

Resident/Student Handbook

For Academic Year 2011-2012



Bay Pines VA Healthcare System

Bay Pines, Florida 33744

◆Academic Affiliations◆

1-888-820-0230 EXT. 5033

OR

727-398-9533

IMPORTANT TELEPHONE NUMBERS

Main Switchboard **727-398-6661**

Emergency: Fire/Medical/Police 711

Academic Affiliations Office..... **727-398-9533**

 ❖Toll Free **1-888-820-0230**..... ext.5033

Academic Affiliations FAX # **727-319-1260**

ACOS/Education 5033

Chief of Staff 5502

Dental Service 5559/4324

Director's Office 5500

Engineering 5599

Geriatrics/Palliative Care..... 5391

Human Resources 4116

Occupational Health Clinic 4225

Medical Service 5572/4311

Mental Health 4680/5879

Neurology..... 5819/5572

Nursing Education..... 7539/5362

Radiology 5563/4370

Safety/Hazard Materials..... 4591

Social Work Service..... 5686

Surgery Service..... 5586/4797

VA Police 4111/4112

Shuttle Service (on-station ONLY). 4686/5594

 OR use a Blue Tower located next to or near shuttle shelters

Calling pagers..... 9+7 digit number

Personal Telephone Directory

A complete Bay Pines Telephone Directory may be found from any computer connected to the Bay pines Network. You must be logged into the computer then click the Start button to open the **Bay Pines VAHCS Phonebook**.

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DEPARTMENT OF VETERANS AFFAIRS
Bay Pines VA Healthcare System
Post Office Box 5005
Bay Pines, FL 33744

In Reply Refer To: 516/11B

Dear Resident/Student:

Welcome to the VA Healthcare System (VAHCS) at Bay Pines, Florida. We are the 4th largest VA Healthcare System and over the past several years have consistently ranked in the top 5% of VHA sites for performance. In October 2009, Bay Pines VA Healthcare System received the **Robert W. Carey Award for Performance Excellence**. In 2010 Bay Pines won the Robert W. Carey Circle of Excellence Award, the department's top honor for quality achievement. This is the third consecutive award to recognize Bay Pines' commitment to serving Veterans and continued improvement in healthcare delivery. This award is the most prestigious award in VA and recognizes sites who have achieved organizational excellence.

We provide comprehensive medical care including acute medical, surgical, and psychiatric care as well as extended medical and psychiatric care, rehabilitative inpatient care, and outpatient care. In addition, the BPVAHCS supervises a Community Living Center program which is one of the largest in the VA System. *We are committed to providing a full continuum of high quality, patient-focused healthcare to our veteran patients.*

At least 4-6 weeks prior to the beginning of your rotation, you must contact Academic Affiliations either by email vhabayAcademicAffiliations@va.gov or by telephone: **727-398-9533** or Toll Free **1-888-820-0230, ext. 5033** to set up a fingerprint appointment for your **annual** security background clearance check. VA Police normally fingerprint Monday through Friday between 8:00am – 4:00pm. **Favorable results must be back to our office prior to your first day of rotation.**

You will receive an email or telephone call from your VA Service Education Coordinator to set up your orientation which is normally conducted on your first day of rotation. If you haven't been contacted by your VA Coordinator, please call our office. Orientation will take place at 8:00 am in the Academic Affiliations office located in **Bldg 20, Room 206** unless other arrangements have been made. All orientation requirements, including reading this handbook, may be found on our website. There are Bay Pines-specific orientation requirements that must be completed prior to commencement of patient care. Please complete all forms located on our website (under section entitled: Resident or Student) as well as completing the computer-based training (link found on our website) prior to reporting for fingerprinting. Please bring all completed forms and training certificates with you to your fingerprint appointment at Bay Pines VAHCS. This will expedite your journey through Academic Affiliations to get you started on your clinical rotation at Bay Pines VAHCS as soon as possible!

Tracking students is essential as the Academic Affiliations is required to know each student's rotation schedule. All Paid Medical Residents must complete monthly calendar(s) to cover their entire rotation(s).

If any problems or questions should arise during your rotation, please feel free to call me at Toll Free 1-888-820-0230, ext. 5458 or 727-398-6661 ext. 5458. Once again, welcome to the Bay Pines VA Healthcare System; we trust your stay at our BPVAHCS will be both a challenging and rewarding experience.

Sincerely,

Academic Affiliations
vhabayAcademicAffiliations@va.gov

ABOUT BAY PINES VAHCS AND OUR STRATEGIC GOALS

About Us

Bay Pines VAHCS is committed to becoming a Learning Organization by creating and maintaining a full spectrum of programs across the educational continuum and employee life cycle to ensure active learning programs are available to promote new and expansive patterns of thinking that will contribute to organizational improvements and excellence.

Our employee life cycle starts with the recruitment of residents/students and we encourage you to participate in our many fairs and culturally diverse programs in addition to your traditional clinical opportunities to further enhance your VA experience. Bay Pines has a section within Education Service called the academic affiliation section to provide quality service to our residents and students.

Mission

Honoring America's Veterans by providing exceptional health care that improves their health and well-being.

VA Core Values: **I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, **E**xcellence ("I CARE")

VA Core Characteristics: Trustworthy, Accessible, Quality, Innovative, Agile, Integrated

Bay Pines VAHCS Strategic Goals

Quality	Provide quality healthcare through ongoing analysis
Access	Improve access to care so that no veteran is left behind
Safety	Improve physical safety for veterans and staff/Provide information privacy & security
Satisfaction	Increase patient and workforce satisfaction
Efficiency	Improve efficiency through effective resource utilization

Computerized Patient Record System (CPRS)

All residents, medical students, and/or nursing students that will access our electronic patients' records, must be familiar with our electronic records. This link will take you to a training course for our CPRS: <http://www.vehu.va.gov/cprstraining/>

We encourage you to take this on-line course at home or school prior to your first rotation at the VA due to the length of this training. At the end of this course, there is a training certificate; please type in your full name and then print the certificate and bring it with you to orientation.

Copy and Paste

Q: How do I make sure my copying and pasting methods are following compliance?

A: *BPVAHCS Memorandum 516-08-11-026, Medical Record Documentation*, specifically discusses copy and paste requirements.

Accountability: Authors are liable for the content of copied items within the notes they authenticate. Findings of copy and paste violations will be reported by the Administrating Officer to the Chief of Staff and the Compliance Officer to the Chief of Staff with recommendations of punishment.

NOTE: Criminal charges can be filed when in violation of Federal Law!

MISUSE can lead to clinical, financial, and legal problems if the text is copied in a manner that implies the author obtained information, performed an exam or documented a plan of care when he or she DID NOT personally perform the services.

Copy and Paste

- o **DO** cite the date of the note you are referencing.
- o **DON'T** copy the signature block into another note.
- o **DON'T** copy entire lab findings, radiology reports and other information in the record verbatim into a note when it is not specifically addressed or clearly pertinent to the care provided.
- o **DO** use the functionality of importing data objects into progress notes and other documents judiciously and review for accuracy and relevance to care.
- o **DON'T** re-enter previously recorded data, unless specifically required for the assessment of a specific problem.
- o **DO** copy and paste only the documentation necessary to fulfill the need to know and to provide the patients continuity of care.

For questions regarding documentation call the [Health Information Management Section](#) at [Extension 3201 or 3200](#).

CULTURAL DIVERSITY

WHAT MAKES EACH PERSON UNIQUE?

Many factors make each of us an individual:

- Appearance (gender, body size, skin color, hairstyle, clothing, etc.) and age
- Ethnicity and culture (customs, traditions, language, etc.)
- Family life (values, family size, etc.)
- Religious, spiritual, philosophical beliefs
- Income or social status
- Sexual orientation
- Physical and mental abilities
- Life experiences and education

PREJUDICE AND STEREOTYPES HURT EVERYONE

We all make judgments about people based on our experience with them, but when we make a judgment before getting to know someone we pre-judge (the source of the word "prejudice"). When we assume everyone in a certain group is the same, we stereotype and don't see people as individuals. Prejudice and stereotypes can:

- Keep us from knowing individuals.
- Cut us off from fresh ideas.
- Limit a person's opportunities.
- Make a person feel rejected or resentful or come to believe the stereotype.

PEOPLE DIFFER IN MANY WAYS

For example, cultural background (including ethnicity) can influence the way people communicate:

- **Body language** – In some cultures, people often stand close together. This closeness may be uncomfortable to a person from another culture. In other cultures, people stand farther apart, which may seem unfriendly to a person from another culture. Direct eye contact is considered rude in many cultures.
- **Touching** – In some cultures, people tend to shake hands or hug as a gesture of greeting whereas other cultures are more distant and perceive any type of touching as to be offensive or too personal.
- **Listening** – In some cultures, listeners tend to look at speakers and say "uh-huh," etc., to show they've understood. In other cultures, listeners tend to look silently away while someone is talking, which may be interpreted by others as a lack of interest or understanding.
- **Speaking** – In some cultures, speakers tend to look away from their listeners. A listener from another culture may interpret this as discomfort or avoidance. Speakers from other cultures who tend to look at their listeners intently may seem aggressive to listeners from a different culture.
- **Expressing opinions** – People in some cultures believe it is rude to complain or say no and signal discomfort in more subtle ways. A person from a different culture may miss these signals and assume all is well.
- **Working style** – In some cultures, people highly value hard work and staying on schedule. In other cultures good relationships and a relaxed atmosphere may be more important than strict deadlines.

CULTURAL DIVERSITY

TO GET MORE OUT OF RELATIONSHIPS

Cultural background is only one thing that makes people unique. It is important not to assume that a person's culture explains his or her words or actions. Always make it a point to get to know a person as an individual.

- **Be open about differences.**
- **Don't assume anything**
- **Develop friendships**
- **Don't tell ethnic or sexual jokes**
- **Make your feelings known**

CELEBRATE DIVERSITY

Mistakes can happen especially when people are under stress. Apologize if you've been unfair. Forgive if you've been offended. Take pride in your own uniqueness. Welcome others as individuals with special qualities.

