

Resident Housestaff and Medical Student Guide
&
Renown Regional Medical Center Department Supplement

Renown Regional Medical Center
1155 Mill Street
Reno, NV 89502

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Please Let Us Know If You Have
Suggestions For The Resident Housestaff
And Medical Student Guide

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Renown Regional Medical Center and The University of Nevada School of Medicine

Partners in Education and Service

For over 25 years, leaders from Renown Regional Medical Center and the University of Nevada School of Medicine have continuously forged a stronger, more committed relationship in the training of physicians.

The School of Medicine coordinates the overall educational program and arranges faculty supervision, while Renown Regional Medical Center provides a clinical environment rich in the spectrum of human pathophysiology. The hospital also supports educational conferences, meeting facilities, the Department of Resident Physician Training and Medical Student Education, call rooms, and partial funding of resident and program-specific administrative salaries.

These institutions foster the common goal of preparing physicians to serve the communities of Nevada, both in primary care and specialty fields. And the current partnership *is* making a difference. More than 20 percent of Renown Regional Medical Center's active medical staff graduated from UNSOM and the rosters of Nevada's medical societies show that our graduates are represented in all practice areas, often in the majority.

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Renown Health's Vision And Purpose

A Vision Of Our Future

As our region's premier health care organization, Renown Health will embody quality, service and caring. We will continue to meet the health care needs of the communities that we serve through coordination, collaboration and accountability. Our diverse range of integrated and cost-effective health care services will be recognized as a true and trusted community asset.

As the premier health care source for patients and their families, we will provide superior services and healing environments. Our focus will be the individual, empowered and encouraged to regain or retain good health.

As the premier physician resource, we will recognize and support the expertise of physicians by providing quality services and utilizing proven medical processes. We will partner with physicians to meet challenges and build solutions.

As the premier employer, we will attract, value and retain the best employees. Our culture will foster teamwork and communication.

As the premier source for health education and promotion, we will provide resources to facilitate the health and well-being of the communities we serve.

The heart of our vision is superior people providing superior health care services. This vision for tomorrow begins with our purpose today.

Our Purpose

**Make a genuine difference for many lives we touch by
optimizing our patients' healthcare the experience**

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Fundamentals

Four fundamentals guide our daily work so that we may fulfill our Purpose.

People: *a great place for great people to do great work.*

Service: *anticipate customer needs and exceed expectations in a compassionate manner.*

Quality: *provide excellence by doing the job right the first time.*

Stewardship: *maximize the use of available, finite resources to meet the current and future needs of the community.*

Renown Health's Code of Ethics

INTRODUCTION

This Code will be distributed and explained to board members, officers, leaders, employees, Medical Staff and allied health professionals, and Renown Health agents and contractors. In addition, supplemental materials dealing with specific subjects, such as compliance with the fraud and abuse laws and billing for services rendered to Medicare beneficiaries, will be distributed to those individuals with responsibilities in those areas.

This Code is not intended to create a contract between Renown Health and any person or to give any person any rights against Renown Health. This Code may be modified at any time at the discretion of Renown Health. In the event of any conflict between this Code and any specific Renown Health policy, the specific policy shall take precedence.

I. PATIENT RIGHTS

Patients must receive quality care delivered in a considerate, respectful and cost-effective manner. Patients have the right to make their own health care decisions after disclosure of relevant information.

1.1 Courtesy and Respect for Patients. Employees must treat patients with care, concern and respect at all times. Patients are entitled to prompt and courteous responses to their requests and to their needs for treatment or service, consistent with Renown Health's capacity, its purpose statement, and applicable laws.

1.2 Economical Care. Care should be provided as economically as is practicable, consistent with maintaining quality. Patients are entitled to complete disclosure of all Renown Health charges and fees.

1.3 Patient Self-Determination. Patients must be informed of their right of self-determination. This right refers to the ability of competent adults to participate in and make their own health care decisions after receiving from their physicians complete disclosure of their diagnosis, prognosis and treatment alternatives. Patients have the right to accept medical care or to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of such refusal.

1.4 Patient Competence. If a patient has been declared incompetent by a court, is found by his or her physician to be medically incapable of understanding proposed treatment, is unable to communicate his or her views regarding treatment, or is a minor, then it is the right of the patient's guardian, next of kin or other legally authorized responsible person to exercise, to the extent permitted by law, the patient's rights on his or her behalf. Questions concerning a patient's competence or the right of another person to act on a patient's behalf should be referred to the employee's supervisor or to the Compliance Officer.

1.5 Honoring Patient Health Care Decisions. Employees must honor a patient's instructions regarding his or her health care decisions and must not discriminate against patients based on whether they exercise their right to self-determination or on the substance of their specific health care decisions.

1.6 Confidentiality. Employees must protect a patient's personal privacy and preserve the confidentiality of a patient's medical treatment program, including the patient's medical records. Employees must observe the highest standards of ethical and legal conduct with respect to such information.

II. COMPLIANCE WITH LAWS AND REGULATIONS

Renown Health will strive to ensure all activity by or on behalf of the organization is in compliance with applicable laws and regulations.

2.1 General. Employees must comply with both the spirit and the letter of all laws that apply to Renown Health's operations, business and dealings. If an employee questions the existence of, interpretation or application of any law, the employee should direct the question to his or her supervisor.

2.2 Interaction with Government. Employees must cooperate with the government officials who are responsible for administering and enforcing those laws and for monitoring and regulating Renown

Health's activities. If an employee is contacted by a representative of any government agency, the employee must consult with his or her supervisor for guidance.

2.3 Fraud and Abuse. Renown Health expects its employees to refrain from conduct that may violate the fraud and abuse laws. These laws prohibit (1) direct, indirect or disguised payments in exchange for patient referrals; (2) the submission of false, fraudulent or misleading claims to any government entity or third-party payor, including claims for services not rendered, claims that characterize the service differently than the service actually rendered, or claims that do not otherwise comply with applicable program (such as Medicare or Medicaid) or contractual requirements; and (3) making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.

2.3.1A difficult area in which to recognize violations of the fraud and abuse laws is the prohibition against offering, paying, soliciting or receiving any money, gifts or services in return for the referral of patients or to induce the purchase of items or services. Situations that may arise include requests from physicians and other providers for special treatment or payments in return for referring patients or other business to Renown Health. Such requests might seek, for example, payment of an incentive each time a patient is referred, provision of free or significantly discounted billing, nursing or other staff services, or payment for services in excess of their fair market value.

2.3.2An employee faced with a situation that appears to be questionable under the fraud and abuse laws should consult with his or her supervisor for guidance. Any questions about interpretations of the fraud or abuse laws should be discussed with the Compliance Officer. An employee who suspects that a violation of the fraud and abuse laws has occurred should disclose that situation to the Compliance Officer.

2.3.3All financial arrangements with any actual or potential referral sources must be approved by Renown Health's Board of Directors. All such arrangements, including, without limitation, contracts for personal services, leases, recruitment arrangements and loans, shall be subject to review by the Compliance Officer.

2.3.4Employees shall not enter into financial relationships with physicians that could put Renown Health in a position of possibly violating the prohibitions of Stark II or any state physician self-referral prohibition. If an employee has a question regarding whether a particular arrangement or situation raises questions under the prohibitions of Stark II or any state physician self-referral prohibition, the employee should consult his or her supervisor or the Compliance Officer for guidance, who may seek advice from legal counsel.

2.4 Coding and Billing for Services. Renown Health has implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers and patients. These policies, procedures and systems conform to applicable federal and state laws and regulations. Renown Health prohibits any colleague or agent of Renown Health from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent.

2.4.1In support of accurate billing, medical records must provide reliable documentation of the services Renown Health renders. It is important that all individuals who contribute to medical records provide accurate information and do not destroy any information considered part of the official medical record.

2.4.2Accurate and timely billing also depends on the diligence and attention of physicians who treat patients in Renown Health facilities. Renown Health expects those physicians to provide Renown Health with complete and accurate information in a timely manner.

2.5 Tax. As a nonprofit, tax exempt entity, Renown Health has a legal and ethical obligation to act in compliance with applicable laws, to engage in activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner that furthers the public good, rather than the private or personal interests of any individual. Consequently, employees shall not engage in any activity that involves the use of Renown Health resources or property for any private use or private benefit. Transactions entered into must be in the best interest of Renown Health and negotiated at arm's-length for fair market value. An employee faced with a situation that appears questionable should consult with his or her supervisor for guidance. An employee who suspects a violation of tax-exemption requirements should disclose that situation to the Compliance Officer.

2.6 Antitrust. All employees must comply with applicable federal and state antitrust and similar laws that regulate competition. Examples of conduct prohibited by the laws include: (1) agreements to fix prices, bid-rigging, collusion (including price-sharing) with competitors; (2) boycotts, certain exclusive dealing

and price discrimination agreements; and (3) unfair trade practices, including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices. An employee faced with a situation that appears questionable should consult with his or her supervisor for guidance. An employee who suspects a violation of the antitrust laws should disclose that situation to the Compliance Officer.

2.7 Environmental. It is Renown Health's policy to manage and operate its business in the manner that respects the environment and conserves natural resources. Renown Health's employees will strive to utilize resources appropriately and efficiently, to dispose of all waste (including medical waste) in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to address any environmental contamination for which Renown Health may be responsible. An employee faced with a situation that appears questionable should consult with his or her supervisor for guidance. An employee who suspects a violation of environmental laws should disclose that situation to the Compliance Officer.

2.8 Discrimination. Renown Health believes that the fair and equitable treatment of employees, patients and other persons is critical to fulfilling its purpose and goals. It is a policy of Renown Health to treat patients, without regard to the race, color, religion, sex, ethnic origin, age or disability of such person, or any other classification prohibited by law. It is a policy of Renown Health to recruit, hire, train, promote, assign, transfer, layoff, recall and terminate employees based on their own ability, achievement, experience and conduct, without regard to race, color, religion, sex, ethnic origin, age or disability, or any other classification prohibited by law. No form of harassment or discrimination on the basis of sex, race, color, disability, age, religion or ethnic origin or disability or any other classification prohibited by law will be permitted. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable Renown Health Human Resources policies. An employee faced with a situation that appears questionable should consult with his or her supervisor for guidance. An employee who suspects that he or she or a co-worker has been treated in a discriminatory manner should disclose that situation to the Compliance Officer.

2.9 Controlled Substances. Some Renown Health personnel routinely have access to prescription drugs, controlled substances and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations and must be administered by physician order only. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to Renown Health and to patients. An employee who becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from Renown Health must report the incident immediately.

2.10 Substance Abuse and Mental Acuity. To protect the interests of Renown Health employees and patients, Renown Health is committed to an alcohol and drug-free work environment. All employees must report for work free of the influence of alcohol and illegal drugs. It is also recognized that individuals may be taking prescription or over-the-counter drugs, which could impair judgment or other skills required in job performance. Employees with questions about the effect of such medication on their performance or who observe an individual who appears to be impaired in the performance of his or her job must immediately consult with their supervisor.

III. CONFIDENTIALITY

Hospital employees shall not disclose confidential patient or business information to unauthorized persons.

3.1 Safeguard Confidential Information. Renown Health and its employees are in possession of, and have access to, a broad variety of confidential, sensitive and proprietary information, the inappropriate release of which could be injurious to individuals, Renown Health's business partners and Renown Health itself. Every Renown Health employee has an obligation to protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent the unauthorized disclosure of information.

3.2 Privacy Laws and Regulations. All Renown Health employees have an obligation to conduct themselves in a manner that maintains the confidentiality of patient information in accordance with all applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Employees shall refrain from revealing any personal or confidential information concerning

patients or members unless supported by legitimate business or patient care purposes. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, the employee should seek guidance from his or her supervisor or the Compliance Officer.

3.3 Renown Health Intellectual Property. Information, ideas and intellectual property assets of Renown Health are important to organizational success. Information pertaining to Renown Health's competitive position or business strategies, payment and reimbursement information, and information relating to negotiations with employees or third parties should be protected and shared only with employees having a need to know such information in order to perform their job responsibilities. Employees should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights and software, are carefully maintained and managed to preserve and protect their value.

3.4 Salary, Benefits and Employee Information. Salary, benefit and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. Employees should exercise due care to prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

3.5 Electronic Media. All communications systems, including, but not limited to, electronic mail, Intranet, Internet access, telephones and voice mail, are the property of Renown Health and are to be used primarily for business purposes in accordance with Renown Health policies and standards. Limited reasonable personal use of Renown Health communications systems is permitted; however, users should assume these communications are not private. Users of computer and telephone systems should presume no expectation of privacy in anything they create, store, send or receive on the computer and telephone systems, and Renown Health reserves the right to monitor and/or access communications usage and content consistent with Renown Health policies and procedures.

IV. CONFLICTS OF INTEREST

Employees (including officers and directors) owe a duty of undivided and unqualified loyalty to Renown Health. Such individuals may not use their positions to profit personally or to assist others in profiting in any way at the expense of Renown Health.

4.1 Protecting the Interests of Renown Health. Employees must at all times seek to promote, enhance, and protect the interests of Renown Health, and avoid taking any action that may be adverse to those interests. A conflict of interest arises when an employee's outside activities influence the performance of that employee's responsibilities to Renown Health in a manner that is contrary to Renown Health's interests. Employees must be alert to any situation that may involve even the appearance of a conflict of interest and must disclose that situation promptly to their supervisors.

4.2 Gifts and Gratuities. Employees are prohibited from soliciting tips, personal gratuities or gifts from patients and from accepting monetary tips or gratuities. If a patient wishes to present a monetary gift, he or she should be referred to the appropriate Renown Health business office.

4.2.1 Employees shall not accept gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting Renown Health might be influenced. Similarly, offering or giving money, services or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, government official or other person by Renown Health is absolutely prohibited. Any such conduct must be reported immediately either to the employee's supervisor or to Renown Health's Compliance Officer.

4.2.2 Employees may retain gifts from vendors that have a nominal value, defined as \$100 or less, as long as their decision-making or actions affecting Renown Health are not influenced, or do not appear to be influenced, by the gift. Renown Health expects its employees to exercise good judgment and discretion in accepting gifts. If an employee has any concern regarding whether a gift should be accepted, the employee should consult with his or her supervisor or HR Business Partner. To the extent possible, these gifts should be shared with the employee's co-workers. Employees shall not accept excessive gifts, meals, expensive entertainment or other offers of goods or services that have more than a nominal value, and may not solicit gifts from vendors, suppliers, contractors or other persons.

4.2.3 Any entertainment or gift involving physicians or other persons who are in a position to refer patients to Renown Health facilities must be undertaken in accordance with Renown Health policies, which have been developed consistent with federal laws, regulations, and rules regarding these practices. Renown Health employees must consult Renown Health policies prior to extending any business courtesy to a potential referral source.

4.3 Outside Activities. Employees must not engage in outside activities during working hours and must not use hospital equipment (including computers), supplies or information in connection with their outside activities unless they receive the approval of their supervisors. Self-employment or employment by others is permissible only if it does not adversely affect the employee's job performance for Renown Health or create a conflict of interest with Renown Health. An employee of Renown Health must not become an officer or director of, or accept a position of responsibility with, any other company in competition with Renown Health without the approval of his or her supervisor.

4.4 Educational Programs. Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at educational programs and functions. However, any honoraria in excess of Two Hundred Dollars (\$200) shall be turned over to Renown Health unless the employee used paid time off to attend the program or that portion of the program for which the honoraria is paid.

4.5 Family Members. Beginning with the adoption of this Code, no employee may be hired or promoted where the result will be that an employee will supervise a member of his or her own family or where two family members (*i.e.*, grandmother, grandfather, mother, father, sister, brother, aunt or uncle) will have the same supervisor.

V. BUSINESS ETHICS/FINANCIAL ACCOUNTING

In furtherance of Renown Health's commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent Renown Health and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

5.1 Candor and Honesty. Renown Health requires candor and honesty from employees in the performance of their responsibilities and in communications with Renown Health's attorneys and auditors. No employee shall make false or misleading statements to any patient, person or entity doing business with Renown Health.

5.2 Relationships With Vendors; "Insider" Information. An employee may not utilize "insider" information for any business activity conducted by or on behalf of Renown Health. All business relations with vendors or contractors must be conducted at arm's length both in fact and in appearance. Employees must disclose personal relationships and business activities with vendor and contractor personnel that may be construed by an impartial observer as influencing the employees' performance or duties. Employees faced with situations that appear questionable should consult with their supervisors for guidance.

5.3 Personal Benefit From Renown Health Transactions. Employees who deal with contractors, suppliers and competitors must not take advantage of their position with Renown Health to obtain personal benefits. Employees must not take personal advantage of a business opportunity that may be or appears to be of interest to Renown Health without the approval of their supervisors. Employees must not conduct business on behalf of Renown Health with any company in which they have an interest without first disclosing that interest to their supervisors. Employees must not do business on behalf of Renown Health with any family member or relative without first disclosing that relationship to their supervisors.

5.4 Accurate Books and Records. Employees must record all entries in Renown Health's books and records accurately, honestly and fairly so that such entries reflect the true nature and purpose of the transactions that are being recorded. Books and records must not contain any false or misleading information.

5.5 Accurate Financial Reports. Renown Health financial reports must fairly and consistently reflect performance and accurately disclose the results of operations. They must also comply with Generally Accepted Accounting Principles, regulations of the Centers for Medicare and Medicaid Services, and other applicable rules. No "off the books" transactions will be permitted. Employees must comply with all internal audit procedures of Renown Health. All transactions must be conducted as directed by management.

VI. GUIDING PRINCIPLE FOR COMMUNITY RELATIONSHIPS

Community relationships are valued, as exemplified through community involvement and feedback through various Renown Health Boards, the Renown Health Membership, and formal and informal research activities. Marketing practices and contract negotiations are accurate and reflective of the organization's vision and mission. It is Renown Health's vision that this organization be recognized as a true and trusted community asset.

VII. CONCLUSION

This Code sets forth Renown Health's expectations about proper job-related conduct. However, this Code cannot anticipate every situation that an employee may face. An employee should consult his or her supervisor for guidance if this Code does not provide adequate direction or if the employee is being pressured to compromise his or her behavior, whether by another employee, a physician, a supplier, a competitor or a patient. If the employee is unable to resolve his or her concerns with his or her supervisor, the employee should contact the Compliance Officer. Any questions about interpretations of the law or the legality of a particular course of conduct should be discussed with the Compliance Officer, who may, in turn, consult legal counsel.

