Augusta University at the Medical College of Georgia

Housestaff Manual

February 2017

To Members of the Housestaff:

Welcome to Augusta University, Medical College of Georgia. We are very proud of our Residency Training Programs and are most pleased to have you join us.

While here, you will spend the majority of your time under the supervision of the faculty and senior house officers in the clinical care of patients. Your role as a member of the health care team is vital. Although education is the primary goal of our program, excellence and compassion in the care of each individual patient are equally important objectives. Scientific knowledge, combined with the ability to listen to patients and colleagues and communicate with them effectively will enable you to maximize your residency experience. We offer you our support and guidance as you work to develop your highest potential and render the best of care to our patients.

Sincerely,

David Hess, MD — Date 2/14/17
Interim Dean, Medical College of Georgia

Walter J. Moore, M.D. — Date 2/15/17
Senior Associate Dean, Graduate Medical Education and VA Affairs

House Officers Responsibilities *

The Institution ensures that House Officer Physicians have the opportunities to achieve the following:

1. Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
2. Participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
3. Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other House Officers and medical students.
4. Participate in institutional committees and councils whose actions affect their education and/or patient care.
5. Submit to the program director or to a designated institutional official, at least annually, confidential written evaluations of the faculty and of the educational experiences.

House Officers Participation in Educational and Professional Activities

The Sponsoring Institution must ensure that each ACGME-accredited program defines, in accordance with its Program Requirements, the specific knowledge, skills, attitudes and educational experiences required in order for their House Officers to demonstrate the following:

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

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* From the *2003-2004 Directory of Graduate Medical Education Programs*, Accreditation Council for Graduate Medical Education

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AU Health System

AU Health System is a world-class health care network, offering the most comprehensive primary, specialty and subspecialty care in the region. AU Medical Center provides skilled, compassionate care to its patients conducts leading-edge clinical research and fosters the medical education and training of tomorrow's health care practitioners.

AU Health System is a not-for-profit corporation that manages the clinical operations of Augusta University, including the 478-bed Medical Center, the Medical Office Building with more than 80 outpatient practice sites in one convenient setting, the Critical Care Center housing a 13-county regional trauma center and the 154-bed Children's Medical Center. The health system also includes a variety of centers and units such as the Sports Medicine Center and Cancer Center.

In addition to providing care in the Augusta area to patients from Georgia, the Southeast and beyond, AU Health System physicians travel to satellite practice sites, illustrating our commitment to care for people across the state and region. AU Medical Center is part of a thriving academic medical center that also includes the following entities:

- Augusta University – Augusta University is composed of the Colleges of Allied Health, Dental Medicine, Graduate Studies and Nursing and the Medical College of Georgia (formerly the MCG School of Medicine).

- Faculty group practice plans, including the Physicians Practice Group, the Dental Faculty Practice Group, the Allied Health Practice Group and the School of Nursing Faculty Practice Group.

Being an academic health center, AU Health System differs from community hospitals. We have three primary missions -- patient care, education and research. As an academic health center, we must provide a full range of clinical services and maintain the infrastructure to foster education and research.

Our physicians have the most up-to-date knowledge and training. Many of our health care professionals train the next generation of caregivers, while others conduct pioneering research that improves medical diagnosis, treatments and technology, bringing the medicine of tomorrow to patient care today.

Department of Veterans Affairs Medical Center

1 Freedom Way
Augusta, GA 30904-6285
(706) 733-0188

The Charlie Norwood VA Medical Center (CNVAMC) proudly offers quality health care to our nation's veterans. The Charlie Norwood VAMC primary service area includes 17 counties in Georgia and 7 counties in South Carolina; but as a member of the Atlanta Veterans Integrated Service Network (VISN7), veterans who live as far away as Alabama may be cared for in the Charlie Norwood VA Medical Center. Nine VA medical centers in the southeast comprise the Atlanta Veterans Integrated Network (VISN7): Georgia -- Atlanta, Augusta, Dublin; South Carolina -- Charleston and Columbia; Alabama -- Birmingham, Tuscaloosa, and the Central Alabama Veterans Health Care System in Montgomery and Tuskegee.

The Charlie Norwood VAMC is a two-division medical center which provides tertiary care in medicine, surgery, neurology, psychiatry, rehabilitation medicine, and spinal cord injury. ***The Downtown Division located adjacent to the Augusta University is authorized 155 beds (58 medicine, 37 surgery, and 60 spinal cord injury). The Uptown Division located approximately three miles away on Wrightsboro Road, is authorized 315 beds (68 psychiatry, 15 blind rehabilitation, and 40 rehabilitation medicine). In addition, a 132-bed Nursing Home Care Unit and a 60-bed Domiciliary are located at the Uptown Division.*** The Charlie Norwood VAMC serves as a network resource for the treatment of spinal cord injury, post traumatic stress disorder, and psychiatry patients.

The Charlie Norwood VAMC prides itself on continually improving and expanding its health care knowledge. The Charlie Norwood VAMC fully supports, as part of its mission, graduate medical education. The use of the Charlie Norwood VAMC as a training site for Augusta University (AU) residents has a long history, and the affiliation between the Charlie Norwood VAMC and the AU (formerly known as the Medical College of Georgia) may be one of the older ones in the entire VA system. The Charlie Norwood VAMC's participation in this affiliation not only helps fulfill an education mission but also contributes to a high level of care provided to veteran patients. Medical House Officers are involved in nearly every aspect and phase of the care of medical and dental patients offered at the Charlie Norwood VAMC.

Especially For House Officers

Benefits

Questions pertaining to Augusta University benefits should be directed to the Benefits and Data Management Section of the AU Human Resources Division (Annex I). The telephone number for that area is (off campus) 706-721-3770, (on campus) 1-3770.

Detailed Health Care benefit information available at:

http://www.Augusta University.edu/mcg/residents/general-information.php

- Housestaff Benefits Plan Summary
- PPG Benefits Summary

Certificates

A certificate will be granted to each House Officer upon satisfactory completion of the internship year and/or residency or fellowship training program.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee has the responsibility for advising on and monitoring all aspects of residency education. Its membership consists of the Senior Associate Dean for Graduate Medical Education and VA Affairs, Program Directors, Program Coordinators or other faculty members appointed by the Program Director, the chief medical education liaisons at the Veterans Affairs Medical Center, and House Officers who have been selected by their peers.

Graduate Medical Education Office

The Augusta University, MCG Graduate Medical Education Office can be reached at (706) 721-7005 Ext 0. Information available from this office includes Georgia license application, residency training applications (RTP), federal DEA and malpractice insurance. Walter J. Moore, M.D., Senior Associate Dean for Graduate Medical Education and VA Affairs, serves as liaison with the School of Medicine Dean's Office and AU Health System Administration.

Health Care Referral Center

Services provided through the Health Care Referral Center (HCRC) are the consumer information and referral services, the pediatric nurse triage program, and Augusta University Physicians Direct.

Augusta University Physicians Direct is a toll-free service designed to facilitate communications between GHS faculty physicians and alumni and referring physicians throughout the region. GHS Physicians Direct will provide direct and easy access to:

- arrange patient transfers with faculty physicians
- consult with faculty
- access information about clinical findings
- reach Augusta University physicians' offices to schedule appointments during business hours
- have direct access to faculty on call during evenings, nights, weekends and holidays
- access other Augusta University professional activities and services, such as continuing medical education and the medical library

Physicians access this service by calling toll-free, 1-800-733-1828.

Laundry and Scrub Attire

Purpose

To provide guidance for the use of scrubs in the medical centers. The policy provides infection control measures for the protection of the patients and personnel.

Policy

The policy is based upon universally accepted infection control practices. The differences in the policy for individual areas are based on that area's work responsibilities, patient populations, infection rates, prevalence of resistant nosocomial pathogens, and risks of transmission to others.

Of importance, the AU Health Systems (AUHS) surgical suites have designated colors for their areas and theses colors are **not** allowed except in those areas. Misty green for the Adult Medical Center OR, cobalt blue for the Children's Hospital of Georgia (CHOG) OR and raspberry for the Labor and Delivery (L&D) OR. Do not purchase these colors for personal scrubs as they are only allowed in these restricted areas.

OPERATIVE SERVICES

Logoed misty green, cobalt blue and cranberry scrubs are designated as surgical suite scrubs and are hospital-laundered, infection control barriers. These scrubs **must not be worn** outside the facility. Personal clothes are to be worn to and from the facility and personnel change into the surgical scrubs in a designated area.

For full guidelines for proper OR (Operating Room) Attire-see AU Health System Intranet - Infection Control Manual Provision 7.1

- All persons entering semi-restricted and restricted areas of the surgical suites shall be required to wear hospital provided logoed scrub suit: misty green for adult OR; cobalt blue for the CHOG OR; and Cranberry for L & D.
- Clean hospital provided surgical attire must be put on every day in the facility for those working in the OR and are provided via the scrub suit pyxis machine. Shirts must be close fitting or tucked into the pants. Non-scrubbed personnel should wear long-sleeved jackets that are buttoned or snapped closed during use in the adult OR and the L & D OR- scrub jacket is optional in the CHOG OR.
- Hospital provided disposable caps that cover all hair are worn in semi-restricted area and restricted areas and clean closed toe dedicated operating room shoes or shoe covers are encouraged as Personal Protective Equipment (PPE) in semi-restricted area and restricted areas.
- All persons must wear a disposable surgical mask at all times in the restricted areas: operating rooms, sterile core areas and scrub sink areas.
- The mask must cover the mouth and nose completely. The mask must be completely secured to prevent venting on the sides and chin area. The mask is not to be saved by hanging around the neck or tucked into pocket for further use. When removing the mask, touch only the strings.
- All head and facial hair, including sideburns and necklines must be covered completely by either a clean -lint free bouffant scrub cap or surgical hood while in the semi-restricted and restricted areas of the surgical suite.

- Appropriate closed toe footwear must be worn. Clean shoes dedicated to the OR do not require shoe covers. For all other shoes, shoe covers are necessary and supplied as PPE and when utilized the following apply. Shoe covers must be changed daily or more often when wet or soiled or torn. Shoe covers must be removed before leaving the surgical suite to prevent tracking blood and debris through and out of the department. Personal hospital dedicated shoes should be kept clean.
- Jewelry worn in the surgical suite should be limited to smooth wedding bands and watch. **No** jewelry at the surgical field.
- Eye protection (goggles or mask with eye shield) should be worn at all times during invasive procedures.
- Cover surgical scrub attire when outside of the OR but in the facility with a long lab coat or a provided cover gown. Do **not** wear outside of the facility.
- Maintenance personnel may wear disposable jumpsuits or OR scrubs and must maintain the same standard for use as outlined in the surgical scrub attire Provision 7.1 in the Infection Control Manual.
- Any scrub clothes with blood or body fluids should be changed immediately after procedures before proceeding.
-

REFERENCE: OSHA ,AORN's *2007 Standards, Recommended Practices, and Guidelines*

CARDIAC CATH LABS and EP LAB - Adult and Pediatric (all are considered OR-Like Areas)

Adult: Misty green, hospital laundered OR scrubs are to be worn. **CHOG**: Cobalt blue hospital laundered OR scrubs are to be worn. These scrubs serve as infection control barriers and are **not** to be worn outside the facility. If worn outside of the area, cover with a cover gown or a long lab coat. Street clothes are to be worn to and from the facility and personnel change into the scrubs in a designated area.

RADIOLOGY

Radiology Personnel in Operative Services: Radiology personnel assigned to Operative Services are to wear the misty green scrubs of Operative Services. These scrubs are hospital-laundered, infection control barriers and are **not** worn outside the facility. If worn outside of the OR suite, cover with a cover gown or a long lab coat. Personnel change into these scrubs in a designated area.

Interventional Radiology: IR is an OR like area. Misty Green, hospital laundered OR scrubs are to be worn. These scrubs serve as infection control barriers and are **not** to be worn outside the facility. If worn outside the IR they must be covered with a cover gown or a long lab coat. Street clothes are to be worn to and from the facility and personnel change into the scrubs in a designated area.

Radiology Personnel in Areas Other Than Operative Services:
Radiology personnel may wear employee-purchased scrubs, street clothes, or uniforms.
If scrubs are worn they are to be laundered by the employee, and may be worn to and from the facility.

PATHOLOGY

Pathology personnel, when performing special procedures in autopsy areas, wear Laguna green department specific, hospital-laundered scrubs. Personnel will change into the scrubs in a designated area.

OBSTETRICAL SERVICES

The use of the scrub color cranberry is limited to the Obstetrical Service.
Labor and Delivery, 7 West Postpartum, 7 West Nursery
Cranberry scrubs are designated as hospital-laundered, infection control barriers. These scrubs must **not** be worn outside the facility. Street clothes are to be worn to and from the Hospital. They must be covered with a cover gown or a long lab coat when outside of the department.

EMERGENCY SERVICES

Employee-purchased, teal or teal/white combination, scrubs or white uniforms are to be worn by employees in Emergency Services. These scrubs are to be laundered by the employee. The employee may wear these scrubs to the Hospital and wear them home at the end of the shift.

DIALYSIS

Employee-purchased, division approved colored scrubs are to be worn in the Dialysis Unit. These scrubs are to be laundered by the employee. The employee may wear these scrubs to the Hospital and wear them home at the end of the shift.

ADULT ICU'S (STU, 3I, MICU, SICU, and CCU)

Employee-purchased, division approved colored scrubs are to be worn in the adult ICU's. These scrubs are to be laundered by the employee. The employee may wear these scrubs to the Hospital and wear them home at the end of the shift.

PICU and NICU

Employee-purchased, division approved colored scrubs are to be worn in the PICU and NICU. These scrubs are to be laundered by the employee. The employee may wear these scrubs to the Hospital and wear them home at the end of the shift.

RESPIRATORY CARE

Employee-purchased, department approved scrubs may be worn by Respiratory care personnel. If scrubs are worn, they are to be laundered by the employee. The employee may wear these

scrubs to the Hospital and wear them home at the end of the shift.

CENTRAL STERILE :

CSR staff must conform to the same attire standards as the Operating Room.

General Scrub Suit Information:

- Hospital-laundered scrubs are provided by Linen Services for infection control purposes and are restricted to use in Operative Services, Labor and Delivery, Cardiac Cath Labs, EP lab, and Interventional Radiology.
- Scrubs must be laundered after each use.
- If employees leave the Hospital grounds in hospital-laundered scrubs or cover gowns, the **disciplinary process will be enforced.**
- Hospital-laundered scrubs are delivered daily to the appropriate areas by Linen Services.
- For clinical rotation in ICU's/specialty units, wear personal uniforms/scrubs.
- Hospital-laundered scrubs may be available for employees whose clothing becomes soiled by blood or other body fluids while on duty.- available in Central Distribution and are **NOT** to be the 3 colors designated as OR attire (unless that is the area where the employee works.)
- No garments extending below the elbows should be worn under scrub tops.. This will facilitate washing/scrubbing or hands and forearms. The exception is long sleeve scrub jackets may be worn over scrub tops.
- Yellow cover gowns or fluid-resistant (gray front) procedure gowns should **not** be worn for personal comfort (i.e., for warmth, etc.).

