

StDavid's | MEDICAL CENTER

Austin Campus | Georgetown Campus | Heart Hospital Campus



Orientation Manual

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Mission, Vision, Values and Goals

Our Mission

To provide exceptional care to every patient, every day with a spirit of warmth, friendliness, and personal pride.

Our Vision

To be the finest care and service organization in the world.

Our Values – I.C.A.R.E.

Integrity: Be honest and do what you say

Compassion: Be sympathetic to the needs of others

Accountability: Take ownership for how actions impact outcomes

Respect: Value the rights of others and embrace diversity

Excellence: Take personal pride in exceeding expectations

Our Goals

Exceptional Care, Customer Loyalty, Financial Strength

Patient Safety

We know patient safety is the top priority for all providers.

TOP SAFETY OPPORTUNITIES FOR PHYSICIANS AND ADVANCED PRACTICE PROFESSIONALS

- Legibility
- Patient Identification – Use 2 identifiers: Name and date of birth
- Date, Time and Sign all entries in the medical record
- An H&P is completed within 24 hours of admission, but prior to any procedure. An H&P done within 30 days prior to admission may be used IF an update note is documented within 24 hours of admission and prior to any procedure
- A post op progress note is written immediately following the procedure, before the patient is transferred to the next level of care
- Re-evaluate the patient immediately prior to anesthesia/sedation
- Hand hygiene
- Appropriate use of Personal Protective Equipment (PPE)
- Security of medications
- Leading a complete TIME OUT prior to a procedure
- Complete all medical record deficiencies within 30 days of discharge
- Know your role in a disaster
- No food or drink in patient care areas
- Do Not Use Abbreviations

Unacceptable Abbreviations	Intended Meaning	Misinterpretation	Expected Action
U	Units	O	Write out the entire word "units"
IU	International Units	Misread as IV (intravenous)	Use the word "units"
ug	Micrograms	Mistaken for mg	Use mcg
PIT	Unclear, could be Pitocin or Pitressin	Pitocen mistaken for Pitressin	Write out the complete word
gr	Unclear, could be grains or grams	Grains confused for grams and vice versa	Write out the complete word
Trailing zero (i.e. 1.0 mg)	1mg	Misread as 10	Do NOT use trailing zero's after a decimal point
Lack of a leading zero (i.e. .1mg)	0.1 mg	Misread as 1 or 11mg	ALWAYS use a zero before a decimal point
Q.D.	Latin Abbreviation for once daily	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "1"	Write out "once daily"
Q.O.D.	Latin abbreviation for every other day		Write out "once every other day"
MS MSO ₄ MgSO ₄	Can mean morphine sulfate or magnesium sulfate	Confused with one another as meaning morphine sulfate or magnesium sulfate	Write "morphine sulfate" or "magnesium sulfate"

Any individual who provides care, treatment and services may report concerns to The Joint Commission when the hospital has not adequately prevented or corrected problems that can have or have had a serious adverse impact on patients.

The Joint Commission
 Office of Quality Monitoring
 One Renaissance Boulevard, Oakbrook Terrace, IL 60181
 (630) 792-5636 Fax
complaint@jointcomission.org Email
 or other applicable agencies

Patient Safety (Continued)

Current National Patient Safety Goals

- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Reduce the harm associated with clinical alarm systems.
- Reduce the risk of health care-associated infections.
- Identify safety risks inherent in the patient population.
- Meet the expectations of Universal protocol for preventing wrong site surgery.

Patient Restraints

Application of restraints is authorized by licenses independent practitioners only. Restraint orders must be: (1) time limited; (2) include type of restraints to be used; (3) clinical justification for use.

Orders for PRN restraints will not be accepted. The use of “may use” also implies PRN and will not be accepted.

1. An order for restraint(s) must be obtained from a physician/LIP who is responsible for the care of the patient prior to the application of restraint(s). The order must specify clinical justification for the restraint(s), the date and time ordered, the duration of use, the type of restraint(s) to be used and behavior-based criteria for release.
 - a) An order for restraint(s) may not be written as a standing order, protocol, or as a PRN or “as needed” order.
 - b) If the patient was released from restraint(s) or seclusion, and exhibits behavior that can only be handled through the reapplication of restraint(s), a new order is required.
 - c) The RN and approved staff taking a telephone or verbal order for restraint(s) must ensure that the accuracy of the order is verified through the read-back method. The order must specify:
 1. Clinical justification for restraint/seclusion
 2. Date and time ordered
 3. Restraint type or seclusion
 4. Duration of order Non-Violent-Non-Self-Destructive Restraint Orders
 5. Behavior based criteria for release
 - d) The treating physician/LIP is to be notified as soon as possible if another physician/LIP (i.e.: “on call”) orders the restraint(s).
2. Order for Restraint(s) for Non-Violent or Non-Self Destructive Behavior:
 - a) Duration of the initial order for restraint(s) **may not exceed 24 (twenty-four) hours for the initial order.**
 - b) The physician/LIP may order a shorter period of time
 - c) Staff assess, monitor, and re-evaluate the patient regularly and release the patient from restraint(s) when criteria for release has/are met.
 - d) To continue restraint(s) use beyond the initial order duration, the physician/LIP must see the patient, perform a clinical assessment and determine if continuation of restraint(s) is/are necessary.
 - e) If reassessment indicates an ongoing need for restraint(s), **a new order must be written no less often than once per calendar day by the physician.** (i.e.:0700 today until 2359 tomorrow).
3. Order for Restraint(s) for Violent or Self Destructive Behavior:
 - a) Orders for restraint(s) or seclusion must not exceed:
 1. 4 hours for adults, age 18 years and older
 2. 2 hours for children and adolescents age 9 to 17 years
 3. 1 hour for children under 9 years of age
 - b) The time frames specified are maximums.
 - c) The physician/LIP may order a shorter period of time

Patient Restraints (Continued)

- d) Staff assess, monitor, and re-evaluate the patient regularly and releases the patient from restraint(s) or seclusion when criteria for release has/are met.
 - e) To continue restraint(s) or seclusion beyond the initial order duration, the RN determines that the patient is not ready for release and call the physician/LIP to obtain a renewal order.
 - f) Renewal orders for restraint/seclusion may not exceed:
 - 1. 4 hours for adults, age 18 and older
 - 2. 2 hours for children and adolescents age 9 to 17 years
 - 3. 1 hour for children under 9 years of age.
 - g) Orders may be renewed according to time limits above for a maximum of 24 consecutive hours. Every 24 hours a physician/LIP primarily responsible for the patient's care sees and evaluates the patient before writing a new order for restraint(s) or seclusion.
4. Monitoring /Assessment for **Violent or Self Destructive Behavior**:
- a) **A face-to-face assessment by the physician/LIP must be accomplished within one (1) hour of restraint/seclusion initiation** or administration of medication to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. At the time of the face-to-face assessment, the physician/LIP will:
 - 1. Work with staff and the patient to identify ways to help the patient regain control
 - 2. Evaluate the patient's immediate situation
 - 3. Evaluate the patient's reaction to the intervention
 - 4. Evaluate the patient's medical and behavioral condition
 - 5. Evaluate the need to continue or terminate the restraint(s) or seclusion
 - 6. Revise the plan of care, treatment, and services needed
 - b) A telephone call or telemedicine methodology does **not** constitute a face-to-face assessment.
 - c) If a patient who is restrained or secluded for aggressiveness or violence quickly recovers and is released before the physician/LIP arrives to perform the face-to-face assessment, the physician/LIP must see the patient face-to-face to perform the assessment within 24 hours after the initiation of restraint/seclusion.

