CARILION CLINIC | VTC School of Medicine

Graduate Medical Education

Resident & Fellow Manual
2024-2025

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The term “Trainee” used throughout this document refers to both specialty residents and subspecialty fellows, and when used, is intended to include both residents and fellows.

For additional information and policies related to Graduate Medical Education, please see the GME website: https://gme.carilionclinic.org/#about-us. If you are unable to find information on a specific topic, please contact your Program Manager or the Graduate Medical Education Office.

GRADUATE MEDICAL EDUCATION

GME CONTACTS

Graduate Medical Education
1 Riverside Circle, Suite 401
540-581-0322

Carilion GME Website: https://gme.carilionclinic.org/#about-us
Carilion GME Policies: https://gme.carilionclinic.org/graduate-medical-education/policies-forms

Graduate Medical Education Administration

Arthur Ollendorff, MD	Designated Institutional Official & Associate Dean of GME
Rhonda Miller, MBA	Senior GME Director
Nikki Zimmerman, C-TAGME	GME Director
Emily Wilhelm, MSEd, PMP	GME System Administrator
Alaina Lawrence, C-TAGME	GME Consultant
Tammy Robinette	GME Coordinator

Program Directors and Program Managers

Program	Program Director	Program Manager	Phone
Addiction Medicine Fellowship	Kimberly Simcox, DO	Terryee Trout	540-266-6971
Adult Reconstructive Surgery Fellowship	Benjamin Coobs, MD	Kathlyn Smith	540-562-5703
Cardiovascular Disease Fellowship	David Sane, MD	Scott Hill	540-224-1008
Child & Adolescent Psychiatry Fellowship	Katherine Liebesny, MD	Terryee Trout	540-266-6971
Critical Care Fellowship	Susanti Ie, MD	Heather Adams	540-266-6301
Dental General Practice Residency	Zachary Swanner, DMD	Shannon Herald	540-776-0212
Dermatology Residency	Mariana Phillips, MD	Stacy Pronko	540-581-0238
Emergency Medicine Residency	Timothy Fortuna, DO	Leslie Amos	540-581-0343
Emergency Medical Services Fellowship	Haley Rose-Inman, MD	Leslie Amos	540-581-0343
Family Medicine Residency	Mary Beth Sweet, MD	Morgan Morris	540-293-7433
Gastroenterology Fellowship	Varun Kesar, MD	Wendy O'Rourke	540-526-1053
General Surgery Residency	Charles Paget, MD	Caroline Benne	540-981-7441
Geriatric Medicine Fellowship	Ian Reynolds, MD	Sarah Taylor	540-525-0283

Program	Program Director	Program Manager	Phone
Geriatric Psychiatry Fellowship	Azziza Bankole, MD	Amanda Paxton	540-266-6961
Hand Surgery Fellowship	Cesar Bravo, MD	Kathlyn Smith	540-562-5703
Hospice and Palliative Care Fellowship	Sarah Dewitt, MD	Sarah Taylor	540-525-0283
Infectious Diseases Fellowship	Jason Faulhaber, MD	Stacy Pronko	540-581-0238
Internal Medicine Residency	Michael Wiid, MD	Janice Gleisner	540-981-7120
Interventional Cardiology Fellowship	Eric Williams, MD	Erin Keener	540-330-2441
Neurology Residency	Thomas Kodankandath, MD	Erin Kerr	540-526-1158
Neurosurgery Residency	Mark Witcher, MD	Erica Smith	540-512-1439
OB-GYN Residency	Lauren Nelson, MD	TBD	540-853-0427
Orthopaedic Surgery Residency	Jesse Seamon, MD	Kristen Walters	540-676-4779
Pediatrics Residency	Anne Washofsky, MD	Michelle Botelho	540-981-7776
Plastic Surgery Residency	James Thompson, MD	Erica Minnix	540-981-7436
Podiatry Residency	Randy Clements, DPM	Kathlyn Smith	540-562-5703
Psychiatry Residency	Michael Greenage, DO	Melissa Adams	540-266-6372
Pulmonary and Critical Care Fellowship	Mahtab Foroozesh, MD	Heather Adams	540-266-6301
Rheumatology Fellowship	Adegbenga Bankole, MD	Sarah Taylor	540-525-0283
Surgical Critical Care Fellowship	Emily Faulks, MD	Meghan Brogan	540-853-0460

CMC CONTACTS

For more information, refer to each department/section in the above index or click on department links to view departmental pages on InsideCarilion.org.

Department	Contact Information
Billing, Coding Support	Kathy Mason, RCM Quality Assurance Specialist 540-224-5663
Care Management	Main Care Management office line 540-981-7678
Carilion Direct (Operators)	540-981-7000
Center for Simulation, Research, and Patient Safety (CSRPS)	Misty Flinchum, 540-588-6871, mfflinchum@carilionclinic.org

Department	Contact Information
Chaplaincy	540-981-7255
Child Abuse VA Dept of Social Services Child Protective Services (CPS)	VA Dept of Social Services Child Abuse Hotline 1-800-552-7096 Roanoke City CPS Hotline 540-853-2245 Roanoke County Hotline 540-387-6040 Roanoke County Police: 540-562-3265
Compliance	Integrity Help Line: 844-732-6232 compliance@carilionclinic.org
CONNECT Emergency Metal Health Consult Services	CONNECT Hotline 540-981-8181, 1-800-284-8898
Coronavirus Management	See Coronavirus Management Hub
Dictation & Transcription – see HIM	Dictation external line 1-833-559-0403, internal 78200 Transcription office 540-981-7842
Diversity and Inclusion (external) Diversity and Inclusion Department	Briana Apgar, blapgar@carilionclinic.org
Emergency Management	Craig Bryant, Director csbryant@carilionclinic.org 540-510-6528
Employee Assistance Program (EAP)	1-800-992-1931, 540-981-8950
Employee Health	CRMH: 540-981-7209
Environmental Services	cnvsvcscmc@carilionclinic.org 540-981-7000
GME Quality & Patient Safety	Branden Robertson, 540-521-3200, brrobertson@carilionclinc.org
Health Analytics, Informatics, Research (HART) Team	hart@carilionclinic.org
Health Information Management (HIM)	540-981-7145 (CRMH)
Health Sciences Library (CRMH)	Jane Burnette ljburnette@carilionclinic.org 540-981-7258
Home Health	540-266-6000 or 1-800-964-9300
Hospice	Carilion Clinic Hospice at 540-224-4753.
House Staff Association	Dr. Lydia Harris, President lmharris5@carilionclinic.org
Human Resources & Benefits	hrservicecenter@carilionclinic.org 1-800-599-2537
Infection Control (CMC)	Infection_Control_CMC@carilionclinic.org 540-981-7760, Maimuna Jatta
Lactation Resources	Contact the GME Office for additional GME specific resources
Language Assistance & Interpreters	interpreter_services@carilionclinic.org 540-266-6307
Life Support Training Center	educationalorganizationaldevelopment@carilionclinic.org 540-224-6718
Medical Staff Services (CMC)	Karen Spangler, CCVS Manager 540-510-4545, kespangler@carilionclinic.org
Mobile Devices	Derek Batey dlbatey@carilionclinic.org
Quality & Patient Safety (SafeWatch)	SafeWatch Portal: https://carilionclinicportal.secure.force.com/SafeWatch Dial 7-SAFE (77233) *internal lines only

Department	Contact Information
Payroll	540-224-5039 or submit a question via the Payroll Portal using your Carilion Active Directory username and password
Pharmacy	Jason Hoffman, 540-853-0580 jahoffman@carilionclinic.org
Privacy & Information Security	privacy@carilionclinic.org Corporate Compliance Comply-Line at 1-888-822-1884.
Radiology/Interpretation (CRMH)	Radiology Front Desk: 540-981-7122 Direct Radiology: 1-855-687-7237
Security & Parking (CRMH)	540-981-7911
Technology Services Group (TSG)	https://edison.carilionclinic.org 540-224-1599
Virginia Tech SOM Library	For access to VTCSOM Library, contact the your Program Manager
Wellness	Lindsay Mckinnon, GME Wellness Navigator ldmckinnon@carilionclinic.org or 540-728-0116

CALL ROOMS, LOUNGES, AND LOCKERS

Graduate Medical Education designated call rooms are located throughout Carilion Medical Center. Most call rooms are locked and monitored by an electronic proxy card access system which requires badge entry. For issues accessing a specialty designated call room, please contact your Program Manager or Carilion Security at 540-981-7922 or 77922 internally. Call room locations are as follows:

CRMH	Location	Specialty Access
13th Floor West	Call Rooms 1 & 2	Pediatrics/EM Sun CC (#1)
13th Floor West	Call Room 2	OBGYN PGY1 Residents
13th Floor West	Call Room 7	OBGYN Chief Residents
13th Floor West	Call Room 8	OBGYN PGY2 & 3
13th Floor West	Call Rooms 10 & 11 (4 room suite)	Pediatrics Coverage
13th Floor West	Call Room 12 (4 room suite)	Neurosurgery Residents
13th Floor West	Call Room 13 (4 room suite)	Family Medicine Residents for OB and Flex
10th Floor	10 South Call Room	Neurology Residents
10th Floor	10 Mountain Call Room	Senior Surgery Residents
9th Floor	9 Mountain Call Room	Surgery Residents
9th Floor	9 South Call Rooms 1 & 2	Surgery Residents

CRMH	Location	Specialty Access
8th Floor	8 South Call Rooms 1 & 2	Internal Medicine Residents
8th Floor	8 South Work Room	Neurosurgery Residents
8th Floor	852 Work Room	Pulmonary Critical Care Fellows
8th Floor	8 Mountain Call Room	Pulmonary Critical Care Fellows
8th Floor	8th Floor Connector Work Room	Gastroenterology Fellows
7th Floor	7 West Room 720 Call Room	Cardiology Fellows
6th Floor	6 West Work Room	Cardiology Fellows
6th Floor	6 West Work Room/Lounge	Internal Medicine Residents
6th Floor	6 Mountain Work Room	Critical Care Fellows
1st Floor	1 East Resident and Fellow Lounge	All Residents and Fellows
1st Floor	1 East Call Room & Work Room	Emergency Medicine Residents
Medical Education Building	2nd Floor Room 210	Female Student Call Room
Medical Education Building	2nd Floor Room 212	Male Student Call Room
Medical Education Building	2nd Floor Room 215	Family Medicine Call/Work Room
Medical Education Building	2nd Floor Room 216	Fellowship/Flex Office
Medical Education Building	2nd Floor Room 217	Podiatry Call Room
Medical Education Building	2nd Floor Room 232	Podiatry Work Room
Medical Education Building	1st Floor Behind Auditorium	Neurology Work Room
Medical Education Building	1st Floor Classroom Hallway	Plastic Surgery Work Room

CLINICAL AND EDUCATIONAL WORK HOURS

A summary of the Accreditation Council for Graduate Medical Education (ACGME) Common Program Clinical and Educational Work Hour Requirements is listed below. The ACGME standards address three areas: (1) placing appropriate limits on clinical and educational work hours; (2) promoting institutional oversight; and (3) fostering high-quality education and safe patient care.

All trainees must log and submit their clinical and educational work hours in MedHub at the end of each week.

Clinical and Educational Work Hours Summary:

- Clinical and educational work hours must be limited to no more than 80 hours per week when ***averaged over a four-week period***, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting
- Trainees should have eight hours off between scheduled clinical education periods
- Trainees must have at least 14 hours free of clinical work and education after 24 hours in-house call
- Trainees must be scheduled for a minimum of one day (24 hours) in seven free of clinical work and required education ***when averaged over four weeks***. Vacation and leaves of absence cannot be counted toward the average one day off in seven.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be spent in transitioning care or resident education. In rare circumstances, after handing off all other responsibilities, a trainee may elect to remain to provide care for a single severely ill patient, humanistic needs of a patient or family, or to attend unique educational events. These additional hours will count toward the total 80-hour weekly average limit.

Please refer to the GME Clinical and Educational Work Hours Policy on the GME Forms & Policies page of the website, and specific program policies.

Cab Vouchers

Carilion Clinic Graduate Medical Education is committed to the safety of our trainees and is aware of the harmful effects of fatigue on physician performance. If trainees feel they are unable to safely drive home due to fatigue, arrangements have been made for them to take a cab home at the expense of Graduate Medical Education Administration. Vouchers for the Yellow Cab Company are kept in the Security Department on the fifth floor of Carilion Roanoke Memorial Hospital. Trainees may show their ID badge to receive a voucher for a ride home at no charge. Trainees must arrange for their own transportation back to work. We hope trainees will take advantage of this benefit. Do not hesitate to use it if needed.

CALL SCHEDULE AND RESPONSIBILITIES

Clinical work hours for a given 24-hour on-call "shift" typically begin at 7:00 a.m. unless otherwise indicated by service. It is the responsibility of trainees on call to inform the chief resident and/or program manager anytime they leave the hospital or are otherwise unavailable for call as listed in PerfectServe. The on-call trainee in PerfectServe will need to be updated. Usual clinical work hours begin with morning rounds or surgery at times designated by the attending and concluding when patient care responsibilities have ended. If trainees trade a call day, they must notify their chief resident and program manager so PerfectServe can be updated. Double coverage of two services simultaneously by a trainee is not allowed.

When receiving internal or external calls, responses should be prompt, courteous, and helpful. Trainees should report any significant change in the condition of the patient to the supervising resident and/or attending promptly. The trainee should also document this change in the electronic medical record.

It may be the responsibility of the trainee on call to participate in Code Blues and assist in any other way necessary for quality patient care. Trainees may be called for death pronouncement. If called to do this, please involve the attending on call and/or the patient's assigned physician. The trainee who pronounces a patient death is also responsible to document a "Death Note" in the electronic medical record with a physical exam and time of death. See Pronouncing Patients

and HIM for death certificate information. Also see the Electronic Death Registration System (EDRS) CE10414E education module on Cornerstone.

DRESS CODE & SCRUBS

Please see the GME Dress Code Policy and program specific policies.

The Carilion GME Office will issue all trainees two white coats upon the start of training. It is the responsibility of trainees to launder their own white coats.

Trainees will receive information related to acquiring scrubs during their program-specific orientation. Carilion has an automated system for distribution and return of scrubs in Operating Room and Endoscopy areas.

Hospital owned scrub suits should only be worn within the hospital/facility. Personal clothing is to be worn entering and leaving the hospital. Soiled or stained scrubs should not be worn and should be changed as soon as is appropriate. Scrubs are not Personal Protective Equipment (PPE).

DUE PROCESS

Carilion GME has formal policies for discipline and redress of grievances. Oversight is the responsibility of the Graduate Medical Education Committee. The discipline policies cover such things as academic remediation, administrative sanction, appeal process, institutional probation, institutional suspension, non-renewal of contract, and dismissal. These policies can be found at the Carilion GME Forms & Policies site.

GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

The Graduate Medical Education Committee (GMEC) is authorized by the Board of Directors and administration of Carilion Clinic and Carilion Medical Center, to advise, monitor, provide oversight to and evaluate all aspects of resident and fellow education. See ACGME Institutional Requirement I.B.4.a).(1)

HANDWRITING

It is extremely important for physicians to write in a legible manner to avoid patient care errors. Though Carilion Clinic has an electronic medical record system, when using paper notes and forms, trainees must print their names and cell phone numbers beneath their signatures.

HOUSESTAFF ASSOCIATION

The House Staff Association serves as a resource for communication of information to its members and as an instrument to foster fellowship. It also serves as a forum for the house staff to raise concerns about their training experience. The Officers of the House Staff Association are elected annually by their resident and fellow peers. The House Staff President is a member of the Graduate Medical Education Committee (GMEC) and is an advocate for all trainees. The House Staff President and Chief Residents have quarterly meetings with the Designated Institutional Official and Graduate Medical Education Office Staff. The President of the House Staff

periodically arranges for meetings of the house staff. See the Housestaff Association page on the Graduate Medical Education Hub on InsideCarilion.

IMPAIRED PHYSICIAN

The American Medical Association defines an impaired physician 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." The term impaired physician may apply to a variety of problems. Carilion GME has a formal policy, Impaired Residents & Fellows, which can be found at the GME Forms & Policies page. The policy outlines actions taken when a trainee is suspected of being impaired. The policy delineates the process used by Medical Education to investigate suspected impairment, the rights of the trainee who is suspected, including the right to appeal and actions that may be taken against an impaired trainee. The policy also describes the roles and responsibilities of each party in the rehabilitation process for trainees who are found to be impaired. Trainees are encouraged to be familiar with this policy.

LACTATION RESOURCES

Carilion Clinic supports our trainees who are nursing mothers. We seek to ensure compliance with state and national legislation as well as with ACGME requirements and guidelines on wellness initiatives related to breastfeeding. We will endeavor to provide reasonable break time for trainees who plan to pump at work and have identified spaces that are appropriate for this purpose.

The GME Office will work with training programs to schedule one-on-one meetings with expectant mothers in advance of their leave to provide information related to lactation resources.

Lactation Resources

GME Lactation Brochure – see the GME Office for more information

Carilion Clinic Human Resources Lactation Services

Carilion Clinic Living - Breastfeeding

Carilion Clinic Parenting Classes via Cvent

International Lactation Consultant Association (ILCA)

Centers for Disease Control Recommendations and Benefits Information

Virginia Loves Breastfeeding

La Leche League in Virginia and West Virginia

B.R.E.A.S.T. Roanoke.org

LEAVE OF ABSENCE

Leaves of absence may be granted as the need arises. Please refer to the Leave of Absence Policy on the Graduate Medical Education website for policies on various leaves, including Medical Leave, Parental and Family leave, etc.

