

University of Nebraska Medical Center

HOUSE STAFF MANUAL

2022-2023

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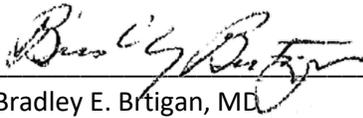
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**UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE INSTITUTIONAL COMMITMENT FOR GRADUATE
MEDICAL EDUCATION**

July 1, 2022

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.



Bradley E. Bitigan, MD
Dean, University of Nebraska
College of Medicine



Chandra Are, MD
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UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE
HOUSE OFFICER AGREEMENT
2022-2023

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, 2022 and shall be effective from July 1, 2022, through and including June 30, 2023. 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 _____

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, 2022, and ending June 30, 2023, shall be _____

4. Determination of Salary Level: House officer salary at the time of appointment is based on the number of prior years of ACGME recognized residency training. Credit towards an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who enter 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 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. 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 re-considered 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 _____ 2022.

House Officer

Board of Regents of the University of Nebraska

By: Department Chair

Associate Dean
Graduate Medical Education

Resident Financial Support and Benefits

1. The Dean of the College of Medicine in concert with the Chancellor of the Medical Center is operationally responsible for the allocation of the institutional resources in any given year based on the requirements and capabilities of the individual programs.
2. Residency positions are apportioned with consideration of many factors: the quality of educational experiences that can be provided, the availability of qualified instructors, case mix and number of patients available, specialty health manpower requirements of the state, and availability of support funds.
3. House officer salary, at the time of appointment, is based on the number of prior years of ACGME recognized accredited residency training. Credit toward an advanced house officer level may be given for no more than one year of education outside of the specialty the house officer is entering and only if the training fulfills board requirements of that specialty. House officers who enter an advanced fellowship position following residency training outside of the United States will start at the level defined by the minimum prerequisite training for that fellowship, regardless of their years of prior training abroad. For the purpose of determining salary level, a chief resident year done after the required training is completed will be counted as a year of training provided the house officer is entering a subspecialty in the same discipline.
4. Residents' responsibilities, duration of appointment, financial support, conditions under which living quarters, meals, and laundry services are provided, conditions of reappointment, grievance procedures and due process, professional liability insurance, health and disability insurance, leaves of absence, duty hours, moonlighting, residency closure/reduction, and restrictive covenants are specified in the current House Officer Agreement.
5. Malpractice coverage during leave of absence is not ordinarily provided. To apply for coverage, a written request from the program director giving the number days of the leave, specific activities, dates, and location as well as reason it should be considered a part of the individual's training program should be submitted to the Graduate Medical Education Office at least two months in advance of the leave.

Certificates

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

Procedures Relating to Unsatisfactory Performance and Dismissal

1. On Review

If questions are raised regarding a house officer's performance, the house officer may be placed "on review". "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. The status "on review" is generally not 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.

2. Probation

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

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

3. Dismissal

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

4. Grievance and appeals

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

Program Reduction or Closure

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

Institutional GME Supervision Policy for Residents and Fellows
University of Nebraska Medical Center

PURPOSE: To establish institutional standards for faculty supervision of residents and fellows, hereafter referred to as residents, to ensure optimal educational effectiveness 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 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.

- a. **Direct:** The supervising physician is physically present with the resident and the patient.
- b. **Indirect:** There are two types of indirect supervision:
 - i. Indirect supervision with direct supervision immediately available: The supervising physician is present in the hospital (or other site of patient care) and is immediately available to provide Direct Supervision. The supervisor must not be engaged in other activities (such as a patient care procedure) which would delay his/her response to a resident requiring Direct Supervision.
 - ii. Indirect supervision with direct supervision available: The supervising physician is not required to be present in the hospital or site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and can be summoned to provide Direct Supervision.
- c. **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 within 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
Graduate Medical Education
University of Nebraska Medical Center

PURPOSE: To establish institutional standards for residents and fellows, hereafter referred to as residents, to ensure optimal educational effectiveness and compliance with ACGME institutional requirements as related to transitions of care.

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. Appendix A provides examples of a commonly used mnemonics.

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.

IV. 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 care of the patient in an efficient manner.

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.

V. 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.

Appendix A: 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

Residents as Teachers of Medical Students

University of Nebraska Medical Center College of Medicine

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

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 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.

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

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. 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.

NEBRASKA HOUSE/THE 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 anyone needing a room to 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.

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.

DEATHS WITHIN 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. **Please refer to policy TX02, see below for the first page.**

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.

POLICIES AND PROCEDURES MANUAL Number: TX02

ACUTE BEREAVEMENT CARE

It is the policy of Nebraska Medicine (Nebraska Medical Center, Bellevue, and UNMCP) to comply with the procedures sent 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.

INFECTION CONTROL & EPIDEMIOLOGY

SSP Room 3017; 402-559-5276

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

<https://univnebrmedcntr.sharepoint.com/sites/infectioncontrolepид/SitePages/Home%20Page.aspx>

INFECTION CONTROL PROGRAM PERSONNEL

Dr. Mark Rupp, Professor of Infectious Diseases, serves as the Medical Director of IC&E and as the Hospital Epidemiologist. He acts as a consultant to the medical staff in the area of disease control and to

the Infection Preventionists in all aspects of the program. He assumes emergency authority for investigation of epidemics and implementation of infection control measures and acts as a liaison officer between the local health department and CDC. He may be reached at his office, 402-559-5276, or via Perfectserve messaging.

Terry Micheels is the Manager of the department and coordinates the infection control program. Infection Professionals can be reached by pager at 402-888-4646. Infection Preventionists are responsible for performing surveillance for infection; investigation of unusual increases or clusters of infection; implementing infection control policies and acting as consultants to hospital personnel on matters of infection control. They may be reached at 402-559-5276 or by paging the specialist on call 402-888-4646.

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. A summary of hospital acquired infections in inpatient areas and selected surgical site infections is prepared from this information. This information is reviewed by the Infection Control Committee and serves as a basis for establishing control measures. A summary of information is compiled annually and is available upon request. An active dashboard of infection control surveillance and performance data is maintained.

INFECTION CONTROL POLICIES

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

Standard and Transmission Based Precautions: Standard Precautions (SP) are to be used in care of all patients at Nebraska Medicine and research subjects at University of Nebraska Medical Center (UNMC). Any blood or body fluid is considered a potential source of bloodborne disease. Standard precautions involve protecting yourself and others from ALL blood and body fluids (except sweat), tissues and slides. Gloves are to be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients. This includes performing vascular procedures and when handling items or surfaces soiled with blood or body fluids. Gloves are to be removed immediately after completion of the procedure. Hand hygiene is essential even though gloves are used. Gowns are to be worn during procedures that are likely to generate splashes of blood or body fluids. Masks and protective eyewear are to be worn during procedures that are likely to generate splashes of blood or body fluids. All skin surfaces exposed to blood or other body fluids must be washed immediately and thoroughly.

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

- Contact Precautions
- Droplet/Contact Precautions
- Airborne Precautions
- Enhanced Precautions

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

Contact Precautions: Are used for patients who have MDRO organisms that can be transmitted by either direct or indirect contact. Contact isolation requirements: Always follow standard precautions. Wear gown and gloves each time entering room. Use antimicrobial soap for hand washing or a hand sanitizer. Room has “dedicated equipment” that all equipment used on the patient is kept in the patient’s room until the patient is discharged or is transferred from the room; then all surfaces and equipment are wiped down with a low-level disinfectant before it is used by another patient.

Droplet/Contact Precautions: Are used for patients who have organisms that are contained in large particle droplets. Droplet isolation requirements: Always follow standard precautions. Wear a regular face mask when entering the room.

Enteric/Contact Precautions: are used for patients with *Clostridioides difficile*, norovirus and any uncontrollable diarrhea. Patients are placed in a private room. Enteric/Contact isolation requirements: Always follow standard precautions. Wear gown and gloves each time entering room. Use antimicrobial soap for hand washing as alcohol-based gel may not be as effective against spores or non-enveloped viruses. In areas lacking hand washing facilities, hand hygiene with alcohol-based hand gel should be conducted at a minimum.

“Box” Policy: The Box Strategy is a solution aimed at preventing the spread of microbes through better adherence to isolation practices. All rooms with Enteric/Contact/Droplet isolation precautions will have a brightly colored square outline placed on the floor just inside the threshold of the door (except Airborne Precautions). The square is a space where you can enter the room without having to wear gowns and gloves. The square is ideal for quick communication or visual assessment. If you need to enter the room beyond the square, don PPE as appropriate for the isolation type.

