Table of Contents
Welcome to the VA Medical Center ........................................................................................................3
Our Mission and Vision ............................................................................................................................4
1. Clinical Training Programs ..................................................................................................................5
2. Processing ..........................................................................................................................................6
   a. Photo ID
   b. Parking
   c. Keys
   d. Computer Access
   e. CPRS Training
3. Pagers ...............................................................................................................................................7
   How to use the pager system ...............................................................................................................7
4. Mount Sinai Bronx VA Shuttle ...........................................................................................................7
5. NUMBERS YOU NEED TO KNOW (Key Telephone Extensions) ....................................................8
6. Using the Computer Systems ............................................................................................................9
   a. Signing On to the Network (Microsoft NT Access) .................................................................9
   b. Using VISTA and CPRS ..........................................................................................................10
   c. Information Security & Confidentiality ....................................................................................11
   d. CPRS/BCMA Downtime Contingency Plan ..........................................................................11
   e. Medical References ..................................................................................................................12
   f. Clinical Resources ....................................................................................................................13
7. Medical Record Documentation .........................................................................................................14
   a. Progress Notes ..........................................................................................................................14
   b. Consults ......................................................................................................................................14
   c. Discharge Planning & Summaries .........................................................................................14
   d. Cutting & Pasting Notes .........................................................................................................15
   e. How to Correct a signed Note in Error .................................................................................15
   f. Do Not Use/Dangerous Abbreviations .............................................................................16
   g. Resident Supervision: The Resident’s Role in Documentation ...........................................16-18
   h. Determination of Service for Admission (Medicine vs. Surgery) ........................................19
   i. Bed Designations ....................................................................................................................20
   J. Sign Out Rounds: Shift Handoff Documentation/Tool .........................................................20-21
8. Using The Rapid Telephone Access Service (RTAS) Dictation System ...........................................21
   RTAS [Listen Only] .......................................................................................................................21
   RTAS [For Dictation of Operative Reports: Surgical Residents] ...............................................22
9. Radiology Program .............................................................................................................................23
10. Medical Staff Guidelines for Details / Decedent Affairs Office ....................................................23
    Autopsy Requests: ..........................................................................................................................23
    Consents: (Incapacitated / Incompetent patients) ........................................................................23
    Death Certificates: .......................................................................................................................23
    Next of Kin Issues ........................................................................................................................23
11. Patient Safety Training ....................................................................................................................24
    VA National Center for Patient Safety (NCPS) ...........................................................................24
    Message from the Patient Safety Manager ...............................................................................25
    Reportable Events ..........................................................................................................................25
12. VA Mandatory Annual Training .....................................................................................................26
    a. Infection Control ......................................................................................................................26
    b. Fire Safety ...............................................................................................................................27
    c. Hazardous Material Incident and Spill .....................................................................................27
    d. Radiation Incidents ...............................................................................................................27
    e. Utility Failures .......................................................................................................................27
    f. Medical Equipment (Biomedical Section at ext. 6199) ........................................................27
    g. Safety Tips ..............................................................................................................................28
    h. Restraints & Seclusion ..........................................................................................................27
    i. VA Information Security & Privacy ......................................................................................28
13. Miscellaneous “How To” Information ............................................................................................28
Welcome from the Medical Center

Dear Resident / Fellow,

Welcome to the James J. Peters Veteran Affairs (VA) Medical Center. This manual is a quick reference guide with the tools you need for your position at the VA. Please keep this guide in an easily accessible place.

The James J. Peters VA is affiliated with the Mount Sinai School of Medicine, Columbia University College of Physicians and Surgeons (New York-Presbyterian Hospital) and the Hospital for Special Surgery. The medical center offers training programs in a multitude of medical and surgical sub-specialties. In addition there are many training opportunities in Psychology, Social Work, Nursing, Nutrition, and Pharmacy. As an academic medical center the JJP VAMC is dedicated to serving the needs of our veterans and offering an optimal training environment for students, faculty and staff.

Your first resource for information should be your department or program. Please check in with the administrative staff of your respective department or program on your first day of rotation to allow for a brief orientation to local policies and procedures. We would especially like to call your attention to our Computerized Patient Record System (CPRS). The VISTA/CPRS System is the largest healthcare information system in the US. Our Intranet, also available from any of our 1500 PC’s, is a valuable source of information and portal to on-line Medical Resources (Clinical Resources Page) and the Internet. Basic information on CPRS and other resources can be found in this guide.

The James J. Peters Medical Center strives to attain the highest level of quality patient care and education and as a JJP VAMC trainee you are a reflection of the institution. When you receive your computer access you will be asked to fill out a postcard with your name and address. The VA Office of Academic Affairs in Washington periodically surveys residents all over the country on their experience. In about 4-6 weeks you will receive a learner’s perception survey from the Office of Academic Affairs in VA Central Office. We look forward to your feedback that we use to improve our programs.

We count on you to help us fulfill our mission. Also, we sincerely wish you well as you pursue your goals, and hope that your time here will be an excellent educational experience.

________________________
Clive Rosendorff, MD, PhD, DScMed, FRCP, FACC.
Director, Graduate Medical Education

________________________
Maryann Musumeci
Medical Center Director
Our Mission:
To provide the highest quality of health care.

Our Vision:
As one VA, we strive to meet our veteran’s current and future needs by providing state of the art health care, education and research.

The James J. Peters VA will be known for outstanding and compassionate service to our veterans, our collaboration with the communities, which we serve, and our education and research initiatives.
1. Clinical Training Programs

Director, Graduate Medical Education (GME)
Clive Rosendorff, MD, PhD

Anesthesiology .................. VACANT
Cardiology .......................... Calvin Eng, MD
Critical Care Medicine ............ Robert Siegel, MD
Dental ................................. Gerald Sabol, DDS
Dermatology .......................... Jessica Newman, MD
Endocrinology ....................... Terry Davies, MD
Gastroenterology .................... Mark Korsten, MD
General Surgery .................... Tomas Heimann, MD
Geriatrics ............................ Elizabeth Clark, MD
GYN ................................. George Albert Thomas, MD
Hematology/Oncology .............. Yuen-Hee Park, MD
Infectious Disease ................. Sheldon Brown, MD
Internal Medicine .................. Mark Korsten, MD
Nephrology .......................... John He, MD
Neurology ............................ Gregory Elder, MD
Nuclear Medicine ................... Alice Cheuk, MD
Ophthalmology ...................... Paul Lee, MD
Orthopedics ......................... Sabrina Strickland, MD
Otolaryngology ...................... Anthony Reino, MD
Pathology ............................. VACANT
Plastic Surgery ...................... Jay Meisner, MD
Podiatry .............................. Paul Milone, DPM
Pulmonary Medicine ............... Robert Siegel, MD
Psychiatry ............................ Marianne Goodman, MD
Rehab Med .......................... Mohamed Ahmed, MD (Acting)
Rheumatology ....................... VACANT
Spinal Cord Injury .................. Arthur Cytryn, MD
Urology ............................... Glen McWilliams, MD
2. Processing

a. Photo ID
All residents/fellows are required to carry a valid VA ID Card. ID cards are issued by the VA Police & Security Program (1A-04). A photo ID card must be worn on the premises at all times.

b. Parking
To obtain a parking permit, you will need to fill out an application available in your program or the VA Police & Security Program (1A-04). It must be completed by you and signed by your training program chief. You must also submit copies of your NYS Drivers License, Vehicle Registration and Auto Insurance. The vehicle must be registered in your name, spouse or relative. You must also have the same home address.

c. Keys
Your program will assist you in obtaining room keys for any offices and/or departments you may need to gain access to. They will submit a memo to VA Police and you will be notified when to pick up your keys through the program office.

