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PREFACE

Welcome to WVU Medicine and the Robert C. Byrd Health Sciences Center of West Virginia University. We are happy to have you join us in a graduate medical education setting devoted to excellence in instruction, patient care, research, and community service.

The healthcare services provided at our hospitals are unique and are provided in part because we have excellent residency programs.

Much of your orientation to the medical center will be through the program faculty. The purpose of this manual is to supplement and expand on items in the residency training agreement, and to assist you in better understanding the overall organizational structure, facilities, policies, and procedures that contribute to your educational experience.

It is important that you utilize the Statement of Values, printed on the following page, as your guide in all of your decision making while you are here.

In the interest of a high level of medical care and the best postgraduate clinical experience, we wish you the best and will be pleased to assist you whenever the need arises. The Office of Graduate Medical Education and the Department of Medical Staff Affairs can offer assistance in many ways.

We welcome your ideas and suggestions that assist us in promoting the best possible relationship with you.

Albert Wright
President & CEO
WVU Medicine

Clay B. Marsh, MD
Executive Dean &
VP for Health Sciences

Judie Charlton, MD
Chief Medical Officer
WVU Medicine

WVU MEDICINE STATEMENT OF VALUES

Our Patients

You and your family are the first priority in everything we do. We strive for your satisfaction by providing high quality care through respect, teamwork, and a commitment to learning and research.

Our Team

We value and respect each other. It is our skill and dedication that enable us to reach our goals. Our ideas and enthusiasm help us improve.

Our Community

We are committed to fulfilling our responsibility to improve the health status of the communities we serve.

WEST VIRGINIA UNITED HEALTH SYSTEM

West Virginia University Hospitals is part of the West Virginia United Health System, a regional healthcare services delivery system.

The system is a network of hospitals, physicians, clinics, and other healthcare providers dedicated to delivering superior quality, patient-friendly healthcare services and health education at competitive prices.

United Hospital Center in Clarksburg is also a member of the system. Affiliated members are Garrett Memorial Hospital in Oakland, Md., and Grafton City Hospital.

STANDARDS FOR RESIDENT PHYSICIANS REGARDING PATIENT CARE

The patient is an essential part of your educational process, helping you meet your educational goals. Patient care also provides an important part of the revenue of the Health Sciences Center, keeping top quality faculty on staff and allowing us to supplement federal money for resident salaries. We recognize that both patients and referring physicians have a choice of where to go for care.

Our goal is to make each patient encounter so positive that the patient will want to continue his or her care at WVU and will recommend WVU to others. The patient's judgment is the measure of the quality of the encounter with a WVU physician. We are judged not only by what we do but by our demeanor, our timeliness, our willingness to answer questions, and our attention to the patient's needs.

A key satisfier for patients is the level of communication a patient receives from his or her physician and the listening skills a physician exhibits. It makes the difference between perceiving the care one receives as "adequate" or "superior." It is the goal of WVU for each physician to become an excellent communicator and an excellent listener. Courses will be offered to improve those skills.

We believe patients should be partners in their care. The better informed a patient is about his or her illness and course of treatment, the better the outcome will be.

In many cases, a referring physician has helped the patient choose WVU for his or her care. That physician is our partner in the care of that patient, and should be treated with respect and gratitude.

Without a thriving clinical practice there will not be enough procedures or diagnoses for your education. Both patients and referring physicians judge the care at WVU by the actions of our attending physicians, residents, and students.

WVU residents will be evaluated on their ability to effectively communicate with patients and with referring physicians. Referring physicians should be treated with respect and the quality of their patient care should not be criticized.

Therefore, residents are expected to:

- Always introduce yourself to the patient and family and explain your role.
- Respect the patient's privacy by requesting unnecessary family and guests to leave the room prior to beginning an exam or procedure. Refrain from discussing the patient's condition in the hallways, elevators, or other places one could be overheard by others.
- Answer all the patient's questions about any procedure, test, or diagnosis.
- Accept patients for care at WVU when asked by community physicians. The resident must document exceptions to the acceptance of patients, and submit a report to the office of the chair.
- Consult with the referring physician before a patient is referred to another specialist. The patient should be sent back to the referring physician when his or her care at WVU is concluded.
- Assist the attending physician in making sure the patient is informed of institutional resources available to help them learn more about their illness and treatment, including literature and web information, as well as any support groups they might join.
- Residents will be evaluated by patients on their ability to provide care that meets patient standards and expectations, as well as their ability and willingness to communicate with the patient.
- Refrain from any negative comments regarding a referring or community physician and the quality of their care.

Adopted July 27, 1998 Senior Advisory Council

ROBERT C. BYRD HEALTH SCIENCES CENTER ADMINISTRATIVE ORGANIZATION

Clay B. Marsh, MD..... 304-293-1024
Executive Dean & Vice President for Health Sciences

Marcia DeMarco..... 304-293-1024
Chief Business Affairs Officer

Jeffrey Coben, MD.....304-293-5775
Associate Vice President for Health Affairs
Vice Dean for Operations

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Senior Associate VP for Research & Graduate Education
Associate Dean for Research

Paula Congelio, CPA 304-293-7304
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Associate VP of Clinical Operations & Institutional Advancement

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Associate VP for Clinical and Translational Science & Director, WVCTSI

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Associate VP for Coordination and Logistics and Chief Collaboration Officer

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Vice President & General Counsel

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Chief Compliance Officer

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Vice President of Clinical Programs

James Venturella 304-598-4492
Vice President & Chief Information Officer

Melissa McCoy 304-598-4784
Vice President for Finances

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Vice President & Chief Nursing Officer

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Assistant Vice President of Support Services

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Chief Operating Officer

Darin Rogers..... 304-598-4875
Vice President and Ambulatory Operations Officer

Steve Tancin 304-598-4162
Vice President of Operations

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE ADMINISTRATIVE ORGANIZATION

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Vice Dean for Clinical Affairs

Norman Ferrari, III, MD.....304-293-2408
Vice Dean for Education and Academic Affairs

MaryBeth Mandich, PhD..... 304-293-3610
Vice Dean for Professional Programs

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 Director, School of Medicine Alumni Affairs*

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Acting Dean, Eastern Division

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Assistant Vice President for Education Partnerships

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Associate Dean of Students, Charleston Division

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Assistant Dean for Finance

Ronald J. Pellegrino, MD.....304-598-6898
Associate Dean for Clinical Affairs

James Stevenson, MD..... 304-293-5294
Associate Dean for Development

Kathleen Bors, MD304-388-4600
Assistant Dean Student Services, Charleston Division

Rosemarie Cannarella Lorenzetti, MD...304-535-6343
Assistant Dean for Student Services, Eastern Division

Linda Nield, MD..... 304-598-4835
Assistant Dean for Admissions

Manuel Vallejo, MD, DMD.....304-293-0672
*Assistant Dean for Graduate Medical Education
 Designated Institutional Official*

Dorian Williams, MD..... ..304-293-7837
Assistant Dean for Technology and Simulation

DEPARTMENT CHAIRS

Anesthesiology

Robert Johnstone, MD ----- 304-598-4929

Behavioral Medicine and Psychiatry

Marc W. Haut, PhD ----- 304-293-5323

Biochemistry

Michael Schaller, PhD ----- 304-293-9514

Emergency Medicine

Ian B.K. Martin, MD, M.B.A. ----- 304-293-0295

Family Medicine

Dana King, MD ----- 304-598-6920

Human Performance

Stephen Alway, PhD ----- 304-293-0772

Medical Education

Norman Ferrari, MD ----- 304-293-2408

Medicine

Arif Sarwari, MD ----- 304-293-4121

Microbiology, Immunology & Cell Biology

John Barnett, PhD ----- 304-293-4029

Neurology

David Watson, MD ----- 304-293-6320

Neurosurgery

Robert Marsh, MD (interim) ----- 304-598-6127

Obstetrics/Gynecology

Leo Brancazio, MD ----- 304-293-5632

Ophthalmology

Ronald Gross, MD ----- 304-598-6925

Orthopaedics

Sanford Emery, MD ----- 304-293-1170

Otolaryngology

Hassan Ramadan, MD ----- 304-293-3547

Pathology, Anatomy and Laboratory Sciences

Peter Perrotta, MD ----- 304-293-3212
(Interim)

Pediatrics

Charles Mullett, MD----- 304-293-4451
(Interim)

Physiology & Pharmacology

David Siderovski, PhD ----- 304-293-4991

Radiation Oncology

Geraldine Jacobson, MD ----- 304-293-7227

Radiology

Mathis Frick, MD----- 304-293-3091

Surgery

James Wallis Marsh, Jr., MD----- 304-293-1258

Urology

Stanley Zaslau, MD ----- 304-293-2706

WVU MEDICINE DEPARTMENTS

<u>Departments</u>	<u>Contact Person</u>	<u>Phone #</u>
--------------------	-----------------------	----------------

Admissions ----- Jeanette Stevens -- 598-4000 x 74497

Bed Coordinator -----Beeper: 1070

Healthcare Technology Management (formerly Biomedical Engineering)

----- Lee Gren ----- 598-4194

Cardiac & Vascular Services ----- Charles Murray ----- 598-6359

Care Management ----- Tiffany Yanuzo----- 598-4000 x 74791

Child Development Center----- Brittany Lucci----- 598-4785

Clinical Program Development --- Alice Belmont ----- 598-4956

Clinical Labs/Pathology----- ----- 598-4241

Community Relations----- Stephanie Bock----- 285-7257

Compliance ----- Melanie Davies ----- 598-4587

Decision Support ----- Nancy Vest ----- 598-4484

Development ----- ----- 293-7086

Center for Education & Organizational
 & Development ----- 598-4063
 Employee Health ----- 598-4000 x 73141
 Epic.....
 Applications & Clinical Decision Support ---Kim Clarke-----598-4917
 Clinical Informatics-Inpatient -----Patrick Murphy-----598-4000 x 79208
 Clinical Informatics-Ambulatory -----598-4603
 IT-Data Management -----LuAnn Berkshire-----598-4966
 IT-Clinical Systems -----598-4685
 IT-Ancillary Systems-----Ray Murray -----598-4093 x 73197
 Revenue Cycle-----
 Epilepsy Monitoring Unit----- 598-6150
 Facilities Engineering----- Scott Bierer ----- 598-4141 x 5793
 Family House----- Teri Ford----- 598-6094 x 4
 Finance Accounting----- Melissa McCoy ----- 598-4554
 Financial Services----- Nancy Repine----- 598-4482
 Patient Financial Services ----- Leah Klinke ----- 285-7265 x 57165
 Health Information Management - Melissa Martin ----- 598-4109
 Human Resources ----- John Bihun----- 598-4075
 Infection Control ----- Lori Sisler ----- 598-4300
 Information Technology----- 598-4093
 Information Technology
 Call Center----- Mike Homchenko -- 598-4357
 Legal Services ----- Robert O'Neil----- 598-4070
 Materials Management----- Tim Shafer ----- 598-4189
 Linen Services ----- John Bowman----- 598-4798
 Materials Handling ----- Tim Shafer ----- 598-4189
 Spine Center----- 293-6325
 ----- Beeper 0766
 Sterile Processing-----Melissa Polce ----- 598-4367
 Medical Center Pharmacy
 (outpatient)----- Dave Flynn----- 598-4848
 Medical Staff Affairs ----- Harriet Cherok ----- 598-4156
 Neurology Labs
 (EMG/EEG/Sleep Study/Autonomic/TCD)
 ----- Martha DiGiovine - 598-4000 x 74770
 Nursing Services
 Chestnut Ridge Hospital ----- 598-6400
 Children's Hospital

Child Life Program----- Cheryl Jones ----- 598-4835
 Development ----- Patty Royce----- 293-1217
 Infusion Center----- Robert Riley ----- 598-44000 x 74326
 Labor and Delivery----- Cheryl Jones ----- 598-4061
 Neonatal ----- Cheryl Jones ----- 598-4140
 Neonatal Transport ----- Cheryl Jones ----- 598-4140
 PICU ----- Cheryl Jones ----- 598-4328
 6E----- Cheryl Jones ----- 598-4062
 6E – Stepdown----- Cheryl Jones ----- 598-4341
 6W----- Cheryl Jones ----- 598-4061
 Dialysis Center ----- Ross Smith ----- 598-4000 x 74352
 Emergency Department ----- ----- 598-4172
 Flight Program ----- ----- 598-4173
 MICU/SICU----- Jerry Yoho ----- 598-4316
 Nursing Administration----- Mary Fanning ----- 598-4989
 Oncology Center----- Debbie Falconi----- 598-4349
 Perioperative Services ----- Holly Garon ----- 598-6235
 Ruby Day Surgery Center/
 PAU/PACU ----- Paula Fotta ----- 598-4083
 5N/OR ----- Dan Bazzoli----- 598-4000, ext. 73109
 Staffing Resources----- Jerry Yoho ----- 598-4316
 Trauma Services-----Jerry Yoho----- 598-4316
 -----Beeper 0084
 7 East/7 West/9 East----- Chris Daniels----- 598-4330
 8 East/8 West ----- ----- 598-4082/4081
 10 East/CTU/CCU----- -----598-6051
 Nutrition Services----- ----- 598-4105
 Observation Unit----- Freda White ----- 598-6077
 Palliative Care----- Alvin Moss ----- 293-7618
 Beeper: 362-0637
 Pastoral Care----- John Hardman ----- 598-4185
 Patient Relations ----- Hope Ainsley ----- 598-4167
 Beeper: 0723
 Pharmacy----- Carol Woodward --- 598-4148
 Planning, Design & Construction- Scott Bierer ----- 598-4141 x5793
 Procurement----- Timothy Brown----- 598-4590
 Information Affairs----- Amy Johns----- 285-7264

Radiology/Radiation Oncology----- 598-4252
 Rehabilitation Services
 (PT/OT/Speech Therapy)----- Bruce McKee----- 598-4118

Respiratory Care/
 Pulmonary Services ----- 598-4106
 Risk Manager, HSC----- Sandy Price----- 293-3584
 Risk Manager, WVUH----- Jan Manilla----- 598-4182
 Safety----- 598-4055
 Security ----- Dan Harris ----- 598-4444
 Volunteer Services----- Nancy Beckner ----- 598-6010
 Wellness Program----- Dave Harshbarger - 598-4000 x 73079
 WVU HSC Facilities Planning----- Scott Burns ----- 598-4125

PHYSICIAN OFFICE CENTER NURSES' STATIONS TELEPHONE LIST

Medical Group Practice598-4850
 Medical Specialties
 Metabolic/LTC/HMR598-4861
 Pulm/Card/Allergy.....598-4855
 Rheum/GI/Back Clinic598-4855
 Neurology/Dermatology.....598-4890/598-4865
 Obstetrics/Gynecology598-4880
 Ophthalmology598-4820
 Orthopaedics.....598-4831
 Otolaryngology598-4825
 Pediatrics
 Group Practice.....598-4835
 Specialties598-6833
 Pre-Admission Testing598-4885
 Surgical Specialties.....598-4890

ADDITIONAL TELEPHONE NUMBERS

Chestnut Ridge Hospital----- 598-6400
 Communications/News
 Amy Johns ----- 285-7264
 Continuing Medical Education
 Kari Long ----- 293-3937

HealthSouth MountainView

Regional Rehabilitation Hospital -----	598-1100
MARS-----	598-6100/1-800-WVA-MARS
MDTV-----	293-6926
MECCA (Medical Examiner) -----	304-599-6382
University Health Associates Administration ----	599-2273
Visiting Clinicians-----	598-6900 ext. 5941
WVU HealthLine-----	598-6100/1-800-982-8242

CARE MANAGEMENT

Care Management's Mission is to provide high quality, efficient healthcare to patients through coordination and collaboration of care with internal and external providers. Through multidisciplinary teamwork, this department assists the patient with developing and implementing their transition plan to the next level of care (home, rehab, skilled nursing, etc.). This team also provides all communication with insurance companies to obtain authorization for the patient's stay. The Care Management team consists of specially trained Registered Nurses as well as Medical Social Workers.