LIMITED ENGLISH PROFICIENCY (LEP) EXECUTIVE ORDER

Title VI of the Civil Rights Act prohibits discrimination on the basis of national origin, among other things. The LEP Executive Order (Executive Order 13166) ensures that, consistent with Title VI, persons with LEP have meaningful access to federally-conducted and federally-funded programs and activities. The Order requires all agencies that provide federal financial assistance to issue guidance on how Title VI applies to recipients of that assistance in their contact with persons who have LEP. The Order also requires that federal agencies create plans for ensuring that their own activities also provide meaningful access for persons who have LEP. For additional information, please reference Bay Pines VAHCS Memorandum 516-06-00-22. It is important to note also what this does not mean and to reiterate the ultimate goals of the federal civil rights law in this area.

There have been concerns raised regarding this federal LEP Initiative - concerns that the government is attempting to create a bilingual or multi-lingual society. Language services and the LEP Initiative are not intended to replace or supplant English. They are meant to be an interim measure that works alongside our commitment to English language acquisition. Thus, language access services are a bridge to help those who have not yet acquired, or cannot acquire, English proficiency. They are a bridge to help the millions of LEP members of the American public have meaningful access to statements of rights, complaint processes, government benefits and services, and other critical information and programs - to help them today until they, or the next generation, acquire the English proficiency that will give them even greater access tomorrow.

SEXUAL HARASSMENT



Any employee or student who feels he/she has been sexually harassed or is aware of this type behavior should report the alleged act immediately to his/her supervisor. If you are uncomfortable discussing the matter with the supervisor, contact the supervisor's superior or the **EEO Manager, Joan Harris, ext 5086 or 727-398-9586.**

All allegations of sexual harassment will be investigated promptly, impartially and discreetly. Upon completion of the investigation, appropriate action will be taken. No employee or student will suffer retaliation for reporting instances of sexual harassment; however, all false allegations of sexual harassment will be dealt with the same level of seriousness.

Persons who believe they are victims of any form of discrimination, to include sex, religion, race, color, national origin, disability, reprisal and age over 40, must contact an ORM EEO Counselor within 45 days of the alleged discrimination at 1-888-737-3361.

INFECTION CONTROL

What is the single most important means of preventing the spread of infections?

HAND HYGIENE

Hand Hygiene is **the single most important measure to reduce the risks of transmitting organisms** from one person to another or from one site to another on the same patient. Hand hygiene is required before and after donning gloves.

For the purpose of this manual, hand hygiene refers to either hand washing with antimicrobial soap and water or using an approved alcohol based-hand rub.

When hands are visibly soiled, they must be washed with soap and water. If hands are not visibly soiled, an alcohol-based hand rub may be used except before eating, after using the restroom, or when leaving an isolation room **when hands should be washed with soap and water**. The alcohol-based product should not be rinsed off with soap and/or water.

Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Perform hand hygiene immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to perform hand hygiene between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Proper Hand Washing Technique:

1. Wet hands.
2. Apply soap.
3. **Wash hands vigorously for at least 15 seconds, paying special attention to areas between the fingers, about the knuckles and wrists, and under fingernails:**
4. Thoroughly rinse hands under a stream of water.
5. Dry hands thoroughly.
6. Use paper towel to turn off faucets.



Proper Technique for Using Alcohol-based Hand rub:

1. Apply product to the palm of one hand.
2. Rub hands together, covering all surfaces of hands and fingers.
3. Rub hands until product is dry.
4. *Do not* wipe off the hand gel.

Nails:

Direct care providers should keep their nails trimmed and remove cracked and peeling nail polish. **Artificial nails or extenders may not be worn by direct care providers. This policy includes residents and/or students working in direct patient care areas.**

STANDARD PRECAUTIONS

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection and apply in the care of all patients regardless of their diagnoses or presumed infection status.

Standard Precautions apply to:

- Blood
- All body fluids, secretions and excretions(except sweat) regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes
- Contaminated equipment and supplies

INFECTION CONTROL

PROTECTIVE BARRIERS

Bay Pines VA Healthcare System will provide appropriate personal protective equipment (PPE) which can be found on each unit. Assessment of the individual patient and anticipated task drives selection of appropriate PPE. Please check with your instructor/preceptor or supervisory physician responsible if you have questions about the appropriate PPE for the task you are about to undertake and the patient you are caring for.

Protective barriers include:

Gloves – Wear gloves when contact with patient’s blood or body fluids is anticipated; to reduce the likelihood of transmitting microorganisms present on the hands to patients during invasive procedures or other patient care activities; and to reduce the likelihood of transmitting microorganisms to another patient. Note that gloves are not a substitute for hand hygiene and must be changed between patients and for the same patient if they are grossly contaminated.

Gowns -- Wear gowns to prevent contact with patient’s blood or body fluids. Wear gowns to prevent contamination of clothing and protect the skin during direct care of patients known or suspected to be colonized or infected with epidemiologically important organisms to reduce the opportunity for transmission of pathogens from one patient or item in their environment to other patients or environments.



Masks, eye protection, and face shields -- Wear alone or in combination to protect mucous membranes during procedures and activities that are likely to generate splashes or sprays of blood and or body fluids.

TRANSMISSION-BASED PRECAUTIONS

In addition to Standard Precautions, use Transmission-based Precautions for patients documented or suspected of being infected or colonized with highly transmissible or epidemiologically important pathogens.

The Bay Pines VA Healthcare System uses three types of Transmission-based Precautions:

1. Airborne Precautions
2. Droplet Precautions
3. Contact Precautions

Please note that certain infections require more than one type of precaution.

Airborne Precautions

Use in addition to Standard Precautions for pathogens transmitted by the Airborne route.

Airborne transmission occurs by the spread of either airborne droplet nuclei or dust particles containing the infectious agent. Microorganisms can be widely dispersed by air currents and may be inhaled by or deposited on a susceptible host in the same room or over a longer distance from the source patient.

Examples of diseases requiring Airborne Precautions include:

- Tuberculosis
- Measles (Rubeola)
- Varicella -- (Chicken pox) (including disseminated zoster)

INFECTION CONTROL

- A. Patients requiring Airborne Precautions must be placed in one of the designated airborne precaution rooms.
- B. An airborne isolation sign must be placed outside the patient's room on the door; the door must be kept closed.
- C. The following respiratory protection devices are required:
 - Healthcare Workers -- wear a **hepa respirator** on entering the room. On leaving the room, the respirator should be placed in a paper bag (if it's not wet on the outside) and stored for future use. Any employee who uses a hepa respirator must be fit tested.
 - **Please Note – Normally, no Residents/students are fitted for these respirators. If there is a circumstance that requires the Resident/student to be fitted for a hepa respirator then approval must be obtained by the Safety Officer through the Occupational Health Clinic.**
 - Visitors -- wear an N-95 mask upon entering the room. On leaving the room, the mask will be discarded into the red bag trash. Only visitors who have been previously exposed to patient, i.e. family members, should be allowed in the room.
 - Patients -- wear a molded surgical mask at all times when it is necessary to leave the room, i.e., to go to test/procedure that cannot be performed in the patient's room. Patients should be asked to remain in their rooms at all times.

Please note – No Resident/student are allowed in Airborne Isolation rooms since they are not fitted or trained to wear respirators while at Bay Pines VAHCS.

For more information, please contact Peter Grauze, Bay Pines VAHCS **Safety Officer and Respirator Administration Official** which is located in Bldg. 2 and may be reached by calling (727) 398-6661 ext 5876.

Droplet Precautions

Use in addition to Standard Precautions for pathogens transmitted by the Droplet route.

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of susceptible persons with large-particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission requires close contact between source and recipient, since droplets do not remain suspended in the air and generally travel only through the air short distances, usually three (3) feet or less.

Examples of disease requiring Droplet Precautions include:

- Haemophilus influenzae type B disease -- meningitis, pneumonia, epiglottitis and sepsis
- Neisseria meningitidis disease -- meningitis, pneumonia and sepsis
- Influenza
- Measles(Rubeola)

- A. Patients requiring Droplet Precautions are placed in a private room and the door is kept closed. Droplet isolation sign is on the outside of the door.
- B. Healthcare workers must wear a surgical mask when within three (3) feet of the patient, but for safety reasons it is recommended to be worn at all times while in the room.
- C. Patients must wear a surgical mask when leaving their room. The patient should only leave the room for medically necessary tests and/or procedures that cannot be performed in their room.

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

Examples include:

- Infectious diarrhea (e.g. Clostridium difficile)
- Multi-drug resistant infections or colonization (Vancomycin Resistant Enterococcus, VRE; Methicillin Resistant Staphylococcus Aureus, MRSA; Carbapenam resistant enterobacteriaceae; and Extended Spectrum Beta Lactamase producers).

INFECTION CONTROL

Examples include: (con't):

- Skin infections that are highly contagious (scabies before treatment given)
- Viral/hemorrhagic conjunctivitis

A. Patients requiring Contact Precautions must be placed in a private room or cohorted with patients with same infection (contact Infection Control for guidance).

A **Contact Isolation sign** must be placed outside the patient's room adjacent to the door.

C. The following personal protection devices are required:

- **Healthcare Workers** -- always wear gloves when entering the patient's room. Wear a gown if you anticipate substantial contact with the patient, environmental surfaces or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, colostomy or wound drainage.
- **Visitors** – perform hand hygiene when entering and leaving the patient's room.
- **Patients** -- ensure precautions are maintained if it is necessary to leave the room. Frequent hand washing is required.
- **Gloves and Hand Washing** -- wear gloves when entering the room. Change gloves and perform hand hygiene after having contact with potentially infectious material, such as fecal or wound drainage. Remove gloves before leaving the patient's room and wash hands immediately with an antimicrobial agent. Do not touch potentially contaminated environmental surfaces or items in the patient's room after glove removal and hand washing.

For all transmission-based precautions:

- Limit the movement and transport of the patient from the room to essential purposes only. Notify personnel in the receiving area about the patient's precaution status.
- All patients in isolation must wear a **GREEN ARM BAND**.
Isolation Carts OR over the door isolation caddies are located outside of all isolation rooms
- Isolation warnings are posted on the patient's cover sheet in CPRS.

Safety Devices

The **Needleless Intravascular System** and safety devices will be used at all times except in identified instances where implementation is not feasible.