VA Police ~ Room 1A-02
Monday
12:00 PM-4:00 PM
Tuesday
9:00 AM-4:00 PM
Wednesday
7:30 PM-6:00 PM
Thursday ~ 7:30 AM-4:00 PM
Friday ~ 9:00 AM-4:00 PM

d. Computer Access
If all of your paperwork has been received and is current, the GME Office will provide you with a Computer Access Request Form. Read and Sign the form. Take the form to O/I&T Customer Support 5C-18. (Note: To save time, GME may have pre-sent your form to O/I&T, check with the GME office on this)

The staff there will assist you in signing on for the first time.
PRACTICE THIS! The CPRS/VISTA system has two sets of codes and you are required to log-off after every session. More information on the Information system is available in this manual (Section 6) and others you will be provided with.

Customer Support ~ Room 5C-18
Monday through Friday
8:00am-4:30pm

e. All clinical staff at the VA that utilizes the Computerized Patient Record System (CPRS) is required to have service specific training by a Clinical Applications Coordinator(s) in order to use CPRS. All returning residents/fellows who have not accessed the VISTA/CPRS system in 90 days or more must take an abbreviated CPRS training course in order to obtain computer access.
3. Pagers

Most residents receive pagers. Medicine Residents receive their pagers directly from the Graduate Medical Education Office located in room 7A-11. Others may be sent to the Customer Support section (5C-18) for pager assignment, Contact Mr. Félix Aponte ext. 5711.

**How to use the pager system**
The Bronx VA permits you to do your own paging provided you know the 3-digit pager number of the person you want to contact. You can look up page numbers in any of the directories in VISTA and on the Intranet (home page) search function. Pagers will be listed with either a “7” or a “**” prefix.

If pager number begins with a “7” dial “7” on any medical center phone and WAIT FOR INSTRUCTIONS. At prompt enter the 3 digit user (pager) number. At prompt for “message” enter YOUR callback phone extension followed by the “#” sign.

“7” - wait for prompt - then “phone ext for call back” + “#”

If pager number begins with a “**” dial “**” on any medical center phone and then immediately the 3 digit number of the beeper to which you wish to transmit a message. Next, you will hear a prompt that tells you to start your message.

4. Mount Sinai/Bronx VA Shuttle

A bus provides transportation between Mount Sinai and the Bronx VA. The early (6:30am) shuttle should be popular among PGY-1's who want to complete their "scut" work prior to work rounds. The late (5:50 and 7:15pm) shuttles have been instituted, in part, to allow the house staff time to evaluate laboratory results before leaving for the day.

**Weekday Departures**

<table>
<thead>
<tr>
<th>Mount Sinai Shuttle</th>
<th>99th &amp; Madison to James J. Peters VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronx VA to Mount Sinai</td>
<td>99th &amp; Madison to James J. Peters VA</td>
</tr>
<tr>
<td>7:00am</td>
<td>6:30am</td>
</tr>
<tr>
<td>8:15am</td>
<td>7:30am</td>
</tr>
<tr>
<td>10:00am</td>
<td>9:15am</td>
</tr>
<tr>
<td>11:30am</td>
<td>10:45am</td>
</tr>
<tr>
<td>12:30pm</td>
<td>12:00pm</td>
</tr>
<tr>
<td>2:45pm</td>
<td>1:15pm</td>
</tr>
<tr>
<td>4:35pm</td>
<td>3:30pm</td>
</tr>
<tr>
<td>5:50pm</td>
<td>5:15pm</td>
</tr>
</tbody>
</table>

**Mount Sinai Shuttle** makes trips during weekdays between the James J. Peters VA at 130 West Kingsbridge Road and The Mount Sinai Medical Center at 99th Street & Madison Avenue. Valid VA or Mount Sinai ID required for use of this shuttle.

**NOTE:** There is no service to or from the James J. Peters VAMC & Mount Sinai on weekends or holidays.
5. NUMBERS YOU NEED TO KNOW

Programs Ext
Graduate Medical Office .......................... 6757/53
Pharmacy Program (Outpatient) ......................... 5490
Pharmacy Program (Inpatient) ........................ 5489

Radiology:
- Routine x-rays ........................................ 6533
- CT scans ................................................. 6556 or 6557
- Nuclear .................................................. 6349 or 6350 or 6351
- Ultrasound ............................................. 6347
- RTAS* (wet readings) ................................. 5813
* You must have your security code and last 4 digits of pts. Social security number

Laboratory Program:
- Chemistry .............................................. 6264 or 6269
- Hematology ............................................ 6263
- Microbiology & Serology ............................... 6320 or 6321
- Blood Bank ............................................ 6250
* Lab results are in computer as soon as available. Alerts are sent on critical values and physicians are notified.

Wards
1D .......................................................... 5392
1E .......................................................... 5433
NH1A ....................................................... 3446
NH2A ....................................................... 3426
6B .......................................................... 5429 or 5250
7B .......................................................... 6828 or 6829
7C .......................................................... 6742 or 6743
8B .......................................................... 5026
8C-ICU ..................................................... 6715 or 5068
4C-Kidney Dialysis ..................................... 6636

Safety ...................................................... 5658
Hazardous Material Incident/Spill (major) ........... 5659
Employee Health ........................................ 5799
Emergency Room ........................................ 5255
Infection Control ........................................ 5681
Radiation Safety ........................................ 5702
Facility Management Program ......................... 6185
Industrial Hygiene ........................................ 6605
Worker Compensation .................................. 6596
AFGE ....................................................... 6902
Emergency Preparedness Coordinator ................. 5659

VA Police .................................................. 2222

Codes:
11-11 Fire ............................................... 1111
123 Seizure ............................................. 1234
777 Psych. Intervention ................................. 1777
14-84 Cardiac Arrest ................................... 1484
1778 Rapid Response ................................... 1778

Disaster Alarm Bells ..................................... 9999
Blue External Disaster
Yellow Internal Disaster
6. Using the Computer Systems

a. Signing On To the Network (Microsoft NT Access)

To use any application on the Computer you must first log on to the NT Network. Once you have “Logged On” you can then access VISTA, CPRS, Intranet, Internet and the others applications provided for you.

