

Resident Orientation Manual 2004-2005

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BASIC ORIENTATION FOR RESIDENT PHYSICIANS **VA MEDICAL CENTER – RICHMOND VA**

This orientation guide for physician residents provides current information that is important for you to know while working at our VA and that may be different from policies or procedures at MCVH/VCU Health System. Please read through this document prior to your VA Rotations.

1. **CUSTOMER SERVICE:** We are here to serve our patients and other customers. Our customers are not only the veteran and his/her family, but also other physicians and healthcare colleagues such as the nursing staff. We expect professional dress, ethics and conduct. Please wear your MCV/VCU ID badges so that your name, degree and specialty can be identified. Please introduce yourself to patients and family members and take a minute to put them at ease. We have made a commitment to patients and families that they will be seen in clinic within 20 minutes of arrival (“See you in 20”).
2. **CONFIDENTIALITY and SECURITY of INFORMATION:** All persons who come in contact with patient or employee information must keep it confidential. It is important to be aware of this as you converse with the team. Be careful of your conversations in elevators, hallways, and public areas. Be careful of any written patient information as well. Personal patient information printed out by you or your team should be shredded, or disposed of in blue trash bags or large commercial receptacles marked “Shred-It”. Memorize all your computer codes. Remember to log off all computer screens (both VISTA and NETWORK) after you have completed your computer sessions. Otherwise, someone who comes behind you will have inadvertent access under your code. Your ACCESS and VERIFY codes are confidential – do not share codes with anyone, including medical students. Remember HIPAA: If a patient or family asks for medical information, refer them to the Release of Information office where they must sign a consent form. Do not give print outs of medical information to patients or their families except for the Interdisciplinary Discharge Form.

3. **PATIENT RIGHTS, ADVANCED DIRECTIVES and DNR:**

The new DNR policy states that a resident may write a DNR order as long as he/she obtains consent from the patient, discusses the order with the attending, obtains the attending concurrence, and documents the conversation with the attending in the medical record. Resident-written DNR orders will expire in 24 hours. Residents should pick the detailed orders from the Housestaff Treatment Directives menu (i.e., no CPR, no Intubation). Attendings must re-write the DNR order within 24 hours and must cosign the “Advanced Directive” progress note promptly. Attending-written DNR orders (from the Attending Treatment Directives menu) have no expiration. Be sure to use the correct title “Advanced Directive” when you document Advanced Directives or DNR status.

Our patients have the right to be a part of all healthcare decisions. Patients also have a right to adequate pain control. Please ask all patients if they have an advanced directive, or if they would like to prepare an advanced directive. If so, any Social Worker can assist the veteran and his/her family.

4. **PATIENT ABUSE:** All employees, including residents who witness or suspect an incident of patient abuse of any kind (verbal, physical, emotional, financial, etc) are required to report it. The Medical Center staff conducts a confidential investigation to determine if abuse has actually occurred. Appropriate action is taken based on the recommendations of the Investigation Panel. If the patient’s family is involved in the episode of abuse (or neglect), this should be reported to Social Workers so that Family and Social Services can be contacted.
5. **SAFE ENVIRONMENT:** The VA is committed to providing a safe environment for patients and employees. All employees, including residents, should report hazards when they are found. Report hazards to supervising attendings or the nurse manager in charge of the area. Safety measures include the following:
 - Handwashing is the best method to prevent the spread of infection.

- Hands should be washed before and after patient contact, eating or drinking, or using toilet facilities. Dispensers for both soap and non-soap cleansers are in every patient area.
 - Standard Precautions are to be followed when any contact with any other person's blood or body fluids is expected. Standard Precautions involves frequent handwashing, and the use of personal protective equipment when indicated (such as goggles, gloves, gown, mask, and face shield). In addition, follow special recommendations for protection posted on each patient door.
 - Trash bags: Orange bags are used for lightly contaminated waste that contains patient blood or body fluids. Clear bags are used for regular waste. Red bags are used for highly contaminated items such as drains, packs, and blood soaked items. Blue bags are for recycling and for confidential patient materials. These bags are shredded prior to recycling.
 - Red electrical outlets signify an outlet that is connected to an emergency generator. In the event of a utility failure, all emergency patient equipment such as ventilators should be transferred to a red outlet.
6. **AGE-RELATED CONSIDERATIONS and GERIATRICS:** The majority of the current veteran population is over 50 years of age. Therefore, attention must be paid to the natural age changes that occur in almost all body functions. Vision, hearing, reaction time, sense of touch, and other physical changes all affect the way a veteran and/or family may respond to you. In addition, the elderly may respond differently to drugs and interventions. Geriatric consultation is recommended for dealing with specific age-related issues, or patients with multiple medical, social and physical problems (our usual). You will frequently encounter patients who need to go to a nursing home after their acute hospitalization is completed, or in outpatients who are unable to continue to live independently at home. As soon as you perceive the need for Nursing Home Placement, consult with a Social Worker to begin the placement process. Don't wait until the day of discharge. Patients awaiting nursing home placement can often be transferred to a non-housestaff care team (Nurse Practitioner Service).
7. **SEXUAL HARASSMENT:** Just like the medical school and the health system, the VA has zero tolerance for sexual harassment. Federal Law prohibits sexual harassment. Specific training is available by contacting the EEO office and is also located on the Web. VCU has Sexual Harassment training located at <http://www.newmedialearning.com/psh/vcu/>. If you find yourself in a situation that you think is sexual harassment or is creating an environment in which you are uncomfortable, your first response should be to tell the party involved you want it stopped. If it continues, contact the EEO office at the VA (675-5243) to learn about the process to follow to file a complaint through VA channels. In general, sexual harassment should be reported to both the EEO Officer of the VA hospital and the EEO official of the university/health system.
8. **PROFESSIONALISM:** The School of Medicine has adopted standards of behavior that apply to all students, housestaff and faculty. The standards describe appropriate professional behaviors. An informal reporting process has been developed for people that witness or are the victims of unprofessional behavior. Please see the School of Medicine web site <http://www.medschool.vcu.edu/professionalism/>.
9. **ETHICAL ISSUES (Interaction with Drug Reps):** The Richmond VAMC has passed a policy that limits interaction of Pharmaceutical Sales Representatives (PSRs) with clinical staff. Research has shown that drug budgets show some correlation with exposure to PSRs. These representatives may not deliver food to your team rooms, buy food for housestaff lunches, or otherwise "detail" you in clinical areas. They may attend a once-monthly "Pharm Phair" to present their drug information to all clinicians. Dates and times of these presentations will be announced. It is also unwise to accept gifts of textbooks, clinical equipment, or outside meals or trips. These are considered "gifts" from outside sources, and may be seen as attempts to influence your prescribing habits.
10. **MEDICAL RECORD RESPONSIBILITIES OF RESIDENTS AND STAFF PHYSICIANS.** Medical Records are important legal as well as health documents. Resident physicians have the primary responsibility for completing medical records. The medical record begins on admission.