Airborne Precautions: Are used for patients who have organisms that are contained in small droplet nuclei. Airborne isolation requirements: Always follow standard precautions. All employees wear an N-95 mask; the mask is to be donned just before entering the room and removed as soon as they have left the room (fit-testing is required to wear an N-95 mask). Negative air pressure is required in an airborne isolation room. The door to the patient’s room is to be kept closed at all times. All procedures possible are done in the patient’s room; if the patient must leave their room, they are to wear a regular face mask. There are five areas on campus that have negative air-pressure rooms and are places where patients with potential airborne diseases can be evaluated and initial diagnoses made on an out-patient basis. These areas are the Emergency Department, the Endoscopy Center, the Pediatric Clinic, the Internal Medicine Clinic and the Specialty Care (HIV) Clinic. If a patient is referred to one of these areas because an airborne illness is suspected, the area that they have been sent to should be called and notified prior to the patient’s arrival. Prior notification will allow these areas to ensure that their negative air pressure room will be accessible to the patient as soon as they arrive for evaluation.

Enhanced Isolation will be instituted by IC&E for specific disease processes and for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission and hospital outbreaks. Such MDROs include CP-CRE, pan resistant GNR, *Pseudomonas* and *Acinetobacter* microorganisms, MDR *Acinetobacter*, VISA, VRSA and *Candida auris*. Enhanced Contact isolation practices: Always follow standard precautions. Hand hygiene before and after glove use. Don a new gown (do not reuse) and gloves when entering the patient room for all healthcare personnel and visitors/family. Dedicate equipment to a single patient.

Removing a Patient from Isolation:

ESBL (Extended Spectrum Beta-Lactamase): Available data indicates patients may remain colonized with ESBL-producing bacteria for prolonged periods. Generally, isolation is continued for duration of hospitalization. Please call IC&E (402-559-5276) for questions on individual patients.

Carbapenem-resistant Enterobacteriaceae: Available data indicates patients may remain colonized with CP-CRE producing bacteria for prolonged periods. Generally, isolation is continued for duration of hospitalization. Please call IC&E (402- 559-5276) for questions on individual patients.

C. difficile (Clostridioides difficile): Testing is not done to remove patients from isolation. Patients with C difficile infection should remain in isolation until their diarrhea resolves and seven days have elapsed since completion of CDI treatment. If patient is in presumptive isolation for C difficile, but testing reveals that C difficile is not present (glutamate dehydrogenase (GDH) antigen (-)/toxin A/B (-)), isolation precautions can be discontinued. Guidance regarding testing can be found on the antimicrobial stewardship website: <https://www.unmc.edu/intmed/divisions/id/asp/index.html>

Tuberculosis (TB): Protocol to rule out TB: Three negative sputum smears for AFB (collected at least eight hours apart), or two negative direct probe tests are required. Airborne isolation may be discontinued only when TB has been ruled out (must meet protocol above) or TB is diagnosed and patient has been on effective therapy for 2 weeks and shows clinical improvement. Approval of IC&E (402-559-5276) is needed prior to discontinuing Airborne isolation.

ILI (Influenza Like Illness): ILI includes fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and sometimes diarrhea and vomiting. 1. Negative Respiratory Viral Panel
Influenza: Five (5) days from onset of illness AND Afebrile for at least 24 hours, for Immunocompromised hosts, consult the Hospital Epidemiologist.

Housekeeping: Blood spills are to be cleaned immediately followed by use of sodium hypochlorite (household bleach) 5.25 (diluted 1:10) or a phenolic. Disinfect the surface following cleaning and allow the surface to air dry.

Biohazardous Waste: Biohazardous waste is defined as materials of biological origin that are capable of producing an infectious disease in humans or animals (e.g., blood, body fluids, inoculated culture media, tissues and slides), in amounts that can be poured, dripped or flaked (if dry). Biohazardous waste is placed in biohazardous waste containers, which have a biohazard label on the outside of the container and are available in all patient care areas. A biohazard label is fluorescent orange-red in color and bears the biohazard symbol. These labels are affixed on containers used to store, transport or ship blood or other potentially infectious materials.

Sharps Disposal and Preventing Sharps Injury: Safer medical devices are required by federal law to be used whenever possible. Do not dismantle syringes or needles or try to circumvent a safer medical device. Personnel should obtain adequate assistance when administering IV therapy or injections to uncooperative patients. Sharps and/or disposable instruments (knife blades, lancets, etc.) are disposed of in approved sharps containers. Used needles must not be recapped. NEVER allow sharps containers to over-fill. All sharps containers must be: accessible for use, approved by Campus Safety, leak-proof, closeable, labeled with a biohazard symbol, disposed of when approximately $\frac{3}{4}$ full.

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

BODY FLUID EXPOSURE

If staff has an exposure to body fluid, either through the skin (for example, a needlestick) or onto a mucous membrane (eyes, nose, mouth): Wash the affected area immediately with soap and water (mucous membranes should be flushed with water). Provide immediate first aid. For a splash into eyes, wash with copious amounts of water 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. Report immediately to Nebraska Medicine Employee Health Department or call the post-exposure paging system for risk assessment and assistance in determining needed healthcare follow-up. Before patient is discharged (or leaves Clinic/Emergency Department) review with Employee Health to ensure that the appropriate specimen has been obtained from patient.
3. The post-exposure paging system is available 24 hours a day, 7 days a week. 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 on the Shout Out for Safety (SOS) web-based form found on the intranet or within One Chart. 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

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

All personnel (including house officers) must have a TB screening prior to employment. This may include TB testing. TB testing/screening is to be conducted by Employee Health. Tests are to be read by Nebraska Medicine Employee Health. The status of immunity to rubella, rubeola, mumps and Varicella zoster must be established prior to employment. All personnel must have documentation of Hepatitis B immunization or sign a declination.

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

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

Infection with a bloodborne pathogen should not require restrictions on rendering care to patients in most circumstances. However, special considerations may be appropriate when exposure-prone, invasive procedures are performed. Cases will be reviewed periodically.

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

Hand Hygiene: Hand hygiene before and after contact with each patient is the single most important means of preventing the spread of infection. Routine handwashing in all areas consists of the use of soap, running water, and friction for a minimum of 15 seconds.

Antiseptic towelettes, alcohol-based hand hygiene agents, or other evaporative agents may be used upon approval of and as directed by the IC&E. These products are to be supplied in individual use packaging, small bottles (8oz. or less) or a disposable refill cartridge (including the dispenser tubing). If hands are not visibly soiled, one may use an alcohol-based hand sanitizer for routine decontamination of hands. Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Do not use gel in close proximity to electrical equipment or sources of ignition. Alcohol-based hand sanitizers are effective in reducing germs on skin but should not be used when hands are visibly soiled. Soap and water must be used if hands are visibly soiled. Alcohol-based hand sanitizers are NOT reliable in killing bacterial spores (e.g., *Clostridioides difficile*).

Gloves are required when caring for patients with *C. difficile*-associated diarrhea. After gloves are removed, hands should be washed with antimicrobial soap and water. Gowns are required.

Alcohol hand sanitizer is flammable and cannot be stored or used around an open flame.

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

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

An antimicrobial soap is preferred for routine handwashing in all clinical areas as designated by IC&E.

Antimicrobial soap or an approved scrub less antiseptic is to be used for all surgical hand scrubs.

Urinary Catheterization: Urinary catheters are to be inserted aseptically only by adequately trained physicians, nurses, APPs, and students. Careful attention to aseptic technique is imperative to prevent the introduction of infectious organisms into the urinary tract, resulting in the development of infection. This process includes careful attention to hand hygiene (washing hands) both before starting the procedure and after removal of personal Protective equipment (PPE).

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

A closed drainage system is to be used with a non-obstructed gravity- dependent flow maintained at all times. The system should not be disconnected unless irrigation of an obstructed catheter is required. Under exceptional circumstances when irrigation is required, it is to be done under aseptic conditions. No specific recommendation is made in regard to the time for changing of a closed system catheter and drainage bag. In general, if the urine is flowing freely, the catheter is not encrusted, and the drainage bag is functioning well, there is no need to change the system.

Intravenous Therapy: The “needleless” IV system and safer medical devices are to be used whenever possible. Intravenous cannulas and/or stainless steel needles should be inserted only by adequately trained physicians, RNs, APPs, and students.

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

For central line insertion, use maximal sterile barrier precautions. This includes: sterile long-sleeved gown, sterile gloves, mask, eye-protection, head cover, and a large sterile drape that covers the entire patient. These supplies can be found packaged together in medication inventory control cabinets throughout the house, labeled as the “Barrier-Device Pack.” The on-line CVC insertion checklist should be completed at the time of CVC insertion.

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

The needle or cannula should be securely anchored and the infusion site covered with a sterile dressing. All unused vascular catheter ports should be protected via a passive port protector (“Curocap”) Indwelling peripheral canulae should be changed when clinically indicated (i.e., if the site is red, warm, tender, or swollen). Replace catheters inserted under emergency basis within 48 hours. Intravenous tubing should also be changed every 96 hours, except: Replace lipid tubing every 24 hours, replace blood/blood product tubing/filters every 4 units or every 4 hours, whichever comes first, replace propofol tubing on pre-fitted syringes every 12 hours. If propofol is drawn up from a vial, replace tubing every 6 hours, whenever possible, Total Parenteral Nutrition (TPN) should be given through a dedicated line.

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

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

Collection of Blood Samples for Blood Cultures

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

Gloves are to be worn when drawing blood cultures.