The Windows Log on Screen will ask you to enter your User Name and Password. Make sure you enter both before you click OK. Also note that the password is case sensitive.

Logging Off of the Network (NT Access)

You must Logoff the PC when you are done. To Log off depress the CTRL, ALT and then the DEL keys. When the Windows security window comes up select the Log Off key.
b. Using VISTA and CPRS

What are VISTA and CPRS?
VISTA (Veterans Integrated Systems Technology Architecture) is the total environment which provides tools to clinicians and administrators to effectively manage the volume of information associated with providing quality patient care. Our computer database is the collection of administrative and clinical modules that you use daily to access patient information, write orders, and provide other documentation.

CPRS (Computerized Patient Record System) is the collection of modules that comprises the Electronic Patient Medical Record including Notes, Order Entry and imaging. Currently EKGs are some images are on-line (Vista Imaging). Residents are encouraged to contact the Application Coordinator for your training program (ADPAC) or the CPRS Clinical Application Coordinators: pager **262 or Dr. John Eng x6778 (pager **384).

Here is a short introduction:

Signing On to VISTA
Generally used for utilities/maintenance of codes and signatures
- Double click on the VISTA icon on the desktop
- Enter your Access and Verify codes
- You are at the main menu
- To log off, hit return several times from any menu or if in an option”^” will always exit you to a higher level option/menu

Signing On to CPRS
The Computerized Patient Record System
- Double click on CPRS icon on Desktop and enter your Access and Verify code.
- Enter access code, then tab; enter verify code, then hit Enter or click OK.
- At the patient selection sheet that comes up, you can select a patient by name or ward, enter patient's name, click ok and open the chart.

Take a look at the window that opens. It is the cover tab sheet. Look at the bottom of the window where the following tabs are located. Cover Sheet; Problems; Meds; Orders; Consults; D/Sum; Labs; and Reports.

For detailed information about using CPRS, open a chart and then click on Tools at the top of the window. The Tools Menu allows you to quickly access CPRS manuals and other applications from within CPRS. At time of this printing you can find: Clinical Reminders Guide; Consults User Guide; CPRS Manual Version 23; CPRS Web Links; and CPRS Tips.

Quick Tip: You can combine the access and verify codes when signing onto VISTA or CPRS to save a little time. Type "access code; verify code" and then press the "enter" key. The semicolon does the trick.

Logging Off of CPRS
You must sign off of VISTA and NT before leaving the PC or terminal. It is every user's responsibility to safeguard patient data and protect their account from misuse by logging out of the system at the end of each session.

For how to use CPRS, see the “CPRS Guide”
To change your NT password:
Press ctrl/alt/delete and select Change Password
The NT password must be at least eight characters and contain at least three character types. (Capital Letters, lower case letters, numbers or symbols)

c. Information Security & Confidentiality
We take very seriously our responsibility to protect information systems, patient and employee data. As such, only employees with a ‘need to know’ are granted access to Information Systems. At our Medical Center we have an Information Security Officer (ISO). The ISO monitors access to sensitive records. He/she assures that such access is warranted.

Information Security Office (00ISO)
Telephone: (718) 584-9000 extension: 5596
E-mail: VHABRXISO@va.gov

Some Do’s and Don’ts on Computer use
- Don’t leave a terminal or computer logged in and walk away.
- Don’t share your confidential passwords with anyone.
- Don’t access data without a legitimate reason to view or manipulate it.
- Don’t access your own medical information directly or indirectly.
- Don’t access pornographic websites using government computers.
- Don’t install unapproved or unlicensed software on government computers.
- Protect PDA’s and laptops in the same manner that you protect your PC.

Confidentiality of Patient, Employee and Quality Improvement Information
All users sign an Information Systems Access Security Agreement, prior to receiving access to our computers; this agreement binds each user to protect the integrity of the VA computer system, the integrity and the confidentiality of all data and information obtained through both electronic and other means, and the rights of patients to privacy in their dealings with the VA.

Residents are reminded to protect the patient’s right to privacy in all discussions in elevators, hallways and public areas.

We all have fundamental expectations for privacy. The right to privacy is even built into the Bill of Rights, as a basic human right afforded US citizens and residents. Privacy has a special legal meaning for government agencies. The Privacy Act requires that we, as government appointees, take special care when we provide information about patients.
- Information must be provided by staff authorized to provide that information.
- Recipients must be authorized to receive the information provided.
- VA staff must follow legal procedures for giving out and receiving information.
- Information must be delivered responsibly and the transaction accounted for.

Patient privacy, and the release of patient information, is the responsibility of the Medical Center Privacy Act /Release of Information Act Officer. Questions on privacy or the release of information may be directed to: Privacy Officer – Telephone: (718) 584-9000 Ext. 5646

d. CPRS/BCMA Downtime Contingency Plan

CPRS:
Patient Health Summaries are updated every 6 hours and stored on a secure PC in the Nurse Manager’s office for inpatients. For outpatient clinics, the health summary for scheduled patients is downloaded on specified computers. See Practice Manager.

Click on the desktop icon CPRSHS. A list of documents for the unit will appear. To view contents, open the document. You can print the whole file by going to
BCMA:
- The Charge Nurse/Clinical Manager/NAC will obtain access to the Clinical Manager’s Office on each unit.
- On desktop of designated computer click on BCMA icon. Backup will open in about 30 seconds.
- Enter Verify Code: BCMA99// (hit the enter key)
- When it opens, select Print MAR Menu Option:

WARD Print Backup MAR by Ward
- Enter the number of the ward you are interested in. Only active bed sections will appear.
- The medication record will automatically print to the designated printer.
- For one patient enter the complete SSN.

If you have entered the wrong ward, select the wrong ward and at the same time push the “job cancel” orange button on the printer. The menu will revert to the Print option.

The locked office must be secured/locked when the Computer System has been re-established.

e. Medical References

There are several sources for Medical Reference Information. We have full text access to over 3000 journal titles on line in the Virtual Library found on the Clinical Resources Web-page.

In addition you can find the following added resources:
- Medline
- Micromedix
- MD Consult
- Harrisons
- Krames On Demand
- Lippincott Primary Care On-Line
- Up-To-Date
- And others through the Intranet.

T1 access to the Levy Library (Mt. Sinai) is through dedicated PC’s on 7B & 7C, 8B & 8C (resident rooms), 3B and the Library (5A). The Medical Library Computer Center on the 5th floor that is open 8:00am-4:30pm Monday - Friday.