The use of safety devices approved by the Bay Pines VA Healthcare System is required. Straight needles should only be used in the rare instance when an appropriate safety device has not yet been approved.

Place needles/syringes and other sharps in designated sharp safety containers at point of use.

DO NOT RECAP NEEDLES!

Always engage the safety device after procedure is completed. **Needle sticks** or splashes of blood or body fluid: immediately wash the area with soap and water or rinse with water if the face is involved. Then report the exposure immediately to your preceptor who will notify the Occupational Health Nurse or the ER.

Laboratory Specimens

Prepare specimen labels before obtaining the specimen.

Place each labeled laboratory specimen in the appropriate container.

Secure lids tightly to prevent leakage.

Place the specimens into the plastic laboratory specimen bag with the biohazard label.

Seal the bag before transporting it to the lab.

Place order in outside pouch.

Regulated Medical Waste

Bio-hazardous waste is any item that is saturated with blood, body fluids, or other potentially infectious material. This waste should be placed in the red containers or those labeled bio-hazardous waste. All personal protective equipment (PPE) should be disposed of in red bag trash. Glass or hard plastic items (suction canisters) must be disposed of in the rigid biohazard containers located in the soiled utility rooms. Used sharps containers are closed and placed in the designated sharps containers.

INFECTION CONTROL

Infection Control Staff

Name	Ext	Cell/Pager
Terry Canfield, RN	4280	727-257-2027
Tara Eaves, RN	7822	727-257-1616
Catherine Kelley, RN	5904	727-257-2026
Mary Wrzesinski RN	2284	727-257-2025

Intravascular Devices (Residents with privileges to place Intravascular Devices)

Ensure that you have received adequate training for the device you plan to use.

Gather necessary supplies -- Safety catheters or appropriate line kits (central line, arterial line kits). Chloroprep skin antiseptic swabs, anchoring device, semi-permeable dressing, appropriately sized sharps container (larger sharps container needed for long lines) and barrier precautions. For peripheral lines this would include gloves, for all central and arterial lines, full sterile barrier precautions are required for both the primary and secondary operator. These would include cap, mask, sterile gown, sterile gloves and a full sterile drape for the patient..

- Perform Hand Hygiene -- Observe hand hygiene before and after palpating catheter insertion sites, as well as before and after inserting, replacing, accessing, repairing, or dressing an intravascular catheter.
- Don appropriate PPE using proper techniques.
- Open supplies using appropriate techniques.
- Perform skin antiseptics allowing the antiseptic to air dry.
- Use a no-touch technique.
- Insert the device and engage the safety feature.
- Apply dressing; do not use ointment at the insertion site.
- Date, time, and initial the dressing and document in the patient's medical record.
- Keep manipulation of all lines to a minimum.
- Maintain IV lines as sterile closed systems.
- IV lines should be capped when not in use and not be disconnected without an available cap.
- The hub of each catheter must be disinfected with alcohol prior to accessing.
- Hand hygiene must be performed and gloves donned prior to accessing.

Do not reuse single use devices, such as tourniquets, vacutainer, etc.

Central Venous Catheter insertion monitors are filled out for every central line insertion.

FIRE SAFETY, HAZARD COMMUNICATION & EMERGENCY MANAGEMENT

In the event that any of the emergencies listed below should occur, you should follow the emergency response procedures posted in each patient care area: Know where your unit specific "Fire and Emergency Plan" and "Utility Failure Plan" are posted.

BAY PINES VAHCS - EMERGENCY TELEPHONE EXTENSIONS

In case of FIRE: Pull Nearest Alarm and DIAL – Ext. 711

For CARDIAC ARREST AND MEDICAL EMERGENCIES: DIAL – Ext. 711

For CRISIS INTERVENTION: DIAL – Ext. 711

For SAFETY/HAZ MAT: DIAL – Ext. 711

The Telephone Operator will answer all emergency 711 calls and will contact the appropriate EMERGENCY TEAM.

It is IMPORTANT that you provide the Telephone Operator with:

1. Location of the emergency (Building, floor, ward, and/or room number)
2. Pertinent Information requested by the operator regarding the type of emergency
3. **DO NOT HANG UP** until the operator has all the necessary information, unless you are in imminent danger.

RADIATION SAFETY – Time, distance, and shielding are the guiding principles to limit exposure to radiation. If you are assisting a patient undergoing x-ray studies and are subject to exposure, ask the radiology technician for protective equipment.

FIRE SAFETY

R.A.C.E. – Rescue ... Alarm ...Contain ...Extinguish (or Evacuate)

IMPORTANT: During an actual fire emergency, **ELEVATORS WILL NOT** be utilized unless directed to do so.

Disaster

In the event of a disaster, the notification system will be activated. When a disaster is called, an Emergency Operations Center is established on station as a Command Post. All disaster efforts are coordinated from the Command Post. Your supervisor will tell you what to do and where to go. If you cannot go back to your duty station, contact your supervisor for instructions.

HAZARD COMMUNICATIONS (HAZCOM)

HazCom is designed to help keep you healthy by informing you of safe and appropriate methods of working with the hazardous substances in the workplace. Chemicals are used throughout the Bay Pines VA Healthcare System. Some are worse than others, but they are all hazardous so we must use care when we use chemicals. Chemicals can injure your lungs, cause eye damage, burn your skin, affect your brain and nervous system or even harm an unborn fetus. Many chemicals are also flammable or will react explosively with other chemicals.

Right to Know

The law guarantees you the right to know about chemicals used in the workplace. All information is in the *YELLOW* Hazardous Material Manual, the "**MSDS Book.**"

MSDS (Material Safety Data Sheets)

All services must maintain Material Safety Data Sheets for the chemicals used in the work area. The MSDS lists the hazards of the chemicals such as physical properties; health effects; special precautions that must be taken when using the chemical such as use of Personal Protective Equipment; and first aid procedures.



Storage of Chemicals

All chemical containers must be labeled with information about the hazards of that chemical as well as the identification of the manufacturer and/or importer. All services must maintain an inventory of the chemicals used in the work area. These inventories are updated every year.

Chemical Spills

The VA has procedures for cleaning up spills and other releases of chemicals. In case of a spill:

1. Contain the spill
2. Isolate the area
3. For spills, dial 4591 or 711 then check the MSDS and follow instructions.

The Bay Pines VA Healthcare System maintains written Safety Policies.

Safety Policy Manual (GREEN BOOK)

FIRE SAFETY, HAZARD COMMUNICATION & EMERGENCY MANAGEMENT

Hospital wide and Service-specific safety policies are located in the Safety Policy Manual.

Hazardous Materials Manual (WHITE COVER/YELLOW LETTERING BOOK)

A list of hazardous materials for each Service is maintained in the Hazardous Materials Manual. Material Safety Data Sheets (MSDS) provide information regarding hazards of chemicals such as physical properties, health effects, first aid/emergency procedures, etc.

Emergency Response Policy Manual (RED BOOK)

Emergency policies are located in the red book. All staff shall be familiar with their role in their area-specific plan during emergencies.

Bomb Threat:

- Try to get as much information as possible
- Listen for background noise
- Have someone notify the **Police at ext 711**
- Keep person on line as long as you can
- Fill out the Bomb Threat Call Checklist in the Comprehensive Emergency Management Plan, Chapter 5, Bomb Threat Plan

CODE DESIGNATIONS

Doctor Red	Fire
Code Orange	Missing Patient
Code Blue	Medical Emergency
Code White	Armed Aggressor
Code Purple	Computer System Failure
Code Adam	Missing Child



Smoking: This is a designated "**NO SMOKING**" facility. No smoking is permitted within the buildings. *There are designated smoking areas outside and **all** are expected to go to those locations when desiring to smoke.*

INJURY OR ACCIDENT REPORTING

All Residents/Students will be provided medical care for on-the-job injuries and/or accidents. If you are injured while you are on duty, report to your immediate supervisor (Instructor/Preceptor/Supervisory Attending) and then, if the injury requires first aid, you will be escorted to the Occupational Health Clinic, **Building 22, Room 116** for treatment during the day tour or directly to the Emergency Room, located in Bldg 100 during evening and/or weekend tours.

It is necessary that you seek treatment through Employee Health or through the ER, if working an off-tour or weekend, for injuries or accidents. Your supervisor may be required to complete the computer-based Accident Report (VA 2162) and you will be required to speak with the Safety Investigator about your accident. Residents/Students will not be required to complete forms CA-1 or CA-2 as you are not entitled to Workman's Compensation benefits. *There is a possibility that your medical insurance may be billed for services.* Bay Pines VAHCS will do the initial treatment only for Residents/Students, however; the **Resident/Student must contact their school for follow-up treatment.**

Please refer to Chapter 4, Accident Investigation and Reporting in the Green Safety Book for further details.



Back injuries continue to be a big problem for Health Care staff; therefore, it is imperative that you utilize equipment provided to prevent such injuries. This facility has a Zero lift policy in order to prevent back injuries.

Employee Health Staff:

Name	Title	Ext.	Pager
Dr. Melville Bradley	Physician	4225	727-257-1940
Dianna O'Keefe, RN	Nurse	5212	727-257-2199
Nydia Maymi	Patient Svcs. Assistant	4225	N/A

PROTOCOL FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

Percutaneous exposure (skin puncture or laceration)

- Wash wound with soap and water.
- First aid as appropriate.

Mucous membrane, cutaneous exposure (splash)

- Skin: wash area with soap and water taking note of areas exposed.
- Mucous membrane: eyes flush with copious amounts of water.

Daytime Protocol for Occupational Exposure to Blood and/or Body Fluids

1. Alert instructor/preceptor/supervisory attending. Go to employee health service immediately.
2. Employee health service will:
 - A. Determine employee Hepatitis B sero status.
 - B. Notify source patient's attending physician for needed post exposure follow-up, if patient is known.

INJURY OR ACCIDENT REPORTING

Weekends, Holidays, Evenings and Night Time Protocol for Occupational Exposure to Blood and/or Body Fluids

1. Alert instructor/preceptor/supervisory attending. Go to the emergency room (ER) immediately.
2. Emergency room attending physician/nurse will carry out protocol for Occupational health follow-up for Resident/student and testing of source if patient is known.