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

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

Blood cultures should not be routinely obtained via a vascular catheter as they are more likely to be contaminated. If the CVC is thought to be the source of bacteremia, paired cultures from the CVC and periphery should be obtained. The time of blood culture and site should be carefully recorded in order

to enable determination of the “Differential time to positivity”. When drawing central line cultures, collect blood via a fresh/sterile connector cap.

Clean the rubber top of culture bottles with 70% isopropyl alcohol. Culture bottles should be labeled and immediately taken to the laboratory.

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

REQUIRED DISEASE REPORTING: Nebraska law requires clinical laboratory personnel and physicians to report evidence of actual communicable disease to the local health department or the State Health Department of Health. In such instances, IC&E will complete a Disease Case Report and send it to the County Health Department. Please call IC&E if you have concerns about the reporting. Diseases reportable to the health department include:

- Acquired Immunodeficiency Syndrome (AIDS) Amebiasis (*Entamoeba histolytica*)
- **Anthrax (*Bacillus anthracis*)***
- Babesiosis (*Babesia* sp.)
- **Botulism (*Clostridium botulinum*)***
- **Brucellosis (*Brucella* species)***
- Campylobacteriosis (*Campylobacter* species)
- Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia)
- **Cholera (*Vibrio cholera*)**
- **Clusters, outbreaks or unusual events, including possible bioterroristic attacks**
- Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy)
- Cryptosporidiosis (*Cryptosporidium parvum*)
- Dengue virus infection
- **Diphtheria (*Corynebacterium diphtheriae*)**
- Ehrlichiosis, human monocytic (*Ehrlichia chaffeensis*)
- Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*)
- Encephalitis (caused by viral agents)
- Escherichia coli gastroenteritis (*E. coli* O157-H7 and other pathogenic *E. coli* from gastrointestinal infection)
- **Food poisoning, outbreak-associated**
- Giardiasis (*Giardia lamblia*)
- **Glanders [*Burkholderia (Pseudomonas) mallei*]***
- Gonorrhea (*Neisseria gonorrhoeae*) venereal infection and ophthalmia neonatorum
- **Haemophilus influenzae infection (invasive disease only)**
- Hantavirus infection
- **Hemolytic uremic syndrome (post-diarrheal illness)**
- **Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)**
- Hepatitis B [surface antigen or IgM core antibody positive; for labs doing confirmatory tests (e.g., blood banks), results of confirmatory tests for surface antigen or core antibody supersede

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

- Herpes simplex, primary genital infection and neonatal, less than 30 days of age Human Immunodeficiency Virus infection (confirmatory test positive)
- Immunosuppression documented by a total CD4 count of less than 800 per micro liter (per Douglas County Health Department Reporting and Control of Communicable Diseases, Regulatory and Licensure)
- Influenza (DFA positive or culture confirmed)
- Kawasaki disease (mucocutaneous lymph node syndrome)
- Lead poisoning (all analytical values for blood lead analysis shall be reported)
- Legionellosis (Legionella species)
- Leprosy (Mycobacterium leprae)
- Leptospirosis (Leptospira interrogans)
- Listeriosis (Listeria monocytogenes)
- Lyme disease (Borrelia burgdorferi)
- **Marburg virus***
- Malaria (Plasmodium species)
- **Measles (Rubeola)**
- **Melioidosis [Burkholderia (Pseudomonas) pseudomallei]***
- **Meningitis (Haemophilus influenzae or Neisseria meningitidis)**
- Meningitis, viral or caused by Streptococcus pneumoniae
- **Meningococemia (Neisseria meningitidis)**
- Methemoglobinemia/nitrate poisoning (methemoglobin greater than 5% of total hemoglobin)
- **Monkey pox**
- Mumps
- **Pertussis/whooping cough (Bordetella pertussis)**
- **Plague (Yersinia pestis)***
- Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals or mercury
- **Poliomyelitis**
- Psittacosis (Chlamydia psittaci)
- **Qfever (Coxiella burnetii)***
- **Rabies, (human and animal cases and suspects)**
- Retrovirus infection (other than HIV)
- Rheumatic fever, acute (cases meeting the Jones criteria only)
- Rocky Mountain Spotted Fever (Rickettsia rickettsii)
- **Rubella and congenital rubella syndrome**
- Salmonellosis including typhoid (Salmonella species)
- **SARS**
- Shiga toxin, resulting in gastroenteritis
- Shigellosis (Shigella species)
- **Smallpox***
- **Staphylococcal enterotoxin B intoxication**

- **Staphylococcus aureus, vancomycin-intermediate and resistant (MIC>4 μ g/ mL)**
- Streptococcal disease, invasive only (all invasive disease caused by Groups A and B streptococci and Streptococcus pneumoniae)
- Syphilis (Treponema pallidum)
- Syphilis, congenital
- Tetanus (Clostridium tetani)
- Toxic Shock Syndrome
- Trichinosis (Trichinella spiralis)
- Tuberculosis (Mycobacterium tuberculosis and human cases of Mycobacterium bovis)
- **Tularemia (Francisella tularensis)***
- **Typhus Fever, louse-borne (Rickettsia prowazekii) and flea-borne/endemic murine (Rickettsia typhi)**
- **Venezuelan equine encephalitis***
- West Nile Virus
- **Yellow Fever**
- Yersiniosis (Yersinia species)

Bold type: Report immediately

Regular type: Report within seven days

*Potential agents of bioterrorism

Reportable Once a Month by Tabular Summary

- Enterococcus spp., vancomycin-resistant (MIC \geq 32 μ g/mL and/or resistant by disk diffusion) and intermediate (MIC=8-16 μ g/mL)
- Staphylococcus aureus, methicillin-resistant (MIC \geq 4 μ g/mL and/or resistant by disk diffusion)
- Staphylococcus aureus, vancomycin-intermediate/resistant (MIC>4 μ g/mL)
- Streptococcus pneumoniae, penicillin-intermediate (MIC=0.12-1.0 μ g/mL) and penicillin-resistant (MIC \geq 2.0 μ g/mL)

NEBRASKA MEDICINE 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.

Document content and completion requirements are defined in the Medical Staff policies Contents of Medical Record (MS22) and Completion of Medical Records (MS 23). 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

POORLY KEPT RECORDS CAN CAUSE

- Errors or delay in treatment due to inaccurate or incomplete information can be a potential safety issue.
- 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.”

PHARMACY & NUTRITION CARE

| | |
|--|--|
| Pharmacy | 402-559-4225 After 1630, call IV room at 402-559-5334 |
| Inpatient Pharmacy | 402-559-7235, 24 hours/day, 7 days/week |
| Outpatient Pharmacy | 402-559-5215 |
| PharmD On-Call | 402-888-0144 |
| 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 Neuro Intensive |
| Intensive Care & Neurosurgery | 402-552-3823 |
| Medicine | 402-552-3637 |
| Neurology/Neurosurgery | 402-552-3744 |
| NICU | 402-559-1182 |
| Oncology | 402-559-7798 |
| 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 Numbers | |
| Treatment center pharmacy | 402-559-0900 or fax 402-559-0901 |
| 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/Internal Medicine |
| Nebraska Medicine Clinic Pharmacy | 402-559-5215 |
| Meds to Beds: Main Campus | 402-559-5215 |
| Meds to Beds: BMC Campus | 402-595-1156 |
| Nebraska Medicine Bellevue Pharmacy | 402-595-1156 |
| Nebraska Medicine Bellevue Infusion Center Pharmacy | 402-595-1156 |
| Nebraska Medicine Pharmacy at Lauritzen Outpatient Center | 402-552-7999 |
| University of Nebraska Health Center Pharmacy | 402-472-7457 |
| Village Pointe Cancer Center Pharmacy | 402-596-3252 |
| Village Pointe Ambulatory Surgery Center Pharmacy | 402-596-4763 |
| Specialty Pharmacy Program | 402-559-2484 |
| Nebraska Medicine Pharmacy Smoking Cessation Program | 402-559-5215 |
| Nebraska Medicine Pharmacy I-Care Program | 402-552-3914 |
| Medication Access Coordinators | 402-559-3350 |
| CLINICAL DECISION SUPPORT (CDS)/DRUG POLICY & FORMULARY MANAGEMENT | 402-559-4114 |

SCHEDULE DRUGS

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

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

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.

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.

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.

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

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.

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. 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

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)

SOCIAL WORK DEPARTMENT

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.

INFORMATION TECHNOLOGY SERVICES

Call the ITS Helpdesk at 9-7700 for phone and computer problems and requests.

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 obtained 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 Care Coordinator with the insurance companies to provide information and ensure reimbursement. If the case is reviewed by the insurance company and a denial of payment is determined, an appeal will be made by the physician/UM staff.

Observation Guidelines: Observation services are defined as those services that are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the

hospital as an inpatient. A patient in observation may improve and be released, or be admitted as an inpatient 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 full admission" based on medical necessity, information in a medical record and medical criteria.
2. CMS expects most observation patients to be in the facility for less than 2 midnights.

Utilization Management office hours are Monday through Friday 6:00 a.m. - 5:30 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.

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.