We also have access to the VA Intranet and Internet from every one of our 1700+ PC access points. On our VA Intranet home page, click on Clinical Resources, for all related information listed above.

NOTE: The VA Network is protected by a national firewall. By policy, we may not circumvent the firewall. This may block access to some sites that are either prohibited and/or require IP authentication.
Internal Medicine and Subspecialties, Obstetrics, Gynecology, and Family Medicine

Clinician’s On-line Pain Management Reference Tools

Loaded With Clinical Guidelines for Evidence-Based Treatment Strategies. Investigate Breakthroughs in Therapy and

The Gateway To Veterans Health And Wellness

Today's Most Popular Nursing and Medical Reference

Brought To You By The Experts In Patient Education

A Gold Mine of Good Health Information from the World's Largest Medical Library, the National Library of Medicine
7. Medical Record Documentation

Documentation is one of the most important factors to be considered in good patient care. REMEMBER: "If you didn't document it, it wasn't done." Therefore, please remember to document in a timely manner and as often as the patient's condition warrants, but not less than once a day on acute care and a minimum of twice weekly on ALOC or Intermediate Care. Progress notes should be objective and contain all significant findings/changes in diagnosis, condition or treatment plan.

a. Progress Notes

Progress notes provide an accurate depiction of treatment surrounding a specific date of service. Each progress note should be a succinct recapitulation of a unique episode of care. Templates have been developed for use which meet current documentation requirements and can be timesaving. If templates are used, the wording should be changed (when appropriate) from visit to visit to reflect the care given for that episode of care, not a mirror image of the care given in all previous encounters. Validity of the exam may be questioned if each exam contains exactly the same wording in exactly the same sequence.  

(PM 11-012 Clinical Assessment Guidelines)

b. Consults

Consultations are placed via CPRS providing an efficient mechanism for clinicians to order consults and procedure requests giving consulting services the ability to update and track the progress of a consult/procedure request from the point of receipt through its final resolution.

Completing a consult requires that the progress note/response be linked to the originating consult request. (PM 11-025 Consultation/Specialty Care referral Policy)

COMPLETING/CANCELLING A CONSULT AS A PROVIDER

• Select Consult tab. On upper left side you will see a list of consults that have been ordered for this patient.
• Click on the consult that you are answering.
• Select Action, Consult Results and then Complete/Update Results. Dialogue window will come up.
• Select Consult title for your service.
• Complete as if it were a regular progress note. Save without signature if you are not done. “Sign Note Now” if you are done.
• If you have already completed the consult using a regular progress note, go through the same process and enter a short consult progress note instructing the reader to check progress notes.
• If the consult should not have been sent to you, select Action, Consult Tracking. Click on “Forward” and send it with an alert to the right service.
• If there is a no show you can Cancel/Deny it and resubmit if patient returns.

c. Discharge Planning & Summaries

At the time of admission it is the responsibility of the physician to anticipate the probable date of discharge and for communicating the plan and date to all care team family members. Don't forget to include the patient family/significant other in this discussion. Always keep the patient informed of their treatment plan. Communication of the patient's needs and plan of care to care team members is essential to ensure a timely and safe discharge. Discharge summaries shall be completed before or at the time of discharge or transfer to another facility. No patient may be released until this summary is completed. (PM 11-114 Discharge Summaries)
*Discharge planning is a team approach; therefore, it is important for all members on the team to agree on a safe discharge date.

*Be very careful when discharging patients on weekends/holidays because essential services for the continuity of care may be inaccessible/unavailable.

d. Copy & Pasting Notes

"The VISTA/CPRS Patient Record System provides for many helpful tools to facilitate documentation. The use of copying and pasting is strongly discouraged. "It is appropriate to copy information from one part of the record to a current progress note ONLY if it is advantageous to the care of the patient."

It is NOT acceptable to copy large volumes of information that are either (a) grossly redundant from note to note or (b) propagate information that is no longer true. (e.g."84 year old MALE admitted yesterday").

Lastly, it is certainly UNACCEPTABLE to copy the notes of others w/o reference. This could be construed as plagiarism and would be a very serious offense. Any inappropriate use of copy and pasting will be reported to the department chief. A notation will be placed in the residents file noting their use of inappropriate copying and pasting.

e. How to Correct a Signed Note in Error

What to do if you have signed an electronic progress note for the wrong patient or with wrong information:

1) First put an addendum on the note.
   a. Click on "Action" (at the top pull-down menu)
   b. Then click on "Make Addendum"
   c. Type in a statement indicating that the note was done in error and SIGN the addendum

2) Copy over the text of the note into a new note, and electronically sign it.
   a. To copy the text, highlight the text you want to copy with your mouse.
   b. Then click on "Edit" (at the top pull-down menu), then "Copy" (or Rt-click in notes text window, and click on "Copy").
   c. Select the patient (for whom you want the note copied), and go to the Notes tab.
   d. Click on the "NEW NOTE" button, and select a title.
   e. Paste the text by clicking on "Edit", then "Paste" (or Rt-click in the text window & click "Paste")

*MAKE SURE THERE IS AN ADDENDUM ON THE NOTE ENTERED IN ERROR

In CPRS, go to Tools, Scroll down to 'Request to remove an erroneous note'. An Outlook email will open with the email address already set. Be sure to click on the envelope with the minus sign in it. It is on the tool bar next to the exclamation point. This will encrypt the info assuring patient confidentiality.

Enter the following information:

*MAKE SURE THERE IS AN ADDENDUM ON THE NOTE ENTERED IN ERROR
f. Do Not Use/Dangerous Abbreviations

These 8 abbreviations are the most common Dangerous Abbreviations used in the Medical Center in connection with Medication Orders and inclusion in Progress Notes. They are never to be used in any format in this Medical Center. Please review the Medical Center Website, Clinical Resources, Handbooks and Guides for the complete listing of abbreviations not to be used in Medication Orders or Progress notes.