Assessment will be performed and documented every 15 minutes

Hospital Safety Information

Fire Response:

Rescue anyone in immediate danger from the fire

Alarm by pulling fire alarm pull stations and dialing the hospital security department phone extension to alert the hospital

Confine by closing doors to help contain smoke and the products of combustion

Extinguish, and, as needed, prepare to evacuate or relocate patients

Fire Extinguisher:

Pull

Aim

Squeeze

Sweep

Hazardous Materials

The Material Safety Data Sheets (MSDS) Communication manual is available online on the hospitals intranet. Refer to this for information specific to each unit on hazardous chemical and what to do in case of a spill or leak.

Emergency Preparedness

Preparation for emergency situations requires involvement of not only hospital employees but also all Licensed Independent Practitioners (LIP's) that provide services at St. David's Medical Center. In the event of an internal or external disaster, the facility Incident Commander may request additional practitioners to assist the facility in handling an influx of patients that might occur during a state of emergency.

As a member of the Medical Staff of our facility, we wanted you to be aware of the process by which we would request your assistance. The Medical Staff Unit Leader or designee will initiate a call to LIP's to determine availability for assistance. You would be instructed as to where to enter the facility and report for assignments. In order to gain entry into the hospital during an emergency situation, you will be required to have your hospital ID or Travis County Medical Society Badge. The number of LIP's needed will be dependent on the situation, which could allow for additional personnel that can be scaled back in number as the event progresses.

In the event of an emergency, dial the hospital security department phone extension. State your name, location and type of emergency.

CODE Information

Adam – Infant/Child Abduction
Black – Bomb Threat
Dr. Leo – Cardiac Arrest
Exit – Suicide / Elopement
Green – Evacuation
Grey – Weather Alert
Orange – Hazardous Materials / Incident
Pink – Pedi/Neonate Cardiac
Purple – Threatening Person
Rapid Response – Patient condition decline
Red – Fire
Sepsis Alert – Initiate sepsis protocol
Silver – Active Shooter
STEMI Alert – St-Segment Elevation Myocardial Infarction
Stork – Unattended Birth
Stroke Alert – Initiate stroke alert
Trauma Alert – Initial trauma activation
White – External / Internal Disaster
Yellow – Non-patient person down or needing medical assistance

Infection Prevention

Infection Prevention

- Prevention is the best way to control the spread of infection
- HANDWASHING - the most important and easiest form of prevention
- Methods of Prevention
 - Hand hygiene – hand washing and use of alcohol hand rubs
 - Standard Precautions
 - Universal Precautions
 - Personal Protective Equipment (PPE)
 - Glucose control
 - Prophylactic Antibiotics prior to surgery
- Assume that everyone you come into contact with is capable of transmitting a blood borne infection to you!
- Wear Personal Protective Equipment

Hand Hygiene

- Hand hygiene is the single most important activity we can perform to prevent the spread of infections.
- Wash hands with soap and water for at least 10- 15 seconds before rinsing.
- Always use towel to turn off faucet to avoid recontamination.
- Disinfect hands before and after patient contact and after the removal of gloves

Isolation Precautions

- **Standard Precautions** used at all times with all patients whenever there is a risk of exposure to blood or any moist body substance.
- **Airborne Precautions** are used in addition to Standard Precautions if a patient is suspected or known to have a serious illness transmitted in whole or in part by airborne droplet nuclei. A negatively vented room must be used
- **Droplet Precautions** are used in addition to Standard Precautions if a patient is suspected or known to have a serious illness transmitted in whole or in part by large particle droplets.
- **Contact Precautions** are used in addition to Standard Precautions if a patient is suspected or known to have a serious illness transmitted in whole or in part by direct patient contact or by contact with items in the patient's environment.

St. David's Medical Center and its affiliated campuses are committed to providing a safe and healthy work environment for all its employees. In keeping with this commitment, SDMC has implemented an Exposure Control Plan (ECP) to comply with the OSHA blood borne pathogens standard. The ECP is designed to protect the employees of SDMC from health hazards associated with blood borne pathogens, and to provide appropriate treatment and counseling when exposures occur.

Infection Prevention (Continued)

Infection Prevention is the responsibility of everyone in the healthcare setting. Below are evidence-based practice actions to incorporate into your practice to help reduce the risk of healthcare-associated infections.

Catheter–Associated Bloodstream Infections (CLABSI)

- Place and keep central lines in patient only while medically necessary
- Indications for Central Line Necessity:
 - Intravenous medication is a vesicant and requires hemodilution in a large central vein (e.g. vasoactive medications, extreme pH or osmolarity)
 - Temporary hemodialysis access
 - Hemodynamic instability/need for monitoring to guide treatment
 - Total parenteral nutrition containing more than 10% dextrose or 5% protein
 - High volume fluid infusions for resuscitation
 - Infusion of multiple blood products
 - Transvenous pacemakers
 - Long term venous access/lack of sustainable peripheral access
 - Line retained for end of life/comfort care
- Perform hand hygiene before catheter insertion or manipulation. Use of gloves does not obviate hand hygiene
- Avoid using the femoral vein for central venous access in adult patients when placed under planned and controlled conditions
- Several nonrandomized studies show that the subclavian vein site is associated with a lower risk of bloodstream infections than is the internal jugular (IJ) vein
- Use ultrasound guidance for IJ catheter insertion
- Use maximal sterile barrier precautions during CVC insertion:
 - A mask, cap, sterile gown, and sterile gloves are worn by all healthcare personnel involved in the catheter insertion procedure
 - The patient is to be covered with a large sterile drape during catheter insertion
 - Cap and mask for others within six feet of patient
- Use an alcoholic chlorhexidine antiseptic for skin prep. The antiseptic solution must be allowed to dry before making the skin puncture
- Assess the need for continued intravascular access on a daily basis during exam or multidisciplinary rounds. Remove catheters not required for patient care

Catheter-Associated Urinary Tract Infections (CAUTI)

- Accepted reasons for a patient to have an indwelling urinary catheter based on CDC's Healthcare Infection Control Practices Advisory Council (HICPAC) are as follows:
 - Urinary retention or bladder outlet obstruction
 - Perioperative use for selected surgical procedures (urologic, prolonged duration, large volume infusions, need for intraoperative monitoring)
 - To assist in healing of open sacral or perineal wounds in incontinent patients
 - Patient requires prolonged immobilization (e.g. unstable fractures, multiple traumatic injuries)
 - To improve comfort for end of life care if needed