SAFETY

Hospital Safety Operations – 402-559-6690

UNMC Environmental Health and Safety – 402-559-7315

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://info.unmc.edu/safety/safety-office/policies-resources/emergprepguide.pdf>.

FIRE EMERGENCY PLAN FOR MEDICAL STAFF

Refer to the Emergency Preparedness Procedures Manual found on the patient care unit for general information. In the event of an actual fire at Nebraska Medicine, Nebraska Medicine – Bellevue, Nebraska Medicine – Village Pointe, and Nebraska Medicine Clinics, the medical staff, including house officers, is expected to go to the area(s) where the patients are evacuated and assist in the treatment and care of patients.

Other fire safety information:

1. Fire alarm sounding, no smoke or flames sighted: non-hospital areas - evacuate building, hospital - prepare to evacuate patients, visitors and staff to safe area in the event of real fire in the immediate vicinity.
2. Smell something burning, no smoke: call security (402-559-5111), prepare to evacuate
3. Smoke and/or flames sighted: activate the R.A.C.E. process

Rescue those in danger

Alarm, pull fire pull station and call 402-559-5555

Confine the fire by closing all doors behind you as you leave an area

Evacuate as needed and/or attempt to extinguish the fire, if possible

- Do Not Attempt to Use Elevators
- Assemble a safe distance from the building (non-hospital)
- NOTE: All fire must be reported even those that have been extinguished

SEVERE WEATHER PLAN FOR MEDICAL STAFF

Refer to the Emergency Preparedness Procedures Manual general information.

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

Tornado Watch: The atmospheric conditions are right for a tornado. If on campus, prepare to report to the patient care units to care for patients in the evacuation areas in the event a tornado warning is issued.

Tornado Warning: (A tornado has been sighted in the local area) Do not leave building. If on campus, report to the tornado evacuation area in the patient care units and assist in the care and comforting of patients. Stay away from exterior doors and windows. House Officers should report to evacuation areas and continue care of patients.

EXTERNAL DISASTERS (CODE TRIAGE)

Refer to Emergency Operation Plan – MP-EO01. House Staff will report to the Staffing Area/ Labor pool area located in the North end of University Tower Cafeteria if not otherwise specified.

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

ARMED INTRUDER

Profile of an Armed Intruder

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically using firearms. Characteristics of an Armed Intruder: victims are selected at random; the event is unpredictable and evolves quickly, law enforcement is generally required to end the event. If “Armed Intruder” is announced or an Armed Intruder is in your vicinity: CALL 911 to report the location of the assailant when it is safe to do so.

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

If outside when a shooting occurs: Drop to the ground immediately, face down as flat as possible. If within 15-20 feet of a safe place or cover, duck and run to it. Move or crawl away from gunfire, trying to utilize any obstructions between you and the gunfire. Remember that many objects of cover may conceal you from sight, but may not be bulletproof. When you reach a place of relative safety, stay down and do not move. Do not peek or raise your head in an effort to see what may be happening. Wait and listen for directions from law enforcement personnel.

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

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/ems/index.html>

(A)

STANDARDS OF CONDUCT FOR EMPLOYEES AND STUDENTS REGARDING ALCOHOL AND DRUGS

The illegal possession, use, or distribution of drugs or alcohol by students and employees is a violation of University rules as well as State and Federal laws. The Board of Regents of the University of Nebraska has directed officers of the University to cooperate with State and Federal agencies in the prevention of drug abuse. See Board of Regents of the University of Nebraska, Minutes, Vol. 29, pp. 90-91 (September 12, 1967). In satisfaction of this mandate and in order to fulfill its obligations under the Drug Free Workplace Act of 1988 and the Safe and Drug-Free Schools and Communities Act of 1994, the University has formulated standards of conduct for both its employees and its students which prohibit the following acts:

- (1) use, possession, manufacture, distribution, or sale of illegal drugs or drug paraphernalia on University premises or while on University business or at University activities, or in University supplied vehicles either during or after working hours;
- (2) unauthorized use or possession or manufacture, distribution, or sale of a controlled substance as defined by the Federal Controlled Substances Act, 21 U.S.C. §§ 801 et seq., or Nebraska's Uniform Controlled Substances Act, Neb. Rev. Stat. §§ 28-401 et seq., (Reissue 2008, Cum. Supp. 2016), available at <http://nebraskalegislature.gov/laws>, on University premises, or while engaged in University business or attending University activities or in University supplied vehicles, either during or after working hours;

- (3) unauthorized use, manufacture, distribution, possession, or sale of alcohol on University premises or while on University business, at University activities, or in University-supplied vehicles, either during or after working hours;
- (4) storing in a locker, desk, vehicle, or other place on University owned or occupied premises any unauthorized controlled substances, drug paraphernalia, or alcohol;
- (5) use of alcohol off University premises that adversely affects an employee's or student's work or academic performance, or an employee's or student's safety or the safety of others;
- (6) possession, use, manufacture, distribution, or sale of illegal drugs off University premises that adversely affects the employee's work performance or the student's academic performance, or an employee's or student's safety or the safety of others;
- (7) violation of State or Federal laws relating to the unauthorized use, possession, manufacture, distribution, or sale of alcohol, controlled substances, or drug paraphernalia;
- (8) in the case of employees, failure to notify an employee's supervisor of an employee's arrest or conviction under any criminal drug statute as a result of a violation of law which occurs at the University of Nebraska workplace.

[The Standards of Conduct were approved by the Regents in 1990. See Board of Regents of the University of Nebraska, Minutes, Vol. 55, p. 205 (October 12, 1990).]

(B)

**DESCRIPTION OF APPLICABLE LEGAL SANCTIONS UNDER FEDERAL, STATE OR LOCAL LAW
FOR UNLAWFUL POSSESSION OR DISTRIBUTION OF ILLICIT DRUGS AND ALCOHOL**

The information on the following pages summarizes selected provisions of Federal, State, and local laws that provide criminal and civil penalties for unlawful possession or distribution of drugs and alcohol.

FEDERAL PENALTIES AND SANCTIONS FOR ILLEGAL POSSESSION OF CONTROLLED SUBSTANCES

21 U.S.C. § 844(a)

First Conviction: Up to 1 year imprisonment and fine of at least \$1,000 or both. After one prior drug conviction: At least 15 days in prison, not to exceed 2 years, and a fine of at least \$2,500. After 2 or more prior drug convictions: at least 90 days in prison, not to exceed 3 years, and a fine of at least \$5,000.

21 U.S.C. §§ 853(a) and 881 (a)

Forfeiture of tangible and intangible personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. Forfeiture of vehicles, boats, aircraft, or any other conveyance used, or intended for use, to transport or in any manner to facilitate the transportation, sale, receipt, possession, or concealment of controlled substances.

21 U.S.C. § 844a

Civil fine of up to \$10,000 for each violation of 21 U.S.C. § 844 involving controlled substances listed in 21 U.S.C. § 841(b)(1)(A).

21 u.s.c. § 862

Denial of Federal benefits, such as financial aid grants, contracts, student loans, and professional and commercial licenses, for individuals convicted of distributing controlled substances (drug trafficking). The denial can last up to 5 years for the first conviction and up to 10 years for the second conviction. Those who have three or more convictions will be permanently ineligible for all Federal benefits.

18 u.s.c. § 922(g)

Ineligible to receive or possess a firearm or ammunition.

Miscellaneous

Authority to revoke certain Federal licenses and benefits, e.g. pilot licenses, public housing tenancy, etc., is vested with the officials of individual Federal agencies. Note: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

The United States Drug Enforcement Administration publishes information that summarizes trafficking penalties under Federal law for various types of drugs; it is available at: <http://www.dea.gov/druginfo/ftp3.shtml> (Chart One and ChartTwo).

STATE PENALTIES AND SANCTIONS FOR ILLEGAL POSSESSION OF CONTROLLED SUBSTANCES

The framework for the regulation of most drugs, also called controlled substances, is set out in the Uniform Controlled Substances Act. In addition, other Nebraska State laws establish penalties for various drug-related offenses as summarized below. Charts 2 and 3 summarize the sanctions under Nebraska law for possession or distribution of various drugs.

CRIMES INVOLVING MINORS: Any person 18 years of age or older who knowingly or intentionally manufactures, distributes, delivers, dispenses, or possesses with intent to manufacture, distribute, deliver or dispense a controlled substance or a counterfeit controlled substance (i) to a person (under the age of 18 years); (ii) in, on, or within 1,000 feet of a school, college, university, or playground; or (iii) within 100 feet of a youth center, public swimming pool, or video arcade shall be punished more severely. The law also provides for an enhanced penalty for anyone 18 years of age or older to knowingly and intentionally employ, hire, use, cause, persuade, coax, induce, entice, seduce, or coerce any person under the age of 18 years to manufacture, transport, distribute, carry, deliver, dispense, prepare for delivery, offer for delivery, or possess with intent to do the same a controlled substance or a counterfeit controlled substance. See Neb. Rev. Stat. § 28-416(4) and (5) (Cum. Supp. 2016).

