER DICTATION INSTRUCTIONS INPATIENT/OUTPATIENT CLINICS

1. Dial 402-552-2148 or 1-800-531-6210.
2. Enter "1" for The Nebraska Medical Center, enter "2" for Bellevue Medical Center.
3. Enter User ID number followed by the # key.
4. Enter "1" for hospital dictation or "2" for clinic dictation.
5. To dictate press "1", to review press "3".
6. Enter Work Type followed by the # key.
7. Enter Medical Record number followed by the # key.
8. Enter Department Number followed by the # key (clinic dictation only).
9. Press "2" to begin dictating, press "2" to pause.
To dictate several reports, press "8" at the end of every report and repeat steps 6-9.
10. Press "5" to disconnect.

DICTATION GUIDELINES

- Dictate reports on time.
- STATE YOUR FULL NAME (with spelling). If you are a resident dictating, STATE THE FULL NAME OF THE STAFF PHYSICIAN for whom you are dictating, and the service.
- PATIENT NAME (with spelling).
- PATIENT MEDICAL RECORD #.
- DATE OF SERVICE.
- TYPE OF REPORT (e.g., H&P, progress note, letter, procedures, discharge, etc.).
- When dictating copies for physicians, GIVE THE SPELLING OF THE PHYSICIAN'S FULL NAME AND ADDRESS, including city and state.

- When dictating clinic notes for Internal Medicine, USE THE SOAP FORMAT, KEEPING IT IN ORDER:
Subjective, Objective, Assessment and Plan.
- No tapes will be accepted.
- SPELL UNUSUAL MEDICATIONS AND DO NOT ABBREVIATE THE NAMES OF THE MEDICATIONS (e.g., amp/gen for ampicillin/gentamycin).
- Press 5 to disconnect from system.
- ***When dictating, speak in a normal, conversational tone, enunciate clearly, do not dictate while eating or drinking. Dictate in a quiet place if at all possible. Background noise will make it difficult to understand your dictation.***

Your time, attention and thoughtful consideration to this matter is greatly appreciated.

REPORT WORK TYPES:

- 1 H&P
- 2 Consultation
- 3 Operative/Procedure Report
- 4 Discharge Summary
- 5 Vascular Lab/Cardiology
- 6 GI
- 7 Letter
- 10 Transfer Summary
- 15 Pre-op H&P
- 16 TPP
- 17 No Show Note
- 84 Psychiatric Social Work Assessment
- 85 Psychiatric Admission Assessment
- 86 Psychiatric H&P
- 87 Psychiatric Discharge Summary
- 88 ECT Report

CONTENT AND FORMAT GUIDELINES

HISTORY & PHYSICAL (Dictate within 24 hours of admission)

- Admission date, planned admission date or date of outpatient surgery
- Chief complaint
- History of present illness - include assessment of emotional, behavioral and social status when appropriate.
- Relevant past medical, social and family history appropriate to patient's age
- Review of body systems
- Comprehensive physical assessment
- Conclusions/impression
- Course of action planned for hospitalization

DISCHARGE SUMMARY (Dictate at time of discharge - overdue within 48 hours of discharge)

- Admission date, planned admission date, or date of outpatient surgery
- Name of attending physician
- Name of referring physician
- Name of resident physician(s)
- Final diagnosis (all conditions that affected treatment, operative procedures, and length of stay)
- Procedures performed during admission
- Reason for admission (reason for hospitalization and pertinent physical findings)
- Hospital course (significant findings, treatment rendered, patient's condition on discharge)
- Discharge instructions (instructions on physical activity, medications, diet, and follow-up care)

OPERATIVE REPORT (Dictate immediately after procedure)

- Date of operation
- Preoperative diagnosis
- Postoperative diagnosis
- Staff surgeon and any assistants
- Resident surgeon(s)
- Operation performed
- Estimated blood loss
- Technical procedures used and specimens removed
- Description of findings

CONSULTATION REPORT

- Date of consult
- Staff referring physician & service
- Staff consultant & service
- Review of the record/physical examination
- Impression
- Recommendations

PHARMACY & PATHOLOGY SERVICES

Executive Director: Michael F. Powell, MS, FASHP

PHARMACEUTICAL & NUTRITION CARE

Director: Christopher Shaffer, Pharm D

Pharmacy Administration offices are open from 0800-1630 Monday through Friday.

Please call us **(9-4225)** if you have questions regarding pharmacy. After 1630, and weekends/holidays, call the IV room **(9-5334)**.

PHARMACY HOURS

Inpatient Pharmacy (ext. 9-7235)

24 hours/day, 7 days/week.

FLOOR PHARMACISTS

North Tower (Clarkson)

Floor	Pager
6CN/4CLD	402-888-2845
5N	402-888-4334
CPCU (7NE, 7SE, 7SW and 7NW)	402-888-3936
8N	402-888-5390
8 Tele	402-888-3936
9N	402-978-1520
Lied CCC	402-888-0874
OR	ext. 2-2147

South Tower (University)

Floor	Pager
4W	402-888-1203
PICU/6UNS/6UNW	402-888-1549
5W	402-888-1202
6W	402-888-1675
OHSCU	402-888-1201
AICU	402-888-6003
OR ext 9-9440	402-888-3204
NICU	402-888-1967

Clarkson West Infusion Pharmacy 888-1120

Pharmaceutical Care Teams

	Pharmacist Specialists	
Cardiology	Brian Trevarrow, PharmD	402-888-3424
Central Operations	Sabrina Beck, PharmD	402-888-0603
Critical Care	Steve Nissen, PharmD, BCPS	402-888-2209
Family Medicine Clinic	Lily Chang, PharmD, BCPS, CDE	402-888-2913
Internal Medicine	Kristin Daniel, PharmD	402-888-0262
Internal Medicine Clinic	Jennifer Cowley, PharmD, BCPS	402-888-3516
Liver Transplant	Megan McCartan, PharmD	402-888-3040
Oncology	Tom Davis, PharmD	402-888-3101
Pediatrics & Women's Health	Jennifer Knight, PharmD, BCPS	402-888-0604
Surgical Services	Brian Schmer, Pharm.D	402-888-4339

The Nebraska Medical Center Clinic Pharmacy (ext. 9-5215)

Pharmacist-in-Charge: Pamela Miller, PharmD (ext. 9-5106)

Mon.-Fri.	7:00 a.m. – 9:00 p.m.
Sat. & Sun.	8:30 a.m. – 4:30 p.m.
Holidays	8:30 a.m. – 4:30 p.m.

The Nebraska Medical Center Summit Plaza Pharmacy (402-595-8757)
Pharmacist-in-Charge: Tamela McCreadie, PharmD

Mon., Tues., Thurs. 8:00 a.m. – 7:00 p.m.
Wed. & Fri. 8:00 a.m. – 5:00 p.m.
Sat. 8:00 a.m. – 12:00 noon

The Nebraska Medical Center Pharmacy Smoking Cessation Program
402-559-5215.

The Nebraska Medical Center Clinic Pharmacy offers a Smoking Cessation Counseling program for ambulatory patients. The program is modeled after the U.S. Public Health Service's "Treating Tobacco Use and Dependence" Clinical Practice Guidelines. Patients and providers can access a counselor by calling 402-559-5215.

The Nebraska Medical Center Pharmacy I-Care Program 2-3914

The Pharmacy I-Care Program is designed to assist patients who have no prescription coverage and lack the necessary funds to purchase needed medications. Patients can be referred to the program at the number listed above.

CLINICAL DECISION SUPPORT SERVICES

Manager: Lori Murante

Decision Support & Drug Information Services are available to The Nebraska Medical Center and University of Nebraska Medical Center health care professionals. Office hours are Mon.-Fri. 8:00 a.m. to 4:30 p.m. We are closed Holidays including the Friday following Thanksgiving. Contact us at **(ext. 9-4114)**.

Decision Support & Drug Information Service Teams

Pharmacist Specialists

Antimicrobial Stewardship	Elizabeth Hermsen, PharmD, MBA	402-888-1808 ext 9-4287
Drug Information	Lisa Worrall, PharmD, BCPS	ext 9-6754
Drug Use Evaluation	Erin Iselin, PharmD	402-888-1868 ext 9-9932
Drug Policy & Outcomes	Sara Shull, PharmD, MBA	ext 9-9119
Medication Safety	Colleen Malashock, PharmD	ext 9-8804

PHYSICIAN LICENSURE

1. All medical residents must have a Nebraska license number or T.E.P. number to legally write any prescription.
2. A DEA number is also required to prescribe any controlled substance listed as Schedule II, III, IV or V and must be placed on all prescriptions for controlled substances including inpatient.
3. The ANHS Physician Signature Card provided at orientation must be signed and returned to Outpatient Pharmacy (ZIP 9200) upon receipt. JCAHO requires pharmacy to have this card on file.
4. All medical students must have their prescriptions or inpatient orders cosigned by a resident or staff physician.

SCHEDULE DRUGS

Narcotic legend items (scheduled drugs or controlled substances) are divided into five classes, classes C-I thru C-V.

1. C-I narcotics are illegal (street) drugs, highly addictive, and are currently of no accepted medical value (examples: LSD, PCP, and marijuana).
2. C-II narcotics have high abuse potential. Prescriptions for these items cannot be called in over the phone. They can be typed or written, but they need to be signed by a physician (no stamped signatures) who has a Federal DEA license. No refills are allowed on C-II prescriptions. Federal and State laws prohibit pharmacies to refill C-II medication prescriptions.
3. Schedules III, IV and V prescriptions can be called in to the pharmacy. Refills on schedules III thru V are limited to 5 times or 6 months, whichever comes first. After this time, a new prescription must be initiated to comply with federal law.
4. Nebraska law prohibits physicians from writing a controlled substance prescription for themselves. A physician may write a controlled substance prescription for a family member only in an emergency situation.

SAFE MEDICATION ORDER WRITING – A Medical Staff Initiative

Complete medical records are essential for quality care of patients and for communication among medical personnel. The medical record should contain sufficient information to identify the patient, support the diagnosis, justify the treatment, and document accurately.

The following elements are essential for all medication (inpatient & clinic) orders:

- **Date & time all orders**
- **Include patient weight** (in kilograms or grams)
- **Drug Name** (generic names are preferred)
- **Dose** (dose/kilogram/interval for all patients less than 40 kilograms)
- **Dosage Units** (use metric units where possible)
- **Diluents** (specify when diluent OTHER THAN standards such as 5% Dextrose or 0.9% NaCl are needed)
- **Include Dosage Form/Route of administration**
- **Frequency or Interval must be included** (all PRN orders must also have frequency and interval included)
- **Signature (including credentials) and Medical Staff Number**

For complete, up-to-date information and safety initiatives, please access The Nebraska Medical Center website, Medical Staff Policies (MS9). Additional Safety Information can be found on the same website by searching Departments, Performance Improvement, and accessing the P.S. WeCare website.

GENERAL PRESCRIPTIONS INFORMATION

1. Prescriptions may not be refilled after one year (including PRN refills). A new medication order must be initiated.

2. If patients who do not reside in the Omaha Metropolitan area want to fill their prescription(s) at The Nebraska Medical Center, please write for enough medication to last until their next clinic visit.
3. Discharge Prescriptions
A technician from The Nebraska Medical Center Clinic Pharmacy will pick up written prescription(s) for patients being discharged after determining the patient's desire to have it/them filled by The Nebraska Medical Center. The prescription(s) will be faxed to the The Nebraska Medical Center Clinic Pharmacy. A pharmacist will provide patient counseling when the patient, friend or family member comes to pharmacy to pay for the prescription(s). The floor pharmacist should be contacted after hours for take-home medications. The discharge technician carries pager 402-888-3419 and is available 8:00a.m. to 4:30p.m., 7-days a week.
4. House Officers must register their families at Outpatient Registration in order to have their prescriptions filled at the Clinic Pharmacy.