**“Do not use/Dangerous” Abbreviations List**

These abbreviations are **not to be used** in medical records or medication orders.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Potential Problem</th>
<th>Preferred Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>QD, Q&gt;D, q.d, q.d</td>
<td>Mistaken for each other</td>
<td>Write daily or every other day</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d, qod</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U (for unit)</td>
<td>Mistaken as zero or cc</td>
<td>Write unit</td>
</tr>
<tr>
<td>IU (for international unit)</td>
<td>Mistaken as IV or 10</td>
<td>Write international unit</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)</td>
<td>Decimal point is missed</td>
<td>Never write a zero by itself after a decimal point (Xmg), and always use a zero before a decimal point (0.Xmg)</td>
</tr>
<tr>
<td>Lack of leading zero (.Xmg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Does not apply to lab tests.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS, MSO4, MGSO4</td>
<td>Confused for one another</td>
<td>Write Morphine or Magnesium sulfate, etc</td>
</tr>
<tr>
<td>ARA-A</td>
<td>Can be mistaken</td>
<td>Write Vidarabine</td>
</tr>
<tr>
<td>ZNS04</td>
<td>Can be mistaken</td>
<td>Write Zinc Sulfate</td>
</tr>
<tr>
<td>Per os</td>
<td>Can be mistaken</td>
<td>Write PO, by mouth or orally</td>
</tr>
</tbody>
</table>

For more info, contact Leon Smith, Chief Medical Information x5612
REVIEWED January 2009

**g. The Resident’s Role in Resident Supervision by Attending**

Each resident* is responsible for communication of significant patient care issues to the supervising practitioner (attending), and this communication must be documented in the medical record, (CPRS). *(This means, **don’t wait** until the next day to discuss with the attending. If you have a concern or query call the attending **ASAP**.) (PM 11-039 Resident Supervision)

Types of Documentation of Attending Supervision of Residents
A. Progress Notes
B. Addendum to the Resident note
C. Co-signature of the Resident note
D. Entry in the Resident note documenting the name of the attending with whom the case was discussed, a summary of the discussion, and a statement of the attending’s
oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment (Example: “I have (seen and) discussed the patient with Dr. X and he/she agrees with my assessment and plan”).

Note: In all cases, the responsible attending must be clearly identifiable in the documentation of the patient encounter or report.

**Inpatient:**

**Admission:** Attending must **physically meet** and evaluate the patient within 24 hours of admission, including weekends and holidays.

**Attending:** A or B. by the end of the calendar day following admission.

**Resident:** Must ensure that the patient has been fully evaluated and worked up on admission, and that the patient is presented to the attending no later than the next day’s attending rounds. The responsible attending must be clearly identifiable in the documentation of the patient encounter or report.

**Continuing Care:** Attending must be personally involved in the ongoing care, consistent with the clinical needs of the patient.
For patients in ICU’s attending involvement is expected on a daily or more frequent basis.

**Attending:** A, B, C or D

**Resident:** * Attending **MUST** be informed of any significant change for the worse in the patients’ condition. The resident must inform the attending of any untoward or worrying aspect of the patients’ condition or any uncertainty about the assessment /management. The attending should be informed if any invasive procedure is being contemplated, if appropriate. *(This means, *don’t wait* until the next day to discuss with the attending. If you have a concern or query call the attending **ASAP**.)*

**Discharge or Transfer from Inpatient Status:**
Attending ensures that inpatient discharge or transfer of the patient from one inpatient service to a different level of care is appropriate.

**Attending:** Discharge note/summary; A, B, C, or D Transferring service attending; A, B, C or D Receiving service attending; **the accepting resident and attending should treat the patient as a New Admission which requires a new set of transfer admitting orders; Documentation: A or B only**

**Resident:** In concurrence with the attending the resident ensures that the discharge or transfer is appropriate and based on specific circumstances of the patient’s diagnosis

**Inpatient Consults:**
Attending is responsible for clinical consultations. When residents are involved, the attending is responsible for supervision.

**Attending:** A, B, C, or D

**Resident:** Should ensure attending involvement.

**Outpatient:**
The attending must be physically present in the clinic area during clinic hours.

**New Outpatient Encounters and Consultations:** Each new patient needs to be seen or discussed with the attending.
At tending; A, B, or D

Note: Co-signature of the resident’s note is not sufficient.

Resident: The responsible attending must be clearly identifiable as well as at tending’s involvement in the documentation of the patient encounter or report.

Continuing Care: Attending must be identifiable for each encounter. Patients should be seen by the attending at such a frequency as to ensure the course of treatment is effective and appropriate.

Attending: A, B, C, or D

Resident: Must ensure that the attending for each patient visit is identified. Some clinics require the attending to see all patients at all visits; in others the resident should use best judgment to decide whether the attending should see the patient.

Discharge from Outpatient Clinic:
Must be done in consultation with the attending.

Attending: A, B, C, or D

Resident: Must discuss with the attending, before the discharge.

Operating Room Procedure:
Attending must evaluate the patient and write a pre-procedural note or addendum to the resident’s pre-procedure note (up to 30 days in advance), including findings, diagnosis, and plan for treatment, and/or specific procedure to be done.

Attending: A or B

Resident: Ensure that this has been done up to 30 days in advance of the surgical procedure.

Attending Involvement in the Procedure: This is defined as:
Level A: The attending performs the case.
Level B: The attending is physically present in the OR and directly involved in the procedure.
Level C: Attending is in the OR, not scrubbed.
Level D: Attending in OR suite, immediately available.
Level E: Emergency care, to preserve life or prevent serious impairment, the attending has been contacted.

Non-OR Procedure:

Routine bedside and Clinic Procedures: See Inpatient Continuing Care and Outpatient Continuing Care (Above)

Non-Routine, Non-bedside Procedures: Residents must have the appropriate knowledge, skill and judgment. Attending must be present.

Attending: A, B, C or D.

Resident: Must get the attending to agree to the procedure, and then ensure that the attending is present. Notes require evidence of attending involvement. The resident should enable the co-signature mode for the resident notes.

Emergency Situations: In such situations, any resident, assisted by medical center personnel is permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending must be contacted and appraised of the situation as soon as possible. The resident must document the nature of that discussion in the patient record.
The term resident assigns responsibility for the specifics outlined in VHA Handbook 1400.1 to individuals engaged in a graduate training program in medicine, surgery, dentistry, podiatry, and optometry. Interns and fellows are also included in the definition of resident.

h. Determination of Service for Admission
(Medicine vs. Surgery)

General Surgery

1. DEEP VEIN THROMBOSIS – If the patient’s social security number ends in an even number, the patient will be admitted to General Surgery. If the social security number ends in an odd number, he will be admitted to Medicine.

2. SOFT TISSUE INFECTION – soft tissue infection of the hand will be admitted to either Plastic Surgery or Orthopedic Surgery. Soft tissue infection of the head and facial area will be admitted to ENT, Plastic, or General Surgery Service. Patients with a soft tissue infection of the breast will be admitted to the General Surgery Service. Patients with a soft tissue infection involving perineum will be admitted to the General Surgery or Urology Service. Patients with a soft tissue infection who have a history of a previous Vascular Surgery procedure will be admitted to General Surgery. Patients with a soft tissue infection below the knee if admitted to the Medical Service must have a General Surgery consult. Patient with a superficial soft tissue infection such as cellulitis involving any other area will be admitted to the General Surgery Service if the social security ends in an even number and to the Internal Medical Service if the social security ends in an odd number. All patient with deep soft tissue infections will be admitted to a Surgical Service regardless of whether the social security ends in an odd or even number.