- A history and physical must be on the chart within 24 hours of admission (hopefully sooner). The attending must physically meet the patient and confirm the resident's findings. The attending must write a full progress note or an addendum to the resident's H&P. All patients are legally under the care of the attending who is licensed as an independent practitioner.
- Either an attending or resident must countersign all medical students' notes and chart entries. Medical students are not allowed to make independent entries in the medical record. Medical students' notes should be edited and the content verified. If you counter-sign a medical student note after editing it, put the following text at the bottom: "this note has been edited for accuracy, and its contents verified by me".
- All patients in an acute hospital bed are expected to have a daily progress note.
- To conform to residency supervision guidelines, your progress notes (inpatient or outpatient) should always include the following statement: " I have (seen) (discussed) the patient with Dr. _____ and he/she agrees with the therapeutic (or discharge) plan". All of your orders and notes should be electronically signed, and should not be left unsigned. View Alerts, a type of computer e-mail message, will alert you when you have an unsigned document. Certain types of notes/orders must be counter-signed by your attending physician – these include DNR/Advanced Directive Notes, Restraint Notes, and Discharge Summaries. Be sure to put in your attending's name as an expected co-signer. Your attending MUST be notified in the case of an abrupt change in your patient's condition. Remember, the attending is the legally responsible provider!! Call them, even at night.
- The discharge summary (DS) is the responsibility of the house-officer. The DS should be dictated or typed into CPRS from the Discharge Summary tab, using the Discharge Summary (S) title and template. It should be dictated or typed NO LATER than the day after discharge of the patient. A discharge summary is required on all hospital admissions, no matter how brief. Incomplete records may cause various punishments and are administered through the VCUHS GME office. You may not be able to receive your final paycheck if you have delinquent dictations or incomplete medical records. The discharge summary should include the following 5 basic elements: reason for hospitalization, principle diagnosis and other diagnoses that were treated, significant findings from the hospital course, procedures, surgeries and treatments rendered, and condition at discharge (including discharge instructions, follow up appointments, medications, diet and activity restrictions). You do not need to include all lab results or xray results in a discharge summary, just the ones that influenced the hospital course of the patient.
- Discharge of patients must take place by 11 AM each morning. Plans to discharge the patient should begin on admission. Medications for discharge can be written the day before, and the discharge order may be written in advance of anticipated discharge. Families and friends of patients should be advised of this hospital policy.
- The Front Sheet (formerly paper) is now an electronic note. The official title is Patient Discharge Information / Clinician (S). It is the final progress note of a hospitalization but it doesn't substitute for the discharge summary. It includes sections for discharge diagnoses, discharge meds, discharge activity level, and scheduled follow-ups. The Front Sheet must be signed by the discharge MD (typically the intern) as the Discharge MD, and the attending as the Approving MD. It is an interdisciplinary form that includes sections for the nurses to complete. The Front Sheet is printed off and given to the patient as their formal discharge instructions. Be sure any instructions to the patient are listed in this note.
- The Problem List is a section in CPRS. It should be updated on every admission. It is a very neat and easy computer program to keep track of a problem list. Please verify old problems and add new active problems, including any operative or invasive procedures that have been performed such as endoscopy, catheterizations, etc.
- Procedure Documentation: There are Progress Note titles in CPRS that can help you document inpatient non-OR procedures appropriately. These notes have templates so that you can fill in all the required information. If you do a bedside procedure, look for the Progress Note entitled "Medicine Inpatient Procedure Note". If you do an ICU Procedure, look for the Progress Note entitled "ICU/PCU Procedure Note". If you forget what a note is called, just type "Procedure" and CPRS will give you a list of Procedure Note templates.

- Verbal orders are always discouraged as they may lead to errors. If a verbal order is given, the person receiving the order should always read the complete order back to you. This will avoid errors that could be attributed to you.
- The electronic function of copy and paste is a powerful tool and saves time when documenting in the medical record. However, caution should be exercised with this function. Information so copied should be personally verified and known to be currently accurate. Copying and pasting information that is not personally verified is dangerous to the patient and may be hazardous to your career. Criminal charges and “fraud” charges have been lodged against individuals using the copy and paste function unwisely. Copy and paste only things you have personally performed and verified.
- Abbreviations should not be used unless they are standard abbreviations in your specialty.

11. **OPERATIVE AND INVASIVE PROCEDURES:** Surgical and other procedures have special requirements for documentation. A pre-op note must be written by the attending. The note must state that the attending agrees with the selection of the procedure for the patient. The post-op note must be written immediately post operatively, and before the patient is transferred to recovery, PACU, or monitoring area. The post-op note is best done electronically. It is best to do the post-op note immediately while still in the OR.

12. **INFORMED CONSENT:** Most operative and invasive procedures, including blood transfusion, require an informed consent. Even bedside procedures (I&D of a wound, Thoracentesis, LP, etc) require informed consent. There are two components to the informed consent process: the Consent Form itself and the progress note documentation of the ability to consent. The first section of the Consent Form is to document that the patient is MENTALLY able to give informed consent. The remainder of the Consent Form shows that the patient had a good explanation of the risks, benefits and alternatives to the procedure, had the ability to ask questions, and still consents. The Progress Note (the back of the Consent Form) documents that the patient is MENTALLY able to give informed consent. Try to remember BOTH components of informed consent and make an additional progress note in any unusual or complex cases. These days, consent forms are scanned into the medical record and can be viewed under VISTA IMAGING.

Occasionally, a patient cannot give informed consent because of physical or mental illness. If the patient has designated a surrogate for medical-decision-making, that person should be consulted. The legal next of kin is also allowed to give informed consent for the patient (wife, son, or daughter). However, more distant relatives or “friends” of the patient cannot give consent. Sometimes you will need to get consent over the telephone. Consent over the telephone from the next of kin must be “witnessed” telephonically by an administration representative. Call the Details Clerk (extension 5530) during regular hours, or the Administrative Officer of the Day (extension 5529, beeper 659-0862) during night or weekend hours. In emergency situations, or if a relative or surrogate cannot be located, the Chief of Staff is allowed to give authorization to proceed with operative or invasive procedures or specialized testing. Call the Chief of Staff Office, extension 5511, for this authorization.

13. **REPORTING ADVERSE EVENTS:** We encourage you to report all adverse events because the VA hopes to make medical care safer and safer. Studying adverse events helps the VA improve systems and processes. There is a new way of reporting adverse events by the computer – NO MORE PAPER FORMS!! The new software is named “patient incident reporting”. It is on the desktop of every hospital computer. Find the patient’s name and add a description of the event. It is automatically forwarded to the right people to investigate. BUT you must also document the event in the medical record. The Incident report is NOT part of the medical record. You must use a specific note title called “Post Event Provider Evaluation”. This note allows you to document the patient evaluation after a fall, medication error, disruptive behavior, patient abuse or other adverse event. The note should NOT attribute blame or assess preventability of the event. It should only be a medical evaluation of the patient post event.