Infection Prevention (Continued)

- Consult with the nurse for options other than indwelling catheter (e.g. condom cath or other external urinary collection device)
- When placing an order for a urinary catheter, leave the pre-checked box for **Criteria-based Foley Removal Protocol** checked unless medically contraindicated. This protocol allows nurses to discontinue the urinary catheter when the use no longer meets the above criteria
- If manipulating the patient's catheter, ensure that you first perform hand hygiene. The use of gloves does not obviate hand hygiene
- Remember that patients with an indwelling catheter are likely to have asymptomatic bacteriuria (chance increases 5% per day that the catheter is present). Be judicious when ordering urine tests; make sure there are supporting signs and symptoms of an infection (cloudy, odorous urine are not appropriate indications). A well-drained bladder is unlikely the cause of fever
- If you do need to test the urine, make sure to order the UAPY, which is a urinalysis that will reflex to a culture if there are +Nitrite or WBC>10
- Always keep in mind that invasive devices should be removed as soon as medically feasible. The question of continued necessity should be a part of your daily exam

Surgical Site Infections

- Advise patients to shower or bathe (full body) with soap (antimicrobial or nonantimicrobial) or an antiseptic agent on at least the night before the operative day
 - For certain cardiac, joint and spine procedures, patients are advised to bathe with chlorhexidine as part of our "Stop SSI" protocol
- Administer preoperative antibiotic per clinical practice guidelines
 - In clean and clean-contaminated procedures, do not administer additional prophylactic antimicrobial agent doses after the surgical incision is closed in the operating room, even in the presence of a drain
- Surgical skin prep should be done with an alcohol-based antiseptic agent unless contraindicated
- Implement perioperative glycemic control and use blood glucose target levels < 200mg/dl in patients with and without diabetes
- Maintain perioperative normothermia
- For patients with normal pulmonary function undergoing general anesthesia with ET intubation, administer increased FI_{O2} during surgery and after extubation in the immediate post-op period. To optimize tissue oxygen delivery, maintain perioperative normothermia and adequate volume replacement
- When hair removal is necessary, use clippers or depilatory method- do not shave
- Confirm patient understanding of post-discharge instructions

Clostridium difficile

- Test only when indicated:
 - Three or more watery stools in \leq 24 hours in a patient who has not had a laxative/stool softener in the last 24 hours, unless ileus is suspected
 - One or more of the following; abdominal pain or cramping, leukocytosis, fever
- Judicious use of antibiotics
- Enteric Contact precautions for suspected and known *C. difficile* infection

Infection Prevention (Continued)

- Hand hygiene with soap and water; alcohol gels do not kill *C. difficile* spores, but the friction and rinsing with soap and water washing will remove them
- After treatment, repeat *C. difficile* testing is not recommended if the patient's symptoms have resolved, as patients may remain colonized

Multi-Drug Resistant Organisms (MDRO)

- In addition to our standard infection prevention measures, St. David's Enterprise requires additional actions to prevent the transmission of MDROs of increased epidemiological significance. Those targeted MDROs include:
 - Extended Spectrum Beta lactamase producers (ESBL)
 - Carbapenem-resistant *Enterobacteriaceae* (CRE)
 - Multi-drug-resistant *Acinetobacter* (MDR-A)
 - Vancomycin-intermediate and resistant *Staph aureus* (VISA & VRSA), and
 - Multi-drug resistant *Pseudomonas* (MDR-Pa)
 - Other emerging resistant pathogens including *Candida auris*
- Measures to prevent MDROs include:
 - Hand Hygiene – still one of the best ways to prevent the spread of infection
 - Preventing the CLABSIs, CAUTIs and SSIs with the actions outlined above will reduce the burden of MDROs in the hospital
 - Transmission-based precautions – Isolation for targeted MDROs or patients whose condition increases the risk for contaminating their environment (uncontained draining wounds, *C. difficile*)
 - St. David's Enterprise no longer isolates for colonization or infection with MRSA or VRE unless the patient also has uncontained secretions or excretions
 - Infection surveillance – Infection Prevention reviews all cultures to identify MDROs and ensure precautions are implemented to prevent transmission
 - Antibiotic stewardship – Pharmacists review cultures, sensitivities and antibiotic usage to help providers narrow the spectrum of antibiotic coverage and reduce collateral damage and resistance

Fundamental Elements to Prevent Influenza Transmission

Influenza viruses are spread from person to person primarily through large-particle respiratory droplet transmission within a short distance (less than or equal to 1 meter) through the air. Contact with respiratory-droplet contaminated surfaces is another possible source of transmission. Airborne transmission also is thought to be possible, although data supporting airborne transmission are limited. The typical incubation period for influenza is 1—4 days (average: 2 days). Adults shed influenza virus from the day before symptoms begin through 5—10 days after illness onset. However, the amount of virus shed, and presumably infectivity, decreases rapidly by 3—5 days after onset in an experimental human infection model. Young children also might shed virus several days before illness onset, and children can be infectious for 10 or more days after onset of symptoms. Severely immunocompromised persons can shed virus for weeks or months.

Preventing transmission of influenza virus and other infectious agents within healthcare settings requires a multi-faceted approach. Spread of influenza virus can occur among patients, healthcare providers, and visitors; in addition, healthcare providers may acquire influenza from persons in their household or community. The core prevention strategies include:

- administration of influenza vaccine to Healthcare Providers and patients
- appropriate management of ill Healthcare Providers
- adherence to standard precautions for all patient-care activities, including respiratory protection during aerosol-generating procedures
- droplet isolation for suspected or confirmed flu patients
- frequent hand hygiene, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves
- implementation of respiratory hygiene and cough etiquette, and screening visitors for respiratory illness
- Appropriate environmental cleaning and disinfection procedures

Rapid influenza diagnostic tests (RIDTs) are immunoassays that can identify the presence of influenza A and B viral nucleoprotein antigens in respiratory specimens, and display the result in a qualitative way. RIDTs can yield results in a clinically relevant time frame, however, RIDTs have limited sensitivity to detect influenza virus infection and negative test results should be interpreted with caution given the potential for false negative results. Therefore, antiviral treatment should not be withheld from patients with suspected influenza, even if they test negative. Testing is not needed for all patients with signs and symptoms of influenza to make antiviral treatment decisions. Once influenza activity has been documented in the community or geographic area, a clinical diagnosis of influenza can be made for outpatients with signs and symptoms consistent with suspected influenza, especially during periods of peak influenza activity in the community.

EMTALA

The St. David's Medical Center and its affiliated campuses adhere to the regulations mandated by the Emergency Medical Treatment and Active Labor Act (EMTALA) 42 C.F.R. 489.20 et. seq.

Patient Access to Care:

Emergency Department EMTALA Guidelines

Purpose: To ensure compliance with State and Federal requirements regarding patient access and care.