Licensure and Board Certification

Licensure

Pursuant to Georgia law, House Officers are required to possess either a Residency Training Permit (RTP) or an unrestricted Georgia medical license in order to participate in activities in an approved residency training program. The Residency Training Permit will be procured by the Graduate Medical Education Office upon an applicant's acceptance into an approved residency training program. Graduates of medical schools in the US or Canada are required to complete one year of training accredited by the ACGME, AOA, COA, RCPSC, or CFPC. International Medical School graduates and Fifth Pathway applicants who graduate from medical school on or before July 1, 1985 must complete one (1) year of post-graduate/residency training in the US in a program approved by the ACGME.

On February 5, 2010, the members of the Georgia Composite Medical Board voted to use the list titled Medical Schools Recognized by the Medical Board of California as its official reference for approval of medical schools located outside the United States and Canada. Graduates of the schools contained in this list are required to complete one (1) year of post graduate training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME). Graduates attending schools not listed in the Medical Schools Recognized by the Medical Board of California must complete three (3) years of post-graduate training in a program accredited by the ACGME. The list can be viewed online

at: http://www.mbc.ca.gov/applicant/schools.html

See Institutional Policy on Housestaff Licensure HS 6.0 in the Policies/Procedures section.

http://www.Augusta University.edu/mcg/residents/hspolicies/index.php

Board Certification

Medical specialty certification in the United States is a voluntary process. While medical licensure sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board certification—and the Gold Star—demonstrate a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice.

The Gold Star signals a board certified physician's commitment and expertise in consistently achieving superior clinical outcomes in a responsive, patient-focused setting. Patients, physicians, healthcare providers, insurers and quality organizations look for the Gold Star as the best measure of a physician's knowledge, experience and skills to provide quality healthcare within a given specialty.

About the Certification Process.

Certification by an ABMS Member Board involves a rigorous process of testing and peer evaluation that is designed and administered by specialists in the specific area of medicine. Learn more about how a physician becomes board certified.

At one time, physicians were awarded certificates that were not time-limited and therefore did not have to be renewed. Later, a program of periodic recertification (every six to 10 years) was initiated to ensure physicians engaged in continuing education and examination to keep current in their specialty.

However, in 2006, ABMS' 24 Member Boards adopted a new gold standard for re-certification with a continuous ABMS Maintenance of Certification (MOC) program for all specialties. MOC uses evidence-based guidelines and national standards and best practices in combination with customized continuing education so physicians demonstrate their leadership in the national movement for healthcare quality. MOC also requires proof of continuing education and experience in between testing for re-certification.

Learn more about MOC. Consumers can also learn more about The Importance of Board Certification and verifying physician certification. Hospitals, healthcare organizations, insurers and other professional organizations can find out more about ABMS certification products and services.

http://www.abms.org/About_Board_Certification/means.aspx

Loan Deferment

Student loan deferment forms should be taken to the training program director's office for verification of status. Please give forms to the Program Coordinator of your department to complete and mail out.

Public Loan Forgiveness

Student public loan forgiveness forms should be taken to the GME office so they can route it to the Dean, Medical College of Georgia for signature

Mail

Each department has its own arrangements for House Officers' mail. Please check with the appropriate department or Chief House Officer. Personal mail should be delivered to the House Officer's home address. The Augusta University Mail and Messenger Service provides pickup and delivery service daily throughout the Hospital and Clinics and Augusta University campus, as well as the Veterans Administration Medical Center.

Meals on Call

House Officers participating in programs which require in-house overnight call use their Augusta University ID badge to access hospital provided dining funds. These funds are managed by the JagCard Express program.

Call rotation dining allowances are determined by the GME Office from the departmental call schedule ($20 week night & $25 weekend or holiday). Funds are only given for required, in-house, overnight call at AUHS and Augusta University CHOG Hospitals. The department/house officer is responsible for notification of schedule changes to the GME office.

- House Officers dining funds are accepted at all approved campus/hospital dining facilities.
- Funds are available the first day of the rotation and any unused balances are purged the 15th of the following month. Funds remain valid a minimum of 2 weeks after the end of the rotation.
- Funding for each month's call rotation is a **separate plan** and each plan balance is reported individually. When two (or more) plans are valid, the first plan is used until it expires or reaches a $0 balance - THEN the **next plan** is automatically accessed.
- Personal funds on the card (Express $) are accessed ONLY when House Officers funds are depleted. Personal funds on the card DO NOT EXPIRE.

You can manage your JagCard Express account ONLINE, 24/7, from any computer with internet access - - check your balance, view transactions, and make or schedule deposits (to an active personal account).

Go to: http://www.Augusta University.edu/mcg/residents/general-information.php
- JagCard and House Staff Dining Information

Lost or misplaced I.D. cards should be reported **immediately** to the Augusta University Express Office at 721-9939

Moonlighting

Moonlighting is strongly discouraged and must be approved in writing by the Departmental Chair or Service Chief, Senior Associate Dean for Graduate Medical Education and VA Affairs and also Manager, MCG Residency Programs. The Augusta University and its insurers have no responsibility

for the acts of House Officers or omissions occurring outside the jurisdiction of the Hospital or its training program assignments. Any house officer engaged in moonlighting must possess an unrestricted Georgia Medical License.

NOTE: An exchange visitor who holds a J visa may receive compensation only for activities that are part of the designated training program. An exchange visitor who engages in unauthorized employment shall be deemed to be in violation of his or her program status and is subject to termination as a participant in an exchange visitor program.

See HS Policies and Procedures HS 16.0 for complete guidelines.

http://www.Augusta University.edu/mcg/residents/general-information.php

NPI Numbers

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI).

Every physician must obtain an NPI number upon beginning his or her intern year. This permanent number, which will be used throughout the United States, must be placed on all prescriptions written. Failure to place this number on a prescription can mean denial of payment by Medicare, Medicaid, insurance companies, etc.

Applications for NPI numbers are most easily done online. Go to https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart, and click on the link "Apply online for an NPI". As part of the application, you will need to provide your e-mail address. Within a short time after submitting your application, your 10-digit NPI number will be sent to you via e-mail. Once you have received your NPI number, please provide it to your residency coordinator and the Graduate Medical Education Office, who need to keep it on file.

Notary Public

Services of a Notary Public are available for official documents at no charge in the Graduate Medical Education Office. The Graduate Medical Education Office also has Augusta University Seal available.

On Call Sleep Rooms

Sleep rooms for House Officers members while on call are available through individual departments; most are located on the 9th floor of the hospital BB wing. Entry to the area is granted through the use of an I.D. Badge. The I.D. Badge must be used in the research wing elevator to access the 9th floor. The call rooms on the 9th floor are divided into groups, or pods; each House Officers I.D. Badge will allow entrance only to the pod assigned to a specific program. A lounge with refrigerator, microwave, upholstered furniture, cable television and computers are available to all housestaff in this area. Meals and other supplemental food items are placed in the lounge late every afternoon for residents who cannot access the Terrace Dining Room prior to closing.

AUHS Parking Services

AUHS Parking Services Office is a division of the AUHS Safety and Security Department. The AUHS Parking Office is open Monday through Friday, 7:00 A.M. to 5:00 P.M. The office is located in Annex II.

All employees/residents parking in AUHS lots must register their vehicle. Registration forms may be obtained at the AUHS Parking Office. Upon completion of the form, a parking assignment will be given along with a AUHS hangtag that is to be displayed at all times.

Members requiring disabled parking should present their state certified handicap hangtag to the AUHS Parking Office. At that time, a parking assignment will be given.

Payroll

Members of the Housestaff are paid on the last working day of each month. Participation in the Direct Deposit Program is required unless an exemption is approved by the Associate Vice President for Finance.

Housestaff may view their paychecks using the following steps:

1. Go to https://paws.Augusta University.edu/Pages/default.aspx
2. Click on the Soft-serv icon in the Quick Access toolbar at the top of the page
3. Log in using your Augusta University Outlook Credentials
4. Click on Main Menu
5. Select Self-Serv
6. Select Payroll and compensation
7. Select view Paycheck

Pharmacy Signature Cards

AU Health System Pharmacy is required to maintain a means of identifying the signature of all physicians with clinical privileges as well as a listing of the Drug Enforcement Agency (DEA) numbers and state license numbers. All House Officers are requested to come in person to the Pharmacy to provide this information.

The DEA number is required before controlled substances can be prescribed and administered to hospital inpatients or outpatients. Temporary DEA numbers can be granted by the Pharmacy to physicians serving an approved Internship or Residency.

House Officers serving at the Veterans Administration Medical Center should obtain an identification number from the VA Personnel Division for use in that institution.

A Georgia state license or a temporary hospital-assigned Medicaid provider number is required for writing outpatient prescriptions for Medicaid patients. These temporary numbers are available through the House staff Office. Additionally, a National Provider Identifier (NPI) number is required for all prescriptions and

can be obtained at:

https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart

Professional Liability

All members of the Housestaff are covered by Augusta University for professional liability. This coverage is not limited to AU Medical Center, Hospitals and Clinics; it goes with you anywhere in the world. However, the coverage is strictly limited to activities which are within the scope and course of your employment with Augusta University. So, any moonlighting or other unapproved activities would not be covered. For more information on your professional liability insurance, please contact the Augusta University Legal Office at 721-4018; Mr. Andrew Newton or Greg Bryan.

In any major medical incident with possible liability consequence housestaff should:

1. Notify the attending physician
2. With the attending physician, contact the Director of Risk Management at Ext. 1-7475 Monday - Friday (8:00 a.m. - 5:30 p.m.) or the Administrator on-call (pager Ext. 3-5503). Also, as soon as possible, contact the Augusta University Campus Legal Affairs Office at Ext. 1-4018.

Specific events to be reported immediately include the following:

- Unanticipated Death
- Paralysis
- Brain Damage
- Sexual Dysfunction
- Loss of Limb or Sight
- Neurologically Impaired Infant
- AIDS exposure related cases
- Severe scarring or disfigurement

For any other unusual occurrence that may have quality of care or liability consequences, contact the Director of Risk Management, use the variance reporting form and procedure described in the Hospital and Clinics' Policy and Procedure I.1.1and inform the attending physician. If there is any question of potential liability contact the Director of Risk Management or Hospital Administrator on-call.

Any member of the Housestaff named as a party in a lawsuit related to his or her professional activities as a physician or medical student, should immediately contact the Augusta University Legal Office at Ext. 1-4018. This would also include direct requests for information from an outside attorney.

Sick Leave

House Officers receive two weeks (14 days) of sick leave.

Refer to "Housestaff Leave" Policy which is included in the Policy section of this manual. HS Policy and Procedure HS 4.0

http://www.Augusta University.edu/mcg/residents/general-information.php

Vacation Leave

House Officers receive three weeks (21 days) vacation with pay each year which must be taken in seven day blocks unless otherwise approved by the department. Vacation days must be taken within the contract period and no compensation is received for unused days. The timing of the vacation must be approved by the Departmental Chair or Service Chief. Plans for vacation should be made well in advance, preferably early in the Residency year, since the vacation plans of various house officers on a service must be coordinated. See HS 4.0 http://www.Augusta University.edu/mcg/residents/general-information.php

Work Schedules

House Officers are expected to be in the hospital as needed to insure good care of their patients and to be on call at all times as designated by their Departmental Chair, Service Chief or Chief House Officer. Availability of Housestaff is essential at all times for the proper care of patients and assistance during any major catastrophe.

Departmental Protocols of Interest to House Officers

Pertinent policies and procedures are summarized in this Housestaff Manual. All House Officers should become familiar with the Policies and Procedures Manual of the Augusta University as well as AU Health System policies as soon as possible. Copies of the manual are available on all nursing units as well as in the offices of all Clinical Service Chiefs, Clinical Section Chiefs, Department Administrative Managers, Medical College of Georgia's Dean's Office, AU Health System Hospital Administration and GME Office. Policies for the Augusta University and AUHS may also be accessed on the Web at http://www.Augusta University.edu/mcg/residents/general-information.php

Patient Access Services

- The Patient Access Services department is responsible for identifying a source of payment and obtaining accurate registration information for all patients who are bedded in the hospital or receive services in Ambulatory Surgery in either the Augusta UniversityMedical Center or The Children's Hospital of Georgia.
- PAS obtains demographic and financial information, general consent for treatment and other paperwork as determined by payer. We also advise patients of their financial obligations and collect copayment, coinsurance and/or deductibles.
- Patient Access follows Medicare, Medicaid and commercial payer guidelines related to admissions to facilitate reimbursement. We are also a resource for insurance information to both our external and internal customers of the health system.
- PAS obtains and enters birth certificate information into the state database and also obtains paternity acknowledgements.
- Patient Access Representatives are staffed in the Adult and CHOG Hospitals. Hours of Operation and contact numbers are as follows:

***Note: PAS is responsible for insurance verification. Bed Assignments are handled by Bed Management.**

- Adult Hospital

Urgent/Emergent (same-day) admissions, L&D, birth certificate information

- BI 1080 Phone – 1-8954
- Weekday 6:30AM – 11PM
- Weekend 7:30AM – 11PM

Scheduled Admissions and Scheduled Ambulatory Surgery

- BI 1080 Phone: 1-0887
- Weekday 7:00AM – 4:30PM

Ambulatory Surgery Pre-OP

- BA 2447 Phone: 1-3005
- 6:30AM – 4:30PM

Ambulatory Surgery Check in

- 8W 5:00AM – 2:00PM

- CMC Hospital

Urgent/Emergent (same-day) admissions

- 1st Floor CMC 1-5169
- Weekday 7:00AM – 4:30AM
- Weekend Admissions are handled by Adult PAS staff. See above.

Scheduled Admissions and Ambulatory Surgery

- 1st Floor CMC 1-5169
- Weekday 7:00AM – 4:30PM

Ambulatory Surgery Check- In

- CMC 3C - 5:30AM – 2:00PM

- **Bed Management/Admissions**: AUHS Bed Management/Admissions: Bed Management Representatives are stationed in Bed Management 24 hours a day, seven days a week. The current day Admission log is maintained and bed assignments are determined in this section. All scheduled/urgent/emergent admissions are processed through Bed Management to determine bed availability and assignment. All bed assignments are processed through bed management including CMC, L&D, ICU and mental health units. Admission/Registration Services includes obtaining demographic and financial information, general consent for treatment and other required information, which is determined by patient type and regulatory agencies and taking payments after hours (co-payments and deductibles). Paperwork for deceased patients is reviewed and taken from all units in the admissions area as well. Bed Management is responsible for working IIP report to correct any bedding discrepancies between IDX and health quest. Bed management also updates FirstNet allowing the ER staff to see when patients are virtually bedded and notifying them when the floor rooms are ready.