14. **RISK MANAGEMENT AND PATIENT SAFETY:** In the course of providing healthcare, bad events may happen. There could be equipment failures, medication reactions, errors in judgement, system issues,

personnel issues, and plain old mistakes. The VA believes in full and open reporting of adverse events in order to be able to learn from the errors that occur. We do an extensive investigation of adverse incidents that are called Sentinel Events. The investigation is called a “Root Cause Analysis”.

While you are working in the VA, you are considered a federal employee, and are covered by malpractice insurance from the VA. This insurance policy is called the Federal Tort Claims Act. A federal attorney will defend you. Most of the time, the resident is dismissed from the lawsuit because (lucky you!) you are not the licensed independent practitioner. The attending is held liable for most things, **UNLESS YOU ARE DOING THINGS THAT ARE OUTSIDE THE SCOPE OF YOUR JOB DESCRIPTION AND TRAINING**. For example, if you are a medical resident, and you took a patient to the OR for an appendectomy, you may not be covered by the Federal Tort Claims Act because you were acting **OUTSIDE** your normal duties. As long as you are doing things that are reasonable for a resident to do in your residency program, you will be covered by the FTCA, and your attending will be held responsible. This is a good reason for keeping your attending informed, as he/she is the legally responsible entity for all care provided. Remember that a claim brought against you is really against the US Government, and you are not personally being sued. If asked in the future if you have been the focus of a malpractice claim, you may safely answer “no”. If you develop concerns about the legal process, please contact Dr. Karen Sanders, the Associate Chief of Staff for Education for advice and guidance. She is available at 675-5249.

Lastly, if you ever feel worried or concerned about the care provided in our hospital, or are concerned about certain policies or care practices, we are interested in hearing about your concerns. The Associate Chief of Staff of Education can meet with you confidentially to determine a course of action.

15. **INFORMING PATIENTS ABOUT ADVERSE EVENTS:** Our policy at the VA is to inform patients and their families about injuries resulting from adverse events and the options available to them. Acknowledgement of errors from their caregivers actually reduces the likelihood of legal or administrative actions. The attending physician and the Risk Manager for the hospital should be involved during the discussion with the patient and family. The discussion may also require a hospital attorney. Feel free to talk with your attending and/or other institutional leaders if you have any questions or feel that something is being hidden from the patients.
16. **UTILIZATION REVIEW & UTILIZATION MANAGEMENT:** In most hospitals including the VA, criteria are used to judge whether a patient has been appropriately admitted. These criteria are called the “Interqual Criteria” based on the company that writes the guidelines. Each hospital has reviewers (UM Nurses) who grade/score each admission, and assign scores about appropriateness. All admissions to Medicine, Surgery and Psychiatry are graded. In addition, a certain percentage of all inpatients are also reviewed to see if they could have been discharged already. These criteria are strictly medical, and do not take into account social, physical, family, equipment, or other factors that may impede discharge or require admission. A nurse reviewer may occasionally contact you about justifying the “continued stay” of the patient. If this occurs, discuss with your attending the pros and cons of an earlier discharge. In many cases, VA patients are allowed to stay even though they don’t meet criteria, but their status in the hospital computer must be switched from “Acute Care” (the highest level) to “Intermediate Care” (next level down). It is easier to justify this lower level of care. If in doubt about these reviewers or criteria, always decide what is best based on your judgement of what is optimal care for the patient. To transfer a patient to “Intermediate Status”, write an order to “change the Treating Specialty to Intermediate”. A patient in intermediate status may not need a daily note, and would be here for such conditions as Nursing Home Placement, Stable Dialysis, Extended IV Therapy, Radiation Therapy Treatments, Comfort Care, Respite Care, Social/Home Problems, Waiting for equipment to be delivered to the home, or Receiving Therapy and awaiting improvement in a chronic problem.
17. **COMPLIANCE:** Compliance is the word we give when we talk about “complying” with governmental regulations. It is most frequently used when we talk about compliance with HCFA (now CMS) documentation standards associated with insurance billing. Why does this concern the VA? YES, the VA does bill for care and submits these bills to private insurers. Approximately twenty million dollars per

year comes to this VA because of billing for services. Our documentation in the medical record must follow certain standards. It is also important to document that you have discussed the care provided with your attending. In the outpatient clinics, the encounter code (on the outpatient encounter sheet) must be checked to reflect the correct level of care (i.e., new or established patient, comprehensive visit, focused visit, etc.). The codes you check determine the bills that are sent out so be sure that you check the correct boxes or ASK YOUR ATTENDING!

Another new area of regulation is called "HIPAA", which stands for the Health Insurance Portability and Accountability Act. This legislation went into effect in April 2003. It concerns the privacy of all personal health information. Thankfully, in general, VA and non-VA HIPAA guidelines are identical. However, a handout that covers several VA-specific issues has been included in your packet.

- 18. **BEDSIDE PROCEDURES:** All procedures should have documentation in the medical record. A Procedure note should always be written. Even a testing procedure like Fecal Occult Blood Testing requires certain documentation. For example, Fecal Occult blood testing requires that you document that a control was done and that the control was negative. This is important – we routinely document negative controls for PPD tests, but hardly ever for Fecal Occult Blood Tests.
- 19. **ORDERING OF MRIS AND OTHER SPECIALIZED TESTS:** Many imaging procedures require special screening before the test is scheduled. You may already be aware that MRIs may not be able to be performed if the patient has a cardiac pacemaker or implantable defibrillator, cochlear implant, prosthetic heart valve, metallic implants, or claustrophobia. There are many other contraindications. Please specifically ask the patient these questions before scheduling an MRI. If claustrophobia is a possibility, it is useful to give the patient a prescription in advance for a short-acting sedative-hypnotic.

Occasionally, the necessary clinical services or testing is not available within our VA Medical Center. Special authorization is necessary to transfer a patient to MCV for care or testing. This authorization must come from the Chief of Staff's office (extension 5511). An emergency authorization for transfer (such as in the middle of the night or on the weekend) also requires authorization from the Chief of Staff. The VA operator will put you in touch with the correct institutional official.

- 20. **MILITARY HISTORY CARD:** In your packet is a military history card. Please take the time to look at the card. It gives you hints on taking a military history, including special exposures for certain wars. It would be useful to record answers to the military history in your H&P if it has not been done before.
- 21. **RESTRAINTS:** The use of restraints is very controversial. Most national authorities believe that it is against patients' rights to be restrained against their will. This hospital recognizes two reasons for restraints: Behavioral and Non-Behavioral Health reasons. Behavioral Health Restraints require MUCH MORE DOCUMENTATION BY NURSES AND DOCTORS. Below is a chart showing each type of restraint and the associated documentation requirements:

Patients require restraints for two reasons:

Behavior Health reasons or Non-Behavioral Health reasons.