MEAL ALLOWANCES

Funds for meal allowances are allocated to certain training programs based on that program's average hours worked per week. These amounts are preloaded to trainees' meal cards for a defined period as determined by each program. Funds may or may not carry over from month-to-month, depending on how the program requested availability of these funds. Dependent on those same factors, at the end of a block, another lump sum will be loaded as appropriate.

Meal cards work at the following locations:

- CRMH Mountain View Café: open every day 6:30am – 2:00am
- CRMH Higher Grounds Coffee Shop: Mon – Fri (6:30am–5:00pm) Sat & Sun (7am – 2pm)
- Riverside 3 River View Café : Mon – Fri (7:00am-3:00pm)
- CRCH City View Café: Mon-Fri (7:00am-2:00pm)
- CNRV Meadow View Café: open every day 7:00am – 2:00pm

MEDICAL LICENSURE

Residents are required by the Virginia State Board of Medicine to acquire a training medical license to participate in patient care. The training medical license must be maintained consistently throughout training. Trainees will be assigned a Carilion Clinic issued Drug Enforcement Agency (DEA) number. Any trainees who wish to and who are permitted to moonlight must obtain a full medical license. In addition to securing a permanent license, trainees who plan to moonlight must also secure their own personal Drug Enforcement Agency (DEA) license.

MOONLIGHTING

Trainees enrolled in Carilion Clinic accredited graduate medical education programs are expected to dedicate the majority of their effort to meet the requirements of the educational program and to achieve the defined competency goals of the program. However, opportunities for trainee participation in clinical activities outside of the defined program curriculum, with additional pay, may arise. Such clinical activity is defined as "moonlighting." Trainee participation in moonlighting can never be required by a program and all moonlighting activity must be approved and monitored by the Designated Institutional Official, Program Director, and Program Manager. Trainees who hold a J1 Visa are not allowed to moonlight. PGY1 residents or interns are not allowed to moonlight. ***Trainees are not permitted to moonlight at the VA Hospital while they are on a VA rotation.*** Trainees requesting permission to participate in moonlighting activities must adhere to the procedures outlined in the Moonlighting Policy found on the Forms and Polices page on the CarilionClinic.org Graduate Medical Education website.

PAYCHECKS

Trainee salaries are payable bi-weekly. There are 26 pay periods in a calendar year. Direct deposit may be set up in MyTotalAccess at InsideCarilion. It may take up to two pay periods for the direct deposit to go into effect; therefore, first paychecks will be mailed directly to trainee home addresses. Paper copies of pay stubs are no longer issued. Please see MyTotalAccess for your most recent paycheck information. Changes to MyTotalAccess may take up to one pay period to go into effect. or questions or issues, trainees may contact their Program Manager or Payroll at 540-224-5039. See program manager for most up to date payroll calendar.

RESIDENTS AS TEACHERS

As a teaching institute, Carilion Clinic believes the subject of “Residents as Teachers” is important, and as such provides several presentations annually on the topic. To highlight its importance, new trainees attend a presentation on "Residents as Teachers" at their initial institutional orientation. Additionally, Residents as Teachers topics are also addressed in the quarterly Graduate Medical Education Core Curriculum Series. Each of the lectures in the Core Curriculum series are mandatory for all GME trainees to attend at least once during the course of their training. GME trainees are welcome to join the Teaching Excellence Academy for Collaborative Healthcare (TEACH). To learn more about TEACH and to enroll go to: https://www.teach.vtc.vt.edu/

SIMULATION

The Center for Simulation, Research, and Patient Safety (CSRPS) is a state-of-the-art facility where advanced, innovative teaching techniques and simulation technology are applied to the teaching of medicine. These dynamic tools allow for hands-on learning of procedural and cognitive skills in a critical, real-life environment with no risk to patients or staff. The Simulation Center is a valuable resource for all Carilion faculty, staff, and students. We provide opportunities for individualized and small group training as well as teamwork, communication, and clinical skills. For more information, please contact Misty Flinchum, Director 540-524-8754 mfflinchum@carilionclinic.org

TIME AWAY (VACATION, LEAVE OF ABSENCE)

Trainees should review the Carilion GME Vacation and Leave of Absence Policies on the GME Forms and Policies page, their program-specific policies on leave, and any board specialty policies on time away from training.

The amount of vacation time provided in each training program must conform to specialty board requirements. Vacations may only be scheduled while on rotations deemed acceptable by the individual training programs. In general, training programs typically provide trainees with three to four weeks of vacation per contract year, depending on program specific policies. Vacations are usually taken in separate, one-week segments consisting of five weekdays and one weekend.

Terminal vacation refers to paid time off taken during the last two weeks of the academic year. Terminal vacations are usually reserved for residents completing one-year preliminary programs or graduating residents entering fellowship training who are required to report to other programs by or before July 1 of the new academic year. Programs may disallow all other residents from taking vacations during this time period.

For questions regarding vacation, leave of absence or any other time away from training, please contact your Program Manager or the Senior Director of Graduate Medical Education, Rhonda Miller, at 540-581-0319.

PARENTAL LEAVE

Carilion Clinic has a Leave of Absence policy that outlines the various forms of leave trainees may request and the process for requesting leave. The policy can be found on Forms and Policies page on the CarilionClinic.org Graduate Medical Education website. Trainees will work with Human Resources as well as their Program Director/Program Manager regarding leave. The effect of a leave of absence on the completion of the educational program may vary between programs and is influenced by the different requirements of the respective Specialty

Boards. The Program Director or Program Manager must discuss the impact of a leave of absence on the duration of training with the resident or fellow.

USMLE AND COMLEX – STEP 3

Residents are required to take the USMLE Step 3 or COMLEX Level 3 by June 30th of their first year of training. If a Resident must retake the exam, he/she must pass the exam by the 18th month of training (traditionally, December 31st of their PGY2 year). Failure to do so may result in non-renewal of contract for the following academic year. This requirement is outlined in the Evaluation and Advancement Policy included on the Forms and Policies page on the CarilionClinic.org Graduate Medical Education website. Residents are not allowed to take the USMLE Step 3 or COMLEX Level 3 during the last two weeks of June. Please refer to individual residency program policies for other guidelines and program requirements regarding USMLE or COMLEX. For more detailed information please refer to the USMLE Step 3/COMLEX Level 3 Policy on the Forms and Policies page on the CarilionClinic.org Graduate Medical Education website.

Resident and Fellow Wellbeing

Carilion Clinic welcomes you as a Resident and Fellow, in addition to being a whole human whose life outside of "work" and overall well-being is a significant and imperative contribution to your patients, colleagues and community. Therefore, Carilion is committed to learning about and fortifying your unique needs so you can continue to improve the health of the communities you serve. Taking a more holistic approach to your well-being, and regarding your physical, mental, emotional, spiritual and financial well-being, should you have questions or concerns, or need a resource or referral, please do not hesitate to reach out to your Well-Being Team. We are better doctors when we are well-supported humans. We can help you get connected so you can be at your best. Your Well-Being Team includes, but is not limited to, the chaplains, EAP consultants, wellness centers and your GME Well-Being Navigator, Lindsay McKinnon, who can be reached Monday-Friday 8:30 am - 5:00 pm via cell, text or email: 540-728-0116 ldmckinnon@carilionclinic.org.

CLINICAL CONSIDERATIONS

ADMISSIONS PROTOCOL

The Centers for Medicare and Medicaid Services (CMS) developed regulations regarding appropriateness of admission as well as criteria for hospital admission, length of stay, and appropriateness of discharge. For hospitals and physicians to be reimbursed, these criteria must be met. The criteria guidelines used for admission and concurrent utilization review is called InterQual. The guidelines are available through Carilion's Utilization Management Department.

If a trainee sees a patient who he or she feels should or should not be admitted to the hospital, the matter should be discussed with the attending physician. It is important that the attending physician participate in admission decisions as residents cannot admit patients without an accepting physician. Trainees should document in patients' history and physical the reasons for admission in terms of appropriate criteria.

When a patient is admitted to any service, the senior supervising resident and attending must be notified. When a patient is admitted to a private service, the private attending must be notified. Communication is critical in keeping the attending physician and senior residents informed of both patient admissions and any changes in patient condition.

CARE MANAGEMENT

Care Management Services encompasses Nurse Case Managers, Social Workers, Utilization Management Nurses, Physician Advisors, and the Central Resource Center.

Care Management is "a collaborative process of assessment, planning, facilitation care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes." (CMSA, 2017). All inpatients receive an initial care management assessment.

Nurse Case Managers (CM) work collaboratively with the healthcare team to coordinate clinical care, quality outcomes, and progression of the patient's stay towards the next appropriate level of care. Activities include early discharge planning and coordination of interdisciplinary services to ensure timely and efficient care. Communication with the healthcare team, patient, family, payers and post-acute care agencies are essential. Case managers arrange home health and hospice services, home infusions, durable medical equipment, aid in acute-to-acute transfers, and handle medication assistance as needed. Patients may receive case management services through staff and physician referrals, or by patient/family request. Case managers are unit-based in the hospital setting.

Our Social Workers help to initiate complex discharge planning to several post-acute levels of care. These can range from skilled nursing facilities, long term acute care hospitals, inpatient rehab facilities, hemodialysis (new onset and established), to homeless assistance, and helping families access funding and support services. They serve as patient advocates working with patients/families with complex psychosocial needs and patients requiring complex discharge planning. In our Children's' Hospital they help navigate adoptions, caregiver support, and complex child and adolescent discharges. Social Workers are trained to offer brief interventions and referrals to support substance use referrals. They are a great resource to help arrange family meetings and discussions to align goals of care and treatment plans. They are also available to help navigate establishing medical decision makers when patient lack capacity to make medical decisions. They can help our patients complete advanced medical directives and living wills.

Utilization management is a process that is utilized to assess the medical necessity, use, delivery, cost-effectiveness, and appropriateness of healthcare services. The UM nurses complete admission, concurrent, and retrospective reviews for all payers through comparison of medical services with treatment criteria and established guidelines. UM is a requirement that is outlined in the CMS conditions of participation for hospitals. UM works offsite but may contact you regarding patient status such as inpatient or outpatient/observation.

Physician Advisors provide second level utilization reviews to help determine inpatient/observation/ambulatory surgery level of care, assist with denials and appeals, and support care progression/length of stay management in the hospital. They are available via perfect serve for questions about admission status, denial prevention/mitigation, or complex care management cases.

Central Resource Center is a core team of administrative professionals within the Care Management department that provides vital systemwide support to their peers – Nurse case managers, Social Workers, Utilization Review nurses, and Physician Advisors. Areas of support include delivery of patient notices, communication with post-acute referrals, insurance prior authorizations /escalations for skilled nursing facility placement, data tracking, benefit checks, and other administrative support across the system.

Working Hours:
On Site Nurse Case Managers (CM) & Social Workers (SW)
Monday – Friday 8:00 a.m. – 6:30 p.m. (4:30-6:30p in house float)
Saturday and Sunday 7:00 a.m. – 7:00 p.m.

Utilization Management
Daily 8:00 a.m. – 4:30 p.m., Fri-Sun 7:00 a.m. to 7:00 p.m.

ED Care Management
Monday – Friday 8:00 a.m. – 10:00 p.m.
Saturday and Sunday 7:00 a.m. – 10:00 p.m.

Inpatient On call:
CM/SW:
Daily 6:30 p.m. – 9:00 p.m. – available via Perfect Serve ® paging

Main Care Management office line 540-981-7678 available 7 days a week 8am-4:30pm. Unit based staff available in Perfect Serve

CHILD ABUSE

The Commonwealth of Virginia statutorily requires physicians to report suspected child abuse and neglect to assure that Child Protective Services will be made available to an abused or neglected child. The report must be made within 24 hours of the suspicion of abuse. An "abused or neglected child" means any child less than eighteen years of age whose parent(s) or other persons responsible for his or her care:

Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions; neglects or refuses to provide care necessary for the child's health; abandons a child; commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

An abused or neglected child also means a child who is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent, guardian or other legal custodian.

Any health care worker who suspects that a child is being abused or neglected must report the matter immediately to Child Protective Services in the locale in which the alleged abuse occurred or to the state "Hot Line". The state "Hot Line" number is 1-800-552-7096 or 1-804-786-8536. The "Hot Line" number for Roanoke City is 540-853-2245, after hours 540-344-6681. The number for Roanoke County is 540-387-6040 (day), local police: 540-562-3265 or state hotline: 800-552-7096 (nights, weekends and holidays).

Any health care worker who is found guilty of failing to report suspected child abuse or neglect is liable for a fine of not more than $500 for the first failure and, for any subsequent failures, not less than $100 or more than $1,000. Any person making a report of suspected child abuse or neglect, or participating in a judicial proceeding resulting therefrom, shall be immune from any civil or criminal liability or administrative penalty or sanction in connection with this action, unless it is proven that such a person acted with bad faith or malicious intent. For any suspicious situations, consult your attending physician as to procedure. Code of Virginia is located at https://law.lis.virginia.gov/vacode/title63.2/chapter15/.

CLINICAL ROTATIONS

Individual training programs develop the schedule and structure of each of its clinical rotations. Training level specific goals and objectives are developed and provided to trainees prior to the start of each rotation and/or are available on MedHub. Trainees should review and use the goals and objectives to guide their learning. The program will communicate to each trainee where, when, and to whom they should report prior to the start of each rotation. When starting a new service, the trainee should contact the attending physician, fellow, or the senior resident at least one day prior to beginning that rotation. Programs will provide additional information regarding specific rotations to trainees throughout the academic year.

CODES

Carilion Clinic switched to system-wide emergency plain language codes effective January 1, 2020. As a system, Carilion has seven hospitals and more than 220 clinical sites across a footprint that is 250 miles in diameter with many providers and staff traveling to multiple facilities for their jobs every day. Each campus previously had its own code language. A system-wide plain language emergency code provides clear direction and understanding during an emergency allowing our teams to do what they do best when seconds matter.

Per employee feedback, two codes will remain the same: code red and code blue.

Code Blue: (cardiac/respiratory arrest in an adult). The Code Blue Team is a designated team comprised of the Hospitalist, the senior medical resident, the on-call Anesthesiologist, Respiratory Therapists (2), a Clinical Administrator, Pharmacist, and the patients Primary Nurse. A Clinical Transporter will respond from 7:00 am to 7:00 pm.

Code Red: fire situation. Response facility wide.

New codes will be divided into four categories:

- Facility
- Security
- Medical
- Weather

Information will be provided using the following template: Category + Alert + Location + Instructions. Emergency alerts could come from an overhead page, email, phone call or text. No matter the medium, the message will remain the same. For example, if there were a tornado warning at CSJH, it would be: Weather Alert. Tornado warning issued for City of Lexington. Close blinds, get away from windows, stay alert. Historically, there were concerns that it might be scary for a patient or visitor to hear an alert like this, but research shows that it is best to be transparent and clear. Ultimately, plain language provides clear direction and understanding during an emergency, allowing our teams to do what they do best when seconds matter

If you have questions about the code policy, contact Craig Bryant, Emergency Management and Safety at csbryant@carilionclinic.org or 540-510-6528.

CONDUCT WITH PATIENTS

Promoting the Patient's Welfare: Patients surrender some of their autonomy and control when they become ill, whether in or out of the hospital. Patients are thus in a position of forced dependency, unable to avoid situations and personalities that they find unpleasant or frightening.

Indeed, they are often so ill and feel so helpless that they are unable to speak out against particular situations or practices.

A trainee's effectiveness as a physician is dependent upon his/her appreciation of a patient's situation. Therefore, providers should seek to avoid any conduct that might be regarded by patients as threatening, demeaning, or otherwise unprofessional. Attention to the details of propriety and good taste in both conduct and appearance is essential. Some behaviors that would be perfectly normal outside the hospital may seriously damage the physician/patient relationship in the hospital.

Showing courtesy and respect to patients is very important. Patients' objections must be respected. Knock before entering a patient's room. When patients are visited by a group of physicians or presented in person at a conference, the patients should be notified well in advance and the situation explained to them.

Trainees must exercise care regarding conversations. Individual patients should never be discussed in a way that would be overheard in public areas. Avoid joking references to patients. Any clinical discussions that might be overheard by other individuals other than the patient are inappropriate and should be avoided.

**A patient's privacy and confidentiality must be maintained in all environments including online. Physicians must refrain from posting identifiable patient information on social media. Patient health information extends much further than just name and medical record number. This includes but is not limited to online discussion of a currently hospitalized patient, rare or unusual diagnoses, or a patient's photos including radiology imaging.

Trainees should not relay information about patients' conditions to members of the news media. All requests for information from the news media should be relayed to your attending physician or the hospital administration.

CONSULTS

Physicians on the appropriate inpatient on-call roster listed in PerfectServe must accept consults if asked to do so by a patient's attending physician. Consultations will be classified as "routine," "urgent," or "stat." All routine and urgent consults will be called/paged to the appropriate physician or office; **this should be done by the ordering physician.** All stat consults will be called to the appropriate physician by the ordering physician and will be noted in the order when placed. According to the hospital's consult policy, all stat consults must be attending to attending. The senior resident and/or intern can call/page routine and urgent consults. Any concerns that cannot be resolved with the consulting practitioner may be referred using the Medical Staff Chain of Command.

MORAL: Communicate!

In the event a trainee is asked to see a patient in consultation, he/she should discuss this consultation with his attending physician as soon as possible.