Procedure:

- A. Serological testing for HIV, Hepatitis B, and Hepatitis C will be offered. HIV testing requires a signed consent.
- B. If Resident/student has had prior Hepatitis B vaccine (HBV) serological immunity, this will be documented.
- C. If Resident/student has never received vaccine, obtain HBV serological studies, and initiate 1st Hepatitis B vaccination, if Resident/Student consents.

For more information on Post Exposure, see the VAHCS Memorandum 00-54, Employee Health Follow-up and the Infection Control Manual.

SECURITY MANAGEMENT



ID BADGES

ID badges must be visibly worn by all employees and trainees at all times above the waist. ALL Residents/Students (paid or WOC status) must wear both their current school Photo ID badge as well as be issued an official VA identification badge by the VA Police. VA ID Badges should be worn above your waist and visible at all times while on VA duty. Those students who are here less than 5 days are required to wear a temporary one-day pass issued daily by Police along with their current school photo ID badge. If you have lost your VA ID badge or had it stolen, please contact the Police Service at ext. 4113 to make arrangements for obtaining a new badge immediately. Your first VA ID badge is free; subsequent VA ID badges, you will be charged a replacement fee. **VA ID badges are federal property and must to be turned on your last day.**

Please make sure you introduce yourself to the veteran and provide the name of your supervising attending or preceptor. Patient Satisfactory surveys have shown the veteran wants to know who is taking care of them.

ANNUAL BACKGROUND SECURITY CHECK (includes fingerprinting)

At least **4-6 weeks prior to the beginning of your rotation**, you must contact Academic Affiliations Section either by email vhabayAcademicAffiliations@va.gov or by **telephone Toll Free at 1-888-820-0230, Ext. 5033 or 727-398-9533** to set up an appointment for your fingerprinting. Two forms of identification are required. At least one ID must be a State or Federal government issued photo ID. The second ID may be state school photo ID, Social Security card, certified Birth Certificate, state Voter Registration Card, just to name a few. **Please check our website for complete list of acceptable identifications.** Any form of identification used for ID proofing may not be expired and names must match exactly. Please call Academic Affiliations Section **Toll Free at 1-888-820-0230, Ext. 5033 or 727-398-9533** if you have questions.

VEHICLE REGISTRATION

You are required to obtain a parking decal (tan decals are issued to Students; red decals are issued to Residents). Students must park in the Credit Union Parking Lot. Residents that are issued red parking decals and VA Photo ID's are permitted to park in Physicians' Parking lot. Residents/students/trainees are **NOT** permitted to park in visitor parking lots which are reserved for our patients and visitors to our facility.

SECURITY MANAGEMENT

STOLEN PROPERTY

If you discover that a personal or government-owned item is missing or stolen, report it to your supervisor and then to the VA Police (ext. 4111) as soon as possible, and they will investigate the report. The Police Service tracks thefts then reports on trends to the Environment of Care Committee. CBOC (Community Based Outpatient Clinic) staff is to report stolen personal property to local authorities.

CONTRABAND

Drugs, alcohol and weapons are contraband. It is illegal to bring contraband onto VA premises. If you see contraband items report these to Police Service, ext 4111.

VIOLENCE

Get help when dealing with violent patients. If you witness uncontrolled or violent behavior, dial ext 711. The Crisis Intervention Team is trained to respond to behavioral emergencies. CBOC staff should use 911. **Protect yourself.** Be aware of your surroundings. Leave work with a co-worker, whenever possible. Have your keys ready when leaving work and approaching your vehicle. Stay in well lit areas. Always secure personal items and government property. Always secure offices, and log off all computer systems when leaving the area.

INFORMATION SECURITY



What Is Information Security

Information Security is achieved by implementing a suitable set of controls, including policies, processes, procedures, organizational structures, and software and hardware functions. These controls need to be established, implemented, monitored, reviewed and improved, where necessary, to ensure that the specific security and business objectives of the VA are met. The Bay Pines Information Security Officers (ISOs) monitor and test these controls to ensure the confidentiality, integrity, and availability of VA data and information is maintained. Information security also helps to protect VA's assets from theft, misuse, and unauthorized use. The ISOs work hard to develop a continuing awareness of the need for and the importance of information security within VA and the local facility.

Know Your ISO

Knowing who your Information Security Officers are is an important aspect of information security. During a computer-related security incident, you are required to notify your ISO **immediately** within 59 minutes of the incident. The more details you can provide the better. If you have questions or concerns regarding information security, contact your local information security officer.

Information Security Officers (ISO)	Telephone Ext
Sandy Desimone	Ext 1153
Deedra Jones	Ext 1299
Lorraine Sobrado-Torres	Ext 2942

INFORMATION SECURITY

Computer Access

You will be given computer access from your Service Program Coordinator or instructor. They will give you access to essential information that will allow you to do your job and make this a great learning experience. Keep in mind these are VA computers and are strictly monitored for inappropriate use. In order to maintain computer access, you will need to ensure your VA Information Security Awareness and VA Privacy Awareness trainings are both kept up to date.

VA National Rules of Behavior

All Employees are required to sign the National Rules of Behavior (RoB) in order to access VA information systems each year. The RoB are designed to ensure all users of VA information are aware of their security responsibilities and their responsibility to protect our veteran's data. Violation of the VA RoB can result to several consequences ranging from verbal/written reprimand to job termination.

Passwords

Passwords are important tools for protecting VA information systems and getting your job done. They ensure that you *and only you* have access to the information you need. Keep your password secret. If you have several passwords, store them in a safe and secure place that no one else knows about. Passwords must:

- **Have at least eight characters**
- **Use at least three of the following four different kinds of characters:**
 1. **UPPER CASE LETTERS (A B C D E ...)**
 2. **Lower case letters (a b c d e...)**
 3. **Numbers (0 1 2 3 4 5 6 7 8 9)**
 4. **Special characters (# & * \$ @)**
- **Must change at least every 90 days**

Be creative and choose a "strong" password. Passwords are your identity to a computer. If someone else uses your password, you are responsible for what is done under your profile. ***Don't share your password. NO EXCEPTIONS!*** If you suspect your password has been compromised, change it immediately and call your ISO.

Log Off the Computer Workstation

All the security in the world is worthless if you walk away from your workstation without properly exiting from the system. Remember to never turn off your computer, but don't forget to **lock or log off your workstation when you step away**. Don't trust anyone.

Confidentiality of Sensitive Information

It is your responsibility to encrypt every email that contains Personally Identifiable Information (PII) or confidential/sensitive data. Encryption certificates can be requested by contacting your service's Automated Data Package Application Coordinator (ADPAC). Do your part to protect sensitive information!

All patient information is considered confidential and should not be discussed in any public setting such as when on the elevator, walking through the hallways, or when in the canteen. All documents with patient identification must be kept in a confidential manner and not left lying around. It is everyone's responsibility never to disclose PII or protected health information (PHI) about a patient any time or anywhere without proper consent or legal authority.

Resident/Student Access to Records: When in the clinical setting, residents/students may have full access to current and past volumes of the patient's chart. **Remember - confidentiality of all documented records is your responsibility even when creating papers for course work.** You cannot forward any patient information to your personal or school computer accounts. Access to these records is strictly monitored.

Privacy Officers	Telephone Ext
Sally Gainer	Ext 4626
Deanna Baczewski	Ext 7029

INFORMATION SECURITY

Limited Use Policy

When using government computers, users are allowed limited personal use; however keep in mind there is no right to privacy on government computer systems. If necessary or in the course of their official duties, Information Security Officers and certain VA IT staff, can read any email we send, see what web sites we visited, and what we typed. Please ensure you are not viewing questionable websites (such as pornographic websites and/or related material) as this generally leads to dismissal.

Limited use normally occurs during non-working hours such as before or after work, or during your lunch break. Even during those times, please stay away from chat rooms, online games, glamour & intimate apparel sites, personals and dating pages, websites with violent content, electronic greeting cards, or any other anonymous surfing or email. These sites commonly introduce viruses to the VA network.

The use of personally owned Thumb Drives is prohibited on VA-owned equipment.

All thumb drives used by VA staff, residents and students must meet VA encryption standards and be approved for use by the Chief Information officer.



Social Engineering/Hacking

Social engineering is the influencing of people in order to gain unauthorized access to data or unpaid services. It is a commonly used technique for identity thieves and hackers, generally over the telephone or through emails. Stay on your guard and be suspicious of anyone asking for sensitive information via email or phone. Please alert your Information Security Officer of any such incident.

Patient Care and Need to Know

The capability to access medical records **DOES NOT** give you authorization to access any medical record. You must be providing direct patient care or have the right and need to know when accessing medical records. The ISO's review record access daily; unauthorized access (including accessing your own record) is subject to disciplinary action that could lead to dismissal.

Patient Privacy: When providing patient care, patient privacy must be respected at all times. Remember to knock before entering rooms, call the patient by his/her proper name, prevent unnecessary exposure of the body, and close doors and/or curtains when providing care to the patient.

Patient-Provider Therapeutic Relationships: If you are providing direct patient care as a professional member of the health care team, you are responsible for establishing and maintaining professional and therapeutic relationships with the veterans. Patient-staff boundaries are established and maintained by the health care worker, including the student learners.

Borrowing from or lending money to patients is *forbidden*. Ask your supervisor about other boundaries for your role.

Google docs or other file sharing service

Veteran Personal Identifiable information and Patient Health Information may not be stored or shared using Google Docs or any other similar site. VA network access to the Google Docs site has been blocked by VA.

Please note that as a trainee at the VA you cannot access GOOGLE DOCS or similar sites from your homes, your affiliate institution and/or your mobile computing device to place veteran information on these type of sites since it would be a violation of our veteran's privacy.

**I'M A VIP VETERAN INFORMATION PROTECTOR –
ALWAYS VIGILANT, INFORMED AND PROACTIVE**

ETHICAL CONDUCT FOR GOVERNMENT EMPLOYEES



The following standards apply to all employees as well as some other individuals who might not be considered traditional employees *such as residents and students*. Individuals who have questions about their applicability of the ethical rules should contact their local Compliance Office for more information.