Behavioral Health Reasons

(for emotional or behavioral disorders)

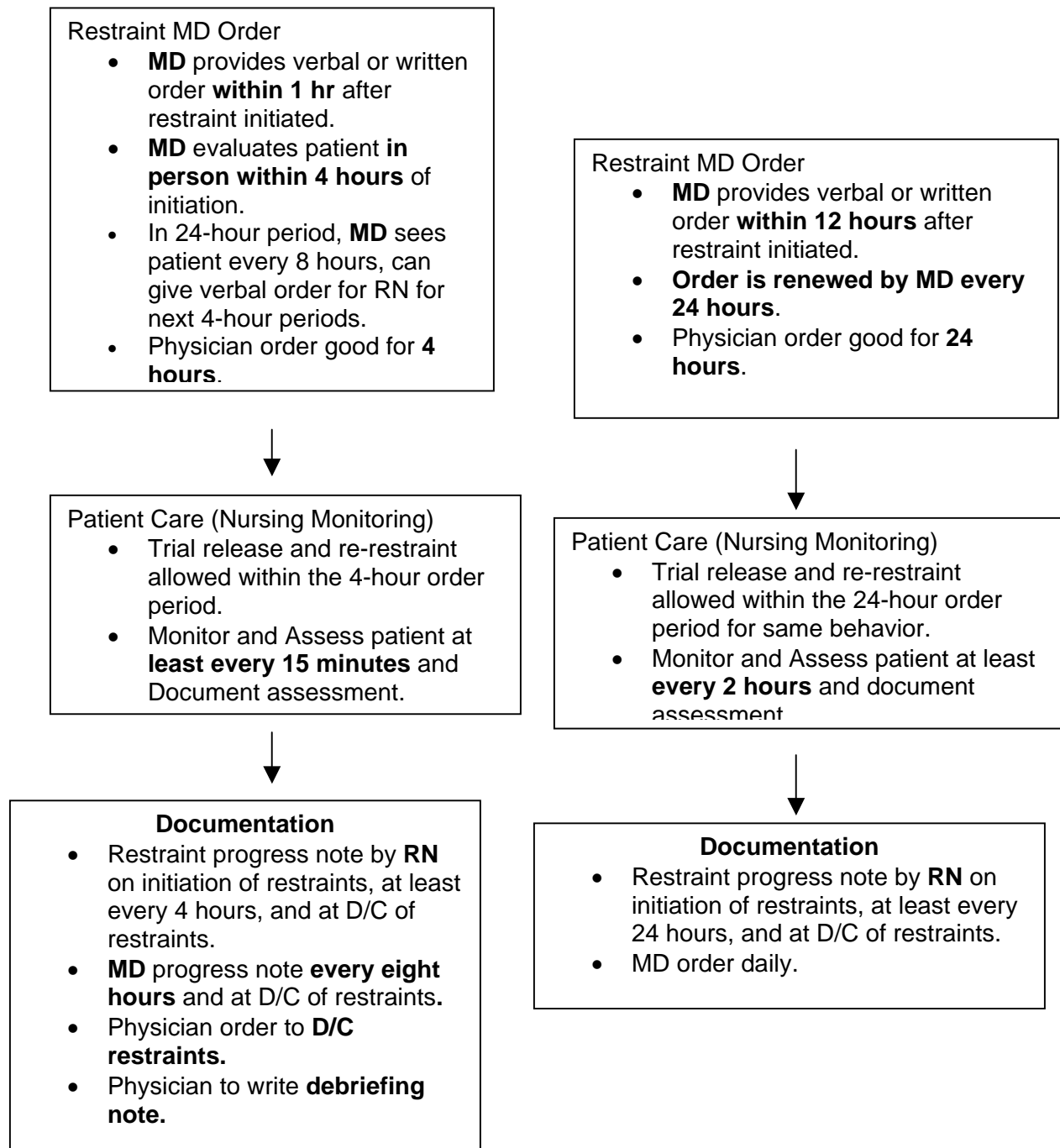
Violent behavior, aggression, threatening actions, psychosis, combativeness, etc. Requires

Non-Behavioral Health Reasons

(to promote medical/surgical healing)

Traumatic brain injury, stroke, ventilator, etc. Requires **LESS**

Use Non-physical alternatives first. If not successful then use least restrictive physical methods



Ordering Restraints: CPRS has an Order template set up for restraints. Click on **Enter New Order**, go to **4. Patient Care Menu**, then go to **10. Restraint Orders**. This will open the restraint-ordering template. Please note that Behavioral Health Restraints are rarely used. These orders are generally for Code: "Atlas" patients or violent or aggressive patients requiring mechanical (leather) restraints. There are many less-restrictive alternatives to wrist restraints or posey vests. These include behavioral modification techniques, less restrictive mechanical restraints, and simple environmental changes.

22. EMERGENCY RESPONSE PROCEDURES:

(special yellow card is enclosed to wear behind your ID badge) – PLEASE ATTACH IT!

If you are in any area of the hospital and encounter any of the following emergency situations, remember the procedure that follows:

- **Call 3333 FOR AN EMERGENCY**

- Tell the operator what the problem is and exactly where you are. Be sure the operator repeats back the information before you hang up, just in case the wrong message was heard.
- **FIRE:** CALL OUT “SIGNAL” (CODE WORD FOR FIRE) TO ALERT OTHERS IN THE AREA. THEN FOLLOW:
 - R-rescue anyone in immediate danger
 - A-sound the alarm if it hasn’t been done
 - C-confine the fire by closing doors and windows
 - E-extinguish the fire only if it is small enough for you to be certain you can control it.
- **CODE BLUE**
- **DR. ATLAS:** This is a code word if you come upon a patient or anyone acting in a violent or threatening manner and you want police or help in subduing patient.

REMEMBER YOU ARE NOT EXPECTED TO HANDLE THESE EMERGENCIES BY YOURSELF. ALWAYS CALL 3333 AND GET HELP. Other important phone numbers: POLICE AND HAZARADOUS MATERIALS EMERGENCIES: 4567 and UTILITY EMERGENCIES: 5848

23. DISASTER RESPONSE: Each department has a Disaster Plan. If you are unsure of your role in a disaster (real or mock) please quickly ask your supervising attending, or the nearest nurse or nurse manager. Remain in your clinical area pending further instructions.

24. SMOKING POLICY: This is a smoke-free environment. Smoking is only allowed in designated areas outside the facility. Patients in long term care situations (i.e., Nursing Home, Spinal Cord Injury, or Brain Injury/Rehab) are occasionally allowed to smoke in a specified smoking room. Check local unit policies for more information.

25. ON DUTY INJURIES or ILLNESS:

If you injure yourself or become ill while you are on duty, please report it immediately to your attending physician. You will need to follow the correct procedure in order to be certain you receive the care you need. In case of a needlestick injury, you must immediately report to Employee Health or, after hours, to the Emergency Room.

CONTACT Dr. Karen Sanders, Associate Chief of Staff for Education (extension 5249 in the VA or 675-5249 from outside the VA) for any questions regarding these handouts.

HIPAA FOR VA TRAINEES (HOUSESTAFF, STUDENTS, ALLIED HEALTH)

As a trainee at a Veterans Health Administration (VHA) facility, you must comply with overall HIPAA guidelines as well as VA-specific guidelines. You should already have received general HIPPA training through your training program or school. This outline supplements your knowledge on VA-specific issues.