Psychiatric Consults

To obtain a psychiatric MD consult for an inpatient in Carilion Roanoke Memorial Hospital or Carilion Roanoke Community Hospital, the requesting physician should call **CONNECT** at 540-981-8181 to provide information about the patient and reason for the consult as well as enter a written order in EPIC. The EPIC order should explain in detail the reason for the consult. If a

psychiatry MD consult is required on an emergency or STAT basis, the attending physician must directly call the attending covering the psychiatric CL service during weekdays or on-call psychiatrist during afterhours and weekends.

CONNECT staff will facilitate the consult process. The CONNECT contact number is 540-981-8181, or 78181 with extension 2, during regular working hours. CONNECT will contact the Psychiatric Consult Team about the consult request. The consultation team then has 24 hours to complete the consult. All routine consults called after 5pm will be responded to the following morning. **Calls for capacity/substance abuse consults should also be called to the CONNECT office.**

EVENT REPORTING

Carilion Clinic is committed to a proactive approach to patient, staff, and visitor safety. It is the expectation of the organization that all staff, including residents and fellows, report potential or actual harm. Reporting should include concerns regarding work processes, tools, equipment, or environments that increase the risk of adverse outcomes.

If time is limited, please use the secure and confidential Patient Safety Hotline (7-SAFE) to report instead of delegating the task to someone else. Your firsthand knowledge of the event or near miss is critical to understanding and resolving the issue.

How to report:

- By calling the **Patient Safety Hotline: 540-981-7233 or 7-SAFE** from any Carilion landline and providing the requested information
- Utilizing Carilion's event reporting system, **SafeWatch**
    - There is a SafeWatch icon on each Carilion desktop and on the intranet home page.
    - When reporting online, use the reporter look-up function to auto-populate your name, email address, PGY, and department. You may report anonymously if you wish.

What to report:

- Unsafe practices that have caused harm or have the potential to cause harm to patients, staff, or visitors
- Medication delays or errors
- Diagnostic delays or error
- Inefficiencies that create concerns for patient safety
- Any untoward or unexpected outcome
- **Any safety concern that you identify**

Each event report is reviewed in detail by a dedicated team and is used to improve systems and processes that allow for the delivery of highly efficient and effective patient care.

PRONOUNCING PATIENTS

It is the responsibility of the trainee who pronounces a patient's death to notify the attending physician of record (or covering physician if attending is unavailable). In the rare circumstance in which the trainee cannot reach either the attending or a covering physician and it appears from the medical record that another attending physician has been recently active in the care of the patient, that physician should be notified. The trainee pronouncing the patient shall enter a note in the chart as to the exact time and date of the patient's death and which attending physician(s) was notified.

If the trainee knows that the family is in the hospital, the trainee should so indicate when he/she notifies the attending of the patient's death since the attending may wish the trainee to summon a family member to the phone. If the family is not at the hospital, a phone call should be made to the family for notification of the death. It is required to offer all families an autopsy. The family is not financially responsible for an autopsy. When contacting the attending, the trainee should ask the attending if there are other physicians who have been involved in the patient's care who should be notified immediately (including middle of the night). The trainee gives the names of any such additional physicians to the nurse supervisor, and it is the responsibility of nursing service to notify any additional physicians indicated by the attending.
Death Certificates are signed by the physician pronouncing the patient dead or the attending of record and should be signed within 24 hours of the patient's demise. Effective January 1, 2020, all death certifications are assigned and completed electronically. All physicians practicing in Virginia must enroll for the Electronic Death Record System (EDRS) process through the Virginia Department of Health. Please refer to the Health Information Management section of this guide for more information related to death certificates.

A postmortem examination can be a valuable adjunct in the trainee's learning experience. An attempt to obtain permission for a postmortem examination would be made in all cases in which medical knowledge might be furthered.

RADIOLOGY

Imaging studies are available through Sectra and through EPIC. Residents and fellows will be trained on how to access imaging studies and reports during orientation. Trainees are also encouraged to review imaging studies directly with radiologists to promote education and to ensure correct interpretation by the trainee. Direct Radiology (Teleradiology) is responsible for interpreting STAT CT and MRI studies nightly between 11PM to 8 AM. They are also responsible

for reading non-stat studies from 11PM to 8 AM when requested from referring providers. For interpretation of any x-ray or non-stat CT/MRI/Ultrasound study by Direct Radiology, contact the Radiology Department front desk (540 981-7122) and ask to have the study transmitted to Direct Radiology for **STAT READING**. To speak to one of the Teleradiologists regarding a study, please call 1-855-687-7237.

CARILION CLINIC ETHICS

ADVANCED DIRECTIVES/HEALTH CARE DECISIONS ACT

The Virginia Health Care Decisions Act of 2009 permits competent adults to provide instructions regarding their future treatment in the event they become incapable of making decisions concerning their care. These instructions typically are communicated in a written document known as an Advance Directive and may address all types of health care decisions, including decisions about end-of-life treatment. A valid, written Advance Directive must be signed by the patient and two adult witnesses; the date is not required, but strongly recommended. An oral Advance Directive may be made only when a competent adult patient has been diagnosed with a terminal condition. The oral directive by the patient must be made in the presence of the attending physician and two witnesses. A physician is not required to sign an Advance Directive unless it provides specific restrictions in the event of the patient's later protest.

Advance Directives fall into two categories; one, Medical Directives that allow patients to authorize the providing, withholding, or withdrawal of care under certain circumstances; and two, "Health Care Powers of Attorney," which give legal authority to another person ("agent") to make some, or all, of a patient's health care decisions in the event the patient becomes incapable of making those decisions. Advance Directives may specify choices about organ donation and participation in research studies.

Revocation of Advanced Directive

A competent patient may revoke his/her Advance Directive at any time by any of the following methods:

- a signed, dated writing
- physical cancellation or destruction by the patient or by another person in the individual's present and at his/her direction
- oral revocation that is documented

Revocation is effective only when communicated to the attending physician. Additionally, Advance Directives may be partially revoked, leaving the remaining provisions in effect.

Patient Protest

Except for the two exceptions listed below, the Health Care Decisions Act does not authorize providing, continuing, withholding or withdrawing of health care if the patient's attending physician knows such action is protested by the patient.

The two exceptions for overriding the protest of a patient who is not capable of making medical decisions are:

- If a patient lacking decision-making capacity protests a health care recommendation which the patient's Advance Directive authorizes, the agent may follow the Advance Directive over protest if:
    - The action does not involve withholding or withdrawing of life-prolonging procedures;
    - The Advance Directive expressly states that the provisions of the Advance Directive should continue to apply for the specific health care issue;

    - The patient's physician signed the Advance Directive, affirming that the patient understood the provision and was capable of making an informed decision; and the attending physician determines and documents that the health care is medically appropriate.
- If an incompetent patient protests a health care recommendation, his/her agent or decision-maker may make a decision over the patient's protest if:
    - The action does not involve withholding or withdrawing of life-prolonging procedures
    - The decision is based on the patient's religious beliefs, basic values, any previously expressed preferences, or the patient's best interests if these values are unknown; and
    - The health care recommended has been affirmed as ethically acceptable by the hospital's ethics committee or by two physicians uninvolved in the patient's care or capacity determinations.

Exclusions

Advance Directives do not apply to non-therapeutic sterilization, abortion, or psychosurgery, nor do they override statutes authorizing emergency custody, temporary detention, involuntary admission, or mandatory outpatient treatment. Please see policy under bioethics for latest guidelines.

Advance Directive forms are available from the Carilion Warehouse. Social workers can also supply these forms. Supplies of the Booklet, "Your Right to Decide" are also available from the Carilion warehouse. Questions concerning Advance Directives may be addressed with the Clinical Ethics Director, the administrator on call, or social workers. Copies of a patient's Advance Directive may be provided by the hospital to other hospitals, nursing homes, or similar facilities when the patient is transferred. The Virginia Department of Health operates an Advance Directive Registry which allows state residents to keep their directives on file. In order to access documents in the registry, patients must provide their health care professionals with an identification number and PIN.

CAPACITY TO MAKE HEALTHCARE DECISIONS

Initially, all adult patients who do not have a court appointed guardian will be presumed to be capable of making their own health care decisions. This presumption is overridden only when there is documentation by the appropriate health care professionals that a patient lacks the capacity to make informed health care decisions. No patient may be deemed incapable of making an informed decision based solely on a particular clinical diagnosis. Refusal of treatment to which a reasonably prudent patient would normally agree is not itself indicative of lack of capacity.

An attending physician alone may determine that a patient lacks decision making capacity If the physician documents that the patient is unconscious or experiencing a profound impairment of consciousness due to trauma, stroke or other acute physiological condition. In all other cases, lack of decision-making capacity must be made by the attending physician as well as another physician or clinical psychologist who is not involved in the treatment of the patient. The attending physician and the independent capacity reviewer should document the condition(s) that prevent the patient to be unable to understand the nature, extent or probable consequences of the proposed health care decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. An independent capacity assessment can be obtained by putting an order in Epic for a capacity assessment.

If a patient is determined to lack capacity to make informed decisions, that incapacity may apply to a particular health care decision, to a specified set of health care decisions, or to all health care decisions. In addition, decision-making incapacity should not be presumed to be permanent in all cases. Patients suffering from transient decision-making incapacity may need to be reassessed at appropriate intervals, and an incapacitated patient who later regains capacity for the purposes of decision-making may reverse prior decisions regarding treatment made by other individuals during the earlier period of incapacity. Please see policy under bioethics for latest guidelines.

For more education on Identification of Next of Kin in Virginia, see Cornerstone module CE104413E.

CONSENT

GENERAL CONSENT: General Consent obtained upon admission serves as evidence of the voluntary submission of the patient for treatment. This is consent for routine hospital services, diagnostic procedures, and medical treatment. It does not demonstrate that the patient understands the specifics of each treatment to be undertaken.

INFORMED CONSENT: A signed Informed Consent document must be secured prior to every substantial medical and surgical procedure beyond routine treatment as well as participation in research. In order to give informed consent the patient must be informed by the physician performing the procedure about 1) the diagnosis, 2) the nature and purpose of the procedure, 3) the risks, benefits and side effects of the procedure, 4) an assessment of the likelihood that the procedure will accomplish the desired objective(s), 5) reasonably feasible alternatives for treatment, 6) prognosis if no treatment is provided and 7) circumstances in which information about the patient must be disclosed or reported, such as mandatory reporting of certain infectious diseases. The discussion about these issues should be documented in the medical record.

In the circumstance where delay in treatment would be hazardous to the patient's health and the patient is not able to give informed consent and a legally authorized decision maker for the patient is not available to grant consent, the physician will document in the patient's medical record what procedures were performed and the circumstances necessitating treatment without consent. In addition, a second physician must certify in writing that a genuine emergency condition exists.

SUBSTITUTE CONSENT: If a patient is deemed to be incapable of making an informed decision, a legally authorized decision maker may provide informed consent. The decision that an adult patient is incapable of giving informed consent must be documented in the medical record by the attending physician as well as another physician or licensed clinical psychologist not involved in the patient's care after personal examination of the patient. A review by a second physician or licensed clinical psychologist is NOT required if the patient is unconscious or experiencing a profound impairment of consciousness due to trauma, stroke, or other acute physiological condition. A patient's inability to make an informed decision means the patient is unable to understand the nature, extent or probable consequences of the proposed health care decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. When a patient is deemed incapable of making decisions, a physician may rely on the following legally authorized decision makers in this order of priority.

- A person named as an agent in a patient's advance directive
- A guardian or committee currently authorized to make such decisions.
- Spouse unless an action for divorce has been filed
- Adult child.(If there is more than one child, then a majority of those reasonably available)
- Parent. (If both parents are alive, then both must agree)
- Adult brother or sister (If more than one, then a majority of those reasonably available)

- Any other relative of the patient in descending order of blood relationship
- Except in cases where the proposed treatment involves the withholding or withdrawing of a life-prolonging procedure:
    - Any adult, except any director, employee or agent of a health care provider currently involved in the patient's care, who (i) has exhibited special care and concern for the patient and (ii) is familiar with the patient's religious beliefs and basic values and any preferences previously expressed by the patient regarding health care. The decision that such a person can serve as a decision maker must be made by a quorum of the patient care consulting subcommittee of the hospital's ethics committee.

Substitute consent is not applicable to non-therapeutic sterilization, abortion, psychosurgery or admission to mental retardation facility or psychiatric hospital, nor is it applicable if the physician knows or, upon reasonable inquiry, ought to know that such action is protested by the patient. No person shall authorize any treatment that the person knows, or ought to know, is contrary to the religious beliefs or basic values of the patient.

TELEPHONE CONSENT: When it becomes necessary to obtain consent by telephone, one (1) witness will listen to the physician inform the legally authorized decision maker and the response of that decision maker. Both the physician and the witness will sign as witnesses on the consent form. The words TELEPHONE CONSENT will be written on the line beside the name of the legally authorized decision maker who gave consent.

CONSENT FOR PSYCHIATRIC TREATMENT: Specified procedures may be required for consenting to psychiatric treatment. The appropriate Psychiatric Consent Policy and Procedure Manual should be consulted in such cases. These will be available in the Department of Psychiatry and the Emergency Room. Please see policy under bioethics for latest guidelines.

DO NOT RESUSCITATE

A Do Not Resuscitate Order ("DNR Order") is a documented physician's order which states that in the event of a respiratory or cardiac arrest, cardiopulmonary resuscitative measures will not be initiated for a particular patient. This order applies only while the patient is in a particular hospital or nursing facility. A Durable DNR (DDNR) order can be recognized as valid at any licensed state health care facility. A DDNR remains valid when a patient is transferred from one such facility to another. DDNR orders from other states should also be recognized as valid. Copies of the form may be obtained from hospital social workers.

A DNR or DDNR order only applies when the pumping action of the heart stops or when breathing stops. A DNR or DDNR order does NOT apply to pre-arrest situations to manage such symptoms as hypotension, dysrhythmias, ventilatory insufficiency, ineffective gas exchange, or respiratory failure.

The hospital DNR policy was revised in late 2012 to add the option of an order set to address management of cardiopulmonary symptoms before a patient is in cardiac or pulmonary arrest. This order set is called a Pre-Arrest Care Management (PCM) order. The revised DNR policy also adds the option of a Do Not Intubate (DNI) order which states intubation is not to be used when the patient is in cardiac or pulmonary arrest. All other cardiopulmonary interventions are to be used.

Below are the choices in EPIC for documenting a patient's resuscitative status:

- **Resuscitation Status**
- **FULL CODE**
- **DO NOT RESUSCITATE – Pre-Arrest: Full Support/Arrest: NO Resuscitation**
- **DO NOT RESUSCITATE (WITH PRE-ARREST CARE MANAGEMENT) – Pre-Arrest Support as defined by Provider responses/Arrest: NO Resuscitation**
- **DO NOT INTUBATE (WITH PRE-ARREST CARE MANAGEMENT) – Pre-Arrest: Support as defined by Provider responses/Arrest: Full Support EXCEPT NO intubation.**

The patient's resuscitative status will appear in the patient identification header in the electronic medical record and appears at the top of each screen. A simple DNR order means that the patient will receive no CPR once in cardiopulmonary arrest but will receive full resuscitative support prior to a cardiopulmonary arrest. A DNR order with Pre-Arrest Care Management allows the physician to define and limit what resuscitative measures will be used for the patient prior to a cardiopulmonary arrest as well as order no CPR once the patient arrests. A Do Not Intubate order with Pre-Arrest Care Management allows the physician to define and limit what resuscitative measures will be used prior to arrest and to order that all resuscitative measures EXCEPT intubation be used at the time of cardiopulmonary arrest.

The physician placing the order should record facts and considerations in a progress note, including but not limited to: 1) the diagnosis; 2) the prognosis; 3) summaries of discussions with the patient, family and/or surrogate decision makers; 4) the rationale for the order; and 5) specific indication of the patient's capacity to participate in decision making.

The above resuscitative care orders can be authorized only by the attending physician, a physician on the patient's care team, or House staff physician following the physician's assessment of the patient's condition and prognosis. A licensed nurse practitioner or physician assistant may authorize these orders if the authority to do so is specifically included in the written protocol between the nurse practitioner/physician assistant and supervising physician as a delegated act.

The above orders are initiated when cardiopulmonary resuscitative measures do not meet the treatment goals of the patient. Decisions to forego resuscitation should be made after discussions between the patient and physician. The patient's physician should provide information about the risks and benefits of receiving cardiopulmonary resuscitation and therapeutic options.

An adult patient who is capable of making an informed decision can decide that cardiopulmonary resuscitative measures be withheld under certain conditions and request that a DNR or DDNR, DNR with PCM or DNI with PCM order be made to carry out that decision. These orders shall not be initiated over the objection of the adult patient. These orders may also be requested by the patient's substitute decision maker when the patient is no longer capable of making health care decisions.

Aside from using EPIC, these orders also can be put into effect when:
The physician is personally present with the patient or patient's surrogate and orally or otherwise directs that all or some CPR measures not be used. The physician must document the oral order as soon as possible; or
The physician places a telephone order that is received and transcribed by another physician, house staff member or licensed nurse. The telephone order should be witnessed and documented in the chart by a second physician, house staff member or licensed nurse. The physician placing the telephone order must document the order within twenty-four (24) hours

The physician placing the order must ensure the order is communicated to the appropriate clinical staff. It shall be the responsibility of the attending physician to discuss the implementation of the order with family members and substitute decision makers.

These orders can be revised or discontinued at any time by a physician on the patient's care team at the request of the patient or a substitute decision maker. The need for change or cancellation of the order may arise either from a change in prognosis or reconsideration of preferences by the patient or patient's substitute decision maker.