No employee's concern is too small or unimportant if he or she thinks it implicates policies concerning proper conduct. An employee will find that by seeking guidance, a resolution can be found that will both meet the employee's concerns and be consistent with this Code.

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Renown Regional Medical Center's Standards of Conduct

Professional conduct reflects positively on you and on Renown Regional Medical Center. Our Standards of Conduct identify the specific behaviors expected of every person who works within Renown Regional Medical Center and they support our Purpose and Code of Professional Ethics.

Attitude

Our attitude is the foundation of a healthy and healing environment. Every day we are faced with new challenges. We recognize that we have a choice regarding the attitude we embrace.

Appearance

Our appearance represents Renown Regional Medical Center and reflects respect for our customers. Our manner and expression convey our concern for and willingness to serve our customers. We take pride in our facility and do our part to maintain an uncluttered and litter free workplace.

Communication

The communication Standard of Conduct states, "the goal of communication is understanding each other. We are committed to listening attentively to our customers so that we understand their needs clearly. We pay close attention to both verbal and nonverbal communication."

Courtesy

Being courteous to our patients, their families and even to each other is an important element toward making a genuine difference in the many lives we touch. Courtesy is a set of rules for governing the interaction between people. It involves not so much what is said or done, but how it is said or done. It is a basic element of human communication that affirms the respect and dignity you have for the patient.

Customer Waiting

At Renown Regional Medical Center, we recognize that our customers' time is very valuable. We strive to provide our customers with prompt service, always keeping them informed of delays and making them comfortable while they wait.

Privacy

We ensure our customers' right to privacy and dignity. We maintain a secure and trusting environment, treating customers' information as confidential. Our concern for privacy helps to promote peace of mind and to lessen their anxiety.

Sense of Ownership

Renown Regional Medical Center's success directly depends on the day-to-day choices and actions of each of us. We take pride in what we do and feel responsible for the outcomes of our efforts. We recognize that our work is a reflection of all of us.

Commitment to Co-Workers

As Renown Regional Medical Center employees, we are connected to each other by our common purpose - serving our customers and our community. Our co-workers are our team members. We rely on our team members, and they rely on us. We hold each other accountable to provide great service in a courteous, respectful, professional, helpful and efficient manner.

Safety

Safety is a fundamental part of our job. All Renown Regional Medical Center employees are responsible for ensuring a secure, accident-free environment. Accidents result from actions and attitudes that we can eliminate.

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Rights And Responsibilities Of Patients

Renown Health is dedicated to providing quality medical services to its patients. You can expect the following from Renown Regional Medical Center, Renown South Meadows Medical Center, Renown Rehabilitation Hospital or any Renown provider.

Patient Rights

Access to Care, Dignity & Respect

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, age, handicap or national origin. Your dignity and respect as a human being will be recognized and respected, regardless of your financial standing.

Privacy & Confidentiality

You have the right to privacy concerning your medical care and to be advised as to the reason for the presence of any individual during procedures or treatment, to wear appropriate personal clothing as long as it does not interfere with procedures or treatment, and to refuse to talk with or see anyone not officially connected with the hospital.

You have the right to confidential treatment of all communication and records pertaining to your care by all Renown Health providers. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly in surroundings designed to assure reasonable visual and auditory privacy. Written permission will be obtained before medial records are made available to others not directly involved in your treatment or in the monitoring of its quality.

Personal Safety

You have the right to expect reasonable safety insofar as the hospital practices and environment is concerned.

Knowledge & Plan of Care

You can obtain information about the physician who has primary responsibility for coordinating your care and names and professional relationships of other physicians and non-physicians involved in your treatment. You can expect to be informed about your illness, the course of treatment and prospects for recovery in understandable terms. You are entitled to review your medical record with properly signed release forms. Your physician or his/her designate will assist you with the review process. You have the right, at your own request and expense, to consult with a specialist.

Consent

You have the right to obtain sufficient information concerning the contemplated procedure or treatment from the physician to allow you to make an informed decision as to whether to have that procedure or treatment.

Except in emergencies, the information shall include the following: patient's condition or problem, estimated cost of the proposed treatment, medical risks and consequences of the proposed treatment, probability of success, treatment alternatives, and outcome if the proposed treatment is not done. You will receive information about any experimental procedure proposed as part of your care before participating. Declining will not jeopardize your continued care.

You have the right to obtain information about relationships of Renown Health to other health care and educational institutions insofar as your care is concerned. You have the right to leave the hospital even against the advice of physicians. Consider this decision carefully. You are responsible for the consequences of such decision.

Refusal of Treatment

You may refuse treatment to the extent permitted by law. When refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, your relationship with Renown Regional Medical Center or its medical staff may be terminated upon reasonable notice

Other Rights

Necessary services for your proper treatment will be provided, or transfer to another facility equipped for your care will be made.

You are entitled to information about the hospital's mechanism for initiation, review, and resolution of complaints. Any Renown Health employee can receive a patient grievance and will refer it to the Patient Relations department.

You may request and receive assistance to help you understand your medical bill and information about financial assistance.

You have the right to be informed by the practitioner responsible for your care, or his/her delegate, of any continuing health care requirements following discharge from the hospital.

You have the right to formulate an advance directive (or living will) and to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

Patient Responsibilities

Provision of Information

You have the responsibility to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health. It is your responsibility to report whether you clearly comprehend a contemplated course of action and, as a patient, what is expected of you.

Compliance with Instruction

To the extent possible, it is your responsibility to follow the treatment plan recommended by the practitioner primarily responsible for your care. This includes following the instruction of nurses and Allied Health personnel as they carry out the coordinated plan of care or implement the responsible practitioner's orders and enforce the applicable hospital rules and regulations. You are responsible for keeping appointments and, when unable to do so for any reason, for notifying the responsible practitioner or the hospital.

Consequences of Refusal of Treatment

As stated above, you are responsible for the consequences of your actions if you refuse treatment or do not follow the practitioner's instructions.

Hospital Charges

You are responsible for assuring that the financial obligations for your health care are fulfilled as promptly as possible.

Respect & Consideration

You are responsible for being considerate of the rights of other patients and hospital personnel. We also ask for your assistance in the control of the number of visitors and noise. You are also responsible for respecting the property of other persons and of the hospital.

Something to Think About

Renown Regional Medical Center, as an institution, has no conscience objection and will honor all patients' Advance Directives, regardless of the range of medical conditions or procedures. However, there may be individual physicians with admitting/service privileges who, due to religious, ethical or moral conscience objections, may be unwilling or unable to honor a patient's Advance Directive. If this ever occurs, the physician and/or hospital will, pursuant to N.R.S. 449.628, take all reasonable steps to transfer the patient to a physician who will honor the patient's Advance Directive.

Renown Health believes that people make better healthcare choices when they have access to good information about the services they seek. Patients have the right to have access to a hospital's healthcare data that demonstrates clinical excellence, patient safety and patient satisfaction. Today, progressive healthcare organizations are tracking and reporting their outcomes and comparing themselves to the best healthcare providers in the nation. In northern Nevada, that's Renown Health.

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While at Renown Regional Medical Center

Safety, Health & HIPAA Training

Safety, infection control and HIPAA training are mandatory for new residents and those second year medical students scheduled to begin their third year rotations in July.

To meet Joint Commission safety training standards, a training session will be held yearly for all incoming residents during hospital orientation. The Renown Regional Medical Center Safety Officer will give a presentation regarding issues such as emergency preparedness. Infection control will also be included and the Corporate Compliance Officer will review HIPAA requirements.

In anticipation of rotating through the hospital in their third year, second year medical students will also be required to attend a safety, health and HIPAA training session during their orientation. This, generally, will be held in April or May of each year.

For residents and medical students unable to attend these required sessions, a packet and disc can be picked up in Medical Staff Services. Documents in the packet must be completed before you will be granted access in the hospital.

Proximity Card/IDBadges

Your proximity card is to be worn at all times while you are at the hospital. In addition to identification, this card will be used for gated parking lot access (residents only), after-hours access to specific hospital entrances, access to the fifth floor (Pediatrics), the Emergency Room and when obtaining meals. Cards are to be returned to the Medical Staff Services department when your rotations at the hospital have been completed or upon graduation whichever comes first. Replacement cards are \$5.00 and may be obtained from Medical Staff Services. The badges can be made Monday through Friday, 8:30 a.m. to 4:30 p.m. Badges **cannot** be made from 12noon to 12:30pm daily.

Medical Students' cards only allow you in the Nursery or on the Pediatric unit during your Family Medicine or Pediatric rotations.

*Vehicle Registration / Parking

Completion of a registration form and obtaining a parking permit (decals) for each vehicle you will be using while at the hospital is required. Medical students are issued a special permit, which allows for parking in either the 2nd Street parking garage on the roof **only** or the Mill Street parking garage on the fourth and sixth floor. The fifth floor of the Mill Street parking garage is paid employee parking, so do not park there. If you experience problems, please notify our office. **If you will be staying late at the hospital, you are encouraged to either move your car to a lower floor after 3:00 p.m. and/or ask security to walk you to your car if it is dark – (7777).**

Be aware that if your vehicle is parked in an area designated for patients and visitors, you will be issued a warning citation on the first and second violations. A third violation will result in the vehicle being immobilized with a parking "boot." The Security Department will need to be contacted in order for the "boot" to be removed. A fourth violation will result in the vehicle being towed at your expense. This policy is strictly enforced.

Vehicle registration forms and decals may be obtained from the CME & Residency Program Coordinator in the Medical Staff Service office. The decals are to be affixed to the lower left corner of the front windshield of the vehicle and the special medical student parking permit should be placed on the dashboard so as to be clearly visible to Security personnel.

Resident proximity cards allow access to the gated parking areas. Medical student proximity cards will not access these areas. Parking lots **not** designated for patients and visitors may also be used.

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[Medical Staff Dining Room/Resident and Medical Student Call Meals](#)

You must have your proximity (photo identification) card to obtain meals. Monday through Friday, breakfast and lunch is provided through the medical staff dining room for all residents based at the hospital. Take-out is available only to those residents who are on call in the hospital. The staff dining room is only open at this time to medical students when they are with an attending or residents they are rounding with. If a medical student is found in the Medical Staff Dining room alone, their meal privileges will be revoked.

Call meals are provided for residents rotating through the hospital or its affiliates who are taking evening, overnight, weekend or holiday call when the staff dining room is closed. Call meals are obtained in the Cafeteria and are limited to \$5.00 per meal. **Legible signatures are required on receipts.**

Lunches are provided for medical students rotating through the University Family Medicine, Pediatrics, Internal Medicine and Psychiatry (Consult Liaison) services only. Medical student who are on call at the hospital over the weekend or on a holiday with your assigned resident, lunch or dinner may also be obtained. **\$5.00 per day is permitted.** You are responsible for charges over that amount.

Adherence to the policy on meals for residents and students is expected. Failure to adhere to the policy will result in meal privileges being revoked until further notice.

Call Rooms

Please Note: The code for the call rooms, conference room and resident lounge will be issued to residents at orientation and medical students at your “mini-orientation” with the CME & Residency Program Coordinator prior to rotating at Renown Regional Medical Center.

Family Medicine Call Room

Two beds are available in this call room. This room is for use by Family Medicine residents on various rotations at the hospital. OB call rooms are located down the hall from Labor and Delivery.

Senior Internal Medicine Call Room

Two beds are available in this room. Generally, only one bed is utilized. However, the second bed may be used by an additional on call resident if the need arises.

Junior Internal Medicine Call Room

One bed is available in this call room. Regardless of program affiliation, this room is to be utilized by the junior resident on call for Internal Medicine.

Senior Internal Medicine Night Float/Medical Student Call Room

Two beds are available in this call room. The senior night float is on duty from 8:00 p.m. to 8:00 a.m. Medical students rotating through Internal Medicine may also use this room during daytime hours.

Please let the Program Coordinator know if on call needs change or problems arise with this arrangement.

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Conference Room

All Residency Programs

Patient information is confidential and information acquired through CMS should be appropriately disposed of when no longer needed. A bin for such material is located across from the conference room. All patient-related materials brought to the conference room should be returned to the appropriate department. The conference room is also used for meetings by other departments within the hospital.

Resident Lounge

A TV and DVD/CD/MP3 player with a built-in HI-FI VCR are located in the resident lounge. Please let the Program Coordinator know if problems arise with this equipment.

Please Note: Be aware that the call rooms and the resident lounge need to be kept secure. Lock all doors when leaving these areas. Report suspicious persons or behavior, especially in the call room and resident lounge areas, to the hospital operator and a Security officer will be dispatched.

Computers / Related Equipment

Computers and LaserJet printers are available in the resident conference room, resident lounge and Tahoe Tower Physician Lounge. Access is available to the Renown Health's electronic medical record (EPIC Web) for patient care information, as well as, MD Consult, the Renown Regional Medical Center Intranet, Windows, Microsoft Office and electronic mail. Please use these printers when printing rounds reports whenever possible.

If you experience problems with a hospital computer and/or system, notify the Information Resources Help Line, 982-4042. Personnel are available 24 hours a day, 7 days a week.

Housekeeping and Maintenance Services

For housekeeping, linen or maintenance problems (laundry for call rooms not being picked up, beds not being made, leaking faucets etc.), report the problem to the Residency Program Coordinator. If the Coordinator is not available, leave a voicemail message.

If a housekeeping or maintenance problem occurs after-hours or on weekends, call Dispatch at "7777". Please leave a voicemail message for the Program Coordinator in case follow-up is needed.

Please remember to keep these areas clean!!

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Security

The Security Department open for business Monday through Friday, 8:00 a.m. to 4:30 p.m. However, the Department provides security coverage to Renown Regional Medical Center and other it's other entities 24 hours a day 7 days a week. If you require Security services after-hours, please call 7777 and a security officer will be dispatched to your location.

In the event that "EMERGENCY" assistance is needed from an in-house location, contact Security Dispatch by dialing "6666" which is designated the hospital emergency number, and request a "Security Officer STAT." Give the dispatcher your location, name and a brief description of the incident being reported. This information enables Security officers to respond appropriately.

If there is a major security event, call Security Dispatch "6666" and request a page for "Code Gray." This will restrict access to your area except to Security and the Reno Police Department.

Instances where you may need personal assistance include, but are not limited to, escorts to and from your vehicle, assistance with a jump start of your vehicle or assistance with placing a call to a tow service, etc., please call "7777".

Please be aware of the necessity for security in the call room and resident lounge areas. Thefts do occur, so please keep doors locked at all times, in addition to personal belongings secure where applicable.

While on campus please be aware of your surroundings. In the event that you see anything of a suspicious nature please do not hesitate to report it to Security.

Committee Meeting Attendance

To gain insight into the hospital committee system, residents may request approval from their program director and the committee chair to attend specific committee meetings at Renown Regional Medical Center. Residents are non-voting members.

Continuing Medical Education

Renown Regional Medical Center provides continuing medical education for physicians. When you attend any of the CME programs it is important that you sign-in using the resident sign-in sheet or the provided program roster. Medical students sign-in on the CME sign-in sheet.

The Department of Resident Physician Training and Medical Student Education tracks resident time spent at the hospital, including that time spent for lectures, for Medicare reimbursement purposes. Internal Medicine residents are **required** to attend 60% of their noon conferences. The resident sign-in sheets are used for verification of attendance for both the hospital and Internal Medicine Department.

If you have questions regarding continuing medical education, you may call Medical Staff Services at 982-4064. For upcoming titles of Medicine Potpourri, call 982-4355 option 1.

Restaurants

Artisan market • bistro is located in the Renown Center for Advanced Medicine building C and is open Monday through Friday, 6:30 a.m. to 4:00 p.m. Popular menu items and a daily special are featured. Banquet and catering services are also available.

Telephones

House telephones are available throughout the hospital. Telephones are provided in the call rooms, the department conference room and resident lounge.

ATM's

ATMs are located in the Cafeteria, the Emergency Room lobby and on the lower level of the Center for Advanced Medicine building C between HealthWorks and Outpatient Registration/Renown Imaging.

Books, Magazines, Personal Items

You may purchase books, magazines, small gifts and some personal items at the Renown Regional Medical Center Gift Shop, located on the first floor adjacent to the Cafeteria. Flowers may also be purchased. Hours of operation are Monday through Friday, 9:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 5:00 p.m. and Sunday from 11:00 a.m. to 3:00 p.m.

CVS Pharmacy

CVS Pharmacy is located on the first floor of Center for Advanced Medicine C. The Pharmacy is open Monday through Friday, 9:00 a.m. to 6:00 p.m. and is closed on weekends. CVS Pharmacy's phone number is (775) 329-8900. **Please note: Due to numerous insurance formularies, outpatient pharmacies may need to contact the prescribing resident with questions. Please clearly print your name and provide your pager number on all discharge prescriptions.**

Business Services at Renown

The Business Services at Renown is located at the Renown Inn desk on the first floor of the Center for Advanced Medicine C. They offer UPS pick-up, laundry services, dry cleaning and alterations. If laundry

and dry cleaning are dropped off by 1:00 p.m., it is generally back by 3:00 p.m. the next day. Alterations and mending take three to five working days. The Business Services at Renown can be reached at 982-5080.

Uniform Shop at Renown

The Renown Uniform Shop is located in the connecting hallway between the Center for Advance Medicine C and the Roseview Tower on the first floor. Scrubs and shoes of various types and basic medical equipment, such as Littman stethoscopes, are available. Residents and medical students receive a 10% discount on all regular priced merchandise including scrubs.

Boutique at Renown

The Boutique carries ready-to-wear for women and children, as well as, small gift items and specializes in post-mastectomy produces and breastfeeding and nursing supplies. The Boutique is located on the first floor of the Center for Advanced Medicine building C across from Remedees. Hours are Monday through Friday 7:00 a.m. to 6:00 p.m. The telephone number for the Boutique is 982-5075.

Notaries

Notaries are available in a number of areas throughout the hospital. A full listing may be obtained from our office or from the Renown Regional Medical Center Intranet home page under "Directories."

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Resident Physician Scope Of Practice at Renown Regional Medical Center

All residents must be supervised by a Renown Regional Medical Center medical staff member who has either Active or Associate status. Supervising physicians must be appropriately privileged in the clinical activities for which they provide supervision and be selected by the Program Director to function in an attending (supervisory) capacity.