You can assist the patient and Care Management Team by providing timely notes that detail an accurate daily plan so that we can provide updates to insurers as well as plan for the next level of care. We may be calling you if we are not able to determine by the documentation what the plan may be. Please also be aware that patients who are in observation status may be responsible for copays on all tests ordered as well as home medicines taken while in the hospital depending on insurer. We will be working closely with you to expedite observation stays.

The Care Management Department is located on the 4th floor in the NE tower of the Hospital and is open 8:00 a.m. to 4:30 p.m. seven days a week. The main office number is 304-598-4183.

You can reach your Clinical Care Coordinator or Medical Social Worker during the day by calling 304-598-4183 or after hours by paging 331-5040.

CHAPLAIN/SPIRITUAL CARE

Hospitalization creates many crises for patients and families. Fear, meaninglessness, and loss of hope are only some of the possibilities. Chaplains provide emotional/spiritual support regardless of religious belief. A chaplain is available 24 hours a day, seven days a week. The Spiritual Care department can also access religious leaders for persons of all faith groups, by contacting a rabbi, priest, iman or other religious leader. The chaplain on-call pager is 0590.

Some possible reasons to page a chaplain may be:

- support for the crisis of a new diagnosis
- pre-surgery support when the patient is apprehensive
- support to family during disconnection from mechanical ventilation
- palliative care patient support/ decision making for end of life
- grief support near or at the time of death
- when a patient needs help processing a loss such as amputation, loss of mobility, or unexpected life change resulting from injury or illness
- when the patient has lost hope or is anxious and fearful
- when a patient feels a need for a specific religious ritual (baptism, communion, anointing, etc.
- when a patient wants someone to pray with/for him.

The Prayer and Meditation Room is located on the first floor in the hallway past the East Lobby of Ruby Memorial Hospital. It is open 24 hours a day. Services are held in the chapel at various times and are open to all staff, visitors, and patients.

CHILD DEVELOPMENT CENTER

The Child Development Center supports siblings of currently enrolled children (first priority), WVU Healthcare benefits-eligible employees (.5 FTE or greater), clinical faculty, residents and fellows.

The center is licensed by the WV Department of Health and Human Resources and utilizes the Early Childhood and Infant Toddler Environment Rating Scales as a service quality measure.

The Child Development Center offers a developmentally appropriate program for children between 6 weeks and 5 years of age. Please call the center to inquire about our waitlist.

The center's programs and curriculum are designed to promote a positive self-image and provide for exploration and learning via a safe and stimulating learning environment. Learning is self-paced, based on individual goals and objectives, and considered to be a natural occurrence in a caring and nurturing atmosphere.

The facility, located on site to the right of the Family House, was specifically designed to meet the needs of young children. Indoor classrooms and outdoor play areas were designed to create a safe environment allowing for exploration and the expression of individual creativity.

For more information, call the center at 304-598-4788, or the director, Brittany Lucci, at 304-598-4785.

CONTINUING MEDICAL EDUCATION

The WVU School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Medical Education (CME) offers a variety of accredited CME activities, including conferences, lectures, personalized learning opportunities, videos and web courses. CME activities are offered to physicians at the Health Sciences Center and throughout West Virginia.

For a schedule of offerings and upcoming conferences: <http://www.ce.wvu.edu>.

COST-EFFECTIVE CARE

Changes in the healthcare marketplace that drive down revenues make it essential that we practice high quality, cost-effective care. Care management, clinical pathways, and clinical practice guidelines have been introduced into our system to enhance the value of our services. It is important that residents and fellows recognize the value of these services and familiarize themselves with these projects.

Care management is the process by which all health-related matters of a patient's hospital stay are managed. Care management is intended to ensure continuity of services and accessibility. It also seeks to match the appropriate intensity of services with the patient's needs over time.

A clinical pathway is the plan of care used by the healthcare team to sequence the care-giving process (assessments, tasks, etc.) at the direct care level in the promotion of quality, cost-effective outcomes. Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances. Order sets have been developed to assist in following a pathway or guideline and to document outcomes or treatments.

DEATH OF A PATIENT

Pronouncement of Death

Background Information

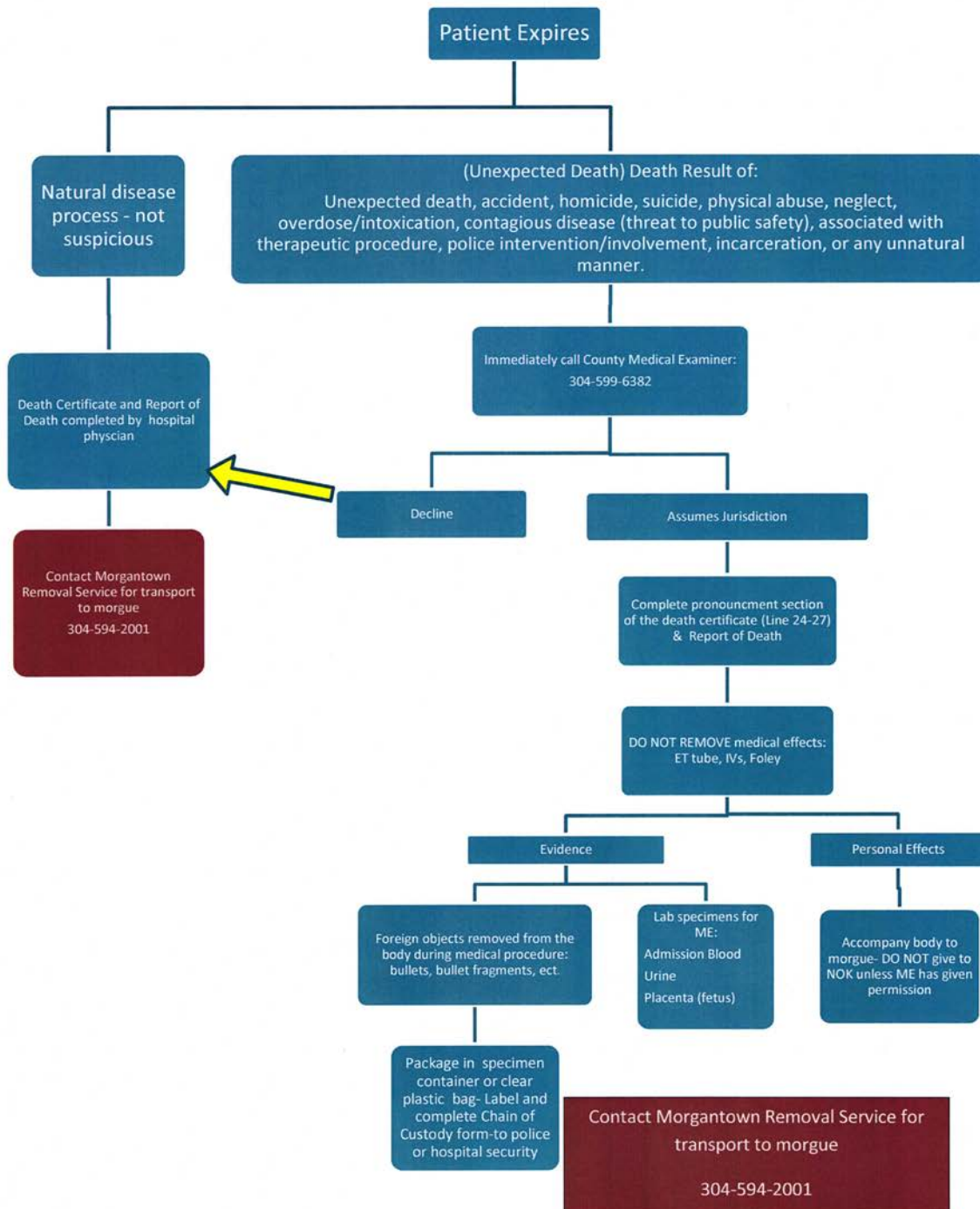
The time of death can be recorded as (1) the time a body is found, (2) the time that death is witnessed, or (3) the time that death is pronounced. Time pronounced is an administrative convenience that assumes importance for mainly for patients who die en route to a hospital while crossing state or county lines. In such an instance, the death certificate is filed in the place that death is pronounced. Hospital physicians normally do not bother considering time found or time witnessed, and use time pronounced exclusively.

The law recognizes two ways of determining that death has occurred: (1) Cessation of the heartbeat and respiration (the ancient common law criterion) and (2) Cessation of brain activity. The hospital has a written protocol for the steps to be followed to determine brain death, and it is not repeated here.

Procedure

1. Record the time that you verify that the heartbeat and respirations have ceased, as the time pronounced dead; OR
2. Record the time that brain death was determined, in accordance with hospital brain death protocols.

FLOW CHART TO DETERMINE IF THE DEATH NEEDS TO BE REPORTED TO MEDICAL EXAMINER



Referral to Medical Examiner

Background

The West Virginia Postmortem Examinations Act requires that a death be referred to the county medical examiner. See *West Virginia Code Chapter 61 Article 12* for more details.

Reportable deaths:

- Unexpected
- Accident
- Homicide
- Suicide
- Physical abuse
- Neglect
- Overdose/Intoxication
- Contagious disease (threat to public safety)
- Associated with therapeutic procedure
- Police intervention/involvement
- Incarceration
- Wards of the state
- ANY UNNATURAL MANNER

NOTE: If the manner of death is not natural, report it to the medical examiner.

Note that:

- (1) This list does not include deaths by *therapeutic complication* of disease. The medical examiner is not the doctor police. However, if you have a death by therapeutic complication, and prudent risk management suggests that referral to the medical examiner would be helpful to the hospital, feel free to do so in consultation with your attending physician.
- (2) There is no statute of limitations on referral and there is no 24 hour rule. It does not matter how long the survival interval might be after an injury. For example, the death of a 93 year old woman with cancer of the esophagus at the site of a

stricture caused by accidental lye ingestion at the age of 3 must be reported to the medical examiner.

The county medical examiner (a non-physician with some medical background, appointed by the chief medical examiner) will respond to a referral by:

- Taking jurisdiction (assuming control of the body and issue a death certificate); OR
- Declining jurisdiction (not taking charge of the body and not issuing a death certificate).

The medical examiner has the discretion to order an autopsy if needed to determine the cause of death. The decision to autopsy is made by the chief medical examiner or a deputy chief medical examiner in Charleston, acting on information phoned in by the county medical examiner. The chief and deputy chief medical examiners are forensic pathologists.

Currently, the general practice by the Office of the Chief Medical Examiner is to order autopsies for deaths by criminal agency, deaths for which the circumstances suggest that intoxication by drugs or alcohol is the cause of death, and deaths of prisoners (even if caused by disease and occurring in the hospital). The OCME will usually NOT autopsy victims of traffic accidents and industrial accidents unless criminal charges are pending, and will usually NOT autopsy when the death is apparently natural and the decedent is over the age of 50, even with no medical history.

Procedure

1. Make telephone notification to the county medical examiner for any death falling into the classes of deaths listed above. Be prepared to give the name, address, date of birth, and a cogent clinical summary. The telephone number for the Monongalia County Medical Examiner is (304) 599-6382.
2. When the county medical examiner calls back, ask if the medical examiner is taking jurisdiction and whether the medical examiner will perform an autopsy.
3. If the county medical examiner fails to call back in a reasonable amount of time, call the state medical examiner at (304) 558-6921. Be aware that the state police answer the phone after hours for the state medical examiner.

Autopsy and Notification of Family

Background

Autopsies are important for the following reasons:

- Medical education. Some autopsies are diagnostic; they reveal an important diagnosis that was not anticipated clinically. Most autopsies confirm the clinical diagnosis. Both sorts of autopsies provide valuable feedback to hone the clinical skills of the physicians. CT scans, MRIs and other advanced imaging techniques

are wonderful diagnostic tools, but the autopsy is the gold standard for morphologic diagnosis. If you want to be as good as Dr. Osler, do what he did, and seek autopsies.

- Quality assurance. For the autopsy to be a useful feedback tool on a systematic basis, the autopsy rate has to be as high as possible. Certain programs, such as trauma surgery, have formal requirements for high autopsy rates.
- Risk management. Autopsies reduce the number of speculative scenarios that can be introduced by plaintiff attorneys, and thereby reduce the cost of defending lawsuits against medical providers. This is true whether or not the patient has had a therapeutic accident.

It is the policy of WVU that autopsy consent be sought for every patient death where an autopsy is not ordered by the medical examiner. At WVU the responsibility for obtaining consent for an autopsy lies with the patient's attending physician and the house officers under the attending physician. See Policy III.030 for more information.

The next of kin have a common law right to claim the dead body promptly and in good condition. The state, via the medical examiner, can, by authority conferred by statute, override that right for the purpose of investigation and autopsy.

An autopsy is performed pursuant to:

- Permission of the next of kin; OR
- the medical examiner statute.

In other words, if the medical examiner does not order an autopsy, it can be done only by consent.

Autopsy consent must be written. Written consent can be obtained in person or over the telephone. See, Administrative Policy III.010.

Most of the autopsies at WVU are performed by a forensic pathologist who are on the faculty of the Pathology Department. The Pathology Department performs autopsies for the Office of the Chief Medical Examiner under contract. Whether the autopsy of your patient is performed pursuant to consent or pursuant to medical examiner order, it will be performed by a WVU pathologist in the WVU autopsy facility.

Autopsies are performed 365 days a year, including holidays. If the medical records, valid consent form, and the body are delivered to the morgue before 1:00 PM, the autopsy will be performed the same day.

The body will be viewable at the funeral home.

- A complete autopsy that includes examination of the contents of the head, neck, chest, abdomen, and pelvis, is compatible with an open casket view. The pathologists at WVU take special care to not interfere with the needs of the embalmer for an intact face, intact hands, and arterial access to the head and extremities. Incomplete autopsies have little value and amount to little more than specimen retrievals.
- The body of a morbidly obese patient does not cool efficiently in refrigerated storage. A prompt autopsy will accelerate cooling and prevent decomposition, and help ensure satisfactory embalming.

