

University of Nebraska Medical Center

HOUSE STAFF MANUAL

2023-2024

Prepared by

The Office of Graduate Medical Education

PREFACE

Welcome to the graduate medical education programs of the University of Nebraska Medical Center. Residency and fellowship training are critically important to the professional development of any physician, and the time and effort you devote to your training will likely set the course to a successful career in your chosen specialty. The Graduate Medical Education (GME) office, working in partnership with the University of Nebraska affiliated hospitals, is responsible for ensuring a safe and effective learning environment for residents, fellows, and patients. The policies and procedures in this manual describe the appropriate engagement of residents and fellows in the UNMC learning environment, as well as general information you may find useful as you learn and work in our hospitals and clinics.

We wish you the best of luck in the coming year. Please contact the GME office if you have any questions about the contents of this manual.

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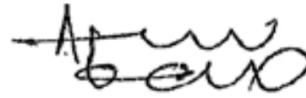
**UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE INSTITUTIONAL COMMITMENT TO GRADUATE
MEDICAL EDUCATION**

July 1, 2023


The University of Nebraska Medical Center College of Medicine sponsors graduate medical education programs to provide 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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UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE
HOUSE OFFICER AGREEMENT 2023-2024

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, 2023 and shall be effective from July 1, 2023, through and including June 30, 2024. 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 are required to be in compliance with the policies and procedures 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 [*house officer level 1-8*].
- 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 Program Requirements 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, 2023, and ending June 30, 2024, shall be [*salary for appropriate house officer level*].
- 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 a 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 outside the United States. 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, and their eligible dependents, 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 are encouraged to use their vacation but in the event that clinical demands prevent it, house officers shall be reimbursed for unused vacation time (up to 30 days) upon termination of employment.
- 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. House officers may have up to five days of leave with pay per year for

approved professional or educational meetings. 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 UNMC Policies. House officers shall accumulate one day sick leave per month for the first two years of employment as a house officer at UNMC; thereafter house officers receive 1,040 hours of sick leave at the beginning of their third year of employment and may be used according to UNMC Policies. Notwithstanding any limitation referenced in this paragraph, an additional allotment of paid medical, parental or caregiver leave may be available to all house officers under the UNMC Family Medical Leave Policy.

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. Non-Discrimination and Prohibited Harassment: UNMC promotes equal educational and employment opportunities in an academic and work environment, free from discrimination, and/or harassment. UNMC does not discriminate, based on race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation in its programs, activities, or employment. A detailed policy 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. More information 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:

- a. Be in the PGY-2 year or above
- b. Not be on a J-1 visa
- c. Be in good academic standing within their training program
- d. Have a full medical license in the state in which they are planning to work

Outside practice (moonlighting or locum tenens) 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 outside practice. The director will approve or disapprove the proposed outside practice 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 outside practice 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. Moonlighting during a leave of absence or FMLA is not allowed. House officers cannot be required to participate in outside practice. Outside practice includes all moonlighting/locum tenens done in affiliated (internal 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 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 are 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 overnight call duty. The facilities so provided shall be approved by the Office of Graduate Medical Education and shall, at a minimum, include bed, bath and toilet facilities, a writing desk, and a phone. Meal allowances will be provided for those house officers, as determined by their program.

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 75 miles from the UNMC campus, or for those based at Lincoln, 75 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 at the rate provided under current UNMC policy for one round trip to and from the location. 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 will be supplied with four lab coats at the beginning of training unless the house officer is enrolled in either a one or two year program, and then the house officer will be supplied with two coats. Coats are laundered without charge to the house officer.

20. Committees and Councils: The house officer agrees to participate in UNMC and Nebraska Medicine 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 their program director and chairman. 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 reconsidered 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. Termination. Unsatisfactory academic or professional performance or any other 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.

23. Appeal Procedure: The parties expressly agree that the house officer appeal procedure referred to in paragraph 22 shall apply to academic failure of a rotation, suspension, 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, 2022 through and including June 30, 2023. Reappointment to succeeding years of training will depend on the house officer's satisfactory 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 3 or COMLEX Exams or Part II of the Medical Council of Canada Qualifying Exam to advance to the HO III level. For a house officer who does not meet this requirement, 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. Until the requirement is met, the house officer will not advance to the HO III level. At the end of the extension, if the requirement is not met, the house officer will be dismissed.

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 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. Image Consent/Release: I hereby consent and authorize UNMC to take photographs or electronic images of me, and I authorize UNMC to use, reuse, copy, publish, display, exhibit, reproduce, and distribute such information technology in any educational or promotional materials or other forms of media, which may include, but are not limited to University or affiliate hospital publications, catalogs,

articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

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 _____ 2023.

House Officer

By: Department Chair

Associate Dean
Graduate Medical Education

KEY UNMC AND NEBRASKA MEDICINE POLICIES

All Policies

All UNMC policies and procedures are available online at the UNMC wiki, which can be accessed at https://wiki.unmc.edu/index.php/Policies_and_Procedures. These policies apply to all UNMC employees, including house officers.

All Nebraska Medicine policies and procedures are available online at <https://now.nebraskamed.com/policies-and-procedures-manual/>. Nebraska Medicine is UNMC's primary clinical teaching partner and the primary site for the majority of UNMC's residency and fellowship training programs.

Only selected policies are included here due to space considerations, but house officers are encouraged to consult the wiki for more information.

Alcohol and Drugs (UNMC Policy 1003)

UNMC prohibits employees from the unlawful manufacture, distribution, dispensation, possession, or use of alcohol and/or a controlled substance on UNMC property. The term "substance" refers to drug or chemical compounds that are controlled by local, state, or federal law. UNMC complies with the Drug-Free Workplace Act of 1988, as amended.

Conviction of a crime related to the unlawful manufacture, distribution, dispensation or use of alcohol and/or a controlled substance may result in a fine, a prison sentence, or both.

UNMC Position on Chemical Dependency

UNMC supports the position 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.

Employee Requirements for a Drug-free Workplace

Compliance with this policy is a term and condition of employment at UNMC.

UNMC employees must notify their department heads of any criminal drug statute convictions for violations occurring in the workplace no later than five (5) days after such conviction. Under the compliance provisions of the Drug-Free Workplace Act of 1988, UNMC shall notify the appropriate federal agency within ten (10) days of receiving notice of a criminal conviction for a violation occurring in the workplace for employees who are paid under federally funded grants.

Employment Actions as Part of the Drug-free Workplace

UNMC employees will be subject to the corrective and disciplinary action as outlined in the Corrective and Disciplinary Policy.

Any violation of the Employee Health and Safety Policy, including unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on the UNMC campus, any criminal drug statute conviction for a violation occurring in the workplace, or working while under the influence of alcohol or a controlled substance, can result in disciplinary actions up to and including termination for cause.

UNMC employees are expected to meet performance standards and comply with UNMC policies and procedures. Supervisors and managers will administer corrective and disciplinary action, up to and including termination, according to UNMC Policy No. 1098, Corrective and Disciplinary Action.

Emergency Preparedness

Emergencies – 402-559-5555 (call this number 24/7 for biohazard/chemical/radioactive materials spills, medical emergencies, fire, gas odor/leaks, threats or workplace violence)

Non-Emergencies – 402-559-5111 (call for door unlocks, safety escorts, nonviolent crime reports, suspicious persons)

Hospital Safety Operations – 402-559-6690

UNMC Environmental Health and Safety – 402-559-7315

A comprehensive list of UNMC policies for dealing with emergency situations is posted online at https://www.unmc.edu/ehs/safety/safety_policies_plans_guidelines.html This includes policies for chemical safety, emergency procedures, lab safety, and workplace safety.

The UNMC Emergency Preparedness Guide is designed for the main campus to provide emergency information to deal with both internal (fire, bomb threats, tornado) and external (a large number of trauma patients) disasters. These guides are posted on campus in elevator lobbies and near stair towers in UNMC buildings. Staff must know their role in each of these emergencies. A copy can be found online at <https://www.unmc.edu/ehs/safety/emergprepguide.pdf>

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 ("HIPAA"), 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.

Non-Discrimination/Sexual Harassment (UNMC Policy 1099)

Affirmative Action Employer

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. UNMC 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. 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.

Americans with Disabilities Act ("ADA") and the ADA Amendment Act ("ADAAA")

UNMC is committed to providing equal employment opportunity to individuals with disabilities and complies with the Americans with Disabilities Act of 1990 ("ADA") and the ADA Amendment Act of 2008 ("ADAAA"). In general, the ADA and ADAAA requires employers to provide reasonable accommodation to individuals with qualified disabilities, unless doing so would create an undue hardship. The ADA and ADAAA prohibits discrimination of applicants and employees on the basis of disability. If you would like to request an accommodation, please contact your Human Resources Employee Relations Representative at '(402) 559-4217' or '(402) 559-8534'.

Diversity

UNMC embraces the richness of diversity to build unity. 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.

Equal Employment Opportunity

UNMC makes all decisions regarding recruitment, hiring, promotion, and all other terms and conditions of employment without discrimination on the basis of race, age, color, disability, religion, sex, national or ethnic origin, marital status, genetic information, sexual orientation, political affiliation, Vietnam-era veteran status, or individual characteristics other than qualification for employment, quality of performance of duties, and conduct related to employment in accord with University of Nebraska policies, rules, and applicable law.

Non-Discrimination and Sexual and Other Prohibited Harassment

Sexual harassment in any form, including hostile environment and quid pro quo, is prohibited under policy #1099. Any form of discrimination, including sexual harassment, is prohibited. 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.

HOUSE OFFICER POLICIES AND PROCEDURES

These policies apply specifically to house officers and are not included in the UNMC wiki. Please contact your program leadership or Graduate Medical Education for any questions.

Committee Appointments Policy

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.

Disasters Policy

Purpose

To establish institutional standards for the involvement of residents and fellows, hereafter referred to as residents, to ensure optimal patient care, educational effectiveness, house officer safety, and compliance with ACGME institutional requirements.

Scope

The policy applies to all UNMC residents appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including Nebraska Medicine, Omaha Veterans Administration Medical Center, Omaha Children's Medical Center, and other clinical sites where UNMC house officers are engaged in patient care. The policy applies to house officers appointed to ACGME accredited and non-ACGME accredited programs. All UNMC GME programs must adhere to the minimum standards put forth in this policy. In addition, programs must adhere to other disaster/emergency responses plans of other entities that may include, but are not limited to:

- a. Medical staff policy for the affiliated hospital (Faculty Safety Plan, Emergency Operations Plan, Crisis Communications Plan, Social Media Crisis Communication Plan, etc.)
- b. Standards required by TJC, CMS, or other regulatory/accrediting bodies
- c. Individual ACGME program requirements

Policy

The policy is guided by the following principles:

- a. The sponsoring institution is committed to ensuring a safe, organized, and effective clinical learning environment for residents
- b. The sponsoring institution recognizes the importance of physicians at all levels of training in the provision of emergency patient care in the event of a disaster
- c. Decisions regarding initial and continuing deployment of residents in the provision of emergency patient care during a disaster will be made based on the importance of patient needs, the educational needs of the house officers, and the health and safety of the residents and their families.

Procedures

Upon the occurrence of the disaster and immediately following for up to 72 hours:

- a. Residents will be deployed as directed by the Incident Commander as specified by the emergency operations plan of the affiliated hospital. Ongoing decision-making regarding deployment of residents to provide clinical care will be based on both the clinical needs of the institution and the safety of the residents.
- b. Those involved in making decisions in this period are: Incident Commander(s), Department Chairs, Chief Medical Officer of the affiliated hospital, Dean, Chancellor, Designated Institutional Official (DIO), Affiliated hospital decision makers (VA, Children's, other sites)
- c. To the extent possible within the constraints of the disaster, decision-makers shall inform and consult with program directors and the President of the House Staff Council.
- d. By the end of the first week following the occurrence of the disaster, if the situation is ongoing:
- e. An assessment will be made of: the continued need for provision of clinical care by house officers; and the likelihood that training can continue on site. The assessment will be made by: DIO, Dean, Chancellor, Incident Commander
- f. By the end of the second week following the occurrence of the disaster, if the situation is ongoing: The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training; The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at UNMC; The DIO will contact the ACGME to provide a status report, and; Those involved in decision making in this period are: DIO and Associate Dean for Graduate Medical Education, Assistant Dean for GME, GME Program Administrator, Individual Program Directors, Individual Department Chairs, Dean
- g. Residents who wish to take advantage of the Leave of Absence Policy or to be released from their House Officer Contract will be accommodated.
- h. During the third and fourth weeks following the occurrence of the disaster, if the situation is ongoing: Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate; Transfers will be coordinated with ACGME; Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO and the GME Administrator of the transfers; and The DIO and the GME Administrator will be responsible for coordinating the transfers with ACGME.
- i. When the emergency situation is ended: Plans will be made with the participating institutions to which house officers have been transferred for them to resume training at UNMC; Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees; and Decisions as to other matters related to the impact of the disaster on training will be made. The GMEC will conduct a review of the disaster response and make recommendations for improvements.

Graduation Certificates Policy

An official certificate of service will be issued for those house officers who complete a recognized training program. This includes recognized one-year preliminary programs and special fellowships. For house officers who leave without having completed a training program, the institution will provide a letter attesting to their training and the department may award a certificate or letter of their own.

House Staff as Teachers of Medical Students Policy

LCME Element 9.1 states: "... residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment." It is College of Medicine Policy that all non-faculty instructors including residents and fellows are responsible for supervising, training, or evaluating COM students required portions of the curriculum are to be familiar with program objectives, block/clerkship, and event objectives, as well as required patient encounters/ skills, their teaching roles, appropriate levels of supervision, and relevant methods of assessment.

Responsibilities:

- All incoming residents and fellows are required to attend the orientation sessions on medical student education conducted by the Graduate Medical Education Office
- All non-faculty instructors are required complete the annual online educational compliance course in Canvas each fall and review COM program objectives, course objectives, and required patient encounters and skills relevant to their medical student teaching activities with attestation.
- All residents/fellows that supervise or evaluate medical students in departments administering a required clerkship must participate in at least one development activity focused on teaching skills during their training. This may be in person or online.
- All departments administering a clerkship should review relevant clerkship objectives, course objectives, required patient encounters/skills, and assessment methods with all applicable house officers at least once annually. This may be in person or online.