If a patient or patient's substitute decision maker changes his or her wishes about CPR, this should be immediately brought to the attention of the physician and documented in the progress notes. Cancellation is accomplished by the physician's order for code status change, with oral cancellation to be noted in the physician's orders and signed by the physician within 24 hours. The patient's substitute decision maker must base his or her decision on previously expressed preferences by the patient. It is important to note that a Durable DNR order agreed to by the patient can only be modified or revoked by the patient. If the order was agreed to by the patient's substitute decision maker and the patient is a minor or otherwise incapable of making an informed decision, then the substitute decision maker may revoke a DNR or DNI order. These orders may be rescinded, in accordance with acceptable medical practice, by the physician.
Please see policy under bioethics for latest guidelines.

EMERGENCY CUSTODY

An Emergency Custody Order ("ECO") is a judicial order that commands a person be taken into custody and transported, if necessary, to a convenient location for evaluation. Any person may request an ECO. A magistrate may issue an ECO when he/she has probable cause to believe that any person (i) has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to lack of capacity to protect him/herself from harm or to provide for his/her basic needs, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

Law enforcement officers who have probable cause to believe a person meets criteria for emergency custody may take that person into custody and transport him/her to assess the need for hospitalization or treatment. The ECO has a "life" of 8 hours from issuance. If the ECO is not executed within 8 hours of the time it is issued, the order is void.

Trainees will most likely not be involved with the ECO process but are likely to be involved in the process for obtaining a Temporary Detention Order ("TDO") once a person has been brought to the hospital. After the person has been evaluated in the hospital by a member of the local community services board, a magistrate can issue a temporary detention order based on the same criteria above for an ECO. The magistrate may ask for recommendations from the person's treating physician or clinical psychologist before issuing a TDO. The duration of a TDO is typically up to 72-hours but can be longer if the 72-hour period terminates on a Saturday, Sunday or legal holiday. Please see policy under bioethics for latest guidelines.

MEDICAL ETHICS DIRECTOR

The Clinical Ethics Director works with the hospital medical staff Bioethics Committee to: 1) provide education programs for the hospital staff and the community; 2) develop and review policies concerning ethical issues in patient care; 3) be available for consultation to help resolve

ethical problems in patient care. Informal case discussions are available for trainees and faculty. A major ethics conference is usually held each fall and a spring ethics workshop is usually held in May. Ethics consultations can be requested by PerfectServe or by calling the hospital switchboard and requesting that a member of the Ethics Consultation Service be contacted. Please see policy under bioethics for latest guidelines.

MEDICAL EXAMINER CASES

At Carilion Medical Center the Clinical Administrator must be contacted on all deaths and can be reached by calling the operator. They can assist trainees in navigating through this process and contacting the Medical Examiner. The Medical Examiner on-call shall be notified of deaths under certain conditions. Frequently, the Clinical Administrator can help decide whether or not to notify the Medical Examiner in questionable cases. Whenever there is doubt, call the Medical Examiner.

Deaths particularly requiring medical examiner notification include the following (Pursuant to § 32.1-283 of the Code of Virginia, all of the following deaths are investigated by the OCME):

- any death from trauma, injury, violence, or poisoning attributable to accident, suicide or homicide;
- sudden deaths to persons in apparent good health or deaths unattended by a physician;
- deaths of persons in jail, prison, or another correctional institution, or in police custody (this includes deaths from legal intervention);
- deaths of persons receiving services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services;
- the sudden death of any infant; and
- any other suspicious, unusual, or unnatural death.

MEDICAL TEMPORARY DETENTION ORDER

This order lets the hospital detain and treat, for a short time, an adult patient who is incapable of making an informed decision and who does not want treatment, but, who cannot be safely released. This type of order is most often used in the Emergency Department for patients with a possible stroke or head trauma, or for patients who are under the influence of a substance. These orders are authorized in the Code of Virginia at § 37.2-1104.

A Medical Temporary Detention Order should be obtained:

- When the medical standard of care calls for testing, observation or treatment of a disorder within the next 24 hours in order to prevent death, disability or a serious irreversible condition and,
- There is no substitute decision maker reasonably available.

PROCESS:

- A licensed physician (usually an ED physician) must contact a Special Justice or a General District Court Judge (or the Magistrate, if others are unavailable) by telephone and explain the reason for requesting the order.
- The physician must advise that he/she has probable cause to believe the patient does not have capacity to make a medical decision.
- If, before completion of testing, observation or treatment, the physician determines that the patient has become capable of making and communicating an informed decision, the physician will rely on the person's decision as to further observation, testing, or treatment.
- If, before or during the existence of a 24-hour hold, the physician learns of any objection to the testing, observation or treatment by a member of the patient's immediate family, the court or the magistrate must be notified.

RESPONSIBILITIES FOR HOSPITAL PERSONNEL: The request for authorization to treat, observe, or test under the provisions of this protocol must be initiated by a licensed physician. Resident physicians and medical students may do so only upon the direction of an attending or emergency room physician.

Upon deciding to request such authorization, the treating physician may order that appropriate levels of restraint be used to prevent the patient from threatening to injure or injuring hospital staff, other patients, visitors, or himself.

Campus police may be required to assist in restraining and detaining the patient for up to two hours prior to obtaining the authorization to treat, and up to 24 hours subsequent to receipt of the order. The treating physician must be actively engaged in obtaining the order during the initial two-hour period. Failure to do so will result in termination of detention effort by campus police and other hospital personnel.

All reasonable attempts should be made to enlist the patient's cooperation in remaining in the emergency department. Physical restraint should be used only when necessary and as a last resort.

The temporary detention petition must be completed by a physician in terms easily understood by the magistrate and the special justice. Detention orders will not be issued from petitions not signed by a physician. The Temporary Detention Order will be completed by the special justice or magistrate.
All pertinent information relating to the patient's condition and subsequent treatment or testing must be thoroughly documented in the patient's medical record.

Questions concerning application of this protocol should be addressed to the Office of Risk Management during normal business hours and to the Administrator or Administrator on Call at other times.

Utilization of this protocol will be monitored on an ongoing basis as part of the Emergency Department Quality Assurance Program.

Note: It is likely that some patients who need a medical temporary detention order have been brought to the hospital emergency department based on an emergency custody order. These emergency custody orders are for adults who can't make an informed decision as a result of physical injury or illness and are distinct from emergency custody orders issued for adults suspected of having a serious mental illness.
Please see policy under bioethics for latest guidelines.

TREATMENT OF A MINOR

Minor means any person under the age of 18 years. Informed consent or refusal means a decision by a patient, or on behalf of a patient, to consent to or refuse medical treatment after being provided with the following information and having his or her questions answered satisfactorily:

- The medical facts about condition, including diagnosis.
- The nature and purpose of the proposed procedure.
- The risks and benefits of the proposed procedure.
- The possible alternative treatments, including risks and benefits.
- The prognosis if proposed treatment is not undertaken.

CONSENT BY PARENT: The informed consent of a parent or guardian must be given for medical treatment of a minor, except as otherwise provided in this section. Please see policy under bioethics for latest guidelines.

EXCEPTIONS TO PARENTAL CONSENT/ADVERSE EFFECT FROM DELAY IN TREATMENT: Whenever a delay in providing medical or surgical treatment to a minor may adversely affect the minor's recovery, and no person authorized to consent to such treatment for the minor is available within a reasonable time, consent to treat is implied; however, if the minor is fourteen (14) or over and is physically capable of giving consent, such consent shall be obtained first.

OTHERS WHO MAY CONSENT TO TREATMENT OF A MINOR: If a minor has been separated from the custody of his or her parent(s) or guardian, and needs surgical or medical treatment, consent to surgical or medical treatment may be given by:

- Judges, with respect to minors whose custody is within the control of their court;
- Local directors of social services (or their designees) with respect to:
    - Minors who are committed to the care and custody of the local board;
    - Minors who are taken into custody pursuant to Va. Code 63.1-1517; and
    - Minors who are entrusted to the local board by the parent, parents or guardian, when the consent of the parent or guardian cannot be obtained immediately and, in the absence of such consent, a court order for such treatment cannot be obtained immediately.
- The Director of the Department of Corrections or the Director of the Department of Juvenile Justice with respect to any minor who is sentenced or committed to his custody;
- The principal executive officers of state institutions with respect to the wards of such institutions;
- The principal executive officer of any other institution or agency legally qualified to receive minors for care and maintenance separated from their parents or guardians, with respect to any minor whose custody is within the control of such institution or agency;
- Any person standing in loco parentis to the child. A person is standing in loco parentis to a child when he or she acts as a parent to a child. For example, if a child lives with an aunt, who provides shelter, clothing, education, guidance and discipline, the aunt is standing in loco parentis to the child and can make medical decisions for the child.

EMANCIPATION: A minor is emancipated and may consent to medical care and treatment (excluding sterilization), as if he or she were an adult when the minor:

- is or has been married; or
- is on active duty in the United States Armed Forces; or
- has been declared emancipated by court order.

The minor must demonstrate that s/he is emancipated by producing a marriage certificate, court order or other appropriate documentation.

MINOR DEEMED TO BE AN ADULT: A minor is deemed to be an adult for the purpose of consenting to the following:

- Medical or health services needed to determine the presence of or to treat venereal disease, or any other infectious or contagious disease, which the State Board of Health requires to be reported; and
- Medical or health services required in cases of birth control, pregnancy, or family planning, but not sexual sterilization; and
- Medical or health services needed in the case of outpatient care, treatment or rehabilitation for substance abuse; and

- Medical or health services rendered in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

PREGNANT MINOR: A pregnant minor is deemed an adult solely for the purpose of giving consent for herself and her child to surgical and medical treatment relating to the delivery of her child when such surgical or medical treatment is provided during the delivery of the child or the duration of the hospital admission for such delivery; thereafter, the minor mother shall also be deemed an adult for the purpose of giving consent to surgical and medical treatment for her child. Nothing in this section should be construed to permit a minor to consent to an abortion without complying with Va. Code 16.1-241.

BLOOD DONATION: Any minor, sixteen (16) years of age or older, may, with the consent of a parent or legal guardian, donate blood if he or she meets donor eligibility requirements. However, parental consent will not be required if a minor seventeen (17) years of age receives no consideration for his blood donation and the procurer of the blood is a nonprofit, voluntary organization.

BLOODTRANSFUSION: If a patient refuses a transfusion and harm may result to an unborn child or already existing child, or if a parent is refusing a blood transfusion for a minor child, the hospital Bioethics Committee or Carilion Legal Department should be contacted.

CHAPLAINCY SERVICES

The Chaplaincy Services Department exists to support and enhance the faith of patients, their families, and staff during times of illness, suffering, recovery, and death through a variety of pastoral care interventions which may include pastoral counseling, reflective listening, prayer, and pastoral presence. In addition, the role of the Chaplaincy Department includes working with staff to increase their understanding of the spiritual dynamics and needs of patients.

Much of what healthcare chaplains do involves helping persons and families of all faiths deal with the emotional and spiritual dimensions of the healing process. Chaplains offer support and therapeutic care in the hospital clinical context. Chaplains can help resolve conflicts and promote communication between patients, families and staff concerning religious and cultural traditions that may bear upon health care decisions. Most chaplains also develop an extensive ministry with nurses, physicians, aides, administrators, and others in the health care settings who carry significant emotional burdens and moral concerns.

Chaplaincy Services cultivates an open and welcoming environment for our staff to observe their own diverse religious and spiritual practices. We partner with our Dining Services for Religious Holidays with specific dietary needs such as Passover and Ramadan. We also reserve space every Friday for our Islamic staff to gather for Jum'ah or Friday Prayer at 2:30pm. If Chaplaincy Services can help assist with any specific religious or spiritual need please reach out and let us know!

All the Roanoke-based Carilion Clinic Chaplains are master's prepared and Board Certified through the Association of Professional Chaplains or are interns in a program of Clinical Pastoral Education accredited by ACPE. In addition to theological training, most come with experience and additional training in field of pastoral care, counseling, crisis intervention or related disciplines. Andrew Tressler is the Director of Chaplaincy Services for the system, and he can be reached at ajtressler@carilionclinic.org or (540) 739-4698

The Chaplaincy Services staff three shifts (24 hours a day), 7 days a week for referrals and consultation through EPIC and PerfectServe.

CARILION CLINIC COMPLIANCE AND PRIVACY

At Carilion Clinic, we understand that the community places its trust in us every day for the highest quality of care. It's our mission to improve the health of the communities we serve, and we want to carry out that mission with integrity and compliance whether our work involves patient care or is in one of our office or support settings. To help with ensuring that we stay on the right path, Carilion Clinic has a comprehensive Compliance and Privacy Program in place.

Organizational integrity is also known as corporate or business ethics. It includes our core set of values, including our organization's commitment to doing the right thing, our understanding of right versus wrong and our accountability for meeting these standards. Carilion's values, as well as our Code of Excellence, help define our organizational integrity standards.

Compliance means complying with the standards that apply to us. This includes all legal, regulatory standards and Carilion Clinic's internal requirements, such as policies and procedures.

The Compliance and Privacy Department, is an official department at Carilion Clinic which focuses on preventing, detecting, and correcting integrity and compliance issues. They help build and oversee the processes we have in place to meet the expected standards. These programs are an important resource to help us identify what we are expected to do and how we can do it better.

Carilion Clinic's Code of Excellence

The compass point of this department is our Code of Excellence, which shows us the way in how we demonstrate these values in our interactions with others. The Carilion Clinic Code of Excellence provides guidance to follow in your actions and decisions. This comprehensive look at integrity and compliance can help ensure that the path we take as employees is the right one when it comes to our work and community. We expect our Carilion Clinic family to follow the Code of Excellence, including: our Board of Directors, employees, medical staffs, residents, students, volunteers, agents, contractors, and vendors. Our Code:

- Serves as a high-level guide and expresses our commitment to integrity and compliance.
- Helps with decision making and shares the expectations that our organization holds.
- Augments policies, procedures, and guidelines.
- Provides examples of specific situations that can occur in healthcare and explains how to handle them.
- The Code is assigned to you to read in Cornerstone OnDemand. Within 30 days of your hire date, you must provide an electronic signature indicating that you acknowledge certain core expectations based on the code.

Your Responsibilities Related to the Compliance and Privacy Program

Each employee has a key role in our Compliance and Privacy program. As an employee you should be committed to:

- Promote our mission, vision and values;
- Follow the Code of Excellence and all laws, regulations, and policies and procedures;
- Ask for help when not sure of the right thing to do;
- Complete training and educational activities as requested;

- Share potential integrity and compliance concerns as soon as they come up and through a formal channel; and
- Help leaders as requested, such as participating in action plans and reviews related to potential concerns or wrongdoing.

How to Ask Questions or Report Concerns
If you are unsure about what to do in a situation, help is available. Asking a question is always the right thing to do. You can seek guidance from:

- Supervisor/Manager/Management Team
- Chief Compliance Officer/Compliance team
  - compliance@carilionclinic.org
  - (540) 510-4573
- Privacy Office
  - privacy@carilionclinic.org
  - (540) 510-4600
- Human Resources
- Legal Department
- Integrity Help Line - 24/7 tool where anonymous reports are welcome
  - (844) 732-6232
  - Compliance.carilionclinic.org

Retaliation against anyone seeking help or raising a concern of suspected misconduct in good faith will not be tolerated.

PATIENT PRIVACY & INFORMATION SECURITY

Carilion is committed to providing high-quality patient care, which is based on a foundation of trust with our patient community. As part of that commitment, it naturally follows that we are committed to maintaining the privacy and security of the information we are entrusted with, not just because it is the law, but also because it is the right thing to do by our patients and employees in accordance with Carilion's Mission, Vision, and Values.

Privacy Basics

What is Confidential Information?

As healthcare professionals you will have access to Confidential Information. Confidential Information is a broad term that encompasses many types of data, which is further defined into these three basic categories:

1) Protected Health Information (PHI)
2) Employee Information
3) Business Confidential Information

Protected Health Information (PHI)
PHI is a term derived from HIPAA (Health Insurance Portability and Accountability Act), a federal regulation that is divided into two main sections (The Privacy Rule and The Security Rule). Briefly, HIPAA gives our patients six basic rights with respect to their health information. You can find out more about those rights in the Carilion Notice of Privacy Practices (NOPP) posted throughout our facilities as well as on the main page of Carilion's website at carilionclinic.org. HIPAA also sets forth how organizations subject to HIPAA (Covered Entities and their Business Associates) are

permitted to use and disclose patient information, what those entities must do to appropriately safeguard that information and the steps that must be taken in the event of a breach.

HIPAA defines PHI as information in written, electronic, or verbal format about a patient's:

- Past, present, or future physical or mental health condition
- The provision of their healthcare or payment of it, and
- Somehow reasonably identifies the patient

PHI includes the following 18 HIPAA identifiers about our patients:

1) Names
2) MRN/MPI
3) Geographic Information
4) Biometrics
5) Dates including DOB and admission dates
6) Health plan beneficiary numbers
7) Telephone numbers
8) Full face or comparable photos
9) Vehicle identifiers
10) Account Numbers
11) Fax numbers
12) Certificate / license numbers
13) Device ID's / serial numbers
14) IP addresses
15) Email Addresses
16) Social security numbers
17) Web URL's
18) Any other unique identifier

It is important to keep these 18 identifiers in mind because PHI is so much more than just a patient's name, medical record number or diagnosis. Should you ever need to de-identify patient information for purposes of writing an article or conducting research please consult the Privacy Office, Health Analytics and Carilion Policy. *See*. Carilion Clinic Policy: *De-Identified Data*. (Privacy).