MEDICAL NUTRITION THERAPY

Department of Pharmaceutical and Nutrition Care
402-559-4225

The Nebraska Medical Center Medical Nutrition Therapists are Registered Dietitians (R.D.) and are Licensed Medical Nutrition Therapists (L.M.N.T.) in Nebraska. They conduct nutrition assessments for patients who screen at nutritional risk, develop nutrition care plans consistent with the overall plan of care, provide recommendations for total parenteral nutrition/tube feedings/oral diets, and conduct nutrition education/counseling. In specialty service areas, Medical Nutrition Therapists follow patients within assigned services to ensure continuity through inpatient and outpatient care. For specific information regarding service assignments, please call the Nutrition Technician Office at 402-559-4266. Medical Nutrition Therapists may also be contacted directly via pager:

Medical Nutrition Therapists:	Pager #:	Service Areas:
Bever-Keim, Diane, RD, LMNT	402-888-5104	AICU-Burn-Wound
Bishop, Brenda, RD, LMNT	402-888-4524	Diabetes/Nutr Counseling Ctr (OP)
Culwell, Karley, RD, LMNT	402-888-0769	Liver-SB Tx (Adult)
Ferguson, Nessie, RD, LMNT	402-888-3597	Diabetes
Fox, Nicole, RD, LMNT	402-888-1846	Cowdery Patient Center
Hanson, Corri, RD, LMNT	402-888-2330	Pedi-NICU
Harders, Heidi, RD, LMNT	402-888-0775	Cardiology-Cardiac Rehab
Iverson, Angie, RD, LMNT	402-888-1847	Pedi Liver-SB Tx
Kluver, Elizabeth, RD, LMNT	402-888-1508	Med-Surg
Mann, Tracy, RD, LMNT	402-888-0546	Family Med
McClenahan, Jayne, RD, LMNT	402-888-0633	Pedi-GI (OP)
McElligott, Maxine, RD, LMNT	402-888-0970	Diabetes
McLaughlin, Sue, RD, LMNT	402-888-5548	Diabetes
Mordeson, Brigid, RD, LMNT	402-888-2230	Pulmonology CF (Adult)

Nichter, Lisa, RD, LMNT	402-888-0251	Family Med (OP)
Payzant, Kristen, RD, LMNT	402-888-5106	Med-Surg
Polich, Cindy, RD, LMNT	402-888-5699	Diabetes
Robertson, Barbara, RD, LMNT	402-888-1848	CCM-Trauma
Shiller, Sarah, RD, LMNT	402-888-5305	Med-Surg
Skrabal, Jill, RD, LMNT	402-888-3598	Metabolism-Consult
Spurgeon, Nikki, RD, LMNT	402-888-1512	Cardiology-Med-Surg
Stirek, Molly, RD, LMNT	402-888-5100	Renal-Tx
Sunderman, Brandy, RD, LMNT	402-888-5551	Pedi IRP
Walter, Georgia, RD, LMNT	402-888-2027	Pedi Gen-Spec
Weseman, Becky, RD, LMNT	402-888-2026	Liver-SB Tx-IRP (Adult)
Witkowski, Barbara, RD, LMNT	402-888-2915	Pedi Pulmonology-CF
Woscyna, Glenda, RD, LMNT	402-888-0574	Manager, Nutrition Care

Routine hours of service are Monday-Friday 7:30 a.m. - 4:30 p.m.
Weekend/holiday coverage is provided and can be accessed as follows:

Nutrition Technician Office: 9-4266
Hospital Operators: 2-2000; 9-4000

NEBRASKA REGIONAL POISON CENTER

402-955-5555 (Omaha) or 1-800-222-1222 (Nebraska & Wyoming)

Provides 24/7 advice on treatment of poisonings to health care professionals and the public. Also provides professional and public education.

CLINICAL TRIALS OFFICE

Serves as a central office that focuses on the development of programs designed to improve or enhance clinical research at The Nebraska Medical Center and UNMC; to develop appropriate educational programs; and to attract and retain a wide variety of industrial research partners in order that we may provide the most current therapies in the region.

Principal responsibilities include, but are not limited to the following:

- Establish the CTO as the primary source for industry's clinical research needs
- Efficiently execute clinical research agreements between the Investigator and the CTO
- Provide regulatory application assistance
- Provide clinical research education for faculty and staff
- Forward study opportunities and daily study conduct to faculty and industry
- Explain realities of research conduct, etc. to faculty
- Host site evaluations
- Recruit and place clinical trial opportunities

Contact us at: **(2-2254)**

Mark Rupp, MD

Medical Director

e-mail: merupp@unmc.edu

Jen Cavalieri, BSN, RN, CCRC

Manager, Clinical Trials Office

e-mail: rjcavalieri@nebraskamed.com

PATHOLOGY AND MICROBIOLOGY

The Nebraska Medical Center
Steven Hinrichs, M.D., Professor and Chairman
Room 3514, MSB Building
402-559-4186

TELEPHONE NUMBERS

Department of Pathology and Microbiology: (0800-1700 M-F)
9-4186

Main Offices:

The Nebraska Medical Center Laboratory
402-559-1030

Questions concerning the Clinical Laboratory are welcome. Our staff is happy to discuss any clinical or diagnostic concerns with you. Active communication is essential to provide optimum patient care.

If a technical problem occurs with the laboratory, you are asked to contact the appropriate medical technologist section manager, shift coordinator, or the laboratory manager via extension 9-1030 (for The Nebraska Medical Center Clinical Laboratory). In addition, a Pathology resident and staff member are available at all times to address problems or provide consultation. Pathology staff and/or residents can be contacted between 0800 and 1700 on weekdays via extension 9-4186. On weekends and evenings, the "on call" resident can be reached on pager #**1380**. The hospital operator and the clinical laboratory front desk (9-1030) have copies of the Pathology "on call" schedule. The resident and staff on-call are also available through web on call. The following pager numbers may be useful for your reference:

Pathology Resident, General "On Call" (24 hours daily)	1380
Pathology Resident, Surgical Frozen Section Service (0800-1700 M-F)	call 9-9204

The Laboratory Service Manual can be found online at <http://info/redbook/>. This includes a list of medical and technical staff, section specific policies, and specimen requirements, reference ranges and test methodologies.

ETHICS CONSULTATION SERVICE (ECS)

Pager 402-888-2078

Modern health care sometimes raises complex and troubling issues. Patients or loved ones may not want a procedure the doctor recommends. Patients or loved ones may want a treatment the doctor doesn't agree with. Family members may not agree on what is the right course to take. Caregivers may not agree on what is the right course to take. A proposed action may have religious or moral dimensions – for example, starting, continuing or stopping a breathing machine or feeding tube.

When interested parties are not able to agree on the best course, the Ethics Consultation Service (ECS) can help bridge the communication gap.

The ECS is an advisory service available to patients, loved ones, medical professionals, students, or any other person who is concerned about the ethical aspects of a patient's care. Our trained ECS professionals can help to:

- identify ethical tensions in the care of a patient
- analyze these issues through careful dialog
- resolve ethical dilemmas through a process of shared decision-making with those involved in the case.

The recommendations of the ethics consultation service are not binding. However, the consultation process itself generally moves the parties toward agreement.

Ethics consultation is designed to support, not replace, normal lines of communication about ethically troubling situations. Requests for help from the ECS are encouraged when:

- a patient, family member or health care provider wants to “talk through” a troubling situation;
- efforts by the patient, family, attending physician and other professional staff to resolve disagreements have been inconclusive;
- sources of conflict appear to arise from differing values, goals or priorities.

Ethics consultation is available 24/7 by paging 402-888-2078 or calling the hospital operator. There is never a fee. Any patient, family member, friend, or health care provider can call.

PSYCHOLOGY DEPARTMENT

Samuel T. Gontkovsky, Psy.D., Manager
Rm 5016 – Specialty Services Pavilion
402-559-5031

The Psychology Department provides the full range of psychodiagnostic and consultation services to include neuropsychological, personality, intellectual, educational, and behavioral health assessments for adults, adolescents, children, and geriatric patients. Treatment services include individual, marital, and family therapy, consultation on coping with illness, trauma, stress-disorders, habit disorders, and behavioral health.

Functions

Patient Services:

1. Neuropsychological Evaluation
2. Psychological Evaluation
3. Pre-surgical Psychological Evaluation and Consultation
4. Psychotherapy/Counseling (children, adolescents, adult, geriatric)
5. Health Psychology
6. Behavioral Management
7. Marital Therapy

Consultation:

Psychological/Neuropsychological consultation on inpatients or outpatients may be requested to facilitate the understanding and management of emotional and/or cognitive factors associated with patients' health care problems. Telephone requests to the department will facilitate our ability to respond more quickly to your needs.

SOCIAL WORK DEPARTMENT

Susan Stensland, LCSW, Manager
402-559-4676

General Information

The department is comprised of a director, manager, and master prepared social workers. Social workers are assigned to the various clinical services. Formal social work training emphasizes the areas of human behavior, individual and family counseling, problem solving, law, social and government policy, and community resources.

Functions

Patient Services

1. Crisis intervention and supportive counseling.
2. Financial counseling.
3. Pre- and post-hospital planning.
4. Assistance with arranging emergency shelter, food, and transportation.
5. Assistance with rehabilitation or nursing home placement.
6. Liaison with health and community agencies.
7. Social history and evaluation are available on designated specialty services.
8. Information and referral services for patients/families.

Consultation. Aiding the health care team in understanding the significance of social, emotional and economic factors in relation to the patient's illness, treatment and recovery.

Referrals. May be made by the physician, staff nurse, patient, family members, other hospital staff members or concerned members of the community. The Nebraska Medical Center/UNMC staff enter an order identifying referral need via computerized patient information system (Centricity).

- Social Work Telephone: 402-559-4420.
Telephone coverage: M – F, 8 am – Noon & 12:30 pm – 4:30 pm.
Auidx other hours.
- Walk-in patients are seen in M – F, 8:30 am – Noon & 12:30 pm – 4 pm.
(Room UT 2404).
- After working hours or on weekends, a social worker is always on call to assist with emergent problems. Minimal on-site staffing is available on weekend days for critical issues. The hospital operator can page the social worker on call during those hours.

Fees. There is no direct charge to patients for medical social work services.

INFORMATION TECHNOLOGY SERVICES

Business Service Center (AX10 or 4230 Building) – Campus Zip 5030

ITS Internet Site: <http://www.unmc.edu/its>

GENERAL OVERVIEW

Information Technology Services (ITS) provides for voice, video and data systems and services to UNMC and its healthcare partners. The primary focus of ITS is to provide the resources to help faculty, staff and students fulfill UNMC's mission of health professions education, research, health care and outreach to the underserved.

Educational Technology Use at UNMC

Some of the major educational technologies at UNMC include the Blackboard Online Course Management System, classroom technologies, computer clusters, distance learning, classroom capture technologies and a Faculty Development Center.

Classes, training and self-study options are available on numerous desktop applications.

For more information about these services visit the ITS internet at <http://www.unmc.edu/its> (IT Services)

UNMC is committed to providing students the chance to work with state-of-the-art health care systems.

NUMBERS TO CALL:

Help Desk (Computers & Phones)

	Phone	Fax
Adds, Moves, Changes (phones & computers)	9-7700	9-4899
Audio Visual Hardware Distribution	9-4305	9-7103
Classroom Technical Assistance	9-7665	
Computing Course Registration	9-7284	
Data Center Operations	9-5378	
Distance Learning	9-7609	9-7103
Information Security Incident Reporting	9-7700	
Multimedia Equipment Distribution	9-4305	9-7103
Technical Assistance for Video & Distance Conferencing	9-8090	
Telephone Billing Inquiries/Calling Cards	9-6225	
Test Scanning Services	9-7263	9-3648
Video Conference Scheduling	9-9049	9-7103

INFORMATION SECURITY

The University of Nebraska Medical Center (UNMC) and The Nebraska Medical Center have a robust information technology environment. It is the responsibility of the workforce to utilize information technology resources in an appropriate manner. Individuals with access to information systems are expected to safeguard

resources and maintain appropriate levels of confidentiality, abide by UNMC/ The Nebraska Medical Center **appropriate use policies and procedures**, and abide by all **HIPAA privacy and confidentiality regulations**.