These 23 Standards of Ethical Conduct are published in the Code of Federal Regulations (5 CFR, Part 2635) and provide examples of employee conduct with regards to gifts, vendor relationships, and procurement activities. These high standards for staff behavior are modeled on the Executive branch of government's Code of Ethical Behavior, which all VA employees agree to follow upon hire.

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. **Restrictions on gifts:** With some exceptions, an employee shall not solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or non-performance of the employee's duties.
3. Gifts to official superiors are prohibited.
4. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
5. Employees must not take any official action which affects his or her financial interests.
6. Employees shall not engage in financial transactions using non-public Government information or allow the improper use of such information to further any private interest.
7. Employees shall act impartially and not give preferential treatment to any private organization or individual. An employee should not take any official action in circumstances where a reasonable person would question the employee's impartiality in that action.
8. With some exceptions, an employee is disqualified for two years from participating in any particular matter in which a former employer is a party or represents a party if he or she received an extraordinary payment from that person prior to entering Government service.
9. An employee must not take any official action which affects the financial interest of any person or entity with whom the employee is negotiating for employment.
10. Employees shall put forth honest effort in the performance of their duties.
11. Employees shall not use public office for private gain. An employee must not use his or her public office - including official time, information, property, or endorsements - for personal gain or the private gain of anyone.
12. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

ETHICAL CONDUCT FOR GOVERNMENT EMPLOYEES

13. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment that conflict with official Government duties and responsibilities.
14. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those--such as Federal, State, or local taxes--that are imposed by law.
15. An employee shall not serve, other than on behalf of the United States, as an expert witness, with or without compensation, in any proceeding before a court or agency of the United States in which the United States is a party or has a direct and substantial interest, unless the employee's participation is authorized by the agency under certain circumstances.
16. With some exceptions, an employee shall not receive compensation from any source other than the Government for teaching, speaking or writing that relates to the employee's official duties.
17. Any fundraising activities in the Federal workplace are subject to the restrictions of Part 2635.808 and Part 950 of Title 5 of the Code of Federal Regulations.
18. An employee must comply with all ethics laws and regulations.
19. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.
20. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in this part. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.
21. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
22. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
23. Employees shall keep all patient information confidential. Only those employees who need to view patient and staff records have the right to view them. Information should only be disclosed on a need-to-know basis.

Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.

These principles form the basis for the standards of ethical conduct regulation (5 C.F.R. Part 2635) that is discussed and illustrated by examples on the following pages. A violation of these rules could result in disciplinary action or, for certain offenses, even prosecution under related criminal statutes on conflict of interest. So you should become familiar with the rules, and talk to your agency ethics officials if you have any questions or need more information.



BUSINESS RELATIONSHIPS BETWEEN VHA STAFF AND PHARMACEUTICAL REPRESENTATIVES

Promotional Materials, Promotional Activities, and Medical Literature

- Sales representatives may only promote products that are included on the VA National Formulary and only in accordance with applicable Food and Drug Administration (FDA) and VA guidelines, and/or VA restrictions and criteria which may exist for those products, except as outlined in the following paragraphs. It is the sales representative's responsibility to ensure that the formulary status of all drug products discussed and/or displayed is represented accurately. Educational materials or literature for new drug products that have not yet been reviewed by the VA Medical Advisory Panel, VISN Formulary Leaders Committee, or the VISN Formulary Committee, or new therapeutic indications for products already on the formulary, may only be displayed and discussed according to the processes outlined in the following paragraphs.
- All educational materials or literature (including journal articles, etc) and/or discussions regarding any drug that has a status of "Formulary with Restrictions," "Non-formulary," or other similar status designations, or has not yet been reviewed, must be clearly articulated and conspicuously identified as such by the sales representative. Promotional materials are not to be placed in any patient care area.
- The practice of bringing guest speakers to VA facilities for educational purposes is acceptable, but must be at the invitation of VA staff and must be approved by the Chief, Pharmacy Service, or Chief of Staff, or as specified in local policy. Sales representatives must provide the Chief, Pharmacy Service, Chair of the Facility Education Committee, or other similarly responsible VA staff member a summary of such plans well in advance of the proposed visit so that a determination of the program's suitability can be made. An education activity may be subject to further requirements by continuing education providers that have certified the activity for credit for pharmacists, physicians, or other health professionals.



- **Gifts to VA Staff including Refreshments:** In order to avoid violating or giving the appearance of violating government ethics rules, VA employees must exercise careful judgment when considering the acceptance of any gift, gratuity, favor, entertainment, loan, or anything of monetary value from a sales representative or any other person seeking to become involved, or who is currently involved in business interactions with VA. Sales representatives may provide food items of nominal value (e.g., soft drinks, coffee, donuts, and other light refreshments are permissible; **meals are not**) to VA employees when incidental to a scheduled meeting or legitimate educational interchange and are not otherwise prohibited by government ethics rules and/or education accreditation requirements. VISNs may impose additional restrictive measures on sales representatives regarding food and/or refreshments incidental to meetings.
- Please refer to VHA Directive 2003-060 "Business Relationships between VHA Staff and Pharmaceutical Industry Representatives" dated October 21, 2003 for further information on this subject.

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

The purpose of the Compliance and Business Integrity (CBI) Program is to ensure that Veterans Health Administration's (VHA) business operations follow all laws, regulations, and policies that apply, and to promote standards of excellence in business practices. VHA's CBI Program follows the Office of Inspector General's Compliance Program Guidance for Hospitals using the seven elements of an effective Compliance Program.

Compliance in general refers to our complying with, or being in compliance with, all requirements of regulatory agencies, accrediting organizations, regulations, laws and statutes that affect us. This includes Occupational, Safety, and Health Administration, The Joint Commission, and the Center for Medicare and Medicaid Services, among others.

The Center for Medicare and Medicaid Services (CMS) is the healthcare/Medicare governmental watchdog agency preventing fraud and abuse.

Compliance is concerned with preventing fraud and abuse and upholding the integrity and quality of the services provided and billed for.

One important area that Compliance and Business Integrity programs monitor is the process of processing insurance claims and bills. The CBI Program looks to see that there is:

- a) Supporting documentation for billed services, etc.
- b) Verification of correct coding for diagnosis, levels of care and services provided.

Compliance also ensures that our training programs such as medical residency and other internship and student education programs are in compliance with regulatory requirements and statutes, and are in compliance with our affiliation agreements with educational institutions.

Quality Care depends on timely, complete and compliant medical documentation reflected by: Reason for visit and presenting problem(s), pertinent history info-ROS, past, family or social history, pertinent examination, assessment clinical impression, treatment plan including rationale for ordering diagnostic and therapeutic services, date of service/signature of provider, and time spent with patient (if required).

Copying and Pasting documents or cloned documentations carry significant risk for our facility. It includes those utilizing automated templates, as well as notes, that import patient information from other parts of the record, such as laboratory or radiology results. Particularly high risk types of copying include same history of present illness appearing in the doctor's note for the past 3 years, documents includes "negative" findings for prostate exam in female patient, consultants' findings copied and pasted including consultant's signature line, identical subsequent hospital visit notes for 3 days in a row with no indication of patient's improvement. Issues identified related to copied and pasted information include: inaccuracies, plagiarism, lengthy notes obscuring pertinent information, misrepresentation of service provided, fraudulently billing of services, overuse of disk space, and erosion of professionalism.

Documentation Tips- Do not copy large blocks of text, problem lists into assessments, chief complaints or history of present illnesses (the problem list may be copied into the past medical history). Do not create templates that include "normal" or "negative" statements as those often are not revised when completing the exam. Do not assume all imported data is current. Avoid using "do not use abbreviations" which are part of the Joint Commission's National Patient Safety Goals. **NEVER** copy the electronic signature block. Copied documentation should identify original source-"Vital signs as taken by nurse as noted in 1/5/2003 note with no new information to add". Summarize diagnostic test result rather than importing or copying and pasting full results into note. Review note prior to signing for clarity and accuracy. Documentation should be in proportion to reason for visit.

Fraud and Abuse

Fraud is the act of intentionally submitting false information (or omitting true information) in order to obtain payment from an insurance company or Medicare. Abuse occurs when a provider unintentionally submits false information, but should have known better had the provider been familiar with the Medicare manual or updates from the Fiscal Intermediary.

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

Self-Referrals

Self-referrals are those that in any way financially benefit the referring provider. VHA contracting physicians are prohibited from referring patients to themselves, family members or to organizations from which they can benefit.

False Claims Act

Parties who knowingly present fraudulent claims for payment to the government can be fined as much as \$10,000 per violation.

Teaching Physician Rules for VA: VHA bills in the name of the attending physician rather than the resident when billing for care in a properly supervised environment. A "GR" modifier is applied to each CPT code in order to distinguish care provided by a resident under the direction of a teaching physician. VHA Handbook 1400.1, "Resident Supervision" is the primary guidance for the documentation of care in teaching settings.

DOCUMENTATION AND CODING (FOR CLINICIANS)

Clinicians are responsible for complete and accurate documentation of the care provided to the patient. This information is necessary for research, epidemiology, reimbursement, evaluation of quality of care and communication to support the patient's treatment. The Computerized Patient Record System (**CPRS**) is utilized to document all patient care and services. The electronic encounter form within CPRS will be utilized in outpatient and inpatient services to capture diagnostic and procedure codes.

Medical necessity indicates that the procedure, service, or admission is required to diagnose and treat patient, adheres to local standard of practice and is not provided merely for the convenience of patient or provider. Lack of **Medical Necessity** occurs when tests performed to "rule out" a condition, routine or periodic tests with no presenting symptoms, too many tests performed in a given time period, improper diagnosis to support necessity for the test/service, services provided for which improvement is not expected, non-covered screening rest or preventive care (CMS does cover some screening rest). Some examples of poor documentation are: 1. six weeks of PT ordered for wheelchair bound patient, 2. CXR performed in patient complaining of left knee pain with other diagnosis of Diabetes and hyperlipidemia and 3. Patient presented for Vitamin B12 shot with no associated diagnosis documented. Some examples of acceptable documentation are: 1. Ventricular tachycardia continues amiodarone; EKG ordered. 2. Recent CVA with residual mild right hemiplegia; gait training will be provided and 3. HTN doing well on current meds; CXR ordered.