Policy:

- 1) Any person presenting for evaluation and treatment on hospital property must be appropriately registered, triaged, and evaluated by appropriate healthcare personnel based solely on medical necessity.
- 2) All patient presentations must be appropriately registered, evaluated, logged in, and documented.
- 3) All patients shall have an appropriate medical screening examination with determination of the presence/absence of an emergency medical condition and undergo appropriate stabilization or transfer before ability to pay for care has been addressed.
- 4) When screening for medical necessity, patients may refuse evaluation based on financial concerns, but staff and physicians may not make decisions on the level and extent of evaluation based on financial considerations without the patient's knowledge and consent. Refusal by the patient shall be documented on the appropriate form, signed and witnessed.
- 5) When dispositioning a patient with an established emergency medical condition, that condition shall:
 - a) Be stabilized for discharge from the ED
 - b) Be admitted to the hospital under a physician with admitting privileges for further evaluation/stabilization, or
 - c) Be transferred to an appropriate facility for definitive care after initial evaluation and stabilization.
- 6) When discharging a patient with either:
 - a) No established emergency medical condition or
 - b) An established emergency medical condition that has been stabilized in the ED...the following ongoing care will be established:
 - i. Final emergency diagnosis(es),
 - ii. Plan of routine outpatient care including medications, rehabilitation services, and/or social service intervention.
 - iii. Referral to PMD or on-call MD when appropriate (general medical care referred to third party provider or appropriate county social services), and
 - iv. Instructions for appropriate return to the ED with appropriate directions and phone numbers.

Patient Rights

Advance Directives

The Patient Self Determination Act took effect in hospitals, skilled nursing facilities, home health agencies, hospice organizations and HMOs serving Medicare and Medicaid patients in December, 1991. Specifically, advanced directives are documents that state a person's choices about medical treatment in the event they cannot make the choices for themselves. A patient may have an advanced directive that identifies a person he/she has chosen to make their healthcare decisions for them.

Patients have a right to refuse any medical or surgical treatment or procedure. It is the policy of this hospital to honor a patient's refusal to be treated or any advanced directive that meets state law requirements. A copy of an advanced directive brochure and forms can be obtained upon require from admissions or any nursing station.

Patients have a right to:

- Advance Directives
- Informed Participation in Treatment
- Privacy and Confidentiality
- Participate in Ethical Discussions Arising from Their Care
- Considerate and Respectful Care

Hospitals have obligations related to advance directives:

- To inform the patient that they have the right to formulate advance directives.
- The hospital must assist the patient by providing forms and instructions for advance directives.
- The hospital will honor the instructions in the advance directives, or the instructions of the surrogate decision maker.

HIPAA / HITECH

HIPAA/HITECH

The Health Insurance Portability and Accountability Act (HIPAA) was enacted by Congress in 1996. The HIPAA Security Rule, which became effective February 20, 2003, established national standards to protect individuals' electronic personal health information created, received, used, or maintained by a covered entity. The HIPAA Privacy Standards, which became effective April 14, 2003, established national standards to protect individual's privacy. For example, when patients register, they are given a Notice of Privacy Practices outlining our patient privacy protection policy. Physicians are covered in the facility Notice of Privacy practices since they are part of an Organized Health Care Arrangement (OHCA). Under HIPAA, the Hospital and Medical Staff are considered part of an Organized Health Care Arrangement.

The Health Information Technology for Economic and Clinical Health Act (HITECH), part of the American Recovery and Reinvestment Act (ARRA), was signed into law in February 2009. This Act made massive changes to existing 1996 HIPAA security and privacy laws. In addition to changing HIPAA regulations, HITECH rolled out sweeping new federal privacy and security laws which included adding detailed steps and process for the reporting of privacy or security breaches, financial and criminal penalties and outlining to whom and in what time frame violations are to be reported.

Complying with the HIPAA/HITECH

HIPAA security and privacy compliance require ongoing awareness, involvement, support, and commitment from all caregivers. Each section of the Security Rule includes standards and implementation specifications that are to be addressed. Below are descriptions of those sections and examples of how we can comply.

- **Security standards: General Rules** - includes the general requirements all covered entities must meet and requires maintenance of security measures to continue reasonable and appropriate protection of electronic protected health information.
- **Administrative Safeguards** - are defined as "administrative actions and policies, and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity's workforce in relation to the protection of that information."
- **Physical Safeguards** - are defined as the "physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion."
- **Technical Safeguards** - are defined as the "technology and the policy and procedures for it use that protect electronic protected health information and control access to it."
- **Organizational Requirements** - includes standards for business associate contracts and other arrangements.
- **Policies and Procedures and Documentation Requirements** - requires implementation of reasonable and appropriate policies and procedures to comply with the standards, implementation specifications and other requirements of the Security Rule; maintenance (which may be electronic) documentation and/or records that includes policies, procedures, actions, activities, or assessments required by the Security Rule; and retention, availability and update requirements related to the documentation.

HIPAA/HITECH (Continued)

What Do I Need to Do and Be Aware of?

- Ask for “passcodes” when talking with family members on the phone and giving them updated information on status of patients condition
- Dispose of unused patient id labels or copies of protected health information in Shred bins- never dispose of this information in a trashcan.
- Be aware of others who may hear conversations of protected health information
- Ask your patient if others in their room may stay when updating the patient of protected health information
- Never share your log in information or PINS

Management of Patient Pain

It is the policy of the St. David's Medical Center and its affiliated campuses to respect and support the patient's right to optimal pain management. A comprehensive approach has been developed to effectively manage patient's pain. **Refer to the Hospital's policy for Management of Patient Pain for complete information and pain scales.**

1. Patients should be informed of their right to pain management and their options to control pain.
2. Every patient will be assessed on admission for presence of pain and determined what their pain goal is. Components of the assessment may include, but are not limited to: Onset; Location; Character (what does the pain feel like); Intensity; Aggravating and ameliorating factors; Effect on life; Consideration of the pathological condition or procedural effects; and Patient's non-verbal indicators of pain
3. Ongoing assessments will occur throughout the hospital stay and are a routine part of the shift assessment. Physiological and behavioral signs of pain will be considered in addition to the patient's report of discomfort.
4. If pain is present, it is recommended to obtain the following:

Words to describe pain

Intensity of pain (0-10 if possible)

Location of pain

Duration of pain

Aggravating and alleviating factors

5. An appropriate pain scale will be utilized to determine the patient's perceived pain level. The following are suggestions for pain scale use:
6. The Numeric Pain Intensity Scale is used to assess reported pain intensity with adults and older children. Pain is rated on a numerical scale ranging from 0 (no pain) to 10 (worst pain possible).
7. The Wong-Baker picture face scale is used for adults who are not able or desiring to use the numerical scale.



8. The PAINAD (Pain Assessment in Advanced Dementia) is used for patients unresponsive, unable to use the 0-10 scale, or with mental impairment (such as those sedated and on ventilators, comatose patients, patients with dementia, and those who are developmentally disabled)
9. Appropriate pharmacological and non-pharmacological interventions will be agreed upon through collaboration with the healthcare providers, patient, and/or family.