Monitoring Procedures:

- The Graduate Medical Education Office monitors incoming resident/fellow participation in orientation activities with a report given to the Office of Medical Education (OME) annually.
- The UNMC Compliance Office monitors completion of annual educational modules administered through Canvas with individual departments ensuring their faculty members are compliant. The Compliance Office reports on completion rates to the Office of Medical Education annually.
- Clerkship directors, in cooperation with their chairs, are responsible for ensuring that the programs and reviews are scheduled and non-faculty instructors participate as outlined above. Clerkship coordinators submit dates/agendas/and attendance logs for relevant activities to the OME each spring.
- The OME is responsible for disseminating program, course, and event objectives to teaching assistants. Block or coil directors are to provide training in use of assessment instruments.

(Approved by UNMC COM Curriculum Committee: 03/23/2021)

Infection Control and Epidemiology Policy

SSP Room 3017; Pager: 402-888-4646

Program Overview

The Department of Infection Control and Epidemiology (ICE) operates under the direction of the Infection Control Committee which includes members from clinical areas, hospital administration, auxiliary departments, and nursing. ICE is responsible for conducting surveillance on healthcare associated infections, studying current infections, determining hospital policies related to infection control, conducting exposure investigations, and providing education on infection control practices.

Program Personnel

Dr. Mark Rupp, Professor of Infectious Diseases, serves as the medical director of Infection Control and Epidemiology and the hospital epidemiologist. He assumes emergency authority for investigation of epidemic and implementation of infection control measures. His office number is 402-559-5276. Jennifer Vogelsberg is the department manager and oversees the Infection Prevention team. All departments have an Infection Prevention liaison who conducts department surveillance and is available for assistance.

Surveillance Program

Standard definitions and criteria from the Center for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN) are utilized by infection preventionists to determine presence of infections in patients. Communication is sent to departments via the designated Infection Prevention liaison with information regarding current HAIs and lessons learned.

Infection Control Policies

All ICE policies are housed on 360 and can be accessed via the NOW page. The policies stand to reduce infections via the application of appropriate infection control measures and are based on best practice. IC04 contains Nebraska Medicine's isolation guidance including guidance on selecting the appropriate isolation based on the patient infection and the appropriate PPE selection.

Please see Appendix C for Infection Control information and policies.

Institutional Vendors (Pharma Representatives) Policy

Employees and representatives of pharmaceutical, medical device, surgical equipment, and nutritional companies are considered health care vendors. No vendor should directly contact UNMC house staff or students except in the following cases: 1) the vendor is invited to attend a departmental educational event; 2) the vendor is involved in an in-service training scheduled by UNMC training programs or faculty; or, 3) the vendor is a part of the health care team involved in clinical care of a patient (e.g., implant vendors).

Except in cases where the vendor is part of a patient's health care team, no vendor should have access to any inpatient floors of the hospital, intensive care units, procedure and/or operating rooms, or pharmacy work areas, and no protected health information should be shared with a vendor.

Vendors are prohibited from providing food or funds to purchase food for any on-campus meetings, including departmental conferences and educational events.

All UNMC personnel, including house staff and students, are prohibited from accepting marketing/promotional materials or gifts of any kind from health care vendors. Drug sample policies are set individually by each department: house staff with any questions about their department's drug sample policy should contact their program director.

All UNMC personnel, including house staff and students, are prohibited from accepting payments or reimbursements from vendors for attending a vendor-sponsored conference as a passive participant (not a presenter), or for participating in a vendor speaker's bureau to present vendor-developed content. UNMC personnel are also prohibited from publishing articles under their own name that are wholly or partially written by a health care vendor unless the vendor's contribution complies with International Committee of Medical Journal Editors (ICMJE) guidelines for authorship.

For more information, please see UNMC policy 6063 (Vendors) at the UNMC wiki.

Licensure Policy

Medical Licensure

Before you begin your training at the University of Nebraska, you must have a current Nebraska license (either permanent or temporary). For information and temporary education permit application, please contact the Graduate Medical Education office. If you elect to apply for a permanent license, the licensure paperwork can be found on the NE DHHS licensure web site ([Licensing \(ne.gov\)](https://www.dhhs.ne.gov/Licensing)). House officers are responsible for licensure fees.

DEA Licensure

As a licensed physician, you should apply for a narcotics number through the Drug Enforcement Administration. University of Nebraska house officers may apply for a fee-exempt DEA. The fee for non-exempt DEAs will not be reimbursed by the training program. If you already have a DEA number in another state, you will either need to retire that number and reapply for a new fee-exempt DEA or

transfer the number to UNMC. Please contact the Graduate Medical Education office for information and application steps.

Loan Deferments Policy

Loan deferments are handled through your department or the Graduate Medical Education Office. Your program coordinator can assist you in completing deferment applications.

Malpractice and Professional Liability Insurance Policy

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 \$2,250,000 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.

Medical Records Policy

The legal medical record is primarily created and stored in electronic format. Paper documentation, such as consent forms and outside records, are manually scanned into the electronic record.

Document content and completion requirements are defined in the Nebraska Medicine medical staff policies Contents of Medical Record (MS22) and Completion of Medical Records (MS 23), which can be referenced online at <https://now.nebraskamed.com/policies-and-procedures-manual/>. The Health Information Management Department monitors compliance with these policies. Staff physicians are notified of overdue records and may lose clinical privileges when records are not completed per policy

timeframes. This includes those records awaiting resident completion. Notification letters may be sent for delinquent documentation.

Record Completion Timeframe Requirements

History and Physical: Due prior to surgery or within 24 hours of admission, update of H&P required if performed prior to patient admission. Missing required documentation from the source H&P should be included in the interval H&P.

Suspension: 10 days after admission

Brief Post Op Notes: Due immediately after surgery

Suspension: 1 day after surgery

Op Reports: Due immediately after surgery

Suspension: 5 days after surgery

Progress Notes: Required daily

Orders: Electronic signature due within 48 hours of order date

Verbal Orders: Authenticated by 48 hours

Suspension: 10 days after order date

Discharge Summaries: Due within 48 hours of patient discharge, discharge summary not to be initiated until after the patient discharges.

Suspension: 10 days after discharge

Guidelines for Documentation

1. Be complete — provide accurate reflection of the full clinical picture of the patient that includes everything significant to the patient's condition and course of treatment and the reasons for it. Enter any unusual occurrences and the responsive or remedial steps taken and the patient's condition. Documentation should contain all necessary documentation components from a policy and regulatory requirement. (Refer to MS 22 and MS 23)
2. Be specific — indicate the acuity/severity of current diagnoses: acute, chronic, acute on chronic, or exacerbation. Avoid generalizations and general characterizations. Examples of entries to avoid: "patient not doing well," "patient uncooperative."
3. Be objective — document facts — avoid tentative phrases such as "appears to be" and "seems to be."
4. Use diagnostic terminology vs. vague signs/symptoms
5. Include interpretation of ancillary values (lab, x-ray, EKG)
6. Indicate what has been "ruled in/ ruled out"
7. Avoid copy/paste

Potential Results of Poorly Kept Records

- 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.”

Moonlighting and Locum Tenens Policy

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 director of the house officer’s program. 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 NEBRASKA MEDICAL LICENSE AND NON-EXEMPT DEA IF YOU WISH TO ENGAGE IN MEDICAL PRACTICE OUTSIDE THE UNIVERSITY.

Parking Policy

Parking Services is temporarily located (as of August 2023) in the 4230 Building (Annex 10) at 4230 Leavenworth St. They can be reached at 402-559-8580 or at unmcparking@unmc.edu.

House officers are assigned parking in Lot 50. House officers may be assigned to other lots as appropriate and based upon availability. All motor vehicles parked on the UNMC/Nebraska Medicine 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/Nebraska Medicine parking permit.

Daily parking is available to House officers who are only on campus periodically and do not need a monthly parking permit. The cost is \$3.00 per day, and full details can be found here: <http://livegreennebraska.com/travelsmart/flexparking/>

The parking guidelines are outlined in the UNMC/Nebraska Medicine Parking Handbook, which is available at: https://net.unmc.edu/eserv/pk_manual.pdf

Pay and Benefits Policy

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.

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.

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.

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.

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.

Disability Insurance for House Officers

Chris Insinger & Associates Renaissance Financial
402-682-3931 email: medical@rfconline.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 purchase a policy before terminating your house officer appointment without having to answer health questions or do an exam to an individual high quality, true own occupation disability plan. This plan is portable to all 50 states. 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 exiting coverage. In addition, a 20% discount remains on the policy. Residents and fellows who are here on visas are eligible for this plan. For more information, please contact Chris Insinger at the phone and/or email address list above.

HO-I	\$14.22
HO-II	\$14.75
HO-III	\$15.35
HO-IV	\$15.90
HO-V	\$16.45
HO-VI	\$16.98
HO-VII	\$17.84
HO-VIII	\$18.73

Health Insurance

House officers are UNMC employees and are entitled to the full range of insurance coverage available to all UNMC employees, including health, dental, and vision insurance. The UNMC Benefits Office can be reached at 402-559-4340. Benefits can also be viewed at <http://www.nebraska.edu/benefits>.

Holidays

House Officers are employed by the University of Nebraska Medical Center and do not receive holidays or floating holidays, much like other University employees. Holidays are considered to be work days, much like a Sunday. For example, if a house officer wants to take the week of Thanksgiving as vacation and wants to be guaranteed not be called to the hospital where they are assigned, then the house officer would be charged with five days of vacation and the weekend.

There may be confusion when a department closes their clinics and the house officer does not have a “work” obligation for the day. If the clinics are closed and there are no other clinical obligations for the house officer, they are not charged a day of vacation, but are still accountable to any other patient care needs that may arise. If the house officer wants guaranteed time off for holidays or clinic closures, then vacation time should be taken.

Paychecks

All house officers are paid on the last working day of the month.

Should you have questions regarding your paycheck, please call the Graduate Medical Education office at 402-559-6329.

Salaries

Salaries are set each year by the University of Nebraska Board of Regents. Salaries for the 2023-2024 academic year are:

HO-I	\$63,198
HO-II	\$65,538
HO-III	\$68,208
HO-IV	\$70,640
HO-V	\$73,112
HO-VI	\$75,473
HO-VII	\$79,286
HO-VIII	\$83,252

Vacation Days Rollover

As outlined in the house officer agreement, all residents and fellows receive four weeks (20 work days) of vacation during each year of training. The maximum number of vacation days that a resident or fellow can accrue is 30 work days (six weeks). Therefore, residents and fellows will ideally use enough vacation time to get their balance to 10 or fewer days prior to the next academic year. No more than the maximum 30 days can be paid out at the end of training.

House officers who move directly from one UNMC training program to another (usually residents matching into fellowship) do not have their unused vacation time from their first program paid out when they graduate from the first program. Their unused vacation time rolls over to their new UNMC training program, as in Example 3 below.

Example 1

Resident A starts Year 1 of residency with 20 vacation days. She uses 16 days over the year, leaving her with 4 unused days. When Year 2 begins, she receives 20 new vacation days and carries over her 4 unused days from Year 1. She will have 24 vacation days to use during Year 2.

Example 2

Resident B starts Year 1 of residency with 20 vacation days. He uses 7 days over the year, leaving him with 13 unused days. When Year 2 begins, he receives 20 new vacation days and carries over 10 unused days from Year 1 to reach the maximum accrual of 30 days. He has forfeited the remaining 3 unused vacation days from Year 1.

Example 3

Resident C starts Year 3 of her three-year residency with 21 vacation days (20 new days and 1 unused day from Year 2), and she uses 12 days over the year. She matches into fellowship at UNMC, so her 9 unused vacation days are rolled over to her fellowship. She will start Year 1 of fellowship with 29 vacation days.

Example 4

Fellow D started Year 2 of his two-year fellowship with 26 vacation days (20 new days and 6 unused days carried over). He uses 8 vacation days over the year, leaving 18 unused days at the end of his training. These 18 days are paid out in his final paycheck from UNMC.

Photo IDs Policy

As an employee of the University of Nebraska, you will need a photo I.D. Your photo I.D. should be on your person at all times while you are on campus. In addition to identifying you during patient care activities, your I.D. will serve as your door access badge across campus, as well as your meal card for the \$10/day food credit provided to house officers. Your badge may also be used for other optional programs. For example, if you sign up for UNMC's Travel Smart program, your badge will serve as a free Omaha Metro bus pass.

If you did not get your photo I.D. at the time of house officer orientation, contact the Photo ID office at 402-559-8414.

Prescribing Policy: Pharmacy and Nutrition Care

The GME Office will facilitate access to e-prescribing for house officers. In order to set up house officers for e-prescribing, the GME Office must receive from the house officer DEA, NPI and license information. While a DEA isn't needed for all prescriptions, it is a requirement for e-prescribing.

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 Nebraska Medicine, please write for enough medication to last until their next clinic visit.
3. Discharge Prescriptions: A technician from Nebraska Medicine Clinic Pharmacy will pick up written prescription(s) for patients being discharged after determining the patient's desire to have it/them filled by Nebraska Medicine. The prescription(s) will be faxed to the Nebraska Medicine 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 8:00 a.m. to 4:30 p.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.

Scheduled 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.

Please see Appendix B for contact information for Pharmacy and Medical Nutrition Therapy.

Program Reduction or Closure Policy

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 house staff physicians as soon as possible and will make every effort available to place the current house staff physicians into another similar approved program elsewhere or transfer the house staff physicians to another program within the institution. Where possible, house staff physicians will be allowed to complete the academic year in progress.

Scrubs Policy

Nebraska Medicine Issued Scrubs

Nebraska Medicine provides hospital laundered scrub apparel to employees, students, and medical staff (personnel), who are working in restricted areas where control of environmental factors is crucial to prevent potential infectious material into sterile areas. Nebraska Medicine issued scrubs are to be worn as a set. Personnel designated by this policy as “authorized users” must obtain scrubs upon arrival at the hospital and return scrubs before leaving the hospital each day. Nebraska Medicine issued scrub clothing must not be removed from the property. Nebraska Medicine issued scrubs are not to be worn outside of Nebraska Medicine’s buildings.