Documentation is basis for all revenue. There are three sources. V.E.R.A., 1st party collections and 3rd party collections. VA cannot bill Medicare, Medicare HMOs but can bill other insurance companies if proper documentation is in the patient's record.

Service-Connection is important since it is monitored by Congress, Office of Management and Budget, Top VHA Officials, Third party payers and Veterans. VHA requires this data for utilization studies, research, budgeting and business office operations. The clinician documents all identified conditions and treatments given during an encounter, select the appropriate diagnosis and procedure codes on the encounter form during checkout and mark the encounter forms with the appropriate diagnostic and procedure codes. Remember documentation **MUST** support your choice. *Service-connection* meant that the facts, shown by evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces, or if preexisting such service, was aggravated therein. You must differentiate between a New versus Established patient when documenting. The Established patient has been seen by the same physician –OR- one within same specialty within a healthcare system in the past 3 years. A new patient is defined by not being seen by same physician or by one within the same specialty within a healthcare system in the past 3 years. Key components when documenting evaluation and management of the patient is: History with the chief complaint, history of present illness; past medical history, family and social history, and review of systems, physical examination, medical decision making to include assessment/impression, treatment plan or plan of care and to document by using Subjective Findings, Objective Findings, Assessment, Plan (SOAP) or Subjective Finding, Objective Finding, Assessment, Plan, Interventions, & Evaluations (SOAPIE).

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

When providing the ICD-9-CM Diagnosis Codes, you need to demonstrate medical necessity, appropriate linkage of diagnosis to procedure code to support medical necessity, rule out/possible diagnosis not appropriate by assigning appropriate signs and symptoms code, avoid assigning non-specific codes such as unspecified cardiac arrhythmia.

In conclusion, an effective compliance program identifies excellence and standards of best practices, recognizes and rewards identification of inappropriate business, ensure corrective action plans are developed to address inappropriate business processes, promote the sharing of best practices between facilities, review facility business operations in accordance with applicable laws, regulations and policies to promote standards of excellence in business practices, and promote consistent business processes.

YOUR ROLE IN THE ORGANIZATION

Conduct and Ethical Behavior: As is the policy with employees, residents/students should avoid misconduct and other activities in conflict with their placement. Residents/students should exercise courtesy and otherwise conduct themselves both on and off duty in a manner reflecting credit upon themselves and the VA.

Any agent of the facility who is aware of potential violations of law or business practices are obligated to report the activity to the supervisor of their service or to the facility **Compliance Officer at ext 4730**. Issues will be reviewed and corrective action taken.

If you want to report potential violations anonymously, a CBI Help Line has been established. The CBI Help Line number is 1-866-842-4357. The Help Line is available 24 hours a day and each caller may remain anonymous.

Integrated Ethics Council: This facility has an Integrated Ethics Council (IEC) which consists of a Ethics Consultation Team that provides consultation, education, and policy development in biomedical ethics to the members of the BPVAHCS staff, patients, their families, and significant others. The team uses a performance improvement based system called "ISSUES" to systematically identify the root cause to system wide ethics issues.

PATIENT ABUSE

The following is quoted from VHA Supplement, MP-5, Part 1, Chapter 752, and is the Department of Veterans Affairs' policy:

"It is a fundamental policy of the VA that no patient is to be mistreated or abused in any way, physically or verbally, by any employee. Bay Pines VAHCS is committed to a Zero Tolerance policy concerning patient abuse. Inquiry or investigation will be conducted in instances of alleged patient abuse or mistreatment." Abuse can be physical, psychological, sexual, or verbal.

Possible signs of abuse or neglect could be: scratches, cuts, burns, welts, scalp injury or gag marks; multiple or symmetrical bruises; contusions; injuries inconsistent with patient or caregiver explanation; malnourished appearance; sprains, punctures, broken bones, or bedsores.

Abuse can also include such acts as teasing, speaking harshly, rudely, or irritably to a patient, laughing at or ridiculing a patient, scolding a patient, intentional omission of care, willful violation of a patient's privacy, unnecessary roughness in handling, and indifference. **Refer to VAHCS Abuse of Patients and Beneficiaries 00-012 for further information.**

If you have reasonable cause to suspect abuse, please report it immediately to your preceptor/instructor and/or supervisory attending practitioner.

Professional conduct and adherence to patient rights and responsibilities is expected of residents and students.

PATIENT SAFETY

PATIENT SAFETY IS EVERYBODY'S BUSINESS!

Bay Pines participates in the VHA **Culture of Safety**. The focus of the Culture of Safety is on **prevention not punishment**.

Your Responsibilities as a Resident/student: As a Resident/student within the Bay Pines VA Healthcare System, it is your duty to ensure the safest possible environment for our veteran patients, VA employees, and yourself.

First, know how to contact the Patient Safety Team as they are your primary contact in all matters concerning patient safety. You may contact them by calling Quality Systems at ext. 4121 or 5507.

Second, report any and all events that just don't seem to "go like they're supposed to go." Also include other reportable events.

Third, make sure you receive the training you need to do your job safely! **This is why you are required to read this handbook as well as complete on-line mandatory training annually.**

Take Home Points:

Safety is everyone's responsibility and can make a difference!

We are all part of the "early warning system."

We can identify "hidden" problems with devices.

Take focus off of people and on system design (culture change).

The organization identifies safety risks inherent in its patient population.

The organization identifies patients at risk for suicide.

Improve recognition and response to changes in a patient's condition.

The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. To activate the hospital's Rapid Assessment Process known as "RAP", immediately **Dial 711**.

VAHCS Memorandum 11-044 Medical Emergency Response provides additional information about processes for various types of medical emergencies.

INCIDENT REPORTS

Reporting unsafe incidents: The key building block for accomplishing our goal of keeping our patients safe is the reporting of all incidents that have caused harm (adverse patient event) or may cause harm (near-misses or close calls). The purpose of reporting all incidents is to get an accurate account of what and why a particular unsafe incident happened. Knowing this allows us to take action to help prevent that type of incident from happening again.

Residents and Students Responsibilities: Every employee, including our Residents and Students, is responsible to report any unsafe patient occurrence (incident). Residents and Students are also responsible for reporting any unsafe conditions or practices, even though an adverse event or close call has not occurred.

Fill out the Electronic Incident Report form as soon as possible. It is found on the Bay Pines Home Page by choosing the "CLINICAL RESOURCES" Link and selecting "Electronic Incident Reporting". The incident report is located at the bottom of the page; click under "more". It can also be access on the CPRS tool bar under "tools".

Reporting of adverse events (incidents) is the responsibility of every employee and our Residents and Students. The report will include an objective description of the incident which will include what was witnessed and/or quoted by the patient, where it occurred and pertinent factors such as the diagnosis, date of birth, mental status, and medications taken by the patient within 24 hours, a medical assessment, and plan of action.

The physician responsible for the patient's care at the time of the incident should be notified immediately. The responsible practitioner examines the patient following an incident and records a brief summary of findings on the Incident Report. The Incident Report is not placed in the medical or administrative sections of the patient's record. The event should be documented in the progress notes and include what occurred, the results of the evaluation and necessary treatment. No mention of the incident report is be made in the medical record.

VHA is obligated to inform patients and their families, as authorized by applicable confidentiality statutes, about injuries resulting from adverse events and the options available to them.

PATIENT SAFETY

Safe Medical Devices Act Reporting

All medical device-related incidents will be reported and evaluated under the Patient Incident Reporting or Employee Injury Program. A medical device is item used for the diagnosis, treatment, or prevention of a disease, injury, illness or other condition except for pharmaceuticals. Examples include but are not limited to ventilators, catheters, diagnostic test kits and reagents used for phlebotomy, disposables, components, parts, accessories and related software.

Bay Pines VA Patient Safety Hotline

Call: (727) 319-1355 - or - Ext. 1355

2011 Joint Commission National Patient Safety Goals

1. Improve the accuracy of patient identification.
Use at least two identifiers when providing care, treatment, and services.
Eliminate transfusion errors related to patient misidentification.
2. Improve the effectiveness of communication between caregivers.
Report critical results of tests and diagnostic procedures on a timely basis.
3. Medication Reconciliation
4. Improve the safety of using medications.
Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
Reduce harm associated with anticoagulation therapy.
Maintain and communicate accurate patient medication information.
5. Reduce the risk of health care-associated infections.
Comply with hand hygiene guidelines of CDC or WHO.
Prevent infections due to multi-drug-resistant organisms.
Prevent central-line-associated blood stream infections.
Prevent surgical-site infections.
6. Reduce the risk of patient harm resulting from falls.
Implement a fall-reduction program.
7. Prevent health care-associated pressure ulcers.
Assess and periodically reassess resident risk for pressure ulcers and take action to address any identified risks.
8. The organization identifies safety risk inherent to the patient population.
Identify patients at risk for suicide.
Identify risks associated with home oxygen therapy.
9. Universal Protocol
Conduct a pre-procedure verification process.
Mark the procedure site.
Perform a time-out before the procedure.

The Joint Commission (JC)

The Joint Commission encourages you to first bring your complaint to the attention of the health care organization's leaders. If you believe you need to contact The Joint Commission, summarize the issues in one to two pages and include the name, street address, city, and state of the health care organization. The Joint Commission does not address individual billing issues and payment disputes. Also, they do not have jurisdiction in labor relations issues or the individual clinical management of a patient.

Send your complaint by mail, fax or e-mail to:

Email: complaint@JointCommission.org

Telephone: 1-800-994-6610

FAX: (630) 792-5636

Mail: Office of Quality Monitoring

The Joint Commission

One Renaissance Blvd

Oakbrook Terrace, IL 60181

PATIENT SAFETY

Mental Health Environment of Care – Reducing Patient Suicide Risk

- Suicide was the eleventh leading cause of death in the United States with a rate of 10.7 per 100,000 in 2001.
- Primary risk factors are:
 - Suicidal thoughts/behaviors and history of these behaviors.
 - Psychiatric diagnoses (Depression, Bipolar, and Substance Abuse).
 - Physical illnesses (pain and functional impairment).
 - Availability of lethal means such as medications or fire-arms.
 - Feelings of hopelessness, impulsivity, aggression, anxiety.
 - Elderly white males at high risk (especially when alone).
- Veterans are twice as likely to die from suicide as non-veterans.
- To reduce suicide risk, each VA Medical Center is to form a multidisciplinary inspection team to identify any potential hazards. This team is composed of Patient safety, psychiatry, psychology, nursing, fire protection, engineering, quality improvement, and senior management
- Focused on specific rooms in locked mental health units
 - General room, bath, bed, seclusion, utility, kitchen, Laundry, OT, dining, staff office, nursing station, entrance to unit, outdoor areas
- Conduct environmental rounds at least semi-annually using the Mental Health Environment of Care Checklist for Locked Mental Health Units as a guide

Rate identified safety concerns using a standardized scale taking severity and frequency into account

Study on Inpatient Suicide and Para Suicide RCA Events in VHA 12/1999 to 6/2006:

A total of 185 inpatient suicide and suicide attempts were reported; 42 were completed suicides and 143 were suicide attempts.