The autopsy pathologist will telephone a faculty clinician before the autopsy to learn what questions are relevant to the clinicians, and after the autopsy to provide data in advance of the autopsy report.

WVU will also perform an autopsy on the body of any WVU patient who dies outside the hospital but under the care of a WVU physician. The hospital assumes the cost of the autopsy and the family assumes the cost of transporting the body to the WVU autopsy facility. The physician who requests the autopsy is responsible for obtaining the written consent and notifying the autopsy service.

Procedure

1. Report the death.

- Inform the family of the death
- Complete and sign Form VS-002, "Report of Death."
- Complete the staff notes on the patient chart.
- Sign the Doctors Order Sheet with a note to transfer the body to the morgue (note: bodies are NOT released directly to funeral homes from the floor).

2. Request consent for an autopsy whenever the medical examiner is unlikely to order an autopsy (see above).

- Request consent for an autopsy from the person with the highest priority. The order of priority is:
 - Medical power of attorney;
 - Surviving spouse;
 - Adult child;

- Parent;
- Healthcare surrogate;
- Acting fiduciary of the estate
- Party claiming the remains for burial or cremation.
- Note that:
 - “Sibling” does not specifically appear in the priority list. However a sibling can consent if the sibling is a surrogate or is the party claiming the remains.
 - West Virginia does not recognize common law marriage. A common law spouse cannot consent in the role of spouse.
 - Although separated spouses are still legally married, the West Virginia law on autopsy consent defines “surviving spouse” so as to exclude a legally separated spouse.
- Ask the person providing consent if he or she would like a phone call from the clinician or the pathologist. If the consenting person wants a call from the pathologist, write a note to the pathologist to be attached to the consent form, and include the name and telephone number for the contact.
- Make sure that a second witness signs the consent if it is obtained by telephone.
- Request a complete autopsy. If the family member wants to exclude certain parts of the body from examination, or focus on only one part, remind the family member that viewing will be possible with a complete autopsy, and that finding “a” cause of death is not the same thing as finding “the” cause of death (example: finding a myocardial infarction, and failing to examine the head to find the cerebral hemorrhage).
- If the family insists on a partial autopsy as a condition of consent, write the limitation on the consent form in a complete sentence. If you write only the word “head” the autopsy pathologist will not know whether this means to examine the head only, or to exclude the head.
- Ensure that the autopsy consent form, the death certificate, and the paper components of the patient’s chart (outside hospital records, usually) accompany the body to the morgue. The pathologist needs to review the chart.
- If the body will arrive in the morgue after 4:00 PM Friday or after 4:00 PM on the eve of a holiday, notify the anatomic pathology resident on call that consent has been obtained for an autopsy.

3. If you wish to attend the autopsy you are welcome. The autopsies are conducted at the Operations Support Center, 3040 University Avenue. Call 285-7095 during daytime hours for times.

Death Certificate

Background

The main purpose of a death certificate is to create a legal document that states that death has occurred. A secondary purpose is to state where and when death occurred. Tertiary purposes include recording a cause-of-death opinion and a method of disposition for the remains (burial, cremation, donation).

The death certificate has three sections.

- The top section has the name of the decedent, the place of death and the date of death, and the place and method of disposition of the remains. This part is filled out by the funeral director.
- The middle section is for the pronouncing physician, if different from the certifying physician. It allows one physician to make entries for the fact of death, and the other physician for the cause of death.
- The bottom section is for the cause of death and is filled out by the physician or the medical examiner. For hospital deaths this part is the most important part and is filled out first by the certifying physician.

What should you list as the cause of death?

- List the underlying disease. Much of the time this disease will be known when the patient is admitted. Examples of underlying diseases: Cancer of breast. Ischemic heart disease.
- Do not list physiologic derangements such as cerebral edema, congestive heart failure, and shock. These are common end points for any number of diseases. The vital statistics bureau does not code physiologic derangements, so don't waste your time listing them. You may think of these things as causes of death but the public health people do not, the medical examiner does not, and the courts do not.
- **Do not list cardiac arrest or respiratory arrest.** These events merely qualify the decedent to receive a death certificate but are not causes of death. The fine print instructions on the certificate tell you not to use these terms.
- Don't try to tell a story on the death certificate. The vital statistics people just want to know which category of disease to file the death under.

Here is an example of a competently executed cause of death:

Cause of death (Part I):

a. **Arteriosclerotic heart disease** *due to*

b. [no entry] *due to*

c. [no entry] *due to*

d. [no entry]

Contributory cause of death (Part II):

Diabetes mellitus; chronic bronchitis and emphysema.

Procedure

1. Get a blank death certificate form from the unit clerk.
2. Using BLACK INK, fill in the spaces for:
 - Pronouncement of death (lines 24, 25, 26, 27).
 - Whether death was referred to the medical examiner (line 30).
 - Name of decedent (the dead patient). Write the name of the patient over on the left margin near the top, in the space provided. This entry does not show on the certified copies. The funeral director will get the correct spelling and type it on the main part of the form on line 1. Do not use line 1.
 - You do not need a license to practice medicine or osteopathy in West Virginia to complete these lines.
 - Do not sign the certificate unless you will be providing the cause of death.
2. If you are licensed and can certify the death, fill in spaces on the certificate as follows using BLACK INK:
 - Indicate whether an autopsy was performed and if the autopsy information was available when you opined the cause of death, on lines 32a and 32b.
 - Check off the manner of death as natural (line 35b). If you think it should be accident, suicide, or homicide, don't fill out any certificate, call the medical examiner. This includes femoral neck fractures and subdural hematomas from ground level falls, which are accidents, even if the fracture merely contributed to a death mainly caused by disease.
 - Fill out the cause of death (item 31, multiple lines). You can get fancy with an immediate cause of death on line "a," then two intermediate causes on lines "b" and "c," and finally an underlying cause on line "d," but all the death certificate needs is the underlying cause. If you only intend to list the underlying cause, put it on line "a" in Part I. Part II is for contributing causes of death but does not permit stratification into immediate, intermediate, and underlying causes.

- Do not use abbreviations or acronyms. Spell it out. Your “MI” might mean myocardial infarction, but the coding clerk might take it to mean mitral insufficiency.
- Sign, print your name, and date your signature in the spaces at the bottom (lines 37a, 37b, and 37c). Include WVU, Morgantown WV for your address. Do not use the signature space for the registrar at the very bottom space.

DENTISTRY

Services

With locations at 451 / 453 Suncrest Towne Centre Drive and the WVU Health Sciences Center, the School of Dentistry clinics offer comprehensive dental care for the entire family. Outpatient services and hospital inpatient services include diagnostic, urgent, and emergent treatment, oral and maxillofacial surgery, the management of patients with medical problems or other special needs, dental implants, oral and maxillofacial pathology, periodontics, pediatric dentistry, orthodontics, endodontics, and a wide variety of restorative services such as routine restorations, cosmetic bonding, tooth whitening, crowns, bridges, and dentures. Call 293-2841 for inpatient consultations and 293-5831 for outpatient appointments. For inpatient consultations after hours, page the dental resident on call.

Oral and Maxillofacial Surgery

This section provides diagnosis, surgical, and adjunctive treatment of diseases, injuries, and defects involving both the functional and aesthetic aspects of the head and soft tissues of the oral and maxillofacial region. Special services include implant surgery, impacted teeth, jaw reconstruction, orthognathic surgery, TMJ surgery, and maxillofacial trauma. Call the office at 293-2841.

DISASTER INFORMATION

West Virginia University Hospitals has developed a comprehensive Phased Response Disaster Plan that will be activated if an event results in large numbers of casualties. The overhead page will be "Code Triage Level I, II or III has been activated". This plan incorporates systems to recall selected individuals to Conference Room 3A/3B and designates their duties, depending on the type of disaster and other factors. Copies of the Disaster Plan are located in the Hospital Administrator's Office, on Connect under Policies and Procedures and all departmental offices. In large scale events where a Code Triage Level I, II or III is declared, resident physicians may be directed to the physician's labor pool located in Conference Room 4 in the POC.

It would be helpful for each house officer to become acquainted with portions of the Disaster Plan which he or she may be called upon to fill. The Disaster Plan will be tested several times a year. Your full cooperation is appreciated.

ELEVATOR USE

The hospital has six banks of elevators. The front four cars 1, 2, 3, and 4 are restricted

for the sole use of Visitors. The middle three cars numbers 5, 6, and 7 are for Patient Transport only and the back three cars 8, 9, and 10 are service cars for employees, staff and material movement throughout the house. Elevators 21 & 22 are for service, elevators 23 & 24 are for patient transport and elevators 25 & 26 are for visitors. Connecting bridges are located on level 7 and 8 with building connections on levels 4, 5, and 6.

If you are not transporting a patient, you should utilize the back service elevators or the stairway.

It is very important for everyone to cooperate by restricting the use of the middle elevators for transporting patients only, thereby ensuring their timely arrival to their destinations.

EMERGENCY DEPARTMENT

The Emergency Department at West Virginia University Hospitals has a patient population encompassing all levels of care. It is the intake point for our Level 1 Trauma Center and Primary Stroke Center activity and is the medical command (MedCom) center for 28 counties and 41 other hospitals that participate in the regional EMS network. These factors contribute to unpredictable swings in patient load and acuity. Except in unusual circumstances, the patient who clearly requires admission is not to be kept in the Emergency Department beyond the phase of stabilization.

Patients transferred from outside facilities (whether it be in-patient hospital floors, ICU's, or outside facility Emergency Departments), should be made direct admissions to the appropriate WVUH receiving units. The ED is not to be used for convenience workups.

The Emergency Department is the main public relations window of this hospital to the local community. The department is selected by patients who generally have an option to take their business elsewhere. Our hospital has a critical dependence on that business. Your presentation and attitude will play a large part in the patient's perception of the ED and the hospital as a whole.

There is at least one attending emergency physician present at all times in the Emergency Department. Before ordering more invasive testing, advanced imaging studies (i.e. CT's, MRI's, etc), or making a definitive disposition decision on an Emergency Department patient, you should obtain the consent of the attending EM physician. Feel free to ask the advice of the emergency physician at any time. He or she is there to provide both primary and consultative care. The patient is an Emergency Department patient until admitted.

Before transferring any patient to an inpatient unit, please inform the ED nurse caring for that patient and be sure that the formal admission process has been completed.

If you are aware of a patient coming to the ED, be sure to inform the staff in advance, even if you intend to see that patient yourself. This will reduce confusion and allow the department to provide a smooth welcome to the patient. You may be asked to speak to the charge nurse and then to the attending physician. This is to protect the patient and

to manage available beds in the ED. Your full cooperation will greatly enhance patient care.

You should not arrange to see any patient directly if that patient has a potentially urgent problem that lies outside your service's specialty. The emergency physician initially should see all such patients.

Your service does have medico-legal responsibility for the in-transit welfare of interhospital transfers. Other patients who come by ambulance from their homes may require prehospital management by EMS command. Therefore, if you are aware of a patient who may be coming by ambulance, please inform the department of that fact. The ED staff may be able to help you arrange proper packaging and transport by qualified personnel.

The variability of patient load, the finite limits of attending physician and nursing staff time, and bed space necessitate the rationing of those resources for the best outcome for all patients. You should not expect nursing staff to perform detail work for you at all times; be prepared to do this yourself when the ED is busy. If the initiation of therapy or testing is not part of the screening process or is not urgent, it should be deferred until the patient is admitted to the floor or unit. For example, ordering and asking the ED nurses to draw blood for additional laboratory tests that are "send-out" tests or tests that are not going to produce rapid results that are utilized to make urgent decisions in the Emergency Department, (i.e. rheumatoid factor, ANCA's, etc), should be deferred to the inpatient setting or appropriate outpatient clinic setting when Emergency Department staff are very busy.

If the department requires your patient's bed to maintain patient flow, you may be asked to shorten the patient's stay in the ED. Please do not object to reasonable requests of that nature. The personnel in the Emergency Department will do everything possible to protect each patient and facilitate the prompt and thorough care of that patient. If you have urgent needs, ask for help and you will receive it immediately. Conversely, if they have urgent need of your assistance or the space occupied by your patient, please provide the necessary help.

At times, patients will require transfer from the ED to outside facilities for services that we are not able to provide. An example would be burns of a specific type and body percent. If you are consulted or treating a patient that meets that type of circumstance, very specific documentation is required. Inadequate documentation may put you and the hospital in violation of federal law (EMTALA). Ask the ED staff for assistance to ensure compliance with the law if you are unfamiliar with it.

HealthNet Aeromedical

HealthNet Aeromedical Service's primary purpose is to assist and augment the capabilities of community hospitals and EMS services by providing prompt emergency response and transport for patients requiring transfer to specialized medical facilities.

To inquire about patient transports in or out of Ruby Memorial Hospital, call MedCom, 74100.

Poison Index

For information regarding treatment or side effects, call Med Com at 74100.

EMPLOYEE HEALTH

Employee Health, located on the 2nd floor of Ruby Memorial Hospital, is responsible for ensuring that all employees are safe to care for patients. Before beginning any patient care, all house staff must provide documentation or receive the following immunizations:

- 1) Hepatitis B vaccination 1, 2, & 3 or positive Serological testing for Hepatitis B antibody. (must have a positive antibody level if no record of vaccination.)
- 2) MMR (Measles, Mumps & Rubella) 1 & 2 or positive Serological testing for MMR antibodies (must have positive antibody levels if no record of vaccination.)
- 3) History of Chicken Pox or Varicella 1 & 2 or positive Serological testing for Varicella antibody. (must have a positive antibody levels if no record of vaccination.)
- 4) Tetanus, diphtheria and pertussis (Tdap) 1 booster and then routine Td every 10 yrs.
- 5) Two-step Tuberculosis (PPD) skin testing. (All new HCW's are given a PPD skin test unless they have a history of a documented positive PPD (>10 mm) or documentation of a negative skin test within the past 30 days. HCW's who **have not had** a documented negative skin test within the last 12-month period are required to have two-step PPD skin testing done. The second PPD will be placed 1-2 weeks after the initial test.) Quantiferon blood test may be used as an alternative testing for TB.
- 6) For those HCW's with history of a positive PPD, a copy of the most recent CXR is required.
- 7) Laser eye exams are required for the following departments: Anesthesiology, OB/GYN, Ophthalmology, Otolaryngology, Surgery, Urology, Dermatology, and Pulmonary. Laser eye exams will be completed at orientation or may be scheduled through the POC Eye Center.
- 8) Color blind testing will be completed by Employee Health clinical staff.
- 9) All employees will need to set up a Ready Set account with Employee Health. This is the information source for record keeping.

The Hospital Bloodborne Pathogen Exposure Control Plan is located in the Infection Control manual under Employee Health section. The plan can also be accessed on Ruby Online under Policies and Procedures in the Infection Control Manual Section IX.

All bloodborne pathogen exposures must be reported to the Employee Health Office by calling 74160 during regular office hours. Exposures occurring between the hours of 4:30 pm and 6:30 am, weekends or holidays should be immediately reported to the House Supervisor at pager #1678 with follow-up in Employee Health office next scheduled business day unless advised to report to the ED by the House Supervisor. All exposure follow-up visits are with the Employee Health Office. All other work related injuries should be reported to the Emergency Department or primary care provider of employee's choice.