Family Medicine Residents

Family Medicine residents are supervised at all times by an attending physician. Supervision may be in the form of direct in-room supervision, availability of the attending physician within the hospital or

availability of the attending physician by telephone. All procedures are directly supervised by the attending physician(s) regardless of the resident's level.

As a resident progresses from the first post-graduate year to the third post-graduate year, supervision will be increasingly flexible, allowing the resident to exercise his or her abilities prior to review by the attending physician. The resident will contact the attending physician prior to any high-risk, diagnostic or therapeutic interventions.

Regardless of the level of training, the resident will contact the attending physician prior to -

- Admitting or declining to admit a patient to the hospital.
- Discharging a patient from the hospital or Emergency Department or transferring a patient to another facility.
- Obtaining consultations.
- Documenting a patient's code status.
- Ordering any invasive or high risk diagnostic or therapeutic interventions.
- The performance of all procedures.

Internal Medicine Residents

First Year Residents

First year residents have the primary responsibility for daily and overall patient care. They perform daily work rounds, examine patients and gather information for discussion purposes on each patient prior to attending rounds. First year residents are required to remain in-house until his or her patient care duties have been completed or completion has been arranged by another resident on call. It is expected that the resident will examine every patient admitted to his or her service and will be required to:

- Perform and dictate history and physical examinations on all patients who are admitted. In the setting of patient transfers or upon receiving cross-coverage admissions from the first year night float resident, the accepting first year resident on the Internal Medicine Service must be familiar with the patient's history and physical examination and pertinent lab results.
- Write daily progress notes or countersign medical student notes on all patients for whom they have assumed responsibility.

Concise, accurate off-service notes will be written on the afternoon prior to switch day. First year residents will participate in a responsible check out policy. They will provide the incoming first year resident with a written list and verbal check out of all patients prior to leaving and will, generally, remain on pager until the end of their shift unless special arrangements are made and the answering service is so notified.

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Second and Third Year Residents

Senior residents will

- assume responsibility for organizing their team's schedule, to ensure that 1) all team members have one day out of seven free of hospital duties, when averaged over four weeks, and 2) teaching and work rounds are conducted and completed in a timely fashion.
- be responsible for supervision patient management.
- write a concise and thorough admission note, on all patients who are admitted to the hospital, are accepted in transfer or picked up on service. Senior residents may be required to perform history and physical examinations when total call admission numbers exceed the ACGME requirements for both the first year resident on call for the Internal Medicine Service and assigned night float resident.

- check out to the senior resident on call any potentially unstable, critical care, cardiac or intensive care patients. In general, intensive care nursing staff will contact the senior resident on call for urgent issues on intensive care patients.
- review History and physical examinations performed by medical students will be reviewed.
- dictate the discharge summary for all patients on their service.
- serve as a teaching resource and provide educational opportunities for all members of the resident team on a daily basis. They will review specific topics as requested by attending physicians or first year residents. Medical students will be provided with reading material directed at problems their patients are experiencing.

Psychiatry Residents

First Year Residents

Residents shall practice under the direct supervision of an attending physician or, when acting on his or her own, have immediate access to an attending psychiatrist. Residents may observe and assist in the performance of procedures such as electroconvulsive therapy.

Second Year Residents

The scope of practice is the same as for first year residents but, in addition, second year residents may provide consultations to medical and surgical services, with on-site review and supervision by an on-site fourth year resident and/or attending psychiatrist.

Third Year Residents

The scope of practice is the same as for first and second year residents. In addition, third year residents may provide outpatient psychiatric services, with review and supervision by an attending psychiatrist.

Fourth Year Residents

The scope of practice is the same as for first, second and third year residents. In addition, fourth year residents may supervise second year residents doing consultation and liaison psychiatry and manage psychiatric emergencies and consultations on medical or surgical services, with subsequent review and supervision by an attending physician.

All Residents Are Expected to Call Their Attending Physician

- Regarding code status.
- When confronted with a patient or administrative problem they are unfamiliar with or they have a question regarding.
- To help settle disagreements with nurses, consultants, patients, other health professionals or the families of their patients.
- When they wish to decline an admission or an in-hospital transfer.
- To notify and request approval for patient discharge.
- To discuss consultations rendered.
- If they are being asked to accept transfers from other hospitals.
- Prior to performing any invasive procedures.

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Policies And Procedures

Please Note: Portions of this section pertain to Internal Medicine and/or Family Medicine and Psychiatry Residents rotating on the University Internal Medicine Service.

Those sections are designated *Internal Medicine only*.

Hyperlinks have been added for your convenience, when possible.

General Supervision by the Attending Physician

All Residency Programs

The attending (supervisory) physician must be a member of the Medical Staff, with the appropriate privileges for the treatments and procedures, the attending physician will supervise at Renown Regional Medical Center.

During the course of patient care, the attending physician supervising a resident is responsible for providing that level of supervision to establish the same level of patient care required of staff physicians in general.

The attending contact and review of plan will be documented within 24 hours-either by co-signing the H&P or by separate entry in the chart, which indicates that the record has been reviewed, the patient examined, and agreement with the resident's plan. Orders do not need to be co-signed by the attending physician.

*Co-signature by the attending physician is not required for orders written by residents at any practice site, e.g. Renown Regional Medical Center and the Family Medicine Center, as they are practicing under the auspices of the residency training program.

Resident Supervision in the Intensive Care Unit

Internal Medicine Only

Residents must call the UNR Gold (Critical Care) team attending, a PMA intensivist, to discuss all ICU and admissions at the time of admission. The attending physician will assist the resident in deciding the appropriate level of care required by the patients as well as giving advise on patient management as needed. All ICU admissions will be the responsibility of the Gold team.

When a decision is made to admit a patient to the ICU from the Emergency Room, the appropriate PMA intensivist for critical care management of the patient should be consulted on an immediate basis, as they will attend primarily in the ICU.

All patients accepted for admission to the ICU will have the PMA intensivist recorded as the attending physician. Care for ICU patients will be the responsibility of the PMA intensivist and the UNR Gold Team until a formal transfer to the University Internal Medicine Service ward team has been completed. On transfer, the Critical Care resident is responsible for a problem oriented note summarizing care while in the ICU and outlining ongoing care issues. He/she will contact the admitting ward team for that day, and the accepting medicine resident will dictate a medicine consultation and identify acceptance of their primary role in management. Any transfers from the ICU by the medical team resident, will include senior resident direct assessment and orders.

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Internal Medicine Only

In the event of death, completion of the death certificate will be the responsibility of the assigned resident caring for the patient at the time of death or the physician who gave the order for R.N. pronouncement under the [R.N. Pronouncement of Death Protocol](#).

Classification of Patients

Priority 1

This group of patients is comprised of critically ill, unstable patients in need of intensive treatments such as ventilator support, continuous vasoactive drug infusions, etc. Examples may include, but are not limited to, those patients who are post-operative cardiothoracic surgery or patients in septic shock. Priority 1 patients generally have no limits placed on the extent of therapy they are to receive.

For Priority 1 patients, the Emergency Room physician will contact the resident and critical care attending physician who will assume responsibility immediately and will see the patient in a timely fashion as determined by the patient's clinical situation.

Priority 2

Priority 2 patients require the advanced monitoring services of an intensive care unit. These patients are at risk for the need of immediate intensive treatment and, therefore, benefit from intensive monitoring and using methods such as pulmonary artery catheters. Examples may include, but are not limited to, those patients with underlying heart, lung or renal disease who have an acute, severe medical illness or who have undergone major surgery. Priority 2 patients generally have no limits placed on the extent of therapy they are to receive.

After notification by the Emergency Room physician, the senior resident on call will simultaneously notify his/her University Internal Medicine Service attending physician and a PMA intensivist. A determination to see the patient in an appropriate time frame will be based on discussion between the University Internal Medicine Service attending physician, the critical care consultant and nursing staff.

Priority 3

These are critically ill, unstable patients whose previous state of health, underlying disease or acute illness, either alone or in combination, severely reduces the likelihood of recovery and/or benefit from intensive care unit treatment. Examples of such patients may include, but are not limited to, patients with metastatic malignancy complicated by infection, pericardial tamponade or airway obstruction or patients with end-stage heart or lung disease complicated by an acute, severe illness. Priority 3 patients may receive intensive therapy to relieve acute illness, but therapeutic efforts may stop short of measures such as intubation or cardiopulmonary resuscitation.

Ventilator Orders

Internal Medicine Only

Ventilator orders are restricted to those senior residents who are in direct communication with the PMA intensivist. The senior resident rotating through critical care will discuss changes with the PMA intensivist on call that day. Senior Internal Medicine residents providing cross-coverage in the ICU at night and on weekends must discuss all changes with the PMA intensivist before writing ventilator orders.

Family Medicine Only

When a patient presents to the Emergency Room and is identified as currently being seen by Family Medicine faculty or residents, the Family Medicine resident on call must either defer admission and care of the patient to the University Internal Medicine Service, as above, or they may obtain their own critical care consultation appropriate to the severity of the patient's condition.

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Accepting Patient Transfer From Other Facilities

All Residency Programs

It is the responsibility of the attending physician to accept or deny the admission of a patient from another facility in accordance with the Renown Regional Medical Center policy, "Transfers From Other Facilities." The resident will refer all such inquiries directly to the attending physician.

When the attending UNSOM faculty physician accepts responsibility for the transfer of a patient from the VA Sierra Nevada Healthcare System (VA Medical Center) or an established patient from another hospital under the care of an UNSOM faculty physician, the Admitting Department is to be notified of the transfer request and arrangements made for the patient to be directly transferred to Renown Medical

Center. The exception would be unstable or critical care patients. For these patients, UNSOM faculty will require reevaluation by the Emergency Room physician and, subsequently, a determination made as to which unit is suitable for inpatient care.

Initial History and Physician Examination

All Residency Programs

The attending physician must personally see and review the pertinent physical findings on every admitted patient within a time span medically appropriate for the nature of the presenting problem, generally within 24 hours.

In some cases, the attending physician may be asked to evaluate a patient in the Emergency Room prior to actual admission, either because the Emergency Room physician is not certain of the need for admission, i.e., as a consultation or because the severity of illness requires involvement at that stage of care.

Interval Care

All Residency Programs

During the process of interacting with the residents, the attending physician will ensure timely performance of patient evaluation, transcribed and written documentation, orders, procedures and discharge processing. This interaction will consist of meetings, telephone discussions, bedside co-evaluations and assistance with technical procedures.

The attending physician will review orders and progress notes written by residents. Documentation of the attending physician's ongoing involvement in a patient's care may take the form of a note written by the attending physician, a note written by the resident that is co-signed by the attending physician, or a note written by the resident that includes a statement that the patient's care/condition was discussed with the attending physician.

The frequency of repeated patient interviews and examinations by the attending physician will be appropriate for the acuity of the patient's condition and the abilities of the residents providing patient care. The Medical Staff Rules and Regulations require daily visits to all acute care and observation patients, whether by the attending physician or another identified physician. Once a patient clearly meets criteria for transfer and an order is written to extended care or skilled nursing, daily visits are no longer required, but the physician must round on the patient at least twice per week.

The attending physician or a qualified designee will be available 24 hours per day for telephone discussion of patient management. If a resident requests bedside co-evaluation of a patient, the attending physician or a consultant designee (Emergency Room physician or subspecialty consultant) must be available for such interaction within a time frame appropriate for the patient's level of acuity.

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Evaluation of Medical Students, Resident and Attending Physicians

Medical Students

During their third and fourth year clerkships, medical students are evaluated according to UNSOM guidelines, receive daily feedback from their assigned residents and periodic evaluations from their attending physician(s).

All Residency Programs

The evaluation process for all residents will be dictated by two governing councils, the American Council of Graduate Medical Education and the American Board of Family Practice, Internal Medicine or Psychiatry.

Internal Medicine

Internal Medicine residents and first year Family Medicine and/or Psychiatry residents rotating through the University Internal Medicine Service, will be evaluated on a monthly basis by their attending physician(s) on their competence in six areas of medicine. They will be graded and given a score from Level 1 to Level 9. Six unique areas of competence will be reviewed including clinical judgment, the ability to perform a history and physical examination, procedural skills, ethical behavior, professional behavior and overall quality of patient care. After these components are taken into consideration, the resident's performance is graded as superior, satisfactory or unsatisfactory.

The monthly evaluations will be given to the Program Director who chairs the Department of Medicine Clinical Competency Committee, an advisory committee to the Program Director. Every three months this Committee, which consists of several faculty members, will meet to discuss each resident's monthly evaluations. The Program Director, or designee, will give the residents feedback regarding their performance and instances of inappropriate patient care. The Clinical Competency Committee recommends appropriate action to be taken by the Program Director.

Patient care problems, which arise from resident inexperience, are discussed at morning report by the attending physicians in order to instruct the housestaff on proper management techniques, to educate them and to prevent further incidents.

In order to achieve the goal of developing Board Certified internists and ascertaining a resident's fund of medical knowledge, the following will occur -

- The Program Director will modify resident rotation experiences based on attending and resident evaluations.
- A more detailed curriculum, with reading requirements from which test questions are selected, is available from the UNSOM Internal Medicine curriculum document.

Family Medicine

First year residents are evaluated by Internal Medicine faculty upon completion of their Internal Medicine rotations.

Family Medicine residents are evaluated following each rotation and twice a year by the Family Medicine faculty. In addition, Family Medicine residents review their evaluations and progress three to four times a year with their designated advisors.

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Psychiatry

First year residents are evaluated by Internal Medicine faculty upon completion of their Internal Medicine rotations.

Throughout the four years of their residency training, Psychiatry residents are evaluated following each rotation by Department of Psychiatry faculty. Residents are comprehensively evaluated twice yearly by the Psychiatry Program Director.

Attending Physicians

Medical students and residents submit written evaluations of their attending physicians. The evaluation becomes part of the attending physician's University personnel file.

Attending physicians may have their patient charts reviewed, based on indicators as identified by the Joint Commission for Accreditation of Hospitals. Attending physicians and community physicians are held to the same standard of review.

Confidentiality

All Residency Programs

Renown Regional Medical Center is a teaching hospital. It is, therefore, reasonable and expected that bedside teaching will occur in order for our faculty to highlight the meaning of key historical findings obtained during the history and physical examination and to also demonstrate the significance and importance of the patient's physical findings. However, a number of areas of discussion are best held outside the patient's room in a private conference area. Although not all inclusive, these areas of discussion include:

- Discussions regarding the patient's psychosocial habits that may be influencing their care such as the use of alcohol or intravenous drugs.
- Discussions regarding the appropriateness of instituting a "[Do Not Resuscitate](#)" order for patients who have a life-threatening illness and have little chance of recovery.
- Prognosis of a patient's condition, especially when it is poor and death is imminent.
- Potentially embarrassing discussions related to the inability of a patient to care for him/herself, such as sensitive issues of guardianship or determination of competency.
- Issues related to patient abuse of healthcare facilities that may be compromising compliance and resulting in worsening disease status.

On all units, including the critical care units, there are areas where residents and medical students can gather to discuss patient issues considered "sensitive" so that discussions are not overheard by nursing and non-nursing hospital staff, other patients and/or their families.

Your attention to patient confidentiality and dignity is expected.

Please Note: Reference the Health Insurance Portability and Accountability Act (HIPPA) policies. These policies take precedence over departmental program policies regarding privacy issues.

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Informed Consent

Consent to Surgery or Special Diagnostic or Therapeutic Procedures

Please refer to and be familiar with Renown Regional Medical Center Clinical Interdisciplinary Policy and Procedure "Consent Procedure".

**Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy & Procedure
Consent Procedure Policy**

Form may be downloaded from any of the hospital units. Ask the unit clerk for assistance if needed.

All Residency Programs

Informed consent is the responsibility of the physician who must explain the procedure fully, in language the patient understands, and obtain the patient's consent. If the patient lacks the capacity, the consent for treatment must be obtained from the patient's legally authorized representative, as defined by Renown Regional Medical Center Clinical Interdisciplinary Policy and Procedure CID-205. Consent must be given willingly and, if the patient verbalizes concern at not being properly informed, the physician will be notified immediately. A competent adult, 18 years of age or older, may consent to or refuse treatment.

Circumstances in which a minor may consent to treatment or refuse care are also contained in the above noted Renown Regional Medical Center policy.

For purposes of medical education, a patient may consent to the admittance of residents and/or medical students in the room in which the procedure(s) is being performed. Residents and medical students may function either as observers or may assist in or perform procedure(s) under the direct guidance of their attending physician. The attending physician must have the appropriate privileges to perform the stated procedure(s).

A note must be written in the progress notes prior to the procedure, documenting that the patient gave informed consent allowing residents and/or medical students to observe, assist with and/or perform the procedure(s) in question.

High-level procedures, such as central lines, arterial lines or thoracentesis, must be supervised directly by the attending physician. In certain circumstances, lower level procedures, such as paracentesis and skin biopsy may be supervised by a senior resident only if they have completed all of the requirements as identified by the Resident Supervision Committee. In those circumstances, the attending physician must be aware of the procedure and remains the responsible party for a resident supervised procedure.

Please refer to Renown Regional Medical Center Policy (on next page):

Minimally Invasive Procedures/Resident Permission to Perform Without Direct Supervision By An Attending Physician

Renown Regional Medical Center
Policy and Procedures

<u>Subject: Minimally Invasive Procedures/Resident Permission to Perform Without Direct Supervision by an Attending Physician</u>			Policy #
Origination Date: 7-10-07 effective 10-23-07	Revision Date:	Reviewed Date:	<u>Page 1 Of</u> <u>1</u>

As resident physicians are not traditional members of the Medical Staff at Renown Regional Medical Center, permission for residents to perform various invasive procedures independent of bedside supervision will fall under the oversight of the Resident Supervision Committee.

Residents must be at the PGY-2 training level or higher (senior residents) to be considered for independent invasive procedure performance. PGY-1 residents (junior residents) are required to have bedside supervision regardless of skills or documented experience. Residents are required to discuss all proposed invasive procedures with their attending/and or supervising physician prior to beginning any aspect of a procedure. This discussion must include the risks, benefits, alternatives, technique, possible complications and follow-up care of the patient. This discussion, and identification of the attending and/or supervising physician, is to be documented in the patient's chart. Resident physicians may only perform those invasive procedures for which their supervising physician has privileges regardless of any skills or experience the resident may have. The supervising physician will be required to complete a Procedural Skills Assessment Form documenting the resident's proficiency and professionalism in performing all directly supervised procedures.