Persons under the age of eighteen who violate the drug laws may be subject to additional sentencing provisions found in Neb. Rev. Stat. § 28-416 (18) (Cum. Supp. 2016), these include impounding licenses or permits issued under the Motor Vehicle Operator's License Act, completion of community service, and attending drug education classes.

PROBATION CONDITIONS: Any person convicted of a drug law violation, if placed on probation, shall, as a condition of probation, satisfactorily attend and complete appropriate treatment and counseling on drug abuse. Neb. Rev. Stat. § 28-416 (14) (Cum. Supp. 2016).

TAX PROVISIONS: Anyone who possesses or sells the following amounts of controlled substances or imitation controlled substances must pay the appropriate taxes to the Nebraska Department of Revenue and have the stamps attached to the controlled substances. Marijuana is not included in the definition of "controlled substances" here but is also taxed, as follows: Illegal marijuana is taxed at \$100 for each ounce or portion of an ounce. Neb. Rev. Stat. § 77-4303 (Reissue 2009). Any controlled substance that is sold by weight or volume (i.e., cocaine, crack, methamphetamine, etc.) is taxed at \$150 for each gram or portion of a gram. Neb. Rev. Stat. § 77-4303 (Reissue 2009). Any controlled substance that is not sold by weight (i.e., LSD, Quaaludes, methamphetamine in tablets, PCP, etc.) is taxed at \$500 for each 50 dosage units or portion thereof. Neb. Rev. Stat. § 77-4303 (Reissue 2009). Failure to have the proper tax stamps attached to the controlled substance is a Class IV felony, with a criminal penalty of up to a 2-year imprisonment and 12-month post-release supervision or a \$10,000 fine or both. If imprisonment is imposed, there will be a minimum of a 9-month post-release supervision. Neb. Rev. Stat. § 28-105(1)

(Supp. 2015) available at <http://nebraskalegislature.gov/laws>; Neb. Rev. Stat. §§ 77-4301 to 77-4316 (Supp. 2015).

PROPERTY FORFEITURE: Property used to manufacture, sell, or deliver controlled substances can be seized and forfeited to the State. Property subject to forfeiture may include cash, cars, boats, and airplanes, as well as drug paraphernalia, books, records, and research, including formulas, microfilm, tapes, and data. Neb. Rev. Stat. § 28-431 (Reissue 2008).

BEING UNDER THE INFLUENCE OF ANY CONTROLLED SUBSTANCE FOR UNAUTHORIZED PURPOSE: It is a violation of Nebraska law to be under the influence of any controlled substance for a purpose other than the treatment of a sickness or injury as prescribed or administered by a practitioner. In a prosecution, the State need not prove that the accused was under the influence of a specific controlled substance, only that the accused manifested symptoms or reactions caused by the use of any controlled substance. Neb. Rev. Stat. § 28-417(1)(g) (Reissue 2008).

DRUG PARAPHERNALIA OFFENSES: It is a violation of Nebraska law to use, or to possess with intent to use, drug paraphernalia to manufacture, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance. Neb. Rev. Stat. § 28-441 (1) (Reissue 2008). “Drug paraphernalia” is defined to include such things as hypodermic syringes, needles, pipes, bong, roach clips, and other items used, intended for use, or designed for use with controlled substances. Neb. Rev. Stat. § 28-439 (Reissue 2008). It is unlawful to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances in which one should reasonably know, that it will be used to manufacture, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance. This section does not apply to pharmacists who sell hypodermic syringes or needles for the prevention of the spread of infectious diseases. Neb. Rev. Stat. § 28-442 (Reissue 2008). It is a violation of Nebraska law for a person 18 years of age or older to deliver drug paraphernalia to a person under the age of 18 who is at least 3 years his or her junior. Neb. Rev. Stat. § 28-443 (Reissue 2008). A violation of Neb. Rev. Stat. § 28-441 (use or possession of drug paraphernalia) is punishable on the first offense by a fine of up to a maximum of \$100; a second offense within two years of the first is punishable by a fine not less than \$100 and not more than \$300; a third offense within two years of the second is punishable by a fine of not less than \$200 and not more than \$500. Neb. Rev. Stat. §§ 28-441 and 29-436 (Reissue 2008). The penalty for violation of Neb. Rev. Stat. § 28-442 (delivery or manufacture of drug paraphernalia) is not more than a 6-month imprisonment or a \$1,000 fine or both. Neb. Rev. Stat. § 28-442 (Reissue 2008) and § 28-106(1) (Cum. Supp. 2014). The penalty for violation of Neb. Rev. Stat. § 28-443 (delivery of drug paraphernalia to a minor) is imprisonment for not more than 1 year or a \$1,000 fine or both. Neb. Rev. Stat. § 28-443 (Reissue 2008) and § 28-106(1) (Cum. Supp. 2014).

IMITATION CONTROLLED SUBSTANCES: It is a violation of Nebraska law to knowingly or intentionally manufacture, distribute, deliver, or possess with intent to distribute or deliver an imitation controlled substance. Neb. Rev. Stat. § 28-445 (Cum. Supp. 2014). “Imitation controlled substance” is a substance that is not a controlled substance or controlled substance analogue but which is represented to be an illicit controlled substance or controlled substance analogue. Neb. Rev. Stat. § 28-401 (29) (Cum. Supp. 2014). First offense violations of this law are punishable by a 3-month imprisonment or a \$500 fine or both. A second offense violation of this statute is punishable by not more than a 6-month imprisonment or a \$1,000 fine or both. Neb. Rev. Stat. § 28-445 (Cum. Supp. 2014) and § 28-106(1) (Cum. Supp. 2014).

CONTROLLED SUBSTANCE ANALOGUES: For purposes of Nebraska’s Uniform Controlled Substance Act, controlled substance analogues (often called “designer drugs”) are treated as controlled substances.

Such an analogue is defined as (a) substantially similar in chemical structure to the chemical structure of a controlled substance or (b) having a stimulant, depressant, analgesic or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the effect of a controlled substance. Neb. Rev. Stat. § 28-401(30)(a) (Cum. Supp. 2014).

SELECTED ALCOHOL OFFENSES

MINOR IN POSSESSION: It is against the law for a person under the age of 21 years to sell, dispense, consume, or possess alcohol. Neb. Rev. Stat. § 53-180.02 (Reissue 2010). Penalties for violation of this law may include one or more of the following: the impoundment of the offender's license for thirty days or more; the requirement to attend an alcohol education class; the requirement to complete twenty hours or more of community service; or submission to an alcohol assessment by a licensed counselor. Neb. Rev. Stat. § 53-180.05(4) and § 53-181 (Cum. Supp. 2016); § 28-106(1) (Cum. Supp. 2014).

SAFE HARBOR: A penalty may not be imposed on a person who otherwise violated this law if the person (i) requested emergency medical assistance in response to the possible alcohol overdose of himself or herself or another person as soon as the emergency situation is apparent; (ii) was the first person to make the request for medical assistance; and (iii) when emergency medical assistance was requested for the possible alcohol overdose of another person: (A) remained on the scene until the medical assistance arrived; and (B) cooperated with medical assistance and law enforcement personnel. Neb. Rev. Stat. § 53-180.05(4) and § 53-181 (Cum. Supp. 2014).

PROCURING ALCOHOL: It is a violation of Nebraska law to sell, furnish, give away, exchange, deliver, or permit the sale, gift, or procuring of any alcoholic liquors to or for any minor or to any person who is mentally incompetent. Neb. Rev. Stat. § 53-180 (Cum. Supp. 2016). Violation of this law is generally punishable by not more than a one-year imprisonment or a \$1,000 fine or both. Neb. Rev. Stat. § 53-180.05(1) (Cum. Supp. 2014) and § 28-106(1) (Cum. Supp. 2014). However, if alcohol is knowingly and intentionally provided to a minor and the minor's consumption of the alcohol or impaired condition attributed to the alcohol leads to the serious bodily injury or death of any person, the person who provided the alcohol shall be guilty of a Class IIIA felony and serve a mandatory minimum of at least 30 days' imprisonment. The penalty for a Class IIIA felony is a 3-year imprisonment and 18-month post release supervision or a \$10,000 fine or both and a minimum of a 9-month post-release supervision if imprisonment is imposed. See Neb. Rev. Stat. § 53-180.05(2) (Cum. Supp. 2014) and Neb. Rev. Stat. § 28-105(1) (Supp. 2015) available at <http://nebraskalegislature.gov/laws>.

CONSUMPTION ON PUBLIC PROPERTY: It is a violation of Nebraska law for any person to consume alcoholic liquors upon property owned or controlled by the State or any governmental subdivision thereof, unless authorized by the governing bodies having jurisdiction over such properties. Neb. Rev. Stat. § 53-186 (Cum. Supp. 2014). A violation of this statute is punishable on the first offense by a fine of up to a maximum of \$100; a second offense within 2 years of the first is punishable by a fine not less than \$100 and not more than \$300; a third offense within 2 years of the second is punishable by a fine of not less than \$200 and not more than \$500. Neb. Rev. Stat. § 53-186 (Cum. Supp. 2014) and § 29-436 (Reissue 2008).