Employee Health is open from 6:30 a.m. to 4:30 p.m. Monday through Friday except holidays.

ENTERPRISE ANALYTICS/PERFORMANCE IMPROVEMENT PROCESS (PI)

Performance improvement is the dedication to quality and excellence as a way of life. It's a never-ending improvement of product and service, a reflection of our Statement of Values. The Enterprise Analytics department employs the concepts of PI (to meet or exceed the expectations of the customer by providing knowledgeable, well-trained personnel who collaborate with the healthcare team to improve the system) to serve our customers. Customers can be patients, families, employees, house staff, clinical/bench physicians, or referring physicians - practically anyone who benefits from a performed service.

Enterprise Analytics offers many services that can be useful to physicians in training:

- Structured problem-solving processes using graphical techniques (graphical problem-solving techniques let you know where you are, where the variations lie, how important the problems are, and whether changes made have had the desired impact).
- Expertise in database or spreadsheet creation and maintenance.
- Research support via the ability to provide historical patient data (i.e., listing patients who had specific procedures, diagnosis, ancillary tests, or pharmaceutical drugs for a case study). Patient detail available only with HIM approved IRB proposal.
- Support in cost-containment, utilization, quality patient initiatives, or charging (i.e. specific charge for a given test or service).

Many other services are available. For more information, call the manager at 598-4000 extension 78414.

EPIC ELECTRONIC HEALTHCARE RECORD

Physician Quick Reference Guide

The Call Center or HELP Desk (304-598-4357 or 74357 or 7HELP) can be called any time there are questions or problems with Epic. The Quick Start Guide is available online. The link to this site is:

http://healthweb.rcbhsc.wvu.edu:81/merlin_training/MerlinWave2Web/assets/Manuals/OrdersResults_QS.pdf

To access the Quick Start Guide follow this path:

- Ruby Online
- Merlin link
- Merlin Training (under the blue hat)
- Quickstarts
- Quickstarts by Role
- Physican
- Select Quick Start guide
 - ASAP Wave 2 Physician – for ED info
 - CDR Plus – for Clinic info
 - Orders & Result – for inpatient info
 - Oncology Physician – for inpatient & outpatient info

Signing Orders

All verbal/phone orders must be signed within 24 hours. Utilize the cosign orders report or the InBasket to cosign your verbal/telephone orders.

ETHICS AND PALLIATIVE CARE

Advance Directives

Patient Self-Determination Act

The federal Patient Self-Determination Act requires that each person, at the time of admission to any healthcare facility, be advised that living will and medical power of attorney forms exist and are available. The act also requires that assistance in completing the forms be given if the person desires. Under no circumstances is admission to a healthcare facility based on a person completing either a medical power of attorney or living will.

Under state law, the Living Will and the Medical Power of Attorney become effective only when patients have lost decision-making capacity. Instruction booklets and copies of the Living Will and Medical Power of Attorney forms are available at each nursing station and from hospital social work case managers. Housestaff are encouraged to review this information and hospital policy III.025, Patient Advance Directives, so they can be knowledgeable and answer patient questions about these forms and their importance.

It is hospital policy to encourage patients to complete advance directives at the time of admission if they have not already done so. Since patients often are under stress when they are hospitalized, it is preferable for physicians to discuss advance directives with patients when they are in the outpatient setting and to encourage patients to complete them prior to admission.

Cardiopulmonary Resuscitation

Resuscitation of cardiopulmonary arrests in West Virginia University Hospitals is done by predesignated personnel who function within a defined and monitored system. The code team responds to all buildings and areas of the hospital.

Cardiac and pulmonary arrests should be reported by dialing 7777 and telling the Medcom operator the location of the arrest. The operator will inquire whether this is an adult or pediatric arrest. The operator will announce "Code Blue, (code location)" on the overhead paging system for adult codes and will activate the code beepers.

The code beepers are carried by the medical consulting resident, an anesthesiology resident, a pediatric resident, a pharmacist, a respiratory therapist, and a nursing service representative. When available, the primary physician should be present. Other health professionals are encouraged to respond to the overhead page, especially at night. If an adequate number of people are already present, please leave the area to reduce congestion, disorder, and noise.

The primary physician should make his/her role and identity clear and take charge of the situation. The medical consultant will check on the progress and be responsible for services with no in-house or available coverage. Other team members should announce their identity and specialty as they arrive.

Hospital crash carts are placed in designated locations and brought to arrests by staff responsible for particular areas. The forms for documentation of the resuscitation process are located on the carts. One copy of the form goes to the patient chart and the second copy should be returned to the Quality Nurse Specialist for periodic review.

For critical care areas, the formal code paging may or may not be initiated in the event of a cardiopulmonary arrest. This will be left to the discretion of the physician in charge.

Orders during a code will not be entered into Merlin. All laboratory and ancillary orders will be ordered on downtime requests stacked on the code cart and sent to the appropriate area. After the patient stabilizes orders will be entered into Merlin.

No CPR Orders

West Virginia University Hospitals, like other hospitals throughout the United States, has a policy that cardiopulmonary resuscitation will be performed in the event of a cardiopulmonary arrest unless a No CPR order has been written. No CPR orders are appropriate when the patient refuses to undergo cardiopulmonary resuscitation or when the performance of cardiopulmonary resuscitation is not likely to benefit the patient. Usually physicians and patients (or surrogates) need to agree to a No CPR order before it is written. Exceptions to this practice are described in the hospital No CPR policy.

Since most patients with chronic illnesses who are admitted to West Virginia University Hospitals are unlikely to benefit from cardiopulmonary resuscitation, residents should make it a practice to discuss patient wishes regarding cardiopulmonary resuscitation during or shortly after admission and to document patient code status in their orders. A patient may also present an Advance Directive/Living Will with instructions regarding his or her wishes in case of arrest or serious illness. This may be found in the patient's medical record under the Advance Directive tab. For further clarification regarding this

policy, which is contained in the West Virginia University Hospitals Policy and Procedure Manual in Section IV.055, please refer to this manual, available at each nursing station or Ruby OnLine.

Residents should be aware that West Virginia has a Do Not Resuscitate Act that provides for out-of-hospital Do Not Resuscitate orders. At the time patients with No CPR orders in the hospital are discharged, residents should offer to complete and issue to patients an orange Do Not Resuscitate card. The cards and information are available at the nursing stations and from the Department of Care Management.

Residents also should be aware that state law requires that patients with a Do Not Resuscitate order who are being discharged to another healthcare facility (e.g., another hospital or a nursing home) need to have a written copy of the Do Not Resuscitate order accompany them to the receiving healthcare facility. Also, state law requires that the receiving facility be notified in advance of the patient's Do Not Resuscitate status.

It is state law that the wishes of patients wearing Do Not Resuscitate identification be respected and that cardiopulmonary resuscitation be withheld from them and that they be given palliative care instead.

Ethics Committee

The Ethics Committee of West Virginia University Hospitals assists in resolving ethical problems in patient care through its interdisciplinary Ethics Consultation Service, a subcommittee of the hospital Ethics Committee. The Ethics Consultation Service is available to all hospital healthcare professionals, patients, patients' families, and other patient representatives. Although primary responsibility for identifying and resolving ethical problems in the clinical setting rests with healthcare professionals in concert with patients and their families, hospital staff is encouraged to seek timely involvement of the Ethics Consultation Service in ethically troublesome situations.

Attending physicians and house staff most often seek the help of the Ethics Consultation Service in the following circumstances:

- When they are confronted with the issues of withholding or withdrawing life-sustaining treatment;
- When they are having difficulty establishing cardiopulmonary resuscitation status with a patient or surrogate decision maker;
- When there is a question about the patient's decision-making capacity; and
- When there is conflict between the patient/family and the treating team.

Physicians are encouraged to request an ethics consultation in the following circumstances:

- When there is disagreement between the physician and the patient (or surrogate decision maker);
- When there is a disagreement among the attending physician, house staff, and consultants with regard to the appropriate treatment of a patient;

- When a case is unusual or very complex ethically; and
- When the patient lacks decision-making capacity and there is no surrogate decision maker or advance directives to guide the decision-making process for this patient.

To request an ethics consultation, call the hospital operator.

Palliative Care

WVUH provides a palliative care consultation service, a multidisciplinary team available for consultation to patients who are chronically ill or dying.

Palliative care is the active, total care of patients whose disease is beyond cure. Control of pain, of other symptoms, and of psychological, social, and spiritual problems is paramount. The goal of palliative care is to achieve the best possible quality of life for patients and their families.

Consultation to the palliative care service is appropriate for assistance with:

- Communication about end-of-life care issues to a patient and/or family, including goal clarification
- Pain management that is not achieving satisfactory levels of pain control
- Patient care and family support when it is deemed likely that the patient will die during the hospitalization
- Management of symptoms of terminally ill patients such as myoclonus, delirium, weakness, dyspnea, cough, “death rattle,” and anorexia
- Psychosocial and spiritual support for patients and/or families.

Physicians can access comfort care orders through Merlin. There are orders for limiting aggressive, life-sustaining treatment (including CPR, tube feedings, etc.), general measures for comfort, providing adequate pain and symptom management (including morphine drips, patient-controlled analgesia, control of nausea and vomiting, and dyspnea, etc.), requesting chaplaincy services, asking for social work staff to assist with advance directives, and making referrals to hospice and home care.

Call the Palliative Nurse Coordinator at 78623 or 75399 or call 293-7618 to obtain a Palliative Care Consultation. Services are available from 8 a.m. to 4:30 p.m. Monday through Friday.

Physician Orders for Scope of Treatment (POST) Form

The Physician Orders for Scope of Treatment (POST) form is a standardized form containing a physician’s orders for medical treatment for a person in accordance with that person’s wishes or, if the person’s wishes are not reasonably known and cannot with reasonable diligence be ascertained, in accordance with that person’s best interests. The form is to be completed by the attending physician or a licensed physician in West Virginia.

The POST form is particularly appropriate for patients being discharged to nursing homes and may be appropriate for patients being discharged to home with home care

or hospice. The form is available on the hospital nursing units and from Care Management.

The form is kept in the Advance Directives section of the open hospital chart. It indicates whether the person has completed an advance directive or had a guardian appointed and includes the signature of the person or his or her guardian, Medical Power of Attorney representative, or surrogate acknowledging agreement with the orders. The form indicates a physician's orders regarding cardiopulmonary resuscitation, level of medical intervention in the event of a medical emergency, use of antibiotics, and use of medically administered fluids and nutrition. The form indicates the basis for the physician's orders and includes the physician's signature.

If a patient is admitted who has a POST form, the form is to be reviewed upon the patient's admission by the attending physician and/or house staff, and the outcome of the review is to be indicated on the back of the form in the space provided. For further information about the POST form, see hospital policy IV.056, Withholding and Withdrawing Life-Sustaining Treatment.

Surrogate Selection for Patients Who Lack Decision-making Capacity

Surrogate selection forms may be completed by housestaff or Care Management.

They are available at http://www.hsc.wvu.edu/chel/wvi/_pdf/Surrogate_Selection.pdf.

When a patient lacks decision-making capacity and has not named a Medical Power of Attorney representative, the patient's physician is to select a surrogate according to state law (West Virginia Health Care Decision Act) to assist in decision making for the patient. In accordance with the law, the physician must make a reasonable inquiry as to the availability of possible surrogates listed in the order below:

1. the patient's legal guardian
2. the patient's spouse
3. the patient's adult children
4. the patient's parent
5. the patient's adult siblings
6. the patient's adult grandchildren
7. the patient's close friends, and
8. any other person or entity, including, but not limited to, public agencies, public guardians, public officials, public and private corporations and other persons or entities designated by the Department of Health and Human Resources. (An employee of WVUH or University Health Associates may not be appointed under this classification for a WVUH patient unless they are a close relative of the patient.)

For a behavioral medicine patient, the attending physician shall consult with the treatment team in choosing the surrogate decision-maker and have a second physician

document that the patient lacks capacity. The rationale for this decision should be documented in the patient's chart.

After such inquiry, the physician shall rely on surrogates in the order of priority set forth above, provided:

1. Where there are multiple possible surrogate decision makers at the same priority level, the physician shall, after reasonable inquiry, choose as the surrogate the one who reasonably appears to be best qualified. In determining who appears to be best qualified, the physician shall give special consideration to whether the proposed surrogate reasonably appears to be better able to make decisions either in accordance with the known wishes of the patient or in accordance with the patient's best interests. The physician shall consider in this determination the following factors:
 - a. the proposed surrogate's regular contact with the patient prior to and during the incapacitating illness;
 - b. his or her demonstrated care and concern for the patient;
 - c. his or her availability to visit the patient during the illness; and
 - d. his or her availability to engage in face-to-face contact with the physician for the purposes of fully participating in the decision-making process.
2. The physician may rely instead on a proposed surrogate lower in the priority if, in the physician's judgment, such individual is best qualified to serve as the patient's surrogate. The physician shall document in the medical record his or her reasons for selecting a surrogate in exception to the priority order above.

The hospital has a healthcare surrogate checklist to be completed during the process of surrogate selection to ensure that the law has been followed. Social workers are knowledgeable about this law and can assist physicians with this process. The surrogate decision maker, as identified by the physician, is authorized to make healthcare decisions on behalf of the patient without court order or judicial involvement.

If the resident physician has questions about the surrogate selection process, he or she may discuss them with the attending physician. The Hospital Ethics Committee and WVUH General Counsel also are resources for questions about selecting and using a surrogate for making healthcare decisions for a patient who lacks decision-making capacity.

Withholding and Withdrawing Life-sustaining Treatment

West Virginia University Hospitals has a policy for withholding and withdrawing life-sustaining treatment. The two main justifications for withholding or withdrawing life-sustaining treatment are that the patient does not desire such treatment or that the treatment will not benefit the patient. The policy describes the general principles to be used in making a decision to withhold or withdraw life-sustaining treatment and the procedure to be followed for patients with and without decision-making capacity. When decisions are made to withhold or withdraw life-sustaining treatment, Comfort Care

orders with regard to the treatments to be limited or withdrawn are to be completed in Merlin. For further clarification regarding this policy, please consult the West Virginia University Hospitals Policy and Procedure Manual, Section IV.056 and Administrative Policies III.025 and III.027.

WVU EYE INSTITUTE

The WVU Eye Institute is a 54,000 square foot state-of-the-art facility that opened in 2001. The clinical area consists of 44 exam lanes, a digital photography suite, laser surgery suite, special testing rooms, and a minor procedure room. The 2nd floor houses the Appalachian Center for Visual Rehabilitation and includes low vision services for adults and children.

The Institute staff is made up of 15 clinical faculty, 9 residents, and 4 fellows. This staff provides eye care in every sub-specialty of ophthalmology (comprehensive, pediatrics, glaucoma, cataract/lens implant, oculoplastics, orbital, lacrimal surgery, cornea, refractive surgery, medical retina, surgical retina, neuro-ophthalmology and low vision). The Eye Institute also houses the state's only training program for ophthalmologists.