Senior residents may perform the following minimally invasive procedures without bedside supervision once their performance has been appropriately reviewed and approval given for permission to do so.

- Lumbar puncture
- Paracentesis
- Arthrocentesis (diagnostic or therapeutic)
- Skin biopsy (punch of 4mm or less or shave)
- Neonatal circumcision
- Incision and Drainage

Minimally invasive procedures may be performed and supervised at either the VA Medical Center or Renown Regional Medical Center. The process of approval will begin with individual residency programs collecting data documenting that a resident has the appropriate skills and level of competency for independent performance of the specified procedure.

For each request to perform a specified procedure independently, the Program Director will submit documentation that a minimum number (3) of directly supervised, competently performed procedures has been accomplished, that at least one of these procedures was observed, and competency certified by, a medical staff physician with the privileges to perform the procedure in question and that permission is being requested for the resident to perform the specified procedure independently.

Minimally Invasive Procedures (Continued)

Once the Resident Supervision Committee has given approval and permission for the resident to perform a specified procedure independently, Medical Staff Services personnel will provide this documentation on the Renown Health Mainframe so that this information may be accessed by all appropriate Renown Health personnel for confirmation of status.

Once approved to perform a specified procedure independently, the attending and/or supervising physician must still be involved in the decision making process. Regardless of the number of procedures successfully completed or status of permission for independent procedure performance, the supervising physician may require bedside supervision of any invasive procedure.

It is the responsibility of the resident performing the procedure to write or dictate a procedure note. This note must include documentation that approval to perform the procedure was obtained as well as all pertinent data regarding the procedure, including the level of supervision provided by the attending and/or supervising physician (bedside, in-hospital, telephone).

When a resident has been given permission to perform a specified minimally invasive procedure independently, they may supervise those residents seeking approval and permission to perform the procedure.

Permission may be withdrawn by the Program Director and/or Resident Supervision Committee should a resident subsequently be deemed to lack the appropriate skills to perform a specific procedure independently. Medical Staff Services personnel will then be directed to update the online information accordingly.

If there is an adverse outcome from a procedure performed by a resident physician, the responsible attending physician will be notified immediately, an occurrence report filed and the incident reported to the Resident Supervision Committee.

The Policy for “Minimally Invasive Procedures/Resident Permission to Perform without Direct Supervision by an Attending” was presented to the Board of Governors and approved on July 10, 2007. The Policy will be made effective on October 23, 2007. The Resident Supervision Committee will be the oversight committee for this policy.

Emergency Room Disposition and Unassigned Patients and Patient Transfers from the VA Sierra Nevada Healthcare System (VASNHCS) (Formerly the VA Medical Center)

Assigned Patients

Internal Medicine Only

Assigned patients from the full-time faculty private practice offices, University Health Systems (UHS), will be admitted to the on call resident team 24 hours a day. Additionally, Renown Regional Medical Center Clinic patients may be admitted to the University Internal Medicine Service at any time if they require primary care Internal Medicine services. If a Renown Regional Medical Center Clinic patient is in need of subspecialty care, the University Internal Medicine Service physicians would serve in a consultant role.

Unassigned and Transferred Patients from the VASNHCS

Internal Medicine Only

Patients transferred from the VASNHCS to Renown Regional Medical Center shall be admitted to the on-call team on a 24-hour basis.

If a patient needs to be transferred to Renown Regional Medical Center from the VASNHCS, it will be the responsibility of the AOD or Transfer Coordinator to contact the Admitting Office at Renown Regional Medical Center to determine bed availability. If a bed is available and Renown Regional Medical Center can take the patient, it will be the responsibility of the VA attending physician or senior resident acting under the direction of the VA attending physician to contact the attending physician specified on the call schedule at Renown Regional Medical Center to accept the patient.

In the event the attending physician receiving the patient wants to make an emergency triage evaluation to determine other appropriate diagnostic tests or emergent therapeutic interventions, he/she should notify the Emergency Room that the patient will be transferred there first and disposition to a hospital bed will occur later. In addition, this information will be conveyed to the Transfer Coordinator or Nursing Supervisor at the VASNHCS.

It will be the responsibility of the VASNHCS nursing supervisor, bedside nurse, or triage nurse to contact the appropriate receiving unit at Renown Regional Medical Center in order to give a complete nurse-to-nurse report regarding the patient's condition, vital signs, intravenous lines and current medication list. Residents should not be involved in either the acceptance or denial of a patient transfer from the VASNHCS to Renown Regional Medical Center. During the hours of 6:00 a.m. to 6:00 p.m., the attending physician on the University Internal Medicine Service reserves the right to maintain proper resident patient load and offer unassigned VASNHCS patients to the community physician who has designated Emergency Room call.

Emergency Room Admission to the Intensive Care Unit

Internal Medicine Only

Residents will not be involved in the acceptance or arrangement of [hospital transfers to the ICU](#) at Renown Regional Medical Center. This responsibility will be deferred to the attending physician.

As the condition of a patient may deteriorate rapidly, initial evaluation in the Emergency Room should occur before transfer to the ICU. Admission of patients to the ICU from the Emergency Room requires the timely notification of the appropriate PMA intensivist prior to the patient's arrival in the ICU.

In some instances, due to lack of bed availability in the ICU, critically ill patients may be admitted to the Cardiac Intensive Care Unit (CIC). Notification of a PMA intensivist is required and such patients are to be followed by the Critical Care Team.

Evaluation of Patients in the Emergency Room

Internal Medicine Only

It will be the responsibility of the Emergency Room physician to triage all presenting patients and perform a baseline physical examination and diagnostic evaluation to determine the need for admission. If the Emergency Room physician decides a patient requires hospitalization and the patient is not stable from a hemodynamic or respiratory standpoint, the Emergency Room physician will notify the University Internal Medicine Service senior resident on call and the PMA intensivist on call. If the patient is hemodynamically stable and does not require ventilator support, the Emergency Room physician will notify the senior resident on call.

It will be the priority for the senior resident to respond and discuss unstable patients in a timely manner with the Emergency Room physician. It will be the responsibility of the senior resident, after a short period of triaging has been completed, to contact his/her attending physician and critical care consultant to discuss the case. Critical care patients will remain in the Emergency Room until medically stable and then be transferred to an acute care bed. Residents will accompany unstable intensive care patients from the Emergency Room, will write orders as promptly as possible and will perform the remainder of the history and physical examination after the patient has been stabilized on the medical floors.

If the patient requires hospitalization, but not on a critical basis, the senior resident will be contacted regarding the admission. The senior resident will respond within a 20-minute period for such non-emergent patients. The emphasis of their interaction will be to triage the patient, write basic admission orders and expedite transfer to a medical bed.

The Emergency Room physician should write orders for any tests, procedures or medications needed to stabilize the patient in the Emergency Department. This might include IV fluids for hypotension, transfusion of blood products or institution of appropriate antibiotics in the face of obvious infection. If there is an unavoidable delay in the evaluation of a non-critical admission by the on call resident team, the Emergency Room physician may write sufficient orders to expedite an acute care transfer of the patient; all other orders are to be written by the on call team.

Family Medicine Only

In the Emergency Room, Family Medicine residents who are on call for Family Medicine accept admissions from patient panels the Family Medicine Center has agreed to cover. These patients will be followed by the Family Medicine residents through their hospital course and discharged for follow-up care with their private practice physician. Family Medicine residents may admit to any floor or unit. This includes Emergency Room evaluation of Family Medicine patients as requested by Emergency Room physicians.

Discharge Follow-Up Patients Triageed in the Emergency Room

Internal Medicine Only

In certain instances, a senior resident on the University Internal Medicine Service may be called on to assist in the evaluation of patients and to direct follow-up if the patient is not admitted to the hospital.

Patients who are eligible for Renown Regional Medical Center Clinic may need a follow-up visit and should be referred to the Clinic. All other patients should be referred for follow-up as determined by the attending physician.

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General Guidelines Residents

Admitting Orders

Physicians are required to use their dictation number after their signature for identification purposes on all orders. By agreement, your dictation number is to be used at all area hospitals. If you need to reference your number, call transcription services (Health Information Management) or the CME and Residency Program Coordinator in the Medical Staff Office.

Chart labels are to be used on all patient charts to designate University (School of Medicine) patients. Labels are to be affixed to the front of the chart and will identify the specific service, attending physician, senior and junior residents, which resident to contact and the exchange number.

Observation Care / Acute Care

All Residency Programs

Observation care admissions should be utilized when the patient requires either diagnostic services or a short-term treatment modality that can be completed within 24-48 hours (Medicare and Medicaid allow 48 hours, some insurance companies allow only 24 hours). If the patient is not discharged within this time period, an order for change of status to acute care needs to be written. An acute care admission status is designated and appropriate when there is a definitive diagnosis and a specific treatment plan for which hospitalization is expected to be greater than 24 hours. Please utilize the following format in writing admitting orders:

- The attending physician's name should always appear on the first line of the admitting order, whether from the Emergency Room or clinics.
- Admission location within the hospital.
- Admission level of care, either observation or acute care. If uncertain, admit to observation care.
- Residents rotating through the University Internal Medicine Service, including first year Family Medicine and Psychiatry residents, should designate their "team" by the appropriate color. This should be followed by the name of the junior resident that has primary care responsibility for the patient and the telephone number of the exchange.
- The team designation for Family Medicine residents is "FP." Chart labels are (light) red and white striped. The team designation should be followed by the name of the junior resident that has primary care responsibility for the patient and the telephone number of the exchange.
- Admitting diagnosis and condition of the patient.

For example, if Dr. Zell will be responsible for the patient, the order would be written as follows:

"Admit to CIC, acute care, attending physician Dr. Zell, Team Orange, resident Dr. R. Smith, exchange is 352-5100."

If there is a change in attending physicians during the patient's hospital stay, either the resident or the attending physician needs to order an official change to the record. For example, if Dr. Goodman takes over the service all patient charts should have the following order:

"Please change attending physician of record to Dr. P. Goodman."

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Restraints / Seclusion

**Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy and Procedure
["Restraints"](#)**

All Residency Programs

Restraints are the use of physical or mechanical devices to involuntarily restrain the movement of the whole or portion of the patient's body as a means of controlling physical activities to protect them or others from injury. For documentation purposes, each episode of use, to a maximum of 24 hours, is recorded as a physician's order and includes 1) a sticker placed on the order sheet that is to be signed by a physician within 24 hours; 2) the purpose for use is to be indicated on the physician's orders as per "sticker" and 3) R.N. documentation to include the purpose of the restraints (explained to the patient and family), alternatives used and flow sheet/appropriate form documenting observations and assessments.

Face-to-face reassessment by the physician is required at least every 24 hours per JCAHO. If required for more than 72 hours or more than four days within a one week period of time, a special meeting of the treatment team (physicians, nursing staff and case manager) will occur.

Documentation, to include measures taken to protect the rights, dignity and well-being of the patient including monitoring, reassessment and attention to patient needs, will be noted in the patient assessment, including but not limited to, circulation, motion and sensation, hydration, exercise and toileting.

Medication Orders

**Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy & Procedure
[Medication Orders](#)**

The School of Medicine is responsible for obtaining federal DEA registration for all residents. Upon obtaining DEA registration, residents may write for all controlled (schedules ii through v) and non-controlled substances in either the inpatient or outpatient setting.

Please Note: For first year residents, there may be an interval between the beginning of their rotations at Renown Regional Medical Center and receipt of their DEA registration.

The following policy will be in effect for all first year residents whose DEA registration is pending:

- First year residents may not author discharge or outpatient prescriptions for Schedule II substances, e.g. Percocet.
- First year residents may write outpatient or discharge prescriptions for Schedule III through V substances, e.g. Vicodin or diazepam, provided there is co-signature by an attending physician or senior resident with a DEA registration.
- May write inpatient medications orders as necessary under the general supervision of their attending physician or senior resident with a DEA registration.

All Residency Programs

Residents write prescriptions on individual prescription blanks or the multi-drug "[Discharge Prescription Order Form](#)." Both forms are available on all hospital units. The "[Contingency Discharge Form](#)" may be used to prescribe discharge medications the evening prior to a patient's anticipated discharge from the hospital. Refer to policy "[Contingent Discharges](#)."

Prescriptions should be filled at an outside pharmacy. The closest is the Renown Health Pharmacy, which is open from 9:00 a.m. to 6:00 p.m., Monday through Friday.

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Please Note: Only for the following reasons will prescriptions be filled by the Renown Regional Medical Center Pharmacy:

1. The patient is eligible for The Healthcare Center (21 Locust). The amount of medication prescribed should reflect the interval until the patient's follow-up visit at the Clinic, but not more than a 21-day supply.
2. For those patients pending The Healthcare Center eligibility who have no financial resources, residents should consult with the case manager. The case manager will review the case and determine whether a short-term supply of discharge medication is appropriate or will refer the patient to available community resources.
3. Two retail pharmacies are open 24 hours a day, 7 days a week: Walgreens on North Virginia and I-80 and CVS Pharmacy on Prater and McCarran.

Chemotherapeutic Orders:

Please Note: All cancer chemotherapeutic orders will be written by the attending oncologist only.

Home Health Orders

Residents may initiate orders for home health services but need to specify the attending physician who has agreed to follow the patient and to sign future treatment plans/orders for home health. The attending physician must co-sign this order. Co-signature is required by both Medicare and hospital policy. If the attending physician does not wish to follow the patient, it is his/her responsibility to arrange for the patient to be followed by another physician. The predominant exception would be The Healthcare Center patients, where the Medical Director, or designee, is responsible for home health services and for signing treatment plans.

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Do Not Resuscitate Orders and Advance Directives

Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy & Procedure [Do Not Resuscitate Orders Policy and Advance Directives Policy](#)

All Residency Programs

I. Orders to Limit Resuscitative Efforts

Steps for doing a "[DO NOT RESUSCITATE](#)" (DNR) order:

1. The resident must *discuss*, and reach a consensus on, the issues with the attending and/or appropriate consulting physicians and be in compliance with any existing living will or durable power of attorney for healthcare decisions.
2. A *progress note* must be written justifying the decision and documenting discussions held with (a) the patient, (b) the patient's family when appropriate, and (c) the attending and appropriate consulting physicians. This note must be co-signed by the attending physician within 24 hours.
3. An *order* to limit resuscitative efforts must be written. The order must be co-signed by the attending physician within 24 hours. It is recommended that the order NOT specify simply "DNR" but, rather, enumerate exactly what should be done under what circumstances. An example of a very specific order, which can be modified according to the situation, would be:

"In the event of cardiac or pulmonary arrest, do not intubate, perform CPR, defibrillate or countershock or give IV ACLS medications."

II. ORDERS to Limit, or Remove, Life Support in Terminal Conditions

Definitions

- Terminal Condition means an incurable and irreversible condition that, without the administration of life-sustaining treatment will, in the opinion of the attending physician, result in death in a relatively short time.
- Qualified Patient is a patient 18 or more years of age in a terminal condition.
- Advance Declarations are of two types: Please obtain and read a copy of the packet containing these items from the Admissions Office near the main lobby. Under federal law, all patients must be offered these packets on admission (they are, generally, kept near the front of the chart). However, it is the physician who must be prepared to EXPLAIN the options and medical issues to the patient.

1. Simple Declaration or "Living Will"

The Living Will indicates the general desires of a patient for withholding treatment should they be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment. It may or may not designate another person, an "authorized representative," to make substituted decisions for them. This is accepted in all 50 states. It is a portable document for the patient who plans to travel.

2. Durable Power of Attorney For Healthcare Decisions

The Durable Power of Attorney is more formal than the Living Will. It not only allows a patient to express the desire for withholding but, also, for being very aggressive with therapy. It offers several options, which can be customized. It also designates a person and a back-up person to make substituted judgments.

Please Note: This does NOT require an attorney for processing, NOR is it the same as a court-appointed person as "durable power of attorney," which is generally limited to financial matters.

- Life-Sustaining Treatments are medical therapies, including artificial nutrition and hydration by way of the gastrointestinal tract. If a qualified patient's advance declaration indicates no life-sustaining treatment, artificial nutrition and hydration must be withheld, or withdrawn, unless a different desire is expressed in writing by the patient. If there is no effective declaration, however, artificial nutrition and hydration must not be withheld unless a different desire is expressed in writing by his/her authorized representative or the family member with authority to consent or withhold consent (see below).

Please Note: Life-sustaining treatment must NOT be withheld from a pregnant woman so long as it is probable that the fetus will develop to the point of live birth with continued application of life-sustaining treatment.

• Patients Judged Incompetent

Substituted judgment, in the following order, can be made for a qualified patient no longer able to make decisions in accordance with Renown Regional Medical Center consent policy.

1. Spouse (legally married)
2. Adult child (if more than one, then a majority vote of those available for consultation)
3. Parents
4. Adult sibling (if more than one, then a majority vote of those available for consultation)
5. Nearest other adult relative, by blood or adoption, who is reasonably available

Please Note: Where there is internal family conflict concerning the DNR order, the order will not be written until the conflict has been resolved. This may be resolved by referral to the Bioethics Committee or by the appointment of a legal guardian if the patient has no legally authorized representative.

An advance declaration becomes effective when the attending physician becomes aware of it and the qualified patient is determined by the physician to be in a terminal condition. The attending physician and other providers of healthcare must then act in accordance with the declaration's provisions and with the person designated to make decisions, if provided, or else transfer care to a willing physician. Please note that a physician who complies with these regulations and acts in accordance with reasonable medical standards, is not subject to civil or criminal liability or discipline for unprofessional conduct.

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Cross-Coverage Intensive Care Units

Internal Medicine Only

Senior Residents

It is the responsibility of the senior supervising residents for the University Internal Medicine Service to check out on a daily basis with the cross-covering senior resident. These individuals will physically meet to discuss patients who are in the Intensive Care Unit (ICU) and the Cardiac Intensive Care Unit (CIC) at Renown Regional Medical Center. Appropriate and adequate information regarding the patient's history and hospital course should be given to the cross-covering senior resident in order to allow that individual to make an intelligent and informed decision regarding problems that may arise during the evening hours. Senior residents should inform the nursing supervisors of both the ICU and CIC Units as to how they may be contacted during the evening and nighttime hours, either by telephone or direct page. Residents on call are contacted through the exchange, Answerwest.com, at 352-5100.