- Access to electronic health records is administered by The Nebraska Medical Center, a partner with University of Nebraska Medical Center.
- Security of patient information is a key issue with all electronic health records.
- Confidential information must be stored on network drives or encrypted hard drives.
- Mobile devices must be encrypted.
- Access to systems is controlled by security requirements dictated by on-campus and off-campus use and the capabilities of the systems being used. In order to access any of these systems, all users must use personal IDs and passwords.
- To protect confidentiality of patient information, you are not authorized to give your ID/password to any other person for any reason, except Information Technology Services for computer maintenance.
- In order to protect the confidentiality, integrity and availability of the network resources, ITS utilizes industry information security practices, which includes monitoring network resources.

UTILIZATION MANAGEMENT

Jennifer Wemhoff, Manager
Phone: 402-552-3910

The goal of the Utilization Management Program at The Nebraska Medical Center is to provide high quality, cost-effective patient care and to assure the appropriate utilization of hospital resources in accordance with the requirements of the JCAHO, the Peer Review Organization, the Fiscal Intermediaries, Third Party Payers, and other federal and state agencies.

1. Pre-admission testing will reduce the cost of inpatient stays by providing diagnostic information prior to admission.
2. Patients should not be admitted for their own convenience, the convenience of their family, or the convenience of the medical staff.
3. All diagnostic procedures should be performed on an outpatient basis when possible.
4. Consider the cost of diagnostic tests, treatments, and therapeutic alternatives.
5. Accurate and timely documentation of treatments, therapies and diagnostic procedures, as well as the patient's condition, should be entered into the medical record.
6. Discharge planning should be an integral part of the patient care and should start as soon as possible.
7. Patients can not be released on a "Leave of Absence, LOA," as insurance companies will then issue a denial of payment.

Utilization Care Coordinators evaluate the patient's admission using criteria for the severity of illness and intensity of service required for that admission. Cases not meeting criteria are discussed with the attending physician and may be referred to the Medical Director for review. If the physician feels that the admission is inappropriate, the attending physician is notified verbally. Denial letters are issued if the attending physician agrees or cannot provide adequate information to justify the admission. If the insurance company denies the stay, the physician may need to do an MD to MD review with the insurance medical director.

In order to admit a patient to the hospital, the physician should contact the Admitting/ Access, of the planned admission and provide the following information:

- Patient's name
- Medical record number
- Planned admission date
- Admit as full inpatient or place as observation
- Patient's age
- Attending physicians
- Reason for admission (primary diagnosis)
- Secondary diagnoses
- Treatment plans (surgery, procedures, diagnostic test)
- Any other pertinent data

Patients are evaluated on a concurrent basis by the Utilization Care Coordinator. If the admission does not continue to meet inpatient criteria, the attending physician will be contacted by the Utilization Care Coordinator and/or Executive Health Resources.

The UM Care Coordinator will review all the hospital medical records and communicate with the health team in regard to the care received, insurance information, and the discharge need of the patient. Telephonic/Fax reviews are conducted by UM Care Coordinator with the insurance companies to provide information and ensure reimbursement. If the case is reviewed by the insurance company and a denial of payment is determined, an appeal will be made by the physician/UM staff.

Observation Guidelines:

Observation services are defined as those services that are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. A patient in observation may improve and be released, or be admitted as an inpatient.

When admitting Medicare patients for observation, physicians must follow the CMS (Centers for Medicare & Medicaid Services) rules.

1. The physician will document on the chart "Place in observation," or "Admit to full admission" based on medical necessity, information in a medical record and medical criteria.

2. CMS expects most observation patients to be in the facility for **less than 48 hours**.
3. As of March 2009 The Nebraska Medical Center has contracted with outside physician review agency called the Executive Health Resources, Utilization Management is required to take all Medicare, and non managed Medicaid cases to them for review if the patient is not meeting inpatient criteria.
4. The peer review agency will contact the attending physician and advise them if they determine the patient should be in a different admission status.
5. Utilization Management will follow up with the admitting physician on as needed basis when the admission status is changed.

Utilization Management office hours are Monday through Friday 6:00 a.m. - 6:00 p.m. Saturday and Sunday, 7:00 a.m.- 3:30 p.m. On page coverage after hours provided via web on call.

BOOKSTORE

Tina Spencer, Manager
Room 2002, Student Life Center
402-559-4455

The UNMC Bookstore carries an impressive selection of text and reference titles in Medicine, Nursing, Pharmacy and Allied Health. If we do not have a title in stock, we will gladly special-order it for you at no additional charge. In addition, the Bookstore sells lab coats, scrubs, school supplies, clothing, and insignia items. We are anxious to serve the Medical Center community.

Internet: www.unmcbookstore.com

SAFETY

Hospital Safety Operations – Larry Nelson, Lead 402-552-3448
UNMC Safety Office – John Hauser, Manager 402-559-7315

Occasionally inspectors and surveyors may tour the hospital. You may be stopped and asked what your role is during certain emergency situations such as fire, severe weather and external disasters. You should review this information and be prepared to answer the questions and/or take part in drills. Please contact Safety Operations if you have any questions regarding this information.

FIRE EMERGENCY PLAN FOR MEDICAL STAFF

(Refer to the Emergency Preparedness Procedures Manual found on the patient care unit for general information)

In the event of an actual fire at University Tower or Clarkson Tower, the medical staff, including house officers, is expected to go to the area(s) where the patients are evacuated and assist in the treatment and care of patients.

Other fire safety information:

1. Fire alarm sounding, no smoke or flames sighted.
 - Non-hospital areas - evacuate building
 - Hospital - prepare to evacuate patients, visitors and staff to safe area in the event of real fire in the immediate vicinity.
2. Smell something burning, no smoke:
 - Call Security (9-5111)
 - Prepare to evacuate
3. Smoke and/or flames sighted:
 - Activate the **R.A.C.E.** process
Rescue those in danger
Alarm, pull fire pull station and call **9-5555**
Confine the fire by closing all doors behind you as you leave an area
Evacuate as needed and/or attempt to **Extinguish** the fire, if possible
 - **Do Not Attempt to Use Elevators**
 - Assemble a safe distance from the building (non-hospital)

SEVERE WEATHER PLAN FOR MEDICAL STAFF

(Refer to the Emergency Preparedness Procedures Manual general information)

Severe Thunderstorm Warning:

Severe Thunderstorm Warnings are issued when there are severe thunderstorms in the area. These storms may include strong winds, large hail, heavy rains and lightning. Interruptions of normal electric power can occur during these storms. These storms can produce tornadoes with little or no warnings. Be alert and prepared to take action in the event a Tornado Warning is issued.

Tornado Watch: (The atmospheric conditions are right for a tornado)

If on campus, prepare to report to the patient care units to care for patients in the evacuation areas in the event a tornado warning is issued.

Tornado Warning: (A tornado has been sighted in the local area)

1. Do not leave building.
2. If on campus, report to the tornado evacuation area in the patient care units and assist in the care and comforting of patients.
3. Stay away from exterior doors and windows.
4. House Officers should report to evacuation areas and continue care of patients.

EXTERNAL DISASTERS (CODE TRIAGE)

(Refer to External Disaster Plan – Hospital Policy EC 1000 –)

House Staff will report to the Staffing Area/ Labor pool area located in the North end of University Tower Cafeteria if not otherwise specified. Note the following:

- House Staff activate their department's calling tree (some departments).
- It may take up to 30 minutes for the Staffing Area/Labor Pool to be established. (Ext 9-2816)

The external disaster plan is activated when the hospital expects to receive a number of victims from an on-campus emergency or an incident in the community. This includes aircraft crashes, fires, tornadoes, explosions, etc. The code name for external disasters is “Code Triage.” A “code triage standby” is issued to alert staff of a situation that may necessitate the activation of the disaster plan. “Code Triage Activate” is announced once the disaster plan has been activated. In many departments, the on-call resident receives the notification for Code Triage and is expected to start the department’s calling tree.

ACTIVE SHOOTER/CODE SILVER

Profile of an Active Shooter

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Characteristics of an Active Shooter

- Victims are selected at random.
- The event is unpredictable and evolves quickly.
- Law enforcement is generally required to end the event.

If “Code Silver” is announced or an Active Shooter is in your vicinity:

CALL 911 to report the location of the assailant when it is safe to do so.

1. EVACUATE
 - Have an escape route and plan in mind.
 - Leave your belongings behind (except for your cell phone).
 - Keep your hands visible.
2. HIDE
 - Try to hide out of the shooter’s view.
 - Block entry to your hiding place, turn off lights and lock the doors.
 - Silence your cell phone and/or pager.
3. TAKE ACTION
 - As a last resort and only when your life is in imminent danger:
 - Make a plan with others in the room about what you will do if the shooter enters.
 - Attempt to incapacitate the active shooter and do whatever is necessary to survive the situation.

If outside when a shooting occurs

- Drop to the ground immediately, face down as flat as possible. If within 15-20 feet of a safe place or cover, duck and run to it.
- Move or crawl away from gunfire, trying to utilize any obstructions between you and the gunfire. Remember that many objects of cover may conceal you from sight, but may not be bulletproof.

- When you reach a place of relative safety, stay down and do not move. Do not peek or raise your head in an effort to see what may be happening.
- Wait and listen for directions from law enforcement personnel.

When Law Enforcement Arrives

- The priority of the first responders will be to identify the shooter. Law enforcement will need to ensure that you are not the shooter.
- Do not scream, yell, point, or wave your arms.
- Do not hold anything in your hands that could be mistaken for a weapon (including cell phones).
- Be quiet and compliant.
- Show the officers your empty hands and follow their instructions.
- When it is safe to do so, you will be given instructions as to how to safely exit your location.

To watch the Active Shooter Training Video go to:

http://info.unmc.edu/media/security/shots_fired_univ_large.wmv

THE CENTER FOR CONTINUING EDUCATION

Eppley Science Hall
402-559-4152

MISSION STATEMENT:

UNMC's Center for Continuing Education is dedicated to life long learning through the promotion and delivery of educational programs for healthcare professionals in Nebraska, the region and the nation.

The content of the educational activities sponsored by the University of Nebraska Medical Center, Center for Continuing Education provides educational activities for primary care and specialty physicians as well as other healthcare professionals. Different types of educational activities includes live activities, conferences and workshops; audio; video; and computer-based learning activities.

As a result of the educational activities, the University of Nebraska Medical Center, Center for Continuing Education focuses on improving the health of patients by educating and modifying the professional behaviors of the physician and other healthcare providers.

Preregistration is required at most continuing education activities and can be handled either via telephone, fax, email or on-line at www.unmc.edu/coned.

COUNSELING SERVICES

Counseling, assessment, referral and psychological support are available free of charge through the UNMC Faculty/Employee Assistance Program (FEAP) and Student Counseling Center. For information or to schedule a confidential appointment, faculty/employees should call the FEAP at 402-559-5323 or 402-559-5175. Students and residents seeking assistance should call the Student Counseling Center at 402-559-7276.

CHEMICAL DEPENDENCY

POLICY

It is the position of the University of Nebraska Medical Center (UNMC) that chemical dependency is a disease that can endanger the health and well-being of students, employees and faculty and can have a negative effect on the public they serve. UNMC advocates treatment and rehabilitation for affected students, employees, and faculty in a manner that first protects the public, while allowing a reasonable opportunity for recovery and re-entry into the workplace/classroom. Chemical dependency is recognized as a disease and employee relations issues will be administered from this philosophy and in accordance with all legal requirements of state and federal law.

UNMC does not illegally discriminate in its academic program or employment practices against individuals who are in recovery from chemical dependency. UNMC takes a community leadership role in health care professional education, research and public education about substance use, abuse and dependency.