Deaths

See "Deaths" in the Augusta University, Medical College of Georgia Policies and Procedures Manual.

http://hi.georgiahealth.edu/aboutus/PDFPolicies/14_70_r1.pdf

Medical Records

Timely completion of medical records, including dictation, electronic input, signing, dating and timing of all entries, is an integral component of graduate medical education. House staff must complete all medical record assignments in a timely manner, must be familiar with health system record completion policies, rules, and regulations, and must participate in electronic health record system training. Failure to complete medical records, as prescribed by the Medical Staff Rules and Regulations may result in withholding of pay. A Certificate of Completion or residency training will not be issued until all medical record assignments are completed at the end of the training period.

Principal Documentation Requirements

ADMISSION

The report of **History and Physical Examination** must be recorded within 24 hours of admission and prior to surgery. A history and physical examination recorded during a previous hospitalization or clinic visit within 30 days for the same or related condition will suffice as long as it is updated within 24 hours of admission and prior to surgery. The attending physician must add a teaching statement and countersign the report if it is used as documentation to support professional billing.

The H&P shall be proportionate to the complexity and medical condition of the patient and shall meet the standards of care for that area of practice and should include:

- Name of Patient
- Medical Record Number
- Date of Examination
- Chief Complaint
- Details of Present Illness

- Relevant Past, Social, and Family Histories
- Relevant Psychosocial Needs
- Review of Systems
- Report of Physical Examination
- Conclusions or Impressions
- Conditions Present On Admission (CMS requires diagnoses to be labeled as to whether or not they were present on admission to avoid payment of conditions caused by hospitalization or treatment)
- Plan of Action
- Signature, Date, and Time
- Documentation of participation by the attending physician and attending MD signature, date and time (as appropriate to support professional billing)

DAILY

Progress notes shall be pertinent and shall be recorded at the time of observation; they shall be sufficient to permit continuity of care and transferability. They shall give a chronological report of the patient's course and provide sufficient evidence of active participation by the attending practitioner in supervision of the patient's care. Each of the patient's clinical problems shall be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Patient health education provided by the physician or designee will be included in any progress note following that encounter. The condition of the patient will dictate the frequency with which progress notes shall be written; however, they shall be written at least daily.

Orders shall be electronically entered (with a few exceptions that are required to be written on paper). They must be signed by a physician or dentist responsible for the patient. Verbal and phone orders must be read back and verified by the receiving nurse or authorized practitioner, then countersigned by the physician giving the order. All requests for laboratory and radiology examinations must include the name of the ordering and attending physicians so that test results may be routed appropriately.

SURGERY

A complete **Operative Report** should be entered into the medical record immediately after surgery and prior to transfer to the next level of care. If the report is dictated, there will be a delay before the documentation is viewable in the medical record, therefore and an abbreviated **Procedure Note** should be written immediately after surgery. The operative report and procedure note should include:

- Name of Patient
- Medical Record Number
- Date Procedure Performed
- Procedure Performed
- Pre-Operative Diagnosis
- Co-Morbidities
- Post-Operative Diagnosis
- Resident Surgeon
- Name of Teaching (Attending) Surgeon(s)
- Name of First Assistant
- Type of Anesthesia
- Complications
- Fluid Replacement
- Prosthesis Placement (Implants)
- Indications for Procedure (brief sentence or two)
- Sponge, Needle, Instrument Count
- Drains and Stent Placement

- Specimens Removed
- Operative Findings
- Description of Procedure
- Name of Dictator
- Signature, Date, and Time

DISCHARGE

A **Discharge Summary** should be entered or dictated at the time of discharge and is required on all discharges from nursing units (including patients who leave against medical advice) except patients hospitalized less than 48 hours with problems of a minor nature. All Deaths, Trauma and Psych patients require a typed discharge summary regardless of the length of stay. A **Discharge Order Form** must be completed on all discharged and transferred patients (including patients who leave against medical advice) and contain diagnoses, procedures, and other information pertinent to continuity of care.

Discharge Summary Contents:

- Name of Patient
- Medical Record Number
- Dates of Admission and Discharge
- Name and Address of Referring Physician(s)
- Reason for Hospitalization
- An Abbreviated Summary of the Admission History and Physical Examination
- Hospital Course
- Condition of the Patient Upon Discharge
- Discharge Medications
- Discharge Instructions
- Discharge Diagnoses
- Procedures/Operations
- Dictator/Author name and title/Attending name and title
- Signature, date and time

AMBULATORY CARE

Practice Site Notes shall be proportionate to the complexity and medical condition of the patient and shall meet the standards of care for that area of practice and should include:

- Name of Patient
- Medical Record Number
- Date of Visit
- Referring Physician
- Name of Practice Site
- Reason for the Visit
- History of Present Illness
- Review of Systems
- Social and Family Histories
- Physical Examination (PE) Findings
- Treatment Given
- Test Results
- Statement of Diagnosis or Impressions
- Medications Given
- Recommendations for Future Care

- Instructions Given
- Extent of and Expected Period of Disability
- Date of Next Scheduled Outpatient Visit
- Documentation of participation by the attending physician and attending MD signature, date and time (as appropriate to support professional billing)

An **Ambulatory Care Summary List** must be initiated for the patients receiving continuing ambulatory care services. The patient's summary list contains the following information:

- Any significant medical diagnoses and conditions
- Any significant operative and invasive procedures
- Any adverse or allergic drug reactions
- Any current medications, over-the-counter medications, and herbal preparations

The patient's summary list is updated whenever there is a change in diagnoses, medications, or allergies to medications and whenever a procedure is performed.

MAINTAINING RECORD INTEGRITY

Medical records that do not satisfy the requirements for a legal medical record can result in claims payment denial and expose a physician's practice to fraud allegations and increased risk of adverse litigation outcomes.

Copy/Forward, Copy/Paste, Cloning

While the use of copy/forward and copy/paste can improve physician documentation efficiency, it can undermine the integrity of the medical record if overused, abused, or used incorrectly. Electronic Health Records should make the patient chart more legible, faster to document and more complete. But to insure "point-and-click" documentation practices don't end up as "bad documentation habits" and ensure record integrity while using copy/forward and copy/paste functions, remember these **Do's and Don'ts**:

- **Do** use care and vigilance when clicking through templates – the chart you are documenting may be used as evidence in court.
- **Do** limit the use of copy/forward to histories and review of systems.
- **Do** review, review, review before copying forward a note, making sure all medications, test results and interventions are accurately depicted for the specific encounter you are documenting.
- **Do** put copied entries from other providers in quotes and credit the author.

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- **DON'T** copy forward documentation without reviewing and confirming its accuracy – don't make someone else's mistake YOUR mistake.
- **DON'T** copy forward documentation and claim it as your own – you must credit the originator.
- **DON'T** copy forward an entire note that already exists in the record and make it a part of a new note – instead summarize the pertinent points and refer to the existing note.
- **DON'T** copy information from one patient's record and paste it to another patient's record.

Abbreviations

Only those symbols and abbreviations approved by the medical staff may be used in the medical record. Symbols and abbreviations should not be used when recording final diagnoses. A list of approved and prohibited abbreviations can be found on the Augusta University website at:

http://hi.georgiahealth.edu/hospital/HIMS/med_record/index.htm

Corrections

Errors made in the Electronic Health Record require special handling due to the integrated nature of the system. These errors must be evaluated by Health Information Management Services to ensure the items are properly corrected and re-documented. Contact the department at 1-3050 for assistance. Entries written in error in the paper medical record should be corrected by drawing a single line through the incorrect entry. Write "Error", your signature, date and the time adjacent to the incorrect entry then re-document the note correctly and insert your signature, date, and time of the new entry.

Health Information Management Services (HIMS)

HIMS Phone Numbers

Dictation 1-2008
Record Completion 1-3050
HIMS Administration 1-2722
HIMS Work room 1-3075

The Department of Health Information Management Services' primary purpose is to ensure the availability of timely, complete, and relevant patient-specific clinical information (regardless of medium) for treatment, payment, research, and healthcare operations.

Health Information Management Services is responsible for the maintenance and management of the legal health records for all AU Health System operated hospitals and clinics.

Hours of Service

Health Information Management Services is staffed on all shifts every day for record provision for patient care. Other services are staffed during normal business hours (Monday - Friday, 8:00 a.m. - 4:30 p.m.)

Basic Services Offered

- HIMS Administration (consultation services related to health information management issues)
  - Privacy, confidentiality and disclosure of protected health information (PHI)
  - Medical retention, storage and retrieval
  - Health record authorship and authentication (electronic signatures)
  - Standardization of medical vocabularies and use of coding classification systems
  - Medical record attestation for use as evidence in legal proceedings
- Intake and Image Processing
- Assessment and Reporting of Incomplete and Delinquent Records
- Transcription
- Record Storage and Retrieval
- Coding and Indexing
- Release of Information

HIPAA and HITECH Act

Your role as a physician (or researcher) authorizes you to access, use, and disclose protected health information (PHI) for work-related purposes only. In your role as a healthcare provider, you have a regulatory responsibility and ethical obligation to protect patient privacy and to safeguard the confidentiality of PHI by complying with the following federal regulations as well as Augusta University's and AU Health System's privacy and security policies.

What is HIPAA?

HIPAA stands for "**H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996." It is a set of federal regulations designed in part to ensure the privacy and electronic security of patients' protected health information (PHI). PHI must be protected in all formats: printed, oral or electronic record.

What is HITECH?

The **H**ealth **I**nformation **T**echnology for **E**conomic and **C**linical **H**ealth Act ("HITECH") is Title XIII of the American Recovery And Reinvestment Act ("ARRA") of 2009.
HITECH significantly expanded the scope, penalties and compliance challenges of HIPAA. HITECH upped the ante by increasing the penalties for HIPAA violations, providing additional methods of enforcement (creating new jobs by employing federal HIPAA investigators), and increasing and expanding penalties (up to $1.5 million per calendar year) for violations of the HIPAA Privacy and Security Rules. Now individuals and covered entities are being held accountable for harmful breaches. What this means is that AU and GHS Health System must notify individuals within 60 days of a harmful breach as well as post the breach to a DHHS breach web site. When 500 or more records are affected, we are now required to notify all local media and to provide details about the breach.

Training

As a new AU workforce member, you will automatically be registered for mandatory HIPAA training; you will receive a AU email with instructions for accessing these web-based HIPAA lessons. If you fail to complete HIPAA training by the emailed deadline, you will be removed from clinical responsibilities until you comply with the federal HIPAA training requirements.

Policies and Responsibilities:

AUGUSTA UNIVERSITY's Privacy of Health Information policy may be accessed at
http://www.Augusta University.edu/shs/privacypolicy.php
Please familiarize yourself with this policy.

In addition to Augusta University's HIPAA policy, you must be compliant with any other facility's HIPAA policies in which you may treat patients.

As a healthcare provider (or researcher) at the hospitals and clinics operated by AU Health System, you must become familiar with each of the HIPAA Privacy and Security policies posted at http://hi.georgiahealth.edu/policylist/#.

It is your responsibility to report any known or suspected privacy violations.

Resources

The Enterprise Privacy Officer, Christine Adams, works in the Office of Compliance and Enterprise Risk Management. She may be reached at 706-721-0900 or 721-5631, through campus email or visit her in FY 108. Ms. Adams is available to assist you with any HIPAA or HITECH Act questions or concerns. You may also access additional HIPAA and other compliance information, including the anonymous Compliance Hotline in its present web location at http://www.Augusta University.edu/compliance/hotline.php
Please note this web site will soon be moved to a new AU compliance web site.

Walter Ray, Augusta University Chief Information Security Officer and Kathryn Brucks, AU Health System's Security Officer are available to assist you with IT issues related to the security of health information stored, accessed, transmitted or disclosed through the use of computers, laptops, and mobile devices. Mr. Ray may be contacted at 706-721-1577 or by campus email. Mrs. Brucks may be reached at 706-721-0615 or campus email.

Each external facility where you are engaged in clinical activities will have its own Privacy Officer (or compliance officer) who can assist you in interpreting and complying with that facility's HIPAA policies.

Your questions are always welcome.

Housestaff Illness and Injury

Housestaff illness places patients at risk for disease, especially influenza and other respiratory infections. House Officers are not to work if febrile and are to avoid direct patient care with infected or suspicious skin lesions (especially on hands). Illnesses that are potentially infectious, injuries and possible exposures, including needle sticks, are to be reported to Occupational Health, Human Resources immediately to offer timely assessment and therapy. Occupational Health, Human Resources can be contacted at 721-3418. Please refer to Occupational Health Services Policy #10.9 http://hi.georgiahealth.edu/aboutus/PDFPolicies/10_09.pdf

Annual Health Screening and Flu Shots

Annual Health Screenings are a mandatory requirement for continued employment, and must be obtained through Occupational Health Services, Human Resources. All housestaff, regardless of employment start date, are to come to Occupational Health Services, Human Resources every year in June/July for their health screenings. Please refer to Occupational Health Services Policy #10.7 http://hi.georgiahealth.edu/aboutus/PDFPolicies/10_07.pdf Appointments can be scheduled by calling 721-3418.

Flu shots are also available during the flu season every year and can be obtained through Occupational

Health Services, Human Resources free of charge. It is expected that all housestaff will get a vaccine every year in order to protect themselves, their families and patients from influenza. Please refer to Occupational Health Services Policy #10.8 http://hi.georgiahealth.edu/aboutus/PDFPolicies/10_08.pdf

Infection Control

AU Health System Hospital Epidemiology Program undertakes the prevention and control of hospital acquired infections, to include multiple-resistant bacterial, fungal, and viral diseases. The housestaff performs extremely important roles in the infection control program.

Procedures: Hand hygiene continues to be the most important barrier to the spread of infection between and among patients and employees. AUHS's policies and procedures for Transmission-Based Precautions are discussed in the Infection Control Manual. An Infection Control Manual can be found online simply by going to AUHS's home page click on Infection Control Manual located in the middle of the screen. The physician is responsible for ordering the appropriate Precautions category. Standard Precautions and other barrier techniques for intravascular device placement are also discussed in the Infection Control Manual Provision 6.2.