Senior residents are expected to discuss major therapeutic decisions with the PMA Intensivist.

Nursing supervisors will be reminded that cross-coverage call will not be given to the first year resident, but will be directed to the cross-covering senior resident during the evening hours. Nurses are to include senior residents in all significant aspects of patient management.

Guidelines for the Telemetry Unit

Internal Medicine and Family Medicine

Examples of patients appropriate to the Telemetry Unit are those requiring definitive cardiac procedures such as open-heart surgery, cardiac catheterization or EPS studies and those individuals with a primary cardiac diagnosis of:

- Recent, but stable myocardial infarction
- Stable angina
- Individuals with arrhythmias requiring adjustment of medication and monitoring or pacing, either on a permanent or temporary basis
- Individuals with congestive heart failure
- Individuals experiencing syncope of an unknown or cardiac etiology
- Individuals who are post-cardiac arrest and hemodynamically stable
- Patients may be admitted to the Telemetry Unit by physician order and be admitted directly from either a private physician's office or the Emergency Room. Transfer to the Telemetry Unit is also appropriate from other hospital units and from the critical care units.

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Physician Consultations

All Residency Programs

In general, the attending physician and residents will discuss, in advance, patterns of referral for specialty consultants from the community who are utilized frequently. Referral to a designated consultant may not require specific prior approval by the attending physician, especially if needed on an urgent basis. However, it should be discussed with the attending physician shortly thereafter. Less urgent referrals should be discussed with the attending physician before referral is made. Telephone calls to community consultants should be placed by a resident on the service. After the initial consultation is completed the medical student, if approved by the attending physician, may re-contact the community physician regarding ongoing medical management. After each discussion with a consultant, the management plan should be documented promptly or, in an emergency situation, as soon as possible.

Note: Per Executive Committee Summary of September 1995, the Health Information Management requirement is as follows:

Consultation notes containing the findings through interviewing the patient, review of the patient's medical record, examination, diagnosis and recommendations shall be written on the chart or otherwise recorded within 48 hours. Consulting physicians shall include the date of request of consultation, as well as the date of consultation within the written report. Physicians requesting a consultation shall record the request in the "Doctors Orders" and verbally communicate with the consultant to clarify and confirm the request.

Please Note: It is recommended that residents utilize the standing order form available on the hospital computer system, "UNSOM Consultation," when requesting consultation from a specialist. This form includes information such as preliminary diagnosis, name of the requested consultant, name of the contact resident and reason for consultation.

Responding to a Request For General Medicine Consultation

Internal Medicine and Family Medicine

Attending physicians for patients admitted to surgical, obstetric and gynecologic services may contact the Internal Medicine or Family Medicine on call services for a general medicine consultation.

Family Medicine referrals are handled by Family Medicine residents or the on call hospital service residents and the attending physician who decides on further evaluation.

Referrals to Internal Medicine are handled by the senior resident on call who should promptly see the patient and gather further information from the referring attending physician. The resident should then call the Internal Medicine attending physician to discuss the case before dictating a consultation note. The patient will be seen as needed by the Internal Medicine senior resident and/or attending physician.

Occasionally, a referring attending physician wishes to transfer primary responsibility of a patient ("sign off the case") to the University Internal Medicine Service. Transfer of care will only occur with the permission of the attending physician and only in those cases with significant teaching value.

All Residency Programs

When dictating consultation reports, residents are asked to provide the name of their consulting attending physician. The Transcription Department is unable to accept consultation reports that have omitted the attending physician's name. The attending physician will also be asked to sign the completed report.

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Responding To a Request To Pronounce a Patient as Dead

All Residency Programs

**Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy & Procedure
“RN Pronouncement of Death”.**

It is Renown Regional Medical Center policy that the primary physician caring for a patient has the inherent responsibility of pronouncement of death or arranging for pronouncement in his/her absence.

Residents who are on call are jointly responsible for pronouncing patients on the University Internal Medicine or Family Medicine Services. Residents have the responsibility of pronouncing all patients who die while under their care. Such patients should be seen promptly, a note written that the patient expired, and an effort made to notify the family of the patient's death and to answer questions family members may have.

Residents do not have the responsibility of pronouncing those patients under the care of community physicians. If requested to pronounce, residents should ask nursing staff to contact the patient's attending physician to make arrangements for this to be accomplished.

State law and hospital policy allow designated nurses to pronounce according to standard protocol, providing the attending physician writes or telephones the order in advance of the patient's death. The attending physician is then legally responsible for completing and signing the death certificate.

Two registered nurses may pronounce a patient dead when the following conditions are present:

- A written physician's order, valid for 120 days, must be in the patient's chart requesting a registered nurse pronounce the patient dead.
- The death must be anticipated by the physician because of illness, infirmity, or disease only. This information must be documented in the physician's progress notes.
- The death cannot be a Coroner's case.

Residents may write or give verbal orders authorizing nurses to pronounce patient death. The order must be written indicating the name of the attending physician who has agreed to accept responsibility for the completion and signing of the death certificate. The attending physician must co-sign the written order within 24 hours and must be immediately notified of the patient's death.

Resident physicians may also sign death certificates on non-Coroner's cases for patients under their care. The attending physician may write an order designating the resident caring for the patient as the physician who will complete and sign the certificate.

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Consultation Face Sheet

Renown Regional Medical Center

University Of Nevada School Of Medicine
Consultation Face Sheet

Patient Name: _____ Date Of Consult: _____

Preliminary Diagnosis: _____

Consultant Contacted: _____

Resident To Contact**:

Team _____

Supervising Attending Physician:

Reason For Consultation:

Pertinent Information:
History: _____

Physical Examination: _____

Labs/Diagnostic Studies: _____

**** After hours, Internal Medicine residents may be contacted through
Answerwest.com at 352-5100. Ask for the senior resident on call.**

**Family Medicine residents may be contacted directly or through
Answerwest.com at 352-5088.**

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Contingent Discharge and Contingency Discharge Form

Please refer to Renown Regional Medical Center Clinical Interdisciplinary Policy & Procedure

[Discharge Planning and Discharge Prescriptions](#)

[All Residency Programs](#)

In order to facilitate bed availability and eliminate unnecessary hospital charges for the patient, contingent discharge orders may be written the evening prior to a patient's anticipated discharge. Physicians may request that a nurse check the results of pending laboratory or diagnostic tests the following morning and proceed with discharge orders.

On the evening before discharge, the physician should dictate a complete discharge summary. Pending laboratory or diagnostic tests may be added as an addendum after the patient's morning discharge.

If a contingent discharge order cannot be written and it is anticipated the patient will be discharged, the resident will write appropriate orders and the necessary prescriptions **before** 10:00 a.m. to avoid the patient incurring additional expenses.

[Internal Medicine Only](#)

Medication orders will be written the evening before discharge and the prescriptions placed on the chart. The attending physician will need to co-sign prescriptions for controlled drugs only if the resident has not yet received DEA registration.

It is recommended that all residents utilize the “Contingency Discharge Form”, on the next page, as a guide for criteria to be considered for appropriate discharge and specific discharge instructions such as follow-up information, dietary requirements and durable medical equipment needed by the patient.

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Discharge Form

Renown Regional Medical Center

University Of Nevada School Of Medicine
Contingency Discharge

Date Of Discharge: _____

Evaluate In A.M. (Check All That Apply):

Requested Labs* Requested X-Rays O2 Saturation

Other Criteria

* Unless Otherwise Specified, Will Be Drawn Routine At 9:00 P.M. The Night Before

Do Not Discharge If (Identify Lab Values, Diagnostic Test Results Or Clinical Parameters For Holding The Patient):

Prescriptions Written And On Chart: Yes No

Discharge Instructions:

Primary Care F/U Date And Time Special Dietary Instructions

Durable Medical Equipment Home O2

Skilled Nursing Nursing Home Placement
Home Health Consult Arrange Opt Physical Therapy
Arrange Opt Occupational Therapy Discharge Summary Dictated

Special Instructions: _____

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Autopsies

All Residency Programs

All autopsy requests generated by UNSOM residents or faculty must be approved by the CMO. Family generated requests do not require approval by the CMO and the CMO is available to discuss the case with the pathologists, if needed. Autopsies are not performed at Renown Regional Medical Center. Non-Coroner's cases are performed at one of the local mortuaries.

To attend a Coroner's Case autopsy, you must get permission and inquire when the autopsy has been scheduled, by contacting the Coroner/Medical Examiner's office at 785-6114, usually by 7:00 a.m. Monday through Saturday.

Reportable (Coroner's) Cases

Reportable cases include, but are not limited to:

- Body is unclaimed
- Death from traumatic injury
- Death occurring due to medical misadventure.
- Death apparently caused by narcotics or by the effects of other drugs or agents.
- Death due to abortion or during childbirth.
- Death apparently due to an infectious or contagious disease or other hazards to the public health if the diagnosis and extent of the disease are undetermined at the time of death.
- Death of any child of 18 years of age or under where a medical history has not established a preexisting condition consistent with sudden death.

Please Note: Reportable Coroner's Cases must be called into the Coroner's office within an hour and the body must not be touch or have any medical intervention removed.

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Health Information Management (Medical Records)

All Residency Programs

In order to maintain Joint Commission accreditation and comply with Medicare guidelines, it is the responsibility of each resident and faculty physician to insure their electronic and paper records are completed timely. Mechanisms for completion are visits to the Health Information Management Department and consistent access of InBasket documents in EPIC, which should be reviewed several times a week to insure timely completion of records.

For your convenience, the Health Information Management Department is open from 6 AM to 11:30 PM daily for retrieval of records for post-discharge completion. Allow at least 2 hours for retrieval of records. All patients with the exception of routine deliveries and newborns require a dictated History and Physical. A discharge summary is required on all patients with a stay over three days and should be dictated at the time of patient discharge. In the case of an expiration, a Death Summary will need to be dictated, regardless of length of stay. Notices are sent to you twice a month, informing you of your incomplete and delinquent records.

Delinquent Patient Records

Patient charts become delinquent 30 days after discharge. A certified letter will then be generated from the Chief of Staff to those physicians who have remained on the delinquent provider list for more than 30 days. This letter will notify the physician that their privileges will be suspended unless their medical records are completed before the suspension date noted in the letter. The physician will be taken off the delinquent provider list if, during this time period, his/her medical records have been completed.

If the physician's medical records have not been completed by the stated date, his/her privileges at Renown Regional Medical Center will be suspended. During the period of automatic relinquishment the physician may not practice at Renown Regional Medical Center.

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Paging/Pagers

The **[resident pager](#)** list is available on the Renown Regional Medical Center intranet and may be printed for easy reference.

Code Blue

The senior resident on call for the University Internal Medicine Service is a member of the code team and responsible for responding to rapid response and code blue announcements.

Paging

Internal Medicine Only

It is preferred that Internal Medicine residents be contacted through their exchange:

Answerwest.com, at 352-5100.

The exchange should always be contacted if there has been no response to a direct page.

Family Medicine Only

From 8 a.m. to 5 p.m. Monday through Friday, residents may be contacted at the Family Medicine Center, 784-1533. After 5:00 p.m., on weekends and holidays, residents may be contacted through:

Answerwest.com at 352-5088.

Psychiatry Only

Psychiatry residents may be paged through **Answerwest.com, 352-5056** or they may be paged directly.

First Year Residents on the University Internal Medicine Service

First year Family Medicine and Psychiatry residents rotating through the University Internal Medicine Service may be paged through **Answerwest.com, 352-5100.**

When Paging System is Not Operational

All Residency Programs

Ordinarily, the following procedure will be instituted to notify Renown Regional Medical Center when the paging system for the residents goes down. Digital and voice pagers may be on different frequencies, so that while a digital pager may not be working, a voice pager may be.

Verizon Wireless will notify Answerwest.com when the paging system goes down. Answerwest.com will then notify the switchboard at Renown Regional Medical Center. An overhead announcement will be

made that will indicate the paging system has gone down and residents will need to be paged on the overhead system until paging is again possible. During working hours, Monday through Friday, 8:00 a.m. to 4:30 p.m., the CME and Residency Program Coordinator will also be notified. When the system is again operational, Verizon Wireless will notify Answerwest.com and the process of notification will be repeated.

Internal Medicine Only

When on call, especially for the Emergency Room, Intensive Care Unit and Cardiac Intensive Care Unit, and you have been notified that the paging system is "down," inform the unit clerks of the extension number for the call room you are using that evening. This serves as a back-up when the paging system is "down" and attempts by nursing staff to page through Answerwest.com and/or overhead in the hospital have failed. If not actively engaged in the care of patients, remain in your respective call rooms so that you may be contacted in situations that may be emergent.

Senior Night Float/Medical Student Call Room	982-4720
Senior Call Room	982-4723
Junior Call Room	982-4722

Family Medicine Only

The Family Medicine call room is used by Family Medicine residents on various rotations at the hospital. The call room telephone number is 982-4721. Please note that OB call rooms are located on by the NICU.

Conference Room	982-4881
Resident Lounge	982-5371
Labor & Delivery Call Room	982-5759

Batteries for the pagers are stocked in the conference room. They may also be obtained from the Program Coordinator at 982-4064.

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General Guidelines For Medical Students

Medical students are encouraged to actively participate in the care of inpatients at Renown Regional Medical Center. Because medical students are not licensed as physicians, however, special considerations apply to their work. It is expected that third year student "clerks" will follow patients at Renown, the number and complexity to be determined by their attending physician. This may include patients in the intensive care units at the attending physician's discretion. Fourth year "subinterns" may follow a greater number of patients, with the senior resident and attending physician placing more day-to-day management responsibility on the subintern, attempting to let them fill the role of an intern.

History and Physical Examinations and Discharge Summaries

The history and physical examination should be written on Progress Note sheets and inserted into the "H&P" section of the patient's chart. It must be co-signed by the attending physician or team resident(s). Ideally, the student should first make a photocopy of the history and physical examination and give it to the attending physician to review and "mark up" for valuable feedback.

Third and fourth year students do not have dictation privileges at Renown Regional Medical Center. The junior or senior resident must dictate the *official* history and physical examination and discharge summary for the chart. However, the medical student's documents usually serve as a valuable reference for the resident and for consultants later reviewing the chart.

Progress Notes

The student progress note *does* count as an adjunctive note if co-signed by the attending physician or medicine resident. The medical student note should be written after discussion of management issues with the team resident(s). If the attending physician is also involved in the discussion, the phrase "this case was discussed with Dr. XXX, who concurs" should be included just before the student's signature. Progress notes must be reviewed by the attending physician and the resident may document that these were discussed with the attending physician. Because Medicare does not recognize medical student notes at this time, additional documentation may need to be provided by the resident or attending depending on the patient's insurance.

The medical student progress note should be written on Progress Note sheets, which are available on all hospital units, and inserted into the Progress Notes section of the patient's chart. In general, notes should follow the standard problem-oriented format indicating the *changes* in status since the previous note and management relevant to those changes.

Specifically, each note should include date and time the note was written, a header indicating "Medical Student Progress Note, HD #___," a list of active problems followed by a S-O-A-P formatted contents and signed. Legibility of notes is extremely important.

Chart Orders

Third and fourth year students are encouraged to write orders (including medication orders) on the chart, in the presence of a senior resident or attending physician familiar with the patient. Students must identify themselves, below their signature, as medical students. These orders must be co-signed immediately by the responsible resident or attending physician. In this way, medical students gain experience in discussing the appropriateness of various therapeutics and in the actual writing of orders.

Please Note: Prescriptions for discharge medications should not be written by medical students

Consultations

Third and fourth year medical students may not initiate contact with a specialist but, with the attending physician's approval, may be involved in daily follow-up communication with the specialist. The student should document such interactions in the daily progress notes.

Procedures

Students may be involved in the performance of procedures, commensurate with their education, if under the direct supervision of the attending physician or certified resident, provided the physician has privileges commensurate with the performance of the procedure and the appropriate informed consent has been obtained.

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Renown Regional Medical Center Department Supplement

Care Coordination/Social Services

Care Coordination

Manager: Kelly Wilcher, RN
Telephone: 982-4155
Main Department Line: 982-4187
Main Department Fax: 982-4089
Location: 2ND Floor, Building 55

Care Coordination works with Social Services as a team to assist patients and physicians with facilitation of care and discharge planning. The RN Care Coordinators will screen all admits for criteria and assist the physician with assigning appropriate admit status. RN Care Coordinators obtain insurance authorizations for the appropriate level of care.

There are RN Care Coordinators assigned to each unit, including the Emergency Department. Care Coordination is staffed in the following module format: *Women and Children, Surgery, Medicine, Critical Care and Emergency/Admissions*. Staff hours vary; however, there is a RN Care Coordinator available in the Emergency Department 24/7, including holidays.

For assistance, ask the unit to contact the Care Coordinator or call 982-4187. On weekends or holidays, the hospital operator will locate the care coordinator for you.

Social Services

Manager:
Telephone: 982-5572
Supervisor
Telephone: 982-8129
Main Department Line: 982-4125
Main Department Fax: 982-4126
Location: 3RD Floor, Building 55

Social Services assists with discharge planning, patient/family counseling, care conferences and advanced directives. Social Work Care Coordinators team with RN Care Coordinators to facilitate care across the continuum.

The Social Work Care Coordinators are assigned to each unit as noted.

The module staffing is the same. A Social Work Care Coordinator is available until 10:30 pm every day.

For assistance ask the unit to locate the Social Work Care Coordinator assigned to that unit or call 982-4125. On weekends, evenings or holidays the hospital operator will locate the representative for you until 10PM.