3. R/O Intestinal Obstructions

4. Acute abdomen, with fever, with or without leukocytosis

5. Biliary pancreatitis (known or suspected) will be admitted to General Surgery. Alcoholic pancreatitis will be admitted to General Surgery if the patient’s social security ends in an even number or to Internal Medicine if the social security ends in an odd number.

6. A-V fistula clot or placement.

7. Lower GI Bleed

8. Pneumothorax

9. Breast Mass

10. Obstructive Jaundice

11. Diagnosis of GI Malignancy

12. Abdominal Mass

Urology

1. Urinary Retention

2. Hematuria

- 19 -
3. Renal Calculi

i. Bed Designations

- When a patient gets admitted to any of the units in the medical center, make sure that they have the proper bed designations as listed below.
- Bed designations are important definitional items for accounting purposes.
- Bed designations must be accurate for workload purposes in DSS.

- 1E-TEMP GENERAL (ACUTE MEDICINE)
- 7B OBS MEDICAL OBSERVATION
- 7B13 INTERMEDIATE MEDICINE
- 7B2 GENERAL (ACUTE MEDICINE)
- 7C OBS MEDICAL OBSERVATION
- 7C7 GENERAL (ACUTE MEDICINE)
- 7C8 INTERMEDIATE MEDICINE
- 8B OBS SURGICAL OBSERVATION
- 8B1 CARDIOLOGY
- 8B6 GENERAL SURGERY
- 8B7 INTERMEDIATE MEDICINE
- 8C-C MEDICAL ICU
- 8C-M MEDICAL ICU
- 8C-S SURGICAL ICU
- 6B OBS PSYCHIATRIC OBSERVATION
- 6B1 HIGH INTENSITY GEN PSYCH INPAT
- 6B4 GEN INTERMEDIATE PSYCH
- 1D SPINAL CORD INJURY
- 1D-C SPINAL CORD INJURY
- 1D- TEMP GEN Acute MED
- 1E SPINAL CORD INJURY
- 1EOBS SPINAL CORD INJ OBS
- 1E- TEMP GENERAL (AC Med)
- NH1A (CLC1) NHCU
- NH2A (CLC2) NHCU
- NH2A GEM NHCU

j. Sign Out Rounds: Shift Handoff Documentation/Tool

There has been a great deal of variability in Physician to Physician communication recorded in the medical literature. The design and development of the Shift Handoff Tool seeks to address this variability.

Standard data elements such as Allergies, Medications, Problems, History and Physical, Admitting Diagnosis, Labs, and Consults are routinely communicated Physician to Physician at shift handoff. By providing a tool to do this, we hoped that errors in care are prevented because the information is communicated in a clear, readable, standardized format.

The information can be printed out and carried with the Physician during rounds. Notes can be written on the paper copy and re-entered into the Shift Handoff Tool for the providers on the next shift.
1. Start the Shift Handoff Tool from the CPRS Tools drop-down menu. Auto Sign-on will occur if your site uses CLAGENT (Broker Single Sign-on) otherwise you will need to enter your CPRS Access and Verify codes to log into the application.

2. Select List to print: Double click list or hit Submit button. Right click patient name in ‘Patient Box’ to delete patient from list. Personal List only – Right click on selected Personal list to delete a Personal List. HOT List – if you hold the manager key you are allowed to delete a HOT list.

3. Enter/Edit data. Yellow boxes: Editable fields. (data in these fields have an expiration date). White boxes: Uneditable fields, data comes from Vista. SAVE DATA, by moving from one field to another initiates the save field or hit the SAVE button at top of screen.

4. Print or Preview Report.

DO NOT USE: Googledocs – it is not a safe site for confidential patient information.

8. Using the Rapid Telephone Access Service (RTAS) Dictation System

RTAS [Listen Only]

Your training program will provide you access to the RTAS dictating system by sending an email request to 00DX.
Below are simple instructions for retrieving reports:

It is simple to hear the dictated radiology reports before they are available in the computer.

**Remember that these are not the final reports.**

- Dial the RTAS listen-only telephone extension: 5813.
- Enter 02 for Radiology.
- Enter the last four digits of your social security number.
- Enter the last four digit of the patient's social security number.
- To listen to the most recent report, press 1. To hear an earlier report for the same patient, press 0. To listen to a report for a new patient, press #, then enter the new patient's ID.
- When finished, press *9, then hang up.

For additional assistance call 6306.

**Summary of Keypad Commands**

<table>
<thead>
<tr>
<th>Keypad</th>
<th>Command</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Play</td>
</tr>
<tr>
<td>3</td>
<td>Forward to last place listened</td>
</tr>
<tr>
<td>5</td>
<td>Pause</td>
</tr>
<tr>
<td>7</td>
<td>Reverse to beginning of report</td>
</tr>
<tr>
<td>8</td>
<td>Stop, fast forward</td>
</tr>
<tr>
<td>9</td>
<td>Go to impression</td>
</tr>
<tr>
<td>0</td>
<td>Listen to previous report, new ID</td>
</tr>
<tr>
<td>*8</td>
<td>Fast forward (continuous)</td>
</tr>
<tr>
<td>*9</td>
<td>Manual disconnect</td>
</tr>
<tr>
<td>*#</td>
<td>Manual disconnect</td>
</tr>
<tr>
<td>#</td>
<td>Listen to reports on new patient</td>
</tr>
</tbody>
</table>

**RTAS [For Dictation of Operative Reports: Surgical Residents]**

Your training program will provide you with RTAS access.

All operative reports are to be dictated immediately after completion of the operative procedure. Reports “NOT” dictated may lead to restriction of operation room privileges.

Operative reports are “ONLY” to be dictated on the main hospital dictation system (RTAS). Cassette tapes are “NOT” allowed.

**Note:** The RTAS system will permit a physician to dial to the Medical Center (718) 584-9000, Ext. 2900, using a push button telephone to dictate a report.
For assistance call 6306 or 6286 between the hours of 8:00am-4:30pm.

9. Radiology Program

The file room supervisor must have a list of requested films by 2PM the day before the conference to insure that they are available when attending rounds begin. Films can only be requested via e-mail the day before the conference.

Use this procedure:
1. Log-in to the VISTA and select Mailman from the Main Menu.
2. Select SML from the Mailman Menu.
3. Type in X-RAYS as the subject. Use the following as a guide for the message:
   - 7B Radiology Conference
   - 10:00am 7/25/2009
   - Rodriguez 1234
   - Burgos 4321
4. Send mail to: G.RADCLERK – Films should be requested before 6am on the day of the conference of preferably the night before.