FACILITIES ENGINEERING

This department provides routine building operations/maintenance services and emergency repair services. The department is responsible for all major systems within the hospital, as well as a wide variety of equipment. For emergencies related to utilities or building related, please call the building control dispatch. The building control center dispatch office is staffed 24 hours per day; please call extension 74107 for assistance. For all other requests, use the Connect web site for Facilities Management and generate a work order request.

FIRE PLAN

Fire Code

The hospital-wide fire page is "CODE RED." Upon initiation of a fire alarm, "CODE RED" will be repeated four times over the paging system.

Fire Alarm Zone

In case of fire, up to three floors may be involved in the fire. These floors, the Fire Alarm Zone, include the area of a fire, one floor above and one floor below. The fire system will have the following response within the Fire Alarm Zone:

1. Activation of the chimes;
2. Illumination of annunciator panels;
3. Automatic closing of fire doors.
4. Automatic voice message giving instructions.

Employee Response within the Three Floor Alarm Zone

1. Remove patients from immediate danger.
2. Activate the nearest fire pull box.
3. Attempt to control or extinguish the fire (if the fire is small) until help arrives.

4. Isolate the fire (close all doors in affected areas to contain fire and smoke).
5. Clear corridors.
6. Do not use elevators.
7. Await further instructions (i.e., "ALL CLEAR").

"ALL CLEAR" Paging

The "ALL CLEAR" signal will be announced by the paging operator. "CODE RED, ALL CLEAR" will be repeated four times. This announcement will indicate that activity may resume.

When the Fire is Not in Your Area

(You Will Hear Paging Announcement Only)

1. Do not use elevators.
2. Do not travel through areas within the fire alarm.
3. Await further instructions (i.e., "ALL CLEAR").

Fire Extinguishment Equipment

1. Automatic

There are two automatic systems in the building.

- A. Overhead Sprinkler System: This system will activate whenever temperature reaches 185 degrees Fahrenheit.
- B. Smoke Detection System: An alarm will activate if smoke is detected in the area.

2. Manual

A-B-C fire extinguishers are located in glass boxes on all floors. All fire extinguishers operate the same way:

- A. Pull the pin.
- B. Aim the hose at the base of the fire.
- C. Squeeze the handle. This releases the extinguishing agent.
- D. Sweep from left to right or vertically a few inches above the area.

It is extremely important that you, as well as the medical staff and hospital employees, observe the basic rules of fire safety. Please help us protect our staff, patients, and visitors.

GRADUATE MEDICAL EDUCATION

The Graduate Medical Education (GME) program is led by the Designated Institutional Official (DIO) who is an Assistant Dean of the School of Medicine with the support of the Administrative Director and staff. The Assistant Dean coordinates the implementation of Accreditation Council for Graduate Medical Education (ACGME) policies as they apply to institutional policies, and monitors individual programs at regular intervals to ensure adherence to ACGME policies.

Each program is overseen by a program director, who reports to the department chair. Directors ensure adherence to ACGME policies as they apply to specific programs.

The Graduate Medical Education (GME) Office, School of Medicine, acts as the advocate/liaison for residents with the WVU Medicine administration. Questions and concerns relating to the hospital and the residency program should be addressed to the Administrative Director.

The GME office is located in the Robert C. Byrd Health Sciences Center North, Room 1144. Office hours are 7:30 a.m. to 4:30 p.m. The office phone number is (304) 293-0672. Fax number is (304) 293-5160. Mailing address is P.O. Box 9001-A, Health Sciences Center.

A complete list of the GME/WVU by-laws can be accessed on the GME website at: <http://medicine.hsc.wvu.edu/gme>.

HEALTH ACCESS AND INFORMATION DEPARTMENT

The Health Access and Information Department (HA&I) is comprised of the WVU HealthLine, the Medical Access & Referral System (MARS), and the Referral and Transfer Center (RTC).

WVU HealthLine

The WVU HealthLine was implemented in 1995 to position the Robert C. Byrd Health Sciences Center (RCBHSC) in assisting managed care customers with accessing the appropriate level of care within a specific period. Over the last ten years the HealthLine succeeded as a customer friendly program yet the managed care focus has shifted leading to the decision to no longer continue to offer the WVU HealthLine RNs 24 hours a day, seven days a week.

While RNs won't be available 24 hours a day, seven days a week, WVU HealthLine representatives will be available. These representatives can make/cancel appointments, route calls to appropriate clinics and triage nurses, page providers, if appropriate, and register callers for Hospital sponsored screenings, courses and seminars.

The WVU HealthLine telephone number remains the same: 1-800-982-8242.

As always, those who feel that their health condition is urgent or emergent should go to an urgent-care center or an emergency room.

For 24/7 service, call 1-800-982-8242

Medical Access & Referral System (MARS)

The Medical Access & Referral System (MARS) was implemented in 1985 to enable rural physicians to contact WVU faculty physicians by phone to obtain patient treatment advice and to provide a mechanism for WVU physicians to make outbound calls to referring physicians. The program is utilized for the following:

- Arranging an ambulatory or ER follow-up appointment

- Conferring with a medical ethicist
- Connecting callers with the Language Line Interpreter Service
- Connecting internal physicians with external facilities, providers and patients
- Connecting referring providers with the appropriate WVU specialist for patient treatment advice
- Discussing new approaches to patient care
- Inquiring about continuing medical education programs or other services at the RCBHSC
- Providing up-to-date referring physician database information

For 24/7 service, call 1-800-982-6277 ext. 2

Referral & Transfer Center (RTC)

The Referral & Transfer Center (RTC) was implemented in April 1998 with the mission to improve communication between WVU physicians and external physicians regarding the admission, discharge, and post-surgical status of referred patients. The services of the Referral & Transfer Center have expanded to include mailing inpatient discharge summaries and operative reports to referring providers. Services offered include:

- Assisting Health Information Management with providing referring providers with requested patient information
- Assisting Physician Outreach Liaisons with locating and providing referring providers with requested patient information
- Obtaining discharge summaries and/or operative reports for referring physicians
- Processing electronically signed outpatient reports
- Providing back up for the MARS line and WVU HealthLine
- Tracking and capturing referring provider information
- Updating the Referring Provider database in Epic

For service, call 1-800-982-6277 ext. 2

HEALTH INFORMATION MANAGEMENT (HIM)/MEDICAL RECORDS

Coding Specialists

Coding specialists are located on the second floor of the WVU Medicine Operations Support Center in the Health Information Management Department (HIM). Electronic documentation is readily available in Epic. The HIM Department hours are Monday-Friday 8:00 AM – 4:30 PM. The Health Information Management main line is extension 74109 for assistance.

Miscellaneous paper documentation is collected from nursing units/clinics and scanned during the patient stay as well as the day following the patient's discharge and taken to HIM for scanning and available in EPIC via hyperlinks under the Medical Records or multimedia tab.

Occasionally the Coding Specialists or Clinical Documentation Information Specialists may contact you by inbasket message in EPIC for additional documentation needed in the chart or for diagnosis or procedure clarification. Any assistance provided or questions answered are greatly appreciated by the Coding staff. Your prompt response will facilitate account billing and completion.

Outpatient Coding Guidance

For outpatient accounts (labs, radiology, cardiology, etc) do not use Rule Out (r/o), possible, probable, suspected, or questionable (?) when recording your diagnoses. The diagnosis should reflect the symptoms that have brought the patient in for the test such as sore throat, abdominal pain, etc.

Coding Terminology

ICD-9-CM Internal Classification of Diseases (Diagnosis & Procedure Coding)

ICD-10-CM Internal Classification of Diseases, 10th edition (effective 10/2013)

*ICD-10-PCS Internal Classification of Diseases, Procedural Coding System
(effective 10/2013)*

<i>DRG</i>	<i>Diagnostic Related Groups</i>	<i>Inpatient Reimbursement</i>
<i>APR-DRG</i>	<i>All Patient Refined Diagnostic Related Groups</i>	<i>Inpatient measurement for Severity/Mortality</i>
<i>CPT</i>	<i>Current Procedural Terminology</i>	<i>Procedure Coding for Outpatients</i>
<i>HCPCS</i>	<i>HCFA Common Procedure Coding System</i>	<i>Identification of Supplies for Outpatient Billing</i>
<i>ASC</i>	<i>Ambulatory Surgical Center</i>	<i>Outpatient Reimbursement</i>
<i>APC</i>	<i>Ambulatory Payment Classification</i>	<i>Outpatient Reimbursement</i>
<i>MS-DRG</i>	<i>Medicare Severity Diagnostic Related Groups</i>	<i>Inpatient Reimbursement</i>

Clinical Documentation Improvement Program

Purpose:

West Virginia University Hospital has a Clinical Documentation Improvement Program (CDI) in order to capture the most complete and accurate documentation for the services provided. This process is designed to capture documentation in the medical record that is an accurate reflection of the:

- Severity of Illness/Risk of Mortality (SOI/ROM)
- Intensity of service/resource consumption
- Treatment complexity
- ICD-9-CM coding
- Present on Admission (POA)
- Working DRG assignment
- Regulatory Compliance

It will also serve as a source for:

- Data collection
- Outcome measurement
- Appropriate reimbursement

This process will be accomplished through:

- A thorough concurrent medical record review.
- Communication with Medical Staff/Treatment Team regarding clarification of documentation to allow for proper assignment of ICD-9-CM codes and DRG assignment.

Overall goal is Accuracy!

HEALTH INFORMATION MANAGEMENT DEPARTMENT

Location: WVU Medicine Operations Support Center, Suite 2300

Hours: Monday – Friday 8:00 am – 4:30 pm

Off-hour coverage can be assisted by Patient Access Staff by dialing ext 74109.

Areas & Phone #'s to remember:

Chart Completion—HPF Deficiency Questions	74116
Release of Information	74110
Transcription	74114/73018

Director & Chief Privacy Officer

Christine Metheny, RHIA, CHPS, CHTS-IM	304-598-4109 Ext. 73020
Tina Cornett, Staff Assistant	304-598-4109 Ext. 73795
Hannah Smith, Assistant and Tech II	304-598-4109 Ext. 73007

Managers

Laura Osborne, CMT, AHDI-F, CHPE <i>Transcription & Privacy Manager</i>	304-598-4109 Ext. 74324
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Terri J. Palmer, RHIT, CCS <i>Coding Manager</i>	304-598-4109 Ext. 73610
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Paula Nixon, RHIT <i>Hospital Coding Supervisor</i>	304-598-4109 Ext. 72287
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Ashley Simmons, RHIA, CCS <i>Lead Coding Specialist</i>	304-598-4109 Ext. 72537
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Thomasine Mooney, RHIT, CCS <i>Lead Coding Specialist</i>	304-598-4109 Ext. 75407
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Megan McDougal, RHIA <i>Manager of Data Content and Integrity</i>	304-598-4109 Ext. 71968
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Nancy Mayfield, RHIA <i>Manager of HIM and Information Governance</i>	304-598-4109 Ext. 75234
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Danielle Cordwell <i>Supervisor, Release of Information</i>	304-598-4109 Ext. 73632
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Miranda Brown <i>HIM Data Integrity Analysis</i> (assists with duplicate records)	304-598-4109 Ext. 78053
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Birth and Death Registry

Birth Certificates

When a live birth occurs, the delivering physician **must complete** a Certificate of Live Birth form. The physician must sign and date (#9, #10 & #12) and also must complete the bottom section (#42a - #47).

If a live birth should become deceased, a Certificate of Live Birth **and** Certificate of Death are to be completed. A live birth is considered one having any Apgar at all. See, Administrative Policy III.030.

Report of Fetal Death (Stillborn)

When a fetal death occurs, the delivering physician must complete a "Report of Fetal Death" form ONLY if the fetus is **20 weeks gestation or more (each fetal death of three hundred fifty grams or more (as the primary criteria for reporting), and if the weight is unknown, (the secondary criteria) of twenty completed weeks of gestation or more, calculated from the date the last normal menstrual cycle began to the date of delivery)**. A fetal death in which the fetus is under 20 weeks gestation only requires a certificate to be filed if the family requests one. The physician must complete areas of CAUSE, CERTIFIER, MEDICAL AND HEALTH INFORMATION. Please send a copy to Medical Records. See, Administrative Policy III.030.

Fetal Death Certificates and the Worksheet copies shall be tubed to HIM (Medical Records) from the birth floor for the Birth/Death Registrar to file. The "Report of Fetal Death" form must accompany the body to the morgue and all areas of the form must be completed. Yellow and green long forms and a copy of the top white form must be sent to Medical Records.

Certificate of Death

When a death occurs, the pronouncing physician must complete a "Certificate of Death" form. The top half of the form should not be written on except the left side name along the edge. **The physician is required to sign, date and list cause(s) of death.** If all areas are not complete, Vital Registration will send this back to the Birth/Death Registrar to have the doctor complete. A special note concerning death certificates: the doctor who pronounces the death and signs the certificate **MUST** also PRINT his name at the bottom after the signature. If these are not completed properly, the **physician will be suspended.**

**UNAPPROVED ABBREVIATIONS
(do NOT use)**

Abbreviation	Intended Meaning	Misinterpretation	Correction
q.d. or QD *** q.o.d. or QOD	Every day Every other day	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for an "I"	Use "daily" or "everyday" and "every other day"
U or u	Unit	Read as zero (0) or four (4) leading to overdoses	Use "unit"
IU	International Unit	Mistaken as "IV"	Use "units"
Zero following a decimal point (1.0)	1 mg	Mistaken as "10" if decimal point not seen	Do not use trailing zeros
No zero before a decimal point (.5)	0.5	Mistaken as "5" if decimal point not seen	Use leading zeros for doses less than one
MS MSO ₄ and MgSO ₄	Morphine sulfate or Magnesium sulfate	Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or pre-printed forms.

Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Release of Information

An Authorization from the Patient or Patient's Legal Representative is ALWAYS necessary for the release of patient information! The only exception is when documentation of the primary care physician or referring physician is available in the system for our verification.

Who can sign an authorization?

- a) Patient 12 years of age and over
- b) Custodial Parent of patient under 12 (unless a patient is admitted to Chestnut Ridge Center for Alcohol, drug abuse, pregnancy or psychiatric treatment)
- c) Chestnut Ridge Center patients age 10 and over

Who is the Legal Representative for a Patient?

- a) Person Designated by a patient to serve under a Durable Medical Power of Attorney (for records) when patient is unable to make decisions
- b) Healthcare surrogates appointed by a physician in accordance with hospital policy to make medical decisions when the patient is unable to make decisions.
- c) Advocate named in the administrative order in charge of custody, not the parents

d) Court Appointed Guardian.

An authorization for release form is available through HIM MyChart login and Connect.

Applications, Form Fast. A form to request records from outside facilities is available on Form Fast as well.

All releases for information for purposes other than treatment, payment, or other healthcare operations must be processed through the HIM department for Ruby Inpatient, Ruby Outpatient, Chestnut Ridge Inpatient, Cancer Center, Emergency Room, Cheat Lake Physicians, Same Day Care, Eye Institute, and Radiology Imaging.