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Care Coordination Department

RN Department Phone x4187		SW Department Phone x4125		U. R x4172		Conf. Room x8990	
x5572 (SW/Spiritual Care Manager)		Helga Fiegel x 5322 pgr.325-1154 (RN Supervisor)					
Carleen Chatel x5671 (Decision Support)			Cathy Linnan x4992 (Patient Care Facilitator)				
Nancy Frost x 4125 (SW Sec.)			Lynn Chevillon x 4272 (RN Sec)			Debra Scafiro x 4926 (Data Entry)	
Faxes:	CM- x4089, x4091	SW – x4126	CC3- x7586 ED – x3778	St. 61 –x 5479 St. 42 – x3779	St.36-x 3722	St.18 – x5734	

Unit	Room	RN Care Coordinator	Social Worker	UR	CCA
EMERGENCY DEPARTMENT		x5321 pgr. 325-1135	Voice pgr. 62-206		x5605 62-676
19 ICU	S100-S127	x4505 pgr. 325-0643	x4294	x7620 pgr. 325-1466	X2177
18 Neurosciences	S176-S199	x5571 pgr325-1340	x5659	x5622 pgr. 325-1341	x4993 pgr. 62-639
21 L&D, 22 Post-Partum 26 Newborn	201-212 215-230	x4308 pgr 325-0485	x4490 x5652	x4308 pgr. 325-0485	x 5676 pgr. 62-254
24P, 34 Post Partum	232-244	x4308 pgr 325-0485	x4490 x5652	x4308 pgr. 325-0485	x 5676 pgr. 62-254
27 NICU	003-032	x4308 pgr 325-0485	x4490	x4308 pgr. 325-0485	x 5676 pgr. 62-254
36 Oncology	S348-S375	x4610 pgr. 325-0939	x4696	x4968 pgr. 325-0968	x4463 pgr. 62-675
52/53 Pediatrics	S509-S536	x4531 pgr. 325-0928	x4490 x5652	x4531 pgr. 325-0928	x 5676 pgr. 62-254
61/62 Medical	S600-S636	x 5653 pgr. 325-1342	x 5136 (619-635) x 5137 (601-618)	x5977 pgr. 325-1352	x4627 pgr. 62-675
ICC	R100-R117	x4505 pgr. 325-0643	x6166	x7620 pgr. 325-1466	X2177
CC3 Ortho Same Day Surgery/Roseview	R300-R326	x4297 pgr. 325-0364	x 6853	x4968 pgr. 325-0968	x4463 pgr. 62-639
131,133,141,143 TSU Same Day Surg./ Tahoe Tower	T301-T338 T401-T438	X2179 pgr. 325-1358	X2176	x 2178 pgr. 325-0483	X2177
161 CIC	T601-T638	x5477 pgr. 325-1333	x 4615 325-0968	x 7620 pgr. 325-1466	X2177

171 Telemetry	T701-T725	x5654 pgr. 325-1351	x4298	x7566 pgr. 325-1461	x5605 pgr. 62-676
171 Telemetry	T726-T738	x5654 pgr. 325-1351	x4863	x7566 pgr. 325-1461	x5605 pgr. 62-676
183 SCU	T801-T838	x5477 pgr. 325-1333	x4615	x7566 pgr. 325-1461	x2177

Weekends and After Hours

(After Hours -RN/CC & CCA after 4:30pm, SW after 4:40pm)

RN Care Coordinator	2 nd floor, 52,53,ER,ICC,CC3,161,171 TSU,SDS,18,19,36,61,62,181	x5654 pgr. 325-1351 x5653 pgr. 325-1342
Social Worker	All units	Voice pgr. 62-206
CCA	All units	X4187 pgr. 62-485

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Clinical Laboratory And Pathology Services

Medical Director: David Palosaari, MD
Telephone: 982-4545
Room: Lower Level / Room HL-287

While caring for patients at Renown Regional Medical Center, residents will often utilize diagnostic laboratory and pathology services. The most common tests for acute care are done on-site.

Residents are encouraged to access their patient's clinical laboratory reports directly from any hospital terminal rather than calling the Laboratory or waiting for paper reports to appear on the unit. An on-call pathologist is always available for consultation regarding the interpretation and optimal selection of diagnostic tests by contacting the Laboratory at 982-4152.

Most routine surgical pathology reports are available in approximately 24 hours after the procedure and results may be obtained either through hospital terminals or from Pathology personnel at extension 4545. If you wish to have the report expedited, indicate this on the request form (Renown Regional Medical Center Pathology Specimen). Results may then be faxed to either the units or the Department of Resident Physician Training and Medical Student Education.

If you would like to review slides with the pathologist, please call extension 4545 prior to coming to the Pathology Department.

For your reference, the Clinical Laboratory Directory of Services is located on the Renown web site in the Document Library, Renown Regional Medical Center Policies, Renown Regional Medical Center Departmental Policies, Clinical Laboratory, Directory of Services.

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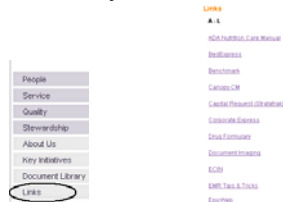
EMR = EPIC

Physician Liaison Trainer Shawna Gaarenstroom
Telephone : 982-6178
IR Education Supervisor: Michelle Cravey
Telephone: 982-4438
HELP Desk: 982-4042

Renown Web Portal—<https://connect.renown.org>

The **Renown Web Portal** allows you to access Renown applications from outside the Renown network, i.e., from home, school, your office, etc. You have been provided with a Web Portal user name and password for this access. Steps for accessing the Renown Web Portal are outlined in the EpicWeb instructions.

When you are working from within a Renown facility, like Renown Regional, you will not need to go through the Renown Web Portal to access applications. You will be able to simply access our applications from **Renown's intranet site**: <http://insiderenown/> by selecting the links menu option on the left side of your screen and then your desired application from the links menu.



EpicWeb

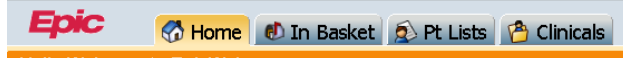
EpicWeb is the web-based companion to Renown's EMR. This application houses clinical information including lab results and transcriptions. For patients at Renown South Meadows and Rehab, where the In Patient EMR is being used, you'll be able to view vitals, active meds, and any clinician charting in the system.

1. To access EpicWeb within the hospital, users can go to the intranet, click links, and click EpicWeb
2. To access EpicWeb outside of the hospital, users will need to go to: <https://connect.renown.org> and use their web portal id and password to login
3. If users do not have a web portal id and password, please have them contact the help desk to log a ticket requesting this access
4. You should see this screen:



5. Login with your user name and password.
6. Check to see that the realm is set to EpicWeb. Use the dropdown menu to change the realm if needed.
7. If it is the first time that the computer you are working on has accessed the Renown Web Portal, you will be prompted to download the Secure Application Manager. You must have administrative rights to download this software.
8. When the software has finished installing you will be routed to the EpicWeb login page. Use your user name and password to login. Your EpicWeb and Hyperspace (in hospital application) are identical.
9. If you do not know your user name or password, please call our customer support center at 982-4042.

10. Once you have logged in, click the In Basket link (a tab at the top of your page.)



11. If you have transcriptions to sign or chart deficiencies, you will see these folders in your In Basket. If you do not have transcriptions to sign, this folder will not be available. The same holds true for the chart deficiencies folder.
12. To view your transcriptions, simply click the Transcriptions folder.
13. Use the toolbar buttons to edit, accept (the same as sign), or reassign (send back to HIM for corrections) the transcription. Once you have accepted a transcription, the status will change to done and the transcription will be removed from your In Basket when the system refreshes.
14. Simply click the chart deficiencies folder to view your deficiencies. This folder is view only. The deficiencies will automatically be updated as you complete them.
15. For more information, please review the computer based lesson – **Authenticating Transcriptions**--found on the Renown Intranet <http://apps2.whsnv.net/epic/published%20for%20the%20web/training.html>

PACS/MagicWeb

This application provides access to radiology images and reports.

1. PACS can be accessed from the EpicWeb home page.



Click the Imaging System Link on the right side of the page.

2. PACS images can also be accessed from within Epic's chart review by clicking the Images Tab, double clicking on the desired report and selecting the PACS hyperlink.

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Diagnostic Imaging Services

All services are located on the lower level of the hospital except as noted.

While caring for patients at Renown Regional Medical Center, residents will often utilize diagnostic imaging services. It is important to understand how these services are distributed among the technical departments.

Radiology X4492	Cardiology x5601	Pulmonary Lab x4600
<ul style="list-style-type: none"> • Radiographs • CT • MRI • Nuclear Medicine • Ultrasound (General And Abdominal Vascular, But Not Carotid And Extremity Vascular) • Interventional Radiology 	<p><u>Electrocardiography</u></p> <ul style="list-style-type: none"> • EKG • Stress Testing • Tilt Table Testing <p><u>Ultrasound</u></p> <ul style="list-style-type: none"> • Echocardiography • Transesophageal Echo (Consult Required) • Contrast Echo • Stress Echo • Dobutamine Echo 	<ul style="list-style-type: none"> • Pulmonary Function • Pulmonary Stress Test <p>The Pulmonary Lab is located in "Cardiac Rehabilitation" in the Centers for Advanced Medicine C.</p>
Vascular x5519	Neurodiagnostics X7921	Cardiac Catheterization x5685
<p><u>Ultrasound</u></p> <ul style="list-style-type: none"> • Carotid Duplex • Transcranial • Peripheral Arterial • Peripheral Venous • Laser Doppler 	<ul style="list-style-type: none"> • EEG • Video EEG • EMG • Evoked Responses: BAEP, VEP, SSEP • Nerve Conduction • Ambulatory EEG • Monitoring • Long-Term Epilepsy Monitoring 	<ul style="list-style-type: none"> • Consult Required

Comments Regarding Use of Radiology Services

Details on Procedures

A copy of procedure descriptions, preparations and logistics is provided in the Department of Resident Physician Training and Medical Student Education conference room.

Orders must include adequate history and reason for exam. Please indicate this in the patient chart so that information may be relayed to the Technologists in order to appropriately prioritize the exam. In addition, any specifics required that may deviate from the routine protocol should also be indicated on the scan. A Radiologist or Technologist may contact you for clarification, if needed.

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Routine Hours

Radiology: The Radiology Department consists of several subsections as listed below.

Diagnostic Radiology: Routine hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. There is staffing for inpatient and emergent procedures after-hours and on weekends. Limited outpatient fluoroscopic examinations, IVP's etc. are performed on Saturdays/Sundays.

Ultrasound: This area is staffed seven days per week. Available 24/7. Interventional procedures are not performed after 5pm. Please note: patients scheduled for interventional procedures need to have coags and INR needs to be less than 1.5 and platelets need to be above 50 before our Radiologist will perform a procedure.

Special Procedures: Routine hours are 8:00 a.m. to 5:00 p.m., Monday through Friday with coverage after-hours/Weekends being provided on an on-call basis. This includes PICC line service, with additional coverage on Saturdays and Sundays from 12:00-16:00

CT Scan: CT is available 24 hours a day, seven days a week. After normal Radiology Department hours (8:00 a.m. to 5:00 p.m.), Patients are prioritized by acuity and emergent cases take precedence. On holidays recognized by the RRMC Imaging Department, only medically emergent cases will be scanned.

MRI: Inpatient studies are available, upon request, by written order. All outpatients will need to be scheduled and appointments may be requested seven days per week. Monday through Friday, regular hours are 7:00 a.m. to 9:00 p.m. and there is a call tech for emergencies after hours. On Saturday and Sunday, hours are 8:00 a.m. to 8:30 p.m. For those patients who require sedation, i.e., very small children or patients who are claustrophobic, it is required they be at Radiology one hour before their scheduled appointment to meet with an ACLS-trained nurse. The patient will receive adequate sedation and will be monitored before, during and after the procedure.

Nuclear Medicine: Monday through Friday, routine hours are 6:30 a.m. to 5:30 p.m. (scheduled exams) with coverage after-hours provided on an on-call basis. Saturday and Sunday, routine hours are 7:00-5:30pm (scheduled exams).

Noninvasive Echocardiography and Vascular Labs: Seven days a week, 7:00 a.m. to 5:30 p.m., with on-call availability all other hours.

Pulmonary Function Lab: Monday through Friday, 7:00 a.m. to 3:30 p.m.

Neurodiagnostics: Monday through Friday, hours are 7:00 a.m. to 5:00 p.m. and on-call availability all other hours.

Consultation

A radiologist is always on duty and available for consultation regarding the need and optimal selection of diagnostic imaging procedures. Please stop in the reading room or call x4492 to be connected with a radiologist on duty.

Interpretation of Studies

Radiologists promptly read studies and dictate the results, which are directly transcribed into the computer database. Residents who have obtained passwords can access their patient reports directly from any hospital terminal. Residents are also encouraged to view the studies with a radiologist in order to gain expertise in interpretation. After-hours, the on-duty radiologist is able to view "stat" films (there is a radiologist in the department 24/7, however, only one on duty from 8:00 p.m. to 8:00 a.m.)

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Cardiology: The Following Studies Are Read By The Respective Group Of Physicians:

Echocardiograms and Treadmills: Scheduled cardiology group or ordering cardiologist

Vascular Examinations: Scheduled vascular surgeon

Pulmonary Function: Scheduled pulmonologist

Neurodiagnostic: Scheduled neurologist. Results should be on the patient's chart within 24 hours of being read. Residents who have obtained passwords, can access their patient reports directly from any hospital terminal. Health Information Management transcribes and delivers chart copies of all echocardiographies, EEGs, vascular studies and pulmonary function reports.

"Stat" and After Hours Procedures

Occasionally, a "stat" or "urgent" procedure will be indicated. Please provide specific time information to the ordering unit clerk, such as need 30 minutes, 4 hours, etc. Include as much patient history as possible on the request form. The CT and MRI are often run throughout the night. If an MRI needs to be done "stat," please have the attending physician call to make this request. Because after-hours use of nuclear medicine services, e.g., V/Q scans to evaluate for pulmonary embolism, require a technologist be called in from home and is costly to the hospital, it is requested that the resident confer with the attending physician who must certify the need for the procedure and, usually, discuss its indication with the radiologist on duty. Cardiology and vascular studies which are ordered "stat" after-hours must be clinically indicated and of an emergent nature. It is requested that residents consult with their attending physician before ordering echocardiography, vascular or EEG examinations after-hours. The Echocardiography and Vascular Labs have sonographers on-call for "stat" examinations. The Pulmonary Lab is not available after-hours for call-back. Neurodiagnostics has on-call after lab hours.

Important Phone Extensions

(982- prefix needed from outside the hospital)

Diagnostic X-ray	4163	Nuclear Medicine (call Printer Room after hours)	5960
Film Room	8100	Ultrasound	4770
CT Scanner	2025	Centers for Advanced Medicine C	5077
MRI	5012	(Outpatient Studies)	
Printer Room	4492		

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Food And Nutrition Services

Director: Jessica Krenkel, Ph.D., R.D.
Supervisors: Justin Bart (Food Production), Roberta Chacanaca (Clinical Service),
Michael Clark (Cafeteria)
Telephone: Director 982-4694, Supervisor 982-4563, Diet Office 982-8311
Room: 1ST Floor/Main Hallway

Hospitalized Patients

For patient meals, food preferences, or food requests (trays, etc.) our Nutrition Representatives and Diet Clerks are available to assist you. You may call 982-8311 from 6:00 a.m. to 7:00 p.m. for these services.

If you or your patients require assistance with specific dietary needs or nutrition consults, Registered Dietitians are available from 8:00 a.m. to 4:30 p.m., Monday through Friday with variable schedules on Saturday and Sunday. We have nine Registered Dietitians who may be contacted at 982-5811. Leave a voicemail message if no one is available. There are exceptions but, generally, dietitians may also be phoned for units as follows:

Station	Phones	Dietitians
ICU, T8	3731	Debbie Klein, B.S., R.D., Board Certified Nutrition Support
PEDS, NICU, OB	3732	Nanette McCall, B.S., RD; Kristen Knuf-Clements, B.S., R.D.
T4, R3, CNU	3733	Nicole LaRoche, B.S., R.D.
T6, NSU, T7	3734	Lindy Lemieux, M.S., R.D., Kristen Knuf-Clements, B.S., R.D.
ICC, S6, T3	3735	Emily Plumb, B.S., R.D., Board Certified Nutrition Support
Variable Positions B.S., R.D.		Heidi Shoemaker, B.S., R.D.; Sylvia Wood, B.S., R.D.; Masako Horino,
Weekends	3732	

The **ADA Nutrition Care Manual** provides descriptions of therapeutic diets and is available on line under the links tab (on the Renown intranet). Educational materials are also available on this site.

Tube Team for Placement of Cortrak Feeding Tube (small bore nasogastric or nasojejunal)

These tubes are placed by the Tube Team. To place an order for a Cortrak Feeding Tube have MD write order: "Cortrak feeding tube for gastric placement" or "Cortrak feeding tube for small bowel placement."

Nutrition Support Team

The team, currently in a trial period, consists of advanced practice dietitians, pharmacists, and nurses who round on complex feeding issues in the ICU's, particularly the management of total parenteral nutrition. The purpose is to enhance quality outcomes and provide feeding options to physicians. Consults may be requested by the physician.

Outpatient Services

Outpatient nutritional counseling and other outpatient programs are available through Health Management Services, located in the Centers for Advanced Medicine x. 5073.

Meals / Residents and Medical Students

For your personal meals at Renown Regional Medical Center, please refer to the Policies and Procedures section, "Meals," in the Renown Regional Medical Center Resident House staff and Medical Student Guide.

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Health Information Management

Director: Thuy Tran, RHIA 982-6773

Supervisor: Judy Mosher, RHIT, CMT – 982-4655

- To have charts pulled - 982-7655, prompt 0
- For transcription questions - 982-5660, prompt 0

**Please Note: For your convenience, the Health Information Management Department is open from 24 hours a day Monday to Friday. 7AM to 12:45AM Saturday & Sunday
Please call in advance of your visit, allowing at least 2 hours for retrieval of records.**

Location

The Health Information Management Department is located on the lower level of the Sierra Tower between the Pre and Post-Op Unit and the Kirman Street exit.

Physicians are responsible for completing documentation requirements upon delivery of patient care. Please refer to pages 133-139 of the Medical Staff Rules and Regulations. Physicians will receive advance notification of records needing completion on a bi-weekly basis. Continual review of EPIC InBasket documentation is necessary for timely record completion.

You will be provided with a dictation number at orientation. By agreement, this dictation number will remain the same at all area hospitals. Dictation instruction cards are available through Medical Transcription, 982-5660 or from the Department of Resident Physician Training and Medical Student Education Program Coordinator, 982-4064.

Dictation privileges are given only to members of the medical staff and to resident physicians. The patient's medical record number and physician ID number are required for dictation. Medical students do **not** have dictation privileges. Please refer to the Policies and Procedures section, "Medical Records," in the Renown Regional Medical Center Resident Housestaff and Medical Student Guide.