Standard Precautions and Transmission-Based Precautions: Standard Precautions are designed for the care of all patients in hospitals, regardless of their diagnosis or presumed infection status. This is the primary strategy for successful hospital acquired infection prevention and control. Transmission-Based Precautions are designed for patients known or suspected to be infected or colonized by highly transmissible or epidemiologically significant microorganisms for which additional precautions beyond Standard Precautions are needed to interrupt transmission. Transmission-Based Precautions consist of four categories: (1) Contact Precautions- yellow sign; (2) Contact – purple sign for patients with Clostridium difficile (or other spore) (3) Droplet Precautions; and (4) Airborne Precautions. The following is an overview of the categories of Precautions used at GHSHS:

Standard Precautions: Standard Precautions incorporates the major features of Universal Precautions and Body Substance Precautions and applies these principles to all patients receiving care in hospitals regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood, (2) all body substances, secretions, and excretions (except sweat) regardless of whether or not these substances contain visible blood, (3) non-intact skin, (4) mucous membranes, and (5) unpreserved tissues. Standard Precautions is designed to reduce the risk of transmitting of microorganisms from both known and unknown sources of infection in the hospital setting.

Contact Precautions- Yellow sign: Contact Precautions are designed to reduce the risk of transmission of epidemiologically significant microorganisms by direct or indirect contact. Direct contact involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person. This contact may occur between a healthcare worker (HCW) and patient, between a visitor and patient, between two patients, or between two HCWs. Indirect contact involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment. For example, hepatitis A and Clostridium difficile can be transmitted via contaminated bedpans or linen. Contact Precautions apply to specified patients known or suspected to be infected or colonized with epidemiologically-significant microorganisms that can be transmitted by direct or indirect contact.

Contact Precautions- Purple sign: Used for patients with C. Difficile (or other spore) and requires in addition to all the above the use of soap and water for hand hygiene (as alcohol based hand sanitizers

will not work on spores). Also cleaning must be done with bleach as the hospital germicides do not work for spores.

Droplet Precautions: Droplet Precautions are designed to reduce the risk of droplet transmission of microorganisms. Droplet transmission involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large particle droplets (> 5 microns in diameter) containing microorganisms generated from a person who has clinical disease or who 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 of the large particles requires close contact as these particles travel less than 3 feet. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically significant microorganisms that can be transmitted by infectious droplets.

Airborne Precautions: Airborne precautions are designed to reduce the risk of airborne transmission of microorganisms. Airborne transmission occurs by the spread of either airborne droplet nuclei (# 5 microns in diameter) or evaporated droplets that may remain suspended in the air or dust particles. Microorganisms carried in this manner can be widely dispersed by air currents and may be inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient. Airborne Precautions apply to patients known or suspected to be infected with epidemiologically significant microorganisms that can be transmitted by the airborne route. (such as TB)

Intravascular Device Related Infection Prevention and Control of Bloodstream Infection:
GHSHS Adheres to the recommendations from the Centers for Disease Control and Prevention, Hospital Infection Control Practices Advisory Committee (HICPAC) prevention of intravascular catheter-related infections and the Institute of Healthcare Improvement (IHI) 5 Million Lives Campaign preventing bloodstream infections.

ELEMENTS OF THE CENTRAL VENOUS CATHETER BUNDLE

- Hand hygiene - CHG surgical hand scrub
- Maximal barrier precautions -Bouffant hat/mask/sterile gown/gloves/maximal barrier drape
- Chlorhexidine skin antiseptic
- Optimal site selection – avoid femoral line
- **Daily review** for line necessity

CERTIFICATION OF THE CENTRAL LINE INSERTION PROCESS

Contact Adult Vascular Access Team (AVAT) for ALL central venous catheters insertions as follows:

- COPE "Consult Adult Vascular Access Team" order must be placed to access the Adult Vascular Access Team:
    - Receives priority workload
    - Automatically sends a text page
    - 24/7 coverage
    - Confirmation of receipt of consult to coordinate time
- **Power order Tab:**
    - Click "Add" for new order
    - Search CONSULT use "contains"
    - Select "CONSULT ADULT VASCULAR ACCESS TEAM"

- **For Certification of line**

  - Under special instructions enter: **Certify line** and Indicate Room #
  - Complete the field: "Ordering physician contact pager" (yellow for required field)
  - Sign

  The AVAT nurse will contact the physician as soon as he/she is available to coordinate a time for the line insertion/certification. If the AVAT nurse is not available the following are able to certify a central line insertion:

  - Critical Care nurse in STU, SICU, MICU (must be relieved of patient care duties)
  - Physician who has completed the BSI Prevention bundle training (the certifier cannot be assisting in the insertion of the line)

  The person certifying the line must be present and able to observe during the **entire** procedure.

- **For PICC Insertion**

  - Under special instruction enter "**Place PICC**" as well as any additional information
  - Complete the field "Ordering physician Contact pager" (will be yellow for required field)
  - Sign
  - Place completed consent in Patient Chart
  - Place Portable CXR order for PICC placement
  - After PICC placement is confirmed, enter "Access Central Line" order

Coding for Epidemiologically-Significant Bacteria: The purpose of coding for epidemiologically-significant bacteria is to identify individuals who are chronically infected or colonized with epidemiologically significant organisms so appropriate Transmission- Based Precautions can be promptly implemented.. The following codes are used on the patient's label for identification:

Methicillin-resistant *Staphylococcus aureus* (**SI**)

Vancomycin-resistant *enterococci* (**VRE**)

Multi Drug Resistant Organism (**MDR**)

Vancomycin-Intermittent *Staphylococcal aureus* (**VIS**)

Vancomycin – resistant *Staphylococcal aureus* (**VRS**)

Carbapenem-resistent *enterobacteriaceae* (**CRE**)

Notifiable Diseases: Hospital Epidemiology (extension 1-2224) should be notified by the primary physician of patients with certain infections that Georgia law requires to be reported to the Department of Human Resources. Some of these diseases must be reported to the Health Department immediately others within one week.

Official List of Notifiable Diseases - State of Georgia

AIDS
Anthrax
Aseptic Meningitis
Botulism
Brucellosis
Campylobacteriosis
Cancer treated as an outpatient
Chancroid
Chlamydia trachomatis, genital infection
Cholera
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Ehrlichiosis
Escherichia coli 0157:H7/HUS invasive*
Encephalitis (arboviral)
Giardiasis
Gonorrhea
Haemophilus influenzae disease, invasive*
Hantavirus
newly identified HbsAg+carriers
HBsAg+ pregnant women
Hepatitis: A, B, C
HIV
Lead blood level>10ug/dl
Legionellosis
Leptospirosis
Listeriosis, invasive*
Lyme Disease
Lymphogranuloma venereum
Malaria
Measles (rubeola)
Meningitis (specify agent)
Meningococcal disease, invasive*
Mumps
Pertussis
Plague
Poliomyelitis
Psittacosis
Q Fever
Rabies (human and animal)
Rocky Mountain Spotted Fever
Rubella (including congenital)
Salmonellosis
Shigellosis
Streptococcal disease, invasive* Group A or B
Streptococcus pneumoniae, drug-resistant (DRSP)
Syphilis (congenital, adult)
Tetanus
Toxic Shock Syndrome (TSS)
Tularemia
Typhoid
Vibrio infections
Yersiniosis

*Invasive=bacteria isolated from blood, bone, CSF, joint, pericardial fluid, peritoneal fluid, or pleural fluid

Operating Room Scheduling Guidelines

OBJECTIVE: To facilitate the Utilization of resources (anesthesia. OR staff, equipment, etc) that results **in** the smooth, efficient administration of the OR Schedule.

GUIDELINES: Only attending surgeons, **residents** and designated clinic and office staff may schedule surgical procedures, and these guidelines provide a priority in order during off shift hours.

PROVISIONS:

Number of Scheduled Operating Rooms During Off Shift **Hours:**
Monday-Friday

3:00 pm to 5:00 pm	**10** rooms including CT & Ortho Trauma services
5:00 pm **to** 7:00 pm	3 rooms
7:00 pro to 9:00 pm	2 rooms
9:00 pm to 7:30 am	**2** rooms

No elective surgery is pre-scheduled for Saturday. Sunday or hospital approved holidays.

Scheduling Process:

- Elective procedures must he sent through the online scheduling system.
- All required information will he provided and date and time for the procedure will be allocated at the time of booking.
- Elective cases added after close of the elective schedule are considered "add-ons" for the next day.
- Elective add-ons will be worked into the schedule as appropriate (see Case Classification)
- Level I, emergent and urgent cases may be scheduled with the nurse-in-charge by phone or in person.
- The Core Desk Coordinator or designee will notify the attending anesthesiologist of all add-ons.

Case Type Definitions:

Level 1 -Conditions requiring immediate attention due to imminent threat to life or limb: classic "stat" case; examples include gunshot wound to chest with shock; uncontrolled external hemorrhage, symptomatic intracranial hemorrhage, amputation proximal to elbow or knee, persistent systolic BP<90 mm Hg despite fluid resuscitation, penetrating trauma with hemodynamic instability, witnessed blunt arrest with only I vital sign present, severe airway compromise, amputation for reimplantation, pericardial tamponade with hemodynamic instability, compartment syndrome, unstable spine with neurologic deficit, peripheral vascular injury, fetal distress, ectopic pregnancy, uncontrolled vaginal/ uterine bleeding, ovarian torsion, macula-on retinal detachment, endophthalmitis, open globe (trauma & spontaneous perforation), intraocular foreign body, corneal transplantation (tissue only good for 4-6 hrs), orbital compartment syndrome, intraocular pressure above 5OmmHg when not controlled with medical therapy

- Level I cases take precedence over any other case and will be performed in the first available room.
- Previously scheduled elective cases will be delayed in order to accommodate Level I cases if needed.
- If it is necessary to delay an elective case, the delayed case will he started as soon as resources are available.
- The attending surgeon will speak directly with the attending anesthesiologist that is running the board concerning all Level I procedures.
- All Level I cases that result in an elective case being delayed and all procedures that are elevated by a request for status change will he reviewed by the OR Committee, and the attending physician should he prepared to provide explanations to the OR Committee regarding the medical necessity of these procedures

Emergent .Conditions requiring surgery within 6 hours

Emergent cases must be worked into available time in the schedule. When the attending surgeon feels that an emergent case must be done so quickly than an electively scheduled case must be delayed, the surgeon declaring the emergency must discuss this with the attending surgeon whose case will be delayed.

- If an emergent case cannot be started within 6 hours of posting the case, the call team will he called in to start the case.
- The attending surgeon will speak directly with the anesthesiologist in charge concerning all emergent cases.

Urgent **In-house referrals or patients who require surgical intervention within 36 hours**

- Urgent cases are to be worked into the existing schedule and/or performed during normal business hours, if possible.

Elective

- Scheduled cases will continue to be done dependent upon available resources (OR staft anesthesia equipment, etc).

Priority by Case Type:

From 7:30 a.m. —5:00 p.m. Monday-Friday

1. Level leases which are placed into first available room and bump elective schedule immediately.
2. Electively scheduled cases.
3. Emergency cases.
4. Urgent cases.
5. "Add-on" elective cases.

After 5 p.m. and During Off Shift hours (weekends and holidays)

1. Level I cases.
2. Emergency cases.
3. Scheduled elective cases remaining from the weekday's elective schedule.
4. Urgent cases.
5. "Add-on" elective cases.

In the event that an attending surgeon desires to override the case priorities outlined herein, he or she must discuss the issue with all of the attending surgeons whose cases are in line ahead of his or her case.

RESPONSIBILITY

Director of Perioperative Services, Medical Director of Perioperative Services, Surgical Director of MCG Adult OR

Organ and Tissue Donation

Augusta University actively supports the recovery of all organs and tissues for transplantation. In conjunction with the United Network for Organ Sharing, LifeLink, Augusta University Tissue Donor Services, the GA Eye Bank, coordination of all organ and tissue donation is accomplished.

Circumstances surrounding death, organ/tissue function, medical history, and age influence what an individual may donate. The Georgia anatomical Gift Act mandates that the family of every suitable donor be offered the option of organ and tissue donation at the time of death of a family member. The suitability of a potential organ or tissue donor will be determined by the appropriate donor program. It is every family's right to be offered the option of donation. It is not the right of the health care provider to make the choice for the patient's family. LifeLink, Augusta University Tissue Donor Services, and/or GA Eye Bank will approach suitable patients' families regarding the of organ/tissue donation.

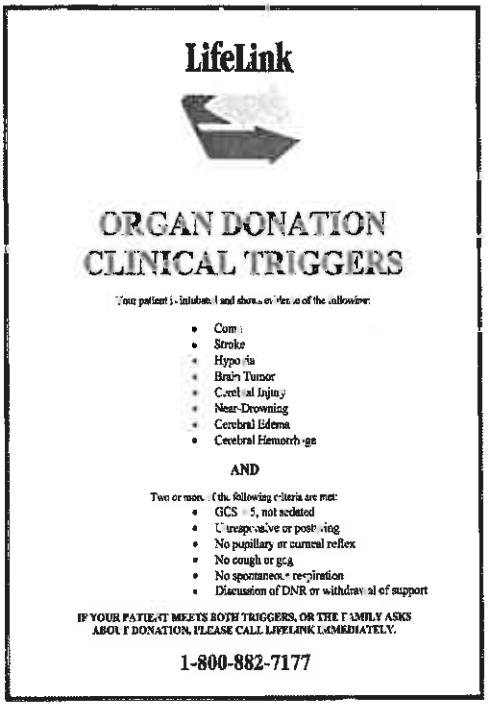
Georgia law requires a record keeping system be maintained confirming donation is being offered when appropriate. This form MUST be completed at the time of death of EVERY patient. The form, called Anatomical Gift Log Checklist, is available from the ward clerk with other required death paperwork.

(Please refer to AUGUSTA UNIVERSITY Standard Practice 011.0. for detailed procedures to be followed at the time of death for donation and completion of the necessary documentation.)

No automatic rule-outs to be determined by hospital staff. All deaths will be called in to appropriate organization by the nurse or physician taking care of the patient (Phone numbers are on the Anatomical Gift Log).

All deaths must be considered as potential donors of some organ or tissue. Criteria vary depending on the specific organ or tissue to be considered for donation.