DRIVING WHILE INTOXICATED: Operating or being in physical control of a vehicle while under the influence of alcoholic liquors or drugs is a violation of Nebraska law when such person has a concentration of eight-hundredths (.08) of 1 gram or more by weight of alcohol per 100 milliliters of blood or per 210 liters of breath. Neb. Rev. Stat. § 60-6,196 (Reissue 2010).

Violation of this law is punishable on first offense by not more than 60 days but not less than 7 days of imprisonment and a \$500 fine. Neb. Rev. Stat § 60- 6,197.03 (Cum. Supp. 2016) and § 28-106(1) (Cum. Supp. 2014). In addition, an offender's driver's license is revoked for 6 months and the offender is ordered not to drive any motor vehicle for any purpose for a like period. Neb. Rev. Stat. § 60-6,197.03(1) (Cum. Supp. 2014). Suspended sentence or probation includes a mandatory requirement that probation or suspension be conditioned on an order that the offender will not drive any motor vehicle for any purpose for 60 days and pay a \$500 fine. Neb. Rev. Stat. § 60-6, 197.03(1)(Cum. Supp. 2014).

Penalties for a second conviction include a \$500 fine and a maximum of a 6-month imprisonment, with no less than a mandatory 30-day imprisonment. Neb. Rev. Stat. § 60-6,197.03 (Cum. Supp. 2014) and § 28-106(1) (Cum. Supp. 2014). As part of the judgment of conviction, the offender's operator's license is revoked for 18 months. Neb. Rev. Stat. § 60-6, 197.03(3) (Cum. Supp. 2014). If an offender is placed on probation or the sentence is suspended, a mandatory condition is that the offender must not drive any motor vehicle for any purpose for a period of 18 months. Neb. Rev. Stat. § 60-6,197.03(3) (Cum. Supp. 2014). In addition, the probation order shall include as one of its conditions the payment of a \$500 fine and confinement in the city or county jail for 10 days or the imposition of not less than 240 hours of community service. Neb. Rev. Stat. § 60- 6,197.03(3) (Cum. Supp. 2014).

Penalties for a third conviction include a \$1,000 fine and a maximum of a one- year imprisonment, with a minimum 90-day imprisonment, and an order of license revocation for 15 years. Neb. Rev. Stat. § 28-106(1) (Cum. Supp. 2014) and Neb. Rev. Stat. § 60-6,197.03(4) (Cum. Supp. 2014). If an offender is placed on probation, or the sentence is suspended, a mandatory condition is that the offender's operator's license shall be revoked for a period of at least 2 years but not more than 15 years. Neb. Rev. Stat. § 60-6,197.03(4) (Cum. Supp. 2014). In addition, the probation order shall include the payment of a \$1,000 fine and as one of its conditions confinement in the city or county jail for 30 days. Neb. Rev. Stat. § 60-6,197.03(4) (Cum. Supp. 2014).

Fourth and subsequent convictions are a Class IHA felony. Neb. Rev. Stat. § 60-6,197.03(7) (Cum. Supp. 2014). Offenders in this class will have their licenses revoked for a period of 15 years and the offender must spend at least 180 days imprisoned in a city or county jail or an adult correctional facility. Neb. Rev. Stat. § 60-6,197.03(7) (Cum. Supp. 2014). Probation or suspension of sentence must be conditioned so that the offender's license is revoked for a period of 15 years. The revocation order shall require that the offender not drive for 45 days after which he or she may apply for an ignition interlock permit and installation of such device. Neb. Rev. Stat. § 60-6,197.03(7) (Cum. Supp. 2014). In addition, the probation order shall include as one of its conditions a \$2,000 fine and confinement in the city or county jail for 90 days with required use of a continuous alcohol monitoring device and abstention from alcohol use for no less than 90 days after release. Neb. Rev. Stat. § 60-6,197.03(7) (Cum. Supp. 2014).

Persons with a higher concentration of alcohol, fifteen-hundredths (.15) of 1 gram or more by weight of alcohol per 100 milliliters of blood or per 210 liters of breath on a first conviction and subsequent conviction, are subject to even stiffer penalties. Neb. Rev. Stat. § 60-6, 197.03(2), (5), (6), (8) and (10) (Cum. Supp. 2016). Where a person has three prior convictions and then has another conviction involving this higher alcohol concentration, he or she shall be guilty of a Class IIA felony with a minimum sentence of one year of imprisonment, and has his or her license revoked for a period of 15 years. Neb. Rev. Stat. § 60-6,197.03(8) (Cum. Supp. 2016). In addition, any probation order shall be applied as previously indicated under Neb. Rev. Stat. § 60-6,197.03(7) (Cum. Supp. 2014).

Persons convicted of a DWI violation may be ordered to have an ignition interlock device installed at their expense on each motor vehicle operated by the convicted person during the period of revocation. Neb. Rev. Stat. §§ 60-6,197.03 and 60- 6,211.05 (Cum. Supp. 2014). DWI convictions also have an impact on the ability of a person to obtain both automobile and life insurance coverage.

Local laws may also make it a crime to operate a motor vehicle under the influence of alcohol or to commit certain acts involving the consumption or possession of alcohol, e.g. “open container” laws.

(C)

DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH USE OF ILLICIT DRUGS AND ABUSE OF ALCOHOL

Serious health risks are associated with the use of illicit drugs and alcohol. The National Institute on Drug Abuse states that most drugs of abuse can alter a person’s thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby; pregnancy-related issues are listed for drugs where there is enough scientific evidence to connect the drug use to specific negative effects. These drugs and their effects are more thoroughly described by the National Institute on Drug Abuse through charts available at:

<http://www.drugabuse.gov/drugsabuse / commonly-abused-drugs-charts>.

UNIVERSITY SANCTIONS: In the event a faculty or staff member violates this policy or is convicted of unlawful manufacture, distribution, dispensation, possession or use of controlled substances or alcohol on University property or as part of any University activity, the University will take appropriate action. As required by the 41 U.S.C. 8102(1), part of the Drug-Free Workplace Act of 1988, faculty and staff involved in the performance of federal contracts or grants must notify their supervisor within five days if they are convicted of any criminal drug statute as a result of violation of the law that occurs at the workplace. The term “conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violation of the Federal or State criminal drug statutes. The supervisor will immediately notify the Academic Affairs Office when faculty members are affected or the Human Resources Office when staff members are affected. The University, in turn, will notify the applicable granting or contracting agency or agencies of the conviction within ten days after receiving notice of an employee’s criminal drug statute conviction.

REVIEW: Biennially the University will review its Substance Abuse Policy/Program to determine its effectiveness and to ensure that the sanctions required for violations of the policy are consistently enforced.

HOUSE OFFICER ASSISTANCE PROGRAM (HOAP)

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

8TH 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.

COMMITTEE APPOINTMENTS

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

Metro Credit Union

402-551-3052 or 800-301-8549

Metro Credit Union began 70 years ago by employees on the UNMC Campus. Today, Metro provides financial products and services to more than 44,000 member owners who live or work in five Nebraska and three Iowa counties. Over the years, Metro has earned a reputation for exceptional personal service and great value in banking. In fact, Metro consistently receives high marks for trust, integrity, low loan rates, and better overall service.

Membership is easy! Simply open a new savings account and experience the benefits of membership for yourself. From savings and deposit products to checking, loans, and mortgage services, Metro is your local banking advantage! For more information about membership or the credit union’s full line of financial products and services, visit metrofcu.org.

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|---|-------------------------------------|-------------------------------------|
| Saddle Creek Branch 414 S Saddle Creek Rd. | Maple St. Branch 11102 Emmet St. | Fontenelle Branch 4444 Ames Ave. |
| F St. Branch 14509 F. Street | L St. Branch 5025 L St. | Elkhorn Branch 940 N. 204th Ave |

**Institutional GME Disaster Policy for Residents and Fellows
University of Nebraska Medical Center**

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.

PROCEDURE: 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: 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
- e. 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
Residents who wish to take advantage of the Leave of Absence Policy or to be released from their House Officer Contract will be accommodated.
- f. 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.
- g. 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.

EQUAL EMPLOYMENT OPPORTUNITY

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

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

OFFICE OF GRADUATE MEDICAL EDUCATION

This office is responsible for administration of the affiliated residencies and fellowships. There are 73 training programs at our ten main affiliated hospitals. This office will give you assistance with licensure, certification, salary and benefits. If you have questions about these or other issues, contact the GME office at 402-559-6329.