Viewing films at any time is possible via PACs which allows viewing of the images and reports on any hospital PC.

10. Medical Staff Guidelines for Details / Decedent Affairs Office

Office Hours:
Monday thru Friday 8am to 4pm

Eric Schoenfeld
Room 9A-06
Ext. 4686 Beeper 627

*On Off Tours (evenings, nights, weekends and holidays) contact the Hospital Administration Coordinator (HAC) pager 7-865; 7-866 or dial the Operator.

Autopsy Requests:
The LEGAL Next of Kin (NOK) signs consent to authorize an autopsy. Specify if there are to be any restrictions (ex. do not touch head or face).
Discharge Summary MUST be completed for pathologist to review. Details Office or Nursing Supervisor on off tours will alert pathology about autopsy request.

Consents: (Incapacitated / Incompetent patients)
Administrative Consents: Consent is authorized by the Chief of Staff when patient is unable / incompetent to give consent and no family member is available to give consent for tests or procedures.

* Note: Progress Note MUST have statement citing incompetency, heavy sedation, sudden altered state etc. and MUST BE SIGNED BY AN ATTENDING MD as well as the standard Consent form for a procedure.

A letter summarizing pertinent patient information and medical progress note about incompetency will be prepared in the Details Office and forwarded to the Chief of Staff for review and signature.

Taped Consents – when pt is unable to give /sign consent and family member is not present at bedside. MD explains necessary test or procedure to the LEGAL next of kin / health care proxy / power of attorney / surrogate decision maker. Notify Detail Office ext 4686 (or Nursing Supervisor
on off tours). A three way call is set up and taped consent is made. MD again explains need for test/procedure as well as risks and benefits etc.

Once taped consent is transcribed it is placed in medical records and patient’s administrative folder.

* MD should also prepare and sign consent to leave in patient’s medical chart to be signed when NOK comes to medical center.

* Consents can be mailed if necessary when NOK is not expected to visit.

Death Certificates:
Confidential cause of death form must be completed in a timely manner after death of veteran.

- NO ABBREVIATIONS can be used on this form
- ALL CREMATIONS must be reported to Medical Examiner (ME)

Next of Kin Issues:
Contact Details Office ext 4686 to inquire about a search for NOK or to verify the legal status of a “presumed” next of kin.

11. Patient Safety Training

Welcome to the Veterans Health Administration!
The National Center for Patient Safety welcomes you to the VA. The VA is the nation’s largest integrated hospital and health care system.

It includes 173 facilities, 600 outpatient clinics, 132 nursing homes, 206 counseling centers, 73 home health care agencies, and assorted other programs.

The VA employs over 180,000 people, and more than three million veterans a year seek medical services at VA hospitals.

VA National Center for Patient Safety (NCPS)

History In 1997, the Veterans Health Administration recognized the problems plaguing the healthcare system and launched the National Center for Patient Safety (NCPS) program; a comprehensive program designed to improve patient safety. With its systematic focus of prevention, not punishment,” the program’s mission is to improve patient safety, prevent health care errors and develop and nurture a culture of safety. “We want people to understand that all problems merit analysis because they’re opportunities to improve our system. Everyone on the team has to buy into that crucial belief.”

The National Center for Patient Safety (NCPS) embodies the Department of Veterans Affairs’ uncompromising commitment to reducing and preventing adverse medical events while enhancing the care given our patients. The NCPS represents a unified and cohesive patient safety program, with active participation by all of the 173 VA facilities. Our program is unique in
healthcare; we focus on prevention not punishment, applying human factor analysis and the safety research of high reliability organizations (e.g. aerospace and nuclear power) targeted at identifying and eliminating system vulnerabilities.

Your Responsibilities As a resident within the VA system, it is your duty to ensure the safest possible environment for our veteran patients, VA employees, and yourself. The NCPS exists to assist you with this task.

First of all, know the name of the Patient Safety Manager at your facility and how to contact that person. They are your primary contact person in all matters concerning patient safety.

Second, report any and all situations that just don't seem to "go like they're supposed to." These might be the "close calls" that often go undocumented because someone caught the problem before anything bad happened. These are great opportunities to identify the system vulnerabilities that may lead to unwanted outcomes.

Third, you must receive the training that you need to do your job safely. It is the responsibility of the VA to provide that necessary training. Make sure the VA is doing its job!

**Message from the Patient Safety Manager**

**Patient safety depends on ALL of us.**

VA’s focus is on “Prevention, Not Punishment.” We are interested in fixing system level vulnerabilities, not on affixing individual blame.

We have a lot to learn from “high reliability” organizations (e.g. aerospace and nuclear power). This is what VA has learned so far:

1. Focus on prevention, not punishment
2. Look at adverse events as well as close calls
3. Focus on “What happened?” “Why did it happen?” and “What are we going to do to prevent it from happening in the future?”
4. Aviation accident investigations do not start with “Whose fault is it?” They look at the bigger system issues that got in the way of the desired outcome

Which approach would you prefer if you were involved in an adverse event? “Remember if we don't hear about it, we can't fix it.”

Please contact us anytime with questions or concerns.

- Kathleen Maher-Cleary - Patient Safety Manager - Phone: Ext 6621 / Pager: **082

**Reportable Events**

**Adverse Event**
Defined as untoward incident, therapeutic misadventure, iatrogenic injury or other adverse occurrences directly associated with care or services provided.

Each of the listed events must be reported to the Patient Safety Manager within 24 hours of the event on the Adverse Event Report Form or Fall Reporting Form located in CPRS under Tab: TOOLS then FORMS.

Specific reportable ADVERSE EVENTS include but are not limited to:

- **Adverse Drug Event/Medication Errors**
• **Assault**
  - Patient on Patient
  - Staff on Patient

• **Death**
  - In OR/RR
  - During induction of anesthesia for surgical or other procedure
  - During or within 24 hours of procedure (if related to the procedure)
  - Related to misdiagnosis/failure to treat
  - Related to equipment malfunction or medical device
  - On Medical Center grounds

• **Failure to Obtain Informed Consent**

• **Falls**

• **Missing Patient**

• **Para suicidal Behavior**

• **Alleged Patient Abuse**

• **Injury not otherwise listed**

• **Procedural Errors and/or complications**

• **Transfusion Error – Other than hemolytic**

• **Unexpected adverse occurrence not otherwise listed**

**Sentinel Events**
Defined by JCAHO as unexpected occurrences involving death, serious physical or psychological injury or risk thereof

Specific sentinel events include:
- Death or major permanent loss not related to natural course of the patient’s illness or underlying disease
- Suicide (completed)
- Hemolytic Transfusion Reaction
- Rape

**Close Call**
Defined as an event/situation that could have resulted in Adverse Event but did not, either by chance or through timely intervention.