Applicable law and regulation in VHA	Five statutes in addition to HIPAA govern the collection, maintenance and release of information from VHA records. These are the Freedom of Information Act, The Privacy Act, The VA Claims Confidentiality Statute, The Confidentiality of Drug Abuse, Alcoholism, Infection with HIV and Sickle Cell Anemia Medical Records, and The Confidentiality of Healthcare Quality Assurance Review Records.
Use and disclosure of Information	“Individually Identifiable Health Information (IIHI)”, also called Personal Health Information (PHI) or Protected Health Information (PHI) can be used for treatment purposes without written consent of the patient. However, disclosure of this information to others (family, clergy, outside medical facilities) may not be permitted. Consult with a Privacy Official of VA before disclosing IIHI to an outside party.
Copies of medical records	A veteran has a right to a copy of his or her medical record. The request for a copy needs to be in writing and signed. Refer all requests for copies of medical records to the Privacy Officer or the Release of Information Office. Do not print copies of any part of a patient’s medical record without the written authorization of patient or legal representative.
Requests for non-disclosure	Veterans have a right to prevent IIHI from being disclosed to next of kin, family or significant others. This request must be in writing. VHA is not required to agree to such restrictions. Requests for restriction of disclosure should be referred to the Privacy Officer.
Release to VA entities	IIHI may be released to other VA entities without written authorization of the patient. These entities include contract nursing homes, government attorneys, claims and benefits personnel, and audit and inspection offices.
Compensation and Pension records	Exams performed for compensation and pension purposes are the property of the Veterans Benefit Administration and are not releasable without permission of VBA.
Disclosure of very sensitive information to outside parties	Additional laws protect health information about drug and alcohol treatment, HIV and sickle cell disease. Disclosing this information needs specific written permission from the patient. However, this information may be used for treatment, payment and normal healthcare operations.
Disclosure of information to medical examiner	All IIHI may be disclosed to a coroner or medical examiner in order to permit inquiry into a death for the purpose of determining cause of death.
Blood relatives of sickle cell anemia pts	Sickle cell anemia information may be released to a blood relative of a deceased veteran for medical follow-up or family planning purposes.
Disclosure to patient relatives	General information may be disclosed (general status). More specific information may be disclosed to relatives in the presence of the patient if the patient does not object. Information may be disclosed WITHOUT the patient being present only if, in the judgment of the healthcare provider, the disclosure is in the best interests of the patient. Healthcare providers should document their decisions to share information with relatives.
HIV status	HIV status can be shared with the spouse or sexual partners of the patient. This is part of the conditions for informed consent to HIV testing.
Non-VA health care providers	Disclosure of individually identifiable health information to a non-VA health care provider (physicians, hospitals, nursing homes), even for treatment purposes, requires a written authorization by the patient. Authorization is NOT needed in several circumstances: a) when follow up is being arranged by the VA with outside medical providers who provide continuing care or b) under emergent conditions when written authorization is not possible

Key Questions to Ask Before Disclosing Individually Identifiable Health Information

Questions to ask	Answer
1. Is the information needed for healthcare treatment or normal business operations?	Probably ok to disclose
2. Is the information going to a VA entity or a contracted service of VA?	Probably ok to disclose
3. Is the information going to family, clergy or significant others?	Use caution, disclose only with patient's approval
4. Does the information include HIV or sickle cell status, or relate to drug or alcohol treatment?	Do not disclose outside of VA except with written authorization of patient.
5. Is the information going to outside healthcare providers such as nursing homes, physicians or hospitals?	Can disclose in emergency situations without written authorization. Also may disclose if outside provider will assume continuing care of patient. Otherwise, this situation requires written authorization.
6. The veteran has asked for copies of his lab tests – is it ok to print them for him?	Results of testing discussed with the patient on that visit may be printed for a patient. Any historical information (old tests or data) must be authorized through the Release of Information Office.
7. Can I inform the patient's sexual partner about HIV status?	Yes, you may inform the spouse or sexual partner about HIV status of the patient without written authorization.

Contact information for any questions or concerns or to refer a veteran:

Compliance Officer and HIPAA Contact Coordinator

Phyllis James, VA Medical Center, 675-5000, extension 4555.

Privacy and FOIA (Freedom of Information Act) Officer

David Huhman, VA Medical Center, 675-5000, extension 6867

Release of Information Office

Barbara Callis, 675-5000, extension 4655

Release of Information forms can be obtained from the Release of Information Office, and from clerical personnel in most patient care areas. The Release of Information form may also be found on the desktop of most hospital computers – go to VA Richmond Home Page. Go to <http://vaww.visn6.med.va.gov/richmond/index.htm> and click on FORMS under the Clinical Resources heading. Here is the direct URL: http://vaww.visn6.med.va.gov/richmond/Clinical_Resources/forms.htm. The two Release of Information forms are visible. The first form is for written authorization of highly confidential material in the medical record (alcohol or drug abuse, HIV, or sickle cell anemia), and the second form is for release of all other medical record information.

BASIC COMPUTER INSTRUCTIONS and OVERVIEW

Residents on rotation at the Hunter Holmes McGuire Veterans Affairs Medical Center (VAMC) have access to the computerized patient record system (CPRS), VISTA (text-based patient record), the Internet, local electronic information resources, VCU School of Medicine electronic resources and email.

On the first day of the VA rotation, residents receive TWO sets of computer codes – the first set allows the resident to access the hospital network, and the second set allows the resident access to VISTA and CPRS. Electronic signatures (used for signing all electronic documents including progress notes and orders) must be setup in the VISTA system.

CPRS is the national VA Windows-based hospital information system. This software contains all clinical and administrative patient information, including laboratory, pharmacy, radiology, and physician notes. Almost all progress notes in the medical center are now entered into the computer. There are templates available to make documentation faster. Residents are taught to use the electronic medical record during a mandatory computer training session at the beginning of the residency year. Several CPRS staff members are available on request to train students and residents. The CPRS toolbar has a link to HELP pages as well as medical information resources such as Micromedix, StatRef, Up To Date, and Krames on Demand.

Residents also have access to eight computers located in the Medical Library on the third floor of the main hospital building. These PCs have Internet and VA Intranet access and printing capability. Specialized searches in other databases require the assistance of the hospital librarian. The VAMC home page (<http://vaww1.va.gov/netsix/index.cfm?facility=richmond>) contains many valuable links to government sites and medical and reference information. From the home page, click on the link called Medical Library. This link directs you to a menu of medical information reference databases. Micromedix (a premier pharmacy database), StatRef (a collection of medical books), Up To Date (decision-making software) and Krames on Demand (patient education materials). Natural Medicines (complementary and alternative medicine database) and Drug Facts and Comparisons (more pharmacy information) are also available. The StatRef collection currently includes Current Critical Care Diagnosis and Treatment (2003), Current Surgical Diagnosis and Treatment (2003), DeGowen's Diagnostic Examination (2000), Delmar's Guide to Laboratory and Diagnostic Tests (2002), Dictionary of Medical Acronyms and Abbreviations (2001), Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology (2001), Marino's ICU Book (1998), Review of Natural Products (2002), Schwartz's Principles of Surgery (1999) and The 5-minute Emergency Medicine Consult (1999). All team rooms have multiple PCs for access to the Internet. The VA has installed a filter to prevent access to inappropriate content.