PROCEDURES

1. Students, employees and faculty who recognize a problem related to their alcohol or drug use may voluntarily seek confidential assistance through student counseling services or the faculty/employee assistance program (F/EAP). Exceptions to confidentiality may include situations where there is a suspicion of danger to self or others.
2. Students, employees and faculty identified for **mandatory referral** to the F/EAP or student counseling shall be those who demonstrate the following behaviors that are found to be related to alcohol or other drug use:
 1. A pattern of poor job or academic performance
 2. Disciplinary problems such as absenteeism and tardiness
 3. Violations of the law that impact job performance
 4. Diversion of controlled substances
 5. Other acts which violate the UNMC substance abuse policy (standards of conduct for employees and students regarding alcohol and drugs)
3. When a student, employee or faculty member is aware of behavior that is consistent with impairment as outlined in procedure 2 above, that individual

shall immediately report this behavior to an appropriate supervisor. Concerns regarding student behaviors outlined in paragraph 2 above shall be reported immediately to an appropriate faculty or college administrator who is designated by the dean. Questions about the appropriate course of action for students should be directed to student counseling. Guidance regarding proper action with faculty and staff should be directed to the faculty/employee assistance program.

4. STUDENT PROCEDURES FOR MANDATORY REFERRAL

- A. Each college dean will designate an administrator or faculty member to coordinate the student's referral to student counseling for chemical dependency assessment, treatment, and aftercare. The dean's designee will monitor the student's progress with respect to fitness to continue in the academic program, and may require the student to enter into contract agreements.
- B. When a UNMC official (dean, department head, faculty, and others who supervise students) has evidence of behaviors that impair academic or clinical performance listed in procedure 2, he or she should:
 - 1. Document performance or behaviors
 - 2. Report behaviors to the dean's designee, who will then confront the student regarding the observed behavior
 - 3. The dean's designee will make a mandatory referral of such students to the UNMC student counseling center for a required chemical dependency assessment. The student counseling staff will report the results of the initial assessment to the designated official in the respective college or academic department. Student counseling will make referrals to other treatment agencies when further chemical dependency evaluation and treatment are indicated.
- C. When a student is suspected of diversion or intoxication or is posing an immediate danger to himself, herself or others, the dean's designee will follow the procedures outlined:
 - 1. Remove the student from the academic or clinical setting as discreetly as possible. Security officers may be called if needed.
 - 2. Inform the student of the behaviors observed and that he or she will not be allowed to remain on the premises, due to these behaviors.
 - 3. Escort the student to student health for appropriate evaluation and testing and inform the physician on duty of the behaviors exhibited by the student that led others to believe he or she was impaired.
 - 4. Refusal to comply with official requests will result in a written incident report which will be forwarded to the dean for possible disciplinary action up to and including termination/dismissal.

In most circumstances the college official should not attempt to prevent the student from leaving the premises if the student insists on doing so. In such cases, college officials will document that options a. and b. were offered and that the student refused these options.

- D. When a UNMC official other than the deans's designee is involved in managing an emergency situation as outlined in 4.c.1-4, he or she should document the incident and actions taken and forward this information to the dean's designee as soon as possible.
 - E. Faculty and administrators seeking information on mandatory student referrals should contact student counseling or the college dean's office.
5. EMPLOYEE AND FACULTY PROCEDURES FOR MANDATORY REFERRAL
- A. When a manager/supervisor identifies an employee or faculty member to be impaired so that he or she is incapable of performing the requirements of the job adequately or safely, the manager/supervisor will follow the guidelines below. These observations may include but are not limited to the smell of alcohol or other substance on the breath or clothing, erratic or unusual behaviors, and/or deterioration of physical appearance.
 - 1. Document the performance or behaviors in specific terms.
 - 2. Confront the employee regarding documented behaviors.
 - 3. Make a mandatory referral of such employee or faculty member to the F/EAP for a required mental health/chemical dependency screening.
 - 4. F/EAP will report the assessment of the employee's fitness for duty, or their recommendations for further treatment and/or the need for assessment, treatment, or recovery contracts to the manager/supervisor.
 - B. **When the employee or faculty member is suspected of diversion, suspected of intoxication or is posing an immediate danger to self or others, the manager/supervisor will follow the guidelines below:**
 - 1. Remove the employee or faculty member from the work area as discreetly as possible.
 - 2. Inform the employee or faculty member of the following:
 - a. The observed behavior
 - b. Due to the observed behavior, he or she will not be allowed to work
 - c. Refusal to comply with the manager/supervisor's requests may result in corrective action up to and including termination
 - d. A written report documenting this incident will be completed
 - 3. Escort the employee or faculty member to the center for occupational and environmental health (emergency department after hours). The manager/supervisor will inform the physician on duty of the behaviors exhibited by the employee that led others to believe he or she was impaired.
 - 4. Refusal to comply: If the employee or faculty member refuses to comply, the supervisor shall inform him or her of the following options:
 - a. Be taken home by a cab at his or her expense

- b. Have the supervisor call a contact person to come take him or her home
- c. Contact security in the case of belligerent behavior or if the employee exhibits behavior dangerous to self or others.

In most circumstances the supervisor or any other personnel should not attempt to prevent the employee from leaving the premises if the employee or faculty member insists on doing so. In such cases, it is imperative that the supervisor document on the corrective action report that the employee was offered options a. and b. and that the employee refused these options.

- 6. Students, faculty and employees who are of **mandatory referral status** due to chemical impairment will be required to sign written contracts stating the terms of assessment, treatment and recovery. Individuals of mandatory referral status who refuse to comply with contract requirements may be subject to further disciplinary action up to and including dismissal. When applicable, a report to the State Department of Health, Bureau of Examining Boards, will be furnished.
- 7. Existing UNMC policies governing leave of absence for illness will be applied to those students, employees and faculty who may need time off for evaluation or treatment of chemical dependency.
- 8. Responsibility for any costs of evaluation, treatment or aftercare shall be borne by the individual. Random testing will be paid from an established central fund. Some costs may be covered by health insurance.
- 9. Re-entry into the workplace/classroom following an absence for chemical dependency treatment or continuation of work/academic program during treatment will be coordinated by the F/EAP or student counseling case manager. A re-entry agreement may place restrictions on the individual's work, classroom, laboratory, clinical or clerkship activities that are thought to be in the best interests of the individual's recovery and public safety.
- 10. Student, faculty or employee participation in respective student counseling or F/EAP recovery programs is a condition of continued employment or academic progress at UNMC. By law, individuals may still be subject to criminal prosecution or licensure actions.
- 11. Relapse episodes will be treated similarly to initial impairment. When it becomes evident that the individual is in relapse, he or she will be subject to further evaluation, treatment and aftercare agreements. Episodes of relapse may be cause for disciplinary action which may include termination.
- 12. The departments of student and employee health have the responsibility for establishing urine and/or blood screening protocols for alcohol and/or drugs, and for coordinating reporting procedures.

13. In compliance with federal confidentiality regulations, all records of students, faculty and employee involvement with student counseling or F/EAP are kept confidential. Such records will be kept in the offices of student counseling, F/EAP and/or employee health and will not become a part of the permanent student or employment record. Information from these records will be released only with the individual's written consent or as required by law. With a signed release, student counseling and F/EAP will provide progress reports to college administrators or supervisors that are limited to the individual's compliance, the progress in rehabilitation and recommendations for returning to work or school.

14. DIVERSION

- A. Diversion shall be defined as the theft of a controlled substance from any UNMC facility, including off-campus sites.
1. **Diversion for own use:** When students, employees or faculty members are determined to have diverted drugs from a UNMC facility for their own use, they will be subject to immediate disciplinary action. Such disciplinary action will include a mandatory referral to student counseling or F/EAP for chemical dependency/mental health assessment and recommendations.
 2. **Diversion for use by others:** Diversion for use by others or for resale will subject the individual to immediate disciplinary action under UNMC policies.
- B. Refusal to participate in evaluation, treatment and recovery agreements shall be cause for further disciplinary action up to and including dismissal.
- C. Except for circumstances described in section D. below, an individual who has been determined to be chemically dependent and has diverted the drug for personal use may not face immediate termination/dismissal but will be required to enter into a treatment and recovery agreement with student counseling or F/EAP, and satisfactorily complete the terms of this agreement. In any case, UNMC is required by law to follow drug enforcement agency and Department of Health reporting procedures governing loss of controlled substances.
- D. When a known harm occurs to others from an individual's diversion of controlled substances, that individual shall face disciplinary action up to and including dismissal, and the appropriate licensing board will be notified.
- E. This policy is intended to be consistent with all other UNMC policies governing controlled substances.

15. MONITORING

Under the following circumstances, students, employees and faculty members who are chemically dependent may be required to enter into a recovery contract. The terms of the contract may include drug screens, restrictions on clinical activities and/or close supervision.

- A. When a situation occurs such as described on page 1 of this policy under procedures 2.
- B. They have transferred from an institution where they were under a recovery contract.
- C. Their licensure or certification is currently restricted and/or they are on probation and/or they are participating in a state-authorized recovery program with the Department of Health, Bureau of Examining Boards of the State of Nebraska or any other state.
- D. If a prospective employee has less than two years of sobriety, he or she may be subject to assessment by student counseling or F/EAP. The need for contracting will be determined on a case-by-case basis.

COMMITTEE APPOINTMENTS

Each academic year, house officers are appointed to serve on various Hospital and College of Medicine committees. If you are interested in serving, please contact the President of the House Officers Association or your departmental representative.

METRO HEALTH SERVICES FEDERAL CREDIT UNION

Center St. Office
1910 So. 44th St.
(44th & Center)

Saddle Creek Office
414 So. Saddle Creek Rd.
(Just West of The Nebraska
Medical Center Campus)

Maple St. Office
11102 Emmet St.
(111th & Maple)

84th St. Office
5370 S. 84th St.
(84th & Q)

West Omaha Office
14509 F St.

Ames St. Office
4501 N. 72nd St.
(72nd & Ames)

Metro Health Services Federal Credit Union was established by and for the employees of the Nebraska Medical Center in 1951. The credit union provides value-priced financial services to all employees and their families. To become a Metro Credit Union member simply complete an enrollment card and open a basic savings account with a minimum deposit of \$5.00. Once enrolled, you may take advantage of any credit union product or service such as Direct Deposit, Payroll Deduction, OneCard, Money Markets, CDs, and a wide variety of lending products. Metro Credit Union savings accounts are insured safe to \$250,000 by the National Credit Union Administration. For additional information call the credit union at: 402-551-3052 or visit their Web site at: www.metrofcu.org.

DISASTER POLICY

1. If a natural disaster should affect one of our affiliate hospitals to the extent that significant portions of patient care services used in residency training are closed.
 - a. State funding as available will be used to support substitute rotations in other local hospitals or, if not available locally, hospitals in other cities.
 - b. If patient care services can not be reestablished by the next academic year, permanent replacements for the services would be obtained locally or paying rotations in other cities would be investigated. Failing these, reduction in program size would be considered.
2. If a natural disaster should affect more than one of our affiliate hospitals to an extent that affected rotations could not be replaced locally.
 - a. State funding would be used to obtain rotations in other cities as needed.
 - b. If rotations could not be replaced locally by the end of the year program reduction would be considered.
3. In the event of anticipated program reduction or closure due to closure of services the Office of Graduate Education will notify the Graduate Education Committee, program directors and housestaff physicians involved as soon as possible and will make every effort to place the current housestaff physicians into another similar approved program elsewhere or transfer the housestaff physicians to another program within the institution. Where possible, housestaff physicians will be allowed to complete the academic year in progress.

EQUAL EMPLOYMENT OPPORTUNITY

The University of Nebraska Medical Center is committed to the principle of equal opportunity for all employees and applicants for employment. This means that the Medical Center does not discriminate for or against any employee or applicant because of race, color, religion, sex, national origin, age, handicap, marital status, Vietnam era veterans status, or other factors which lawfully cannot be the basis for employment decisions.

The University has outlined the policy of nondiscrimination in hiring, placement, upgrading, transfer, demotion, recruitment, training and pay.

FOOD SERVICE

The "Nebraska Cafe" is located on the 3rd level of University Hospital.