Management of Patient Pain (Continued)

10. The healthcare provider will consider the intensity of the pain, the patient's previous experience with pain management, co-morbidities, and recommendations established by the World Health Organization three-step analgesic ladder when selecting pain medications:

- Step 1: Mild pain (pain scale 1-3) : non-opioid medication
- Step 2: Moderate pain (pain scale 4-6): combination of non-opioid and opioid or add an oral opioid
- Step 3: Severe pain (pain scale 7-10): add an opioid with a higher dose/stronger potency.

11. Dosage / Interval Adjustment:

- Always start at the lowest dose and longest interval for mild pain (pain scale 1-3)
- Increase the dosage and/or shorten the interval for moderate pain (pain scale of 4-6)
- Give the maximum dose and/or the shortest interval for severe pain (pain scale of 7-10)
- If the management of pain is not adequate, an additional dose may be given provided that the total of the initial dose and additional dose(s) does not exceed the higher dose range.

12. Patient education will be comprehensive and ongoing. Patient's instruction may include rights to pain management, reporting of pain, options for control, the importance of pain relief and recovery, effects and side effects of available medications, and the effectiveness of pain control measures. Education is documented.

13. Pain assessments will be repeated after an intervention to determine its effectiveness. Degree of relief and/or change in interventions will be documented. Reassessments should be determined at peak times of the route and specific medication. General guidelines for oral are approximately 1 hour and for IM/IV/SQ, approximately 30 minutes.

14. If patients are receiving pain management as part of end-of-life care/AND-C, assessment and monitoring may be less frequent that stated in policies in order to promote this phase of care.

15. Patients/Families will be instructed about pain medications during the discharge process. This will include information about dosing, side effects, treatment of side effects and interactions with other medications and substances.

Sexual Harassment

What is Sexual Harassment?

Sexual harassment is a form of sex discrimination prohibited by federal law under Title VII of the Civil Rights Act of 1964 and under state law by the Texas Commission on Human Rights Act. Both statutes prohibit discrimination in employment based on sex.

The EEOC has adopted a more comprehensive definition of sexual harassment. Under the EEOC's Guidelines on Discrimination Because of Sex, sexual harassment means "unwelcome conduct of a sexual nature" that affects an employee in one of three ways:

- 1) Submission is made either explicitly a term or condition of that person's employment;
- 2) Submission to or rejection of the conduct is used as the basis for employment decisions affecting that person; or
- 3) The person's work performance is interfered with unreasonably or the person is subjected to an intimidating, hostile, or offensive working environment.

The elements of sexual harassment are:

- 1) unwelcome
- 2) sexual conduct
- 3) based on sex
- 4) that affects a term or condition of employment

What Types of Actionable Sexual Harassment are there Under Federal or State Anti-Discrimination Statutes?

- 1) Quid pro quo - Literally, "this for that," occurs when an employee is required to consent to unwelcome sexual advances to remain employed or to obtain other job-related benefits, or may be denied such benefits for rejecting the sexual advances.
- 2) Hostile environment - Arises where an employee is subjected to a working atmosphere involving unwelcome sexual advances, innuendoes, requests for sexual favors, or other conduct of a sexual nature. Such conduct is not linked to a tangible job benefit or economic consequences, but may nonetheless constitute unlawful sexual harassment where the harassment is sufficiently severe or pervasive to alter the conditions of the victim's employment.
- 3) Preferential treatment: A minority of courts holds that preferential treatment based on a consensual romantic relationship is sexual harassment prohibited by Title VII; the majority of courts reject this view.

Medical Staff Health Policy – Impaired Practitioner

St. David's Medical Center and its affiliated campuses have an impaired practitioner policy in place that applies to all Medical Staff members and Advanced Practice Professionals. The purpose of this policy is to establish a mechanism for reporting reasonable suspicions that a physician or APP is impaired. For purposes of this policy, impairment shall include, but not be limited to, substance abuse.

The American Medical Association defines the impaired practitioner as "one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol."

Warning signs of impairment may include, but are not restricted to, perceived problems with judgment or speech, alcohol odor, emotional outbursts, behavior changes and mood swings, diminishment of motor skills, unexplained drowsiness or inattentiveness, progressive lack of attention to personal hygiene, or unexplained frequent illnesses.

The policy is intended to provide guidance and direction on how to proceed when confronted with a potentially impaired physician. Some of these steps include the following.

- A. Self-referral to the Department Chairman, CEO, or Medical Director is encouraged.
- B. Any suspicion of physician impairment, especially any impairment that would place any patient, employee, or the reputation of the Hospital at risk, must be investigated thoroughly, objectively, and in a manner to protect the reputation of the physician in as great a manner as is possible under the circumstances.
- C. Any allegation of impairment that is investigated and substantiated results in immediate action to protect patients, employees and the public.
- D. If any individual working in the Hospital has a reasonable suspicion that a physician appointed to the Medical Staff has a possible impairment (situation presents an immediate danger to staff, employees or patients; impairment is obvious), the following steps are taken:
 - 1. The person in charge of the area immediately contacts the Department Chairman, CEO, and/or Medical Director.
 - 2. A written report of the reasonable suspicion is made to the Medical Director and President. The report includes a description of the incident(s) that led to the belief that the physician is impaired and is factual. The individual making the report must state the facts leading to the suspicion.
 - 3. The name of a person who reports a reasonable suspicion will be kept confidential. The identity of the physician seeking referral or referred for assistance will be kept confidential, except as limited by law, ethical obligation or when the health and safety of a patient is threatened.

For more information regarding this policy, please contact the Medical Staff Manager at your primary place of practice.

Disruptive Physician / APP Policy

As leaders of the delivery of healthcare, the members of the Medical Staff and Advanced Practice Professional Staff of St. David's Medical Center and its affiliated campuses are expected to conduct themselves in a professional and cooperative manner at all times. All individuals receiving care from the Hospital are to be treated courteously, respectfully, and with dignity. The objective of this policy is to ensure excellent patient care by promoting a safe environment of cooperative and professional behavior.

Clear and concise guidelines provided by this policy will discourage unprofessional and disruptive behavior by the members of the Medical Staff at the Hospital. Alternatively, if a member of the Medical Staff has difficulty with, or is experiencing conflict with, another member, we would encourage him or her to request the assistance of the Administrator on Call and/or a Medical Staff officer to help assist him or her if rapid resolution of the problem seems unlikely.

Disruptive behavior is conduct which adversely impacts the operation of the Hospital, affects the ability of others to get their jobs done, creates a "hostile work environment" for Hospital employees or other individuals working in the Hospital, or begins to interfere with the individual's own ability to practice competently or is inconsistent with the mission, vision, and values of the Hospital.

If there is reasonable suspicion that a Medical Staff / APP member at a St. David's Medical Center facility is exhibiting practice patterns or personality traits which could potentially compromise the quality of care provided patients or is exhibiting inappropriate language or behavior in communications with patients, employees, hospital management or other Medical Staff / APP members, the matter may be referred to the Department Chief, President of the Medical staff, CEO (or designee).