The VA firewall has been updated in the past year, and now permits direct access to VCU School of Medicine electronic full-text journals and other on-line resources. As with home use, your VCU One Card number is required for access to full-text journals. If you have problems accessing VCU full-text journals, call the VA Librarian at extension 3223.

This past year, a new dial-up capability was added for the VA computer system. A handout is attached that describes the locations and instructions for access to the VA CPRS patient record from various MCV campus locations. This allows signing of orders and progress notes, and retrieval of patient data from a number of MCV campus locations. See the specific attachment "Instructions for Connecting to the VA from the MCV Campus".

DICTION INSTRUCTIONS
VA MEDICAL CENTER - RICHMOND

- 1) If dictating a consult, be sure to have the 6-digit consult number available. This may be found in CPRS by going to consult tab, an hovering mouse over consult request name. The number also displays in the gray bar over the consult text.
- 2) Dial extension 5713 (from inside the hospital) or 675-5713 (from outside hospital)
- 3) Enter the 4-digit physician ID number (same as the MCV ID number)
- 4) Enter the 2-digit work type code (Note: Consults are work type code 50)

Work Type Codes

00	Radiology
01	Discharge summary (Note: must be dictated on all deaths)
02	Stat discharge summary
03	Operative report
04	Electrophysiology note
05	Cardiac catheterizations
06	Neurophysiology
11	Compensation and pension
14	Neurosurgery
15	Progress notes
23	Agent orange
24	Group practice
25	Orthopedic surgery
26	Urology
27	ER attending
28	ER resident
30	Oncology
31	Nuclear medicine
35	Eye
50	Consults
52	Dermatology

- 5) Use keypad to key in Social Security Number (SSN)
- 6) Begin dictating with the following mandatory information

Author (dictator) name
Patient name
Full patient Social Security Number (all 9 digits)
Date and time of appointment/clinic visit or Date of discharge (if a discharge summary)
Name of clinic visited
Title of note or consult
Consult number (for all consults)
Identified co-signer (if required)

7) Complete your dictation with pertinent medical history and physical, assessment and plans. You do not need to restate lab, radiology, or other test results if they are already included in the medical record.

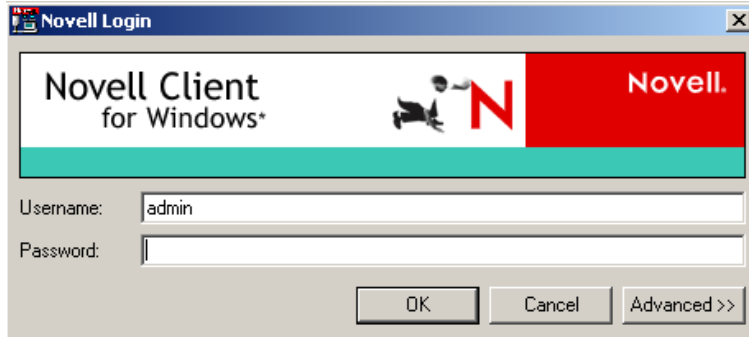
8) For assistance with dictation, call David Huhman, extension 6867

Instructions for Connecting to the VA from the MCV Campus

(Please note that these instructions are only good from a University PC (Not Hospital) that has been set up with appropriate software. Please see the end of the handout for locations of these specific machines.)

Log on:

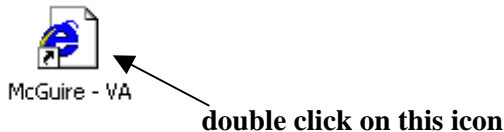
1. If not logged in already, log in to the Novell network from **start, programs, novell**. (Figure 1.)



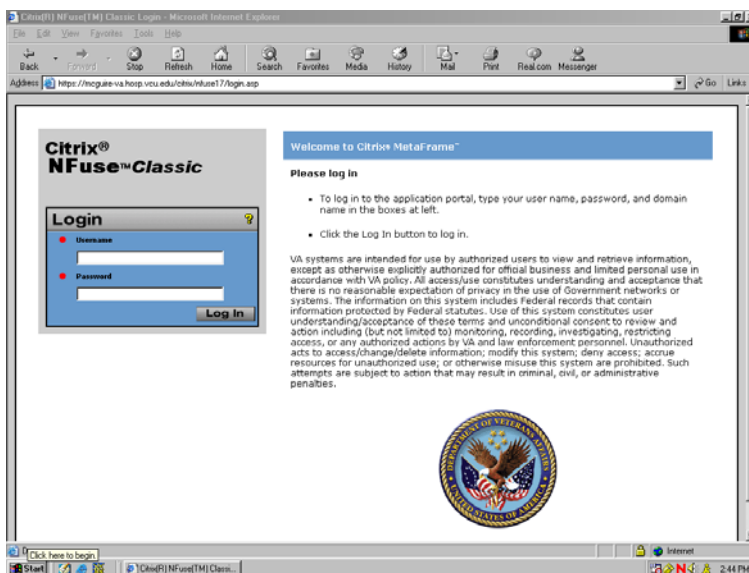
(Figure 1.) *Novell login screen*
(Username = sewuser; Password = student)

If an additional box opens that says Windows Workstation, the Username = CBIL.
No additional password is required at this stage. Press enter to allow Windows Desktop to load.

2. From desktop, double click on **McGuire – VA icon** (see below)

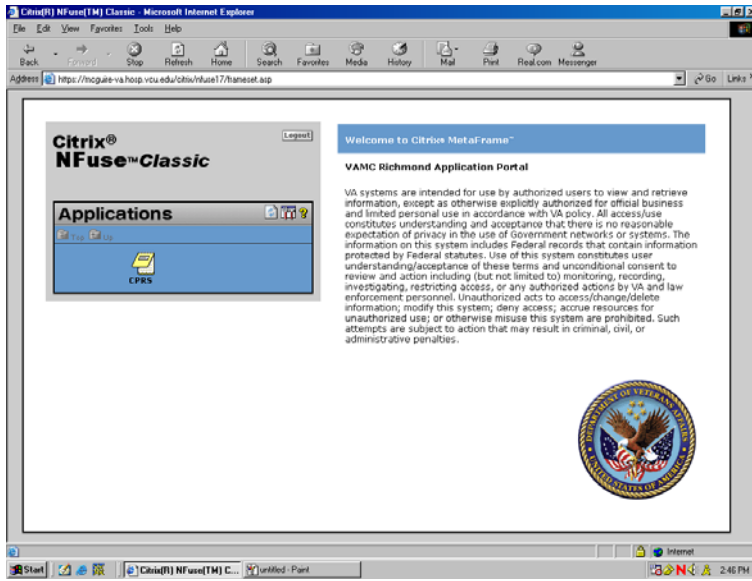


3. When prompted with **Citrix login screen** (figure 2), input your VA network username and password. (HINT: Your VA network username begins with VHARIC.) Click the log in button.