The Release of Information staff can be reached:

Monday through Friday

9:00am to 4:00pm

Phone: 598-4110

Fax: 598-4129

A complete set of HIM Policies is available through Connect by going to:
Departments – (Business Offices) Health Information Management – Release of Information – Authorization for Release of Information

For presentations needing radiology images, use link:

<https://radiologyweb.rcbhsc.wvu.edu>. Your login will be the same as your internet login.

Should you be unable to log on, call the HELP desk and ask for help accessing the Centricity web. Do not request discs for onsite presentations.

Central Completion

You should access your deficiencies to complete in EPIC **at least once a week!**

598-4116

Call for assistance with completing Epic deficiencies.

NOTICE: Every week, notices of deficiency assignments will be sent via e-mail or inbasket in EPIC reminding you to complete deficiencies. Please contact this area to verify your e-mail address as soon as possible.

Central Completion is staffed Monday – Friday, 7:00am – 4:00pm

**Residents are eligible for suspension of privileges for delinquent deficiencies and will lose meal card spending.

Helpful Hints to Assist Your Chart Completion

Required Chart Completion For Regulatory Compliance:

- √ Staff Notes must be Dated, Timed and Signed.
- √ A medical history and physical examination is completed within **24 hours** of inpatient admission. A prior history and physical may be utilized if completed **within 30 days of admission**, and if utilized, updates to the patient's condition since the assessment(s) are documented. The history and physical must be documented before any operative or other high-risk procedure(s).
- √ Discharge Note must contain any medications, activity, diet, follow up instructions, discharge disposition.
- √ Orders must be signed and dated at the time they are written.
- √ There must be admission and discharge orders.
- √ Observation order must read "Assign to Observation and Release from Observation"
- √ Resident and Medical Student orders must be co-signed.
- √ Discharge Summary Not Required for Normal Newborns, Observation, and Normal OB Deliveries.
- √ All deaths require an Expiration summary.
- √ Operative Notes for all procedures must be written immediately after surgery prior to transfer of care from the operative suite to post-surgical care.
- √ Operative Reports must be dictated by the end of the day on which they were performed.
- √ Specific Activities that must be signed and dated by respective services: Anesthesia Record, Newborn Record, Delivery Record.

Transcription Worktypes - WVUH

- 1 Discharge summary
- 2 Operative Report
- 3 Cardiac cath
- 4 Pediatric cardiac cath
- 7 SNU discharge
- 8 ED consult
- 9 Cancer center note
- 14 Inpatient consultation
- 16 GI reports
- 17 Operative report (goes to staff only for e-sig)
- 18 Late entry staff note
- 21 Expiration summary
- 23 ED staff note
- 25 Pediatric echo
- 26 Transesophageal echo

- 27 Fetal echocardiogram
- 31 Pediatric GI report
- 32 Adult echocardiogram
- 33 Adult transesophageal
- 34 Sleep studies
- 37 Family Medicine discharge summary
- 50 Vascular normal
- 51 Vascular reports
- 52 EEGs
- 58 PICU transfer/discharge note
- 59 Ophthalmology discharge summary
- 60 Ophthalmology operative report
- 62 Resident and Staff discharge summary

Death Certificates

Death certificates are to be completed in **Black Ink**.

The name of the decedent is put on the left side of the document where it says: For use by physician or institution. **DO NOT PUT NAME ON LINE 1.**
Do not complete any of the top portion of the certificate.

The Physician completes **only** lines:

- 23a Physician's signature and title
- 23b Date signed
- 24 Time of Death
- 25 Date pronounced
- 26 Was case referred to Medical Examiner (yes or no)

NOTE: If a patient has died as a result of an accident, suicide, or homicide, the death **MUST** be reported to the Medical Examiner. This includes deaths that are the result of long term care following an incident that brought about the condition causing the death.

- 27 Immediate cause of death.

NOTE: Enter the diseases that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Do not abbreviate the cause of death.

- 28a Was an autopsy performed? (yes or no)
- 28b Were autopsy findings available prior to completion of cause of death? (yes or no)
- 29 Manner of Death

NOTE: If you feel the need to mark anything other than natural, call the Medical Examiner. Pending investigation means a case is being investigated by law enforcement. Could not be determined means how the death occurred could not be determined. Usually the Medical Examiner is the only one that needs to use these boxes.

- 30a – 30f are only filled out by the Medical Examiner.
- 31a Certifier (Check only one)
- 31b Signature and Title of Certifier (It is very important this is completed as it makes the document legal.
- 31c Date Signed
- 32 Name and address of person who completed cause of death.
TYPE or PRINT

Remember, this is the patient's last legal document and a properly completed death certificate enables Vital Statistics to register this document so the family can settle the estate in a timely manner. Failure to do so can add several weeks getting the DC registered.

Autopsy Consent Forms

There are 2 pages to the Autopsy Consent Form.

1. Autopsy Consent
2. Tissue Bank Consent

The physician obtaining the consent for autopsy is to sign at the bottom of the Tissue Bank Consent where indicated. The witness also signs that page. Even if there is no consent for the Tissue Bank, the signature still must appear on that page.

The Pathology resident on call is to be notified if a consent is obtained.

Name and Date are to be completed on both forms.

Person requesting the autopsy must fall in the category of the list of on the consent form. Medical Power of Attorney first, Surviving Spouse of the Deceased second, etc.

Complete autopsy: includes chest, abdomen and head.

Examination limited to: includes only the areas or organs to be autopsied i.e. brain only, heart and lungs only, etc.

Restrictions include: any special requests i.e. do not remove organs from the body by doing a biopsy only on the organs.

Black lung autopsies: must include heart and lungs at the minimum.

Signature: Be sure to print the name and address of person requesting autopsy under the signature

HEALTHCARE TECHNOLOGY MANAGEMENT (FORMERLY BIOMEDICAL ENGINEERING DEPARTMENT)

The Healthcare Technology Management Department provides a comprehensive patient care support program to ensure reliable, safe, and cost-effective equipment for use in the hospital. This is accomplished by daily interactions with hospital staff, patients, and visitors regarding their use of equipment.

Equipment Management Program

The equipment support program consists of the procedures to be followed in handling equipment, regardless of ownership, that is located in the hospital and is used in treating patients. Other details of this policy can be found in the Safety Manual.

Key Points

1. Problem Equipment – Any piece of medical equipment that seems to be malfunctioning can be serviced by calling Healthcare Technology Management, 74194, and leaving a note on the device detailing the situation surrounding the failure (i.e., problem description, contact person, and phone number for follow-up). “Broken” is not adequate.
2. New Equipment – New, used, loaner, demo, etc. patient care equipment must be inspected by Healthcare Technology Management before it is used in the hospital. Please help us with this mandated regulation.
3. Personally Owned Equipment – Refer to Hospital Policy VI.030.

The Healthcare Technology Management Department promotes proper functioning equipment for physicians and staff to use in their work. From defibrillators to lasers, we handle patient care equipment throughout the hospital.

HEART AND VASCULAR INSTITUTE

Led by Executive Chair and Chief of Cardiac Surgery Vinay Badhwar, MD, FACS, FACC, Chief of Cardiology Partho Sengupta, MD, Chief of Vascular Surgery Luke Marone, MD, and Chief of Thoracic Surgery Ghulam Abbas, MD, the heart and vascular programs of West Virginia University and WVU Medicine are among the best in the United States. Our mission is to provide the best possible heart and vascular care for our patients. We do so by recruiting some of the finest physicians from across the country – men and women who are often recognized leaders in their specialty or subspecialty; investing heavily in new technology; practicing – and frequently developing – the latest techniques in heart and vascular care; and placing the highest emphasis on achieving great quality outcomes. The WVU Heart and Vascular

Institute's cardiac team uses the most current diagnostic procedures to detect and evaluate mild to life-threatening heart problems in our state-of-the-art facility

The Heart and Vascular Institute schedules patients for clinic Monday through Friday 8:00 am – 5:00 pm on the first and fourth floor in the South East Tower. Cardiac Surgery, Thoracic Surgery, Vascular Surgery, Radiology, and Interventional Cardiology are services provided to patients on the first floor. Advanced Heart Failure, Non-Invasive Cardiology, Electrophysiology, and Lipid Clinic are services provided to patients on the fourth floor. HVI procedures are performed on the second floor in the south east tower.

Cardiothoracic Surgery

This Division works within a multidisciplinary framework, providing comprehensive cardiac care to our patients. The Division is co-located with Cardiology and Thoracic surgery in a new WVU Heart and Vascular Institute fostering a collaborative quality and outcome driven framework. WVU Medicine's Cardiology and Thoracic surgeons are making advancements in the lives of patients with cardiothoracic diseases with their minimally invasive techniques. These have been pioneered to use off-pump coronary artery bypass procedures.

Vascular Surgery

This Division's focus is to keep blood vessels healthy and blood circulating. They also work with other WVU Heart and Vascular Institute Centers of Excellence to diagnose and treat a full range of cardiovascular and other conditions.

Our surgeons are academic leaders who assist in training the next generation of asurgeons to serve West Virginia citizens. Partnering with industry leaders to develop new technologies that improve vascular care. Many of our doctors participate in FDA-sponsored clinical trials. Eligible patients can choose to participate in testing leading-edge therapies. Going the extra mile to educate patients, doctors, and communities about how to prevent vascular problems, including limb loss. Our locations throughout this region keep valuable care accessible, especially to those in remote or rural locations. Steps like these help everyone to identify and treat problems sooner for longer, happier, and healthier lives.

Cardiology

This Division of West Virginia University provides evaluation, consultation, and treatment for diseases of the heart and circulatory system. Cardiology at West Virginia University also offers a wealth of surgical procedures for adults and children. Within the Division of Cardiology, there are sub-specialties including Interventional Cardiology, Non-Invasive Cardiology, Advance Heart Failure, and Electrophysiology. Our comprehensive program includes preventative clinics and rehabilitation services for all ages. As the region's most prestigious academic medical center, West Virginia University is committed to training future cardiologists in expert care practices. West Virginia University heart physicians perform as many as 4,300 procedures a year and are the most experience in the region. We are dedicated to providing the best care in cooperation with our patients' physicians.

Invasive Cardiology

Fully operational from 8 a.m. to 4:30 p.m. Monday through Friday, located on the 3rd floor of Ruby Main and the 4th Floor in the South East Tower. Clerical support is available from 7 a.m. to 4:30 p.m. Monday through Friday. The Cardiovascular and Interventional Services Laboratories are organized by service: Electrocardiography (ECG), Cardiac Graphics (ECHO), Cardiac Catheterization, Vascular (Non-invasive Vascular).

Electrocardiography Laboratory (ECG)

The ECG staff is available 24 hours a day, seven days a week, to perform inpatient and emergent electrocardiograms (ECG or EKG) and/or signal average ECGs. ECGs and signal average ECGs can be ordered for inpatients by entering an order in Epic. Emergent or STAT ECGs can be ordered by paging 0093 and entering the order in Epic. Outpatient ECGs do not need to be scheduled. Please call the ECG Lab (74265) for more information. If an ECG was performed recently, the result can be obtained by calling the ECG Lab (74265) or Resulting at 74688. Final ECG interpretations with tracings are also available in Epic under the CVIS tab. If desired result is not recent in origin, results can be obtained through Health Information Management (74113). No original ECG is ever to be removed from Cardiac and Vascular Services.

Other services, stress testing (routine or treadmill exercise stress), myocardial perfusion scan, myocardial perfusion scan with pharmacological intervention, are provided 7 a.m. to 5 p.m. Monday through Friday, and 8 a.m. to noon Saturday. All procedures can be scheduled for inpatients by entering an order in Epic, and for outpatients by calling Scheduling (74395) followed by forwarding a completed request form or entering an order in Merlin if the clinic is live with order entry. If a procedure was performed recently, the results can be obtained by calling the ECG Lab (74265) or Resulting at 74688. Final interpretations with tracings are also available on Merlin under the CVIS tab. If the desired result is not recent in origin, results can be obtained through Health Information Management (74113). Results of the nuclear medicine portion of myocardial perfusion scans can be obtained through Merlin. As with ECGs, no original report is ever to be removed from Cardiac and Vascular Services. Twenty-four hour holter monitoring and 30 day event monitoring are available 24 hours a day, seven days a week.

Holter monitors, either 24 or 48 hours, and 30 day Event Monitoring is also available thru the ECG Lab for inpatients 24 hours a day, 7 days a week. For outpatients, both are available Monday thru Friday, 8 AM – 4:30 PM. All procedures can be scheduled for inpatients by entering an order in Epic, and for all outpatients by calling Scheduling (74395) followed by forwarding a completed request form or placing an order in Merlin if the clinic is live with order entry. If a procedure was performed recently, the results can be obtained by calling the ECG Lab (74265) or resulting (74288). Final reports are available in HPF.

Cardiac Graphics Laboratory (ECHO)

The Cardiac Graphics Laboratory staff is available from 8 a.m. to 4:30 p.m. Monday through Saturday. Adult and pediatric dobutamine stress echocardiography, stress echocardiography, transthoracic echocardiography (TTE), and transesophageal

echocardiography (TEE) are available. Procedures for inpatients can be scheduled by entering an order in Epic and for outpatients by calling Scheduling (74395) followed by forwarding a written request or entering an order in Epic. After 4:30 p.m., emergent or STAT procedures are available by contacting the Cardiology fellow on-call. If a procedure was performed recently, results can be obtained by calling Resulting (74288). Final interpretations are available in Merlin under the CVIS tab. If not recent in origin, results can be obtained through Health Information Management (74113) or MedSite.

Vascular Lab

The Vascular Lab staff is available from 8 a.m. to 4:30 p.m. Monday through Friday. The Vascular Lab performs non-invasive vascular studies such as peripheral vascular duplex scanning as well as pulse volume recordings (PVR) of the upper and lower extremities. All procedures for inpatients can be scheduled by entering an order in Epic and for outpatients by calling Scheduling (74395) followed by forwarding a written request or entering an order in Epic. Emergent or STAT procedures are available from 4:30 – 10 p.m. Monday through Friday and from 1 a.m. – 10 p.m. on weekends and holidays by contacting the vascular sonographer on call. If the procedure was performed recently, the results can be obtained through the Health Information Management listening system or by calling Resulting (74288). Final interpretations can be obtained in Health Information Management (74113) or Merlin under the CVIS tab. If not recent in origin, results can be obtained through Health Information Management (74113). No original report is ever to be removed from Cardiac and Vascular Services.

Invasive Cardiology

The Cardiac Catheterization Laboratories and the Cardiac Care Center can be contacted by calling 74279. The labs' services include right and left heart studies, electrophysiological studies, intracoronary ultrasound and flow studies, percutaneous coronary angioplasty with stents, rotational coronary ablation, catheter ablation, and directional coronary and extractional atherectomy. These services are ordered through the Cardiology fellows or a member of the Cardiology staff. Preliminary results of these studies can be obtained either through these individuals or by calling Resulting (74288). Final reports can be obtained through the Health Information Management listening system or by calling Health Information Management (73018) or Merlin. Scrub suits, caps, and masks are required when entering the catheterization labs.