Hospital Issued Scrubs

Colleagues assigned to work in the following locations are required to wear hospital owned scrubs:

- Surgical Services
- Cardiac Cath/EP
- Interventional Radiology
- Morgue
- Endoscopy Lab
- Labor and Delivery (purple scrubs)

Returning Scrubs

Colleagues are to check all scrub pockets prior to placing soiled scrubs into soiled laundry receptacles or automated scrub receivers.

Scrubs obtained through automated scrub dispensers are required to be returned to the automated scrub receiver within 48 hours of obtaining scrubs from the dispensing machine.

All Nebraska Medicine issued scrubs will be issued via Automated Scrub Dispensers, unless Epidemiology approves other practices. Please contact your program coordinator to inquire about access to the Automated Scrub system.

Social Media Policy

UNMC supports the use of social media tools as a valuable means to connect with the world. Because many people use social media platforms in both their personal and professional lives, it is important to understand the proper use of these tools for UNMC employees (which include residents and fellows). These guidelines apply both inside and outside of work hours, and whether you are using professional or personal social media accounts.

- Information regarding patients must always comply with HIPAA and other state and federal laws governing patient privacy. Protected health information may never be released on a social media site. **UNMC employees may not reveal patient health information or describe patient care events on social media – even if names or other identifying information are withheld – without a specific signed authorization for broad release from the patient or the patient’s parent/guardian.**

- Information from student, alumni, or applicant records (including academic records, disciplinary records, and correspondence) should never be released via social media without prior written approval from the Student Affairs Office.
- Information from employee records (including disciplinary records and correspondence) should never be released via social media without written approval from the Associate Vice Chancellor of Human Resources.
- Information regarding unpublished research data or unprotected intellectual property should never be released via social media without written permission from the Intellectual Property Office.
- When using personal social media, use a personal email address and take reasonable precautions to indicate that you are acting as a private person and not as a UNMC representative. Authorization to present a social media account as an official University activity, or to use UNMC service marks, trademarks, or logos, must be obtained in advance from the Department of Strategic Communications.
- For more information, or if you have any questions or concerns about social media use, please contact the UNMC Department of Strategic Communications at 402-559-4353. If you have questions about sharing information about patient care, contact the UNMC/Nebraska Medicine Privacy Office at privacy@nebraskamed.com

Supervision Policy (Institutional GME Supervision Policy for House Officers)

Scope

The policy applies to all UNMC residents appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including The Nebraska Medical Center, Omaha Veterans Administration Medical Center, Omaha Children’s Medical Center, and other clinical sites where UNMC residents are engaged in patient care. The policy applies to residents and fellows appointed to ACGME accredited and non-ACGME accredited programs. All UNMC GME programs must adhere to the minimum standards put forth in this policy. Programs must supplement this policy with program-level supervision policies, with written descriptions of supervision requirements for each clinical rotation. In addition, programs must adhere to other supervision requirements of other entities if these policies exceed the standards put forth in this policy. Other supervision policies may include, but are not limited to:

1. Medical staff policy for the institution
2. Standards required by TJC, CMS, or other regulatory/accrediting bodies
3. Individual ACGME program requirements

The standards put forth in this policy do not ensure compliance with standards required for billing purposes.

Definitions

1. **Supervising Physician:** A faculty physician, or a senior resident or fellow.
2. **Levels of Supervision:** Four levels of supervision are defined.
 - i. **Direct:** The supervising physician is physically present with the resident and the patient.
 - ii. **Indirect:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
 - iii. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Policy

Supervision by faculty physicians/medical staff

1. At all times and at all training sites, patient care performed by residents will be under the supervision of a qualified supervising physician faculty with appropriate privileges and credentialed to provide the required level of care.
2. Programs must define the level of supervision required for each clinical experience for each level of training using supervision definitions provided in this policy.
3. Resident supervision must be monitored by each program and by the institution.
4. Emergencies: An “emergency” is defined as a situation where immediate care is necessary to preserve the life or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by medical center personnel, is permitted to do everything possible to save the life of the patient.

Communication

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising physician faculty, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. Residents must notify the supervising physician faculty of significant changes in the patient’s condition. Residency programs must designate circumstances when residents are required to notify the supervising faculty physician.

Progressive Responsibility of Residents

1. 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.
2. 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.

Responsibilities

Ensuring appropriate resident supervision is the responsibility of the program director, faculty physicians, departmental leadership, and the institution. Specific responsibilities are as follows:

1. Supervising faculty physicians: Supervising faculty physicians are responsible for ensuring patient safety and quality of care. Supervising physicians may not provide direct supervision of all aspects of patient care, but they are ultimately responsible for the care of each patient.

2. Supervising senior resident physician: Supervising fellows or senior residents are responsible for the care provided to each patient by residents under their supervision and informing and consulting with the supervising faculty physicians when required.
3. Residents: Residents under the supervision of physician faculty and senior residents or fellows are responsible for reviewing the level of supervision for each curricular component (clinical rotation, procedure) prior to beginning a clinical rotation and the level of supervision required for each rotation and for each procedure. Within the scope of the training program, all residents must function under the supervision of faculty physicians.
4. Program Directors (PDs):
 - a. Provide a curriculum, including clinical rotation summaries, delineating resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.
 - b. Assign progressive authority and responsibility, conditional independence, and a supervisory role in patient care based on specific criteria reviewed by the clinical competency committee for each program, and supervising faculty members for each clinical experience.
 - c. Review the levels of supervision with residents, supervising faculty physicians, and appropriate nursing and administrative staff.
 - d. Provide a specific statement identifying any exceptions for individual residents to supervising physicians and appropriate nursing and administrative staff, as applicable.
5. Graduate Medical Education Committee (GMEC): The GMEC will provide oversight of the appropriateness of supervision through regular review of hospital data, program data, and ACGME data (faculty and resident surveys) by the Clinical Learning Environment Operations Committee annually

Procedures

1. Inpatient Admissions: For patients admitted to an inpatient service of the medical center, the supervising faculty must physically meet, examine, and evaluate the patient with 24 hours of admission including weekends and holidays or sooner if the clinical condition warrants.
2. Continuing Care of Inpatients: For continued care of admitted patients, supervising faculty must provide Indirect Supervision with Direct Supervision available. Supervising faculty must physically meet, examine, and evaluate the patient on a daily basis, including weekends and holidays. Faculty is expected to be personally involved in the ongoing care of the patient's assigned. The supervising practitioner must be identifiable for each resident's patient care encounter.
3. Discharge from Inpatient Status: The supervising faculty, in consultation with the resident, ensures that the discharge of the patient from an inpatient service of the medical center is appropriate and based on the specific circumstances of the patient's diagnoses and therapeutic regimen; this may include physical activity, medications, diet, functional status, and follow-up plans.
4. Transfer from Inpatient Service to Another Service or Transfer to Different Level of Care: The supervising faculty, in consultation with the resident, ensures that the transfer of the patient from one inpatient service to another or transfer to a different level of care is appropriate and based on the specific circumstances of the patient's diagnoses and condition. The supervising faculty from the transferring service must be involved in the decision to transfer the patient. The supervising faculty from the receiving service must treat the patient as a new admission.

5. Inpatient Consultations: For consultations to an inpatient service of the medical center, the supervising faculty must physically meet, examine, and evaluate the patient within 24 hours of the consultation order including weekends and holidays or sooner if the clinical condition warrants.
6. Intensive Care Units (ICUs), including Adult and Pediatric Medical, Cardiac, and Surgical ICUs: For patients admitted to, or transferred into, an ICU of the medical center, the supervising faculty must physically meet, examine, and evaluate the patient as soon as possible, but no later than 24 hours after admission or transfer, including weekends and holidays.
7. Outpatient Care: For patients in outpatient clinics, supervising faculty must provide indirect supervision with direct supervision immediately available/available. Faculty is expected to be personally involved in the ongoing care of the patient's assigned. The supervising practitioner must be identifiable for each resident's patient care counter.
8. Operating Room (OR) Procedures: Supervising faculty must provide appropriate supervision for the patient's evaluation, management decision, and procedures. (Direct supervision/indirect supervision with direct supervision immediately available.) Determination of the level of supervision is a function of the level of responsibility assigned to the individual resident involved and the complexity of the procedure.
9. Non-OR Procedures
 - a. Routine Bedside and Clinic Procedures: Routine bedside and clinic procedures include skin biopsies, central and peripheral lines, lumbar punctures, thoracentesis, paracentesis, and incision and drainage. Supervision for these activities is dependent on the setting in which they occur. Documentation standards must follow the surgical setting specific guidelines.
 - b. Non-Routine, Non-Bedside Diagnostic or Therapeutic Procedures: Non-routine, non-bedside, diagnostic, or therapeutic procedures (e.g., endoscopy, cardiac catheterization, invasive radiology, chemotherapy, radiation therapy) are procedures that require a high level of expertise in the performance and interpretation. Although gaining experience in doing such procedures is an integral part of the education of the resident, such procedures may be done only by the residents with the required knowledge, skill, and judgment and under an appropriate level of supervision by a supervising faculty. Supervising faculty is responsible for authorizing the performance of such procedures and must provide Direct Supervision. Supervision for these procedures takes into account the complexity and inherent risk of the procedure, the experience of the resident, and assigned graduated levels of responsibility.

Transitions of Care Policy

Scope

The policy applies to all UNMC residents appointed to GME programs sponsored by the University of Nebraska Medical Center (UNMC); including The Nebraska Medical Center, Omaha Veterans Administration Medical Center, Omaha Children's Medical Center, and other clinical sites where UNMC residents are engaged in patient care. The policy applies to residents and fellows appointed to ACGME accredited and non-ACGME programs.

All UNMC GME programs must adhere to the minimum standards put forth in this policy. Programs may supplement this policy with program-level transitions of care policies. In addition, programs must adhere to other transitions of care requirements of other entities if these policies exceed the standards put forth in this policy. Other transitions of care policies may include, but are not limited to:

1. Medical staff policy for the institution
2. Standards required by TJC, CMS, or other regulatory/accrediting bodies
3. Individual ACGME program requirements

Definitions

A handoff is the process of transferring information and authority and responsibility for a patient during transitions of care. Transitions include changes in providers, whether from shift to shift, service to service, or hospital or clinic to home. Transitions also occur when a patient is moved from one location or level of service to another, such as emergency department to inpatient floor or operating room to post-anesthesia recovery room.

Both written and verbal handoffs are important, and each has a different purpose. Written handoffs can provide detailed information that serves as a reference for the receiving provider. Verbal handoffs allow discussion and cross-checking with the receiving provider to be certain that he/she has understood the information being provided.

Policy

I. It is the policy of the University of Nebraska College of Medicine that each residency and fellowship program develops standards that provide for the safe transfer of responsibility for patient care. The format for transfer of care may vary, but each program's standards must ensure continuous, coordinated delivery of care in settings that are appropriate to patients' needs, including arrangements that extend beyond the inpatient setting into the community and the home.

II. Each residency and fellowship program must develop a handoff policy that outlines the expectations for transfer of responsibility for patient care in all the settings and situations in which handoffs occur. The amount of information to be included in the process will vary depending on the functional role of the resident or fellow in patient care. Residents and fellows providing continuous and direct care and taking responsibility for order writing require a higher level of information exchange than those with less continuous duties, such as consultative or supervisory services. At a minimum, that policy must address the following:

1. The time and place that routine handoffs should be expected to occur. The location should be chosen so as to minimize distractions and interruptions and where all needed resources are available (e.g., appropriate information systems). The handoff process **MUST** allow the receiving physician to ask questions, so written handoff alone is not acceptable. The time chosen should be as convenient as possible for all participants.
2. The structure or protocol for handoffs. Programs must ensure that verbal handoffs have predictable content and structure. Mnemonics may be helpful in this regard. Some commonly used mnemonics are listed at the end of this section.

Time for questions must be a part of all verbal handoffs. A process for verification of the received information, including repeat-back or read-back, as appropriate (JCAHO)

Written handoffs must be structured and organized so that information is provided in a predictable format or is readily available for each patient. Programs should develop implement standardized written handoff templates within the hospital electronic health record (EHR) no later than January 1, 2015.

Written information for residents and fellows providing continuous care and taking responsibility for order writing should include the following:

- Identifying information --Name, location, medical record number
- Code Status
- Primary Diagnosis
- Prioritized active problem list, including recent changes in condition or treatment plan (as necessary)
- Medications and other treatments
- Allergies
- Important contact information (e.g., patient’s attending of record, family, referring physician)
- Follow-up tasks to complete with suggested plan of action. Programs should consider using “if-then” statements to guide such action plans. Examples may include follow-up on pending diagnostic studies and bedside assessment of a patient for serial examination
- Contingency planning for anticipated problems with suggested plan of action. Programs should consider using “if-then” statements to guide such action plans. Examples include expected or previously encountered problems during cross-cover, medications to specifically avoid, and social issues that may be encountered. Written information for trainees in a supervisory or consultative role must include sufficient information to understand and address active problems likely to arise during a brief period of temporary coverage, or to assume care without error or delay when care is transferred at a change of rotation or service.

3. All patients for whom a resident or fellow is responsible must be included in the handoff. All information should be updated prior to each subsequent handoff.

III. Each residency and fellowship program must inform their trainees about the institutional and program-specific handoff policies. Trainees must be informed about the reasons for these policies and the expectation that the policies be followed.

Each program must develop a system for assessing the effectiveness of resident handoffs and for monitoring compliance with handoff policies. Programs are encouraged to develop assessment programs that include direct observation of learners by faculty or senior trainees. Program level assessment will be monitored through annual institutional program evaluations.

Transitions of Service

1. Except for transfers in emergency situations, a transfer note must be provided by the “sending” resident when a patient is transferred to a different level of care or to a different service. No transfer note is required if a patient is being relocated but will be cared for by the same service; when a patient is being admitted from the Emergency Department, the Emergency Department record serves as the transfer note. A “transfer acceptance note” must be documented by the receiving service.

2. An “off-service” note must be written by the responsible resident when the entire resident care team rotates off service on the same day and the team has cared for the patient for more than 48 hours (24 hours for ICU care). This note should provide a sufficient summary of the patient’s hospitalization and proposed plans so that the next resident(s) can assume knowledgeable and efficient care of the patient.

3. When the responsible prescriber (resident) changes, nursing staff and all others who may need to contact the provider promptly must be notified of the change before noon of the day of service change.