Employee Information:
Confidential employee information includes Human Resources records related to employment including information such as employee data and employee lists. Employee information is protected under numerous federal and state laws and regulations and includes:

- employee demographics
- background check results
- pay rate
- reasons for missing work
- medical leave information
- bank account information
- driver's license
- employee health records

Business Confidential Information:
Business confidential information is non-public information about Carilion Clinic. It includes:

- business practices
- customer lists

- vendor & contract lists
- contract terms
- financial data
- policies & procedures
- pricing & cost data
- marketing strategies
- trade secrets
- strategic plans

This information needs to be protected to make sure our business dealings remain confidential. In addition, we may be contractually required to meet confidentiality standards as well as federal and state regulatory requirements.

Intellectual Property is a key risk area, especially as our research and academic partnerships increase. Intellectual Property includes information protected by copyrights, trademarks, service marks, or patents. The Legal Department can provide guidance in this area and should be notified if we believe our intellectual property is being used inappropriately or without permission. We should also respect the intellectual property of others and follow the rules that apply to its use.

What Confidential Information Am I Permitted to Access?
Members of Carilion Clinic's workforce, may only access, use and/or disclose confidential information necessary to perform their job duties. Workforce members agree to this when they sign Carilion's *Access and Confidential Agreement* (*ACA*). Please make sure that you are familiar with this agreement and do not simply sign it without reading it and/or fully understanding its contents. Please direct questions about the *ACA* or other privacy / security matters to your leadership or privacy@carilionclinic.org.

Are There Rules Specific to Accessing, Using and Disclosing PHI?
As noted above, you may only access confidential information for business-related reasons. You may access, use, and/or disclose PHI without written patient authorization for the following three business-related reasons referred to as TPO (treatment, payment, and healthcare operations):

Treatment refers to a healthcare professional's provision, coordination, and management of a patient's healthcare and related services. Such services cross the continuum of care and include but are not limited to primary and specialty outpatient care, inpatient hospitalization, step-down and extended facility care, emergency medicine and referral activities. For example:

- A hospital may use PHI about a patient to provide health care to that patient and may consult with other health care providers about the patient's treatment.
- A primary care provider may send a copy of the patient's medical record to a specialist who will be treating the patient.
- A hospital may send a patient's discharge instructions to the nursing home to which the patient is being transferred.

Payment refers to all activities undertaken by a HIPAA covered entity, such as Carilion, to obtain reimbursement for treatment that has been provided by the covered entity.

Healthcare Operations refers to a wide array of functions both administrative and clinical including but not limited to compliance, quality, risk management, legal, accreditation, financial and other administrative activities.

All other uses and disclosures of PHI that are not TPO require written patient authorization on a Carilion approved authorization form. Please keep in mind that in addition to obtaining patient authorization, other Carilion policies may also apply. (E.g., You may not simply obtain written authorization on your own from a patient to conduct research. These requests are also subject to IRB approval).

Am I Allowed to Read a Patient's Entire Medical Record?

When accessing PHI, or any confidential information for that matter, only use or disclose the minimum necessary to accomplish the task at hand. HIPAA refers to this as the Minimum Necessary Rule. For example, if you only need to know the patient's last appointment you would have no business-related reason to review the patient's medical history, lab values or medications. When conducting research, it is important to keep this rule in mind as well and ensure that you only request the minimum amount of PHI / data elements to accomplish your purpose. As physicians, please note one limited exception. The Minimum Necessary Rule does NOT apply when your business purpose relates to treatment of your patient.

Does the Privacy Office Encounter Any Issues Specific to Residents / Physicians That I Should Be Aware Of?

1) Going into a patient room and assuming that it is okay with the patient that you discuss their situation in front of whoever is in that patient's room
    - This is probably the number one complaint patients, and their families make to the Privacy Office.
    - Per the Carilion Notice of Privacy Practices: *Healthcare professionals, using their best judgment, may disclose to a family member, a close personal friend or any other person identified by a patient, information relevant to that person's involvement in the patient's care. If family members or friends are present while care is being provided, you may assume, unless the patient objects, that the person may hear the discussions.*
    - The Notice of Privacy Practices aside, **as a best practice, make it your routine to simply ask your patients if it is okay to discuss PHI in front of whoever is present / before conducting exams.**
2) Post-surgery family follow-up meetings in waiting rooms
    - This is another complaint of patients and their families. While these routine meetings are allowed by HIPAA, be cognizant about who you include in them and try to pull individuals to a private corner and speak in a hushed tone if possible, to avoid others from over-hearing. Keep updates to the minimum they need to know.
3) Talking about our patients in hallways, elevators, coffee shops or other public locations
    - You will notice signs throughout our facilities reminding you not to discuss patient information in public areas. If you need to discuss patient information with a colleague, please find a private area to hold the conversation. If you are doing rounds and speaking with large groups for example in hallways, be cognizant of what you are saying. Use generic terms to identify "The patient" instead of stating the patient's name.
4) Surfing the Emergency Room Trackboard
    - Whether you are on call and want to know if you will be called in or not, or for some other reason, it is NOT okay to surf patient lists for planning purposes. You may only look at the records of those patients who have been assigned to your care.
5) Going into a patient room only to discover you are speaking to the wrong patient
    - We are human and make mistakes. As a best practice, incorporate into your routine when entering a patient room that you first greet the patient or their family

or somehow identify that you have the correct patient before you start disclosing PHI.

What Is the Potential Impact of Non-Compliance with Patient Privacy?
Privacy concerns are reported to the Privacy Office by multiple channels including Carilion employees, patients, their family members, or information obtained in audits. If you are ever contacted to meet with the Privacy Office, please do not jump to conclusions. Carilion's Privacy Office is required to document and investigate all reports of non-compliance with HIPAA and employee privacy. The Privacy Office will meet with you and your physician leader to discuss the concern in a fact-finding meeting, offer education as appropriate, follow-up with the patient as applicable and in serious cases of non-compliance discuss other actions. The Privacy Office maintains all documentation for a minimum of 6 years as required by law.

It is important to take privacy serious for many reasons including but not limited to:

- Protecting our great reputation
- Prevention of civil suits
- Prevention of licensing board reporting
- Prevention of government penalties

Information Security Basics

Access to Carilion Clinic's confidential information is a privilege, not a right. If that access is abused, it may be taken away at any time. Therefore, it is important to understand the basic rules about Carilion's confidential information.

Safeguarding Confidential Information
Safeguards refer to reasonable measures to protect confidential information. Please understand that we cannot possibly give you a complete list of every safeguard but take a look at this list and think about your own situation and the things you can do to safeguard confidential information. If you work at a remote location such as your home, or go to Starbucks with a laptop, think about things you can do to safeguard information regardless of your work environment. Here are some examples of reasonable and unreasonable safeguards to help you:

Reasonable Safeguard	Unreasonable Safeguard
Logging out of applications when you leave your workstation unattended	Leaving applications open when you step away from a workstation and minimizing your screen
Keeping your office keys in your purse or pocket	Leaving your badge and keys on your workstation
Positioning monitors away from the view of the public or using privacy screens	Allowing a monitor to face outward in a busy hospital corridor with no privacy screen
Discussing Carilion business in non-public areas only with those who need to know	Holding a meeting about patients in a public place like a coffee shop, cafeteria, or break room
Using Carilion's secure texting platform Perfectserve to message a coworker about a patient	Texting PHI to a nurse using SMS messaging on your Carilion cellphone

Additional Tips to Help Keep Patient Information Secure

1) Never share your username/password. You are responsible for all activity under your access.

2) Beware of phishing emails where a third party is trying to gain your credentials for personal gain or illicit purposes. A legitimate source will never ask you to share your username or password verbally or via an email. Report suspected phishes immediately at phishing@carilionclinic.org or click on Report Phish in outlook.
3) Only take photos of patients required for clinical care using the apps Haiku or Canto. On the other side, if patients bring recording devices into the care setting, feel empowered to say, "No" and decline their recording of you, other staff, patients, confidential information, etc.
4) Clinical conversations with patients must be part of the patient's legal medical record for HIPAA and risk management purposes, so be sure to use Carilion approved communication tools with patients. (I.e., In person, phone or MyChart).
5) Never post PHI/confidential information on the Internet/social media. Social media is a fun place to talk with friends about your job but sharing confidential information/photos even on a personal page can cause problems. Post wisely.
6) Only use approved Carilion databases/networks to store information. Google Docs, Basecamp, DropBox and other document sharing sites should not be used without prior approval from compliance.
7) Do not email information to your personal email. If you need to send email to an external third party, make sure that activity is permitted and force encryption by typing "SECURE" in the subject line.
8) Only save information to Carilion approved devices. Unencrypted flash drives are not permitted.
9) Secure all confidential documents. Securing documents may be as easy as turning them face down or sliding them in a drawer. Do not leave documents/mobile devices unattended, including in your locked car.
10) Properly dispose of documents (shred). Shred bins are placed in all facilities. Use them to dispose of items containing patient, employee, or business confidential information.

Privacy and Security Questions and Concerns

If you are unsure about what to do in a situation, help is available. Asking a question is always the right thing to do. You can seek guidance from:

- Supervisor/Manager/Management Team
- Privacy Office
  - privacy@carilionclinic.org
  - (540) 510-4600
- Human Resources
- Legal Department
- Integrity Help Line - 24/7 tool where anonymous reports are welcome
  - (844) 732-6232
  - Compliance.CarilionClinic.org

Retaliation against anyone seeking help or raising a concern of suspected misconduct in good faith will not be tolerated.

EMPLOYEE HEALTH

Employee Health (540-981-7206 or 77206) is located on 5 South in Carilion Roanoke Memorial Hospital. In addition to the department's responsibility for assessing injuries (including management of blood borne pathogen exposures) of employees of Carilion Roanoke Memorial Hospital, Employee Health supervises TB screening and respirator fit testing, makes available flu, Tdap, and Hepatitis B vaccines, and investigates exposures to various contagious diseases.

All residents, fellows, and faculty are required to complete an annual health assessment. The assessment is performed annually during your birth month. At that time, you will undergo a TB assessment and respirator fit testing if appropriate. Employees who are past-positive on TB screening still have to report to Employee Health in their birth month each year. Failure to complete requirements by the end of the birth month will result in suspension until resolved. Trainees will receive a notice via Carilion email at the beginning of the month that their health assessment is due. Please drop by as we have a walk-in clinic 0700-1600 daily Monday – Friday.

If Hepatitis B titers, fit testing, drug screenings, or TB screening are needed for required rotations at other non-Carilion sites, it will be the financial responsibility of the GME Department to have these services completed elsewhere.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Medical residency can be a challenging time for both you and your family members. Residents face a time of career transition and learning and can encounter difficulties in dealing with a myriad of challenges both at work and in their personal lives. Family members may also be in transition and in need of support and access to resources. Carilion EAP's purpose is to assist Carilion residents and their dependent family members identify and resolve challenges in life that may be interfering with success or wellbeing.

Through assessment and short-term counseling or coaching, EAP can help you develop clarity and explore options available for virtually any issue or problem that may arise. Up to five sessions, per year, per problem, are provided at no charge to you and your dependent family members. Carilion EAP Consultants are qualified through certification, licensure, and years of experience in working with residents, fellows, and faculty.

Carilion Employee Assistance Program (EAP) is a voluntary service. Participation in the EAP will not jeopardize your job or career. Carilion EAP is held to the same HIPAA standards as other medical services. All services are confidential and are not documented in EPIC. For confidential, personal assistance, please call (540) 981-8950 or (800) 992-1931, press 2 for scheduling or to request to speak with an EAP consultant.

EAP Director
Neely Conner, LCSW, LSATP, CEAP, PCC

EAP Consultants
Debby Jones-Worrell, LCSW, CEAP
Melinda Otey, LCSW
Sondra Stephens, LPC
Kathy Haas, LCSW

EAP Consultants on Site at Carilion Roanoke Memorial Hospital
Chad Runyon, MS, MFA, LPC Resident

Administrative Support
Amber Doak, Administrative Coordinator
Bekah O'Hare, Healthcare Administrative Associate

INFECTION CONTROL

The goal of Carilion Medical Center's (CMC) Infection Prevention and Control Program is to identify and reduce the risks of acquiring and transmitting infections among patients, employees, physicians and other licensed independent practitioners, contract service workers, volunteers, students and visitors. Surveillance, prevention, and control of infection cover a broad range of processes and activities, both in direct patient care and ancillary support services. In addition, the program is coordinated with external organization support systems to reduce the risk of infection from the environment, including food and water sources.

The IPC program supports all Carilion hospitals and outpatient clinics. We value your partnership in infection prevention. You may reach the CMC Infection Control team at (540) 981-7760 or Infection_Control_CMC@carilionclinic.org. After hours an on-call IP can be reached in Perfect Serve.

Questions IPC can assist you with:

- Staff Personal Protective Equipment (PPE)
- Patient Isolation precautions
- COVID or Isolation Patient Transport
- COVID Room Vacancy/Reoccupation
- COVID and other Emerging Pathogens Related Cleaning or Decontamination
- HAI prevention measures and data
- Infection surveillance and investigations

Standard and Transmission-based (Isolation) Precautions

The use of standard precautions is expected for all patient encounters regardless of their diagnosis or presumed infection status since it is the primary strategy for successful control of preventing the spread of infections. Many microbes can live on surfaces for hours to months and hand hygiene is the most effective way we can prevent the spread of infection as our hands come in contact with most surfaces.

In addition to standard precautions, transmission-based precautions are designed for patients with documented or suspected to be infected with highly transmissible or epidemiologically important pathogens within our facilities. The use of proper personal protective equipment (PPE) and engineering controls (such as use of a negative pressure room) are additional safeguards against the spread of infection within our facilities, ultimately helping to control the spread of infection between patients and staff.

AN EXAMPLE OF A TRANSMISSION-BASED PRECAUTION SIGN

Patients who have had positive cultures for Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), Candida auris, or multi drug resistant (MDR) gram-negative bacilli will be flagged in the electronic medical record (EMR) during admission or upon readmission. Patients that are suspected or confirmed to have COVID-19 are identified in EPIC with a COVID banner notification. The IPC department monitors the adherence to isolation precautions for these patients through its surveillance program and with unit rounding.

Policies to become familiar with include *Multi Drug-Resistant Organisms, Prevention and Management* and *Methicillin Resistant Staphylococcus Aureus (MRSA) Active Surveillance Testing Program*. Additional resources are also available through Infection Control's department page on InsideCarilion—useful links include: *Symptoms or Conditions Requiring Empiric*

Transmission-based (Isolation) Precautions, and *Discontinuation of Transmission-based (Isolation)* [for] *Select Conditions*.

Standard Precautions Component	Indication
Hand hygiene	Perform after touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.
Personal protective equipment (PPE) Gloves	Wear if anticipating or having contact with blood, body fluids, secretions, excretions, contaminated items; mucous membranes and nonintact skin
Personal protective equipment (PPE) Gown	Wear during procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated.
Personal protective equipment (PPE) Mask, eye protection (goggles), face shield	Wear during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation. During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face/eye protection.
Soiled patient-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
Environmental control	Routinely clean and disinfect environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment
Needles and other sharps	Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container
Patient resuscitation	Use mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions
Patient placement	Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene/cough etiquette	Source containment of infectious respiratory secretions (e.g., masking) of symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas in emergency departments and physician offices

Hand Hygiene for Healthcare Professionals

Hand hygiene is one of the most important ways to prevent infection, but unfortunately, healthcare workers wash their hands less than 50% of the time they should. In observational studies, physicians are typically the most non-compliant. There is substantial evidence that hand hygiene reduces the number of healthcare-associated infections and widespread use of hand hygiene products will promote patient safety and reduce the spread of harmful microbes. Alcohol-based hand rub is the most preferred method of hand hygiene because it is more effective than soap at killing germs. Soap and water should be utilized when hands are visibly soiled or when working with patients with known or suspected *C. difficile.*

Carilion Clinic has several initiatives to provide education and increase hand hygiene compliance among healthcare personnel

- Hand Hygiene Charter Team
- Inpatient hand hygiene champions to monitor compliance when entering or leaving patient areas
- Outpatient areas: patients receive surveys after visits asking if healthcare providers performed hand hygiene

Personal Protective Equipment in the Healthcare Setting

PPE is another important way to prevent infection by protecting individuals from exposure to potentially infectious material, diseases, or illnesses, which can protect our patients and healthcare workers. Lapses in PPE have been linked to many healthcare-associated infections in patient populations. OSHA issues regulations for workplace health and safety and requires that employers provide appropriate PPE for employees. Doffing PPE is a common time when healthcare workers can contaminate themselves.

It is important to understand the donning and doffing process and appropriate indications for PPE including:

- Surgical masks
- Respirators (N95, elastomeric respirators, and PAPRs)*
- Eye protection including goggles and face shields
- Isolation gowns
- Gloves.

Please utilize Carilion's Transmission-based Precautions policy and the Infection Control hub located on Inside Carilion for more information and updates regarding PPE.

*Note: Respirators require fit testing to confirm the respirator forms a tight seal on the wearer's face. This ensures that users are receiving the expected level of protection by minimizing any contaminant leakage into the facepiece. Per OSHA, the only facial hair that is acceptable is a small mustache. The person must be clean shaven during fit testing and remain clean shaven whenever donning a respirator.

HEALTHCARE ASSOCIATED INFECTIONS & PREVENTION

The prevention of healthcare-associated infection (HAI) is a top priority of the IPC department as HAIs lead to prolonged length-of-stay, increased cost, and increased mortality. HAIs that are surveilled by NHSN (a CDC surveillance system) include: catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), ventilator-associate pneumonia (VAP), surgical site infection (SSI), and Clostridioides difficile infection (CDI). While any of these infections can lead to increased costs for our patients, they can also cost Carilion money if we have higher rates than other similar institutions.