Any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Medical Executive Committee for further action as required

For more information regarding this policy, please contact the Medical Staff Manager at your primary place of practice.

Focused and Ongoing Professional Practice Evaluations

St. David's Medical Center and its affiliated campuses, through Credentialed Medical Staff or Advanced Practice Professionals that sit on the Peer Review Committee, will conduct ongoing and focused professional practice evaluations, analyzing aggregate data and case findings to identify areas to improve professional competency, practice, and care.

The Focused Professional Practice Evaluation (FPPE) is a time-limited process through which the privilege-specific competence of a practitioner is evaluated. FPPE will be used for: (1) all new Medical Staff or Advanced Practice Professional appointments; and (2) if a practitioner is granted a new privilege; and (3) evaluate issues discovered during peer review. The indicators to be monitored, methodology of monitoring and time-line for monitoring are dependent upon the recommendations of the Medical Staff based upon the privileges being requested by the independent licensed practitioner, including APP.

The Ongoing Professional Practice Evaluation (OPPE) is an ongoing program that is reported for each specialty every 8 to 10 months. Information for OPPE may be acquired through periodic chart review, direct observation, monitoring of diagnostic and treatment technique, and discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.

Criteria used in OPPE may include the following:

- Review of operative and other clinical procedures(s) performed and their outcomes;
- Pattern of blood and pharmaceutical usage;
- Requests for tests and procedures;
- Length of stay patterns;
- Morbidity and mortality data;
- Practitioner's use of consultants;
- Incidents or "near misses";
- Sentinel Events;
- Adherence to National Patient Safety Goals; and

St. David's Medical Center and its affiliated campuses and Medical Staff will use the results from OPPE and FPPE evaluations to identify professional practice trends that impact quality of care and patient safety. Through this process, the Hospital plans to identify opportunities to improve the quality of care provided by individual practitioners, and provide suggested areas for hospital-wide improvement.

The OPPE and FPPE policy is available for review in the Medical Staff Office.

Mandatory Reporting

Our Medical Staff Bylaws, require that you report any restriction or condition imposed on or probation with respect to your medical license within thirty (30) days of the imposition of such restriction, condition, or probation. Failure to do so shall result in automatic suspension from practicing at St. David's Medical Center and your Medical Staff membership shall be automatically terminated. Please contact the Medical Staff Office at your respective campus to report any restriction, condition, or probation within the 30 day required timeframe.

Physicians Computer Systems

Physician IT Help Desk

Phone: 901-4357 (HELP)

St. David's Customer Support serves the employees of the St. David's HealthCare, the physicians, and their office staff who utilize IT services. If you experience computer system issues, please contact the HELP Desk at: (512) 901-HELP (4357). Please note there is a physician prompt # that will connect you to a Physician Support Coordinator. Contact the Physician Help Desk to obtain access, schedule training, and report problems.

If you experience computer system issues, please contact *Physician Help Now* at 844-324-3665.

Downtime Procedure

When electronic information systems are unavailable, downtime procedures will be implemented as per Hospital Policy. Paper forms of all orders and charting documentation are available in these instances, and can be obtained from nursing.

Cultural Diversity

When we talk about diversity, we talk about differences between people. Some of the factors that influence our differences are age, religion, race, language, weight, height, sexual preference, and physical abilities. Diversity is not defined only by race or gender. It extends to all biological and acquired differences (culture). Even within a culture, many other variations may be present.

The culture to which an individual belongs plays an important role in shaping beliefs and behaviors. Diversity in the healthcare environment necessitates employees to be open-minded and respectful of each person's values and cultural differences. It can affect the quality of care we give to our patients, as well as our interactions with other staff members.

Some general guidelines to keep in mind in being sensitive to other cultures include, but are not limited to:

- If there is a language barrier, assume confusion; watch for tangible signs of understanding
- Take your cue from the other person regarding formality, distance, and touch
- Question your assumptions about the other person's behavior; expressions & gestures may not mean what you think
- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties
- Pay attention to body language, facial expressions & other behavioral cues; much information may be found in what is not said
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: "Yes, I heard" rather than "Yes, I understand" or "Yes, I agree"
- Consider that smiles & laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion
- Make formal introductions using titles (Mr., Mrs., Ms., Dr.) & surnames; let the individual take the lead in getting more familiar
- Use a soft, gentle tone and maintain an even temperament
- Spend time cultivating relationships by getting to know patients & coworkers & by establishing comfort before jumping into the task at hand
- Be open to including patients' family members in discussions & meetings with patients
- Consider the best way to show respect, perhaps by addressing the "head" of the family or group first
- Use pictures & diagrams where appropriate; for example give maps for directions or show a picture of a social security card or driver's license
- Pay attention to subtle cues that may tell you an individual's dignity has been wounded
- A response such as "Maybe" or "That would be difficult" is probably a polite "No"

In summary, keep in mind that the person you are interacting with from another culture is your best teacher and expert in their culture. Ask sensitive, but appropriate questions to find out more about them and what may be causing them to respond the way they are. If we ask with respect and genuine desire to learn from them, they will tell us how we can improve our relationships. Every cultural group includes considerable variables. Only by acquiring more knowledge about others will it be possible to reduce ignorance.

Responsibilities as a Medical Staff Member

Change in Status/Information Provided on Application Form

Your appointment and clinical privileges were granted based upon a careful assessment of your current qualifications and background. ***If there is any change in your status or any change to the specific information that you provided on your application form, it is your responsibility to inform the Medical Staff Office within one business day when the change occurs.*** This would include, but not be limited to, change in your licensure status or professional liability insurance coverage, the filing of a lawsuit against you, the initiation of an investigation or change in your Medical Staff status at any other hospital, exclusion or preclusion from participation in Medicare or any sanctions imposed, and any change in your health status that may affect your ability to safely and competently exercise clinical privileges.

Clinical Protocols

The Medical Staff leadership is committed to the development and implementation of appropriate evidence-based clinical protocols. All Medical Staff members are expected to constructively participate in the development, review, and revision of clinical protocols pertinent to their clinical specialties, and to comply with adopted protocols or document in the medical record the clinical reasons for variance.

Medical Record Completion

While we certainly understand the time pressures and demands upon your practice, it is essential that you understand that timely and appropriate medical record completion is not a meaningless, administrative task. It is a fundamental component of quality patient care. It also has implications for Medical Center and physician liability, effective performance review, accreditation and licensure, and reimbursement. We stand ready to assist you in this record-keeping responsibility in any manner that may be helpful, but please understand that the medical record completion policy will be strictly enforced.

On-Call Responsibilities

Service on the on-call schedule for unassigned patients who present to the ED is a responsibility of all Medical Staff members. The on-call plan is developed by each Department and approved by the Medical Staff. Physicians who are on call are expected to be immediately available by telephone and to respond in person, if so requested, within 30 minutes. If you perform elective surgery or conduct other patient care services while on call, you must arrange for an appropriate physician with comparable hospital privileges to serve as back up to provide on-call coverage and notify the Medical Center of such arrangements. You are permitted to have simultaneous call obligations at more than one hospital in the geographic area but must notify the Medical Center in advance and arrange for appropriate backup.