Discharges

1. The discharging resident must ensure that prescriptions for discharge medications are written and available at the time of discharge.
2. The discharging resident must ensure that the discharge worksheet is completed and is accurate. The discharge worksheet must not be changed after the patient has been discharged.
3. The discharging resident is responsible for ensuring that information about clinically important laboratory, radiologic, or other results that come to a prescriber after a patient leaves the hospital is conveyed either to the patient or his/her primary care provider. This contact should be documented in the medical record.

Commonly Used Handoff Mnemonics

SBAR-Q

- Situation: Summarize patient demographics and primary problem(s), code status
- Background: PMH, active problems, recent or upcoming procedures, etc.
- Assessment: Clinical status, recent changes in condition or treatment plan, follow-up tasks with action plan
- Recommendations: Contingency planning
- Questions

SAIF-IR

- Summary: Summarize patient demographics and primary problem(s), code status
- Active problems and management
- If-then contingency plan
- Follow-up tasks and plan
- Interactive questions
- Read-backs: to verify received information

SIGNOUT

- Sick or DNR: highlight sick or unstable patients, identify DNR/DNI patients
- Identifying data: name, age, gender, diagnosis
- General hospital course
- New events of the day
- Overall health status/clinical condition
- Upcoming possibilities with plan, rationale
- Tasks to complete overnight with plan, rationale

Unsatisfactory Performance and Dismissal Policy

House officers are expected to fulfill their responsibilities and conduct themselves in a competent, professional manner while meeting program expectations and adhering to UNMC/Nebraska Medicine policies and state/federal law. House officers can be counseled, disciplined, or dismissed for issues related to:

- Academic deficiency (failure to meet academic expectations and adequately progress in gaining the knowledge, skills and attitudes necessary to achieve competence)
- Academic integrity (cheating or research misconduct)
- Unprofessional behavior (improper behavior; intentional wrongdoing; violation of a law, standard of practice, or policy of the program, hospital, or university).

Please contact the Graduate Medical Education Office if you have any questions or concerns about the policy and how it applies to you. Please also reference Board of Regents Bylaws 5.3 and 5.4.

Performance Issues

Academic On Review

If questions are raised regarding a house officer's performance, the house officer may be placed "on review". The academic "on review" status 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 Graduate Medical Education Office and the house officer's academic file. This status must be reviewed no later than three months after it is initiated. On review status is not generally reported to outside agencies. In the event that specific information is requested that involves issues regarding the on review status, the program director may be obligated to disclose information to agencies that request information.

Academic 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 academic 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.

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 to initiating dismissal action.

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.

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 academic appeals section below.

House Officer Academic Appeal Procedure

- A. Appeal to the House Officer Appeals Committee ("the 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 suspension or academic failure of a rotation.
- B. An appeal setting forth the reasons for the appeal must be submitted in writing to the Associate Dean for Graduate Medical Education. The house officer must submit the appeal within two weeks after receiving notice of the adverse action affecting the house officer.
- C. The Associate Dean for Graduate Medical Education shall appoint the Committee to hear the appeal. The Committee shall consist of four members of the full-time clinical faculty and one resident, all with equal voting status. The Committee shall not include anyone who participated in the action resulting in the adverse action nor anyone who might have a conflict of interest.
- D. The Associate Dean for Graduate Medical Education shall select one of the full-time clinical faculty members appointed to the Committee as Chairperson. The Chairperson shall 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 advisor is an attorney, the house officer's residency 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 (2 or 3 witnesses each) 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 appeal agenda will begin with the Chair of the Committee giving committee introductions followed by opening of the appeal procedure. The house officer will present to the Committee first, followed by Committee questioning of the house officer. Witnesses of the house officer will each present to Committee next, followed by questioning of each witness. Once the house officer and house officer's witnesses have presented, the program director will then present to the Committee, followed by Committee questioning of the program director. The program director's witnesses will each present, followed by questioning of each witness. The committee will allow for brief (5-10 minutes) rebuttal remarks by the house officer prior to Committee deliberations.
- J. The Chairperson of the Committee shall direct the questioning of the house officer and other witnesses and conduct the hearing so that the house officer, his or her advisor and any other individuals appearing before the Committee are treated fairly.
- K. 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 recording of the house officer's testimony and the testimony of any other witnesses. The house officer may request a copy of the recording of his or her testimony and the testimony of any other witnesses who may appear before the Committee.
- L. 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.
- M. 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.
- N. 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, Minor Revisions 9/08, Minor Revisions 8/23

Workplace Injuries Policy

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 using an eyewash. 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. Call the OUCH post-exposure paging system for risk assessment and assistance in determining needed healthcare follow-up. Before the patient is discharged (or leaves Clinic/Emergency Department), 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. 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.

Number	Location
*9-402-888-OUCH (6824)	On campus
402-888-OUCH (6824)	Calling from Off-campus
1-402-888-OUCH (6824)	Call long distance

4. Inform the appropriate supervisor.
5. Document the exposure and submit an incident report within 24 hours of the incident. The form can be found here: <https://www.unmc.edu/ehs/safety/incident-reporting.html>
6. Follow-up with any recommended treatment and/or evaluation.
7. Nebraska Medicine 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 Nebraska Medicine Policy Manual for the Employee Health Policies and the Bloodborne Exposure Control Plan.
8. If HIV prophylaxis is needed, the Centers for Disease Control and Prevention recommends this be started in the first 1-2 hours after exposure.

HOUSE OFFICER-SPECIFIC RESOURCES

Graduate Medical Education

The Office of Graduate Medical Education is responsible for oversight and administration of all UNMC and Nebraska Medicine-affiliated residencies and fellowships. This office will assist you with questions related to licensure, certification, salary and benefits, and many other issues. If you have questions, contact the GME Office at 402-559-6329.

House Officer Assistance Program (HOAP)

Susan Smith, RN, BS | Cell: 402-689-1033

BTH 4017 | srsmith1@unmc.edu

Call or text for assistance, available 24/7

The House Officer Assistance Program (HOAP) is a cost free, confidential program committed to the health and wellbeing of all University of Nebraska Medical Center House Officers and their partners. Services offered: Short-term problem solving/coaching/mentoring services to assist in managing/resolving work/life related stressors, confidential assessments with referral to appropriate resources if needed, crisis intervention services, Psychological First Aid (PFA) for affected house officers when unexpected clinical outcomes occur.

If you have any questions regarding UNMC's Standards of Conduct Regarding Alcohol or Drugs, or if you are concerned about your own use or that of a colleague, please contact Susan Smith in the House Officer Assistance Program (HOAP). The HOAP is a cost free, CONFIDENTIAL program available to all University of Nebraska Medical Center House Officers and their partners who are experiencing work and/ or personal life stressors which may include alcohol and/or drug related issues.

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 throughout 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 Alliance 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 Alliance 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 Alliance also provides monetary support to fund innovative programs which benefit families and/or employees at UNMC through an annual fundraiser. Dues are \$40 for resident/fellow members and an additional \$10 for playgroup.

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.

For more information, visit the House Officers Association Alliance's website at <https://www.omahahoaa.com>

House Officer Wellness Lounge (HOWL)

In addition to dedicated house officer space within individual training programs, all house officers are welcome to use and relax in the House Officer Wellness Lounge, located in University Tower Room 3441.

HOWL facilities include:

- Snacks and drinks
- Computers
- Conference Room
- Exercise Room
- Lactation Room
- Meditation Room
- Yoga Room
- Showers

Notary Public

There are multiple notary publics on campus, including most of the Graduate Medical Education Office staff. Notary services are available to all employees at no cost.

On-Call Rooms

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 coordinator for further information.

Research Resources

GME Education Research Collaborative

The GME Education Research Collaborative fosters house officer-driven qualitative, quantitative, or mixed methods education research projects. The collaborative consists of the Associate Dean of Graduate Medical Education, an education research PhD, and a masters-level statistician. The collaborative can assist house officers with all aspects of education research, including Institutional Review Board (IRB) submission, grant applications, study design, instrument development, data collection, analysis, manuscript preparation, and oral/poster presentation development.

GME Patient Safety, Quality Improvement, and Disparities Research Collaborative

The GME Patient Safety, Quality Improvement, and Disparities Collaborative exists to provide resources to house officers to aid in their research or quality improvement projects. The collaborative consists of the Associate Dean of Graduate Medical Education, one biostatistics faculty member, and two masters-level statisticians. Resources are offered to help in all aspects of projects, from study design, sample size justification and Institutional Review Board (IRB) review, to data collection, analysis, interpretation, and presentation. The group works closely with UNMC's IRB and Electronic Health Records Core to help streamline any requests in these areas. The collaborative meets weekly to informally discuss new project submissions or projects with updates, as well as monthly with a larger group to have house officers present their ideas in the early stages and receive feedback that they can integrate into their project design. For more information, please see <https://www.unmc.edu/com/residencies-fellowships/research.html>

Graduate Medical Education Research Journal

The UNMC *Graduate Medical Education Research Journal* (GMERJ) is available in print and online. It provides a platform for residents and fellows to present peer-reviewed, high-quality scholarly work. For more information, please see <https://digitalcommons.unmc.edu/gmerj/>.

Graduate Medical Education Research Symposium

The Office of Graduate Medical Education sponsors a yearly research symposium to provide all UNMC house officers with a forum to present their research work. Accepted abstracts are also published in the *Graduate Medical Education Research Journal*. For more information, please see <https://www.unmc.edu/com/residencies-fellowships/research.html>

MEDICAL CENTER RESOURCES, PROCEDURES, AND CONTACTS

Bookstore

Room 2002, Student Life Center, 402-559-4455

www.unmcbookstore.com

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 obtain it at no additional charge. In addition, the Bookstore sells lab coats, scrubs, school supplies, clothing, and insignia items. The UNMC Bookstore also offers embroidery of lab coats/ jackets.

Campus Security

Public Safety Business Office, 4215 Emile Street

Academic Research and Services Building

EMERGENCY: 402-559-5555

Public Safety Dispatch: 402-559-5111

Public Safety Business Office: 402-559-4439

Department of Police and Public Safety

Police Officers and security personnel are on duty 24 hours a day, 7 days a week.

For immediate help or to report unusual activities and crimes, call ext. 402-559-5111. This is also the number to call in order to request a Campus Security escort to your vehicle.

The Department serves as an umbrella that holds the units of patrol, police investigations, dispatch, emergency management, youth safety, and a support unit that includes access management, security camera management, and alarms. The Department maintains a daily crime and fire log.

Blue Light Emergency Phones are available at 35 locations throughout UNMC/ Nebraska Medicine 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 the Department's Dispatch Center. 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 Authorities (CSA)

The Clery Act establishes CSAs as faculty and staff members who are unaffiliated with the Department of Police and Public Safety with significant responsibilities for student and campus activities. Students who have experienced or witnessed a crime and wish to talk to someone can contact a CSA.

Someone is Here to Listen

The intent of including non-law enforcement personnel in the role of a CSA is to acknowledge that some campus community members, particularly students, may be hesitant about reporting a crime to the Police, but may be more inclined to confide with other campus-affiliated individuals.

CSAs can provide you with information regarding resources and help you understand your options regarding the reporting of a crime.

Reporting to a CSA most likely will not result in any specific action regarding your report. Anonymous reporting to a CSA helps ensure all reported crimes are included in the Annual Clery Report and reports are monitored for the need of Timely Warnings to campus. Therefore, if your issue is an emergency in nature or you wish to report a crime to the Police, please call the Dispatch Center.

CSA Role

CSAs serve an important role on campus. They are here to assist students and staff. If someone reports a crime to you, you become a first responder. Victims who have placed their trust in you should be provided with information regarding resources and understand their options regarding reporting a crime.

CSAs are responsible for assisting people with their reporting options. The Department of Police and Public Safety is available to assist CSAs, staff, students, and visitors regarding any safety-related matter.

CSAs Have a Responsibility to Report Statistical Data

Similar in responsibility to Title IX reporting, CSAs have federally mandated responsibilities to report crimes that they witness or that they have been told about. This is most often done without revealing personally identifiable information. For questions or to confidentially report statistical information, contact Kyle J. Poppert, CPM, BS Compliance and Accreditation Manager Kyle.Poppert@unmc.edu

Center for Continuing Education

Annex 14 | 402-559-4152

The Center for Continuing Education provides educational activities for healthcare professionals throughout the region, nation and internationally. The content of the educational activities include primary care, specialty and sub-specialty topics as well as other interprofessional development activities. The methods of instruction are varied to offer learning experiences that appeal to diverse and individual learning styles and practice setting requirements. These include live conferences; virtual symposia; interactive audio, video and multimedia activities; web-based self-directed learning; and simulation, as well as, regularly scheduled series, conferences, internet live activities, and American Heart Association activities such as BLS, ACLS, PALS, ATLS.

Preregistration is required at most continuing education activities and can be handled online at <https://www.unmc.edu/cce/index.html>

Center for Healthy Living (Fitness Center)

402-559-5254

www.unmc.edu/cfhl

Hours: Mon - Thur 5:30 AM - 9:00 PM, Fridays 5:30 AM - 7:00 PM

Saturdays: 9:00 AM - 5:00 PM, Sundays: 9:00 AM - 5:00 PM

We are closed (or close early) on some holidays so please check our web- site, www.unmc.edu/cfhl or call for these occasional closings and general information.

The Center for Healthy Living (CFHL) provides a variety of leisure activities in addition to fitness and wellness services for the UNMC/Nebraska Medicine students, faculty, staff, volunteers, alumni and their families. The CFHL includes two activity courts (for basketball, volleyball, badminton, futsal, pickleball & indoor walking/running track with a heavy bag and hitting wall), three fitness studios, table tennis area, men's and women's locker rooms and the Heiser strength and conditioning area. The Heiser area contains dynamic exercise alternatives such as treadmills, elliptical trainers, step machines, rowing machine, versa-climber expresso bicycles, and stationary and recumbent bicycles. Resistive exercise options include weight machines as well as free weights.

Center for Healthy Living memberships include use of all facilities and the following services:

- Fitness classes along with Fitness on Demand and TRX programming
- Fitness assessments
- Personalized exercise program designs
- Equipment orientation
- Daily-use lockers & semester locker rental
- Towels
- Intramural leagues in basketball, volleyball, sand volleyball, broomball, disc golf, golf, curling, pickleball, soccer, ultimate frisbee, futsal, kick- ball, bocce ball, matball and softball are also available for an additional fee (you do not need to be a member of the CFHL to participate in leagues).
- Sponsored memberships (for spouses or friends) are available for an additional fee.