It is important to make appropriate and timely referral of all potential organ (brain dead) donors. The following clinical triggers should be used when making an organ donor referral to LifeLink:



LifeLink

ORGAN DONATION CLINICAL TRIGGERS

Your patient is intubated and shows evidence of the following:

- Coma
- Stroke
- Hypoxia
- Brain Tumor
- Cerebral Injury
- Near-Drowning
- Cerebral Edema
- Cerebral Hemorrhage

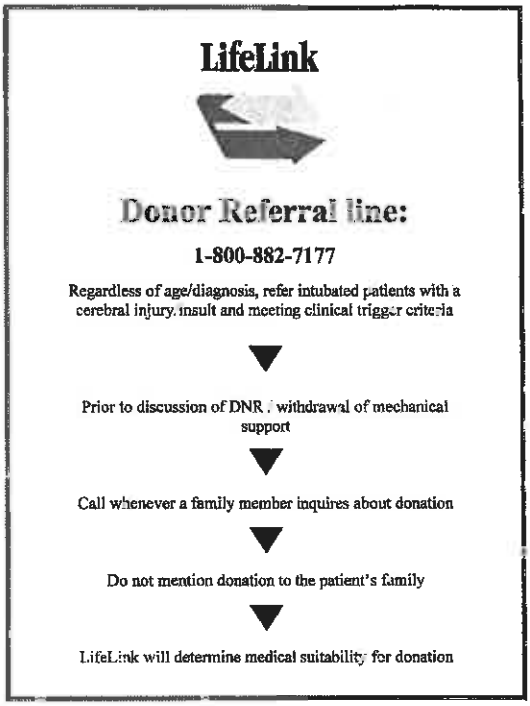
AND

Two or more of the following criteria are met:

- GCS = 5, not sedated
- Unresponsive or posturing
- No pupillary or corneal reflex
- No cough or gag
- No spontaneous respiration
- Discussion of DNR or withdrawal of support

IF YOUR PATIENT MEETS BOTH TRIGGERS, OR THE FAMILY ASKS ABOUT DONATION, PLEASE CALL LIFELINK IMMEDIATELY.

1-800-882-7177



LifeLink

Donor Referral line:

1-800-882-7177

Regardless of age/diagnosis, refer intubated patients with a cerebral injury, insult and meeting clinical trigger criteria

▼

Prior to discussion of DNR / withdrawal of mechanical support

▼

Call whenever a family member inquires about donation

▼

Do not mention donation to the patient's family

▼

LifeLink will determine medical suitability for donation

All vital organ donors (individuals who donate heart, liver, kidneys, lungs, pancreas, and small bowel) traditionally must be pronounced brain dead, however in some circumstance organs can be recovered after cardiac death (Please refer to Augusta University Policy 14.132 for organ donation after cardiac death). Individuals who have had cessation of cardiopulmonary function may donate tissue (eyes, bone/soft tissue, skin, saphenous/femoral veins, and hearts for valves). Specific evaluation of a potential donor should be made by a representative of Augusta University Tissue Donor Services and/or LifeLink. (Please refer to Augusta University Standard Practice B.2.0. for procedures to be followed in determining Brain Death.)

Careful management of the brain dead, potential organ donor is essential to ensure viable organs for transplantation. Maintaining the potential donor as hemodynamically stable as possible is critical. Management techniques used once brain death is declared may differ somewhat from management of the live patient. Once consent is granted from legal next-of-kin, organ procurement coordinators will take over donor management of the patient. Organ Procurement coordinators are available 24 hours a day to provide assistance in donor management.

Prevention of infection, maintenance of fluid and electrolyte balance, and adequate oxygenation are paramount to successful organ recovery. Consultation with the coordinator to ensure the most accurate management is essential. Although the following parameters are ideal, no patient should be ruled-out for donation without consultation with AU Tissue Donor Services and LifeLink. The following are guidelines that should be followed with adult patients, and modified, as necessary for size and age, in pediatric patients:

1. Maintain systolic BP > 100 or MAP > 70
2. Maintain $pO_2 > 100$
3. Maintain urine output of 1cc/kg/hr

4. Maintain normothermia
5. Maintain normovolemia
6. Maintain electrolytes WNL (especially sodium, potassium, serum calcium, glucose)
7. Maintain Hct > 30 mg%
8. Prevent infection with antibiotic coverage, adequate pulmonary toilet, good line care, etc.
9. Use blood, blood products, and colloids sparingly

Donation of vital organs and tissues is not disfiguring to the body. Augusta University Tissue Donor Services and LifeLink works collaboratively with the Department of Pastoral Counseling to ensure families desiring religious/spiritual guidance in making their decision are supported. All major religions support the donor process. Recovery of vital organs is carried out under controlled operating room conditions while still artificially maintaining the brain dead, heart-beating donor. Bone, skin, vein and heart for valve donation occur in the operating room, while the recovery of the eyes may be accomplished in the O.R., nursing unit, or the morgue. In any case, expenses associated with evaluation, management and recovery of organs/tissues are not billed to the donor family, but become the responsibility of LifeLink and/or Augusta University Tissue Donor Services.

The responsible next-of-kin should be offered the option of donation by LifeLink and /or Augusta University Tissue Donor Services only after death is recognized. It is essential to "decouple" the discussion of death from the discussion of donation. This should always be done in a caring, sensitive, non-coercive manner. More important than a "yes" answer is that families are offered the opportunity of donation and then supported in whatever decision they make.

LifeLink and Augusta UniversityTissue Donor Services staffs are available to approach all families regarding donation. It has been found that the use of a team approach (physician + organ procurement coordinator or tissue donor coordinator + nurse/social worker/patient representative) has a much higher positive consent rate than when any health care provider approaches a family alone. The donor program approaching the family must complete the consent form and Anatomical Gift Log. In the case of a brain dead potential donor, please arrange for the complexity of the organ donor process, it is essential that the next-of-kin understand the logistics. If consent is obtained, the Organ Procurement Coordinator is responsible for obtaining the medical/social history. The family should remain in the hospital until the Coordinator can speak to them. If they are being notified over the phone, they should be advised to expect a call from the coordinator.

In coroners' cases, it is the ultimate responsibility of the appropriate receiving agency to clear donation with the coroner. If you speak with the coroner, please advise them of the family's intent to donate, or your intent to ascertain their desires.

Pathology

Detailed instruction for collecting and handling Cytogenetics, Cytology, Flow Cytometry, and Electron Microscopy specimens are available on the Pathology manual online and PAWS website.

Autopsy

Every House Officer should become familiar with the Georgia Post Mortem Examination Act. The more important paragraphs are quoted on the back of Consent for Autopsy form.

According to this act, the person who assumes custody of the body for purposes of burial is the one to

sign the consent for autopsy. If two or more persons assume custody of the body, the consent of one of them shall be considered sufficient legal authorization.

If an autopsy is to be done for legal purposes or for a third party having possible pecuniary liability, the case should be discussed by the clinician with the staff pathologist in charge before the Consent for Autopsy is signed. No prosector will begin an autopsy without prior approval by his senior supervisor if the case involves medicolegal problems.

Forms are available on each nursing unit. Every item should be completed in duplicate by the clinician, including restrictions that have been promised to the family. The signature of the person giving the consent must be given while witnesses are present. It is the responsibility of the prosector, however, to make sure that the consent is legally in order.

The clinician pronouncing the death of the patient is required to take responsibility for asking the next of kin for permission for autopsy. If autopsy permission is refused, the next of kin must sign the portion of the autopsy permit refusing postmortem examination.

There may be liability for legal action for even as much as a small incision. If there are problems about the consent the senior staff pathologist should be contacted.

Restrictions

Requested restrictions must be written accurately on the front side of the Consent for Autopsy by the clinician. If a complete autopsy is requested, the clinician must write "none" in the space for requested restrictions. It is the responsibility of the prosector to ensure that the restrictions promised are fully observed during prosection. If there are questions or ambiguities about restrictions as entered on the Consent for Autopsy, the prosector should contact the clinician.

Telephone Panel Consent

When consent for any autopsy is obtained by telephone, the conversation must be witnessed. The witness is usually a member of nursing personnel. The physician obtaining permission and the witness both sign the permission form.

Notification to Family of Autopsy Findings

The person signing the consent for autopsy should be informed of the results of the autopsy. A copy of the autopsy should not be promised the family. However, the family can obtain a copy of the autopsy through the Department of Medical Records by a release of information form. It is important for the family's understanding and for the clinician's protection that the pathological findings at autopsy be explained in the light of clinical happenings. We have a responsibility to inform family members about autopsy findings; the proper channel is through the clinical department and through the local referring physician who receives a copy of the Provisional Anatomical Diagnosis and the (final) Anatomical Diagnosis.

Disposal Permit

Disposal permits should not be obtained in cases in which the decedent was older than four to six months of age although there is no law in Georgia limiting the age for decedents for disposal. A Consent for Disposal does not imply a Consent for Autopsy and vice versa. If both were granted, the autopsy can be performed without embalming. The Disposal Permit form is not to be used for consent to dispose of amputated parts. Rather, the reverse side of the Release Form should be used in

these cases.

Surgical Pathology

Surgical pathologists are available 24 hours a day, 7 days a week. Regular office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday, Phone Ext. 1-2771/1-2772. After hours, or in the case there is no answer at 1-2771/1-2772, contact the hospital operator at Ext. 1-3893 for the House Officer and faculty on call.

A separate manual of policies and procedures for collecting and submitting specimens is available in the O.R. and at all nursing units. Additional copies can be obtained by calling Ext. 1-6076.

Submit all small or diagnostic tissue specimens in 10% formalin to Room BA 1580. Most major resection specimens are handled by the Operating Room personnel. If taken after hours, deliver specimens to the surgical pathology refrigerator located in the Operating Room Frozen Section Room #1377.

How to Obtain Services

There are two types of request forms. Submit form with tissue specimen to surgical pathology.

1. Consultation Request Form for frozen sections (submit entire triplicate).
2. Surgical Pathology Submission Form.

Information relevant to the material submitted, patient's name, medical record number, date of birth, pertinent history, and the name, UPIN number and the name of the faculty physician requesting the consultation are required. These are necessary for proper evaluation of the material submitted and are required by accrediting organizations. Material received without proper identification will be unacceptable for examination.

It should be noted on the surgical pathology specimen submission form if there are any special requests or information regarding the specimen; e.g., photos, extra slides cut, rush specimen, special test, etc.

It is desirable that the clinician discuss the need for special diagnostic evaluation which involve cytogenetics, flow cytometry, or electron microscopy with the staff members in surgical pathology so that appropriate provisions can be made in order to obtain the best possible results. Doctors/nurses should look up pathology results on host system before calling pathology department.

Frozen Section

For frozen section consultations during regular hours the pathologist can be contacted at Ext. 1-2771/1-2772. During weekends and evenings ask the telephone operator for the pathology House Officer on call. The House Officer will make arrangements and notify the pathology faculty on call. A signed consultation form must accompany request for Operating Room/frozen section consultation. An intercom arrangement connects the surgical pathology office, the frozen section room and individual operating rooms. Through this arrangement the pathologist can speak directly to the surgeon.

Expected Reporting Time

Small specimens can be processed within one day and, in most cases, a diagnosis available by 4:00 P.M. the day after receipt of the specimen. Large specimens often require overnight fixation and are reviewed on the second day after receipt of the specimens.

Slides from Other Hospitals

Patients referred to the AU Health System on whom a tissue diagnosis and biopsy has already performed can have their cases (slides) reviewed by AUHS pathologists. Outside slides should be submitted with a completed specimen submission form. It is the responsibility of the clinician to obtain the outside slides, either directly from the patient or by contacting the outside institution.

Miscellaneous

1. Slides are available for study after the cases have been reported. It is requested that at least one day notice be given to the pathology secretary when slides are requested. More time may be required if your list is very long.
2. A disposal sheet must accompany a fetus regardless of weight.
3. Interdepartmental conferences are attended by a surgical pathologist when requested. The pathologist involved should be notified at least 72 hours prior to conference so that case materials can be retrieved and received. Contact Anatomic Pathology office with patients name and specific case 72 hours in advance.

Cytology Service

Location of Cytology Laboratory: Murphey Building, Room BF-220. Regular Hours: 8:00 A.M. to 5:00 P.M., Monday through Friday.

During the laboratory hours:

1. Submit specimens either to the Surgical Pathology Laboratory (BA 1580) or directly to the Cytology Laboratory (BF 220). After hours, place specimens in the surgical pathology refrigerator located in the operating room.
2. A completed Surgical Pathology Specimen Submission Form must accompany each non-gynecologic specimen. A completed Request for Gynecologic Cytology must accompany each gynecologic (Pap) smear.
3. Detailed instruction for collecting and handling cytology specimens should be available in each clinic and nursing station. Questions can be directed to the cytology laboratory (Ext. 1-2638) during regular hours or to the pathology House Officer or faculty on-call (contact hospital operator) after hours.
4. Fine needle aspirations should be performed under the supervision of a physician experienced in its use. Until 3:00 p.m. on workdays, a cytotechnologist and sometimes a pathologist or pathology House Officer, will be available to assist you in preparation of the aspirate and determining its adequacy. Rapid microscopic evaluation and/or assistance in handling the aspirate can be arranged in advance through the Cytology Laboratory (Ext. 1-2638).

Pharmacy

The Department provides comprehensive pharmacy services to patients, physicians and staff as an integral part of the teaching, research and patient care programs of AU Health System.

Sites:

These services are provided from a number of sites. The Central Pharmacy, which operates 24 hours a day, seven days a week, is located on the second floor of the Sydenstricker Wing and houses the sterile compounding area (I.V. room), the packaging and non-sterile manufacturing area, automated drug storage and inventory systems, drug purchasing functions, and the administrative offices. This area also provides drug distribution and clinical pharmacy services on weekends, evenings and nights.

The CHOG Pharmacy satellite is operational from 7:00 am until 5:00 pm seven days a week and is located on the second floor of The Children's Hospital of Georgia. The CHOG Pharmacy provides drug distribution (including sterile compounding services) and clinical pharmacy services to all patients in the CHOG.

The Adult O.R. Pharmacy and CHOG OR Pharmacy are located adjacent to their respective O.R. suites, and provide service to the Operating Room, Ambulatory Surgery Unit, the Special Procedures Unit and the Post-Anesthesia Care Unit. These services include preparation of drug products such as I.V.'s, epidural solutions, anesthesia kits, and drugs requiring special packaging. Management of controlled substances is a high priority for these satellites. The Adult O.R. Pharmacy and CHOG OR Pharmacy are operational from 6:00 a.m. until 8:00 p.m. Monday through Friday. Drug needs after these hours are handled by the automated dispensing cabinets available in the Adult and CHOG OR areas.

Patient counseling, drug monitoring, and drug information services are also provided on a routine basis.

The Department provides both distributive and clinical services to the Georgia War Veterans Nursing Home patients. Drugs are dispensed through a modified unit dose system, and consultant pharmacy services are provided on a daily basis (Monday through Friday).