Meal service periods are as follows:

Breakfast	6:30 a.m. - 10:00 a.m.	Monday - Sunday
Continental Breakfast	10:00 a.m. - 11:00 a.m.	Monday - Sunday
Lunch	11:00 a.m. - 2:00 p.m.	Monday - Sunday
Limited Menu	2:00 p.m. - 5:00 p.m.	Monday - Sunday
Dinner	5:00 p.m. - 7:00 p.m.	Monday - Sunday

Menus are published weekly.

Lagnippe Coffee Cart is located on 2nd level of University Hospital.

Hours of service: 6:30 a.m. - 4:00 p.m., Monday - Friday

The C-Store is located on 3rd level of University Hospital.

Hours of service:

6:00 a.m. - 2:30 a.m.	Monday - Friday
11:00 a.m. - 7:00 p.m.	Weekends & Holidays

The Storz Pavilion is located on first floor of Clarkson Hospital.

Coffee Bar	6:30 a.m. - 4:00 p.m.	Monday - Friday.
Deli	11:00 a.m. - 3:00 p.m.	Monday - Friday.

The Clarkson Café is located on the first floor of Clarkson Hospital.

Meal service periods are as follows:

Breakfast	6:30 a.m. - 10:00 a.m.	Monday - Sunday
Continental Breakfast	10:00 a.m. - 11:00 a.m.	Monday - Sunday
Lunch	11:00 a.m. - 2:00 p.m.	Monday - Sunday
Limited Menu	2:00 p.m. - 5:00 p.m.	Monday - Sunday
Dinner	5:00 p.m. - 7:00 p.m.	Monday - Sunday

OFFICE OF GRADUATE MEDICAL EDUCATION

This office is responsible for administration of the affiliated residencies. There are 38 training programs at our ten main affiliated hospitals. This office will give you assistance with licensure, certification, residency salary and benefits.

If you have questions about these or other issues, call Vicki Hamm, ext. 9-6329.

Resident Duty Hours in the Learning and Working Environment

(reprinted from the Common Program Requirements of the ACGME effective 7/1/11)

Professionalism, Personal Responsibility, and Patient Safety

Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must:

- a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
- b) not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- a) assurance of the safety and welfare of patients entrusted to their care;
- b) provision of patient- and family-centered care;
- c) assurance of their fitness for duty;
- d) management of their time before, during, and after clinical assignments;
- e) recognition of impairment, including illness and fatigue, in themselves and in their peers;
- f) attention to lifelong learning;
- g) the monitoring of their patient care performance improvement indicators; and,
- h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Transitions of Care

Programs must design clinical assignments to minimize the number of transitions in patient care.

Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

Programs must ensure that residents are competent in communicating with team members in the hand-over process.

The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

Alertness Management/Fatigue Mitigation

The program must:

- a) educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
- b) educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
- c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

Supervision of Residents

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

- a) This information should be available to residents, faculty members, and patients.
- b) Residents and faculty members should inform patients of their respective roles in each patient's care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- a) Direct Supervision – the supervising physician is physically present with the resident and patient.
- b) Indirect Supervision:
 - (1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - (2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

- a) The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
- c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

- a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - (1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

Teamwork

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

Resident Duty Hours

Maximum Hours of Work per Week

Duty hours must be limited to 80 hours per week, averaged over a fourweek period, inclusive of all in-house call activities and all moonlighting.

a) **Duty Hour Exceptions**

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- (1) In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- (2) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

Moonlighting

- a) Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b) Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.
- c) PGY-1 residents are not permitted to moonlight.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

- a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.
- b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
 - (1) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - (2) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
 - (3) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - (a) Under those circumstances, the resident must:
 - (i) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

- (ii) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
- (b) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

- a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- b) Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- c) Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
 - (1) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
 - (a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

- a) Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
 - (1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

GRIEVANCE PROCEDURES

When possible, grievances should be settled within the resident's department. If this route has been tried and no agreement is reached, the resident should come to the Graduate Medical Education Office. If there is no resolution at this point, then the resident can activate a formal grievance procedure as described in the house officer agreement or in the next section.

ACADEMIC APPEAL PROCEDURE REFERRED TO IN #22 OF THE HOUSE OFFICER CONTRACT (ALSO AVAILABLE IN THE GME OFFICE AND ON WEB SITE)

HOUSE OFFICER APPEAL PROCEDURE

- A. Appeal to the House Officer Appeals Committee (Committee) is available for house officers when any of the following actions occur:
 1. Written notice of termination for unsatisfactory academic performance; or unsatisfactory professional performance; or a breach of the terms of the House Officer Agreement; or breach of the Bylaws of the Board of Regents of the University of Nebraska.
 2. Written notice of nonrenewal of the House Officer Agreement prior to the completion of the training program.
 3. Written notice of determination of unsatisfactory academic performance that does not lead to termination.
- B. An appeal must be made in writing setting forth the reasons for the appeal and submitted to the Associate Dean for Graduate Medical Education. The house officer must make the appeal within two weeks after receiving notice of the adverse action affecting the house officer.
- C. A Committee shall then be appointed to hear the appeal. The Committee shall consist of four members of the full time faculty and one resident, all with equal voting status. The Committee shall not include any individual who participated in the action resulting in the appeal or other individuals who might have a conflict of interest.
- D. The members of the House Officer Appeals Committee shall select one of the members as Chairperson in a manner agreed upon by the members. The Chairperson shall, in all cases, vote as a member of the Committee.
- E. At least one week in advance of the hearing, the house officer requesting an appeal shall be given written notice of the time and place of the hearing, the membership of the Committee, and a copy of the House Officer Appeal Procedure.
- F. If the house officer requests a personal appearance before the Committee, the request shall be granted.
- G. The house officer wishing to appear personally before the Committee may be accompanied by an advisor of choice. The name of the advisor must be provided to the Committee at least 24 hours before the hearing. The role of the advisor shall be limited to assisting the house officer. If the house officer

- has an attorney for advisor, the Program may have an attorney present to assist the Program. The Committee may have the assistance of counsel for the University to advise the Committee on procedural and other matters.
- H. The house officer and program director shall provide copies of documents and a list of witnesses to the Graduate Medical Education Office at least 48 hours in advance of the hearing. The Graduate Medical Education Office shall distribute the information to the house officer, program director, and committee members in advance of the hearing.
 - I. The Chairperson of the Committee shall determine the order of the hearing, direct questioning of the house officer, if present, and any other witnesses, if present, and conduct the hearing so that the house officer, his or her advisor and any other individuals appearing before the Committee are treated fairly.
 - J. The Associate Dean for Graduate Medical Education who is a non-voting member of the Committee, shall act as secretary to the Committee. The secretary shall arrange for a tape recording of the house officer's testimony and the testimony of any other witnesses. The house officer may request a copy of the tape recording of his or her testimony and the testimony of any other witnesses who may appear before the Committee.
 - K. At the conclusion of the hearing, the Committee shall consider the written and oral evidence. The Committee deliberations shall not be recorded. The Committee members shall consider the following questions during their deliberations.
 - 1. Whether the person(s) taking the action affecting the house officer considered all relevant matters.
 - 2. Whether the action taken was arbitrary or capricious.
 - L. After thorough consideration of all of the written evidence and oral testimony presented, the Committee shall vote by secret ballot. The decision of the Committee shall be by majority vote. The Committee decision may be one of following: to uphold, to reverse, or to modify the action taken affecting the house officer. The Committee Chair shall submit the decision in writing to the Dean as a recommendation.
 - M. The Dean, upon receipt of the Committee's recommendation, shall review the matter and make the final decision about the appeal. The house officer and program director shall be notified in writing of the final decision.

Approved by the GMEC 10/98

HIPAA

The University of Nebraska Medical Center is committed to complying with mandatory state and federal regulations. This compliance impacts not only employees and students but volunteers as well. In many instances it will be necessary for employees and students who are doing rotations with other institutions to also meet their specific compliance requirements. These compliance mandates include (but are not limited to) applicable mandates of the Administrative Simplification

Provisions for grant accounting, Title II of the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), Bloodborne Pathogen (OSHA), Safety (JCAHO), Biosafety, Privacy, Confidentiality and Information Security, Institutional Review Board (IRB). Each mandate is covered by a specific policy and procedure outlining the reasons and the methods for achieving compliance.

It is the responsibility of faculty, staff, students, house officers and volunteers to ensure they meet their applicable certification in accordance and relevant mandates. In those cases where training is necessary it is the individual’s responsibility to obtain the appropriate training and participate in the testing which will certify their compliance. Failure to meet and maintain applicable compliance standards and certification will be grounds for disciplinary action up to and including dismissal or termination of employment.

CENTER FOR HEALTHY LIVING

Located in the Student Life Center

www.unmc.edu/cfhl

Jayme Nekuda, Director of Benefits and Work-Life Programs

The Center for Healthy Living (CFHL) provides a variety of leisure activities in addition to fitness and wellness services for Medical Center students, faculty, staff, volunteers and alumni. The CFHL includes two activity courts (for basketball, volleyball, ping pong, badminton and indoor walking track); fitness studio; men’s and women’s locker rooms; and the Heiser strength and conditioning area. The Heiser area contains dynamic exercise alternatives such as treadmills; step machines; elliptical trainers; versa-climber, and bicycles as well as options for resistive exercise including weight machines and free weights and stretching.

CFHL memberships include use of all facilities and the following services:

- Fitness classes
- Fitness assessment
- Exercise program design
- Equipment orientation
- Daily-use lockers

Employee and student-sponsored memberships (for spouses or friends) are available for an additional fee. Intramural basketball, volleyball, golf and softball leagues are also available for an additional fee.

Summer Hours

(June - August)

Mon - Thur	5:30 a.m. - 8:00 p.m.
Fridays	5:30 a.m. - 6:00 p.m.
Saturdays	8:00 a.m. - 5:00 p.m.
Sundays	10:00 a.m. - 5:00 p.m.

Fall / Winter / Spring Hours

(September - May)

Mon - Thur	5:30 a.m. - 9:00 p.m.
Fridays	5:30 a.m. - 7:00 p.m.
Saturdays	8:00 a.m. - 5:00 p.m.
Sundays	10:00 a.m. - 7:00 p.m.

We are closed on some holidays (or close early) so please check our website, www.unmc.edu/cfhl or call 402-559-5254 for these occasional closings.

Director of Benefits & Work-Life Programs	Intramural Sports	Memberships	Fitness Services
Jayme Nekuda 402-559-8962	Rick Pruch 402-559-8422	Cheri Langill 402-559-5093	Peter Pellerito 402-559-5253

CHILD DEVELOPMENT CENTER

The center was established in 1991 to meet the childcare needs of parents and grandparents who are students, staff, faculty or alumni of UNMC / The Nebraska Medical Center / UNMC Physicians / UNO. Children are provided a quality program designed to meet their physical, emotional, social and intellectual needs through stimulating activities in a nurturing and accepting atmosphere. This is done with sensitive, caring staff working in partnership with parents and families. Our goal is for each child to realize his or her potential in a secure and loving environment.

A few of the many services we provide include:

- Full time child care
- Meals-breakfast, lunch and afternoon snack
- Title XX accepted-limited number of spots
- Open door policy-Parents always welcome

We accept children ages 6 weeks through 7 years, and our operating hours are 6:00am-6:00pm. To register, stop by and tour our facility, phone us at 402-559-8800 or visit our website at: <http://app1.unmc.edu/unmcchildcare>. A non-refundable fee of \$25 is required for enrollment. If an opening isn't currently available, you will be placed on a waiting list.

INSURANCE BENEFITS

UNMC Benefits Office
402-559-4340

<http://www.nebraska.edu/benefits>

INSTITUTIONAL VENDOR POLICY

(Pharmaceutical & Nutritional Company Representatives)

POLICY

It is the policy of The Nebraska Medical Center that all pharmaceutical & nutritional company representatives (PNCR's) (including but not limited to, any employees of a pharmaceutical or nutritional products company) who conduct business or otherwise contact any employee, staff member, agent or physician affiliated with The Nebraska Medical Center comply with any and all The Nebraska Medical Center policies concerning patient security, confidentiality and other provisions under the Health and Insurance Portability and Accountability Act ("HIPAA"), the American Medical Association's Guidelines for Gifts, and with all Food and Drug Administration rules concerning the dissemination of information concerning indications for use and administration of pharmaceutical products and nutritional products.