A designated "stat" transcription code is provided for preoperative history and physical examinations and transfer summaries. Please refer to your instruction card for dictation codes or call Medical Records. With the exception of routine deliveries and newborns, a dictated History and Physical is required on all patients. A discharge summary is not needed on a patient who stays less than 3 days. A death summary will need to be dictated on all patients who expire.

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Infection Control

Director: Kim Neiman – 982-5039
Telephone: 982-4712 Pager: 6262-2285
Room: Ground Floor, past Medical Records on the right

The Infection Control Program is directed by the Infection Control Department. The goals of the program are to reduce the potential for infection and to help Renown Regional Medical Center comply with regulatory standards. The Infection Control Committee is both a medical staff and hospital committee.

Standard/universal blood and body fluid precautions are mandatory for all patient care per OSHA and CDC standards. Any "on the job" exposure to blood/body fluids, e.g., needlesticks, may be followed up in Occupational Health. A Blood/Body Fluids Exposure Check List (available on nursing units) must be filled out and hand-carried to Occupational Health or the Health Hotline nurses when Occupational Health is closed. If the source patient is HIV positive or at high risk for infection, go to Occupational Health immediately or, when closed, call the Health Hotline nurses for evaluation of post-exposure chemoprophylaxis. Do NOT go to the Emergency Room. A needlestick panel may be ordered on the source patient if the results are not already on the chart. The panel consists of an HBsAg, HCV and a rapid HIV (if a consent is signed). The rapid HIV test is done in the Renown Regional Medical Center Laboratory and is only for exposure follow up. The patient's results will **not** be placed on the chart and will be available only through EHS.

Patients with diseases requiring isolation are listed in the isolation protocol, available on line in the document library under Renown Regional Medical Center, infection control. Any patient suspected of having TB (this includes all HIV patients with respiratory illness) must be isolated in the airborne infection isolation rooms with special ventilation. Isolation must continue until there are three consecutive negative AFB smears on separate days (if the patient has a productive cough).

Residents should notify the Infection Control Practitioner (ICP) when one of their patients has been identified with a "reportable disease," per Nevada State Communicable Disease Regulations. The list is available in the Infection Control and Department of Resident Physician Training and Medical Student Education offices. Any suspected case of Hantavirus or SARS must be reported to Infection Control as soon as possible.

Annual summary antibiograms, reflecting the prior year's experience, are available under the Pharmacy link on Inside Renown. Antibiograms should alert hospital staff to the changing microbiological flora and susceptibility patterns in our hospital and may aid in the selection of appropriate antibiotics.

Residents should direct any questions regarding infection control to Kim Nieman, Director Infection Control Practitioner, 982-5039 or Dr. Jasmine Dhindsa, Infection Control Chairman.

For your reference, the Infection Control Policies are located on the Renown web in the Document Library, Renown Regional Medical Center Policies, Infection Control.

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Behavioral Health

Medical Director: Mark Broadhead, MD
Program Manager: Jo St. Peter Telephone: 982-4097
Outpatient Services: 850 Mill Street, Ste. 200
Phone: 982-5318 Fax: 982-5240
Child & Family Program: 225 Kirman
Phone: 982-5762 Fax: 982-5765
Partial Hospital Program: 850 Mill, Ste. 301
Phone: 982-5318 Fax: 982-5240

We provide behavioral health and chemical dependency services to individuals of all ages. Our goal is to create personal growth that addresses the needs of the whole person including biological, psychological and social aspects. Our professionals are committed to providing a confidential, caring and respectful environment for everyone.

Comprehensive outpatient behavioral health and chemical dependency services:

- Assessment and referral
- Psychopharmacology consultation and management
- Psychological testing for children, adolescents and adults
- Group therapy, family therapy and individual therapy
- Adult partial hospitalization program
- Intensive outpatient program

The treatment team is composed of a dedicated group of psychiatrists, psychologists, marriage and family therapists, clinical social workers, licensed drug and alcohol counselors and certified psychiatric nurses.

Referrals

Appointments may be made by contacting our office at 982-5756. People in the helping professions are encouraged to collaborate with and utilize our services as an adjunct to their own.

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Medical Library

Medical Librarian: Tina Slanc; Email: kslanc@renown.org or library@renown.org
Telephone: 982-5733 or 982-5693
Fax: 982-4486

The Renown Regional Medical Library is a full-service library available to hospital staff, patients and patient families. Our services include (but are not limited to): literature searches, document delivery, inter-library loan, and classes on Internet/database searching. Our resources include: online databases (Medline Full-Text, Psychology & Behavioral Science Collection, Health Business Full-Text Elite, NHS Economic Evaluation Database, Health Technology Assessments, CINAHL Full-Text, and Cochrane Reviews), medical textbooks and print and electronic journals.

The Medical Library is located on the 1st floor of Building 55, across from the Resident Conference Room. The library is open M-T 7:00AM -3:30PM, W-10:00AM -6:30PM, Th-F-7:00AM-3:30PM

Renown Regional Medical Center adheres to federal copyright laws and guidelines. If you have specific questions regarding these laws and guidelines, please contact the Librarian.

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Medical Staff Services

Manager: Geralyn Baar, BS, RN
Telephone: 982-4752
Room: 1ST Floor / H1-331

Medical Staff Services works closely with the Chief of Staff, Department / Section Chief's, Renown Regional Medical Center Administration and Regulatory boards to accomplish the technical and legal aspects of medical staff credentialing and privileging, as well as to enhance the relationship of the medical staff with the hospital. Medical Staff Services is involved in the revision and development of policies and procedures, rules and regulations and development of new privileges for physician specialties. Continuing Medical Education, Medical Library, Audiovisual services and Department of Residency and Physician Training / Medical Student Education/PA/APN are also a part of Medical Staff Services.

Medical Staff Services is located on the first floor between Administration and the Cafeteria. It includes offices for the Chief of Staff, Chief Medical Officer, the Manager of Medical Staff Services, and Credentialing Specialists..

Internet Web Site

Medical Staff Services has a web site that can be accessed from the Internet – www.renown.org - choose Physicians & Healthcare Professionals – Medical Staff Services. Available from this site are applications, verification of staff status, bylaws and specified professional personnel.

Dictation Numbers

You will be provided with a dictation number at orientation. By agreement, this dictation number will remain the same at all area hospitals.

Please Note: It is hospital policy that this number be used for identification purposes whenever you write an order. Please refer to the Policies and Procedures section in the Renown Regional Medical Center Resident Housestaff and Medical Student Guide.

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Pharmacy

Telephone: 982-4753
Room: Sierra Tower

Phone and Pager Numbers

All telephone prefixes are 982-, except where noted. All pagers require the prefix of 62-

EXT VOICE PAGER

Central Pharmacy Services	4266	
Tahoe Tower 6th Floor Satellite, CIC	5118	148
Critical Care Clinical Pharmacist	4286	515
ONCOLOGY SATELLITE	5106	106
Pediatrics Satellite	5325	848
CLINICAL PHARMACIST, GENERAL	2068	101
Clinical Coordinator	6838	895
Clinical Supervisor	4758	837
Technician Supervisor	5363	
Pharmacy Resident	4255	835
Pharmacy Resident	2053	825
Pharmacy Resident	2060	375

Hours

The Pharmacy is open 24 hours a day and allows all individuals of the healthcare team access to the services listed below.

Centralized I.V. Adsystem

The Pharmacy Department provides I.V. admixtures, parenteral nutrition (TPN) solutions and cancer chemotherapy compounding. The Pharmacy Department will prepare orders for new parenteral nutrition solutions and cancer chemotherapy compounding only between the hours of 8:00 a.m. and 4:30 p.m., seven days a week.

Pharmacokinetic Consulting Service

The Pharmacy Department provides pharmacokinetic consults to physicians. A pharmacist will calculate doses and monitor patients on gentamicin, tobramycin, amikacin, vancomycin and caffeine. The pharmacist follows an approved protocol to determine appropriate dosing and lab work, with dosing adjustments made as needed. To initiate this service, write "Gentamicin (or desired drug) Dosing by Pharmacy" in the physician's orders. For more information, contact a pharmacist at 982-4218.

Parenteral Nutrition Monitoring

Total Parenteral Nutrition (TPN) can be initiated by writing "TPN per Pharmacy." The pharmacist will calculate calorie, nitrogen and fluid components based upon the dietitian's nutritional assessment. Parenteral nutrition to meet these needs will be initiated, and the pharmacist will monitor laboratory data making appropriate adjustments per approved protocol. When ordering TPN, the physician must specify adjustment of maintenance I.V.s, preferably by including a maximum, or goal, total fluid intake.

Warfarin Dosing Service

The Pharmacy Department provides an inpatient warfarin dosing service that can be initiated by writing "Warfarin per Pharmacy" OR "Coumadin per Pharmacy." Pharmacists will write daily warfarin orders, order appropriate labs, and assist in the management of other anticoagulants (i.e. enoxaparin or heparin bridging) per an approved protocol.

Drug Information and Education

The Pharmacy provides drug information to all individuals on the healthcare team and can provide inservices on any drug-related topic.

Medication Orders / Residents and Medical Students

Please refer to the policy [CID.330 "Order Writing"](#) in the Policies and Procedures section of the Renown Regional Medical Center Resident Housestaff and Medical Student Guide.

Investigational Drugs

The Pharmacy Department is responsible for storing and dispensing all investigational drugs used at Renown Regional Medical Center. Investigators who are considering a drug study should contact the Pharmacy Clinical Supervisor to discuss the Pharmacy Department's investigational drug policy.

Automatic Stop Orders

In order to protect patients from the consequences of indefinite open-ended drug therapy, the following categories of medications are limited by automatic stop orders:

- Ketorolac Injectable - 5 Days

The physician must reorder the medication if therapy is to be extended beyond these limits.

In all cases, the physician's order indicating a specific number of days will take precedence over the Automatic Stop Order Policy.

All medications are automatically discontinued at the time of surgery and when a patient is transferred into or out of critical care (Stations 19 and 41, Tahoe 6th floor and Roseview ICU). Complete new orders must be written and Medication Reconciliation must take place.

Adverse Drug Reaction

Any suspected adverse drug reaction should be reported according to Renown Regional Medical Center Clinical Interdisciplinary Policy CID.265. Reportable events are any undesirable, noxious, unintended or unexpected drug effect that results in any of the following:

- Change in therapy
- Prolongation of hospital stay

Formulary

The Renown Regional Medical Center Drug Formulary reflects the current clinical judgment of the medical staff as communicated through the Pharmacy and Therapeutics Committee. This Drug Formulary has been published under the auspices of the Pharmacy and Therapeutics Committee, in accordance with the Committee's charge from the Executive Committee of the medical staff.

The intent of the Formulary is to provide a selection of safe and effective agents in each therapeutic class while eliminating duplication. Revision of the Formulary is an ongoing process.

Preferred therapeutic alternates have been designated for some classes of medication. For example, the pharmacist can change an order for ranitidine to famotidine per P&T Therapeutic Alternate Policy. A physician can override this with an order "Do Not Substitute."

Pharmacy and Therapeutics Committee actions related to the Formulary are published online at www.renown.org. In addition, a current copy of the Formulary is available online on the Renown intranet.

Questions about the Formulary should be directed to the Clinical Coordinator of Pharmacy Services, 982-6838 or 982-4218. Your input and continued support of Renown Regional Medical Center's efforts to provide safe, cost-effective drug therapy are appreciated.

Personal Medications

Personal medications brought into the hospital should be sent home with a family member after the medication's name, dose and frequency have been recorded. If an inpatient must use their own medication, e.g. the Pharmacy cannot supply it, a physician must write a complete order for each medication. The order must also state that patient may take home meds.

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Out Patient Pharmacies

CVS Pharmacy (Retail) 75 Pringle Way 329-8900

Hours of Operation: Monday through Friday, 9 a.m. to 6 p.m.

The Healthcare Care Center Pharmacy

Lead Pharmacist: Wendy Grady – 982-5280

Location: 21 Locust, Building 305

Hours of Operation: Monday through Friday, 8 a.m. to 5 p.m.

(Provides prescriptions to the healthcare center patients).

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Quality Assessment And Improvement

Vice President/Quality Management:

Telephone: 982-4799

Room: 1ST Floor/Main Hallway

Renown Regional Medical Center is committed to quality improvement. Renown Regional Medical Center and its medical staff have made use of several approaches to quality assurance/improvement, which are described below.

Case Review

Trained quality analysts within the Quality Management Department identify pre-defined adverse events. If a case "falls out," it is brought to the appropriate department for peer review. If the peer review physician questions the care provided, the physician responsible for the case is informed and asked to respond to questions related to the care of the patient. If a resident is involved in the care of the patient, both the resident and the attending physician will be given an opportunity to participate in this review process.

Trending Processes and Outcomes

Trend reports are intended to identify opportunities to improve patient outcomes. Trends are selected based on frequency of a diagnosis, frequency of complications, cost factors and additional criteria. Outside review agencies, such as the Center for Medicare and Medicaid (CMS) and our local quality improvement organization, HealthInsight, also have selected processes and conditions for trending.

Hospitalcompare.com

In April 2005, the Center for Medicare and Medicaid Services (CMS) went live with a unique hospital compare website. The quality indicators reported on the site were developed by an alliance of professional organizations, government and consumer groups including the American Hospital Association, American Medical Association, American Nurses Association, American Association of Medical Colleges, U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services (CMS), AARP and JCAHO. Over 4,200 hospitals nationwide, including 100% of Nevada hospitals, have voluntarily submitted quality-of-care information on three common conditions that affect patients:

Heart Attack

- Aspirin at Arrival
- Aspirin prescribed at Discharge
- ACEI or ARB for Left Ventricular Systolic Dysfunction
- Beta Blocker Prescribed at Discharge
- PCI received within 90 minutes of hospital arrival
- Adult Smoking Cessation Advice/Counseling

Heart Failure

- Left Ventricular Function Assessment (LVF)
- ACEI or ARB for Left Ventricular Systolic Dysfunction
- Discharge Instructions: includes diet; activity; medications to take at home; what to do if symptoms worsen; weight management and follow up
- Adult Smoking Cessation Advice/Counseling

Pneumonia

- Pneumococcal Vaccination
- Initial Antibiotic Received within 6 Hours of Hospital Arrival

- Blood Cultures Performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU.
- Blood cultures in ED before first Antibiotic
- Adult smoking cessation Advice/Counseling
- Initial antibiotic received within 6 hours of hospital arrival
- Antibiotic selection
- Influenza vaccination

Surgical Care Infection Prevention

- Patients on Beta Blockers Prior to Admission who received Beta Blockers perioperatively
- Surgery Patients Who Received Preventive Antibiotic(s) within One Hour Before Incision
- Prophylactic Antibiotic Selection
- Surgery Patients Whose Prophylactic Antibiotic(s) Are Stopped Within 24 Hours After Surgery
- Cardiac Surgery Patients with Controlled postoperative Glucose
- Surgery patients with appropriate hair removal
- Colorectal Surgery Patients with immediate postoperative Normothermia
- Patients with recommended VTE (venous thromboembolism) prophylaxis ordered I
- Patients receiving VTE prophylaxis within 24 hours prior to or after surgery.

These quality measures are widely accepted measurements of standards of care for the three conditions, supported and agreed to by both industry and government. The quality measures include appropriate inclusions and exclusions to enable a more scientific-based, “apples to apples” comparison of different hospitals on a national basis.

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Rehabilitation Therapy Services

Manager: Kendra Webber
Telephone: 982-4394
Room: Lower Level / HL-20

Hours

Physical Therapy

Monday through Sunday, 7:30 a.m. to 4:30 p.m.

Communication Disorders

Monday through Sunday, 7:30 a.m. to 4:30 p.m.

Occupational Therapy

Monday through Sunday, 7:30 a.m. to 4:30 p.m.

A written referral from a physician is required. The request for therapies is written in the Physician Order section of the medical chart. The order is entered into the system by the unit clerk and then sent to the Rehabilitation Therapy Department via the hospital EPIC system. If you have special requests or information about your referral, please feel free to call the Department directly at 982-4394.

Therapy is provided for, but not limited to orthopedic, neurology, cardiac, pediatric, general medicine, surgical and intensive care patients.

Patients referred for service will be assessed by a therapist to determine the nature and degree of impairment. Deficits will be outlined. This information forms the basis for the therapist and physician to select the most appropriate treatment plan and to establish realistic goals. A wide selection of procedures is available to meet the needs of the patient

Criteria For Physical Therapy Referrals

Physical Therapy and what it can provide your patients:

- Skilled retraining for safe mobility after neurological disease, trauma, or orthopedic surgery
- Evaluation of the need for an assistive device (i.e. cane, walker, crutches)
- Family or caregiver training and education for discharge

How Best to order Physical Therapy:

- PT eval and treat
- NOTE: Please make sure that the patient has out of bed activity orders and weight bearing restrictions have been clarified or a PT eval cannot be completed.

What Physical Therapy Does NOT Provide:

- Range of motion only
- Any mobility that can be done by another discipline (ex. Getting a patient in/out of bed when there is no skilled retraining to occur concurrently)
- Ambulation of patients in the hall for endurance purposes
- Wound Care. All wound care needs will be addressed by the wound care team at x6010.
- Lower extremity splinting, braces, cervical collars, walking boots, PRAFOs, etc. Any orthotic device must come from the Traction Department at x 7870 or an outside vendor such as Orthopro (324-1443) or Hangar (323-8118). * Please note: The physician must write a specific order for an outside vendor.
- Nursing can provide: an assistive device for use in the hospital without the need to be trained in its use (ex. Patient used a walker prior to admission and has no change in mobility status), ambulation for patients in the hall, assistance in getting the patient out of bed PRIOR to being seen by PT.

When and Why Physical Therapy may discharge a patient from services:

- There is no skilled physical therapy need (i.e. the patient is independent with mobility, pt able to mobilize safely with nursing or family)
- Patient is at baseline functional status
- Patient is not willing to participate in physical therapy or has frequent refusals
- Patient is making no measurable progress towards functional goal

How Physical Therapy determines a treatment plan and frequency:

- Patient's ability and willingness to participate in therapy
- Current functional status
- Patient's expected length of stay and need for skilled PT/education based on the patient's diagnosis
- Once a patient can safely mobilize with the nursing staff/ family, PT has the autonomy to decrease frequency to address only the patient's remaining skilled needs

Paperwork:

- The PT department strives to contact the patient's chart within 24-48 hours after the initial PT eval is ordered.
- Please refer to the Therapy Kardex section in EPIC for the PT paperwork, including the patient's current level of function, discharge recommendations and recommendations for assistive devices.
- Therapy recommendations for Nursing will be in the PT instructions to nursing section and/or the Therapy Notes section in EPIC. This is to help nursing know how to mobilize patients and assist with ADLs.