Cardiac Rehabilitation

The Cardiac Rehabilitation staff is available Monday through Friday 8 a.m. to 4:30 p.m. Cardiac Rehab Phase I (inpatient) can be ordered in CHIP under Rehab Services from the Master Guide. Ordering Cardiac Rehab Phase II (outpatient) requires a written referral from the cardiology staff/fellow or primary care provider who will follow the patient's care long term. If help is needed, page 0550.

Pulmonary Function Lab

Patients are scheduled by calling 74147 or entering an order in Epic or submitting a paper requisition if the clinic is not yet live with order entry.

Outreach Locations

The WVU Heart and Vascular Institute continues to grow and expand into the state and crossing the borders to provide exceptional patient care to our population. We have been able to provide our patients a more convenient means to receive care through the below locations:

Garrett

Bridgeport

Elkins

Fairmont

Potomac

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the Department of Health and Human Services to adopt national standards for electronic healthcare transactions. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated adoption of Federal privacy protections for individually identifiable health information, or protected health information (PHI). As a covered entity, University Health Associates (UHA) and West Virginia University Hospitals (WVUH) have revised existing policies and developed new policies regarding the use and disclosure of PHI in order to comply with HIPAA regulations and to protect and guard against the misuse of PHI. Inasmuch as the medical record contains valuable and confidential information and is the property of UHA or of WVUH, it is the responsibility of UHA and of WVUH to protect the patient's right to privacy of their PHI and to assure that PHI is secure.

We take patient confidentiality and privacy very seriously. It is imperative to access and share PHI on a need-to-know basis and only the minimum necessary for the situation. It is each person's and/or employee's responsibility to protect patient information, whether on paper or in an electronic format.

The policies and procedures relating to patient privacy, confidentiality and security are available on Connect under the Policies and Procedures link, Administration Policies, Section VIII Privacy and Security.

Chief Information Security Officer Tareva Palmer may be reached at 304-598-4093. The HSC Privacy Officer may be reached at 304-293-3584.

INCIDENT REPORTING (PATIENT SAFETY NET - PSN)

It is the policy of West Virginia University Hospitals that all incidents be reported and investigated as appropriate.

Incident reports are prepared for use by WVUH in anticipation of litigation or for performance improvement review purposes, or both, and are generated for use in peer

review and in evaluating and improving the quality of healthcare. No unauthorized copies of the reports are to be made for any reason, and the content of any report may not be disclosed to anyone outside the peer review process.

To complete a report, go to Connect, then Quality and Service, then Safety Reports.

For complete information on Incident Reporting, see the WVUH Policy and Procedure Manual, or type in Connect on the Intranet and click on Policies and Procedures. The Risk Manager can be reached at 598-4070.

INFECTION CONTROL

A policy and procedure manual for infection control is available on Ruby Online. Consult this manual for routine infection control policies. Isolation policies and procedures are found in this manual.

If any questions or problems arise concerning infection control, hospital associated infections, or communicable disease reporting, please contact infection control nurses, 3743 or 4035, beeper 0589 or 1104, or the hospital epidemiologist in the Section of Infectious Diseases, 293-3306.

LAB COATS

- Each new resident/intern will receive 2 new lab coats monogrammed with their name and department at no charge.
- Residents/Interns will go to the laundry facility to be fitted for the lab coat. All lab coats are of the same style, the WV logo is not available through the laundry.
- The coats are sent to the lab coat distribution room in the basement of the HSC South when they are received back from being monogrammed. (2 weeks)
- Per coordinator's request lab coats will not be initially processed and will be left in plastic bag.
- Soiled lab coats are washed weekly; retrieved from the room on Tuesday, processed on Wednesday, and returned on Thursday.
- Severely soiled or damaged lab coats will be replaced at the request of the Resident/Intern. The old soiled coat must be turned in. Replacement coats "ink" stains due to pens being left in the pockets will be billed back to the Departments.
- Lab coats for Residents/Interns changing departments will be replaced at no charge. The Resident/Intern will need to fill out a new "lab coat request form" and the form sent to the laundry, (forms are available in the linen distribution room, basement HSC south or at the laundry).
- The coordinators will furnish a listing quarterly of new Residents/Interns and of those leaving.
- The lab coat room will be checked quarterly for outdated coats. All coats of Residents/Interns not on the current HSC paging list will be discarded.
- Any questions on coats should be addressed to the department coordinators or the Manager - Director, United Linen Services (304-598-6398).

LABORATORIES

Anatomic Laboratories

Anatomic Pathology Laboratories are located on the 5th floor of Ruby Memorial Hospital, and on the Ground and 2nd floors of the Health Sciences Building.

The Anatomic Laboratories are open from 8 a.m. to 5 p.m. Monday through Friday. An anatomic pathologist is on call at all times for consultation and frozen sectioning and may be contacted through the hospital paging operator.

Personnel and Telephone Numbers

Autopsy secretary-----	293-2092
Autopsy labs -----	293-4069
Cytopathology -----	293-2095
Histopathology-----	293-6014
Surgical pathology office-----	293-2092
Frozen section/gross room -----	598-4130

Clinical Laboratories

The Clinical Laboratories, located on the 3rd floor of Ruby Memorial Hospital, are open 7 days a week, 24 hours a day. There is reduced staffing on weekends, holidays, and from 5:00 p.m. to 8:00 a.m. daily. A clinical pathology resident and attending are on call at all times for consultation or requesting special test procedures and may be contacted through the hospital paging operator or phone system.

The Laboratory Manual is found on the Laboratory Services Department site (via Connect) or by the following link: <http://wvuh.testcatalog.org>. The manual provides comprehensive test index information on specimen requirements, usage, test availability, etc.

The Laboratory Services site <http://connect.wvuhealthcare.com/clinical-laboratories/> also contains information such as; critical test and result list, antibiogram report, reflex test list and information regarding TEG testing. To access this information, select the Clinician Recourses section from the left navigation. Laboratory Administration and Safety policies can also be accessed from this site.

Other information sources include the *Blood Bank Transfusion and Policy Manual* and the *Blood Transfusion Audit Policy*. These contain guidelines for the proper requisitioning and accession of blood and blood products, a complete list of the blood components available, criteria for their appropriate blood use, etc.

Personnel and Telephone Numbers

Administrative Offices -----	598-4241
Peter Perrotta MD, Medical Director-----	598-4401
Traci Hinkle, Administrative Director - -----	598-4241
Specimen Processing -----	598-4225
Blood Bank -----	598-4239
Chemistry -----	598-4225

Hematology-----	598-4230
Microbiology/Virology-----	598-4234
Molecular-----	598-4237
Cytogenetics-----	293-2524
POC Laboratory (specimen collection only)	598-4870

Requisitioning Laboratory Studies

When ordering labs in Epic, the “Class” of “System Default” should be selected when ordering almost all lab tests. Only order the lab “Class” of “collected” if you have the specimen in your hands and are going to send the sample immediately to the lab. The main exception is that all labs ordered in the ED are ordered as “collected”. It is also important to utilize your rounding navigator to make sure that you are not duplicating lab orders. Remember to review recurring lab orders like you would review a medication list.

All specimens must be labeled with the patient’s name, hospital number, date collected, and the initials of the person who collected the specimen. Patient name labels can be printed out of Epic or the information can be handwritten on the label (name, patient number, billing number, location, birth date, and sex).

Specimens that are not properly drawn, identified, and ordered WILL NOT be accepted by lab. This could result in having to redraw the patient. The nursing stations will be notified of mislabeled specimens and under some circumstances the laboratory may page the requesting physician with these problems.

All blood bank specimens must have hand-written labels and meet labeling requirements outlined in the *Blood Bank Transfusion Procedure and Policy Manual*. Mislabeled specimens are NEVER accepted in the blood bank and specimens CANNOT be relabeled.

Requests for tests for the Human Immunodeficiency Virus (HIV) no longer require written consent. However, you must notify the patient that you are performing a test for HIV before drawing the specimen. Requests for anonymous testing must be forwarded to the County Health Department.

Requesting Rapid Response Testing

We ask that the designation STAT be used ONLY in the case of true medical emergencies where the laboratory result is required to make a crucial and immediate clinical decision. Our goal for STAT testing turnaround time is < 60 minutes. The expected TAT for a troponin test in the ED is <30 minutes. In general, the majority of lab test results are available in 60-90 minutes from the time the lab receives the sample to electronic resulting. Thus, please use “Routine” for the majority of tests ordered. The unnecessary use of STAT testing can seriously delay service to another physician who may in turn be forced to render a decision with inadequate information.

Reporting of Laboratory Tests

The clinical laboratories will phone unusual abnormal results (“critical values”) to the

requesting physician, the service clinician, or the nursing unit as a general policy. If you receive a critical value, please “read back” the result as required by Joint Commission. There are printers on the floors to print abnormal and STAT test results.

Post-exposure Follow-up

Tests on the source patient and an exposed healthcare worker following an exposure to blood or bloody body fluid follow a protocol developed by the Employee Health Service in accordance with Occupational Safety and Health Administration regulations. If anyone is involved in a percutaneous or mucocutaneous exposure, report it immediately so appropriate tests can be done. During business hours, contact the Employee Health Service, 2nd floor, Ruby (call 74160, beeper 0437). At night, on weekends or holidays, contact the House Supervisor (pager 0101) and they will give direction on the proper course of action. Please notify the pathologist on call when specimens for needlestick evaluation are sent to the laboratory.

MALPRACTICE COVERAGE

The West Virginia State Board of Risk and Insurance Management provides professional liability (malpractice) coverage for all state employees. This occurrence-based coverage provides limits of one million five hundred thousand dollars per occurrence. The coverage applies to all acts within the assigned duties and responsibilities of your residency training program; it does not cover you for outside activities such as moonlighting. You are required to provide your own professional liability coverage for activities outside your residency training program.

You must report any questionable incidents concerning patient care to your program director and to Risk Management at the Health Sciences Center. You can notify Risk Management of any questionable incident by telephone (293-3584), e-mail (riskmanagement@hsc.wvu.edu) or regular mail (PO Box 9032). This information will be reviewed and the Board of Risk will be notified as needed.

MEDICAL ACCESS AND REFERRAL SYSTEM (MARS)

The Medical Access and Referral System (MARS) serves as a communications link between referring physicians and medical specialists and subspecialists at the Robert C. Byrd Health Sciences Center. You may be paged by MARS to speak with an external physician.

Referring physicians access MARS by dialing 1-800-WVA-MARS; the MARS staff can contact the appropriate specialist within minutes. In addition, MARS will place your outgoing calls to referring physicians. Your two-way communication is a critical link to quality patient care. The MARS office is happy to assist with referring physician communication via phone, fax, or overnight mail.

Internally, WVU physicians access the MARS line by dialing 76000; fax: 76302.
body.

MOUNTAINEER DOCTOR TELEVISION (MDTV)

Mountaineer Doctor TeleVision (MDTV) was established in 1992 to better serve rural West Virginians through the advancements in technology.

MDTV is a secured independent telehealth network delivering telehealth and videoconferencing services to several facilities throughout the state of West Virginia.

Our staff works directly with WVU departments to help create and enhance community outreach and education initiatives by utilizing various video conferencing technologies.

For more information about WVU Telehealth Services offerings, please call 304-293-6926, or email mdtv@hsc.wvu.edu.

NEUROLOGICAL DIAGNOSTIC SERVICES

EEG/EMG Lab

The EEG/EMG Lab is located on the 3rd floor of the Physician Office Center and provides a variety of neurological diagnostic services. These studies may be scheduled by entering an order in Epic and calling (304) 598-6060 for outpatient scheduling. If scheduling by phone, a written requisition must be Faxed to (304) 598-6232.

Testing services offered include:

- Electroencephalography (EEG)
- Ambulatory EEG
- Electromyography (EMG)
- Brainstem Auditory Evoked Potentials (BAEP)
- Visual Evoked Potentials (VEP)
- Somatosensory Evoked Potential (SSEP)
- Autonomic Testing
- Transcranial Doppler Studies

Sleep Evaluation Center

The WVUH Sleep Evaluation Center is located at 205 Bakers Ridge Road. This is an 8-bed unit where all night polysomnographic (ANP) studies are performed as well as Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT). Night studies are done Sunday night through Friday night. To schedule a study in the Sleep Center, call (304) 598-4285 and place an order in Epic.

Epilepsy Monitoring Unit (EMU)

The EMU is a seven-bed unit for extended video EEG monitoring. Six adult beds are located on 9E and one pediatric bed is located in Children's Hospital. Patients can be scheduled by calling (304) 598-4852 or by entering an order in Epic (inpatients).

Intraoperative Monitoring (IOM)

Intraoperative EEG, EMG and Evoked Potential Monitoring services are available in the 5N and 2W operating rooms. These services can be requested when scheduling the OR case or for add-on cases, page the IOM staff at (304) 987-4450.

Neuro Psychiatric Testing

Neuro Psych Testing is available for: IQ, memory disorders, personality disorders, ADHD screening, dementia evaluations, etc. Both adult and pediatric services are available. To schedule a patient appointment, please place an order in Epic and call 598-4740.

NUTRITION SERVICES

A wealth of information regarding the Nutrition Services Department is available through our department website on CONNECT. Information on how to contact us, our policies and other information are available in the top menu bar. There is also an icon for each main cafeteria menu; these links include menus plus hours of operation and departmental information. The “home” page also has information regarding placing catering orders or food for pick-up. We offer a wide variety of foods suitable for parties and other celebrations. Options under the “Resources” tab include:

Nutrition Care Manual: this links to instructions to use our subscription to the online manual. A vast array of evidence based nutrition information is available on this site.

Clinical Nutrition: Contains links to the Dietetic Internship Program (we have an accredited post graduate dietetic internship program with an emphasis in Medical Nutrition Therapy), and the Adult and Pediatric Nutrition Formularies. This contains product descriptions, nutritional profiles and suggested use.

Patient Services Guide: Generally designed as a tool for nursing services, covers a variety of topics related to patient meals, snacks, supplies, guest meals. Supplies in the unit kitchenettes are for patient use only. Outside foods are discouraged due to food safety and diet compatibility concerns.

Policies: Includes policies regarding patient nutritional care and assessment.

Resident Meal Cards – may be used in Ruby Cafeteria, Starbucks, and Doctor’s Dining. The meal cards are magnetically coded – contact/proximity to a magnet, particularly cell phones can demagnetize the card. Come to the Nutrition Services office on 4th floor of Ruby for any “meal card” issues or to get a second card if you wish to add personal funds.

Nutritional Care of Your Patients:

Diet Orders: must be entered into EPIC in order for patient to receive meals. For help in placing a diet order or selecting a diet, contact the unit dietitian or Jill Johnston, Clinical Nutrition Manager at 74105.