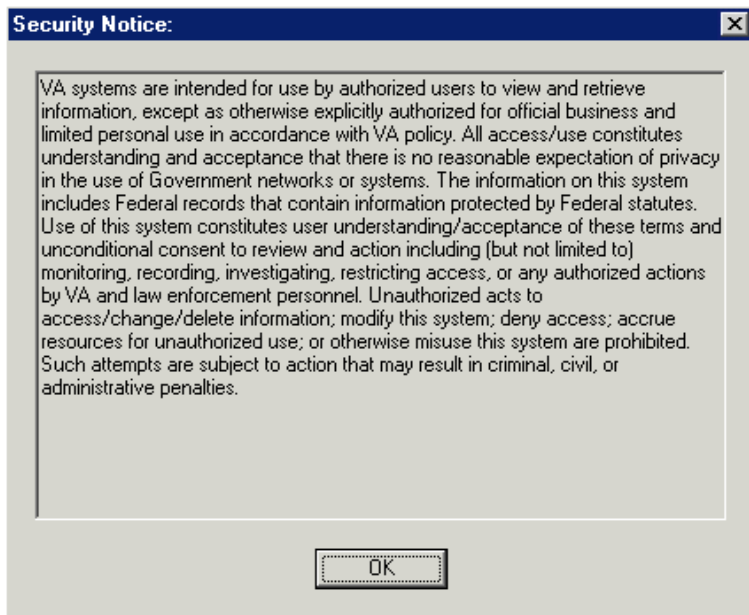
(Figure 2.) *Citrix Login screen*

- After the successful log in onto the **Citrix network**, single click on **CPRS** icon. Depending on the machine, process time for the program to load may range from 10 seconds to 30 seconds. (See figure 3)



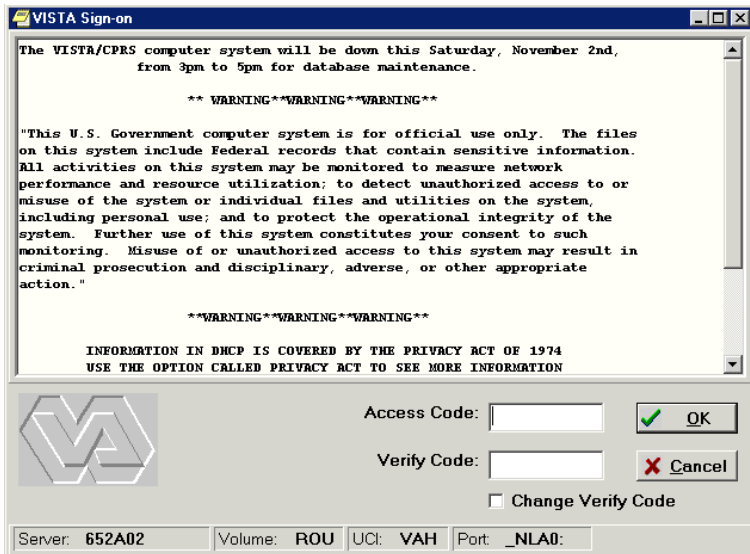
(Figure 3.) Citrix network screen, CPRS icon

- Click **OK** when prompted with the **security notice** on screen (figure 4), and then wait for the program to complete loading.



(figure 4.) Security notice

- When prompted with the **CPRS login screen**, input the **CPRS Access code** and **Verify code** and press enter to complete the **CPRS McGuire – VA login** process. (figure 5)



(figure 5) CPRS login screen

Log off:

1. Exit the CPRS McGuire –VA program.
2. Choose **Cancel** at **CPRS Login screen** (figure 5) if prompted.
3. Click **Log out** on **Citrix Network screen** (figure 3).
4. Close the internet browser to complete the log off process.

McGuire – VA Access point locations

Medical Sciences Building

<u>Computer Name</u>	<u>Location</u>
Lab1 – Lab44	44 workstations within Computer Based Instruction Lab (CBIL). Located in Mezzanine level of Medical Sciences Building.

Egyptian Building

<u>Computer Name</u>	<u>Location</u>
Egyptian2	2 nd floor of Egyptian building room 204.
Egyptian3	2 nd floor of Egyptian building room 204.
Egyptian4	2 nd floor of Egyptian building room 206.
Egyptian5	2 nd floor of Egyptian building room 206.
Egyptian6	2 nd floor of Egyptian building room 207.
Egyptian7	2 nd floor of Egyptian building room 207.
Egyptian8	2 nd floor of Egyptian building room 208.
Egyptian9	2 nd floor of Egyptian building room 208.
Egyptian10	2 nd floor of Egyptian building room 209.
Egyptian11	2 nd floor of Egyptian building room 209.
Egyptian12	2 nd floor of Egyptian building room 210.
Egyptian13	2 nd floor of Egyptian building room 210.
Egyptian14	2 nd floor of Egyptian building room 211.
Egyptian15	2 nd floor of Egyptian building room 211.

Hunton Hall

<u>Computer Name</u>	<u>Location</u>
HH3	All HH workstations are placed on second floor of Hunton Hall in Dr. Hermes Kontos student lounge.
HH4	
HH5	
HH6	
HH7	
HH8	

West Hospital

<u>Computer Name</u>	<u>Location</u>
W-327	Located on the third floor of west hospital, Room 327, Call Room Wing.
W-642	Located on sixth floor of west hospital, room 642 by 12/1/02.

Main Hospital

Computer Name	Location
ER	Ground floor of main hospital, Located within the Green section of ER, G-331 (Resuscitation).
11-115	11 th floor of main hospital, conference room 11-115.
10-115	10 th floor of main hospital, conference room 10-115.
8-406	Medicine Team 5, 8 th floor of main hospital, room 8-406.
8-442	Medicine Team 4, 8 th floor of main hospital, room 8-442.
7-NS	7 th floor of main hospital, located within the nursing station.
7-129	Pediatric house staff library, 7 th floor of main hospital, located in room 7-129.
6-329	Located within the recovery room, 6 th floor of main hospital, room 6-329 (student on call room).
5-216	Located within the recovery room, 5 th floor of main hospital, room 5-216.

North Hospital

Computer Name	Location
N5-076	Medicine Team 3, 5 th floor of north hospital, room 5-076.
N5-069	Medicine Team 2, 5 th floor of north hospital, room 5-069.
N5-067	Medicine Team 1, 5 th floor of north hospital, room 5-067.
N6-076	Hematology / Oncology team room, 6 th floor of north hospital, room 6-076.

Troubleshooting - possible problems and solutions

Problem: After a successful login to Citrix, when I click on CPRS icon, nothing happens.

Solution: Some computers may take longer than other computers to load the program. Please wait with patience. Click on the icon once more if needed.

Problem: There are two McGuire-VA icons on screen, which one should I choose?