Criteria For Occupational Therapy Referrals

Occupational Therapy and what it can provide your patients:

- Skilled retraining to perform self-care activities after a new onset of neurological disease, trauma, or orthopedic surgery
- Adaptive equipment to perform self-care activities and instruction in its use
- Assessment of need for upper extremity splinting secondary to **NEW** onset of orthopedic or neurology disease
- Preparation for discharge with focus on location of discharge
- Family or caregiver training for discharge
- Assessment of **new** onset of upper extremity weakness
- Assessment of **new** onset of visual dysfunction

How Best to Order Occupational Therapy

- OT eval and treat
- **NOTE:** Please make sure that the patient has **out of bed activity orders** and weight bearing restrictions have been clarified or an OT eval cannot be completed.

What Occupational Therapy Does NOT Provide:

- Range of motion only
- Lower extremity splinting, braces, cervical collars, walking boots, PRAFOs, etc. Any orthotic device must come from the Traction Department at x 7870 or an outside vendor such as Orthopro (324-1443) or Hangar (323-8118). * Please note: The physician **must** write a specific order for an outside vendor.
- Adaptive equipment or splints for use in the hospital without the need for the patient to be trained in its use.
- Massage therapy
- Any activity of daily living that can be performed by another discipline (i.e. giving a patient a shower or toileting a patient)

When and Why Occupational Therapy may discharge a patient from services:

- Patient is at baseline level of function and does not have any further skilled therapy needs
- Patient is not willing to participate in occupational therapy or has frequent refusals

- Patient is making no measurable progress towards functional goals

How Occupational Therapy determines a treatment plan and frequency:

- Patient's ability and willingness to participate in therapy
- Current functional status
- Patient's expected length of stay and need for skilled OT/education based on the patient's diagnosis
- Once a patient can safely perform ADLs with the nursing staff/ family, OT has the autonomy to decrease frequency to address only the patient's remaining skilled needs

Paperwork:

- Please refer to the Therapy Kardex section in EPIC for the OT paperwork, including the patient's current level of function, discharge recommendations and recommendations for assistive devices.
- Therapy recommendations for Nursing will be in the OT instructions to nursing section and/or the Therapy Notes section in EPIC. This is to help nursing know how to mobilize patients and assist with ADLs.

Criteria For Speech-Language Pathology Referrals

Speech language pathologist (SLP) is indicated to screen, assess, and provide education and intervention for the following diagnosis and situations:

1. Patients presenting with an acute change from pre-morbid baseline status affecting swallowing, cognition, communication, or speech status.
2. Patients whose diagnosis triggers an SLP referral via patient caremap:
 - According to the stroke caremap, MD will follow the "MD bedside swallow screen algorithm" for ordering SLP evaluations and treatment.
 - According to the weaning/extubation caremap, MD will follow the criteria for order swallow evaluations post extubation.
3. Patients with an acute tracheostomy will be referred for a speaking valve and swallow evaluation.
4. Patients with any of the following symptoms will be referred for a swallowing evaluation:
 - Difficulty with mastication and swallowing
 - Difficulty with secretion management
 - Coughing/choking during meals
 - Wet, gurgly voice
 - History of frequent or repeated pneumonia
 - Increased time for meals (i.e. greater than one hour)
5. Patients presenting with expressive or receptive language deficits (i.e. patients with dysarthria, dysfluency, voice disorder, and/or expressive or receptive aphasia)
6. Patients presenting with cognitive deficits (i.e. as a result of closed head injury, anoxic brain injury, etc.)
7. Patients with mild traumatic brain injury (TBI) for evaluation and education regarding post-concussion syndrome and the potential for high-level cognitive deficits.
8. Patients presenting with communication and/or cognitive deficits that would affect a safe discharge.

Paperwork:

- Please refer to the Therapy Kardex section in EPIC for the SLP paperwork, including the patient's current level of function, discharge recommendations and recommendations for assistive devices.
- Therapy recommendations for Nursing will be in the SLP instructions to nursing section and/or the Therapy Notes section in EPIC. This is to help nursing know about the patient's current swallow precautions and strategies, cognitive status as well as PMSV instructions.

Criteria For Neonate Rehab Therapy Referrals

Criteria for Speech/Physical/Occupational Therapy Referrals within the Neonatal or Pediatric Intensive Care Unit for the **Neonate** Population

Speech, Physical, and/or Occupational Therapy are indicated to screen assess, and provide intervention, when appropriate, for the following diagnoses and situations:

1. Neuromuscular disorders:
 - Grade III and IV intraventricular hemorrhages
 - Spina bifida
 - Identified periventricular leukomalacia
 - Syndromes (Down's, Mobius, etc.)
 - Craniofacial abnormalities including cleft lip/palate
 - Chromosomal abnormalities (i.e. mitochondrial disorders)
 - Infants exhibiting spasticity or hypotonicity
 - Any infant displaying abnormal resting and/or movement patterns deviating from that expected for the gestational age
 - Prenatal drug/alcohol exposure
2. Orthopedic disorders:
 - Brachial Plexus Injury
 - Club Foot
 - Arthrogryposis
 - Other orthopedic misalignment or anomaly
 - Any infant who displays abnormal alignment of joints who is thought to require splinting or special positioning
3. Prolonging respiratory distress, hypoxia, or known anoxic insults (i.e. prematurity, intraventricular bleed, hypoxic ischemic encephalopathy, Group B strep, tracheostomy, or other respiratory disorders, etc.)
4. Prolonged hospitalization (i.e. extreme prematurity, NEC, and/or other ongoing medical conditions/complications) that result in inhibited normal development
5. Prolonged feeding problems (i.e. with infants >38-40 weeks gestational age) and/or feeding of tracheostomized infants
 - Within the Neonatal Intensive Care Unit (NICU) an order is written as a "Rehab Therapy Consults" and is received as such in the rehab therapy department. The patient is screened by a NICU qualified therapist who, in turn, refers the patient to the appropriate primary discipline (speech, physical, or occupational therapy) for subsequent evaluation, treatment, and caregiver education.
 - Within the Pediatric Intensive Care Unit (PICU), orders are written for a specific discipline (i.e. speech, physical, or occupational therapy) and received as such. The patient is screened, evaluated, and treated by any one of the pediatric qualified therapists.
 - Initial and ongoing competencies are obtained and maintained for all qualified therapists. Copies of competencies and a list of qualified therapists can be obtained from the Rehab Therapy Services Department upon request.

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Respiratory Care Services

Director: Ace Nilson, RRT
Telephone: 982-4460
Department Secretary: 982-5446
Main Office: 982-4648
Charge Therapist: 982-4461
Staff Respiratory Care Practitioner- Ask the Unit Clerk or Operator for the assigned therapist's contact number
Education Coordinator: 982-4449
Supervisor of ED/Floors: 982-4650
Supervisor of ICU's : 982-7495
Supervisor of Peds/PICU/ICN/ Childrens ED: 982-3705
Location: Lower Level / Room HL-625

Please Note: The Pulmonary Rehabilitation and OUTPATIENT Respiratory Care office is located in the Centers for Advanced Medicine B, 1500 East Second Street, Suite 402, on the Renown Regional Medical Center campus.

The telephone number is 982-5714. Inpatient services are described below.

Pulmonary Function Laboratory - The Lab is located in the Centers for Advanced Medicine C, next to Cardiac Rehabilitation. The telephone number is 982-4600.

Staff Respiratory Care Practitioner - Ask the Unit Clerk or Operator for the assigned respiratory therapist's contact number.

Team Leader Ext. 4461
Education Coordinator Ext. 4449

Hours

Respiratory therapists are available 24 hours per day. Our dedicated team of professionals enjoy a synergistic relationship with physicians and nursing staff in order to optimize patient care.

Bronchial hygiene, bronchodilator, hyperinflation and oxygen therapy at Renown Regional Medical Center may be managed by respiratory care protocol with a physician's order. This provides individualized care for our patients based on predetermined evidence based criteria and algorithms.

Respiratory Care Services offers a full range of services to inpatients and outpatients who are in need of pulmonary care.

These services include, but are not limited to...

- Respiratory evaluation and assessment
- Artificial airway management
- Physician consultation
- Endotracheal suctioning
- Incentive spirometry
- Continuous ventilatory management
- Trauma resuscitation
- Cardiopulmonary resuscitation
- Arterial sampling for blood gas analysis
- Bronchoscopy assistance

- Oxygen and aerosol therapy
- Oximetry
- Chest physiotherapy
- Transcutaneous monitoring
- Intermittent positive pressure breathing
- Exhaled CO₂ monitoring
- Delivery of pulmonary medications
- Trend monitoring
- Transports
- Spirometric assessments

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Department of Public Safety/Security

Telephone: 982-5614

The Department of Public Safety is located in the lower level of Renown Regional, which is located near the Clinical Engineering department. The Department of Public Safety provides security coverage to Renown Regional Medical Center and other it's other entities 24 hours a day 7 days a week. If you require Security services after-hours, please call **7777** and a security officer will be dispatched to your location.

In the event that "EMERGENCY" assistance is needed from an in-house location, contact Security Dispatch by dialing "**6666**" which is designated the hospital emergency number, and request a "Security Officer STAT." Give the dispatcher your location, name and a brief description of the incident being reported. This information enables Security officers to respond appropriately.

If there is a major security event, call Security Dispatch "**6666**" and request a page for "Code Gray." This will restrict access to your area except to Security and the Reno Police Department.

Instances where you may need personal assistance include, but are not limited to, escorts to and from your vehicle, assistance with a jump start of your vehicle or assistance with placing a call to a tow service, etc., please call "**7777**".

Please be aware of the necessity for security in the call room and resident lounge areas. Thefts do occur, so please keep doors locked at all times, in addition to personal belongings secure where applicable.

While on campus please be aware of your surroundings. In the event that you see anything of a suspicious nature please do not hesitate to report it to Security.

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Spiritual Care Services

Non-emergent Chaplaincy Requests: 982-4125
Main Number: 982-4125
Room: 3RD Floor, Building 55
Emergent Requests: Hospital Operator

Hours

Spiritual Care Services is staffed 7 days per week for variable hours each day. For emergencies, Chaplains may also be contacted after hours and/or on weekends through the Operator, 982-4100.

Staff

Spiritual Care Services believes in the holistic approach to health care and works with all faith traditions. Renown Regional Medical Center chaplains have theological training, clinical pastoral education and parish pastoral experience. Three associate part-time chaplains are staffed Monday through Friday. The Bishop of Reno has assigned a Roman Catholic priest to Renown Regional Medical Center. For emergency requests, the priest may be contacted through the Renown Regional Medical Center operator. Non-emergency Catholic requests can be left on voicemail at 982-4125. For our Jewish patients, Rabbi Myra Soifer may be contacted at Temple Sinai at 747-5508 or the (Conservative) Rabbi may be reached at Temple Emmanuel at 825-5600.

Services

The chaplains of Spiritual Care Services provide spiritual guidance and counseling for patients, the patient's family and hospital staff members. Chaplains assist in helping the patient, the patient's family or others to adjust to, and accept, the patient's illness. In addition, the chaplains assist hospital personnel in recognizing that meeting the spiritual and emotional needs of our patients is an integral part of the treatment program. Renown Regional Medical Center staff members may make a request for assistance. Referral may be initiated through nursing staff, physicians and social workers by contacting Spiritual Care Services at 982-4125 during daytime hours or via the hospital switchboard after hours. The hospital switchboard always knows how to reach a chaplain for emergency needs and after hours.

- Chaplains make spiritual care assessments and ascertain how patients interpret their illness in light of their belief systems. Chaplains document their visits under "Progress Notes."
- Chaplains respond to all Code Blue situations while in the hospital and a chaplain is available for emergency needs during other hours.
- Chaplains provide spiritual counseling, presence, comfort, grief support and offer religious services such as prayer, scripture reading, anointing and communion. When requested, they can help contact the patient's and/or family's clergy or other faith-group representatives.
- Chaplains provide bereavement follow-up services such as the quarterly memorial services, grief cards, the Grief Recovery Support Group (GROW) and one year death anniversary cards.

- Chaplains consult with members of the medical staff in regard to the patient's condition and progress.
- Chaplains may be consulted by hospital staff for spiritual and emotional support.

The Prayer Line is 982-7729 (or extension PRAY) for prayer requests.

The Chapel is on the first floor and is open 24 hours for prayer and meditation. Special worship services are held throughout the year.

Current Unit Assignments

Bob Stover	Mon & Thurs Thurs Cancer Support Group	36, 61, CC3
Bill Faust	Mon & Tues	ICU 19, ICC, 31, 32, 34, 41, 42
Harry Walrath	Wed & Thurs	18/Special Projects
Father Loy Torrente	Fri, Sat, & Sun	House-wide Requests

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Cancer Registry And Cancer Conferences

Cancer Registry Staff and Telephone Numbers

Supervisor, Cancer Registry	775-982-4016
Patient Follow Up Coordinator	775-982-4645
Department Fax Number	775-982-4288

Location: Cancer Registry, P14
 Institute For Cancer
 3rd Floor, Roseview Tower
 1155 Mill Street
 Reno, NV 89502

The cancer registry is a data management system that collects, analyzes and provides statistical data on cancer incidence at Renown Regional Medical Center. The cancer registry is a vital component of the Institute for Cancer and is accredited by the Commission on Cancer-American College of Surgeons.

Cancer registrars are data collection experts working in cancer research settings. They review, interpret and record a wide range of demographic and treatment information on cancer patients. The information is analyzed, computerized and disseminated to physicians, administrators, Nevada state central registry and the Commission on Cancer-American College of Surgeon's National Cancer Database (NCDB) for use in research, treatment and prevention initiatives. Cancer programs are thus able to accurately determine cancer patient populations, measure outcomes of treatment and survival, and formulate plans for quality improvement. Registry data is available to all physicians upon request.

Registry data may be used to:

- Develop clinical research protocols so that physicians can refer patients for new types of treatment called clinical trials.
- Select patients with certain types of cancer and analyze characteristics of their cancer.
- Provide follow-up information on cancer patients to evaluate care, treatment, survival, and early detection of recurrent disease.
- Determine survival rates by site, stage of disease and other variables.
- Develop criteria and procedures to evaluate quality of patient care.

- Create overall cancer program planning activities and services within Renown Regional Medical Center to meet the needs of patients and families.
- Develop community education programs.

Cancer Conferences (Tumor Boards)

Cancer Conferences (Tumor Boards) are multidisciplinary committees who meet weekly or monthly to assist in prospective discussion of cancer cases. Cancer Conferences are integral in improving the care of cancer patients by contributing to the patient management process and outcomes as well as providing education to physicians and other staff in attendance.

Physician representatives who attend Cancer Conferences (Tumor boards) include diagnostic radiology, pathology, surgery, medical oncology, and radiation oncology. In addition, clinical research, administration, nursing, social work services, cancer registry representatives coordinate and also attend the conferences.

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Cancer Conference Schedule 2010:

Breast Cancer Conference

2nd & 4th Tuesday 7:00 – 8:00 a.m. Classroom 108-109

CNS Cancer Conference called Rose at 5435 4/8

1st & 3rd Wednesday of every month from 7:00 to 8:00 a.m. in Classroom 108-109

General Cancer Conferences

2nd & 4th & 5th Wednesday of every month in Classroom 108-109

Hepato-Biliary & Pancreatic Cancer Conference

1st & 3rd Wednesday of every month from 12:00 noon to 1:00 p.m. in Classroom 108-109

Lung Cancer Conference

1st & 3rd Thursday of each month from 7:00 a.m. - 8:00 a.m. in Classroom 108-109

Senior Internal Medicine residents rotating through Oncology may choose to present one case at Cancer Conference. Generally, resident case presentations take place at the Cancer Conference scheduled for the third Wednesday of the month. Residents will need to contact the Cancer Conference Coordinator no later than one week prior to the scheduled conference with the patient's name, date of birth, Medical Record number, diagnosis, dates of services and where pathology reports and radiology films are located (those necessary for your presentations), i.e. Saint Mary's, Western Pathology, etc.). The Cancer Conference Coordinator will provide Pathology and Radiology departments with the requested information and they will ensure all films and pathology are located and available for your presentation based on your request.

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Volunteers

Director: Judith Frazier
Telephone: 982-4755

Volunteers work throughout the Medical Center and other Renown locations. The volunteers assist the medical staff and care for our patients.

Please call 982-4123 with requests or questions.

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Medical Staff Services		4270
HELP/Computer Problems		4042
Case Management		4187
HAWC Clinic		329-6300
Health Info/Medical Records		5660
Laboratory		4152
Behavioral Health/Adult		5318
Behavioral Health/Child		5762
Acute Psych. Consult		4012
Nuclear Medicine		4928
Pharmacy		4266
Radiology		0416
Ultrasound		4160
CT		5077
Radiology		4160
MRI		5087
Rehab Services		4394
Respiratory Care		4648
Security/Dispatch		7777
Social Services		4125
Transcription		5550
Outside Dictation Line		982-4068
Renown Health Center Clinic		5270
Res. Prog./ CME - Barb		4064
Code Blue/Code Red		6666
Renown Units		
ER		4144
General Surgical 4	T-401-438	2046
Cardiac Surgery	T-615-624	4508
CIC	T-601-638	4175
ICC Roseview	R-100-117	8150
ICU St. 19	S-100-127	4004
ICU St. 41	S-402-416	6014
L&D/Ante Partum	S-200-229	5759
Ante Partum	S-221-229	5758
Post Partum	S-230-236	5621
Post Partum	S 240-250	4925
Med. Neph	S-600-635	5491
Med. Telemetry	R-300-325	5522
Neuroscience	S-176-199	5493
NICU	S-2 nd Floor	7890
Nursery St. 31	S-3 rd Floor	6190
Oncology	S-139-175	5626
Ortho	T-301-338	4452
Pediatrics	S-520-536	4330
Pediatric ICU	S-511-512	4911
Post Partum	S-300-345	6194
Special Care	T-801-838	5594
Telemetry	T-701-738	5482
Surgical Center		4280

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