Response Time for Your Patients

Our Medical Staff Bylaws require that you (or your designated covering physician) be available to provide timely and continuous care for your patients. You, or your designated covering physician, are required to respond via phone within 15 minutes to STAT pages from the Medical Center and within 30 minutes to all other pages. You must appear in person, or arrange for a physician, to attend to a patient

Responsibilities as a Medical Staff Member (Continued)

within 30 minutes, or as soon as is reasonably possible, when requested to do so by the Practitioner caring for the patient at the Medical Center in a situation that requires urgent attention.

Heart Hospital of Austin Campus Information

Admissions

Admission Types include Inpatient, Outpatient and Observation admissions.

Information that will be needed for an admission includes the following:

- Patient name, sex, date of birth
- Patient address and phone number
- Admitting Physician's name and phone
- Patient type
- Diagnosis, procedure
- Estimated length of stay
- Insurance information
- Medicare/Medicaid information (if applicable)

Pre-Certification

Most insurance companies require pre-authorization for hospital admissions and ambulatory surgery, except in emergency situations. Medical information and a plan of treatment are usually required, so pre-certifications and authorized extensions are the physician's responsibility.

Managed Care Plans

Our facility accepts many different Managed Care Plans with additions made periodically. For a list of the plans that we currently have contract with, please contact the Admissions at 407-7545

How to Admit/Schedule a Patient

Direct Admit and Patient Transfers	407-7751 - CVSTAT Nurse Available 24 hours a day, 7 days a week.
<ol style="list-style-type: none"> 1) Cath Lab/Vascular Lab 2) Electrophysiology Lab 3) Endoscopy 4) Outpatient Radiology 5) Pulmonary Function Testing 6) Cardioversion/TEEs 7) Surgical Procedures 	407-7444 - Central Scheduling Available 24 hours a day, 7 days a week.
HeartSaver CT	407-SAVE (7283)
Sleep Disorder Center	407-REST (7378)
Valve Clinic	407-VALV

Service Breakdown by Specialty

Cardiovascular Disease **Mark Picone, D.O, Medical Director**

Cardiology

Medicine **Anish Shah, M.D., Department Chair**

Allergy/Immunology
Anesthesiology
Dermatology
Emergency Medicine
Endocrinology
Family Practice
Gastroenterology
Hematology/Oncology
Infectious Diseases
Internal Medicine
Nephrology
Neurology
Psychiatry
Pulmonary Medicine
Radiology/Nuclear Medicine

Surgery **Mark Felger, M.D., Department Chair**

Cardiothoracic Surgery
General Surgery
Neurosurgery
Ophthalmology
Oral and Maxillofacial Surgery
Orthopedic Surgery
Otolaryngology
Pathology
Plastic Surgery
Podiatry
Urology
Vascular Surgery

Physician Information

Parking

Reserved parking for physicians only is provided on the first level of the parking garage. The reserved area is located on the immediate left after entering the parking garage. Access to the parking garage will be the Travis County Medical Society badge.

Facility Access / Entry

Physicians may enter at any hospital entrance. All entrances with the exception of the main lobby are secured and will require badge access. A universal badge system is utilized through the Travis County Medical Society. They will notify the Heart Hospital of Austin with the physician badge number to activate the badge in our computer system for facility and parking access. See Appendix C for information regarding obtaining a badge from Travis County Medical Society.

Smoking Policy

The Heart Hospital of Austin is designated as a smoke free environment. Smoking is permitted only in designated areas on the campus.

Physicians Lounge

The physicians lounge is located on the first floor along the southwest corridor. The physicians lounge is for physicians only. Food Services provides a fully stocked refrigerator. Snacks are provided all day and the following meals are provided:

Continental Breakfast	7:00am – 10:30am
Lunch Service	11:00am – 2:00pm

If a physician chooses to purchase a meal in the hospital cafeteria, a 20% discount will be offered. An ID badge should be shown to receive the discount.

Advanced Practice Professional Information

Facility Access

Advanced Practice Professionals are required to obtain a Heart Hospital of Austin ID badge in order to gain facility access. The ID badge can be obtained in the Human Resources office, located in the Medical Office Building next to the Hospital on the 4th floor.

Meals

Advanced Practice Professionals will receive a discount on meals purchased in the hospital cafeteria. Your Heart Hospital of Austin ID badge must be presented to receive the discount.

Parking

Parking is available in the parking garage, above level 4. Your Heart Hospital of Austin ID badge will be your garage entry pass.

Department Information

Health Information Management (Medical Records)

Phone: 407-7660 *Location:* 3rd Floor

Hours: Mon-Fri, 8:00am – 5:00pm

HIM representatives are available during regular business hours to assist physicians with their requests. Discharged patient records can be viewed on the internet via Horizon Patient Folder (HPF) through Portal. An instruction manual for HPF is included with the orientation manual and available from the Medical Staff Office or HIM

Dictation Services: Dictation instructions may be found in Appendix G. If you have questions regarding the dictation equipment, please contact the HIM department at 407-7660 or 407-7661. Dictated reports are auto faxed or mailed to the dictating physician and to copied physicians within 5-7 business days. Any other request for release of records may be directed to the HIM department for processing.

Incomplete Records: Incomplete medical records remaining at the time of patient discharge must be completed within 30 days or the records will be considered delinquent. It is very important to keep all records up to date. Physicians with delinquent records are subject to suspension and losing hospital privileges.

Coding Assistance: If you or your staff needs assistance with coding issues, please call the HIM department. On occasion, coding staff will query a physician. All responses to queries are to be made in the body of the medical record and not answered on the query form.

Medical Staff Services

Phone: 407-7514 *Fax:* 407-7029

Hours: Mon-Fri, 8:00am – 5:00pm *Location:* 3rd floor

Advanced Clinicals (CPOE)

Phone: 407-7592 *Cell:* 470-7903

Contact: Ben Kent

Advanced Clinicals provides assistance to physicians in the use of computerized order entry and documentation and the functionalities of MEDITECH.

Nutrition Services

A Registered Dietician is available for individual nutrition counseling. For information, please contact 407-7549.

Outpatient and Day Patient Services

Phone: 407-7400

Fax: 407-7504

The Heart Hospital of Austin prides itself in providing individualized treatment programs that optimize the patient's outcome.

Pre-admission information:

- 1) All patients need to be pre-certified through their insurance company.
- 2) All surgical patients, except those receiving local anesthesia, are required to be pre-admitted.
- 3) Patients may be pre-admitted up to 14 days prior to surgery but at least 48 hours prior to surgery. Patients are asked to call Scheduling at 407-7444 to schedule a pre-testing date and time. Pre-admission appointments decrease the waiting time for patients to be admitted.
- 4) Orders, history and physical, consent, EKG, x-ray, and lab reports may be sent with the patient or faxed to Day Patient Nursing Pod at 407-7504.