CAFES ON CAMPUS

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

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|---------------------------------|---|--|
| NEBRASKA CAFÉ | University Tower, Level three, | 6:30 AM – 2 PM |
| CLARKSON CAFÉ | Clarkson Tower, Level one | 24 hours |
| Subway | Clarkson Tower, Level one | 24 hours |
| THE RESTAURANT | Fred & Pamela Buffett Cancer Center, Ground level | Monday to Friday, 10:30 AM to 2 PM |
| CAFÉ | Fred & Pamela Buffett Cancer Center, Ground level | Monday to Friday, 7 AM to 2 PM |
| Starbucks | DOC, Level one | Monday to Friday, 6 AM to 8 PM Weekends, 7 AM to 2 PM |
| Storz Coffee Shop | Storz pavilion | Monday to Friday, 6:30 AM to 10 AM |
| CROSSROADS CONVENIENCE STORE | University Tower, Level three | 24 hours |

Resident Duty Hours in the Learning and Working Environment

(reprinted from the Common Program Requirements of the ACGME effective 7/1/19)

The Learning and Working Environment

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 through faculty modeling of:
 - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - the joy of curiosity, problem-solving, intellectual rigor, and discovery

- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

Patient Safety, Quality Improvement, Supervision, and Accountability Patient Safety and Quality

Improvement: All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Patient 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. The program must have a structure that promotes safe, interprofessional, team-based care.

Education on Patient Safety: Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Patient Safety Events: Reporting, investigation, and follow-up of adverse 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 at the clinical site;
- know how to report patient safety events, including near misses, at the clinical site; 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 activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Resident Education and Experience in Disclosure of Adverse Events: Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for residents to develop and apply.

- All residents must receive training in how to disclose adverse events to patients and families.
- Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

Quality Improvement: Education in Quality Improvement: A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

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.

Engagement in Quality Improvement Activities: Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care. Residents must have the opportunity to participate in interprofessional quality improvement activities. This should include activities aimed at reducing health care disparities.

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

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

Levels of Supervision: To promote oversight of 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 and patient.

Indirect Supervision- (1) with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision (2) with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. 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. Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available. [Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.] 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 responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. The learning objectives of the program must:

- be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events;
- be accomplished without excessive reliance on residents to fulfill non-physician obligations; and,
- ensure manageable patient care responsibilities.
- [As further specified by the Review Committee] The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility.

Residents and faculty members must demonstrate an understanding of their personal role in the:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work, including: (1) management of their time before, during, and after clinical assignments; and, (2) recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes 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 provider.

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

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.

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. For example, a culture which encourages covering for colleagues after an illness without the expectation of reciprocity reflects the ideal of professionalism. 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, to address well-being must include:

- efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
- 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;
- policies and programs that encourage optimal resident and faculty member well-being; and,
- Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours
- attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must:
 - encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
 - provide access to appropriate tools for self-screening; and,
 - provide 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.

There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental 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.
- These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work.

Fatigue Mitigation: Programs must:

- educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
- educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
- encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in VI.C.2–VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

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.

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]

Teamwork: Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. [The Review Committee may further specify]

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-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. Each program must ensure continuity of patient care, consistent with the program’s policies and procedures referenced in VI.C.2- VI.C.2.b), in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

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.

Maximum Hours of Clinical and Educational Work per Week: 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.

Mandatory Time Free of Clinical Work and Education: The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents should have eight hours off between scheduled clinical work and education periods. 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 must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24

hours of in-house call. 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.

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.

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;
- humanistic attention to the needs of a patient or family; or,
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour 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. Prior to submitting the request to the Review Committee, the program director must obtain approval from the Sponsoring Institution's GMEC and DIO.

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.

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. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

[The Review Committee may further specify under any requirement in VI.F. – VI.F.8.b)]

GRIEVANCE PROCEDURES

When possible, grievances should be settled within the resident's department. If this route has been tried and no agreement is reached, the resident should come to the Graduate Medical Education Office.

If there is no resolution at this point, then the resident can activate a formal grievance procedure as described in the house officer agreement or in the next section.

**ACADEMIC APPEAL PROCEDURE REFERRED TO IN #23 OF THE HOUSE OFFICER CONTRACT
(ALSO AVAILABLE IN THE GME OFFICE)
HOUSE OFFICER APPEAL PROCEDURE**

A. Appeal to the House Officer Appeals Committee (Committee) is available for house officers when any of the following actions occur:

1. Written notice of termination for unsatisfactory academic performance; or unsatisfactory professional performance; or a breach of the terms of the House Officer Agreement; or breach of the Bylaws of the Board of Regents of the University of Nebraska.
2. Written notice of nonrenewal of the House Officer Agreement prior to the completion of the training program.
3. Written notice of 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 to the Graduate Medical Education Office at least 48 hours in advance of the hearing. The Graduate Medical Education Office shall distribute the information to the house officer, program director, and committee members in advance of the hearing.

I. The Chairperson of the Committee shall determine the order of the hearing, direct 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.

J. The Associate Dean for Graduate Medical Education who is a non-voting member of the Committee, shall act as secretary to the Committee. The secretary shall arrange for a 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.

K. At the conclusion of the hearing, the Committee shall consider the written and oral evidence. The Committee deliberations shall not be recorded. The Committee members shall consider the following questions during their deliberations.

1. Whether the person(s) taking the action affecting the house officer considered all relevant matters.
2. Whether the action taken was arbitrary or capricious.

L. After thorough consideration of all of the written evidence and oral testimony presented, the Committee shall vote by secret ballot. The decision of the Committee shall be by majority vote. The Committee decision may be one of following: to uphold, to reverse, or to modify the action taken affecting the house officer. The Committee Chair shall submit the decision in writing to the Dean as a recommendation.

M. The Dean, upon receipt of the Committee's recommendation, shall review the matter and make the final decision about the appeal. The house officer and program director shall be notified in writing of the final decision.

Approved by the GMEC 10/98 Minor Revisions 9/08

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.

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.

CHILD DEVELOPMENT CENTER

The center was established in 1991 to meet the childcare needs of parents and grandparents who are students, staff, faculty or alumni of UNMC / 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 6:00am-6:00pm. To register, stop by and tour our facility, phone us at 402- 559-8800 or visit our website at:

<http://app1.unmc.edu/unmcchildcare>. A non-refundable fee of \$25 is required for enrollment. If an opening isn't currently available, you will be placed on a waiting list.

INSURANCE BENEFITS

UNMC Benefits Office 402-559-4340

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

INSTITUTIONAL VENDOR POLICY

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

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

PROCEDURE

1. Before any initial contact with Nebraska Medicine Staff, all PNCR's will register in the Department of Pharmaceutical and Nutrition Care offices located in Room UH2230. The Department shall provide a PNCR with an orientation packet (including a copy of this policy and security instructions) and shall obtain: An executed copy of the confidentiality and security agreement, and Contact information for the PNCR and the PNCR's immediate sales manager.
2. PNCR's, and their immediate sales managers, who have contact with Nebraska Medicine Staff will agree to attend an annual orientation regarding. At the orientation, Nebraska Medicine Staff shall: Obtain an executed copy of the confidentiality and security agreement and contact information for the PNCR and the PNCR's immediate sales manager (where the information has not already been obtained); Review Nebraska Medicine Pharmacy & Therapeutics Committee procedures; Review any security policies and procedures of Nebraska Medicine; Campus security policies (including sign-in procedures); Patient confidentiality policies; Continuing education procedures; and Research procedures
3. All PNCR's assigned to Nebraska Medicine will attend an annual orientation. Nebraska Medicine Department of Pharmaceutical and Nutrition Care staff shall schedule and conduct sufficient numbers of orientations as to provide all PNCR's opportunities to attend the orientations. All PNCR's must attend one of the scheduled orientations and obtain an official identification card for security purposes. New PNCR's assigned between orientation sessions may schedule a brief meeting with representatives of the DPNC and CCE to review the PNCR policy, register (including signing the confidentiality and security agreement), and obtain an identification card before making calls on Nebraska Medicine staff.
4. PNCR's will sign-in upon arrival for each business visit to Nebraska Medicine.
5. PNCR's agree to wear the name badge (prominently displayed) during any business call at Nebraska Medicine which will identify both the PNCR and the company represented by the PNCR.

6. During the course of the PNCR’s business contact with Nebraska Medicine, the PNCR shall not have any access to any inpatient floors of the hospital, intensive care units, any procedure and/or operating rooms, any pharmacy work areas, or other areas specified in the orientation packet.
7. In the event that Nebraska Medicine desires to use or disclose any PHI to a PNCR (e.g. where Nebraska Medicine invites a PNCR to witness a surgical implantation of a pharmaceutical product), Nebraska Medicine shall first obtain the prior written informed authorization by the patient whose PHI will be used or disclosed in compliance with the authorization requirements under HIPAA.
8. PNCR’s may be able to provide a general idea of pricing for pharmaceutical products to Nebraska Medicine staff and physicians at Nebraska Medicine. However, because of the complexity of the formulary and pharmaceutical contracts that NHS has with pharmaceutical companies, PNCR’s are not able to provide accurate estimates of actual charges for pharmaceutical products. Therefore, PNCR’s not shall attempt to interpret or communicate to Nebraska Medicine Staff any actual pricing information or other contractual information regarding pharmaceutical products. PNCR’s agree to refer any and all questions by the staff and/or Nebraska Medicine physicians to the Department of Pharmaceutical & Nutrition Care.
9. Individual clinics within Nebraska Medicine have developed policies related to Nebraska Medicine acceptance of pharmaceutical product samples from PNCR’s (“Drug Sample Policies”). Nebraska Medicine will strictly enforce, and PNCR’s agree to adhere to any such Drug Sample Policies (e.g., MS2; pharmacy number 6.060), which will be listed in the orientation packet.