Childcare

Childcare Development Center

Note: The Child Development Center is not currently accepting registrations due to their lengthy wait list. Please phone the Center at 402-559-8800 to be added to the wait list.

The center was established in 1991 to meet the childcare needs of parents and grandparents who are students, staff, faculty or alumni of UNMC / Nebraska Medicine / 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 childcare
- Meals-breakfast, lunch and afternoon snack
- Open door policy-Parents always welcome

We accept children ages 6 weeks through 7 years, and our operating hours are 6:30 AM to 5:30 PM.

For more information, please visit our website at: <https://www.unmc.edu/unmcchildcare/>.

WeeCare

UNMC and Nebraska Medicine are partnering with WeeCare, the largest childcare network in the United States. Benefits-eligible UNMC employees – including house officers – will have access to the WeeCare platform and network at no additional cost. Actual cost of childcare is not included.

WeeCare offers 24/7 dedicated support that connects families with quality and licensed home childcare providers, babysitters, nannies and backup care. WeeCare services include a dedicated care manager that works with employees to find the best options for their childcare needs (including weekend, nighttime and backup care) based on their price range, location and preferences.

For more information, please visit <https://weecare.co/benefits/unmc>

Death Reporting and Acute Bereavement Care

Death Reporting at Nebraska Medicine

All patients' deaths within Nebraska Medicine 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 donation to the anatomical board, and funeral home contacts. Additionally, ABS personnel provide emotional and spiritual support to families of deceased patients at Nebraska Medicine and can provide referral information for pastoral support or outside counseling if requested.

ABS personnel may be contacted through the Hospital Operator at any time by asking for the Acute Bereavement Service (ABS) person on-call. Personnel are available on a 24-hour basis. ABS personnel ensure that all families are offered the option of having an autopsy performed at Nebraska Medicine. For all deaths, ABS must be contacted at the time of death; however, contact prior to an impending death is strongly encouraged.

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 Live On Nebraska (LON) or the Lions Eye Bank of Nebraska (LEB). Notify Nebraska Organ Recovery System (NORS) of all patients who meet Immediate Death Criteria at 402-733-4000. Notify Pathology at 402-552-3379 if a hospital autopsy is requested.

Questions can be addressed to the Spiritual Care Department at 402-552-3219.

Acute Bereavement Care (ABS)

It is the policy of Nebraska Medicine (Nebraska Medical Center, Bellevue, and UNMCP) to comply with the procedures set forth below. The Acute Bereavement Service works in collaboration with the health care team providing care to the dying patient, family, and friends. Bereavement care includes offering emotional, physical, and spiritual support to families, assisting with personal belongings, autopsy options, coroner notification, initiation of the organ/tissue donation process, and providing information related to funeral arrangements. A member of the ABS team is available in-house or on-call at all times. The ABS team, in collaboration with the Nebraska Organ Recovery System, hereafter referred to as (NORS), the local Organ Procurement Organization, hereafter referred to as the (OPO), ensures that the hospital's obligation and the patient's wishes regarding organ/tissue donation are met through an informed consent process. NORS coordinators are the designated requestors for donation. Each family is given the option to participate in the organ/tissue donor program, if eligibility has been determined at the time of death.

At Nebraska Medicine – Bellevue Acute Bereavement Services is provided by the staff nurse, lead staff nurse, or Nursing Resource Coordinator (NRC).

I. PURPOSE:

- A. To ensure consistent support and comfort to the families and friends of dying and deceased patients during the initial time of grief and loss.
- B. To ensure that the option for organ/tissue donation and autopsy is presented for each death.
- C. To ensure compliance with regulatory requirements for reporting appropriate deaths to the County Coroner, and all deaths, including imminent deaths, to NORS.

II. POLICY:

A member of the ABS team is contacted for all deaths and fetal deaths occurring at Nebraska Medicine (hereafter referred to as "the hospital"), as well as deceased patients in the Emergency Departments (DOA) and in Nebraska Medicine ambulatory settings.

NOTE: For the purpose of this policy, the patient has met Imminent Death Criteria (IDC) if the following criteria are met, it must be reported to NORS within 60 minutes by the hospital staff.

Definition of Imminent Death Criteria (IDC)

- A. Imminent Death – this refers to a ventilated patient with a devastating injury or illness who meets either of the following criteria:
 - 1. There exists a loss of one or more brain stem reflexes. These reflexes include: fixed pupils, loss of cough reflex, loss of gag reflex, no response to painful stimuli, or no spontaneous respirations; or
 - 2. The family or hospital is considering the withdrawal of any life-sustaining measures, comfort care, or changes to a DNR status.

Documentation (Health Information Management)

Health Information Management

989100 Nebraska Medical Center, Omaha, NE 68198-9100

Release of Information: 402-559-4024

One Chart Provider Training Team: onecharttrainingrequests@nebraskamed.com

The Health Information Management (HIM) Department oversees coding, clinical documentation integrity, revenue integrity, scanning of clinical documents, releasing patient information, merging

duplicate medical record numbers, storage of archived medical records, and analysis and auditing of medical records for compliance.

The legal medical record is primarily created and stored in electronic format. Paper documentation, such as consent forms and outside records, are manually scanned into the electronic record.

The Health Information Management Department monitors compliance with policies for medical record completion and management. Staff physicians are notified of overdue records and may lose clinical privileges when records are not completed per policy timeframes. This includes those records awaiting resident completion. Notification letters may be sent for delinquent documentation.

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. There is never a fee. Any patient, family member, friend, or health care provider can call.

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.

Food on Campus

Updated menus can be found online at <https://nebraskamed.catertrax.com/>

Cancer Center Café	Fred & Pamela Buffett Cancer Center, Ground Level	Breakfast: 7 – 10 AM Lunch: 11 AM – 2 PM
Clarkson Café	Clarkson Tower, Level One	24 hours
Coffee Shops	Storz Pavilion	Monday – Friday, 6:30 – 10 AM
	Buffett Cancer Center	Monday – Friday, 6:30 – 10 AM
	Lauritzen Outpatient Center	Monday – Friday, 7 AM – 2 PM
	Village Pointe	Monday – Friday, 7 AM – 2 PM
Crossroads Convenience Store	University Tower, Level Three	24 hours
Nebraska Café	University Tower, Level Three	Monday – Friday, 6:30 AM – 2 PM
Starbucks	DOC, Level One	Monday – Friday, 6 – 8 AM Weekends, 7 AM – 2 PM
The Restaurant	Fred & Pamela Buffett Cancer Center, Ground Level	Monday – Friday, 11 AM – 2 PM

Information Technology Services

Call the ITS Help Desk at 402-559-7700 for phone and computer problems and requests.

Interpretive Services

402-559-8697

Monday – Friday 7:00 AM to 7:00 PM utilize Video Remote Interpreting (VRI) via Google Chrome:

<https://nebraskamedicine.cli-video.com>, Password: 63238nebraska

For all other hours including weekends and holidays: Page the On-Call Spanish Interpreter at 402-888-0646.

Other Language Interpretation: Call the Interpretive Service Department at 402-559-8697 and choose Option 2 for Certified Languages International (CLI)

Per Hospital Policy RI 02: It is the position of Nebraska Medicine to support the patient’s right to effective communication through interpretive services provided by Nebraska Medicine. Nebraska Medicine complies with the US Department of Health and Human Services’ (HHS) national standards for culturally and linguistically appropriate services in health care (CLAS). From this document standards 4,5,6,7 are CLAS mandates that are followed: 4) Health care organizations must offer and provide language assistance services, including bilingual staff and Interpretive Services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation. 5) Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services. 6) Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation serviced (except on request by the patient/consumer). 7) Health care organizations must make available easily understood patient related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Hard of Hearing: Pocket talkers are available for patients who are hard of hearing. Helpful tips for communicating with hearing loss patients:

- Speak directly to me
- Speak slowly and clearly; do not shout
- Attract my attention before you speak
- Make sure there is enough light on your face so I can try to read your speech
- Do not shine a light on my face
- Try to eliminate background noise
- Use facial expressions and hand gestures to emphasize your feelings
- Please do not take my cochlear implant or hearing aid away from me because that device may be the best way for me to communicate
- If all else fails, write to me

Medical Interpreter Waiver Form: Obtain the waiver form using links below based on language needs. Ask the interpreter to sight translate/read it to the patient in their primary language. The waiver form is invalid if completed without a professional medical interpreter. Staff must document interpreters' identification number on waiver form and in One Chart.

Languages Waiver Form: For Languages other than Spanish, use CLI to translate the Waiver Form. Call the Interpretive Service Department at 402-559-8697 and choose Option 2 for Certified Languages International (CLI).

Deaf/American Sign Language Waiver Form: Use department VRI or call/page Interpretive Services for assistance.

Library (McGoogan Health Sciences Library)

The McGoogan Library website, <http://www.unmc.edu/library>, serves as the gateway to online information resources. Online journals, books, and databases are available on- and off-campus by using your UNMC NetID. Social networking allows the library to keep library users informed via a blog, Facebook, Instagram, and Twitter.

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.

LIBRARY CONTACT INFORMATION: Phone: 402-559-6221 or Text: 402-370-5016 or askus@unmc.edu or chat via our website: <https://www.unmc.edu/library>

LIBRARY SERVICE HOURS: Building access: 24 hours, 7 days per week. A current UNMC ID badge is required. Staffed service hours: Monday - Friday 8:00 a.m. to 6:00 p.m.

BORROWING PRIVILEGES: All UNMC faculty, staff, and students may borrow books, bound journals, and anatomical models.

OVERDUE ITEMS AND UNPAID LIBRARY CHARGES: The library will charge a replacement fee for items that are overdue. If there are unpaid library charges on your account, library borrowing privileges will be suspended and holds will be placed with the Registrar. Charges can be paid online at <https://app1.unmc.edu/forms/library/fees/>

ONLINE RESOURCES: The McGoogan Library provides access to several literature databases, including MEDLINE, Scopus, and Embase. Additionally, thousands of online journals and ebooks can be accessed

through the library's catalog. Online articles are embedded within the literature databases via the GetIt@UNMC button.

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.

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

Lexicomp: Offers up-to-date drug information, tools with which you can create customized drug interaction reports and more.

Resources for mobile devices can be accessed at <https://www.unmc.edu/library/resources/clinical-resources.html>.

EDUCATION & RESEARCH SERVICES: Education & Research Services librarians are available to provide research assistance. Librarians offer free literature search services and consultations to UNMC House Officers. Educational sessions are available for groups, classes or individuals throughout the year.

INTERLIBRARY LOAN: The library's interlibrary loan (ILL) service can obtain journal articles, books, and book chapters. Requests for these services can be made online through the library's ILL page (under Services) or via the GetIt!@UNMC button found within literature databases. To create your account, log in with your UNMC Net ID and password. Turnaround time for receipt of an article is usually 1-2 business days. There is no charge for this service.

UNMC HEALTH INFORMATION SERVICE: Do you need information for your patients or patient's family? The library provides information at no charge to Nebraska residents and Nebraska Medicine patients through the UNMC Health Information Service. A librarian will research the condition and provide a tailored package of information that may include journal articles, book chapters, pamphlets, and web resources. More information on this service is available at <https://www.unmc.edu/library/services/health-information.html>.

SPECIAL COLLECTIONS: A wide range of historically significant and locally relevant material is available in the library's Special Collections. 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. Exhibits in UNMC's Wigton Heritage Center, also in Wittson Hall, showcase special collections, archives, and rare books.

Nebraska House / Lied Transplant Center

402-559-5599 or 888-805-1115 (Toll Free)

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

Nebraska House is a guest facility located on campus. This facility is for patients receiving treatment at Nebraska Medicine and their families. Laundry facilities, exercise room, and patient resource center are just some of the many amenities available.

We suggest that anyone needing a room should contact their clinic or referring physician's office. An online form can be completed to request a room and/or the patient can be given a list of nearby hotels which often offer discounted rates. On-campus requests 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.

Neuropsychology Division

Department of Neurological Sciences North Doctors Building, Suite 460 402-552-6094

Clinical neuropsychology services focus on the assessment of cognitive problems, such as memory, reasoning, language and attention problems associated with medical conditions, emotional conditions, neurological diseases and injuries affecting the brain. Specialty areas include epilepsy, neuro-oncology, traumatic brain injury, neurodegenerative diseases (e.g., Parkinson's disease, Alzheimer's disease), and changes in thinking associated with liver and kidney disease. Our doctoral-level providers work with adults and older adults and are fully integrated into the health care setting.

Services: neuropsychological evaluation, pre-surgical evaluation (liver transplant, deep brain stimulation, neuro-oncology and epilepsy)

Nursing

Nebraska Medicine

Clarkson, Hixson-Lied, Lied, University and Werner Towers

402-559-8815

The nurses of Nebraska Medicine 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 Nebraska Medicine.

1. Organization: Each nursing care unit is led by a director, manager, and supervisors. The majority of the units operate utilizing nurses who work 12-hour shifts. Nursing is committed to partnering with you as a colleague to provide the best care for our 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 nurse, supervisor 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 the director if needed. 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. We have implemented “Rounding Together,” so please notify your patient’s nurse when you round. This process is a satisfier for you, the nurses and most importantly our patients. You have an open invitation to attend our nursing director or manager meeting to meet the leadership team. Please contact the Chief Nursing Officer 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. One similarity is that all patient rooms have white communication boards inside the room. These boards have the name of the nurse caring for the patient along with the times of scheduled tests or therapies. Most of the units also have staff magnets outside of patient rooms. These magnets include the picture, name and Voalte phone number for the nurse caring for the patient.

4. Orders: In order to facilitate timely and accurate processing of orders, please assist us by doing the following: Discuss all urgent and stat orders with the nurse assigned to your patient in person or via phone. “Rounding Together” is an efficient way to communicate with the nurses. You are expected to enter all orders electronically in One Chart. Telephone and verbal orders are to be used infrequently. Verbal orders can only be used when you are delivering emergency medical care or working under sterile conditions. Telephone orders may be entered by nursing staff if you do not have access to a computer and are not physically present. You will need to remain on the phone as the nurse enters the order(s) to answer any decision support questions that are imbedded and for the nurse to read back the order as entered.