Distribution Services

Drugs are distributed to inpatients utilizing an automated unit dose distribution system. Most drugs are supplied to patient care areas utilizing an automated dispensing cabinet system to store, dispense and maintain accountability and billing records for drugs including: controlled substances, drugs needed for stat or emergency doses, I.V. solutions, and routine oral and I.V. medications. Physicians are asked to write orders for the TPN solutions prior to 2:00 p.m. in order for the Pharmacy to prepare and deliver them to the patient in a timely manner.

The ambulatory practice sites utilize a floor stock system for certain drugs that are administered to patients in the practice sites. Drugs requiring special storage and compounding are distributed from the Medical Office Building (MOB) satellite pharmacy.

Patient Care Services

Pharmaceutical care services are provided to inpatients from the clinical satellites and the Central Pharmacy and include drug therapy monitoring, pharmacokinetic dosing monitoring, anti-microbial monitoring, renal dosing monitoring, adverse drug reaction monitoring, and drug interaction and drug duplication monitoring. Pharmacists also monitor high-risk, high-volume or high-cost drugs through a Target Drug Monitoring Program in which criteria for use for the drug are established jointly with the Medical Executive Committees, and each patient is monitored for compliance with the criteria.

The department provides information on drugs to Augusta University faculty and staff, coordinates the Pharmacy & Therapeutics Committee and manages the Formulary system. Drugs included in the

Formulary should provide high-quality drug therapy for the majority of patients. When it is necessary for a non-Formulary drug to be ordered, physicians are asked to document the reason for the non-Formulary request as part of the order. This information is reported to medical staff leadership and reviewed by the Pharmacy & Therapeutics Committee as part of formulary maintenance. Some delay in obtaining non-formulary drugs must be expected, since they must be procured from outside the institution. Medication Utilization Evaluation (MUE) activities and quality assurance programs throughout the entire medication use process are a high priority for the Department of Pharmacy.

All clinical research medications that are investigational, or from a special study supply, are managed through the Pharmacy. This includes dispensing, record keeping and assistance in protocol development.

Support Services

The Department provides a number of support services including the purchase of high-quality drug products, budget analysis, the maintenance of computerized drug distribution systems, drug information databases, and the preparation of numerous products for both inpatients and outpatients. These products include large volume I.V. solutions, total parental nutrition solutions, mini-bags and chemotherapy agents. The Department also repackages into unit doses all products not commercially available in that packaging for both adult and pediatric patients.

The Department also utilizes an after-hours on-call system to handle any administrative issues that arise after normal business hours and on weekends. This is available via the hospital paging system or the Nursing Supervisor.

Research Policies of Interest to Housestaff

Augusta University, Medical College of Georgia has several policies which are pertinent to the conduct of research. As a House Officer you may become involved in research activities as part of your training. Therefore, you should be aware of the policies that must be followed and that are required by federal or state law. These policies are summarized below and you should consult the "Faculty Manual" or the Research Website http://www.Augusta University.edu/research/

See "Research-Related Policies" for details.

Conduct of Research Policy

http://www.Augusta University.edu/diversity/ipso/postdoc/training.php

It is the policy of Augusta University, Medical College of Georgia to maintain the highest ethical standards and integrity in the conduct of research and in the publication of research results carried out by its faculty, students and staff.

In the event of an alleged instance of research misconduct, there will be a prompt and thorough investigation utilizing existing Augusta University procedures including appropriate due process. Research misconduct is defined as the participation, either individually or jointly, in:

1. Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.
2. Violation of the Augusta University Policy on the conduct of Research.
3. Condoning of fraud in research or violations of university research policy.

Sanctions invoked against individuals found guilty of research misconduct may range from an informal reprimand to dismissal, depending on the severity of the offense. If such misconduct involves the integrity of publications, the appropriate editorial body will be notified. If extramural agencies are involved in the research, they will be notified as appropriate.

AU Health System Information Services (IT Security)

IS Security

Information Security Office
https://paws.Augusta University.edu/pub/its
Office #'s: 721-0615, 0616, or 0387

PHI (Protected Health Information) and PII (Personally Identifiable Information) data are protected by federal / state legislation and local policy. AUHS policies on individual responsibility for accessing, using and protecting PHI / PII can be found in the 12.x series at: http://hi.mcg.edu/policylist/.

Secure Share Network Directories. While AUHS does not promote the storage of PHI in spreadsheets or word documents; we realize the occasional need to support operational workflow and / or education. AUHS secure network directory space to store such information when a need is identified. Reference ISO 2.01 ADS Directory Management at: http://www.Augusta University.edu/mcg/laptop/fag/network.php

Data Encryption. Storage of PHI / PII to portable media (USB drives, CDs, laptops, etc) and/or devices outside the control of Augusta University requires advance authorization and security controls. AUHS has an enterprise solution for data encryption to protect you, the enterprise, and the patient in the event a device is lost or stolen. For more information contact: AUHS Information Security Office at the numbers listed above.

Citrix. Citrix provides a secure portal to access the AUHS Clinical Information System **(Synchronicity EHR)**. This portal is available to you on, and off site. It is your responsibility to safeguard your login and password, logoff when not actively using, and position the screens to prevent unauthorized viewing of data.

Lost or Stolen Devices. It is your responsibility to report lost or stolen computers or data storage devices immediately upon discovery. This includes any Augusta University owned property or personal devices

authorized for use on the Augusta University network. You should report to management of the specific area and/or department as applicable and to Augusta University Public Safety at 721-2911.

Network Connection. To maintain the integrity and availability of the AUHS Information Systems, all devices connected to the network must meet Augusta University standards and/or gain approval for exception by CIO/VP Information Services. Requests for connection can be submitted through an IS Service Request located at: http://www.Augusta University.edu.its/. Commercially available network devices (e.g. wireless access points, routers, etc) can negatively impact the AUHS network and are not allowed. Devices and technologies that allow unmonitored remote access to the AUHS network (e.g. modems, GoToMyPC, etc) are not authorized at Augusta University.

Internet Access. Internet access is provided to staff and faculty of Augusta University/AUHS to support business related activities. While the Augusta UniversityUniversity organization maintains a liberal Internet Use policy to support the unique needs of an academic medical center, the Internet should not be used for entertainment, social networking, or unprofessional activities. At no time, should the Internet be used to access, transmit, or store protected information unless specifically authorized by institutional leadership using an approved and secure technology. This includes, but is not exclusive to Internet Chat, personal email, Google docs, Facebook, Youtube, etc.

IS Support Services

IS Training. Information Services offers training to support AUHS Clinical Information Systems. The training topics include: PowerChart; CPOE (electronic orders); ProFile (document management); PowerNote (electronic notes); Add Document (electronic notes); Easy Script (electronic prescriptions) and Message Center (includes inbox messages, orders to approve, sign and review, results to endorse, sent items, etc). Group Wise and Single Sign On classes are also available. To enroll in classes, review the training calendar on the Augusta University home page at the "Sign Up for IS Training" link or at http://hi.Augusta University.edu/trainme/ . You may also contact an IS trainer via email at: TrainMe@Augusta University.edu.

Help Desk. Contact the Help Desk at **1-7500** or **1-4000** if you have questions or problems with the electronic medical record, printing, computers, laptops, Outlook, or other applications or hardware that you are utilizing in your role of patient care. The Help Desk is available 24/7.

Clinical Response Team (CRT). The CRT is available to assist clinicians with the Electronic Medical Record (EMR). If you have questions or problems entering or reviewing data in the EMR, contact the Help Desk at **1-7500 or 1-4000**. A CRT member will contact you either over the phone or in person. This service is available 24/7.

AU Health System Intellectual Property Policy

Augusta University, Medical College of Georgia is dedicated to teaching, research, and the extension of knowledge to the public. The personnel at Augusta University recognize as two of their major objectives, the production of new knowledge and the dissemination of both old and new knowledge. Inherent in these objectives is the need to encourage the development of new and useful devices and processes, the publication of scholarly works, and the development of computer software. Such activities (1) contribute to the professional development of the faculty, staff or students involved, (2) enhance the reputation of Augusta University, (3) provide additional educational opportunities for participating students, and (4) promote the general welfare of the public at large.

Patentable inventions and materials often come about because of activities of Augusta University faculty, staff or students who have been aided wholly or in part through the use of resources of

Augusta University, Medical College of Georgia. It becomes significant, therefore, to insure the utilization of such inventions for the public and to expedite their development and marketing. The rights and privileges, as well as the incentive, of the inventor must be preserved so that his or her abilities and those of other faculty, staff or students of Augusta University may be further encouraged and stimulated.

Augusta University employees, who think that they may have a patentable invention, or simply wish to discuss the prospects thereof, should contact the Office of Technology Transfer and Economic Development http://www.Augusta University.edu/research/ Procedures, protocols and documents for starting the invention review process are all in place for use by any interested Augusta University faculty, staff or student.

AU Health System Policy on the Ownership and Retention of Scholarly/Research Records

The ownership and responsibility for retaining scholarly/research records generated by Augusta University faculty, staff and students is an issue of increasing importance. Georgia state law contains specific requirements for state agencies, such as Augusta University, to maintain and produce records generated by its personnel (see, e.g., O.C.G.A. 50-18-70 et seq.). Additionally, federal laws and regulations governing federally funded research mandate awardee institutions to retain original records and to provide them upon request (see, 42 C.F.R. sec. 50.102 and 45 C.F.R. Part 74, Subpart D). This policy on ownership and retention of records has been adopted in order to provide guidance for Augusta University faculty, postgraduate trainees, students, and employees concerning the ownership and retention of scholarly/research records generated by them during the course of their employment or enrollment.

AU Health System Conflict of Interest Policy

http://www.Augusta University.edu/research-admin/spa/documents/Final%20Enterprise%20COI%20Policy%208-14-12.pdf

The purpose of this policy is to ensure the integrity and objectivity of the research and other scholarly activities of Augusta University employees through the disclosure and management of financial conflicts of interest and to ensure compliance with state laws prohibiting certain transactions with state agencies.

> As used in this policy, A Conflict of Interest means any situation in which (i) it reasonably appears that a significant financial interest could affect the design, conduct, or reporting of activities funded or proposed for funding by a sponsor, or (ii) the personal interest of an employee or his or her family may prevent or appear to prevent the employee from making an unbiased decision with respect to the employees employment with the institution including, without limitation, situations when the employee or a member of his or her family has a significant financial interest in a business which competes or may compete with the Augusta University, Medical College of Georgia.

Utilization Review

UR Central # 706-721-0375
UR Fax # 706-434-6761

1. Patient Status

- It is the policy of AU Medical Center (AUMC) to ensure that hospital admissions meet medical necessity guidelines for accurate billing purposes.
- **U**tilization **R**eview **A**ssessment **P**rotocol (URAP) is a system in which physicians delegate determination of status to the Utilization Reviewers.
- The Utilization Reviewers will try to see all patients assigned to a bed within 16 hours of arrival to determine status (inpatient, outpatient/ambulatory, or observation).
- We use a resource book of criteria as the status guidelines called **Interqual®.**

OUTPATIENT: Those services which may be furnished on hospital premises, but do not necessarily require use of a bed and periodic monitoring by nursing or other professional staff. Ambulatory services are considered outpatient. Example - outpatient minor procedure.

OBSERVATION: Those services furnished on hospital premises, including use of a bed and periodic monitoring by nursing or other professional staff, which are reasonable and necessary to evaluate an outpatient condition or determine the need for a possible admission as an inpatient. Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patient will require further treatment as hospital inpatient or if they are able to be discharged from the hospital. This status is commonly assigned to patients who present to the emergency department and who then require a significant period of treatment or monitoring before a decision is made concerning their admission or discharge.

INPATIENT: A person who has been admitted to a hospital bed for purposes of receiving inpatient hospital services. The status is assigned when a patient's Severity of Illness (SI) and Intensity of Service (IS) warrant evaluation and intervention in an acute care setting. Generally, a person is considered an inpatient if formally admitted as an inpatient with the expectation that he will remain at least overnight and occupy a bed even though it later develops that he can be discharged or transferred to another hospital and does not actually use a bed overnight.

2. Precertification

- UR obtains authorization for a patient's scheduled procedure and/or admission (outpatient, observation, or inpatient) from the insurance company. An authorization/precertification number is generated based on the clinical information/CPT codes provided via the **clinical directive** (see below) process. If not obtained, both the facility and the physician will not be paid. Please call the UR central number for assistance with completing the clinical directive.

3. Clinical Documentation Improvement

- Assists physicians with documenting to show severity of illness and risk of mortality of patients. Documentation improvement also has the potential to increase revenue.
- For example- If you document acuity or the type of CHF the CDI staff will query you for further documentation.
- Make sure you document your response in the progress notes.

MCGHealth
Patient Access Services
BII052
(706) 721-2287
Clinical Directive

☐ CMC (order 18)	☐ MCG (18 Jr order)
Admission Visit Date	Service
Admitting/Attending Physician	

Date: Time:
Acct #:
Location:
* _ _ *

Medical Record #:

☐ Initial Directive ☐ Reschedule/Reviewer ☐ Cancel

Type of Admission	Patient Type (Choose One)
☐ Elective ☐ Urgent ☐ Emergent	☐ Inpatient ☐ Bedded Outpatient ☐ ASC Surgery
	Patient currently located in: ☐ ED ☐ Clinic ☐ Transfer / Direct Admit

Precertification #:

PCP Authorization #:

Patient Name Last First MI	Date of Birth	Race	Sex

Telephone #	Chief Complaint	ICD-9 Code	Expected Length of Stay

Date of Procedure	Inpatient Procedure	CPT-4 Code	Pre-IP Days	Post-IP Days

Patient Supplying Clinical Data for Admission
(Clinical/Hist/Labs, Clinical/Historical or Clinic Treatment Record)

Special Instructions (Pre-Assignment, Telemetry, Isolation, etc.)