The most effective way to prevent HAI is to eliminate the risk factor whenever possible—this includes advocating for the timely discontinuation of indwelling urinary catheters, central venous lines, and ventilators. There are several medical devices stocked that can be utilized as alternatives to urinary catheters including condom catheters, penile pouches, and female external catheters. When the urinary catheter, central line, or airway is medically necessary, nursing

utilizes an evidence-based bundle for the prevention of CAUTI, CLABSI, and VAP—these bundles guide care and maintenance of the medical device in order to reduce the risk of infection.

The CDC and the National Healthcare Safety Network (NHSN) surveillance definitions of healthcare associated infection and criteria for specific types of infections in the acute care setting is incorporated into the overall HAI surveillance plan. The surveillance program includes a system for evaluating, reporting, and maintaining a record of healthcare-associated infections (HAIs) among patients. Data collection may be performed concurrently or retrospectively, and sources may include but are not limited to laboratory reports, radiographic reports, electronic medical record review, and clinical staff notes/reports. This data is analyzed for trends, benchmarked with the NHSN data, and used to identify areas for quality improvement.

In the event an HAI is identified, Infection Control notifies the key department stakeholders to conduct a deep dive. Depending on the type of HAI, stakeholders may include Quality, Infection Control, the attending physician, a clinical nurse specialist, and nursing staff. These deep dives work to identify events that may have caused the HAI and prevent reoccurrence of similar events going forward.

HAI data is reported to key department and Quality stakeholders, through the Infection Control Committee (ICC), and other relevant committees. The ICC reports directly to the Joint Quality Committee, which then reports to the Medical Executive Committee with subsequent reporting to the Board of Directors. In addition, some HAI's like catheter-associated urinary tract infections, central-line associated bloodstream infections, hospital onset MRSA bacteremia and *C. difficile* infection, and colon procedure and abdominal hysterectomy surgical site infections are publicly reported and impact hospital reimbursement.

Diagnostic Stewardship

Diagnostic stewardship is part of HAI prevention and is the strategy to improve appropriate use of microbiological diagnostics to guide patient care to prevent the development of multi-drug resistant organisms and healthcare-associated infections. It promotes timely diagnostic testing, appropriate specimen collection, appropriate and timely pathogen identification, and accurate and timely reporting of diagnostic results.

Pan-culturing is the the practice of ordering two or more cultures from different body sites within a short timeframe (hours) during workup for possible infection. It is not recommended as a default approach since it can lead to identification and treatment of colonization, increased exposure to antimicrobials, increased risk of multidrug resistance, increased risk of *C.diff* infections. Best practice is to clinically evaluate a patient and use the clinical evidence to inform a focused testing strategy.

SSI Prevention

Advances have been made to improve infection control practices to prevent surgical site infections (SSIs), but they still remain a substantial cause of morbidity, prolonged hospitalization, and death. According to the CDC, SSI is associated with a mortality rate of 3%, and 75% of SSI associated deaths are directly attributable to the SSI. SSI is the costliest HAI type with an estimated annual cost of $3.3 billion, and is associated with nearly 1 million additional inpatient days annually. To prevent SSIs, Carilion operative departments have established care bundles. In addition, following surgical attire and sterile technique protocols are important aspects that you have an important role.

Surgical Attire

The purpose of surgical attire is to protect the patient and staff by maintaining a limited microbial spread and to prevent environmental contamination. When worn correctly, surgical attire provides a barrier to contamination that may pass from personnel to patient as well as from patient to personnel. Properly cleaned and worn surgical attire may decrease the incidence of healthcare associated infections. It is important for staff to be able to locate areas within Operating Room Services (ORS) and identify attire that should be worn in those locations.
Surgical attire includes:

- Clean, freshly laundered surgical scrubs
- Bouffant or Surgical cap
- Beard net
- Surgical mask
- Shoe covers or designated OR shoes
- Approved eye protection

Reference: ORS Surgical Attire policy

Sterile Technique
During invasive procedures, the body's physical barriers are breached, which increases the risk of infection. Sterile technique aims to prevent microbial contamination and infection. Using sterile technique when preparing, performing, or assisting with invasive procedures is essential to keeping an environment safe and preventing healthcare associated infections.
Sterile technique includes:

- Creating a sterile field
- Maintaining a sterile field
- Monitoring a sterile field

Reference: ORS Sterile Field, Guidelines for Preparing, Maintaining, and Monitoring policy

REPORTABLE DISEASES AND CONDITIONS

The State of Virginia requires that certain diseases are reported in the manner required by Section 32.1-36 of the Health Laws of Virginia and Section 12VAC5-90-80.of the Board of Health Reportable Disease List. Refer to the Virginia Department of Health website for the list of reportable diseases. For reportable diseases or conditions identified in patients who received care in the Emergency Department or were admitted to a Carilion hospital, the Infection Prevention & Control department reports these conditions on behalf of our medical providers. An exception is COVID-19 lab results, which are automatedly reported to the health department for all Carilion hospitals and clinics.

COVID-19

Carilion Clinic's COVID-19 response goals are to optimize patient care and minimize exposures to patients and employees. The Infection prevention and control department works closely hospital leadership to develop and implement strategies to ensure safe and optimal care delivery. Infection control and prevention strategies include surveillance, response to outbreaks, and communication and education.

Updated COVID guidance can be located on the Coronavirus Hub or Infection Control Hub .

HIV TESTING

Virginia law requires that prior to HIV testing, a medical care provider shall inform the patient that the test is planned, provide information, and advise them of their right to decline the test. A specific written consent form is not necessary; general consent for medical care is considered sufficient. The results of this test and subsequent discussion of the implication of these results should be clearly documented in the patient's record. When a healthcare worker is exposed, as currently defined by the Center for Disease Control, to the patient's blood or other bodily fluids, a patient may be involuntarily tested for HIV, but still must be told the test is being done, must have the results made known to him if desired and must be given an opportunity to discuss the implications of the test results.

Health care workers, including physicians, may be required by the patient to be tested for HIV virus if the patient becomes exposed to the blood or body fluids of the health care worker or physician. Test results may be released to the exposed patient if they desire this information.

State law requires that physicians shall report to the local health department if the identity of any patient who tests positive for exposure to HIV. There is no duty on the physician to notify a third party other than the local health department.

The results of every HIV test shall be confidential. Such information may only be released to the following persons:

- The subject of the test or his legally authorized representative.
- Any person designated in writing by the subject of the test.
- The Department of Health.
- Health care providers for the purpose of consultation of providing care and treatment.
- Health care facility staff committees which monitor evaluate or review programs or services.
- Medical or epidemiological researchers for use as statistical data only.
- Any person allowed access to such information by court order.
- Any facility that procures, processes, distributes, or uses blood, other bodily fluids, tissues, or organs.
- Any person authorized by law to receive such information.
- The parents of a subject if the subject was a minor.
- The spouse of the subject.

The subject of any HIV test must be given an oral or written explanation of the meaning of the test prior to testing.

General consent for medical care is sufficient before the test is performed. A medical care provider shall inform the patient that the test is planned, provide information, and advise them of their right to decline the test. Every subject shall be afforded the opportunity for individual face-to-face disclosure of positive test results and appropriate counseling.

The Antimicrobial Stewardship (AMS) Team at Carilion Clinic comprises of infectious diseases physicians and ID-trained pharmacist, serving the health system. We work to empower all members of the health care team to be stewards of optimal antimicrobial use.

The AMS pharmacist team can be contacted 7 days a week from 8-4 pm for antimicrobial questions/concerns.

Prior approval of restricted antibiotics at CMC is managed through the ID service by sending a PerfectServe Message: Type “Antibiotic” to contact the person on-call.

- Email: Antimicrobial_Stewardship@carilionclinic.org
- Pager: Antimicrobial Stewardship (Via Operator or PerfectServe)
- eConsults: for Ambulatory patient questions (ECONSULT TO PHARMACIST-INFECTIOUS DISEASE)

Visit the AMS Website (requires being on Carilion network) for Carilion Specific Diseases State Guidelines, Education Documents, Antibiograms and more!

- Guidelines are available for inpatients as well as some that are ambulatory specific.
- Current Disease State Guidelines include: pneumonia, bacteremia, febrile neutropenia, upper respiratory tract infections, intra-abdominal infections, sexually transmitted infections and many more!
- Bug/Drug Coverage and Antifungal Coverage charts are quick references for providers.

HEALTH INFORMATION MANAGEMENT

The Health Information Management (Medical Records) Department at CRMH is located on Lobby Level Westside. The department is open Monday through Friday from 7:30 a.m. – 4:00 p.m.
HIM Contacts: Ashley Hoover, Jeannie Maxey, and Kristen Jordan

EPIC/Help:
Carilion uses EPIC as our electronic medical record. Please contact HIM if you need any help with EPIC. The only time you may need to visit HIM is if you have concerns or issues with your in-basket or if you need help with death certificates on the EDRS system. Please feel free to call us with any questions or concerns at 540-981-7842 (internally at 77842).

General Chart Documentation Reminders:

- **History & Physicals:** The admission history and physical must be in the medical record within 24 hours and preferably the same day of admission.
- **Verbal Orders:** All verbal orders must be signed within 72 hours.
- **Progress Notes:** Progress notes must be entered daily, more often on seriously ill patients.
- **Discharge Summaries:** The discharge summary should be dictated or completed in EPIC on the day of discharge.
- All entries in the medical record will reflect professional maturity. There is no place for facetious, unprofessional, or otherwise indiscreet remarks.
- If anything is handwritten for the paper portion of the medical record, legible entries are an absolute necessity.
- CMC Do Not Use Abbreviations in any documentation. This can be found in policies.
- All entries in the electronic medical record are dated and timed by the system.

For patients and the hospital to receive insurance reimbursements and comply with hospital, the Joint Commission, and government agency regulations, a system of controlling delinquent

medical records is necessary. Accordingly: All discharge summaries are delinquent 7 days from discharge. All documentation/dictation (OP notes/ED provider notes) are delinquent 10 days from date of discharge. Electronic signatures (verbal orders) are delinquent 20 days from date of discharge. You will be notified weekly of delinquent chart deficiencies and allowed seven (7) days to complete the medical record.

Resident List on Tuesday:

- HIM will e-mail residents who have delinquent charts.
- The Residency Program Directors, Chiefs, and Program Managers will be copied on the e-mail.
- The residents will have ***one week*** to complete their delinquent medical records.
- The following Tuesday they will be "Red Lined" if delinquent medical records are not completed from the previous week.
- The Delinquent Resident List will be e-mailed to Dr. **Arthur Ollendorff, DIO and Rhonda Miller, GME Sr Director.**
- Residents who have "Red Lined" will be notified via email of delinquent medical records the previous week.

Things to Remember Regarding Medical Records:

- It is the resident's responsibility to notify HIM if they are having an issue with EPIC or their medical records. (Do not ignore this- Please call HIM.)
- Residents need to notify HIM prior to leaving for vacation.
- Residents signing out to rotate to UVA or the VA are still responsible for any medical records that may be assigned to them after signing out. EPIC can be accessed remotely.
- When a resident is notified, and he/she only works the delinquent medical records and ignores the other delinquencies, then they take a chance of getting another e-mail the next week. Residents are encouraged to complete all medical records in their in-basket.
- Discharge summaries are delinquent 7 days after discharge.
- Any dictations (OP Notes/ED Provider Notes) are delinquent 10 days after discharge.
- Signatures (verbal orders) are delinquent 20 days after discharge.
- If something has been assigned to you that should go to another resident, please decline the deficiency with a reason. If you ignore the deficiency because it is not yours, you will still be held responsible for it. Please make sure to decline it.
- Failure to complete dictations can result in the attending of the chart being held accountable for the dictation. This can put the attending at risk of being suspended.
- When there is a disagreement about which resident is responsible for a medical record deficiency, the attending will advise who is responsible.
- Any paper documents will be scanned into EPIC. You can find scanned documents by clicking on the Media Tab in Chart Review.

EDRS Death Certificates:

- ALL RESIDENTS MUST BE SIGNED UP!
- You will need to be enrolled for the Electronic Death Registration System (EDRS) process through the Virginia Department of Health website. https://www.vdh.virginia.gov/vital-records/electronic-death-registration-system/. If you need assistance with getting signed up, please contact HIM at 540-981-7842 (77842), or please contact your Program Manager.
- For more education, see the Cornerstone module, Electronic Death Registration System (EDRS) CE10414E.

To access the dictation system:

- Dial the following numbers to enter the dictation system:
- CRMH external dictation number 1-833-559-0403
- CRMH internal dictation number 78200
- Enter 6-digit Physician ID (see Program Manager for SMART number)
- Enter 2-digit Facility Code, 01
- Enter 2-digit work type (see choices below)
- Enter 9-digit CSN number
- You will hear a beep, then you may begin dictation
- Identify yourself, state the type of report you are dictating.
- Give the patient's name with spelling and medical record number.
- To dictate additional reports for the same facility, press 5.
- To dictate additional reports for the same work type, press 0.
- To mark a dictation as STAT, press 6.
- To obtain dictation job number, press # #
- For assistance, contact HIM 540-981-7842
- For afterhours assistance, contact TSG 540-224-1599

01 H&P	08 Psych Prog Note
02 OP Report	09 Letter
03 Discharge Summary	10 Interval Note
04 Consultation	11 Preop H&P
05 Transfer Summary	
06 Medicare Summary	

HEALTH SCIENCES LIBRARY (CRMH)

The Carilion Clinic Health Sciences Library promotes the educational success of our organization and improves the health of the community we serve by advancing scholarly research and providing the highest quality information, services, and resources.

https://insidecarilion.org/hub/health-sciences-libraries

Carilion Roanoke Memorial Hospital Library
540-981-8039 (78039)
library@carilionclinic.org

Jane Burnette, CRMH Hospital Librarian
ljburnette@carilionclinic.org

Marin Harrington, CRMH Library Aide
library@carilionclinic.org

Located on the first floor of the Medical Education Building, down the hall from the 6th floor auditorium.
Hours: Monday – Friday 7:00a.m – 4:30p.m.

Books may not be checked out during unstaffed hours. The library is monitored 24 hours by video camera. Reference materials and journals may not be removed from the library at any

time. Physicians, residents/fellows, and medical students have 24x7 keycard access. Please do not open the door to others that do not have a keycard while using the library after hours.

Remote Online Access:
MyAthens: https://my.openathens.net
To Register for a MyAthens Account: https://register.openathens.net/cchsl.com/register

Circulation: books (except for life support training texts) may be checked out for one month. One renewal is allowed if there are no holds on the title. A Carilion photo ID badge is required. If library materials are lost or not returned, the borrower will reimburse the library for the cost of the material. An after-hours book drop is available in the door of the office across the half from the CRMH Library.

Services: literature searches, books, and journal articles are available to all Carilion employees. Requests for these can be made by e-mailing library@carilionclinic.org. In-services, formal, informal, group and individual instruction are available upon request. Microsoft Office, EPIC, Kronos, CSOD, and other Carilion applications are available on all CRMH library computers. A printer, copier, scanning, and faxing device is also available.

VIRGINIA TECH CARILION SCHOOL OF MEDICINE HEALTH SCIENCES LIBRARY

The Virginia Tech Carilion School of Medicine Health Sciences Library is located on the 1st floor (room #M110) at 2 Riverside Circle. The library is open Monday through Friday from 8:00-5:00. Residents and fellows are permitted access to the library. To complete an application, please contact your Program Manager.

HOME HEALTH SERVICES

Carilion Home Health Service operates on a 24-hour basis. Office hours are Monday-Friday from 8:00-4:30 (540-224-4800). After office hours or on weekends or holidays, a registered nurse is on call 24 hours per day and can be reached through the hospital switchboard. The following services are offered by the Home Health Service: skilled nursing care, physical therapy, speech therapy, IV therapy, remote telemonitoring, personal emergency response, occupational therapy, medical social services and home health aides. These services are covered under most private insurance plans, Medicare and Medicaid, as long as eligibility criteria are met.

HUMAN RESOURCES

Human Resources (HR) is located in the Human Resources Building at 1212 3rd St. Standard hours of operation are Monday through Friday, 8 a.m. to 5 p.m. If you have questions about your benefits or any HR questions, you may contact the HRSC at 800-599-2537 or by email at: hrservicecenter@carilionclinic.org.

BENEFIT PLANS

At Carilion we value resident and fellow contributions to our community and to our organization. We believe in rewarding trainees for their dedication and accomplishments, which are vital to our success. In our organization, the patient always comes first, but we know that family and friends are important and that trainees must strike a balance between work and personal life. We recognize resident and fellow efforts with a valuable total rewards package that

includes both competitive pay practices and a comprehensive benefit offering that allows them to make the best choices for themselves and their families.

Trainees will have access to a total rewards package that includes the following components, and much more.

- Health benefits including medical, vision, and prescription benefits
- Hospital Indemnity Plan
- Accident Plan
- Critical Illness Plan
- Comprehensive dental benefits
- Flexible spending accounts
- Disability benefits include salary continuation for 150 days with long-term disability beginning thereafter
- Life insurance
- Retirement benefits, including a Carilion-paid pension plan and retirement savings plan.

Trainees have the opportunity to enroll themselves, spouse or domestic partner, and dependent children in our benefits plans. The effective date for benefits varies by benefit type. Long-term disability (LTD) benefits are effective upon hire date. Medical benefits for trainees and family are effective the contractual program start date. Dental, life insurance, and flexible spending accounts (FSAs) benefits are effective the first day of the month following 30 days of continuous employment.