Methods for the events include hanging, cutting with a sharp, drug overdose, jumping, and strangulation. Note that patient induced drug overdose, cutting with a sharp object and hanging accounted for 71.4% of the total number of events.

- Hangings, cuttings, and strangulation took place primarily on inpatient psychiatry units, while a large percentage of overdoses and jumping took place on other units.
- Anchor points used for the 58 cases of hanging include Door or Door Hardware, Wardrobe Cabinet, Bed or Bed Rail, Shower, Bathroom Stall, Grab-bar or Handrail.
- Materials used as a noose in the 58 cases of hangings include Bedding, Belt, Clothing, Shoelaces, Wire Coat Hanger, Medical Equipment, Window Blind Cord, Towel, TV Cable, and Rope.
- Cutting implements used in the 38 reported cases of serious cutting.

Reducing Environmental Risk Factors

- Eliminate structures that are capable of supporting a hanging object such as plumbing, ductwork, fire sprinkler heads, curtain or clothing rods, hooks, shower heads and controls, doors, hinges, door handles, light fixtures.
- Include structures close to the floor:
- Reduce strangulation devices including drapery cords, belts, shoe laces, ties, kerchiefs, bathrobe sashes, drawstring pants, coat hangers, call cords, privacy curtains, and trash can liners. Very hard to eliminate all of these e.g. sheets.
- Reduce access to sharps or any breakable glass or tiles, razors, flatware, light bulbs, wires or springs, dishes, scissors.
- Reduce opportunities to jump from windows, balconies, walkways, roofs.
- A good risk reduction process:
 - Clinical assessment and reassessment
 - Environmental evaluation
 - Staff communication and participation

MEDICAL ABBREVIATIONS – *DO NOT USE LIST*

Do Not Use Abbreviation	Rationale	Correct Format
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other.	Write "daily"
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)		Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate"
MSO₄ and MgSO₄		Write "magnesium sulfate"
µg (microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write "mcg" or "micrograms"

¹ applies to all orders and medication related documentation including free text computer entry and pre-printed forms.

* **Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation. See tools menu in CPRS and select abbreviations, then Do Not Use.

Use of any abbreviations not on the DO NOT USE LIST should be minimized.

PATIENTS' RIGHTS

You have reviewed patients' rights in your VA on-line training. At Bay Pines VAHCS, the patient has the right to collaborate with their physician, to make decisions involving their health care, including the right to accept or refuse medical treatment, to the extent permitted by law. If they or their family have conflict with the medical treatment, they need to discuss the conflict/problem with the physician and the interdisciplinary team. If there is no resolution at that time, they can contact the Patient Advocate's Office and/or the Ethics committee for assistance in the resolution. In the event the issue cannot be resolved in the above manner, the Chief of Staff's and/or Director's Office will be consulted for intervention.

PAIN MANAGEMENT

The Bay Pines VA Healthcare System is committed to prompt recognition and compassionate alleviation of patients' pain. Pain management will be provided to all inpatients and outpatients who are experiencing pain. This policy is based upon this VAHCS value of pain control as a desired therapeutic goal, essential to a patient's physical and emotional well-being. Refer to guidelines for Chronic Malignant Pain Management (Appendix A), Chronic Non-malignant Pain (Appendix B), Opioid Agreement (Appendix C), Guidelines for Acute Pain Management (Appendix D), Pain Satisfaction Survey (Appendix E), and Numeric Pain Scale and Assessment of Patient with Impaired Communication (Appendix F).

DEFINITION OF PAIN

- Pain is an unpleasant sensory and emotional experience with actual or potential tissue damage.
- Pain can affect daily functioning, sleep, appetite, mood and relationships.
- Pain is subjective and is what the patient experiencing it says it is.
- Pain Management is integral to patient care and is a patient's right.
- Pain is identified as acute (present < 6 months), or chronic (present > 6 months).

PAIN ASSESSMENT

- The VA adopted Pain as the 5th vital sign
- The patient's self-report is the single most reliable indicator of pain.
- Pain Intensity Rating scales are used by staff to assess a patient's pain level.
- Pain Intensity Rating scales are posted in every patient room.

CLINICIAN'S ROLE IN PAIN MANAGEMENT

- Assess and reassess patient's pain as appropriate.
- Educate patients and families about pain and their treatment plans.
- Complete the VISN Opioid Agreement when prescribing for patients with chronic pain.

HOSPITAL EMPLOYEES' ROLE IN PAIN MANAGEMENT

- Communicate the patient's report of pain to his/her treatment team.
- Encourage the patient to report any pain to his/her treatment team.



USE OF RESTRAINTS AND SECLUSION

It is the goal of Bay Pines VA Healthcare System to reduce the use of restraints/seclusion while providing the safest, most therapeutic and least restrictive environment for our patients. Restraint and Seclusion is based on the patient's assessed needs when less restrictive interventions have been ineffective to protect the patient and others from harm. Restraints are used as a last resort and will NEVER be imposed as a means of coercion, discipline, convenience or retaliation by staff. Since there are different documentation requirements for medical restraints and behavioral restraints, you must review those policies regarding restraints with your VA supervisor if you will be working in clinical areas in which restraints may be used. For more information please refer to: Bay Pines VAHCS Memorandum Restraints and Seclusion 516-09-11-013 April 2009 and the Bay Pines Nursing Protocol-Restraint and Seclusion Procedure December 2008.

MEDICAL STAFF BYLAWS AND RULES

These are available for review on the Bay Pines Homepage (center of page) under "REFERENCES". Go to REFERENCES and then select "VAHCS Memorandums", the "Select a Service" by scrolling to obtain "Chief of Staff", then below this box, click on "Get Selected Service Memos"; then scroll down to VAHCS Memorandum (516) 11-006 "Medical Staff Bylaws and Rules".

RESIDENT SUPERVISION - SUPERVISING PRACTITIONER RESPONSIBILITIES



All VA care is provided either by a licensed independent practitioner with appropriate privileges (e.g., an attending physician) or by a resident physician (all PGY levels) under the direction of an attending physician, who is called the **Supervising Practitioner (SP)**. All patient encounters or reports of patient diagnostic examinations must identify the Supervising Practitioner (SP) and indicate the level of involvement.

There are four ways to document resident supervision:

1. The SP writes his/her own progress note.
2. The SP writes an addendum to the resident's note.
3. The SP countersigns the resident's note (which implies that the SP concurs with the resident's note). Reports related to reviews of patient material (e.g., pathology, radiology) must be verified and countersigned by the SP.
4. The resident documents the SP's supervision in his/her note. The SP's name, level of involvement and concurrence with the plan are essential elements (e.g., "I have seen and discussed the patient with my supervising practitioner, Dr. X, and Dr. X agrees with the assessment and plan).

INPATIENT SERVICE

New Admission – The SP must evaluate the patient within 24 hours of admission.

Documentation: The SP writes a note or adds an addendum to the resident's note documenting the SP's findings and therapeutic plan. The documentation must be completed by the end of the calendar day following admission.

Continuing Care – The attending must be personally involved in the patient's on-going care.

Documentation: Any of the four methods listed above is sufficient, at a frequency consistent with the patient's clinical acuity and principles of graduated levels of responsibility. It is the VAMC Bay Pines' goal that every resident note be so documented.

Inpatient – ICU Care (Includes SICU, MICU, CCU, etc) – Because of the unstable nature of patients in ICUs, SP involvement is expected on admission and on a daily or more frequent basis.

Documentation: Admission documentation requirements (see Inpatient: New Admission above) plus any of the four types of documentation daily.

Discharge or Transfer – The attending must be personally involved in a decision to discharge or transfer the patient to another service or to another level of care.

Documentation: The SP must countersign the discharge/transfer note. If the patient is transferred to another inpatient service, the accepting service's SP must treat the patient as a new admission.

OUTPATIENT SERVICE

The SP must be physically present in the clinic.

New Visit – Every new patient to the facility must be seen by or discussed with the SP.

Documentation – An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

RESIDENT SUPERVISION -

SUPERVISING PRACTITIONER RESPONSIBILITIES

Return Visit – Patients must be seen by or discussed with the SP at a frequency to ensure appropriate treatment.
Documentation – Any of the four types of documentation listed above is sufficient.

Discharge – The SP will ensure the patient's discharge from the clinic is appropriate.
Documentation – Any of the four types of documentation listed above is sufficient.

EXTENDED CARE (NURSING HOMES)

New Extended Care Admissions – Each new patient admitted to an extended care facility must be seen by the responsible supervising practitioner within 72 hours of admissions.
Documentation – Any of the first two types of documentation listed above is sufficient.

Continuing Care in the Extended Care Setting – The supervising practitioner must be identifiable for each resident's patient care encounter. Extended care patients must be seen by, or discussed with, the supervising practitioner at such a frequency as to ensure that the course of treatment is effective and appropriate.
Documentation – Any of the four types of documentation listed above is sufficient.

CONSULTATIONS (INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT)

The SP must supervise all consults performed by the residents.
Documentation – Any of the four types of documentation listed above is sufficient.

RADIOLOGY AND PATHOLOGY

Documentation – Reports related to reviews of patient material must be verified and countersigned by the radiology or the pathology SP.

EMERGENCY ROOM

The Emergency Room (ER) SP must be physically present in the ER, and is the attending of record for all ER patients. The ER SP must be involved in the disposition of all ER patients.