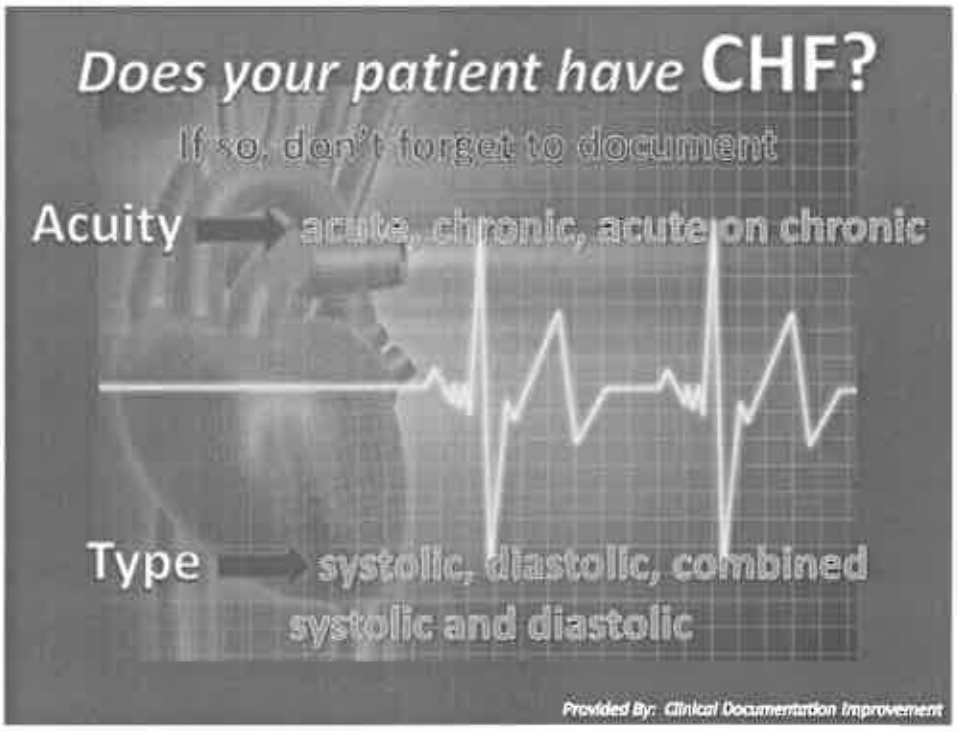
MCG Referring Physician	Date	Phone / Fax #
Community Referring Physician	Date	Phone / Fax #
Primary Care Physician	Date	Phone / Fax #

Clinical Complaint By	Department	Telephone Ext.	Date

Call Received From / Ext.	Call Received By	Date	Time	Pre-Assignment

Rev. 9/2003 FOD Form MCG793

DPDCLIN



Social Services are an integral part of the discharge process. Services provided include but are not limited to:

- Emotional support/counseling
- Education regarding resources
- Referral to Social Security, Disability/Medicaid, Financial Assistance
- Community referral for basic support (food, clothing, shelter, medicines)
- Placement (nursing home/personal care home or sub acute rehab)
- Home oxygen and medical equipment

Family Intervention Services

The assessment and reporting of suspected abuse occurs under the auspices of *Family Intervention Services*, the Augusta University Medical Center program designed to coordinate services for victims / families of Child Abuse / Neglect, Intimate Partner Violence, Abuse of a Disabled Adults / Elders seen at Augusta University Medical Center Cf. *Family Intervention Services* section herein for additional information.

Social worker coverage is unit and service based. Currently there is a social worker in house Monday-Friday. During evening, nights, weekends, and holidays there is an on-call Social Worker for emergencies that can be accessed by calling the paging operator (the on-call person is not in-house).

General Information and Services

Health Center Credit Union (HCCU)

Welcome!

Now that you are an employee at Augusta University, you are able to take advantage of the great benefits available to you. One of these benefits is eligibility to become a member at Health Center Credit Union. HCCU has served this area for over 35 years and has two branches on campus and three others around the CSRA. As part of this community, we understand your lifestyle and financial needs.

Health Center Credit Union is a not-for-profit cooperative financial institution serving greater Augusta's medical and educational community run for and by the members themselves. As shareholders, members directly guide and benefit from the credit union's growth. Members also comprise the credit union's Board of Directors.

All employees, retirees, students, alumni and their families at Augusta University are able to join. Becoming an HCCU member is easy. A savings account begins your credit union membership; simply maintain a minimum balance of $25 in your account to keep it open. There are no membership fees. This savings account will allow you access to the full array of our financial products, services, and membership benefits.

We offer a special loan equal to 50% of your first month's salary for all new interns, residents, and fellows. Contact any of our branches for more information about this loan program.

Some of HCCU's products and service offerings are listed below:

Deposits	Loans	Other Services
Share Savings Accounts	Auto Loans	Free Bill Pay & Online Banking
Checking Accounts: Classic, Student, Gold, Fresh Start and E-checking	Visa Credit Card	Investment Services
Visa Check/ Debit Card	Personal Loans	Money Orders/ Cashiers Checks
Money Market Accounts	Mortgages	Payroll Deduction
IRA Accounts	Home Equity Line of Credit	Safe Deposit Boxes (Main Office)
Youth and Regular Certificate of Deposit	Revolving Line of Credit	Coin Counter (Evans/Main Offices)
Christmas Club		Discount Entertainment Tickets
Vacation Club		PAL Voice Response Line
Kid$ Club/ Teen $cene		Stamps

HCCU Branch Locations

ASU	**706 737 1762**	**Augusta University Harper St.**	**706 434 1638**
Evans	**706 434 1600**	**Trinity**	**706 434 1552**
Augusta University		**Annex II**	**706 434 2213**

Visit us online at www.hccu.coop

Bookstore

The Student Center Bookstore is one of several service facilities which Georgia RegentsUniversity provides for its family of students, faculty, and staff. The Bookstore is totally owned and operated AU with all of its assets, liabilities, and policies under the control of the University.

Location

Ground floor of the Student Center.

Hours

Monday through Friday - 8:00 am to 5:00 p.m.

Call to order books which can be picked up at the Wellness until 10pm, Mon-Fri.

Phone 706-721-3581 or 800-721-3582

Purpose

The Student Center Bookstore is an institutionally owned and operated store. Its purpose is to serve the needs of the Augusta University community, and to support and enhance the educational processes and programs of the University in a competent and professional manner.

Service

The Bookstore is a self-service operation staffed with well-trained, pleasant personnel to assist you with your special needs. We feel that we provide more than just textbooks, supplies and gifts, we provide service. Do not hesitate to ask our assistance; we are always happy to serve you.

Since the Bookstore is operated for you, our office doors are always open to you, and we welcome your comments and suggestions.

Textbooks

Our most important service is providing the student with the textbooks, both required and recommended, that are necessary for the completion of their course work. The textbook is a vital bridge over the gap between already attained knowledge and that which is yet to be learned.

Reference Books

A carefully selected library of reference books is an essential part of the educational process of

medical professionals. The Bookstore endeavors to assist you in the selection of this library by having available for sale, hundreds of titles which are not required as textbooks but which have proved themselves as helpful or necessary as reference material. Your understanding of the medical sciences will be greatly eased and enhanced by the use of the reference books available to you in the Bookstore.

Special Orders

Due to the tremendous number of titles in publication, it is impossible for the Bookstore to stock all of them. We will be more than happy to place special orders for individual titles not normally in stock. There is no extra charge for this service.

Medical Equipment

The Bookstore carries a complete line of medical instruments and equipment such as stethoscopes, diagnostic sets, sphygmomanometers, reflex hammers, tuning forks, EKG calipers, EMT equipment, and many other small items which you will find useful in clinical situations. We stand behind and service all equipment which we sell. As an added convenience, loaners are available while your equipment is out of service.

Other Merchandise

A full selection of pens, pencils, paper, notebooks, gift items, greeting cards and stationery is available. Also available is a wide variety of Augusta University sweatshirts, "T" shirts, gym shorts, and jackets. We can also take care of your lab coat needs including monogram.

Chaplain Services

An interdenominational chaplaincy program serves the Hospital and Clinics. Services of the chaplain are available for patients and their families and Hospital staff members. The chaplain maintains a close relationship with local clergy of all faiths. Upon request, the chaplain will call a clergy person of the patient's choice. The Chaplain's Office and Hospital Chapel are currently located on the second floor of the Talmadge wing in BA-1564. Telephone extension is 1-2929. ***The CMC Chaplain's extension is 1-5110.***

Dental Care

Emergency dental care is available for House Officers and other employees by dialing extension 1-2371.

The Emergency Dental Clinic is a daily limited clinic for those patients in pain and in need of emergency care. Calls are received beginning at 8:00 a.m. Monday through Friday for this clinic. The Emergency Dental Clinic begins at 8:30 a.m. and is first come, first serve for those on the emergency list for that afternoon.

Comprehensive dental care is available through the Augusta University College of Dental Medicine, student dental program. For further information, please dial extension 1-2371.

For those seeking treatment through our Faculty Clinic, please dial extension 1-2696 to schedule an appointment.

Gift Shops

Fun and useful gift items for children and adults are available in Ferns & Fossils, the Children's Hospital of Georgia gift shop and The Little Store, the Augusta University Medical Center gift shop. Memorabilia, stuffed animals, balloons, toys, games, cards, gift items, flowers, jewelry, baby items, magazines and personal-care products are for sale.

Ferns & Fossils is located on the first floor of the CHOG across from McDonald's and The Little Store is located on the second floor of Augusta University Medical Center just down from the Terrace Dining Room. Hours of operation for both stores are: Monday through Friday, 9:00 a.m. – 4:00 p.m.

One45 for Residents: The Basics

One45 is a curriculum tool used by residency programs at Augusta University for evaluations, schedules, and competency tracking. Although each residency program is unique in its use of the system some basic apply to all programs.

Login:
Login at https://Augusta University.one45.com/ . The link for One45 is on the right.

You will also receive emails in Outlook when you have items "to do" in One45.

Evaluations:
Check your "to do" box for work to complete
Once evaluations are complete, these items will disappear from your "to do" box.

Schedules:
You may create your schedules down to the hour using the schedules tab in your eDossier.

Duty Hours:

All house officers' duty hours must be logged into One45. From the Welcome screen:

- Click on "Duty Hours" from the Schedules list on the left of the screen
- Use the calendar to choose a specific day or week
- Click on starting and ending times
- Select Shift Type
- Select Site
- Click on "Save"

Patient Encounter Log:
In some residency programs, tracking of patients is done using One45. You will log entries and identify attending's that will need to "sign-off" on them.

ID Badging & Key Control

AU Health System Badge Office, Campus Key Control and ID Badging Office is part of the Public Safety Division, and is located in the HT building, Room 1147. Both office hours are Monday-Friday,

7:00-5:30 pm. Badges are made anytime between those hours.

Keys to buildings, offices and any other secured areas will be issued to employees, staff, students and faculty on the basis of demonstrated need. All requests for keys must be submitted to the affected Building Coordinator for approval and submitted to the appropriate Lock Shop on a Key Request Form. Each building will have a Building Coordinator who is authorized to approve requests for keys for that building. Persons who lose keys will be assessed $25.00 to help off-set the cost of re-keying the lock. Those who lose Grand Master or Great Grand Master keys will be assessed $100.00 if the lock is in a campus location or $250 if it is in a hospital location, to off-set the cost of replacing lock cylinders in the affected areas.

All House Officers must obtain an ID card and/or Smart Card. Human Resources will provide incoming house officers with two identical ID Badge/Smart Card application forms. Both forms must be taken to the Augusta University badge office, located in Annex I (HT building) where a AU Health System ID badge will be issued and a Augusta University Campus Smart Card if access to campus building is needed. Photo ID Badge must be worn at all times while house officers are working on Augusta University property. There is a $15 fee for replacing lost ID badges. Malfunctioning ID badges will be replaced free upon surrender of the old badge.

The House Officer's Clearance Form for all terminating House Officers must be cleared through the AU Health System Parking and Badging office and Public Safety Key Control Specialist and form must be returned to the Graduate Medical Education Office located in Pavilion I, AE 3042.

The person to whom a key or ID card is issued must notify the Augusta University Badge Operator at (1-7275) immediately when an ID badge or key is lost or stolen.

Please refer to Augusta University Administrative Policy http://www.Augusta University.edu/publicsafety/idbadgingkeycontrol/

if you have any questions.

Creative Services

The Division of Creative Services, through the creative use of visual arts, supports the Augusta University mission of teaching, research and clinical care.

Creative Services should be your first contact for exploring and implementing innovative means for delivering and enhancing your research and presentations.

We provide on campus:

MEDICAL ILLUSTRATION: Medical Illustration (books, journals, posters, computer graphics, web, animation)

TECHNICAL ILLUSTRATION: technical and scientific graphics (books, journals, grants, PowerPoint presentations), scientific poster exhibits, signs and banners, charts and graphs, certificates

GRAPHIC DESIGN: publication design (magazines, booklets, brochures, newsletters, flyers, posters, cards, invitations), web graphics

PHOTOGRAPHY: studio and location photography, clinical and surgical photography, passport photography, application photography, photo enhancement, digital scanning, custom photographic prints

VIDEO PRODUCTION: promotional videos, documentaries, training videos, presentation videos, instructional videos, advertising videos, surgical videos, video tours, lecture videotaping

PRINTING and LAMINATION: custom large format posters, signs, client-created PowerPoint posters

We are located in the Auditoria Center, BC-129.

For more specific information please call:

Trudy Gove at 721-1657 for graphic design
Laura McKie at 721-2235 for technical illustration/scientific poster exhibits
Phil Jones at 721-3353 for studio and location photography, digital scanning and photo enhancement
Wesley Hobbs at 721-3351 for clinical and surgical photography and lecture videotaping
Tim Johnson at 721-5716 for video production and editing

Greenblatt Library

Introduction:
The Greenblatt Library provides access to over 3,700 online journals, 200+ online medical textbooks, and multiple biomedical databases. Broad access is crucial to provide health professionals the opportunity to incorporate the latest research into clinical practice and training. According to Davies in the Health Information and Libraries Journal, the hardest task for physicians is "to actually locate the information required from the flood of information"[1]. There are 17 million citations in MEDLINE alone; how can a clinician filter the literature for answers to a specific question?

Background:
The explosion of health information available to health professionals has become a double-edged sword. Finding information on a health topic is quickly done via PubMed or Google. However, this type of searching may miss critical evidence, as the tragedy at Johns Hopkins illustrates.[2] Incorporating the best evidence into clinical practice and teaching results in greater patient safety and better decision-making by clinicians. Unfortunately, as many as 70% of residents' questions, remain unanswered due to time constraints or belief the answer is not available.[3]

Discussion:

Focus on the following questions: *What, Where, How, and Why*

What type of information am I seeking?

- ***Patient Care Research***
  - Seeking a clinical trial comparing effectiveness of antibiotics vs. wait and see approach in treating otitis media?
- ***Drug Safety Information***
  - Concurrent use of Oxandrin and warfarin raises bleeding risk?
- ***Standard Practice For Disease/Condition***
  - Practice guidelines for diagnosis and treatment of hypertension in regards to initial laboratory testing and possible secondary cause?
- ***Biomedical Research***
  - Is Nitinol a potential new source of cast biomaterial?
- ***Evidence Based Review of Literature Topic***
  - Is iron deficiency linked to higher risk of gastrointestinal cancer?

Where should I search for the answer to my question?

DATABASES

MEDLINE (Via PubMed OR Ovid)

Journal articles addressing clinical questions. Publication types included are clinical trials, RCT, double blind studies, and case reports.