Pharmacy

Phone: 407-7800

Fax: 407-7805

Location: 2nd floor

The Heart Hospital of Austin maintains a formulary. Its development and maintenance is under the control and direction of the Pharmacy and Therapeutics Committee. The use of non-formulary drugs is discouraged.

If a non-formulary drug is ordered, the pharmacist will contact the prescriber to recommend an alternative drug on the formulary. The P&T Committee has approved therapeutic solutions. Orders for non-formulary drugs on this list will be automatically changed to the formulary alternative. Contact Pharmacy for the latest list of therapeutic substitutions. Requests for additions to the formulary may be submitted to the Pharmacy Director and the request will be reviewed at the next P&T meeting.

Prescribing Inpatient Drugs: All medications for inpatients must be ordered on the physician order forms in the patient's chart or on pre-approved printed orders. All orders must include the date, time, specific directions for use, and the prescribing physician's signature.

Automatic Stop Orders: Certain drug orders will automatically be stopped if not ordered for a defined number of doses and/or days. Medications given a 72 hour (3 day) automatic stop date include anticoagulants and Schedule II controlled drugs. Medications given a 168 hour (7 day) automatic stop date include Schedule III, IV, and V controlled drugs, oral and parenteral anti-infectives, and oral and parenteral corticosteroids.

Radiology

Phone: 407-7600

Fax: 407-7605

Location: Radiology - 2nd floor

HeartSaver CT: The HeartSaver CT is located on the 1st floor. To schedule an exam, contact 407-SAVE (7283).

Cath Lab & electrophysiology Lab

There are three state-of-the-art catheterization labs helping physicians diagnose and treat cardiovascular disease. The two electrophysiology labs (EP labs) include highly advanced equipment designed to diagnose and treat patients with irregular heart rhythms.

Respiratory Services

Phone: 407-7332, 407-7338, or 407-7474

Fax: 407-7474

Respiratory Therapy provides services 24 hours a day. Services include: oxygen therapy; aerosol therapy; airway management; mechanical ventilation.

Surgical Services

Every effort will be made to give you a definite start time to accommodate your schedule. If this is not possible, your case will be posted as an “on call” case. We will contact you with an assigned time as operating rooms become available. In the event that you need to cancel a posted case, please notify the schedule desk as soon as possible. Emergency cases will be posted in a priority order.

Case Management

Phone: 407-7582

The Case Management department is available to help patients and family members deal with stresses associated with physical illness, hospitalization, and post hospitalization plans. To refer your hospital patient to Case Management, call this department and a Social Worker will contact the patient or family member. All information will be kept confidential and handled in a discreet manner. Case Management can also provide a list of agencies that offer quality home health care services.

Case Management works with protective services under a law-mandated reporting system. All Staff assess situations where abuse or neglect is suspected and will refer the patient to the appropriate protective services department, with the assistance of the Case Manager.

Quality / Risk Management

Phone: 407-7497

Fax: 407-7029

Hours: Mon-Fri, 8:30am – 5:00pm

Location: 3rd floor

The goal of improving performance is to continuously improve patient health outcomes and hospital systems. Performance of important functions significantly affects patient outcomes, the cost to achieve these outcomes, and the perceptions of patients and their families about the quality and value of services.

Sleep Disorder Center

Phone: 407-REST (7378)

The sleep disorder center is available for patients to have trained sleep technicians monitor airflow, heart rate, brain waves, stages of sleep, eye movement, quality of sleep and patient movement during an overnight stay. The entire study is completed on an outpatient basis. For more information or to schedule an appointment, call 407-REST.

Chaplain Services

Phone: 407-7538

Chaplains are available to help patients & families identify and verbalize spiritual and emotional pain and work towards healing. They can facilitate meaningful discussion to meet the goals of care with patients/families at end-of-life care and facilitate discussion about anticipatory grief to assure quality of life at end-of-life. Chaplains can also assist with Advance Directives, Medical Power of Attorney and Directive to Physicians and Family.

Appendix A – Heart Hospital of Austin Phone Numbers

Administration	
David Laird, CEO	407-7518
Seth Herrick, CFO	407-7510
Amy Russell, CNO	407-7512
Missi Johnson, Vice President of Operations	407-7497
Lizzette Runnels, Human Resources Director	407-7515
Pam Kobasic, Manager, Medical Staff Services	407-7514

Department Phone Numbers	
Advanced Clinicals/CPOE	407-7592; Cell: 470-7903
Biomedical	407-7380
Case Management	407-7582
Cath Lab	407-7300
Central Scheduling	407-7444
Chaplain Services	407-7538
Cardiovascular Intensive Care Unit	Pod E – 407-7450; Pod F – 407-7460
Day Patient	407-7400
Food Services	407-7070
Emergency Department	407-7700
Endoscopy	407-7110
Engineering	407-7198
Environmental Services	407-7348
EP Lab	407-7354
Health Information Management	407-7660
Laboratory	407-7900
Marketing	407-7584
Materials Management	407-7583
Medical Staff Services	407-7514
IS	407-7050
OR	407-7100
PACU	407-7120
Patient Care Unit	Pod A – 407-7410; Pod B – 407-7420; Pod C – 407-7430; Pod D – 407-7440; Pod G – 407-7470; Pod H – 407-7480
Pharmacy	407-7800
Radiology	407-7600
Physical Therapy	407-7457
Resource Nurse	407-7553
Respiratory	407-7332, 407-7338, or 407-7474
Security	407-7911
Valve Clinic	407-VALV

Appendix B – Obtaining a TCMS Badge

Where do I go to get a multiple facilities (Seton and St. David's) access badge?

Travis County Medical Society
Located inside The Blood and Tissue Center building
4300 N Lamar, Second Floor

When can I get one?

Badges can be picked up between the hours of 9:00 am -4:00 pm, including the lunch hour.

What do I need to bring?

Photo ID for identification purposes.

Can I provide a photo in advance to be used on my badge?

A professional quality photo can email to rmorris@tcms.com

OR

A digital photo can be taken while at the TCMS office.

(If the physician is a TCMS member, this photo will be used for the Travis County Medical Society web-site and DocBookMD.)

How long will the photo and paper work take?

10-15 minutes while the paper work is filled out.

How long will the activation take?

The facilities where the physician has privileges will activate the badge within 24 hours.

Will I be able to get into all the hospitals with this badge?

The badge will only be activated where the physician has privileges.

What is the cost?

\$25 for a new or replacement badge. (\$20 for resident badges)

How can I pay?

We accept credit card, check or cash.

If a badge is lost or stolen, please call the Society as soon as possible and they will notify all the medical facilities to deactivate the badge. A replacement badge will need to be purchased at the Society office.

The physician badge should be worn at all times.

It is recommended not to leave the badge in the car. The badge will melt if left in direct sunlight for an extended amount of time. Do not place it next to other badges or run it through the laundry. Storing the badge in a wallet in a back pocket can cause them to bend and crack.

TCMS Badge Contact: Remmy Morris rmorris@tcms.com 512-206-1252