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.

Pathology and Microbiology

Nebraska Medicine Room 3514, MSB Building, 402-559-4186

Main Offices: Nebraska Medicine 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 Nebraska Medicine 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): 9-9208

Pathology Resident, Transfusion Service (Blood Banking and Apheresis 24 hours daily): 0364

Patient Access (Inpatient and Outpatient Registration at Nebraska Medicine)

To admit a patient to Nebraska Medicine, the next pages will provide the necessary information to assist you. Admissions may be schedule via telephone with the Patient Placement Unit (Bed Office/PPU) 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 class types)

The following definitions are in current use at Nebraska Medicine. These definitions all equal a need for a patient bed and for the purposes of allocation will be used interchangeably.

Observation – this patient class should be used when additional time is needed to determine if a patient in Ambulatory 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.

Ambulatory/Ambulatory Procedure – this patient class is 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 be discharged in less than 24 hours.

Inpatient Bed – this patient class is 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 would also be indicated for Ambulatory/Observation patients having a serious change in medical condition that warrants more than 24 hours of hospital care. This patient class should also be used for those patients having surgical procedures on the Medicare Inpatient only procedure list. If you have questions regarding patient status, contact the Utilization Management Manager 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 PPU 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, Nebraska Medicine must be assured that the patient will be able to meet their financial obligations to Nebraska Medicine 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, PFS is able to verify insurance and make arrangements for payment, etc. prior to admission. PFS notifies the physician of any pertinent financial concerns, including Out-of Network coverage. When identified, Patient Access Services Financial Counselors will work with the patients/providers on possible options related to their financial liability. 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, 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: The ages for the Pediatric Units are ages 6 weeks to 16 years.

SEMI-PRIVATE ROOMS: The use of semi-private rooms may be implemented in times of increased census. Private rooms will be utilized for patients when at all possible.

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: Patient Registration staff will register all new patients with the exception of decentralized areas. For the convenience of our patients Nebraska Medicine now offers preregistration. Once your patient is scheduled for services at Nebraska Medicine, they may complete their registration on-line. The 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 scheduled with the department performing the service. Outpatient ancillary testing and coordination of outpatient services are scheduled through the Centralized Scheduling office at 402-559-2500.

FINANCIAL ASSESSMENT: In recognition of the partnership in healthcare between Nebraska Medicine and its patients, a process is maintained to assist patients and their families in meeting their financial obligations to Nebraska Medicine. Nebraska Medicine 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. Patient Access Financial Counseling: 402-559-5346; Patient Financial Services: 402-559-3140; Transplant Financial Counseling: 402-559-8346

Medical Nutrition Therapy

Department of Pharmaceutical and Nutrition Care: 402-559-4225

Nutrition Technician Office: 402-559-4266

Nebraska Medicine 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, assist in managing 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.

Department of Nutrition Care: 402-559-4266

Routine Hours of Service are Monday-Friday: 8:00am to 4:30pm

Weekend & Holiday Coverage—Perfect Serve (Nutrition-Adult & Pediatric)

Nutrition Technician Office: 402-559-4266 or Perfect Serve “Nutrition Technician” (staffed M-Sun 8am to 5pm)

Hospital Operators: 402-552-2000

Medical Nutrition Therapists may be contacted directly via Perfect Serve.

Please see Appendix B for contact information for Pharmacy and Medical Nutrition Therapy.

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.

Psychology Department

5th Floor Specialty Services Pavilion 402-559-5031

The Psychology Department offers comprehensive psychological services provided by a devoted team of doctoral-level clinical health psychologists. Our providers are fully integrated into the health care setting, and work closely with hospital and community physicians. Evaluations and therapy are available for children, adolescents, and adults, and include both inpatients and outpatients. Evaluations may be for ADHD assessment, pre-surgical (bariatric, spinal cord stimulator, solid organ donation/recipient, gender-affirming treatment) psychological evaluations, inpatient consultation, or parenting evaluations. Typical treatment services are directed toward addressing the mind- body aspects of many health issues including pain management, coping with chronic illnesses, weight management, and adherence to treatment regimens. In addition, psychology services focus on symptom reduction and improving quality of life for individuals with depression, anxiety, obsessive-compulsive disorder, bipolar affective disorder, adjustment disorders, emotional trauma and other issues related to mental health.

Services: Psychological evaluation, pre-surgical transplant and bariatric evaluations, psychotherapy/Counseling

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 402-559-3108, or hospital Risk Management at 402-559-6466
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.

Who to Call

Adverse Patient Events Hospital Risk Management:

Risk Manager: 402-552-3431

Coordinator: 402-559-6466

Systems Issues or Quality of Care Concerns

Patient Safety Coordinator: 402-559-3463

Medication Safety: 402-559-8804

Receipt of:

UNMC Risk Management Summons/Complaint/Subpoena:

Unexpected calls from an attorney

Events over which you could be sued individually

Amy Lamer: 402-559-5221

Social Work

402-559-4676

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. Nebraska Medicine/UNMC staff enter an order identifying referral need via computerized patient information system (One Chart).

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

Social Work Telephone: 402-559-4420

Telephone coverage: M – F, 8 am – Noon & 12:30 pm – 4:30 pm. Audix 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. After hours and weekend pager number is 402-888-0007.

Utilization Management

Phone: 402-552-3910

The goal of the Utilization Management Program at Nebraska Medicine 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 cannot be released on a “Leave of Absence, LOA,” as insurance companies will then issue a denial of payment.

Utilization Management Leads review and evaluate appropriate level of care status utilizing screening criteria that looks at severity of illness and the intensity of services being provided. Cases that do not meet the criteria and/or hospital-based services for inpatient level of care are discussed with the provider and may be referred to the physician advisor for secondary review. The physician advisor may reach out to the attending on the case to discuss as necessary. If the attending agrees that the admission should be downgraded to observation/outpatient services, an order will be requested by the Utilization Management Lead and placed in the chart. If an admission is denied by an insurance company, however, meets inpatient level of care, the case will be referred for secondary review by the physician advisor. A peer to peer will occur with the MD at insurance company. At times, the attending may be asked to complete this. If denial of inpatient stay is upheld a written appeal will be considered and undertaken by the physician advisor and/or the financial services department. 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

Utilization Management Leads continue to review every admission for appropriate continued stay services that meet inpatient level of care or readiness for discharge. If a patient does not meet a continued level of inpatient services, the Utilization Management Lead may reach out to the attending to review case for potential discharge or see if can assist barriers to discharge exist. 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 Lead 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.

The UM Lead will use Perfect Serve to communicate needs for ADT order changes and enter a pended order. They will send a message asking for signature on the order: if the provider is not in agreement with the ADT status change, they should contact the UM Lead for discussion.

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 if inpatient criteria is met. 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 inpatient 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 2 midnights.

Utilization Management office hours are Monday through Friday 7:00 a.m. - 5:00 p.m. Saturday and Sunday, 7:00 a.m.- 3:30 p.m. On page coverage it is in Perfect Serve now. Also, UM Lead assigned to patient is listed in Provider Teams with phone number where they can be reached during day.

APPENDICES

Appendix A: ACGME Requirements – The Learning and Working Environment (reprinted from the Common Program Requirements of the ACGME – effective July 1, 2023)

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today’s residents in their future practice
- Excellence in professionalism
- Appreciation for the privilege of caring for patients
- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

Patient Safety

Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

Patient Safety Events

Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents, fellows, faculty members, and other clinical staff members must:

- know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and
- be provided with summary information of their institution’s patient safety reports.

Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. Programs can reach out to Dr. Mahliqha Qasimyar to obtain a simulated patient safety curriculum that can be customized to their specialty.

Quality Metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. [The Review Committee may further specify]

Supervision and Accountability

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to residents, faculty members, other members of the health care team, and patients.

Background and Intent: Each patient will have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well Common Program Requirements (Residency) as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. [The Review Committee may specify which activities require different levels of supervision.]

Background and Intent: Appropriate supervision is essential for patient safety and high-quality teaching. Supervision is also contextual. There is tremendous diversity of resident-patient interactions, education and training locations, and resident skills and abilities, even at the same level of the educational program. The degree of supervision for a resident is expected to evolve progressively as the resident gains more experience, even with the same patient condition or procedure. The level of supervision for each resident is commensurate with that resident's level of independence in practice; this level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious safety events, or other pertinent variables.

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision:

- The supervising physician is physically present with the resident during the key portions of the patient interaction; [The Review Committee may further specify].
- PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly].
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify]

Indirect Supervision:

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The program must define when physical presence of a supervising physician is required. 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. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. Senior residents or fellows should serve in a supervisory role to 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 the supervising faculty member(s). Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

Background and Intent: The ACGME Glossary of Terms defines conditional independence as: Graded, progressive responsibility for patient care with defined oversight.

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

Professionalism

Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients.

Background and Intent: This requirement emphasizes the professional responsibility of residents and faculty members to arrive for work adequately rested and ready to care for patients. It is also the responsibility of residents, faculty members, and other members of the care team to be observant, to intervene, and/or to escalate their concern about resident and faculty member fitness for work, depending on the situation, and in accordance with institutional policies. This includes recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team, and the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested practitioner.

The learning objectives of the program must be accomplished without excessive reliance on residents to fulfill non-physician obligations.

Background and Intent: Routine reliance on residents to fulfill non-physician obligations increases work compression for residents and does not provide an optimal educational experience. Non-physician obligations are those duties which in most institutions are performed by nursing and allied health professionals, transport services, or clerical staff. Examples of such obligations include transport of patients from the wards or units for procedures elsewhere in the hospital; routine blood drawing for laboratory tests; routine monitoring of patients when off the ward; and clerical duties, such as scheduling. While it is understood that residents may be expected to do any of these things on occasion when the need arises, these activities should not be performed by residents routinely and must be kept to a minimum to optimize resident education.

The learning objectives of the program must ensure manageable patient care responsibilities, and [The Review Committee may further specify].

Background and Intent: The Common Program Requirements do not define "manageable patient care responsibilities" as this is variable by specialty and PGY level. Review Committees will provide further detail regarding patient care responsibilities in the applicable specialty-specific Program Requirements and accompanying FAQs. However, all programs, regardless of specialty, should carefully assess how the assignment of patient care responsibilities can affect work compression, especially at the PGY-1 level.

The learning objectives of the program must include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing

administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)

The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility.

Background and Intent: The accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data are the responsibility of the program leadership, residents, and faculty.

Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.

Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.

Background and Intent: Psychological safety is defined as an environment of trust and respect that allows individuals to feel able to ask for help, admit mistakes, raise concerns, suggest ideas, and challenge ways of working and the ideas of others on the team, including the ideas of those in authority, without fear of humiliation, and the knowledge that mistakes will be handled justly and fairly.

Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)

Well-Being

Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.

Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.

The responsibility of the program, in partnership with the Sponsoring Institution, must include:

- attention to scheduling, work intensity, and work compression that impacts resident well-being;
- evaluating workplace safety data and addressing the safety of residents and faculty members

Background and Intent: This requirement emphasizes the responsibility shared by the Sponsoring Institution and its programs to gather information and utilize systems that monitor and enhance resident and faculty member safety, including physical safety. Issues to be addressed include, but are not limited to, monitoring of workplace injuries, physical or emotional violence, vehicle collisions, and emotional well-being after safety events.

- policies and programs that encourage optimal resident and faculty member well-being. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

Background and Intent: Well-being includes having time away from work to engage with family and friends, as well as to attend to personal needs and to one's own health, including adequate rest, healthy diet, and regular exercise. The intent of this requirement is to ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

- education of residents and faculty members in:
 - identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions;
 - recognition of these symptoms in themselves and how to seek appropriate care; and, access to appropriate tools for self-screening.

Background and Intent: Programs and Sponsoring Institutions are encouraged to review materials to create systems for identification of burnout, depression, and substance use disorders. Materials and more information are available in Learn at ACGME (<https://dl.acgme.org/pages/well-being-tools-resources>).

Individuals experiencing burnout, depression, a substance use disorder, and/or suicidal ideation are often reluctant to reach out for help due to the stigma associated with these conditions and may be concerned that seeking help may have a negative impact on their career. Recognizing that physicians are at increased risk in these areas, it is essential that residents and faculty members are able to report their concerns when another resident or faculty member displays signs of any of these conditions, so that the program director or other designated personnel, such as the department chair, may assess the situation and intervene as necessary to facilitate access to appropriate care. Residents and faculty members must know which personnel, in addition to the program director, have been designated with this responsibility; those personnel and the program director should be familiar with the institution's impaired physician policy and any employee health, employee assistance, and/or

wellness/well-being programs within the institution. In cases of physician impairment, the program director or designated personnel should follow the policies of their institution for reporting.

- providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

Background and Intent: The intent of this requirement is to ensure that residents have immediate access at all times to a mental health professional (psychiatrist, psychologist, Licensed Clinical Social Worker, Primary Mental Health Nurse Practitioner, or Licensed Professional Counselor) for urgent or emergent mental health issues. In-person, telemedicine, or telephonic means may be utilized to satisfy this requirement. Care in the Emergency Department may be necessary in some cases, but not as the primary or sole means to meet the requirement.

The reference to affordable counseling is intended to require that financial cost not be a barrier to obtaining care.

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities.

- The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

Background and Intent: Residents may need to extend their length of training depending on length of absence and specialty board eligibility requirements. Teammates should assist colleagues in need and equitably reintegrate them upon return.

Fatigue Mitigation

- Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes.

Background and Intent: Providing medical care to patients is physically and mentally demanding. Night shifts, even for those who have had enough rest, cause fatigue. Experiencing fatigue in a supervised environment during training prepares residents for managing fatigue in practice. It is expected that programs adopt fatigue mitigation processes and ensure that there are no negative consequences and/or stigma for using fatigue mitigation strategies.

Strategies that may be used include but are not limited to strategic napping; the judicious use of caffeine; availability of other caregivers; time management to maximize sleep off-duty; learning to recognize the signs of fatigue, and self-monitoring performance and/or asking others to monitor performance; remaining active to promote alertness; maintaining a healthy diet; using relaxation

techniques to fall asleep; maintaining a consistent sleep routine; exercising regularly; increasing sleep time before and after call; and ensuring sufficient sleep recovery periods.

The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation* options for residents who may be too fatigued to safely return home.