The purpose of this policy is to insure that PNCR's understand and comply with The Nebraska Medical Center's policies regarding security and the confidentiality and non-disclosure of any individually identifiable health information, which is defined as protected health information under HIPAA ("PHI"). Secondly, the purpose of the policy is to acknowledge that the PNCR's purpose and role at The Nebraska Medical Center is to provide information about and supply pharmaceutical products to The Nebraska Medical Center Staff. It is understood that The Nebraska Medical Center shall not use or disclose any PHI to any PNCR's without the prior written informed authorization by an individual whose PHI is used or disclosed. In the event that a PNCR is incidentally exposed to PHI during the normal course of its contact with The Nebraska Medical Center, the PNCR agrees to abide by the Confidentiality Agreement attached hereto as Exhibit "A" and incorporated herein by this reference.

PROCEDURE

1. Before any initial contact with The Nebraska Medical Center Staff, all PNCR's will register in the Department of Pharmaceutical and Nutrition Care offices located in Room UH2230. The Department shall provide a PNCR with an orientation packet (including a copy of this policy and security instructions) and shall obtain:
 - a. An executed copy of the confidentiality and security agreement, and
 - b. Contact information for the PNCR and the PNCR's immediate sales manager.
2. PNCR's, and their immediate sales managers, who have contact with The Nebraska Medical Center Staff will agree to attend an annual orientation regarding. At the orientation, The Nebraska Medical Center Staff shall:
 - a. Obtain an executed copy of the confidentiality and security agreement and contact information for the PNCR and the PNCR's immediate sales manager (where the information has not already been obtained);
 - b. Review The Nebraska Medical Center Pharmacy & Therapeutics Committee procedures;

- c. Review any security policies and procedures of The Nebraska Medical Center;
 - d. Campus security policies (including sign-in procedures);
 - e. Patient confidentiality policies;
 - f. Continuing education procedures; and
 - g. Research procedures
3. All PNCR's assigned to The Nebraska Medical Center will attend an annual orientation. The Nebraska Medical Center Department of Pharmaceutical and Nutrition Care staff shall schedule and conduct sufficient numbers of orientations as to provide all PNCR's opportunities to attend the orientations. All PNCR's must attend one of the scheduled orientations and obtain an official identification card for security purposes. New PNCR's assigned between orientation sessions may schedule a brief meeting with representatives of the DPNC and CCE to review the PNCR policy, register (including signing the confidentiality and security agreement), and obtain an identification card before making calls on The Nebraska Medical Center staff.
 4. PNCR's will sign-in upon arrival for each business visit to The Nebraska Medical Center.
 5. PNCR's agree to wear the name badge (prominently displayed) during any business call at The Nebraska Medical Center which will identify both the PNCR and the company represented by the PNCR.
 6. During the course of the PNCR's business contact with The Nebraska Medical Center, the PNCR shall not have any access to any inpatient floors of the hospital, intensive care units, any procedure and/or operating rooms, any pharmacy work areas, or other areas specified in the orientation packet.
 7. In the event that The Nebraska Medical Center desires to use or disclose any PHI to a PNCR (e.g. where The Nebraska Medical Center invites a PNCR to witness a surgical implantation of a pharmaceutical product), The Nebraska Medical Center shall first obtain the prior written informed authorization by the patient whose PHI will be used or disclosed in compliance with the authorization requirements under HIPAA.
 8. PNCR's may be able to provide a general idea of pricing for pharmaceutical products to The Nebraska Medical Center staff and physicians at The Nebraska Medical Center. However, because of the complexity of the formulary and pharmaceutical contracts that NHS has with pharmaceutical companies, PNCR's are not able to provide accurate estimates of actual charges for pharmaceutical products. Therefore, PNCR's not shall attempt to interpret or communicate to The Nebraska Medical Center Staff any actual pricing information or other contractual information regarding pharmaceutical products. PNCR's agree to refer any and all questions by the staff and/or The Nebraska Medical Center physicians to the Department of Pharmaceutical & Nutrition Care.

9. Individual clinics within The Nebraska Medical Center have developed policies related to The Nebraska Medical Center acceptance of pharmaceutical product samples from PNCR's ("Drug Sample Policies"). The Nebraska Medical Center will strictly enforce, and PNCR's agree to adhere to any such Drug Sample Policies (e.g., MS2; pharmacy number 6.060), which will be listed in the orientation packet.

ADA (American's With Disabilities Act)

Federal regulations state that a qualified individual with a disability means "an individual with a disability who satisfies the requisite skill, experience and education, and other job related requirements of the employment position such as individuals holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of the job." Contact Human Resources – Employee Relations for questions regarding the implementation of ADA for faculty and staff on-campus. If you have a disability that you feel requires accommodation, print out and send in the form on the website and also contact the GME Office. We will do our best to help.

HOUSE OFFICER DISABILITY INSURANCE

Chris Insinger & Aaron Ostler
Heritage Financial Services
(402) 884-6802/(800) 680-4880
email: cinsinger@heritagefinservices.com
www.yourfuturecounts.com

The disability plan available to house staff at the University of Nebraska Medical Center is handled through the private advisors listed above. All house officers are eligible to participate with the opportunity to **convert** the policy when you terminate your house officer appointment to a **high quality, gender neutral rated, true own occupation**, disability insurance program **without** having to go through **the health questions or exam**—even if you know that you would not qualify. If you **are in the military** or if you already have a plan, you may be eligible to layer this plan on top of your existing coverage. In addition, a 15% discount remains on the policy. (Unfortunately those with J1's Visas are not eligible.) For more information, please contact the above.

HOUSE OFFICERS ASSOCIATION

The House Officers Association is the representative body for the house officers at UNMC. Through elected representatives, problems, salaries, and working conditions are discussed with the administration. The association sponsors academic and social activities through the year.

The executive board of the HOA consists of the president, vice president, secretary, treasurer and a representative from each department to insure total input. All house officers are welcome to attend the meetings which take place on the average of every two months. Dues are \$2 per month, which will be automatically deducted from the monthly paycheck.

Many problems, particularly those relating to working conditions, can best be solved through your house officer association. The association is effective only through your continued support.

HOUSE OFFICERS ASSOCIATION ALLIANCE

The House Officers Association Auxiliary is a non-profit organization comprised of House Officer spouses at UNMC. The purpose of HOAA is to promote good fellowship among its members and open lines of communication within UNMC, not only at the auxiliary level but also at the House Officer level.

The Auxiliary sponsors a wide variety of activities throughout the year including several special interest clubs (i.e., Bridge, Crafts, Cooking, Play Group, Volleyball, etc.) which meet on a monthly basis. The Auxiliary also provides monetary support to fund innovative programs which benefit families and/or employees at UNMC through an annual fundraiser. Dues are \$20 annually.

This is a wonderful opportunity for an enriching experience during your spouse's training years, and the friends you make here are friends for a lifetime.

McGOOGAN LIBRARY OF MEDICINE SCOPE

<http://www.unmc.edu/library>

The McGoogan Library website serves as the gateway to electronic information resources. From the homepage at <http://www.unmc.edu/library> users can access the Library's catalog, information about Library services, help guides for finding information on specific topics, electronic databases for identifying journal articles (including MEDLINE), electronic textbooks (including Harrison's Online) and full-text online journals. The majority of these resources are also available off-campus provided the user has a UNMC Lotus Notes email account.

LOCATION

The library is located on the 6th, 7th, and 8th floors of Wittson Hall. To reach the library take 42nd Street south from Dodge Street. The library is located on the west side of the street between Emile and Dewey. Parking is at a premium with a limited amount of off-street parking available at the UNMC campus.

LIBRARY PHONE NUMBERS

Circulation Department	402-559-4006
Reference Department.....	402-559-6221 or Toll Free 1-866-800-5209
Education Department	402-559-7075
Interlibrary Loan/Photocopy	402-559-7085
Materials Processing	402-559-7098
Cataloging Department	402-559-7091
Collection Department	402-559-7095
Special Collections.....	402-559-7094

LIBRARY HOURS

Monday-Thursday.....	7:30 a.m. to 12:00 a.m.
Friday.....	7:30 a.m. to 9:00 p.m.
Saturday.....	10:00 a.m. to 6:00 p.m.
Sunday.....	1:00 p.m. to 10:00 p.m.

Holidays and summer hours are posted.

BORROWING PRIVILEGES/FINES

All faculty, staff, and students from the University of Nebraska can borrow materials from the collection with the proper campus identification. Users from other University of Nebraska campuses must be registered with their campus libraries prior to borrowing from the McGoogan Library. Unbound journals circulate for 24 hours with no renewals. Bound journals circulate for 3 days with 2 three-day renewals. Most books circulate for a two-week period with 2 two-week renewals. Audiovisual materials and anatomical models circulate for varying time periods according to the media type. Borrowers are encouraged to return materials on time. Overdue charges are 20 cents **per day for each item**. *Unpaid fines can result in the suspension of borrowing and other library privileges.*

Self service photocopy is available as well as color photocopying. The cost is 8 cents a page for black and white copies, and twenty five cents for color copies. Printing from the public service computers located in the reference area is five cents a page with two sided printing. A microfiche/film reader and printer is also available for viewing and copying.

REFERENCE AND EDUCATION

Reference librarians are on duty to provide assistance from 8:00 a.m. to 5:00 p.m., Monday through Friday. They offer a free "online search" service to UNMC House Officers. Contact them with your information request and a reference librarian will search the library's electronic and print resources to answer your request.

You may contact the Reference Librarians in a number of ways:

in person	6th Floor of Wittson Hall. 8 a.m. – 5 p.m. Monday through Friday.
phone	402-559-6221 toll free: 1-866-800-5209
email	askus@unmc.edu
text	402-472-0836 8 a.m. – 5 p.m. Monday through Friday.

The Library Education Department is available for group classes or individual instruction throughout the year. The Education Department can help you learn to perform your own searches and teach you how to access the Library's electronic journals and electronic textbooks. Call 402-559-7075 for assistance.

ELECTRONIC RESOURCES

The McGoogan library provides access to the full MEDLINE database, the Cumulative Index to Nursing and Allied Health, International Pharmaceutical Abstracts, Micromedex, and more. These databases are available at multiple workstations in the library, 24 hours a day by campus network connection, or off campus access requiring a UNMC Lotus Notes login. Users may bring in their own portable computers and use the wired carrels, study rooms, or Linder Lounge to access library resources provided the portables have a network card and ethernet cable. Wireless technology is also available on all floors of the Library.

Helix, the library's electronic card catalog is accessible 24 hours a day, 7 days a week. On-campus users can access the database from any of the public terminals in the library or access it through the library web page at <http://www.unmc.edu/library>. In addition users may access several full text books such as Harrison's Online, more than 100 online databases, and over 5000 electronic, full text journals.

The library provides many valuable resources to support the delivery of patient care. A sampling of some of the most useful resources for house officers is annotated below.

UpToDate: Clinical reference tool which summarizes expert and some evidence based information on various diseases and conditions.

Dynamed: Clinical reference tool which summarizes the best evidence on disease related topics.

MDConsult: Includes reference books, journals, practice guidelines, a drug database, and news for practicing physicians. Together these resources help you answer questions and keep you up-to-date.

Access Medicine: Offers full text access to 17 clinical textbooks including Harrison's Online.

StatRef: Offers full text access to over 25 electronic medical textbooks including ACP Pier, ACP Medicine, and AHFS Drug Information.

Emedicine: Offers full-text access to review articles for health professionals and consumers. This resource covers a wide range of topics to support patient care.

Clinical Pharmacology and Micromedex: Offer up-to-date drug information, tools with which you can create customized drug interaction reports and more.

Looking for **evidence based literature?** <http://app1.unmc.edu/mcgoogan/ebm.html> links to a website providing instructions on how to find the best evidence to support patient care.