- MEDLINE has evidence-based filters for the "Big Four" categories of therapy, prognosis, etiology or diagnosis as well as cost, economics and practice guidelines. Ovid EBM filters are on the limits page; PubMed uses a Clinical Queries search option found on the homepage.

EBM Reviews (Ovid)

Identifies clinically relevant studies with sound methodology and clinical trials not included in MEDLINE. Access systematic and topic reviews on current evidence-based medical practice.

- EBM Reviews limits to protocols, therapeutics, diagnosis, prognosis and systematic reviews.

Web of Knowledge

Research across science and social sciences disciplines in 8,000+ journals. Track the citation record of an idea/author over time. Select quality journals for future publications. Scope is broader than MEDLINE, good choice for scientific/biomedical questions. Access to a journal's Impact Factor is also available through *Journal Citation Reports*.

- Web of Knowledge allows for truncation to expanding results. Diabet* will find diabetes, diabetic, etc.

POINT OF CARE TOOLS

DynaMed

Clinical reference tool provides approximately 2,000 medical topics organized for point of care usage. Reviews content of over 500 medical journals and conducts systematic literature surveillance to provide access to relevant information for clinical decision-making. Includes history, diagnosis, treatment and associated conditions. DynaMed can browse alphabetically or by category such as pediatrics, surgery or nutrition.

- When searching, the Search button searches for a term in the title of a DynaMed summary; searching text broadens result to additional DynaMed topics that include a search term within the content. Mobile component available for iPhone, iPad, Blackberry, Android and other smartphones.

MICROMEDEX

Pharmacology information including dosage, IV compatibility, toxicology, laboratory testing, and patient handouts. The disease section focuses on diagnosis and treatment, with clinical summaries available. Excellent source for comparing prescriptions, drug updates, complementary medicine and basic medical information.

- MICROMEDEX general search includes drug, disease and lab information. Choose a specific tab, such as IV compatibility or Drug Interactions for specific information. Also

available in mobile format for iPhone and iPad, web-based for and other smartphones.

UpToDate

Focuses on evidence-based information for patient care, diagnosis and treatment questions. The contents of 200+ journals are peer reviewed and synthesized into topic reviews by clinical experts. References and patient education handouts are provided also. **On-campus use only.**

- UpToDate requires a simple topic search on the first screen. Clicking any of the search results reveals a topic outline. Prioritize search results by adult or pediatrics. Double click title for full topic display.

VisualDX

VisualDx has a database of more than 10,000 images and returns high-quality photos and descriptions of possible conditions that match search criteria. This enables a rapid and more accurate diagnosis and prompt treatment. Search by a suspected diagnosis or choose the Differential Builder to input age, area of concern, types of lesion or growth, and specific clinical scenarios. Also available in mobile format for iPhone and Android. Access from the Library Homepage Quick Links or the hospital intranet.

OTHER RESOURCES

eBooks

Search by keywords, author names, titles, and subjects in the Basic Search box. Use the Advanced Search feature for more complex searches. Our alphabetical list of eBooks now searches through the online catalog insuring all current titles are listed. Use the Subject directory to identify all of the eBooks in a discipline or major area of interest, from Cardiology to Informatics to Rehabilitation.

AccessMedicine

Collection of online medical textbooks with additional practice guidelines, multimedia, case files and patient education. Key texts include Harrison's Principles of Internal Medicine, Basic & Clinical Pharmacology, Williams Obstetrics and Current Medical Diagnosis & Treatment.

- AccessMedicine searches across all books and categories or use the advanced search to search specific books or categories. Access Medicine is also available in a web based format through the Greenblatt Mobile Library. Create an account on s desktop before using.

Exam Master

Practice for board certification testing by creating customized based exams. The practice test can be utilized in "Test" mode for a simulated experience of actual board testing or "Study" review mode with correct answers and explanations provided. The certification areas include: Internal Medicine, Family Medicine, Surgery, Pediatrics, OB/GYN and Emergency Medicine.

Requires user to create individual username/password from campus on georgiahealth.edu email account.

How Should I Organize The Search Process?

General Searching Techniques

- Decide which key concepts must be included in your search. The PICO model components: patient/problem, intervention, comparison and outcome are a good framework to find terms, especially for treatment questions.

- Many databases have a set of index terms to define conditions; myocardial infarction instead of heart attack is an example used in MEDLINE's Medical Subject Headings. These controlled vocabulary terms yield more relevant results when searching.

- Keyword searching is the only option for some databases, such as UpToDate, Web of Knowledge and EBM Reviews in Ovid. These databases require you to think of similar terms to increase the number of search results. Use OR between each similar term so that either word choice will be present in the selected article(s)

- Use Boolean operators to determine the relationship between terms. AND means that both terms are present in an article; example AIDS AND tuberculosis. OR is a good method for comparing effectiveness of treatments or drugs, example penicillin OR cipro. NOT can be used to eliminate certain aspects of a term, example AIDS NOT sarcoma.

- Limits are a powerful method of eliminating less useful results. Each database has a specific set of options to narrow the search set. Common limits are date of article publication, language, age/gender of patient population, type of article (clinical trial) and human.

Why should I change my strategy?

Too Many results:

- Choose additional limits or add terms to your search set
- Look at the index terms common to "good articles"
- Check your Boolean operators; consider using and or not

Not Enough Results:

- Consider alternate or related keywords for your topic
- Search abstract, title, headings for words representing key concepts
- Choose keyword search option in MEDLINE for recent topic/unique phrase

Few Relevant Results:

- Use the related articles features in MEDLINE and Web of Knowledge to match articles with a relevant result
- Enter the information from a good article in Web of Knowledge to track articles that are citing the original article or author search from a good article
- Try searching with closely related terms suggested in MEDLINE, try synonyms

in UpToDate, DynaMed and Web of Knowledge

Finding Full-Text from Greenblatt Library

- Searching in a database such as OVID or PubMed, look for the Find It@AU button, this will directly open any available electronic full-text. Print or document delivery options are provided if there is no online full-text.
- Articles that are requested thought Document Delivery have an automated e-mail announcing the item's availability for desk top retrieval. Journal articles are $5.00.

Clinical Pearls to Remember

- Become familiar with other databases/resources in addition to MEDLINE
- Frame your search topic as a clinical question to help define the key concepts
- Each database/resource has specific tools for searching; check the help menu or tutorial for more advanced searching suggestions
- In Ovid MEDLINE, enter each term separately; then combine sets or apply limits to results
- The easiest method to find known citations is to do a title search using key words/phrases. Use the citation matcher service in PubMed/Ovid
- Recommended order of searching:
    - Define key terms and synonyms/related terms as necessary
    - Choose subject heading from list if database offers this option
    - Search each term separately to increase results
    - Combine search terms using Boolean operators
    - Limit to appropriate population, publications, gender, language
    - Consider using an evidence based filter to focus results
- One relevant citation can be a useful tool to expand your results
    - Look at the MeSH, subject headings, or keywords for alternative search terms
    - Use Related articles/records feature in PubMed, Web of Knowledge and Ovid to run a comparison algorithm of your selected article against the database(s)
    - Web of Knowledge will link to all articles with common references to the original article as well as articles citing the original work
- UpToDate and DynaMed provide excellent overviews of specific clinical topics such as otitis media and links to related information from the main topic.
- The eJournal Navigator is the most comprehensive listing of full-text journals available to the AU campus. See the eJournals Quick Links on the Library's home page.
    - Use the search box to enter the name of a specific journal
    - Browse by subject, publisher or use an alphabetical listing
- Knowing how terms are searched within the database will also assist you in achieving more effective search results. Typically terms are searched in a particular algorithm that includes the title, author, abstract, and the databases' own controlled vocabulary which indexes the information.

ADDITIONAL LIBRARY INFORMATION

Contact Information

Library Homepage: **http://www.Augusta University.edu/library/greenblatt/**

Library Information Desk: 706-721-3441

Responsible Literature Searching

www.Augusta University.edu/library/greenblatt/services/electronicresources.pdf

Self-paced educational program for evidence-based practice and knowledge management for the AU research community. Modules are divided into seven brief sections, each focused on a specific topic such as evidence-based health care practice, identification of appropriate biomedical information resources, search process for patient and drug safety information, and library services available to AU users.

Online Tutorials - Interactive web-based tutorials

Library Liaison Program

http://www.Augusta University.edu/library/greenblatt/services/liaisons2.php

The liaison program links the Library and AU community to provide clear communication and be informed of changing information needs. Liaisons can distribute information on new services and resources, collect recommendations for new resources and provide customized instructional sessions.

Ask a Librarian

Chat live with the AU Library Information Center is a service offered Monday-Friday 10 a.m. to 4 p.m. and is best suited to short questions. E-mail to http://www.Augusta University.edu/library/greenblatt/ask/ for more detailed requests. Response via e-mail is usually one business day.

References:

1. Davies, K. The information-seeking behavior of doctors: a review of the evidence. *Health Info Libr J. 2007 Jun;24(2):78-94.*
2. Savulescu J, Spriggs M. The hexamethonium asthma study and the death of a normal volunteer in research. *J Med Ethics. 2002 Feb;28(1):3-4.*
3. Green Ml. Ciampi MA, Ellis PJ. Residents' medical information needs in clinic: are they being met? *Am J Med. 2000 Aug 15;109(3):218-23.*
4. Haig A, Dozier M. BEME guide no. 3: systematic searching for evidence in medical education--part 2:constructing searches. *Med Teach. 2003 Sep;25(5):463-84.*
5. Cullen RJ. In search of evidence: family practitioners' use of the Internet for clinical information *J Med Libr Assoc. 2002 Oct;90(4):370-9.*

Paging

Paging units supplied to the House Officers work statewide depending on location and terrain. Departments appropriate to the needs of housestaff provide pagers. Pagers are maintained by IS communications Department, located on the eighth floor of the hospital (721-1652). Pagers cost approximately $25.00 to replace and should be carefully maintained.

Public Safety

The Public Safety Division is a multi-functional organization providing the following services:

- Law Enforcement and Physical Security
- Emergency Management
- ID Badging and Key Control
- Parking and Transportation Services
- AU Vehicle Fleet Management

A directory of services outlining the various services provided by Public Safety Division can be viewed on our website: http://www.Augusta University.edu/publicsafety/

Augusta University Public Safety Division has a full service Police Bureau staffed by 32 state-certified Police Officers. To request assistance, report a crime, fire or suspicious activity, contact our 24 hour communications center at 721-2911. Security Escort Services are provided by the Augusta University Police to all campus employees and Augusta University students to and from any campus parking area or facility, 24 hours a day. To request a Security Escort call 721-2911.

ID Badging / Key Control Office manages the issuance of ID Badges/Access Cards and Keys to campus buildings and offices. For information call 721-6287.

The Parking Office manages campus parking registration, parking enforcement and campus shuttle bus services. For information call 721-2953.

Augusta University Campus Emergency Management Coordinator handles such issues as Pandemic Flu Planning, Emergency Notification Systems, and mitigation and recovery of on campus disaster incidents. For information call 721-9530.

Terrace Dining Room

(Monday - Friday 7 a.m. - 7 p.m.)

The Terrace Dining Room provides a variety of food service areas, including:

Breakfast Menu - Hours 7:00 am - 10:00 am

Sun Creek Breakfast Company offers a variety of hot breakfast foods. Made to order hot breakfast sandwiches, Belgian waffles, and Omelets.

Lunch Menu - Hours 11:00 am – 2:30 pm

Charleston Market - traditional southern fare with a flare which includes: 2 hot entrees, several vegetables, starches and two types of fresh baked breads each day.

Fresh Inspirations - a self-service fruit and salad bar.

Café Fresca - offers fresh ready-made salads and sandwiches.

Selona Grill - made to order hamburgers, hot dogs, french fries and a daily specialty sandwich.

Deli Signatures - serves made to order deli sandwiches

Pizza Gusta - a specialty daily pizza and Calzone

Theme Cuisine - featuring a different cooked to order delicacy each day.
Finishing Touches - an attractive display of desserts, fresh baked pies and cookies.

Dinner Menu Hours 3:00 pm 7:00 pm

The dinner menu includes a full grill with ready made and cook to order items. Also available are prepared deli sandwiches a variety of prepared salads, snack foods, desserts, frozen yogurt and Coffee...

Selona Grill - made to order grilled chicken, pizza, burgers, hot dogs and fries.

Meeting Rooms

The Terrace has a seating capacity of 270, with two dining rooms, the Dogwood Room and the Magnolia Room available by reservation. Each room seats approximately 24 guests and can be combined to accommodate approximately up to 48 guests. Each of these rooms can be reserved by calling Food and Nutrition Services at 721-7635/2586. The Terrace Dining room is located on the second floor of the Main Hospital and is open 5 days a week (M-F) from 7:00 am till 7:00 pm.

We also offer catering – place your catering orders at https://Augusta University.catertrax.com/index.asp

Volunteer Services

The purpose of the AU Health System *Volunteer Services Program* is to provide a volunteer base which supports the mission and goals of Georgia Health Sciences hospitals and clinics. We accomplish this by providing well-trained, qualified volunteers who are knowledgeable and committed to meeting the needs of our patients, families and staff. One of the primary goals of the *Volunteer Services Program* is to have a direct and positive impact on the service delivery occurring within these areas. We firmly believe that volunteers make a difference and offer a dimension of service that cannot be duplicated.

We offer a wide array of volunteer opportunities within the hospitals and clinics such as assisting on patient care units, Emergency Department, Gift Shops, the Family Resource Library, the Cancer Center and pediatric clinics to name just a few. We also place volunteers in the Phlebotomy Lab, Hematology Lab, Immunopathology/Anatomic Lab and Department of Cellular Biology and Anatomy. We are working to place volunteers throughout the enterprise. Volunteer opportunities are available seven days a week, mornings, afternoons and evening hours. We also offer teens an opportunity to volunteer after school and during the summer.

To learn more about Volunteer Services, or to request a volunteer application, please call Volunteer Services at 706- 721-3596 or go on line to http://www.grhealth.org/patient-family-centered-care/volunteer-services/volunteer-services-home and that will take you to the Volunteer Services link where you will find the volunteer application and accompanying forms to sign.

Communications and Marketing Department

One of Augusta University's most valuable assets is its brand image, and the Communications & Marketing department has primary responsibility for developing and managing the enterprise's brand. We aim for all health system and university messaging to differentiate from the competition while reinforcing the overall Augusta University's brand strategy.

Brand standards ensure consistent use of images and identity. Throughout our organization, we should be using the same logos, graphics, colors, and fonts. Any time you plan to create enterprise-related materials, use the professionals in the Communications and Marketing department to be certain that we are all supporting and sharing the same message and brand of Georgia Health Sciences. For more information or to contact Communications and Marketing, please visit georgiahealth.edu/communications.