*UNMC house officers receive taxi cards at orientation. These cards list contact information for a free taxi service when house officers feel too fatigued to drive home. This free service should only be used to mitigate risks of fatigue.

Clinical Responsibilities, Teamwork, and Transitions of Care

Clinical Responsibilities

- The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. [Optimal clinical workload may be further specified by each Review Committee]

Background and Intent: The changing clinical care environment of medicine has meant that work compression due to high complexity has increased stress on residents. Faculty members and program directors need to make sure residents function in an environment that has safe patient care and a sense of resident well-being. It is an essential responsibility of the program director to monitor resident workload. Workload should be distributed among the resident team and interdisciplinary teams to minimize work compression.

Teamwork

- Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. [The Review Committee may further specify]

Background and Intent: Effective programs will have a structure that promotes safe, interprofessional, team-based care. Optimal patient safety occurs in the setting of a coordinated interprofessional learning and working environment.

Transitions of Care

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off 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-off process.

Clinical Experience and Education

- Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Background and Intent: The terms “clinical experience and education,” “clinical and educational work,” and “clinical and educational work hours” replace the terms “duty hours,” “duty periods,” and “duty.” These terms are used in response to concerns that the previous use of the term “duty” in reference to number of hours worked may have led some to conclude that residents’ duty to “clock out” on time superseded their duty to their patients.

- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Background and Intent: Programs and residents have a shared responsibility to ensure that the 80-hour maximum weekly limit is not exceeded. While the requirement has been written with the intent of allowing residents to remain beyond their scheduled work periods to care for a patient or participate in an educational activity, these additional hours must be accounted for in the allocated 80 hours when averaged over four weeks.

Work from Home

While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents are able to complete most work on site during scheduled clinical work hours without requiring them to take work home. The requirements acknowledge the changing landscape of medicine, including electronic health records, and the resulting increase in the amount of work residents choose to do from home. The requirement provides flexibility for residents to do this while ensuring that the time spent by residents completing clinical work from home is accomplished within the 80-hour weekly maximum. Types of work from home that must be counted include using an electronic health record and taking calls from home. Reading done in preparation for the following day’s cases, studying, and research done from home do not count toward the 80 hours. Resident decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident’s supervisor. In such circumstances, residents should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

Residents are to track the time they spend on clinical work from home and to report that time to the program. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual resident. Programs will need to factor in time residents are spending on clinical work at home when schedules are developed to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks. There is no requirement that programs assume responsibility for documenting this time. Rather, the program’s responsibility is ensuring that residents report their time

from home and that schedules are structured to ensure that residents are not working in excess of 80 hours per week, averaged over four weeks.

Mandatory Time Free of Clinical Work and Education

- Residents should have eight hours off between scheduled clinical work and education periods.

Background and Intent: There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This occurs within the context of the 80-hour and the one-day-off-in-seven requirements. While it is expected that resident schedules will be structured to ensure that residents are provided with a minimum of eight hours off between scheduled work periods, it is recognized that residents may choose to remain beyond their scheduled time, or return to the clinical site during this time-off period, to care for a patient. The requirement preserves the flexibility for residents to make those choices. It is also noted that the 80-hour weekly limit (averaged over four weeks) is a deterrent for scheduling fewer than eight hours off between clinical and education work periods, as it would be difficult for a program to design a schedule that provides fewer than eight hours off without violating the 80-hour rule.

- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Background and Intent: Residents have a responsibility to return to work rested, and thus are expected to use this time away from work to get adequate rest. In support of this goal, residents are encouraged to prioritize sleep over other discretionary activities.

- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Background and Intent: The requirement provides flexibility for programs to distribute days off in a manner that meets program and resident needs. It is strongly recommended that residents' preference regarding how their days off are distributed be considered as schedules are developed. It is desirable that days off be distributed throughout the month, but some residents may prefer to group their days off to have a "golden weekend," meaning a consecutive Saturday and Sunday free from work. The requirement for one free day in seven should not be interpreted as precluding a golden weekend. Where feasible, schedules may be designed to provide residents with a weekend, or two consecutive days, free of work. The applicable Review Committee will evaluate the number of consecutive days of work and determine whether they meet educational objectives. Programs are encouraged to distribute days off in a fashion that optimizes resident well-being, and educational and personal goals. It is noted that a day off is defined in the ACGME Glossary of Terms as "one (1) continuous 24-hour period free from all administrative, clinical, and educational activities."

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

Background and Intent: The additional time for patient safety activities should not be used for the care of new patients. It is essential that the resident continue to function as a member of the team in an environment where other members of the team can assess resident fatigue, and that supervision for post-call residents is provided. This 24 hours and up to an additional four hours must occur within the context of 80-hour weekly limit, averaged over four weeks.

Clinical and Educational Work Hour Exceptions

- In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. These additional hours of care or education must be counted toward the 80-hour weekly limit.

Background and Intent: This requirement is intended to provide residents with some control over their schedules by providing the flexibility to voluntarily remain beyond the scheduled responsibilities under the circumstances described above. It is important to note that a resident may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily. Residents must not be required to stay. Programs allowing residents to remain or return beyond the scheduled work and clinical education period must ensure that the decision to remain is initiated by the resident and that residents are not coerced. This additional time must be counted toward the 80-hour maximum weekly limit.

- A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.

Background and Intent: Exceptions may be granted for specific rotations if the program can justify the increase based on criteria specified by the Review Committee. Review Committees may opt not to permit exceptions. The underlying philosophy for this requirement is that while it is expected that all residents should be able to train within an 80-hour work week, it is recognized that some programs may include rotations with alternate structures based on the nature of the specialty. DIO/GMEC approval is required before the request will be considered by the Review Committee.

Moonlighting

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

- PGY-1 residents are not permitted to moonlight.

Background and Intent: For additional clarification of the expectations related to moonlighting, please refer to the Common Program Requirement FAQs (available at <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>).

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

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

At-Home Call

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Background and Intent: Clinical work done from home when a resident is taking at-home call must count toward the 80-hour maximum weekly limit. This acknowledges the often-significant amount of time residents devote to clinical activities when taking at-home call, and ensures that taking at-home call does not result in residents routinely working more than 80 hours per week. At-home call activities that must be counted include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record. Activities such as reading about the next day's case, studying, or research activities do not count toward the 80-hour weekly limit.

In their evaluation of residency/fellowship programs, Review Committees will look at the overall impact of at-home call on resident/fellow rest and personal time.

Appendix B: Pharmacy and Medical Nutrition Therapy Contacts

Director, Acute Pharmacy Services: Katie Reisbig, PharmD

Director, Specialty Pharmacy & Infusion Services: Sarah Kuhl, PharmD

Director, Retail, Centralized Services & In-Clinic Pharmacists: Amy McMurtry, PharmD

Medication Safety Pharmacist: Sloane Hoefer, PharmD

Please call us at 402-559-4225 if you have questions regarding pharmacy. After 1630, and on weekends or holidays, call the Central Pharmacy at 402-559-5277.

For questions regarding outpatient prescriptions please call the Nebraska Medicine DOC Clinic Pharmacy at 402-559-5215.

For general questions regarding pharmacy, please call pharmacy administration at 402-559-4225. After 1630, and weekends or holidays, call the Central Pharmacy at 402-559-5277.

Inpatient Pharmacy: 402-559-7235

PharmD On-Call: 402-888-0144, 24 hours/day, 7 days/week.

Team Pharmacists

BMC Emergency Department: 402-763-3054; 531-557-9853 Voalte

Cardiology/Neurology: 402-552-3744

Emergency Department: 402-559-2876; 402-507-3986 Voalte; 402-888-2418 Pager

Cardiovascular Intensive Care: 402-559-7008

Surgical and NeuroIntensive Care & Neurosurgery: 402-552-3823

Medicine: 402-552-3637

Neurology/Neurosurgery: 402-552-3744

NICU: 402-559-1182

Oncology: 402-559-0944

OR – North: 402-552-2147

LOC OR: 402-559-9440

Pediatrics/PICU/Women's Services: 402-559-2023

Surgical Services: 402-559-6915

Village Pointe OR: 402-596-4763

Cancer Center Pharmacy

Treatment center pharmacy: 402-559-0900 main number; 402-559-0901 fax

6th floor pharmacy: 402-559-1649 (Oncology ICU)

7th floor pharmacy: 402-559-0944 (BMT/Special Care Unit)

8th floor pharmacy: 402-559-1408 (General Oncology/IM)

Pharmaceutical Care Teams – Acute Pharmacy Services

Pharmacist Managers

ED/Critical Care/Cardiology (position open): 402-888-3972

Inpatient Operations – Supply Chain Amber Johnston, PharmD: 402-546-2004

Inpatient Operations – Melissa Welch, PharmD: 402-559-4877

Nebraska Medicine Nick Crites, PharmD: 402-552-6604

Oncology Nikki Yost, PharmD: 402-888-0064

Surgery/Internal Medicine Colleen Malashock, PharmD: 402-888-3959

Supervisor, Inpatient Pharmacy Brian Trevarrow: 402-559-3307

Stephanie Johnson: 402-559-0900

Amanda Summers: 402-559-6024

John Pestotnik: 402-559-2171

Krysta Baack (Emergency Med): 402-559-8857

Jon Knezevich (Surgery/IM): 402-559-2615

Pharmacist Coordinators

Anticoagulation – Emilie Langenhan, PharmD: 402-552-3088

Antimicrobial Stewardship – Scott Bergman, PharmD: 402-888-0349

Bone Marrow Transplant – Jared Matya, PharmD: 402-559-0944

Critical Care – Scott Coleman, PharmD.....402-888-0553

Diabetes Stewardship – Melissa McKnight, PharmD: 402-559-3216

Heart Failure/Heart Transplant – Stephanie Bowman, PharmD: 402-888-0603

Liver Transplant, Adult – Mary Leick, PharmD: 402-888-0268

Liver Transplant, Peds – Megan Keck, PharmD: 402-888-3040

Lung Transplant/Cardiology Coordinator – Heidi Brink, PharmD: 402-888-1226

Medicine Coordinator – Jayme Anderson, PharmD: 402-559-3219

Oncology Coordinator – Lauren Bodhaine-Haywood, PharmD: 402-559-2435

Outpatient Antimicrobial Program – Bryan Alexander, PharmD: 402-836-9282

Pain Stewardship – Kristin Daniel, PharmD: 402-559-2434

Staff Development Coordinator – Patrick Fuller, PharmD: 402-888-1629

Renal Transplant – Scott McMullen, BS,BCPS: 402-888-3966

Pharmaceutical Care Teams – Ambulatory, Retail and Specialty Programs

Pharmacist Managers

Manager, Retail Pharmacy, BMC, DOC, LOC & UNL - Allison Beachler, PharmD: 402-559-3287

Pharmacy Operations Manager – Alyson Diamond, CPhT: 402-559-3264

Pharmacy Operations Manager – Maria Kellison, MHA, CPhT, DPLA: 402-559-3469

Manager, Ambulatory Clinical Integration – Andrea Keifer, PharmD: 402-559-5039

Manager, HUB Pharmacy – Chris Zaleski, PharmD: 402-559-5036

Manager, Specialty Pharmacy – Randy Moore, PharmD: 402-559-1238

Manager, Infusion Pharmacy – Nikki Yost, PharmD: 402-888-0064

Ambulatory Care Clinics – PCMH Pharmacists

BMC FM & PC & VP IM & FM – Sara Bisanz, PharmD: 402-596-4442; 402-888-5923 pager

DOC FM – Lily Chang, PharmD: 402-559-4843; 402-888-2913 pager

Brentwood IM/Rheum & Chalco FM – Canice Coan, PharmD: 402-559-0014; 402-888-1539 pager

Midtown IM – Kristen Cook, PharmD: 402-559-3269

Fontenelle FM/IM – Logan Franck, PharmD: 402-559-0299; 402-888-3833 pager

DOC IM – Angie Hawkins, PharmD: 402-559-6887; 402-888-3516 pager

BMC FM/IM – Karen Knoell, PharmD: 402-595-1973; 402-888-0825 pager

Midtown IM – Drew Prescott, PharmD: 402-559-0381; 402-888-3835 pager

Clarkson FM – Emily Shin, PharmD: 402-836-9550; 402-888-4583 pager

Millard, Elkhorn, Brentwood FM – 402-888-5453 pager

Eagle Run FM, HICSA-Geriatrics & FM, HICSA Geriatrics Brentwood – Caressa Trueman, PharmD: 402-836-9277; 402-888-4909 pager

Cardiology Pharmacists

Heart and Vascular, DOC – Meghan McComb, PharmD: 402-559-8699

Heart and Vascular, DOC/Oakview – Andrew Bendlin, PharmD: 402-559-8592

Heart and Vascular, DOC/Oakview – Maggie Hitzeman, PharmD: 402-836-9146; 402-888-0919 pager

Transplant Pharmacists

Heart Failure/Transplant-DOC – Stephanie Bowman, PharmD: 402-559-8699

Main Campus MOTC – Molly Henry, PharmD: 402-552-2370

Main Campus MOTC – Abigail Servais, PharmD

Nebraska Medicine Clinic Pharmacy: 402-559-5215

Pharmacist Supervisor – Alyssa Lynam, PharmD: 402-559-6457

Mon.-Fri. 8:00 a.m. – 8:00 p.m. | Sat.-Sun. 8:30 a.m. – 4:30 p.m.

Nebraska Medicine Bellevue Pharmacy: 402-595-1156

Pharmacist Supervisor – Matthew Anderson, PharmD

Mon.-Fri. 8:00 a.m. – 5:30 p.m. | Sat. 9:00 a.m. – 1:00 p.m.

Meds to Beds: Discharge Prescription Delivery Service

Program Coordinator: Cynthia Beauchamp, PharmD

The Nebraska Medicine Clinic and Bellevue Outpatient Pharmacies deliver prescriptions to patients who are inpatient prior to discharge from the hospital. The program is designed to proactively remove barriers to medication access and ensure patients feel confident with their new medications through discharge education. Most insurance plans are accepted. If there are prescription copays, the pharmacy will mail an invoice after discharge and patients can pay by credit card, cash or check.

Delivery Service is available on Main Campus (402-559-3030):

Monday-Friday – 8:00 a.m. – 7:30 p.m.

Weekends and Holidays – 8:30 a.m. – 4:00 p.m.