Do you own a **PDA or Smartphone?** Check out this website <http://unmc.libguides.com/pda> to find out what medical and drug related resources you can download to your PDA. McGoogan Mobile is now available from <http://www.unmc.edu/library/m/index.html>

INTERLIBRARY LOAN AND PHOTOCOPY

The library can obtain journal articles, books, and book chapters if they are not available in the collection through the interlibrary loan (ILL) service or make copies of articles that are in the collection for you through the photocopy service. Articles are also picked up in the online ordering interface. Interlibrary loans are \$9 per item and photocopies are \$3 per item. Items obtained from other University of Nebraska libraries are free of charge. Charges can be billed to your company cost center number or billed to you personally and paid by cash, personal check, or credit card (Visa/MC). Requests for these services are made online through the Order Articles link found on the library's homepage or at <http://mutuo.lib.unomaha.edu/UNM>. A one-time registration process must be completed. Turnaround time for receipt of an article is generally less than 48 hours. Rush requests can be made, but there is an additional fee of \$5. The library has a fax machine which you can use to send and receive faxes.

SPECIAL SERVICES

Do you need information for your patients or patient's family? The Library provides information at no charge through the Consumer Health Information Resource Service (CHIRS). A Librarian will research the condition and provide a tailored package of information that may include: journal articles / book chapters / pamphlets / web resources. CHIRS information is provided for informational purposes only. Click on <http://www.unmc.edu/library/consumer.htm> for more information.

Additional library services include wired study carrels and group study rooms, and access to and use of the Rare Book and History of Medicine collections. On level eight, the library also houses one of the computer clusters provided by Computing Services.

Food and smoking are not permitted in the Library. The Linder Lounge is located outside the library on level 6. Vending machines containing a variety of food items and beverages are available. Food must be eaten in the lounge, but beverages in covered containers may be brought into the library.

HISTORY OF MEDICINE AND RARE BOOK COLLECTION

A wide range of historically significant and locally relevant material is available in the History of Medicine and Rare Book Collections located on the 8th floor of Wittson Hall. Notable highlights include the Orr Collection on orthopedic surgery, the Lloyd Thompson Collection of medical cartoons, and the Moe Collection on the history of medicine. Numerous papers, manuscripts, prints, and other unique objects, such as a 464-year-old Vesalius broadsheet, are also available. An Archive Collection consists mainly of UNMC documents and materials related to the Medical Center, its staff and students. Appointments are required to use the collection.

LICENSURE AND DEA NUMBERS

Before you begin your residency at the University of Nebraska, you must have a current Nebraska license (either permanent or temporary). For information and application, please contact the Graduate Medical Education office.

As a licensed physician you should apply for a narcotics number through the Drug Enforcement Administration. If you already have a DEA number in another state, you will need to reapply for a new number or transfer the number. Please contact the Graduate Medical Education office for information and application.

All renewal fees associated with licensure and narcotics registration are your responsibility.

LOAN DEFERMENTS

Loan deferments are handled through your department.

LOCUM TENENS & MOONLIGHTING

House officers may engage in outside medical practice provided such practice does not interfere in any way with the responsibilities, duties, and assignments of the training program of the University of Nebraska Medical Center, and must be approved in advance by the Chairman of the House Officer's department. Please refer to paragraph # 14 in the house officer agreement for more detailed information.

Locum tenens approval forms can be obtained from your department or from the Graduate Medical Education office.

YOU MUST HAVE A PERMANENT LICENSE IN THE STATE IF YOU WISH TO ENGAGE IN MEDICAL PRACTICE OUTSIDE THE UNIVERSITY.

MALPRACTICE

The University of Nebraska Board of Regents provides medical professional liability insurance to all house officers throughout the period of their employment with the University. This coverage also includes “tail” coverage once you leave your training program. In Nebraska, medical malpractice claims against physicians who participate in the State Excess Liability Fund are “capped” at \$1,750,000 per occurrence. All UNMC house officers are enrolled in the fund. The first \$500,000 of a claim is covered under the University’s professional liability insurance program and the remainder is covered by the State Excess Liability Fund.

When you rotate to other health care facilities as part of your residency program, the following insurance coverage is provided:

Veteran Administration or Ehrling Bergquist Air Force Hospital — House officers are protected by the Federal Tort Claims Act and therefore immune from personal liability. Should a claim or lawsuit be filed against the house officer, the federal government must provide legal defense without cost and pay any settlement or judgment awarded by the court.

Hospitals within the State of Nebraska — As long as they take place within the State of Nebraska, approved rotations to other hospitals, are insured in the same manner as when you are at UNMC.

Out of Nebraska rotations — Professional liability coverage for rotations outside Nebraska will be provided according to the affiliation agreement between the University of Nebraska and the affiliated hospital. The excess liability fund and statutory protection provided by the State of Nebraska do not apply to out of state rotations. The University of Nebraska has acquired insurance for this coverage.

Moonlighting/Locum Tenens — The University insurance program covers house officers engaged in personal employment provided the activity is approved by the Program Director and by the Associate Dean for Graduate Medical Education in advance of the activity.

If you have any questions concerning the University insurance coverage, please contact the Office of Graduate Medical Education at (402) 559-6329 or the Office of Risk Management at (402) 559-5221.

NOTARY PUBLIC

There are notary publics on campus including Vicki Hamm and Rachel Nelsen in the Graduate Medical Education Office. This service is available to all employees at no cost. A listing of notary publics on campus is located in the back of the Campus Directory.

ON-CALL ROOMS & MEALS

Call rooms are provided to those house officers assigned to in-house call duty. Call rooms are located in the hospital and Nebraska House. Please check with your departmental secretary for further information.

Meal allowances of \$6.00 for the evening meal and \$4.00 for breakfast will be provided for those officers required to be in-house overnight at The Nebraska Medical Center.

PARKING SERVICES

Tina Spencer, Manager
Room 2002, Student Life Center (inside Bookstore), 3908 Jones Street
Telephone: 402-559-8580 Fax: 402-559-3500
E-mail: unmc parking@unmc.edu

House officers are assigned parking in Lot 50. House officers may be assigned to other lots as appropriate and based upon availability. Refer to the map for exact location of Lot 50.

All motor vehicles parked on the UNMC/The Nebraska Medical Center campus must display a valid parking permit. Vehicles may be parked only in the designated parking area covered by the permit displayed. A citation may be issued to any vehicle not displaying a valid UNMC/The Nebraska Medical Center parking permit.

The parking guidelines are outlined in the UNMC/The Nebraska Medical Center Parking Handbook. To obtain a handbook or more information, contact Vicki Hamm or Parking Services.

PAYCHECKS

All house officers are paid on the last working day of the month. Checks are distributed through a designated individual from your department. If you want your check mailed to your bank or home address, contact your departmental coordinator.

Should you have questions regarding your paycheck, please call the Graduate Medical Education office at x9-7426.

PHOTO I.D.'s

As an employee of the University of Nebraska, you will need a photo I.D. If you did not get your photo I.D. at the time of house officer orientation, contact the OneCard office at 9-5917.

RISK MANAGEMENT AND PATIENT SAFETY

Risk Management and Patient Safety rely on an **“early warning system”** to receive notification of untoward medical/surgical events. Early notification provides for:

- ◆ Immediate investigation of the event to determine system failure(s) and facilitate quality improvement activities. **Root Cause Analysis** meetings are called for serious events to identify the system failure(s) and develop action steps to prevent further incidents and injuries.
- ◆ Immediate gathering of information to prevent or prepare for litigation.

The early warning system is activated in two ways:

1. Incident Reports. For help to locate screens for the on-line incident reporting system you can ask a staff nurse, call the Patient Safety Coordinator at 9-3463, or hospital Risk Management at 9-6466
2. Verbal reports. If a serious patient event occurs, call hospital Risk Management during business hours. After hours or on holidays, call the Operator and ask to speak to the Risk Manager on call. The on call Hospital Administrator is a second option.

Patient Care Events to report to Risk Management include but are not limited to:

- An **unanticipated**, negative medical/surgical outcome, (e.g. cardiac arrest, hemorrhage, death),
- Maternal or fetal injury or death and other poor perinatal outcomes, (e.g. low Apgar scores, failed forceps delivery or injury from forceps),
- Significant neurological injury,
- Medication errors causing serious injury or death,
- Surgery on the wrong body part, regardless of how minor,
- Patient or family threatens to sue,
- Implanted devices that fail and lead to patient injury or death,
- Patient/family complaints that cannot be resolved,
- Consent issues.

Actions to take if a reportable event occurs:

- Take care of the patient first.
- Call Risk Management for advice/collaboration on risk avoidance tactics and to discuss disclosure to the patient/family.
- Communicate with the patient/family *after* reviewing hospital policy LD-08, "Disclosure for an Unanticipated Outcome".
- Save all physical evidence involved in the event, e.g. packaging, instruments, equipment with settings untouched, etc.
- Document the event accurately in the medical record, including discussions with the patient/family.
- Avoid discussing the event with anyone other than direct care providers and Risk Management.

RISK MANAGEMENT AND PATIENT SAFETY RESOURCES

SITUATION

Adverse Patient Events

WHO TO CALL

Hospital Risk Management:

- Dave Poppert, Risk Manager @ 2-3431
- Linda Dabelstein, Coordinator @ 9-6466

Systems Issues or Quality of Care Concerns

Patient Safety:

- Sara Meier, Patient Safety Coordinator @ 9-3463
- Colleen Malashock (Medication Safety) @ 9-8804

1. Receipt of Summons/Complaint/Subpoena, UNMC Risk Management
 - Amy Lamer @ 9-5221
2. Unexpected calls from an attorney
3. Events over which you could be sued individually

SECURITY

Security personnel are on duty 24 hours a day, 7 days a week. The Security Business Office, ext. 9-4439, is located at 4215 Emile Street, in the Academic Research Service Building.

For **help** or to report unusual activities and crimes, **call ext. 9-5111**. After hours, Security will escort individuals to their vehicles upon request.

Blue Light Emergency Phones are available at 21 locations throughout UNMC/The Nebraska Medical Center campus. The phones can be seen on 7 foot poles or on building walls, with the word "EMERGENCY" printed on them in large lettering. The continuously illuminated Blue Lights can also be seen any time of the day or night. The phones have a direct line to Security Dispatch. Equipped with an intercom face, the units are activated by a push button, which identifies the location, prompts security to respond directly to the location and opens a direct line to the security dispatchers. Pushing the button also activates a secondary blue strobe light on the unit. Students are encouraged to use the Emergency Phones for any emergency.

Campus Security posts Daily Summary Reports, Security Alerts, and other security and personal safety related information on the Intranet at <http://info.unmc.edu/Security>. Students and employees are encouraged to review the information on a routine basis and contact Campus Security with any questions or concerns.

NON-DISCRIMINATION AND SEXUAL AND OTHER PROHIBITED HARASSMENT POLICY

Purpose

1.1 Equal Employment Opportunity ("EEO"):

UNMC promotes equal educational and employment opportunities in the academic and work environment. UNMC shall not discriminate against students and employees, and campus visitors (for example, applicants for educational programs, employment applicants, volunteers, and vendors) based on race, age, color, disability, religion, sex, national origin, marital status, genetic information, sexual orientation, political affiliation, or Veteran status.

1.2 Harassment:

UNMC promotes a productive academic and work environment which prohibits harassment based on race, age, color, disability, religion, sex, national origin, marital status, genetic information, sexual orientation, political affiliation, or Veteran status.

Scope

2.1 This policy is applicable to all UNMC students, and employees to include Office/Service, Managerial/Professional, Faculty, and Other Academic positions. It also may apply to campus visitors like applicants for educational programs, applicants for employment, volunteers, and vendors.

Basis of the Policy – Board of Regents Policy 3.1.1

3.1 Equal Employment Opportunity:

“Employees on each campus of the University of Nebraska shall be employed and equitably treated in regard to the terms and conditions of their employment without regard to individual characteristics other than qualifications for employment, quality of performance of duties, and conduct in regard to their employment in accord with University policies and rules and applicable law.”