Solution: One of the McGuire-VA icons may be the old TELNET icon. In the case where there are two McGuire-VA icons, always choose the icon with the internet explorer (or netscape) symbol. (see section 2)

Problem: There is no McGuire-VA icons on screen, what should I do?

Solution: In the case where there is no McGuire-VA icon on screen, open a web browser window and in the address bar, type in the following and press enter. <https://mcguire-va.hosp.vcu.edu/citrix/nfuse17/login.asp>

Problem: I get an error message in my browser window saying “this page cannot be displayed....Access Denied” when I double click on the McGuire-VA icon.

Solution: This problem is usually caused by a misplaced or defective certificate. Please contact CBIL computer support for troubleshooting.

Problem: I have access to the **Citrix login screen** (figure 2) when I double click on the McGuire-VA icon, but after I enter my user name and password, I was denied the access to the Citrix network.

Solution: Make sure you have entered the correct user name and password. Look on the bottom of the **Citrix login screen** (figure 2), and see if there is a link for Citrix client installation. If the link exists, please follow the link to download and install the Citrix client. If there are no links present, please contact CBIL computer support for troubleshooting.

Problem: I have access to the **CPRS login screen** (figure 5), however after I entered my CPRS access code and verify code, I was denied the access to McGuire-VA.

Solution: You may not be on the VA system or your codes may need to be reinstated. Please contact the Help desk at VA for more information.

Contact Information

Dan Han (MCV-VCU CBIL Computer support).....(804) 828 - 8320
s2dhan@vcu.edu

Vernon Williams (VCU University network support)(804) 828 - 9918
williamsv@vcu.edu

Andy Lambert (VA Citrix software support).....(804) 675 - 5953

Help desk at VA (Access codes and all other issues).....(804) 675 - 5600

Annotated Bibliography of Veterans Affairs Web Sites and Resources

General

1. General VA-wide site for access to Benefits, Burial Information, Life Insurance, Education, Home Loans, Vocational Rehabilitation and Health
<http://www.va.gov/>
1. VHA site that describes eligibility for Veteran Health Benefits and how to apply for health benefits
<http://www.va.gov/elig/>
2. VISN 6 web site
<http://www.va.gov/sta/guide/facility.asp?ID=1006>

Administrative Information

3. Various national reference documents including projected veteran demographics, Strategic Plans and Performance Results for the entire Veterans Health System.
<http://www.va.gov/whatsnew/index.htm>
4. Veterans Health System demographic data, trends, expenditures, workload, projections.
<http://www.va.gov/vetdata/>
5. Web site listing career opportunities across the Veterans Health System
<http://www.vacareers.com/index.cfm> and
<http://www.va.gov/jobs/search.htm>
6. Welcome to the website of the VA's Inspector General. **Providing service to veterans, VA employees, and citizens concerned with good Government!** The IG audits medical centers and responds to patient and employee complaints. The full text results of Inspector General Reports are available going back several years.
<http://www.va.gov/oig/52/reports/>

Clinical Information

7. Web portal to system-wide clinical practice guidelines, and results of national monitoring of performance measures. Under each CPG, physicians may print pocket cards and algorithms directly from this site.
<http://www.oqp.med.va.gov/cpg/cpg.htm>
8. VA National Center for Patient Safety. The VA's award winning program on patient safety is highlighted. Good patient safety principles and practice are reviewed.
<http://www.patientsafety.gov>

Research Opportunities and Resources

9. Portal of VA Research and Development: Overview of VA Research, Research Programs, Publications about VA Research, and Information for Researchers, including Grant Solicitations, Forms, and Training Programs
<http://www.va.gov/resdev/default.cfm>
10. Epidemiologic Research and Information Center, collaboration between the Seattle VAMC and the University of Washington. Have summer courses and other training sessions on epidemiologic research.
<http://www.eric.seattle.med.va.gov/>
11. VA Research and Development sponsors postdoctoral training programs in health services research and medical informatics at certain sites around the country. Here is the list of sites for these training programs:
http://www.hsrdev.research.va.gov/for_researchers/professional_development/training_post_doc.cfm

12. Veterans Affairs Information Resource Center (Virec) – a web site for researchers interested in using VA databases for research. Includes definitions, grant applications and forms, descriptions of various databases, and contact information.
<http://www.virec.research.med.va.gov/>
13. The Health Economics Resource Center is a national center that assists VA researchers in assessing the cost-effectiveness of medical care, evaluating the efficiency of VA programs and providers, and conducting high-quality health economics research.
<http://www.herc.research.med.va.gov/>
14. A very funny web site that includes an alphabetical listing of VA acronyms for those unfamiliar with this jargon!
<http://www.virec.research.med.va.gov/TOPBUTTONS/ACRONYMS.HTM>
15. VA's Quality Enhancement Research Initiative (QUERI), is designed to translate research discoveries and innovations into better patient care and systems improvements. QUERI focuses on eight high-risk and/or highly prevalent diseases or conditions among veterans: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Abuse. Grants and projects are funded.
<http://www.hsrp.research.va.gov/research/queri/>
16. The Office of Research Compliance and Assurance (ORCA) serves as the primary Veterans Health Administration (VHA) component in advising the Under Secretary for Health on all matters affecting the integrity of research in the protection of human subjects and the welfare of laboratory animals, promoting enhancements in the ethical conduct of research in conformance with regulations and policies and investigating any allegations of research improprieties and scientific misconduct.
<http://www.va.gov/orca/>

Education Links

17. VA conducts the largest coordinated education and training effort for health care professionals in the nation. This web site describes the scope of VA Graduate Medical and Associated Health Training programs, and provides links to documents such as Affiliation Agreements, Applications for Special Fellowships, and Reports of recent Trainee Surveys. The newly revised national Residency Supervision Policy is also available.
<http://www.va.gov/oa/>
18. National Center for Ethics website includes links to Ethics training programs and online ethics modules.
<http://www.va.gov/VHAETHICS/index.cfm>
19. Veterans Health Initiative is a collection of on-line training modules on topics unique to veteran patients, including Post-traumatic stress disorder, Gulf War Syndrome, Agent Orange, Hearing Impairment, Prisoner of War, Radiation, Spinal Cord Injury, Visual Impairment and others.
<http://www.va.gov/vhi/>
20. MIRECC – Mental Illness Research Education and Clinical Center website includes a collection of education materials including on-line courses on topics of mental illness.
<http://www.mirecc.org/>
21. The Employee and Learning Resource Center of the New York State Network. Excellent compendium of resources on Coaching/Mentoring, Performance Based Interviewing, Individual Development Planning, 360 degree feedback evaluation, and Performance Management.
<http://www.va.gov/visns/visn02/emp/learning/index.html>

22. VA Learning Online (VALO) – for those faculty and housestaff who register online within the VA intranet, you are able to continue to take online training remotely, either from your affiliate or from home. Register first from within the VA. The website offers hundreds of online training modules from computer training to management to supervising staff and other human resource topics. The website is <http://www.vcampus.com/valo/> from outside the institution but you must already have your access codes assigned.