ADA (American’s With Disabilities Act)

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

HOUSE OFFICER DISABILITY INSURANCE

Chris Insinger & 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 that 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.

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| HO I | \$13.81 | HO V | \$15.97 |
| HO II | \$14.32 | HO VI | \$16.49 |
| HO III | \$14.90 | HO VII | \$17.32 |
| HO IV | \$15.43 | HO VIII | \$18.19 |

HOUSE OFFICERS ASSOCIATION

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

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

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

HOUSE OFFICERS ASSOCIATION ALLIANCE

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

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

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, 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: 402-559-6221 or askus@unmc.edu

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.

Clinical Pharmacology and 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 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.

Phone: 402-559-6221 Text: 402-370-5016

Chat via our website: <https://www.unmc.edu/library>

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. Exhibits in UNMC's Wigton Heritage Center, also in Wittson Hall, showcase special collections, archives, and rare books.

UNMC HEALTH INFORMATION RESOURCE 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 Consumer Health Information Resource 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.

LICENSURE AND DEA NUMBERS

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

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

LOAN DEFERMENTS

Loan deferments are handled through your department.

LOCUM TENENS & MOONLIGHTING

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

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

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

MALPRACTICE

The University of Nebraska Board of Regents provides medical professional liability insurance to all house officers throughout the period of their employment with the University. This coverage also includes "tail" coverage once you leave your training program. In Nebraska, medical malpractice claims against physicians who participate in the State Excess Liability Fund are "capped" at \$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.

NOTARY PUBLIC

There are notary publics on campus including Amy Guziec and Rachel Nelsen in the Graduate Medical Education Office. This service is 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.

PARKING SERVICES

Room 2002, Student Life Center (inside Bookstore)
402-559-8580 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 that 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. To obtain a handbook or more information, contact Parking Services – https://net.unmc.edu/eserv/pk_manual.pdf.

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.

PHOTO I.D.'s

As an employee of the University of Nebraska, you will need a photo I.D. If you did not get your photo I.D. at the time of house officer orientation, contact the UneCard office at 402-559-5917.

RISK MANAGEMENT AND PATIENT SAFETY

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

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

The early warning system is activated in two ways:

1. Incident Reports. For help to locate screens for the on-line incident reporting system you can ask a staff nurse, call the Patient Safety Coordinator at 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.

RISK MANAGEMENT AND PATIENT SAFETY RESOURCES SITUATION: 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

SECURITY

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

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

Blue Light Emergency Phones are available at 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 Department of Public Safety Dispatch. Equipped with

an intercom face, the units are activated by a push button, which identifies the location, prompts security to respond directly to the location and opens a direct line to the security dispatchers. Pushing the button also activates a secondary blue strobe light on the unit. Students are encouraged to use the Emergency Phones for any emergency.

The Department of Public Safety 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.

Public Safety maintains a daily crime and fire log.

NON-DISCRIMINATION & HARASSMENT POLICY

Purpose

1.1 UNMC promotes equal educational and employment opportunities in the academic and work environment free from discrimination and/or harassment. UNMC is dedicated to creating an environment where everyone feels valued, respected and included.

Scope

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

Basis of the Policy

1.1 Notice of Non-Discrimination & Equal Employment Opportunity (EEO):

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.

UNMC complies with all local, state and federal laws prohibiting discrimination, including Title IX, which prohibits discrimination on the basis of sex.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC Sexual Misconduct Policy Number 1107, Sexual Misconduct.

1.2 Harassment: UNMC reaffirms that all women and men -- administrators, faculty, staff, students, patients, and visitors -- are to be treated fairly and equally with dignity and respect. Any form of harassment on the basis of a person's protected status, is prohibited.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC Sexual Misconduct Policy Number 1107, Sexual Misconduct.

1.3 Related Policies and Laws: University of Nebraska Board of Regents Policies

Federal and State laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, Title IX of the Education Amendments of 1972 and the Americans with Disabilities Act, as amended, more specifically define UNMC non-discrimination obligations.

Authorities and Administration

4.1 The UNMC Human Resources' Division Director of Employee Relations and the Assistant Vice Chancellor, Academic Affairs/Student Affairs are responsible for the administration, implementation, and maintenance of the Non-Discrimination and Harassment Policy at the campus level in consultation

with the Assistant Vice Chancellor for Business and Finance Executive Director of Human Resources and the Vice Chancellor of Academic Affairs.

Policy

5.1 The University of Nebraska Medical Center (UNMC) declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and non-discrimination in providing its services to the public. Therefore, UNMC 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. Harassment on the basis of a person's protected status is prohibited under this policy. Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC Sexual Misconduct Policy Number 1107, Sexual Misconduct.

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

5.3 Hostile Environment: conduct which is severe or pervasive, on the basis of a person's protected status, whether verbal/audio, pictorial, electronic (whether real or virtual), written, or physical, which in purpose or effect intimidates the recipient or creates an offensive or hostile working or academic environment. Such communication might be repeated use of greeting or titles offensive to the recipient, e.g.: gestures.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC Sexual Misconduct Policy Number 1107, Sexual Misconduct.

Inquiries

6.1 Any student applicant or student participating in educational programs and activities, employee, applicant for employment, or campus visitor, who believes he or she may have suffered discrimination or harassment based upon protected status (race, color, ethnicity, national origin, sex, pregnancy, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, marital status, and/or political affiliation) should report problems, concerns, complaints, or issues relating to alleged prohibited discrimination or harassment to:

Discrimination or Disability Inquiries: 402.559.7394

Discrimination or Disability Inquiries: 402.559.2792

Employees, Students, Applicants or Campus Visitors Title IX Inquiries: 402.559.2717

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC, Sexual Misconduct Policy- Number 1107, Sexual Misconduct.

Responsibilities Associate Director Human Resources, Employee Relations; Assistant Vice Chancellor, Student Success, Academic Affairs; Administrators, Faculty, Staff, Students, and the University.

7.1 A work and academic environment free of discrimination is the responsibility of every member of the campus community. Associate Director Human Resources, Employee Relations, Linda Cunningham, MPA, is responsible for hearing employee's complaints, concerns, reports of problems, and for providing assistance in such matters as ADA, discrimination and/or harassment.

Assistant Vice Chancellor Student Success, Academic Affairs, Philip D. Covington, EdD, is responsible for hearing student's complaints; concerns, reports of problems, and for providing assistance in such matters as ADA; discrimination and/or harassment.

University representatives (e.g.: Vice Chancellors, Deans, Directors, Department Chairs, Directors, Managers and Supervisors) are responsible for assisting faculty, staff, and students in receiving appropriate responses to complaints or issues.

Faculty, staff, and students are encouraged to bring forward complaints, concerns, problems or issues regarding discrimination or harassment based upon protected status. UNMC reserves the right to take appropriate action against prohibited discrimination and harassment affecting the work or academic environment in the absence of a complaint from an individual.

Sexual Misconduct which includes dating violence, domestic assault, domestic violence, rape, sexual assault, sexual harassment (including hostile environment and quid pro quo), and stalking is covered under the UNMC, Sexual Misconduct Policy- Number 1107. Sexual Misconduct.

Confidentiality

8.1 To the extent possible the investigation of complaints filed under this policy shall be kept confidential. Investigations may be limited by the information provided by the complainant and the complainant's willingness to pursue a formal complaint.

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

No Retaliation

1.1 There shall be no retaliation against individual employees or students who raise concerns. UNMC will not permit retaliation against any individual who, in good faith, files a complaint of discrimination or harassment on the basis of a person's protected status or participates as a witness in an investigation. Those who engage in such retaliatory behaviors shall receive the appropriate discipline.

Individuals with compliance concerns or complaints should review the UNMC Compliance Hotline Policy Number 8001, which provides information on communication channels for employees and students to report any activity or conduct that they suspect violates University of Nebraska or UNMC policies and procedures, and/or federal, state, or local laws and regulations: Compliance Hotline: 1-844-348-9584 or www.nebraska.ethicspoint.com

For additional information:

1. Employees, applicants for employment, or campus visitors may contact Linda Cunningham, MPA at 402,559.7394 or at lcunning@unmc.edu
2. Students or applicants for educational programs and activities may contact Philip D. Covington, EdD at 402.559.2792 or at philip.covington@unmc.edu
3. Employees, Students, Applicants, Campus Visitors - Title IX Inquiries may contact Carmen Sirizzotti, MBA, at 402.559.2717 or at csirizzotti@unmc.edu

UNIVERSITY OF NEBRASKA MEDICAL CENTER (UNMC) SEXUAL MISCONDUCT POLICY

Sexual Misconduct Policy: https://wiki.unmc.edu/index.php/Sexual_Misconduct

Contact Carmen Sirizzotti, MBA, SPHR, UNMC Title IX Coordinator at 402.559.2710 or at csirizzotti@unmc.edu for additional information or questions.

VACATION & MEETING POLICIES

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.