Trainees may make changes to benefits during the annual open enrollment period or if they experience a qualifying event. Qualifying events allow trainees to change certain benefits during the year for events such as a marriage, divorce, birth or adoption of a child, change in status from full-time to part-time or significant change in employment of a trainee's spouse or domestic partner. Additional information is available online for your reference.

If a trainee has a qualifying event, he or she may make benefits changes through My Total Access within 31 days of the qualifying event. If changes are not submitted during this 31-day time frame, trainees must wait until the next period of open enrollment to make changes. A list of qualifying events is available for your reference online. Documentation to support the qualifying event must be submitted in addition to making the change in My Total Access. To ensure compliance with our plan documents, trainees are required to provide documentation to verify the eligibility of any dependents to be covered on the medical or dental plan. Documentation must be submitted to Human Resources within 31 days of the qualifying event via fax at (540) 857-5209. Coverage for your dependents will not be effective until their eligibility is confirmed.

Medical Benefits

Our trainees' health and wellbeing are important, so we offer a comprehensive program of healthcare benefits designed to help ensure residents', fellows', and their family's health, now and in the future. Trainee medical benefits, administered by Aetna, include prescription drug coverage and vision discount program. Trainees may also elect to purchase additional comprehensive vision coverage when they enroll in our medical plan.

Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays cash benefits to you for inpatient hospital admission and daily stays. There are also benefits for inpatient rehabilitation, substance abuse and mental

disorder stays, as well as a well-baby nursery benefit. Benefits can help pay towards your medical plan's deductible, coinsurance, or other everyday expenses. Benefits are payable once per member during a plan year unless otherwise specified.

Aetna Critical Illness Plan

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition, like heart attack, stroke, cancer and more. You have the option between three different face amounts: “low”, “middle’ or “high”.

Aetna Accident Plan

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You have the option to choose between a “high” or “low” coverage plan.

Dental Benefits

Our dental plan is designed to help promote good dental health through regular exams and preventive dentistry care for you and your family. Delta Dental is the administrator of the dental plan. We offer two plans; Basic and Comprehensive, to ensure you have the type of coverage that best meets your needs.

Life Insurance

Our life insurance plans, administered by New York Life, provide insurance protection for your beneficiaries by paying a benefit in the event of your death. Carilion provides, at no cost to you, employee Basic Group Term Life Insurance and Accidental Death & Dismemberment (ADD) Insurance. You also are eligible to purchase Supplemental Group Term Life Insurance for you and your family.

Disability Insurance

Our disability plans provide financial protection in the event of a disabling accident or illness by providing a portion of your income to you if you become disabled and cannot work. Carilion provides, at no cost to you, both salary continuation (for short-term disabilities) and long-term disability coverage. The disability insurance is administered by New York Life.

Healthcare and Dependent Care Flexible Spending Accounts (FSAs)

We offer two types of FSAs; Healthcare and Dependent Care. Both plans are administered by Optum Financial.These plans offer you pre-tax savings benefits because your contributions are deducted from your paycheck before taxes. Our Healthcare FSA may be used to pay for you and your family’s eligible healthcare expenses. Our Dependent Care FSA may be used to help pay for eligible child or qualifying elder care expenses. As an added benefit, if you contribute a minimum of $10 towards your Dependent Care FSA, Carilion will also contribute $10 per pay period to your Dependent Care FSA.

Retirement Benefits

To help you with your financial needs after retirement, we offer a 403(b) Retirement Savings Plan and provide eligible employees with a pension plan. These benefits, along with your personal savings, can help provide financial security for you and your family at retirement. The Principal serves as the vendor for the retirement accounts.

The 403(b) Retirement Savings Plan is designed to help you save for your retirement on a pre-tax basis, subject to IRS limits.

Carilion also provides a valuable pension benefit to eligible employees. Carilion pays the full cost of this benefit to give you the security of lifetime monthly payments at retirement once you are vested. The amount of the benefit is based on factors such as age, earnings and years of service.

Childcare Benefits
Childcare Benefits are offered in both Roanoke and the New River Valley to help you with your childcare needs. In Roanoke, Carilion has partnered with Honey Tree Early Learning Centers to provide our employees with access to quality childcare. Benefits include a 25 percent subsidy for your weekly cost of tuition at any Honey Tree location. Carilion employees also have access to our Sick Room offering an alternative care solution for you when your mildly ill child is too sick to go to school but you need to go to work (Riverwalk Honey Tree location only).

Carilion-Owned Pharmacies
Our Carilion-Owned Pharmacies are an excellent source for both your prescription and over-the-counter drug needs. In addition, as a Carilion employee you have access to many other benefits including 10 percent off already low prices for over-the-counter drugs, the ability to use payroll deduction to pay for purchases and delivery to select Roanoke-area facilities. Carilion-Owned Pharmacies are located at CNRV, Crystal Spring Pharmacy at 2001 Crystal Spring Dr., Carilion Clinic Pharmacy at the Riverside Clinic and at Roanoke Memorial Hospital. Those using maintenance medications will receive a 3-month supply for the cost of 2 ½ months (which is not offered at retail pharmacies). As an added convenience, Carilion Clinic employees and family members enrolled in Carilion's health plan can have prescriptions delivered right to their home at no–cost. It's safe, it's easy, and it will save a trip to the pharmacy! Additionally, unlike traditional mail-order benefits, our pharmacy team and plan design allow employees to pick up their 90-day prescriptions at a Carilion retail pharmacy location or to be delivered to many of our locations.

Carilion Wellness
Carilion Wellness includes: Carilion Wellness Roanoke and Carilion Wellness Botetourt. Momentum Fit Studios for employees at CFMH, CGCH and CSJH; our FIT Rx and FIT Rx 90 programs, Weight Watchers at Work, walking clubs, painting classes and employee group exercise classes.

Referral Rewards
Referral Rewards provides you with the opportunity to earn a cash bonus while helping to recruit employees for specified positions.

- You refer an external applicant for a "Referral Rewards" designated position within Carilion.
- The applicant identifies you as the referred source when completing their electronic application.
- If the external applicant is hired for that position, you will receive a cash bonus depending on the job title.
- Referral bonuses are taxable income and subject to all applicable federal and state deductions.

To be eligible to receive your Referral Rewards bonus, any applicants you refer must supply your name and title or job position when filling out their electronic applications. Remember, job candidates must meet minimum job qualifications just like any other applicant, and they must go through the application and interview process.

Non-Eligible Applicants:

- Applicants who have been employed by Carilion within the last 12 months.
- Managers, supervisors and Human Resources employees.

RECREATIONAL BENEFITS

Welcome to Carilion Clinic Wellness! As a wellness benefit for residents and fellows, Carilion pays for our trainees' single membership at Carilion Wellness locations, Carilion Wellness Botetourt (CWB) and Carilion Wellness Roanoke (CWR), .During orientation, please see your Program Manager for an application to Carilion Wellness. After orientation, please see an attendant at any Carilion Wellness location to apply for membership. The Graduate Medical Education Office has provided contacts at Carilion Wellness with a list of the current residents/fellows so they know which membership plan to assign to you.

For information on obtaining tickets to Virginia Tech Athletic Events, call the Graduate Medical Education Office at 540-581-0322.

WORKPLACE HARRASSMENT POLICY

Carilion is committed to providing a harassment-free workplace. Everyone should be treated with respect at work and not be made to feel uncomfortable. That's why harassment may be an illegal form of discrimination. Harassment may harm victims physically and emotionally. It may prevent them from performing well on the job. It is also harmful because it may destroy mutual respect and trust and reduce productivity. Harassment on the basis of any characteristic protected by law, including but not limited to sexual harassment is prohibited by Carilion Clinic.

Harassment is verbal, non-verbal or physical conduct that degrades or shows hostility or dislike toward an individual because of his or her race, color, religion, national origin, sex, age, disability or any other characteristic protected by federal or Virginia law. In addition, the conduct must:

Have the purpose or effect of creating an intimidating, hostile, or offensive work environment;
Have the purpose of effect of unreasonably interfering with an individual's work performance; or
Otherwise adversely affect an individual's employment opportunities.

There are two kinds of harassment:

- Sexual harassment is the most talked about kind of harassment. Conduct considered sexual harassment includes but is not limited to:
    - Sexual innuendo
    - Obscene gestures
    - Forced sexual relations
    - Touching, pinching, brushing the body
    - Suggestive or insulting sounds
    - Requests for sexual favors
    - Insults/jokes about sex or gender-specific traits
    - Posters or other materials of sexual nature
    - Assault

- Harassment on the basis of a person's race, color, religion, national origin, sex, age, disability and any other characteristic protected by federal or Virginia law are the other kinds of harassment.

Individuals who believe they are victims of harassment should file a complaint as soon as possible after the incident(s). Physicians should take one or both of the following actions:

- Inform the harasser the conduct is offensive and must stop.
- Report the conduct to their individual supervisor or other appropriate contact person, who should forward the report to the Hospital Director.

All complaints will be investigated confidentially and dealt with as appropriate. Please refer to the Forms and Policies page on the CarilionClinic.org Graduate Medical Education website for more information.

For more information, refer to the *PROCEDURE TO INVESTIGATE A COMPLAINT OF SEXUAL HARASSMENT INVOLVING MEDICAL STAFF MEMBERS AND ALLIED HEALTH PROFESSIONALS*. A copy of this procedure is available in the Medical Staff Offices.

LANGUAGE ACCESS SERVICES

Carilion Clinic is committed to providing excellent patient care and will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits.

As healthcare providers we have a legal and ethical obligation to assure that patients understand the information given to them so they can make informed decisions and be active participants in their care. Carilion Clinic, under the American with Disabilities Act, Section 1557 of the Affordable Care Act, and Title VI of the Civil Rights Act of 1964, is required to provide meaningful means of communication to our LEP patients.

During patient encounters, language assistance may be needed in order to provide appropriate patient care. Unapproved means for interpretation (e.g. Google Translate, etc.) will not be used under any circumstances. Some LEP patients may request to use a family member or friend as an interpreter. Carilion Clinic does not encourage or suggest the use of friends or family members as informal interpreters in non-emergent situations. A Carilion Clinic-approved interpreter, telephone interpreter service, or video relay interpreter service should always be utilized when making an offer of interpreter services to a patient. If, after receiving an offer of Carilion Clinic interpretation services, the LEP patient declines the offer and specifically requests the use of a friend or family member as an informal interpreter, the staff member offering the service should document in the patient's medical record that an offer of interpretive services, free of charge, was made and declined. Even if the patient declines an offer of interpretive services, it is the provider's legal right to determine whether language assistance services will be used. The Carilion Clinic provider is strongly encouraged to utilize Carilion Clinic-approved interpreter services in the delivery of care, even if refused by the patient, especially for instances that require effective/extended communication between the provider and the patient, or when sensitive information will be discussed (see section IV.1). The provider should document in the patient's medical record any decision to proceed without utilizing Carilion Clinic interpreter services. Examples of situations when an interpreter may be necessary include discussing symptoms, diagnosis prognosis, conducting medical tests, explaining treatment options and medications, providing discharge instructions, obtaining informed consent and discussing complex billing or insurance information.

Carilion Clinic staff have numerous resources to support effective communication for patients with LEP across the organization, including, but not limited to the use of live on-site interpreter services, over the phone interpretation, video relay interpretation services, Text Telephone/ Telecommunication Device for the Deaf (TTY/TDD), pre-translated documents, and non-verbal communication aids such as picture boards.

CMC is committed to communicating effectively with all patients, 24 hours a day, 7 days a week. Carilion's Interpreter Policy is system-wide and provides guidance to providers and staff when interpreter and sign language services are necessary to support safe, high quality patient care.

When communication assistance is provided, staff should document the use of Interpreter Services in the progress note in the patients' record.

For more education related to available Interpreter Services, federal laws and mandates, Carilion's policy, and tips for using in-person interpreters, please see Cornerstone Module (CE10352E).

Policy: Interpreters for Patient Communication

In addition, an Interpreter Services Website can be found on Inside Carilion and is a repository for information and resources. Please refer to this site for the most up to date documents, guidelines and instructions.

Language Assistance Services

PHARMACY

The inpatient pharmacy is located on the 14th floor of Carilion Roanoke Memorial Hospital (CRMH). Two satellite pharmacies are located in the General and Cardiac Surgery OR areas. The Cardiac Surgery satellite is staffed Monday through Friday in the morning while the General OR satellite is staffed seven days per week. Pharmacists are available 24/7 to provide pharmaceutical service needs including order verification and profile review, medication profile review, drug distribution, drug information, clinical issues and consults.

Several medications including vancomycin, aminoglycosides, and direct thrombin inhibitors (argatroban, bivalirudin) are automatic pharmacy consults for adult patients. Additional consults available upon request include renal dose adjustment, anticoagulation management, total parenteral nutrition (TPN), and others as appropriate for the patient.

Clinical pharmacists participate in patient rounds with the Internal Medicine, Family Practice, Pediatric/PICU, Trauma, Medical and Surgical ICU, NICU, Palliative Care, Hospitalists, Infectious Diseases, Oncology, Cardiac Surgery and Cardiology teams. Staff also participate in interdisciplinary huddles on multiple units each day. Pharmacists are also available at workstations distributed throughout the hospital. Additional pharmacy team members include specialists in Emergency Medicine, Medication Safety, Drug Information, and Infectious Diseases. The pharmacy residency program includes PGY1 Pharmacy residents, PGY2 Critical Care, PGY2 Internal Medicine, PGY2 Infectious Diseases, and PGY1/PGY2 Health System Pharmacy Administration and Leadership residents.

All medication orders are entered via EPIC by the provider. Ordering chemotherapy is restricted to Hematology/Oncology.

While CMC Pharmacy has many medications available on formulary, not every drug in each class is included. Some medications have automatic substitutions which occur at the time of order entry (e.g. ACE inhibitors, ARBs, PPIs, statins). If you are unable to find a medication in EPIC, it may be "non-formulary" (NF). NF medications must be ordered and/or approved by an attending physician and by pharmacy management. The NF order form can be accessed by typing "non-formulary" in the order entry field of EPIC.

All antimicrobials require an indication for use at the time it is ordered. Certain antimicrobials require approval for use. The Antimicrobial Approval team is on call from 0800-2300 seven days a week and the covering provider can be paged via PerfectServe or the hospital operator. During the overnight hours, the need for pre-approval is temporarily waived. However, the Approval team will have to be contacted in the morning. This service is designed to promote judicious use of certain antimicrobials to reduce resistance, inappropriate use, adverse effects, and unnecessary cost. The antimicrobial stewardship page on the intranet located at https://www.insidecarilion.org/hub/antimicrobial-stewardship provides many guideline and resource documents to assist with appropriate use of antimicrobials.

Medication errors must be reported immediately to the attending and responsible physician as well as the unit clinical team leader, director and manager to determine management of the event. Written documentation must be completed on-line through SafeWatch. Additionally, physicians can submit events via Quality Management's phone line at 7-SAFE (7-7233). All medication events are reviewed by the Medication Safety pharmacist for investigation, follow-up and reporting as appropriate.

The pharmacy department intranet website https://www.insidecarilion.org/hub/pharmacy-cmc provides links to resources that may help with safe medication use and pertinent contact information. **Inpatient Pharmacy Phone Number: 540-853-0961 (70961).**

Retail Pharmacy
Carilion Clinic Pharmacy offers five retail locations in Roanoke and the New River Valley to serve patients, employees, and the community. Carilion also offers Southwest Virginia's only 24 hr retail; pharmacy and the region's first and only specialty pharmacy. Carilion's modernized pharmacies manage and maintain the intimacy of a neighborhood pharmacy while serving our customers' everyday health needs. We specialize in cardiovascular care, diabetes, arthritis, HIV patient services, homeopathic medicines, osteoporosis, ostomy, fertility medicines, respiratory care, and smoking cessation. We stock the many hard to find medications that are prescribed for discharged hospital patients. These discharge patients are also offered the opportunity to use the retail pharmacy's bedside delivery program. Allowing them the option to fill their prescribed medications prior to leaving the hospital helps to decrease their risk of post-discharge complications and potentially keeps them out of the hospital and/or emergency room. Our role as your specialty pharmacy is to work with patients one-on-one, every month, to make sure medications are taken as prescribed. The medication therapy management offers assistance in managing current medications as well as patient assessments to improve treatment outcome. This therapy focuses on patient goals to improve their quality of life. All pharmacies offer a full line of immunizations.