### 12. Mandatory Training

**a. Infection Control**

**Exposure to Blood/Body Fluids**
- Wash/Irrigate the affected area & Notify your Supervisor
- IMMEDIATELY report to Employee Health or the Emergency immediately to assure you receive the proper evaluation, counseling, and treatment. (HIV prophylaxis, if appropriate should be started within 2 hours of an exposure.)
- Supervisor will complete Accident Form 2162 via the ASSISTS COMPUTERIZED PROGRAM. Employee and supervisor must complete the CA-1 form via ASSISTS computerized program.

**Hand Hygiene:**
This is required before and after every patient contact, even if gloves are worn. Washing hands with soap and water or using the alcohol-based rub is the best way to prevent the spread of microorganisms. Use the alcohol-based rub before and after patient contact and before and after glove use. Wash hands with soap and water for 15 seconds if hands are visibly soiled, after using the toilet, before eating, and if you have just examined a patient who has C diff or norovirus.

**Healthcare-acquired Infections:**
The Infection Control Program does surveillance for many types of healthcare-acquired infections, including device-related infections such as central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia, and Foley catheter-related urinary tract infections. Follow proper protocols for insertion of invasive devices and remove them as soon as they are no longer needed.
Infection Control Overview for New Medical and Surgical House Staff
Contains additional information that will be useful during your residency or fellowship.

b. Fire Safety

In Case of Fire: Follow R.A.C.E. Procedures
Reporting a Fire or Smoke Condition

**In case of Fire: follow R.A.C.E. Procedures**

- **R** - Rescue anyone in danger, if safe to do so.
- **A** - Alarm: pull nearest pull station and call 1111.
- **C** - Confine: close doors/windows to contain fire/smoke.
- **E** - Extinguish fire if possible, evaluate to safe area.

**How to Use a Fire Extinguisher:**

- **P** - Pull the pin.
- **A** - Aim the nozzle.
- **S** - Squeeze the handle.
- **S** - Sweep the nozzle side to side across the base of fire

**Evacuation Procedures:**

- Horizontally across fire/smoke doors.
- Vertically to the floor below.

c. Hazardous Material Incident and Spill

- **Contain Spill:** Notify your Supervisor
- **Isolate:** Keep people away from area
- **Obtain:** MSDS Sheet and follow instructions Major Spill: notify Safety at 5659, 5415 or 1-1-1-1.
- **Injured:** Report to Employee Health or E.R. with M.S.D.S.
- **Assign:** Someone to wait for emergency personnel

d. Radiation Incidents

- **Contain Spill:** Vacate all personnel not involved
- **Isolate:** Cover spill to prevent spread of contamination
- **Secure:** Prevent entry to area
- **Notify:** your supervisor and Radiation Safety at 5702 or 1-1-1-1.
- **First Aid:** Administer first aid regardless of decontamination.
- **Decontamination:** Begin personnel decontamination
- **Clean up:** Under the direction of Radiation Safety Officer.

e. Utility Failures

- Notify your supervisor
- Notify Facility Management Program at ext. 6186 or 5415
- Employees should know their Specific Contingency Plan in the event of a utility failure.

f. Medical Equipment (Biomedical Section at ext. 6199)

- **Equipment Safety:** a device is safe to use if its inspection sticker is up to date.
- **Repair:** when a device fails, enter an electronic work order
- **Emergency Repair:** enter the electronic work order and then call Biomedical Section @ ext. 6199 with work order # and info (weekends, holiday, evenings and nights call the Boiler Plant at ext. 5415
- **Save Medical Device Act:** when there is a death, serious injury or illness suspected to be associated with the use of a medical device, sequester the device and related disposables, then call Biomed and enter electronic work order.
g. Safety Tips

- Who is responsible for Safety?
  Every Employee is responsible for safety. Report all workplace hazards to your supervisor.
- Who is the Medical Centers Safety Officer?
  Chief, Facility Management Program at ext. 5655

h. Restraints & Seclusion

Restraints are categorized as:

- **Physical Restraints**: devices that cause involuntary restrictions of a person’s movement, physical activity, or normal access to his/her body. Made from different materials, mainly leather or cloth.
- **Chemical restraints**: the use of any sedating medication for the purpose of restricting physical movement or activity.
- **Seclusion**: is the involuntary confinement of a patient alone in a room from which he/she is physically prevented from leaving for any period of time.

Restraints are not devices used during medical, surgical or dental procedures for patient safety or devices that support a patient’s posture or orthopedic appliances.

**VA policy highlights the following:**

A physician must assess the patient face to face and enter an order into CPRS for each episode of restraint or seclusion at the time of the intervention.

**The order must specify:**

Type of restraint
- Justification
- The less restrictive measures that were attempted.
- A time limit with a start and end time, although the patient may be released sooner.
- The restraint order may not be written as PRN.

**Time Limits for Restraint Orders**

- Psychiatry: 4 hours
- Med/Surg/Acute Care: 24 hours
- Nursing Home Care Unit: 7 days

**Documentation of Seclusion and Restraint Orders**

**Initial Order**
1. Open CPRS; go to Orders Tab.
2. Select RESTRAINTS/SECLUSION ORDERS on the Write Orders List.
3. Select the appropriate order.
4. Complete the order. You will not be able to sign the order until you have filled in all the prompts.
5. Sign the order.

**Renewal of the Order**
1. Open CPRS; go to Orders Tab. Highlight order.
2. Click on Action, Renew.
3. Edit order if necessary. Accept Order.
4. Highlight and sign.

i. VA Information Security & Privacy Training (On the EES Website)

**INSTRUCTIONS FOR THE EES-LEARNING SITE**

[https://www.ees-learning.net](https://www.ees-learning.net)
Go to web site and select “First Time Users” and create an account.

13. Important "How To" Information

a. Procedures for an employee injury

- Report injury to supervisor
- Supervisor is to escort employee to Employee Health or ER
- Employee Health initiates VAF 2162 (Report of Accident) via ASISTS menu
- Supervisor completes VAF 2162 (Report of Accident) within 5 days via ASISTS menu
- Employee & Supervisor completes CA forms within 5 days via ASISTS menu if applicable

b. Procedure for an employee injury during “WHEN” hours

- Report injury to NAC or MAA
- NAC or MAA is to escort employee to ER
- NAC or MAA initiates VAF 2162 (Report of Accident) via ASISTS menu
- Day supervisor completes VAF 2162 (Report of Accident) within 5 days via ASISTS menu
- Employee & Day Supervisor completes CA forms within 5 days via ASISTS menu if applicable
- Procedure for a patient injury
- Report injury to supervisor
- First witness initiates VAF 10-2633 Pt. 1
- Submit form to supervisor to have clinician complete Pt. 2
- Supervisor submits completed 10-2633 to QI office