Documentation – An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

SURGERY

Except in emergencies, the SP must evaluate each patient pre-operatively.

Documentation – The SP must write a pre-procedure note detailing findings, diagnosis, therapeutic plan and choice of surgical procedure (may be done up to 30 days prior to surgery). Informed Consent must be obtained according to BPVAHCS policy. The attending's level of involvement is documented in the VistA Surgical Package. Post-operative documentation is required following The Joint Commission standards and Bay Pines VA Healthcare System's Bylaws, Rules, and Regulations of the Medical Staff.

PROCEDURES

Routine Procedures (e.g., lumbar punctures, central line placements, paracentesis)
Graduated Level of Responsibility applies. The resident must write a procedure note that includes the SP's name.
Documentation – Any of the four types of documentation listed above is sufficient.

NON-ROUTINE AND NON-OPERATING ROOM PROCEDURES (e.g., cardiac catheterization, endoscopy, interventional radiology) The SP must authorize the procedure and be physically present in the procedure area.

Documentation – Any of the four types of documentation listed above is sufficient.

RESIDENT SUPERVISION - SUPERVISING PRACTITIONER RESPONSIBILITIES

OPERATING ROOM PROCEDURES

The attending's level of involvement is documented in the VistA Surgical Package using the following codes:

Level A (Attending Doing the Operation) – The SP performs the case; the resident may assist.

Level B (Attending in the OR and Scrubbed) – The SP is physically present in the OR and is directly involved in the procedure. The resident performs the major portions of the procedure.

Level C (Attending in the OR but Not Scrubbed) – The SP is physically present in the OR providing direction to the resident.

Level D (Attending in the OR Suite, Immediately Available) – The SP is physically present in the OR suite and is immediately available for supervision or consultation as needed.

Level E (Emergency Care) – Immediate care is necessary to preserve the patient's life or prevent serious impairment. The attending must be contacted.

Level F (Routine Bedside or Clinic Procedure Done in the OR) – The attending is identified.

Reference: VHA Handbook 1400.1 Resident Supervision, July 27, 2005.

NOTE: Resident supervision guidelines are subject to occasional revision. All staff and trainees are advised to check with their supervisors for updated requirements.

Resident Moonlighting



-
- Residents are not allowed to moonlight in their PGY1 year.
 - You must obtain permission from your Residency/Fellowship program chair to see if you are eligible to moonlight. You must also go through Human Resources and the Service to see if you are eligible.
 - Academic Affiliations must receive a copy of the approval letter before a Resident/Fellow can Moonlight.
 - As a Resident Physician, during the months you are on a clinical rotation you cannot moonlight during the entire month, even on the weekends.
 - Moonlighting and your residency may not exceed 80 hours a week which includes education and didactics.

RESIDENT FATIGUE

- The new standards are going to educate all Residents and Faculty on the signs of sleep deprivation since it affects Patient and Resident safety.
- There is an increased emphasis on Educating Faculty and Residents to understand and mitigate the effects of sleep deprivation.
- Recognizing signs of Fatigue
 - Falling asleep in conferences
 - Feeling irritable with colleagues, friends, or family
 - Having to check you work repeatedly
 - Feeling like you just don't care
- Residents who appear fatigued must be evaluated by their supervising attending to see if they need to be sent home or be provided the opportunity to rest.

OPERATION NEW DAWN (OND)



The transition to Operation New Dawn, Sept. 1, 2010 marks the official end to Operation Iraqi Freedom and combat operations by United States forces in Iraq . The Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), now OND Program Manager is Jayne Blacklin, LCSW. Robert (Jake) Bauer is the Transition Patient Advocate for OEF/OIF veterans. Their office is located in Bldg 100, Room 1E240A. Please contact them if you have any issues or questions concerning veterans who have recently returned from Iraq, Afghanistan or other recent theatres of conflict.

OEF/OIF Staff	Title	Location	Ext
Jake Bauer	Patient Advocate	Bay Pines	5893
Jayne Blacklin	Program Manager	Bay Pines	7541
Lutricia Greene	Social Worker	Fort Myers	6193
Janelle Perritte	Social Worker	Pinellas County	4963

WOMEN'S HEALTH

Women's Health

As the frontlines of battle and the rules of warfare have changed dramatically in the last 50 years, so has the face of the U.S. Military. Women Veterans now serve alongside men as fighter pilots, gunners, warship commanders, and military police in locations around the world. VHA expects the number of women Veterans who seek care at a VA health facility to double in the next five years. The VA is committed to providing every eligible Veteran who registers for care with the highest quality comprehensive care. In order to continue to be a leader in health care and set the standard by which others will be measured, we are actively making changes to meet the needs of our women patients.

At Bay Pines VA HCS, we are continuing to move forward to promote comprehensive primary care for women Veterans – one-stop shop care where her primary care and gender-specific health needs are managed by one interested and proficient primary care provider. We are paying attention to privacy, dignity, and sensitivity to a woman's health needs. We are purchasing equipment to meet her needs, and assuring she can get the right health care in the right place at the right time. We are taking steps to assure that there is gender parity in quality performance measures – so that a woman can get state-of-the-art care in whatever setting she receives that care (main campus of Bay Pines or any outpatient primary care or multispecialty clinic).

Bay Pines has several excellent programs to support women Veterans, including a special residential therapy program to treat PTSD as a result of Military Sexual Trauma (this MST program also treats men who have experienced MST). We provide for maternity care through the Fee Basis program to promote the health and safety of our pregnant Veterans and their child in their local communities. We provide for excellence in breast care for both women (and men) patients. We address infertility problems through a partnership with our GYN physician and local specialists at USF or communities along the Gulf Coast. Our Emergency Department clinicians receive specialized training in women's health. Mental health services, social work services, and pharmaceutical services are all elements of the comprehensive care provided to women Veterans. VA is being ambitious, innovative, and groundbreaking in the way we deliver women's health services, and will continue to work toward the goal of providing the "best care anywhere" for women Veterans.

ADDITIONAL BAY PINES VAHCS INFORMATION

Photography: The Bay Pines VA Healthcare System (BPVAHCS) has a strict policy about photography and/or Videography of persons on BPVAHCS property. This policy is for the purpose of protecting our patients' privacy. Persons being photographed must sign a release granting permission on a specified VA form. Please contact Medical Media Section, Education Service at Ext 5506, for further information.

Public Affairs: This organization has designated an individual who is the official spokesperson and responsible to speak on behalf of the Bay Pines VAHCS. Before participating in an interview or other activities that could be



interpreted as representing this VAHCS, be sure to contact the Public Affairs Officer at Ext 5031.

Medical Library Resources (Bldg 100, Room 1A106): The Library Service's mission is to provide access to knowledge-based information resources and education opportunities to enhance and support the excellence of health care within the veteran population and community.

The Medical Library (Bldg 100, Room 1A106) is located in the main hospital building at the Bay Pines VA Healthcare System. The hours of operation are: Monday through Thursday 7:00 am – 4:30 pm and Fridays 8:00 am – 1:00 pm. . The Library is closed all Federal holidays and weekends. After-hours access is available if your Service obtains a Bay Pines ID badge for you. The Medical Library houses a comprehensive medical, nursing, and allied health collection as well as a strong management and administrative collection.

All residents and students are welcome to use the Medical Library resources after registering. Your Service is required to submit Appendix A of VAHCS System Memorandum 516-07-142D-1, "*Knowledge Based Information Programs*". All services are provided free of charge as long as they related to your duties and/or responsibilities at the BPVAHCS. You may also utilize

Library resources include a traditional collection of books, journals, and audiovisuals as well as the Online Library (<http://vawww.bay-pines.med.va.gov/cfapps/library/restricted/tools.cfm>). The Online Library link is also found on the Bay Pines Home Page under *Clinical Resources*. The Online Library covers over 600+ e-journals, 1,000+ E-books and the leading databases in medicine, nursing, and allied health. Most of these resources can be utilized from a non-VA computer if you register for Remote Access. Information on that is also available on the Online Library page

Library Service staff looks forward to meeting you and assisting you with your informational needs.

OFFICE OF ACADEMIC AFFAIRS SURVEY



The poster for the Learners' Perceptions Survey features a green header with the title and website. A yellow box lists the target audience: Residents, Fellows, Interns, and Students. The central image shows a smiling healthcare professional with a patient. Below this, the text asks 'HOW ARE WE DOING?' and 'Tell VA about your clinical training experience.' A screenshot of the survey interface is shown, and the footer includes the Department of Veterans Affairs logo and contact information.

Learners' Perceptions Survey
www.va.gov/oa/surveys/

For all clinical trainees
Residents
Fellows
Interns
Students

HOW ARE WE DOING?

Tell VA about your clinical training experience.

Department of Veterans Affairs
Office of Academic Affiliations
Washington, DC

Learners' Perceptions Survey
www.va.gov/oa/surveys/

<http://www.va.gov/oa/surveys>

Please complete this survey at the **end of your last rotation** of the Academic Year here at the Bay Pines VA Healthcare System so that we may continue to improve future training in all health professions for physician residents, students, and trainees.

Directions to the Bay Pines VA Healthcare System from Tampa:

1. Go south on I-275 through Tampa.
2. Cross over the **Howard Frankland Bridge** continuing south.
3. Exit the I-275 at **Exit 26** (54th Avenue North exit).
4. Turn right onto **54th Avenue North** going west.
5. Continue on **54th Avenue North** for 5-6 miles until you reach the intersection of Park Street and 54th Avenue North.
6. **Turn left** onto Park Street. Go to 3rd light to Tyrone Blvd/Bay Pines Blvd...**turn right** onto Bay Pines Blvd...continue for 1-2 miles.
7. The Bay Pines VA Healthcare System is located on the left side of Bay Pines Blvd at **10,000 Bay Pines Blvd**, Bay Pines, Florida 33744.

Directions to the Bay Pines VA Healthcare System from Internet:



NOTE: Please go to <http://www.maps.google.com> for correct driving directions. Click on "Businesses" tab and then type in Bay Pines VA Healthcare System for map and/or driving directions.

Other on-line mapping services may provide erroneous directions that are many miles from our physical location!

BAY PINES VA HEALTHCARE SYSTEM