Specialty Pharmacy
Carilion Clinic operates the region's only specialty pharmacy, designed to focus care on patients who take specialty medications-complex, potentially high-cost medications that require highly trained side effect management, ongoing health monitoring and special storage and handling. Services offered include:

- 24/7 access to our specialty pharmacists

- Patient management program (side effects management and health monitoring)
- Free delivery to your home
- Refill reminders from your pharmacy technicians
- Prior authorization with insurance providers
- Financial assistance

Carilion Clinic Roanoke Memorial Lobby Pharmacy
1906 Belleview Ave Ground Floor
Roanoke, VA 24014
540-266-6480

Hours: This pharmacy is open 24 hours a day, 7 days a week, except at these scheduled break times:

- Closed from 1:00 – 1:30 a.m. daily
- Closed from 1:00 – 1:30 p.m. Saturdays and Sundays

Carilion Clinic Crystal Spring Pharmacy (Medical Center Pharmacy)
2001 Crystal Spring Ave Suite 110
Roanoke, VA 24014
540-853-0905
Hours: Monday-Friday 8:30am-6:00pm, Saturday and Sunday-Closed

Carilion Clinic Riverside 3 Pharmacy
3 Riverside Circle Ground Floor
Roanoke, VA 24016
540-526-1450
Hours: Monday-Friday 9:00am-5:00pm, Saturday and Sunday-Closed
Closed from 1:00-1:30pm daily

Carilion Clinic New River Community Pharmacy
2900 Lamb Circle, Suite 1890
Christiansburg, VA 24073
540-639-1647
Hours: Monday-Friday 9:00am-6:00pm, Saturday-10:00am-1:00pm, Sunday-Closed
Closed from 1:00-1:30pm daily

Carilion Clinic Pharmacy-Specialty Pharmacy
4336 Electric Road (Inside Tanglewood Mall)
Roanoke, VA 2408
540-772-8700
M-F 9AM-5PM, Saturday and Sunday-Closed

RISK MANAGEMENT

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

Any individual who comes to the Emergency Department requesting examination or treatment shall be provided with an appropriate medical screening examination. An individual will also be considered to have come to the Emergency Department if the individual is on hospital property

(including its parking lot, driveway, or sidewalk) and requests care for what may be an emergency condition, someone else requests care on the individual's behalf, or if a prudent layperson observer would believe, based on the individual's appearance or behavior, that the individual needs emergency examination or treatment. Hospital property is the hospital's campus, defined as the area that is 250 yards around the hospital building, but does not include other areas or structures of the main hospital building that are not a part of the hospital, such as physician offices, rural health centers, skilled nursing facilities, or other entities that participate separately in Medicare.

In the Emergency Department, a physician, or qualified non-physician practitioner, will conduct an appropriate medical screening examination, utilizing ancillary services routinely available to the Emergency Department, to determine whether the individual has an emergency medical condition. An emergency medical condition is one that manifests itself by acute symptoms (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) which, in the absence of immediate medical attention, is likely to cause serious dysfunction or impairment to a bodily organ or function or serious jeopardy to the health of the individual or unborn child. A pregnant woman who is having contractions is considered to be in an emergency medical condition if there is not enough time to safely transfer the woman prior to delivery or transfer would pose a threat to the woman or her unborn child.

In providing a medical screening examination, the hospital cannot discriminate against any individual because of diagnosis, financial status, race, color, national origin, age, disability or sex. Moreover, there can be no delay in providing a medical screening examination or follow-up treatment for an emergency medical condition in order to inquire about the patient's method of payment or insurance status.

The performance of the medical screening examination is documented in the individual's medical records.

If a patient withdraws his or her request for examination or treatment, an appropriately trained individual from the Emergency Department staff must discuss the medical issues related to a "voluntary withdrawal". In the discussion, the Emergency Department staff member will: (i) offer the patient further medical examination and treatment as may be required to identify and stabilize an emergency medical condition; (ii) inform the patient of the benefits of the examination and treatment and the risks of withdrawal prior to receiving the examination and treatment; and (iii) ask the patient to sign a Withdrawal of Request for Emergency Care form, which must be completed by the Emergency Department staff member. If the patient refuses to sign the form, a description of risks discussed, related to the refused examination and/or treatment and leaving against medical advice must be documented.

The hospital will not refuse to accept a transfer of an individual for whom the hospital has specialized capabilities or facilities if such capabilities and facilities are available to treat the patient. Never refuse a transfer without talking to your attending physician and/or the ED physician in charge.

STABILIZATION: If an individual, who comes to the hospital, is determined to have an emergency medical condition as outlined previously, the individual will be transferred only after the individual's medical condition has been stabilized. A patient is considered stabilized when the treating physician determines, with reasonable clinical confidence, that the patient's emergency medical condition is resolved, and no material deterioration of the condition is likely, although the underlying medical condition may still exist.

The patient or patient's representative must consent to any proposed stabilizing treatment in accordance with standard hospital protocols related to informed consent for treatment. Documentation of the consent must be retained in the medical record.

If an individual does not consent to treatment that has been recommended to stabilize an emergency medical condition, after being informed of the risks and benefits of the treatment and risks of refusing such treatment, reasonable steps must be taken to obtain the individual's signature on the "Refusal of Stabilizing Treatment" form. The individual's refusal must also be documented in the medical record. The medical record must contain a description of the offered examination and/or treatment and indicate the individual was informed of the risks and benefits of such.

There may be times when a physician in the Emergency Department may feel it appropriate to consult with a specialist on-call for further care of the patient. The on-call physician must respond to this request by contacting the Emergency Department within 30 minutes of receiving the initial call. The on-call physician must arrive at the Emergency Department to treat the patient no more than 30 minutes after contacting the Emergency Department. If the on-call physician experiences any delay while in transit to the Emergency Department, he/she must use his/her best efforts to advise the Emergency Department physician of the delay and the approximate time of his/her arrival. An on-call physician cannot refuse, for any reason, the request by an Emergency Department physician to assist in the evaluation and treatment of an Emergency Department patient if the on-call physician is available. The determination of the Emergency Department physician that the on-call physician must directly assess the Emergency Department patient shall be controlling in this regard. The name and address of any on-call physician who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment will be recorded in the medical record. A copy of this notation will also be provided to the medical staff office and the on-call physician's service chief. The refusal or failure will also be reported to the Chief of Staff and the Chief Executive Officer who will review the matter and determine how to address the situation.

Residents, Physician Assistants ("PAs") and Advanced Practice Clinicians including Advanced Registered Nurse Practitioners ("ACP") may be used to assist the on-call physician in responding to call. Any decision to use a resident, PA or ACP should be made by the on-call physician, based on the individual's medical needs, the hospital's capabilities and must be consistent with hospital policies and/or protocols. The on-call physician retains ultimate responsibility for the care of the patient and meeting the Emergency Department's expectations.

A patient may be discharged after resolution of the emergency medical condition and after a determination has been made that the patient is stable and ready for discharge. "Stable and ready for discharge" means that continued care, including diagnostic work-up and/or treatment, can be safely performed on an outpatient basis, or later on an inpatient basis, provided the patient is given a plan for appropriate follow-up care with discharge instructions.

If the patient is admitted to the hospital as an inpatient, the hospital's obligations under EMTALA terminate, but the responsibilities of the on-call physician shall continue. The patient will remain the responsibility of the on-call physician (or the physician requested by the patient, if the physician requested by the patient has assumed responsibility for the patient) until the episode of illness or injury that prompted the patient's assignment to that physician is satisfactorily resolved or the patient has been discharged or transferred.

CONDITIONS FOR TRANSFER: At times, however, it may not be possible to achieve stabilization of the patient prior to transfer. A patient in an emergency medical condition may be

transferred to another medical facility before stabilization if: (i) after being informed of the risks of transfer and of the hospital's treatment obligations, the individual requests to be transferred ("patient-initiated transfer"); or (ii) based on the information available at the time of transfer, the physician determines the medical benefits to be received at another medical facility outweigh the risk to the patient of being transferred (including, in the case of a woman in labor, the risks to the unborn child) and certification to this effect is signed by the physician ("physician-initiated transfer").

In the case of patient-initiated transfers, the physician must discuss the risks associated with the transfer and the services that will be provided if the patient is not transferred. If the patient continues to request transfer, reasonable steps must be taken to obtain written confirmation of this request from the patient. If the patient directs the transfer against the advice of the physician, this must be noted in the patient transfer form. If the patient refuses to sign the form, all pertinent information, including a description of the proposed transfer, must be recorded in the patient's medical record.

When a physician initiates the transfer, the treating physician must complete the transfer certification form, which must also include a summary of the risks and benefits of transfer. Reasonable steps must also be taken to secure the written consent of the patient to the transfer. If the patient refuses to sign the form, all pertinent information must be recorded in the patient's medical record. If a patient does not consent to the physician-initiated transfer, steps must be taken to obtain the refusal in writing. The patient's medical record must also contain a description of the proposed transfer that was refused.

In the cases of patient transfer, consent of the receiving hospital must be obtained and documented in the patient's medical record before the transfer. This consent must include that the receiving hospital has available space and qualified personnel to provide treatment to the patient. The patient's condition must also be documented in the medical record prior to transfer. Copies of the patient's medical record, including, but not limited to, symptoms, preliminary diagnosis, treatment provided, test results, and informed written consent or transfer certification, must be sent with the patient to the receiving hospital. The medical record must also include the name and address of any on-call physicians who failed or refused to appear within a reasonable period of time to provide examination or treatment to the patient.

ACCEPTING PATIENT TRANSFERS: The hospital cannot refuse to accept requests for transfers if the patient needs the specialized capabilities or facilities available at the hospital. The only exception to this prohibition is if the hospital lacks the capacity to safely treat the patient.

All requests for transfer from another emergency department, another hospital, or to an on-call physician should be directed to the Transfer Center, who in conjunction with the on-call physician or accepting provider will determine whether to accept the transfer based upon space and available qualified personnel. If a physician receives a request for transfer from another emergency department and is unwilling or unable to accept the transfer, the physician must refer the request to the Transfer Center.

The hospital administrator on-call will resolve all disputes, questions and concerns that cannot be handled through routine procedures and lines of decision-making.

All forms referenced to this policy are available in the Emergency Department and on all nursing units.

PROFESSIONAL LIABILITY COVERAGE

Carilion provides, under its corporate medical professional and general liability insurance program, claims-made insurance coverage with respect to all clinical activities and employment activities undertaken by residents and fellows under the aegis of the educational program. This claims-made coverage includes an extended reporting endorsement ("tail coverage"), which is of a continuous nature and unlimited in duration.

In accordance with the ACGME requirements the following details the specifics of the professional liability coverage that Carilion Clinic maintains in force to cover you while you are associated with Carilion fulfilling your residency/fellowship requirements:

Insurance Company: Blue Ridge Indemnity Company, LLC (BRIC)
Name & Address: c/o Carilion Clinic P.O. Box 40032 Suite 807 Roanoke, VA 24022
Policy Type: Healthcare Facilities Professional Liability Claims Made

See annual coverage memo for policy number, term, and limits.

Under this policy, coverage is provided for all acts that are performed in the Commonwealth of Virginia, as part of your educational experience with the residency/fellowship program. There is no coverage under this policy for moonlighting activities that are performed/undertaken while in the residency/fellowship program unless being performed at a Carilion owned entity. If you decide to moonlight with any independent practices or other outside organizations, you must make sure that you are covered under the policy of the entity that you are moonlighting for.

VISITATION RIGHTS

Carilion Clinic or it's representatives cannot restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

To ensure the health and safety of our patients and caregivers, all visitors are asked to follow guidelines that may be found online at https://www.carilionclinic.org/visitor-guidelines.

SAFETY & SECURITY

Carilion Clinic Police Department encourages students, faculty, and staff to be alert, take precautions, and report crimes and suspicious activities. Your efforts to stay well-informed and take preventive action will help in maintaining the safest possible environment on our campuses. Always be aware of your surroundings, park in well-lit areas and lock your vehicle. Report the loss of access cards and identification badges immediately to the police and security department at 540-981-(7)7911. Please sign up for Carilion Clinic Alerts to stay informed of emergency notifications on campus.

PARKING

Residents and fellows are issued access cards that will allow them to enter the designated Rooftop parking at CRMH. This is the preferred parking area for trainees. It is badge access only and is monitored by video surveillance. The access card will also allow entrance to the Crystal Spring parking garage behind the Rehab if access is authorized for your program.

Please do not park in the Attending Physician designated areas on the First level of the CRMH garage or in the upper parking area behind the hospital.

It is permissible for residents and fellows to park on levels 4, 5, and 6 when there is snow or ice on the rooftop area. Residents and fellows parking inside the main garage during normal conditions will be ticketed. Vehicles are towed after three offenses. Residents and fellows may also park in the Riverwalk Garage at CRMH. Residents and fellows are to park in the Main Parking Garage at Carilion Roanoke Community Hospital. No special card or access is required to enter.

TECHNOLOGY SERVICE GROUP

PAGING/TELEPHONE COMMUNICATIONS

Paging/Text Messaging

Carilion Medical Education no longer utilizes traditional pagers for Residents. Pages are received as encrypted secure messages using **PerfectServe** on your cell phone. **If you are post call or on vacation, it is your responsibility make sure that your on-call schedule in PerfectServe is valid and that you have marked yourself unavailable in PerfectServe.** This will prevent you from being inappropriately contacted and will ensure patients' needs are met in a timely fashion.

Patient Calls

If you are on call for patient calls, the operator will send you an encrypted secure message via PerfectServe instructing you to call the patient via a masked secure phone call. Unanswered messages will be escalated to the attending on call via PerfectServe.

Carilion Physician to Physician Messaging

To contact another Carilion physician directly, see PerfectServe contacts where all physicians' contact information is available. PerfectServe is the preferred method for communications containing protected health information (PHI).

PerfectServe

PerfectServe is Carilion Clinic's approved, encrypted, and secure communications platform for exchanging messages containing PHI. All Providers will be configured on the PerfectServe Practitioner Mobile Platform. This platform offers mobile and web access. To access the PerfectServe Practitioner Web application, open an internet browser and type https://www.perfectserve.com. The PerfectServe Practitioner Mobile app can be downloaded via the mobile device App Store (for carilion issued devices) or via the Apple Store (iPhone) or Google Play Store (Android).

To log into the PerfectServe Practitioner Mobile App

1. Sign in using your PerfectServe credentials,
    a. The easiest way to log into the PerfectServe App is to use your username@carilion. You can also log-in by entering "carilion\username". Either way will log you into the system.
    b. The username and password utilize your Active Directory user ID and password.
2. Enter a Carilion Clinic or Work e-mail address and tap **Next**.
3. Set a PIN and tap **Next**.
4. Select a secret question and answer, then tap **Next**.
5. Select **Allow** when asked **Allow PerfectServe to make and manage phone calls**.

See the PerfectServe Practitioner Mobile User Guide for iPhones and Androids on Carilion Clinic's InsideCarilion.

PATIENT INFORMATION SYSTEM

Carilion Medical Center has implemented Epic, an electronic medical record software solution, throughout its hospitals and ambulatory practices. Residents and fellows will receive training on the use of Epic during orientation. For assistance with Epic related issues, please contact the Technology Services Group at 540-224-1599.

Carilion Roanoke Memorial Hospital has implemented a patient education system developed by GetWell. Delivered via televisions in patient rooms, and in the Emergency Department, the platform enables providers to assign educational videos to patients by placing orders in Epic. GetWell Inpatient empowers patients to participate in their care by viewing video education about conditions, medical devices, procedures, and medications. In addition to video education, GetWell Inpatient allows patients to view television channels, Hollywood movies, and relaxation videos. Patients can also send feedback about their care team directly to the hospital unit director and the Patient Advocacy team.

MOBILE DEVICE GUIDELINES

Carilion Clinic provides mobile phones and iPhones to clinicians and key personnel for whom rapid accessibility and quick communications are essential. Use of these devices is both a responsibility and a convenience. While some clinicians and staff use their Carilion Clinic-provided device only to aid in their work, some personal use of these devices is reasonable. Carilion issued devices are available for personal use by paying a $15 fee per pay period.

The agreement below outlines our responsibilities for safe and effective use of Carilion Clinic-provided mobile devices, recognizes the Internal Revenue Service's definition of carrying these devices as constituting a taxable personal benefit, and acknowledges participation in a personal payroll deduction for cost sharing the personal use of Carilion Clinic-provided devices.

Guidelines

- This mobile device is provided for use by Carilion Clinic staff and although reasonable personal use is authorized, as a workplace-provided device, there is no expectation of privacy in either the use of or the information processed by this device.
- As with any mobile device, the user should assume that any messages transmitted or received by this device could become public knowledge and personal or patient information should not be communicated via voice or data.
- Mobile device password settings are defined in the Carilion Clinic Mobile Device Guidelines policy and use of passwords is required to ensure that the device is not used by third parties if the device is lost or stolen.
- Appropriate use of the mobile device must conform to the Carilion Clinic Mobile Device Guidelines policy.
- It is the responsibility of the user to contact Technology Service Center (540.224.1599) in the event that their mobile device is not functioning.
- If the mobile device is believed to be lost or stolen, or you believe there to be a potential breach in security through use of this or any device, please report the loss or issue to the Technology Service Center (540.224.1599) immediately so the device can be disabled, a replacement device can be delivered to you, and so the Carilion Clinic Security Officer can help resolve the issue.

Personal Use

Although this mobile device is issued only for clinical care and Carilion Clinic business purposes, employees may choose to use it for personal communications as well and pay a portion of the monthly service through a cost sharing plan.

Clinicians and staff who are issued a Carilion Clinic-provided mobile device must sign either a) acknowledging acceptance of the terms of cost sharing and agreeing to payroll deduction for that purpose or b) attesting that they do not use the device for other than business purposes. The residents will sign a personal use agreement through "MyTotalRewards" once the device is activated.

Other Resident Guidelines

- The devices have a photograph feature. Photographs of patients are prohibited. All HIPAA regulations must be followed.
- Devices should never be used for international calling and/or international travel.
- Pay-per-use services are prohibited (ringtones, game subscriptions, texting contests, etc).
- GME may find that you are responsible for unreasonable care or cost associated with your provided device.
- Detailed records of your device use will be monitored by administration on a monthly basis.
- This device serves as a pager and all work-related pages must be answered immediately. It is your responsibility to set the ringer at a level which you will be able to hear at all times.
- Personal calls may not be conducted in the patient care setting.
- The Salem Veterans Administration Hospital requires that you carry one of their pagers when at their facility.
- Carilion administration may amend and revise this policy as needed.
- Information about mobile devices can be found at: https://insidecarilion.org/hub/technology-services-group-tsg