3.2 Harassment:

UNMC reaffirms that all women and men – administrators, faculty, staff, students, patients, and visitors – are to be treated fairly and equally with dignity and respect. Any form of discrimination, including sexual harassment or harassment on the basis of a person’s protected status, is prohibited.

3.3 Related Policies and Laws:

University of Nebraska Board of Regents Policies

Federal and State laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act, as amended, more specifically define UNMC nondiscrimination obligations.

Authorities and Administration

4.1 The UNMC Human Resources’ Division Director of Employee Relations is responsible for the administration, implementation, and maintenance of the Non-Discrimination, including Sexual and Other Prohibited Harassment, Policy at the campus level in consultation with the Assistant Vice Chancellor for Business and Finance Executive Director of Human Resources and the Vice Chancellor for Business and Finance.

Policy

5.1 The University of Nebraska Medical Center (UNMC) declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and non-discrimination in providing its services to the public. Therefore, UNMC shall not discriminate against students, employees, and other campus visitors based on race, color, age, disability, religion, sex, national origin, marital status, genetic information, sexual orientation, political affiliation or Veteran status. Sexual harassment *and other prohibited harassment on the basis of a person’s protected status is prohibited under this policy.*

5.2 **Sexual Harassment:**

5.2.1 Legal Definition of Sexual Harassment:

According to the federal Equal Employment Opportunity Commission guidelines, sexual harassment is: “. . . unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature. . .” when:

- Submission to such conduct is made either explicitly or implicitly, a term or condition of employment or educational status.
- Submission to or rejection of such conduct is used as the basis for employment or academic decisions affecting an individual.

Such conduct has the purpose or effect of unreasonably interfering with one’s work or academic performance or creating an intimidating, hostile, or offensive environment.

5.2.2 General Categories of Sexual Harassment:

Hostile Environment: Unwelcome conduct which is severe or pervasive and is of a sexual nature, whether oral, pictorial, electronic (whether real or virtual), written, or physical, which in purpose or effect intimidates the recipient or creates an offensive or hostile working or academic environment. Such communication might be repeated use of greeting or titles offensive to the recipient, e.g.: gestures, or physical contact such as touching or pinching.

Quid Pro Quo: Solicitation of sexual contact of any nature when submission to or rejection of such contact explicitly or implicitly imposes either favorable or adverse terms or conditions of employment or academic standing.

Enforcement

6.1 The UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, monitors UNMC’s affirmative action and non-discrimination policies.

Responsibilities of UNMC Affirmative Action Officer, Administrators, Faculty, Staff, and Students, and the University

6.2 A work and academic environment free of discrimination is the responsibility of every member of the campus community.

The UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, is responsible for hearing complaints, concerns, reports of problems, and for providing assistance in such matters as the nondiscrimination or sexual harassment and harassment based upon protected status policies and the UNMC grievance process.

University officials (i.e., Vice Chancellors, Deans, Directors, Department Chairs, Ombuds Team Members) are also responsible for assisting faculty, staff, and students in receiving appropriate responses to complaints or issues.

Faculty, staff, and students are responsible for bringing forward complaints, concerns, problems or issues regarding discrimination or sexual harassment or harassment based upon protected status to either the UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations, or to a University official as described above.

Faculty may also report complaints of discrimination or sexual harassment directly to the Faculty Senate Grievance Committee, to Kurtis Cornish, Ph.D., Committee Chair, at 402-559-4372, or at 984574 Nebraska Medical Center, Omaha, NE 68198-4575.

UNMC reserves the right to take appropriate action against prohibited discrimination affecting the work or academic environment in the absence of a complaint from an individual.

Reporting Complaints

7.1 Any employee, applicant for employment or an educational program, student, or campus visitor, who believes he or she may have suffered discrimination or sexual harassment or harassment based upon protected status should report problems, concerns, complaints, or issues relating to alleged prohibited discrimination by contacting the UNMC Affirmative Action Officer, Carmen Sirizzotti, Division Director of Human Resources-Employee Relations at 402-559-2710 (phone), 402-559-5904 (fax); individuals may come to the office at Room 2000 Administration Center, 426 South 40th Street, Omaha, NE 68198-5470, during normal business hours (8:00 am - 5:00 pm, Monday through Friday).

Administrators, faculty, staff, and students also may assist parties in bringing forward inquiries or complaints of alleged prohibited discrimination by contacting Ms. Sirizzotti at Human Resources-Employee Relations. The Human Resources-Employee Relations office administers the UNMC formal grievance process related to discrimination issues.

Faculty may also report complaints of discrimination or sexual harassment or harassment based upon protected status directly to the Faculty Senate Grievance Committee, to Kurtis Cornish, Ph.D., Committee Chair, at 402-559-4372, or at 984574 Nebraska Medical Center, Omaha, NE 68198-4575.

Confidentiality

7.2 To the extent possible the investigation of complaints filed under this policy shall be kept confidential by the UNMC employee investigating the complaint, the person making the complaint, the subject of the complaint, and individuals interviewed about the complaint.

However, all persons involved in the complaint shall understand that UNMC is not precluded from conducting a thorough investigation and communicating with UNMC employees who have a need or right to know the findings of the investigation.

No Retaliation

7.3 There shall be no retaliation against individual employees who raise concerns. Individuals with compliance concerns or complaints should review the UNMC Compliance Hotline Policy # 8001, which provides information on communication channels for employees and students to report any activity or conduct that they suspect violates University of Nebraska or UNMC policies and procedures, and/or federal, state, or local laws and regulations.

UNMC will not permit retaliation against any individual who, in good faith, files a complaint of harassment or participates as a witness in a harassment investigation. Those who engage in such retaliatory behaviors shall receive the appropriate discipline.

Equal Employment Opportunity

8.1 The University of Nebraska Medical Center declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and nondiscrimination in providing its services to the public. Therefore, the University of Nebraska Medical Center shall not discriminate against anyone based on race, age, color, disability, religion, sex, national or ethnic origin, marital status, genetic information, sexual orientation, political affiliation, Vietnam-era veteran status, or special disabled Veteran status. Sexual harassment in any form, including hostile environment and quid pro quo, is prohibited.

For additional information, contact **Human Resources, Employee Relations** at 402-559-2710.

VACATION & MEETING POLICIES

Most departments have specific policies with which you should become familiar. Please refer to your house officer agreement for general guidelines.

FREQUENTLY CALLED TELEPHONE NUMBERS

Academic Records	402-559-4206
Access Services	
Clarkson Tower	402-552-3251
University Tower	402-559-4222
Administration - UNMC	
Chancellor	402-559-4201
Dean, COM	402-559-7290
Affirmative Action	402-559-5910
Alumni Affairs	402-559-4385
Benefits	402-559-5911
Bookstore	402-559-4455
Center for Healthy Living	402-559-5254
Child Development Center	402-559-8800
Communications Center	402-559-7936
Computing Services	402-559-7253
Continuing Education	402-559-4152
Copy Center	402-559-4282
Counseling Center	402-559-7276
Credit Union	402-551-3052
Equity Office	402-559-4242
Faculty/Employee Assistance	402-559-5323
Graduate Medical Education	402-559-7426
Help Desk (IT)	402-559-7700
Library	402-559-4006
Nebraska House	402-559-5599
Operators	
Nebraska Medical Center	402-552-2000
UNMC	402-559-4000
Public Affairs	402-559-4353
Risk Management	402-559-5221
Security	402-559-4439
UneCard Office	402-559-8414

BOARD OF REGENTS (ELECTED) COLLEGE OF MEDICINE

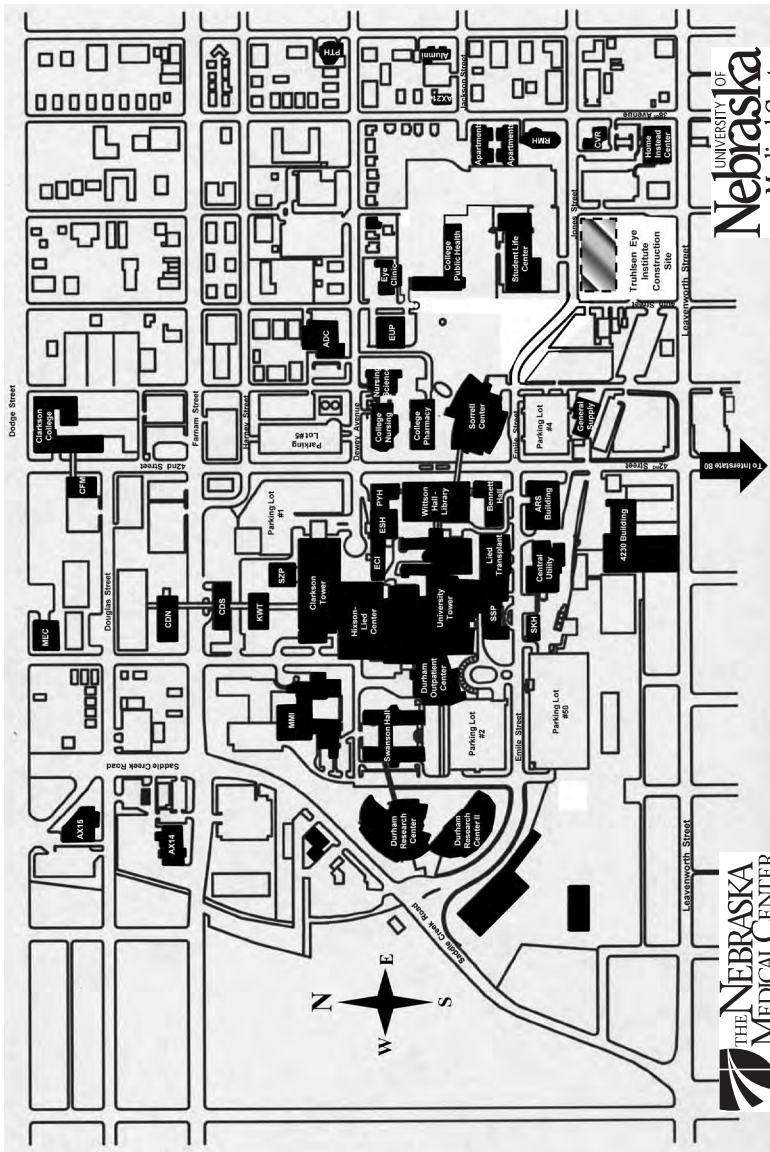
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Gerald F. Moore, M.D.	Senior Associate Dean for Academic Affairs
Michael R. McGlade	Senior Associate Dean for Administration and Director of Finance
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Hugh A. Stoddard, M.Ed., Ph.D.	Assistant Dean for Medical Education

Clinical Department Chairs

Anesthesiology	Kenneth A. Follett, M.D. (Interim)
Emergency Medicine	Robert L. Muelleman, M.D.
Family Medicine	Michael A. Sitorius, M.D.
Internal Medicine	Lynell W. Klassen, M.D.
Neurological Sciences	Daniel Murman, M.D. (Interim)
Neurosurgery	Kenneth A. Follett, M.D.
Obstetrics and Gynecology	Carl V. Smith, M.D.
Ophthalmology and Visual Sciences	Tom Hejkal, M.D.
Oral and Maxillofacial Surgery	Valmont Desa, D.D.S., M.D.
Orthopedic Surgery and Rehabilitation	Kevin L. Garvin, M.D.
Otolaryngology Head and Neck Surgery	Dan Lydiatt, M.D. (Interim)
Pathology and Microbiology	Steven Hinrichs, M.D.
Pediatrics	John Sparks, M.D.
Plastic and Reconstructive Surgery	Ronald R. Hollins, M.D., D.M.D.
Psychiatry	Steven P. Wengel, M.D.
Radiation Oncology	Charles A. Enke, M.D.
Radiology	Craig W. Walker, M.D.
Surgery	David Mercer, M.D.
Urologic Surgery	George P. Hemstreet III, M.D., Ph.D.

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