Delivery Service is available on BMC Campus (402-595-1156):

Monday-Friday – 8:00 a.m. – 5:00 p.m.

Weekends and Holidays – 9:00 a.m. – 12:30 p.m.

Nebraska Medicine Pharmacy at Village Pointe (402-596-3400)

Pharmacist Supervisor: Breanna Sunderman, PharmD

Mon.-Fri. 8:00 a.m. – 5:30 p.m. | Sat., Sun., and Holidays CLOSED

The Village Pointe Outpatient Pharmacy provides discharge medications for patients undergoing outpatient surgical procedures at the Village Pointe Ambulatory Surgery Center. The program facilitates medication dispensing the day of procedure, and provides medication education to improve patient understanding and overall outcomes.

Nebraska Medicine Pharmacy at Lauritzen Outpatient Center (402-552-7999)

Pharmacist Supervisor: Gleone Claire Pittman, PharmD

Mon.-Fri. 8:00 a.m. – 5:30 p.m. | Sat., Sun., and Holidays CLOSED

The Lauritzen Outpatient Center Pharmacy provides discharge medications for patients undergoing outpatient surgical procedures at the Fritch Outpatient Surgery Center. The program facilitates medication dispensing the day of procedure, and provides medication education to improve patient understanding and overall outcomes.

University of Nebraska Health Center Pharmacy (402-472-7457)

Pharmacist Supervisor: Aaron Kassebaum, PharmD

Hours vary depending upon presence/absence of students.

Fall/Spring Semester Hours

Mon & Thurs	8:00 a.m. – 5:30 p.m.
Tues & Wed	8:00 a.m. – 6:00 p.m.
Friday	8:00 a.m. – 5:00 p.m.
Saturday	9:00 a.m. – 12:30 p.m.
Sun/Holidays	Closed

Summer Hours

Mon-Fri	8:00 a.m. – 5:00 p.m.
Sat, Sun, Holidays	Closed

The University of Nebraska Health Center Pharmacy provides prescription and OTC medications to students, faculty, and staff of the University of Nebraska Lincoln. The UHC pharmacy works closely with the clinic, student outreach, and student advisory council to make sure all student's medications needs are being met.

Nebraska Medicine Bellevue Infusion Center Pharmacy (402-595-1156)

Pharmacist Lead: Rob Swaney, PharmD (402-763-3494)

Village Pointe Cancer Center Pharmacy (402-596-3252)

Pharmacist Lead: Jeff Norris, PharmD (402-596-3250)

Village Pointe Ambulatory Surgery Center Pharmacy (402-596-4763)

Pharmacist Lead: Michael Wurst, PharmD

Specialty Pharmacy Program (402-559-2484)

The specialty pharmacy program within the outpatient Nebraska Medicine Clinic Pharmacy is designed to streamline patient care for complex medication therapies that require very specific monitoring and follow up. The specialty pharmacy works with many clinics across Nebraska Medicine to eliminate barriers to specialty medication access by helping with insurance approvals, high copays, managing side effects, and following up for adherence.

Nebraska Medicine Pharmacy Smoking Cessation Program (402-559-5215)

Nebraska Medicine 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.

Nebraska Medicine Pharmacy I-Care Program (402-552-3914)

The Pharmacy I-Care Program is designed to assist patients who have no prescription coverage and lack the necessary funds to purchase needed medications. This program assists patients with signing up for free medication through manufacturer assistance programs by coordinating with providers and patients to complete all necessary steps and paperwork. Patients can be referred to the program at the number listed above.

Medication Access Coordinators (402-559-3350)

The Nebraska Medicine Medication Access Coordinators are a team of pharmacy technicians working in partnership with provider teams and the outpatient pharmacy. The collaborative effort is designed to eliminate barriers to specialty and retail medication access by providing the most cost-effective option for patients’ medication therapies by helping with insurance approvals and high copayments.

CLINICAL DECISION SUPPORT (CDS)/DRUG POLICY & FORMULARY MANAGEMENT

Decision Support & Drug Information Services are available to Nebraska Medicine 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 402-559-4414.

Pharmacist Specialists

CDS Pharmacist Coordinator – Lead Emily Kreikemeier, Pharm D: 402-559-9119

Pharmacist, Drug Policy & Formulary Mgmt. – Jenel Proksel, PharmD: 402-559-2592

Pharmacist, Drug Policy & Formulary Mgmt – Greg Peitz, PharmD: 402-559-6754

Pharmacist, Drug Policy & Formulary Mgmt – Jenny Van Moorlegem, PharmD: 402-559-9932

Drug Information Pharmacist – Sara Kjerengtroen, PharmD: 402-552-3433

Research Pharmacy Coordinator – Jon Beck, PharmD: 402-559-5255; Pager: 402-888-3418

Research Pharmacist – Erin Iselin, PharmD: 402-559-1665; Pager: 402-888-1734

Medical Nutrition Therapy

Department of Pharmaceutical and Nutrition Care: 402-559-4225

Nutrition Technician Office: 402-559-4266

Nebraska Medicine 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, assist in managing 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.

Department of Nutrition Care: 402-559-4266

Routine Hours of Service are Monday-Friday: 8:00am to 4:30pm

Weekend & Holiday Coverage—Perfect Serve (Nutrition-Adult & Pediatric)

Nutrition Technician Office: 402-559-4266 or Perfect Serve “Nutrition Technician” (staffed M-Sun 8am to 5pm)

Hospital Operators: 402-552-2000

Medical Nutrition Therapists may be contacted directly via Perfect Serve.

Service Assignment:

Bariatrics Center
 Bariatrics Center
 Bariatrics Center
 Bariatrics Center
 Bellevue Medical Center
 Cancer Center—BMT
 Cancer Center—Adult IP
 Cancer Center—Outpatient
 Cancer Center—Outpatient
 Cancer Center—Outpatient
 Cardiology-Heart & Lung Transplant
 Cardiology—Adult IP
 Cardiology—Outpatient
 Critical Care-Anesthesia
 Critical Care-Adult Neuro
 Critical Care-Trauma
 Critical Care-Pulmonary
 Diabetes Center—IP Adult
 Diabetes Center—OP Adult
 Family Medicine-IP Adult
 GI Clinic-Adult OP
 Inborn Errors of Metabolism (UNMC & Children’s)

Medical Nutrition Therapist

Ashlyn Dau, RDN, LMNT
 Laura Hernandez, RDN, LMNT
 Kimmie Sharp RDN, LMNT
 Jacque Schwartz, RDN, LMNT
 Mallory Wescom, RDN, LMNT
 Nikki Spurgeon, RDN, LMNT
 Michelle Spink, RDN, LMNT
 Rebecca Beaudoin, RDN, LMNT
 Samantha Dieckmann, RDN, LMNT
 Morgan Sheen, RDN, LMNT
 Leslie Evans, RDN, LMNT
 Caitlyn DeLaney, RDN, LMNT
 Jennifer Pruitt, RDN, LMNT
 Megan Berens, RDN, LMNT
 Lauren Grieb, RDN, LMNT
 Barbara Robertson, RDN, LMNT
 Kristen Payzant, RDN, LMNT
 Shelby Hoskins, RDN, LMNT
 Jackie Matsunaga, RDN, LMNT
 Morgan Brummels, RDN, LMNT
 Marta Jonson, RDN, LMNT
 Jill Skrabal, PhD, RDN, LMNT

Liver-Small Bowel-Intestinal Rehab (Adult)	Laura Beerman, RDN, LMNT
Liver-Small Bowel-Intestinal Rehab (Adult)	Hilary Catron, RDN, LMNT
Liver-Small Bowel-Intestinal Rehab (Adult)	Karley Culwell-Smith, RDN, LMNT
Liver-Small Bowel-Intestinal Rehab (Peds)	Brandy Hobson, RDN, LMNT
Liver-Small Bowel-Intestinal Rehab (Peds)	Angie Iverson, RDN, LMNT
Liver-Small Bowel-Intestinal Rehab (Peds)	Samantha List, RDN, LMNT
Liver-Small Bowel-Pancreas (Adult)	Marta Jonson, RDN, LMNT
Medicine-Surgery-IP Adult	Morgan Brummels, RDN, LMNT
Medicine-Surgery-IP Adult	Caitlyn DeLaney, RDN, LMNT
Medicine-Surgery-IP Adult	Sarah Meinke, RDN, LMNT
Medicine-Surgery-IP Adult	Courtney Neneman, RDN, LMNT
Neonatal Intensive Care (NICU)	Raelyn Polenz, RDN, LMNT
Neonatal Intensive Care (NICU)	Melissa Thoene, PhD, RDN, LMNT
Neurosciences—OP	Jenna Wuebker, RDN, LMNT
Pediatric General-Specialty	Ashlyn Dau, RDN, LMNT
Primary Care-PCMH	Courtney Sikora, RDN, LMNT
Primary Care—PCMH	Jennifer Pruitt, RDN, LMNT
Pulmonology-Adult CF	Heidi Klasna, RDN, LMNT
Pulmonology-Adult CF	Molly Stirek, RDN, LMNT
Pulmonology-Peds CF (UNMC & Children’s)	Barbara Bice, RDN, LMNT
Renal-Renal Transplant	Ashley Brabec, RDN, LMNT

Appendix C: Infection Control Policies

Standard Precautions are used on all patients and consists of treating all blood or bodily fluids as potentially infectious. This includes hand hygiene, glove utilization, and the selection of appropriate PPE including eyewear.

Transmission Based Precautions are used to isolate patients with specific documented or suspected infections. All patients with isolation orders must be in private rooms. Nursing and Medical staff are expected to select the appropriate isolation for patients based on guidance found in IC04. This includes Contact Precautions, Droplet/Contact Precautions, Airborne Precautions, Enteric Contact Precautions, and Enhanced Precautions.

“Blue Box” strategy is utilized to allow healthcare workers to enter contact, droplet/contact, and enteric contact rooms without PPE. A blue box may be placed just inside the doorway signifying ICE June 2023 a safe space for quick communication or visual assessment. Note, not all patient rooms have the space allowance for a blue box, in these rooms staff must wear PPE at all times.

Removal of Isolation

- *MDROs*, including ESBL and CRE, are considered by Infection Prevention to be forever infections as patients are typically colonized with organism. For more information, see IC-04.
- *C. difficile (Clostridiodes difficile)* isolation can be removed after the resolution of diarrhea or seven days after the completion of CDI treatment, whichever is longer. Testing is not done to remove patients from isolation. Patients must bathe and be transferred to a new room before isolation can be removed.
- *COVID-19* isolation is to be removed via the isolation assistant located in EPIC. Isolation cannot be removed until the infection flag has resolved. Patients flagged by EPIC to be immunocompromised will be placed in isolation for 21 days. If the patient needs to be removed from isolation for a compelling reason (i.e. discharge planning, NICU visitations, recent prior COVID-19 infection), CT values may be obtained from micro and reported to the IP on call via the ICE pager.
- *Tuberculosis (TB)* isolation for rule out patients must complete the TB rule out protocol. This requires three negative sputum smears from AFB (collected at least eight hours apart), or two negative direct probe tests. After this has been achieved, please page Infection Prevention to remove the infection flag and isolation. Active TB patients who have completed two weeks of treatment and show clinical improvement may be removed from isolation after speaking with infection prevention. More information is found in IC06.
- *Influenza like illnesses and Respiratory Viruses* Isolation may be removed after 7 days with improvement of symptoms. For immunocompromised individuals, longer periods of isolation are required. Testing to exit isolation may start at 7 days from onset of illness, but duration of isolation will be determined in consultation with infection prevention.

Waste and Cleaning

- *Blood Spills* are to be cleaned by housekeeping by use of sodium hypochlorite (household bleach) 5.25 (diluted 1:10) or a phenolic. Disinfect the surface following cleaning and allow the surface to air dry.
- *Biohazardous waste* should be promptly disposed of in marked red biohazard waste containers.
- *Sharps* are to be promptly disposed of in sharps bins. These bins must be secured to prevent tipping. Sharps containers should be replaced when no more than $\frac{3}{4}$ full.
 - Hospital owned scrub pockets need to be checked prior to placing soiled scrubs in soiled laundry.
- *Soiled reusable instruments* are to be immediately transferred to red biohazard bins and sprayed with enzymatic cleaner.

Preventing Device Associated Infections

- *Urinary Catheter* indications must be assessed at every shift for early removal. They are to only be inserted aseptically by trained physicians, APPs, nurses, and students when under the supervision of a trained professional. It is recommended that two persons be present during foley insertions to supervise aseptic technique. A closed drainage system should be utilized with a non-obstructed gravity dependent flow at all times.
 - *Urine cultures* obtained from a foley must be obtained from the access port located just distal of the catheter. Samples are to NEVER be obtained from the drainage bag. Foleys in place >2 weeks must be replaced prior to sample retrieval. ICE June 2023
 - *Central lines* are to be utilized only when indications for a line exist. CVCs are to be inserted utilizing maximal sterile barrier precautions. Lines inserted emergently are to be replaced within 48 hours. CVCs are to be assessed for de-escalation or removal every shift. Passive disinfection caps (“Curo caps”) are to be present on all unused catheter ports.
 - *Blood cultures* obtained from CVCs should only be done if the line is thought to be the source of bacteremia or stated by unit policy (i.e. neutropenic fever). Please see antimicrobial stewardship website for further guidance on blood culture utilization:
(<https://www.unmc.edu/intmed/divisions/id/asp/clinicalmicro.html>)
- *Clostridioides difficile Infection (CDI)*
 - CDI accounts for $<10\%$ of nosocomial diarrhea. It is considered hospital-acquired if a patient tests positive or after day 4 of admission to an inpatient unit.
 - Testing for CDI should not occur in all loose/watery stools; instead, consider alternative causes of diarrhea (e.g. tube feeds, contrast, bowel regimens, laxative, antibiotics, etc.). Infants <12 months of age are often colonized with CDO and should not be routinely tested. Never test formed stool, asymptomatic patients, or “test for a cure”.

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. Visit

<https://dhhs.ne.gov/Pages/Reportable-Conditions.aspx> for information on current reportable diseases.

Comprehensive infection control resources and in-depth guidance are posted online at the UNMC/Nebraska Medicine Antimicrobial Stewardship Program website at <https://www.unmc.edu/intmed/divisions/id/asp/index.html>