Screening for Nutritional Risk: All patients are screened within 24 hours of admission by nursing for evidence of nutritional risk. Patients determined to be at increased nutritional risk from MD/Clinical Pathway consults, nursing/dietitian screening or alternate nutrition support orders will be evaluated by the clinical dietitian.

Nutritional Assessment: may be initiated by the physician as a “consult” or by the clinical dietitian based on risk factors. Assessments include determine of energy and protein needs, assessment of current intake, and recommendations for appropriate diet, nutritional supplements, tube feeding or hyperalimentation.

Special Diet Education: If a special diet will be required post discharge, a diet instruction should be ordered at least 24 hours before discharge. Educating for behavior change is difficult without the added stress of being between the patient and going home. Due to limited staffing on weekends, materials may be given to the patient or mailed with contact information for follow-up.

OPERATIVE PERMITS AND PATIENT CONSENT FORMS

Written, informed consent is required for all invasive procedures in accordance with Administrative Policy III.010. The following is only a brief summary of the health care decision making policy, and is not intended to serve as a substitute for the policy itself.

Generally, it is the responsibility of the attending or consulting physician to explain the proposed procedure to the patient (or the patient’s representative if a Medical Power of Attorney is in effect or health care surrogate if one has been appointed because the patient lacks decision-making capacity and does not have a guardian or representative; or guardian if the patient is a minor. See also, Administrative Policy III.010(C)(4) re: mature minors).

The physician must explain the following in terms understood by the patient or individual providing consent for the procedure:

- The identity of the provider who will be responsible for authorizing and performing the procedure or therapy
- The diagnosis or health status of the patient;
- The nature, purpose, benefits and likelihood of success of the recommended procedure or therapy;

- The potential complications and material risks involved in the procedure or therapy, including potential problems related to recuperation;
- Any alternative procedure(s) that may be available to treat the patient's condition;
- The risks of the alternative procedures;
- Pain management;
- The risks of not having the procedure.

The provider should give particular attention to procedures or therapies that affect disability and might lead to death.

The physician should ensure that the patient understands the procedure and the risks outlined above and should provide the patient an opportunity to ask questions and should respond to all questions.

A medical student or nurse may act as a witness and must be present for the actual signing, but does not have to be present for the explanation. See, Administrative Policy III.010(E)(4) for Role of Witnesses.

Consent by Telephone

When the patient lacks the capacity to consent to treatment and the surrogate decision-maker is unavailable to give consent in person, the physician may obtain consent from the surrogate by telephone. In addition to the physician obtaining the consent, one other person should listen to the conversation. The physician shall immediately document in the patient's chart the time and content of the conversation, and the note shall be countersigned by the witness.

For organ donation, see Hospital Administrative Policy IV.057. Telephone or fax consent must be obtained and documented in the medical record.

Specific Procedures Requiring Informed Consent

Administrative Policy III.024 lists certain medical procedures which require written consent, including the following:

1. Surgery involving any entry into the body, either through an incision or through a natural body opening.
2. Any procedure that requires an anesthetic which includes a general, regional block, spinal or local must have a consent. Exceptions include life, limb and sight saving emergency procedures.
3. Epidural catheter placement for labor and delivery.
4. Administration of blood or blood products including but not limited to whole blood, packed cells, platelets and fresh frozen plasma (FFP).
5. High risk non-surgical procedures that may cause change to the patient's body structure, including but not limited to arteriograms and myelograms.

6. All forms of radiologic therapy.
7. Electroconvulsive therapy.
8. Experimental procedures.
9. Investigational drugs.
10. All other procedures that the medical staff determines require a specific written consent.
11. Other procedures where written consent is required by law.

Please refer to the Policy and Procedure Manual or call Risk Management for more specific consent requirements and guidelines regarding emergency situations.

ORGAN AND TISSUE DONATION

See, Administrative Policies IV.057, IV.057A and IV.057B

Request for Anatomical Gift

In compliance with West Virginia UAGA, Code 16-19-4a(b) and Public Law 99-509 of 1984 and HCFA 3005-F regulations, it is the policy of West Virginia University Hospitals to identify potential organ, tissue, and eye donors, and to offer the guardian, Medical Power of Attorney representative, or surrogate, of every medically suitable deceased patient, the opportunity to donate. WVUH wishes to facilitate organ, tissue, and eye donation in the interest of the individual recipient and society without infringing on others' deeply held values and rights. WVUH recognizes the importance of allowing those who wish to give the maximum opportunity, in the hope that solace may be provided to the grieving family by improving the quality of life to others. The principles of voluntary giving are always to be upheld while considering the wishes of the families of potential donors.

WVUH shall first inform the Medical Power of Attorney if one is available, then the healthcare surrogate if one is named, or the highest priority, family member(s) available, of the opportunity to give consent for donation of anatomical gifts from medically suitable candidates. No discussion or request is required if:

1. the deceased does not meet established medical criteria
2. there is actual notice of contrary intentions by the deceased; or
3. there is actual notice of opposition by the legal next-of-kin.

Human organs and tissues are defined as the human heart, lung, liver, kidney, pancreas, bone, bone marrow, eye, skin veins, or any other tissues exclusive of blood.

Those individuals wishing to donate a body for anatomical study may do so by contacting the Human Gift Registry at Robert C. Byrd Health Sciences Center (304-293-6322). However, the Human Gift Registry may not accept bodies from which organs

have been removed or an autopsy performed.

Procedure

WVUH, in consultation with the Center for Organ Recovery Education (CORE), has established medical requirements for organ, tissue, and eye donation. It is the policy of WVUH to contact CORE with every death or imminent death to determine suitability for organ, tissue and eye donation. This procedure is part of the normal post mortem care of all deceased patients at WVUH.

At Admission

At the time of admissions, every patient who is at least 18 years of age shall receive, as part of the admission packet, information regarding anatomical donation. If the patient completes a document of gift card making an anatomical gift at the time of admission or at any time thereafter, or if the patient completes a card acknowledging an existing document of gift, the appropriate notation will be promptly noted in the medical record. An individual's failure to make a document of gift does not indicate an objection to making a gift.

At or Near the Time of Death

1. At or near the time of death, it shall be the responsibility of the hospital to call CORE at 800-D-O-N-O-R-S-7 (800-366-6777) and discuss the potential of donation with the CORE Organ Procurement Specialist. The caller should have the following information available to them prior to placing the call:
 - a. Patient's name
 - b. Patient's I.D. #
 - c. Patient's Age, Sex, Date of Death, Time of Death
 - d. Cause of Death/Diagnosis
 - e. Patient's Floor/Unit
 - f. Name of Nurse Caregiver
 - g. Plan of care if patient is in ICU
 - h. Next of Kin
2. If the CORE Organ Procurement Coordinator determines that a request for an anatomical gift is not appropriate based on established medical requirements, Section III of the Certificate of Referral/Request should be completed and placed within the patient's medical record. No further action is needed.
3. The CORE Organ Procurement Coordinator, in consultation with the patient's attending physician and nurse, will determine suitability for donation. Section I of the Certificate of Referral/Request should be completed and placed within the patient's medical record. It may be appropriate for the family to leave the hospital before discussing donation. In the above case, CORE will notify the family at home and communicate the outcome with the nurse. If the family declines the option, no further follow-up calls will be made to the family. If an appropriate candidate for donation, CORE will approach the family.

4. After the family of a terminally ill patient requests or agrees that all life support be terminated, organ donation shall be considered. Patients who are possible candidates for non-heart beating cadaver organ procurement in addition to the other criteria for organ donation usually have the absence of spontaneous movement. If the patient is considered a possible candidate for organ donation, prior to terminating mechanical ventilation, a representative from CORE shall be contacted. A representative from CORE will determine the patient's suitability for organ donation. If the patient is a suitable donor, a CORE representative will approach the patient's legally authorized decision-maker and provide him or her with the option of organ and tissue donation. If the decision-maker agrees to donate organs and/or tissues, the CORE representative shall obtain the written informed consent and make arrangements with the Operating Room for the organ procurement. If the patient's death falls under the jurisdiction of the Medical Examiner, the CORE representative shall obtain release of custody approval from the Medical Examiner prior to the retrieval of the organs and tissues. At the arranged time, the donor shall be transported to the Operating Room while being bagged with 100% oxygen and observed on a cardiac monitor. The patient's attending physician or his/her designee shall accompany the patient to the Operating Room. In the Operating Room, bagging will be stopped, and the patient's cardiac status monitored. If the patient is not a Medical Examiner's case, he/she will be extubated. When the patient is without heartbeat, pulse, and respirations for at least two minutes and the electrocardiograph rhythm is either asystole or electromechanical dissociation, the patient shall be pronounced dead. Families shall be given the option of attending the withdrawal of life support and the death of their loved one with pastoral care support if desired. The attending physician or his/her designee shall perform the pronouncement of death. This physician shall not participate in the procedure for removing organs and tissue or transplanting them. Immediately following pronouncement of the patient's death, the family shall be excused, if present, and the procurement team shall begin a rapid procurement of the organs and tissues deemed suitable for transplantation. The hospital shall supply a circulating nurse, a scrub person, and sterile equipment to perform the procurement surgery. CORE is responsible for preservation, transportation, and transplantation of all organs and tissues after surgical removal. CORE shall pay all charges incurred in the operating room and for the removal of organs and tissues for transplantation. The hospital shall send a complete itemized statement of charges to CORE. Ethics committee consultation is an option if there are questions or concerns about this procedure.

5. A properly signed and/or witnessed donor card is a legal document. If the donor is unable to sign a document of gift and intends to make an anatomical gift, the document of gift must be signed by another individual and by two witnesses, all of whom have signed at the direction and in the presence of the donor and of each other and state that it has been so signed. If a card has been properly completed, the donor card will be honored; however, if objections are raised by the legal next-of-kin regarding donation, they will be taken into consideration. CORE's policy is to respect the wishes of the decedent without causing extreme duress to the surviving next-of-kin. All measures will be taken to ensure a high level of trust with the next-of-kin as well as ensuring the integrity of the donation process.
 - a. A gift of organs and tissues may be made by will. The gift becomes effective upon the death without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift is nevertheless valid and effective.
 - b. A gift of organs, tissues, and eyes may also be made by documents other than a will. The gift becomes effective upon the death of the donor. The document may be a card designed to be carried on the person, a statement attached to or imprinted on a motor vehicle operator's or chauffeur's license, or a will or other writing used to make an anatomical gift. Revocation, suspension, expiration, or cancellation of the drivers or chauffeurs license does not invalidate the anatomical gift. If the donor is mentally competent to signify his/her desire to sign the document but is physically unable to do so, the document may be signed for him/her by another at his/her direction in his/her presence in the presence of two witnesses who must sign the document in his/her presence.
6. If a Medical Power of Attorney has been named, it shall be the highest priority for the purpose of obtaining consent for donation. If a Medical Power of Attorney has not been named, the healthcare surrogate or the highest priority family member(s) will be consulted. The Uniform Anatomical Gift Act (UAGA) establishes the following order of priority:
 - a. the spouse
 - b. an adult son or daughter
 - c. either parent
 - d. an adult brother or sister
 - e. a grandparent
 - f. a guardian of the deceased at the time of his/her death
 - g. any other person charged with final disposition of the body.
7. The outcome for each request for donation, whether or not consent was given, shall be documented on the Certificate of Referral/Request Section II. If consent is obtained, a separate consent form **MUST** be completed. CORE will request a copy of the witnessed and completed consent form. A copy of the consent **MUST** be placed with the patient's medical record. Telephone and fax consent may be obtained if properly executed. If consent is obtained, the CORE Coordinator will complete the medical/social history and

interview questions. CORE Coordinators are ALWAYS available to assist in securing consent.

8. In the event the death of a patient falls under the jurisdiction of the coroner or medical examiner, it shall be necessary to obtain permission from the coroner or medical examiner for organ, tissue, or eye donation. Contact should be made only after death has been determined and documented in the patient's medical record. The coroner/medical examiner should be notified after CORE has been notified of the death. CORE is responsible for securing consent from the coroner/medical examiner if the case is under their jurisdiction.
9. An individual who is at least 18 years of age may make an anatomical gift, limit an anatomical gift, or refuse to make an anatomical gift.

Definitions

Imminent -a death which is likely to occur within 24 hours; a patient who will be disconnected from a ventilator and made a donor.

Anatomical gift - a donation of all or part of a human body to take effect upon or after certification of death.

Certification of death - a written pronouncement of death by the attending physician; required prior to removal of any bodily organs for transplant purposes.

NOTE: A current copy of Certificate of Referral/Request can be obtained by contacting the WVUH-CORE liaison at beeper number 0591.

Medical Examiner's Cases

Being a medical examiner's case does not rule out organ or tissue donation. Call CORE (Center for Organ Recovery and Education) for all brain deaths and ventilator withdrawals, 1-800-366-6777.

PARKING

The intent of the WVUH parking program is to provide easily accessible information and parking for patients, visitors, and staff. WVUH security officers perform the following activities:

- Patient, visitor, and staff information
- Vehicle parking assistance
- Parking and traffic control
- Accident and crime prevention
- Vehicle assists
- Other emergency assistance

WVUH parking policy states that patients and visitors are WVUH's first priority in parking allocation and, therefore, the most convenient parking areas are designated and maintained as patient and visitor parking areas.

Visitor/patient parking areas are C5 and B. Special parking area C1 and C2 are for handicap permits only. Emergency Department parking garage is available for visitor/patient that are being treated in the Emergency Department. G1 area is for Chestnut Ridge Hospital. Parking under the canopy is strictly prohibited unless you are loading or unloading a patient. Vendor deliveries are only to be made at the loading dock.

WVUH residents displaying the appropriate permit may park in parking areas K1 and K2 only.

WVUH residents displaying a faculty parking permit may park in areas C6 and C7.

Violations of WVUH parking policies may result in vehicle towing at owner expense and/or revocation of parking privileges.

For detailed WVUH parking policy information, refer to WVUH Administrative Policy VI.230 or call 598-4029 or extension 74029.

PATIENT ACCESS DEPARTMENT

The hospital Patient Access Department is responsible for patient registrations, financial counseling (phone 76260), insurance pre-certification, insurance verification, account corrections, and pre-bill edits. Offices are located in the West Lobby. Admissions, Same Day Surgery and Outpatient Ancillary Registration on the First Floor, phone 74146, Emergency Department Registration, phone 74171, on the Third Floor of Ruby, First Floor of the Physician Office Center at the laboratory, phone 74870, Chestnut Ridge Center Registration, phone 76417.

The ambulatory Patient Access Department is responsible for ambulatory registration-front desk, insurance operations, and pre-registration. The Ambulatory Registration and Insurance specialists within the clinics are responsible for patient registrations for scheduled or walk-in patients, insurance pre-certification, insurance verification, and account corrections. Pre-registration is completed through the contact center when the patient is schedule for their office visit. Clinics are located in the Physician Office Center, University Town Centre, and various off-site locations. The Pre-Admission Unit (PAU) should process all scheduled patients. Pre-op assessment and lab work will be completed in the PAU. The PAU initiates insurance verification and financial assessment. It is very important to notify the PAU in advance of all scheduled admissions. To schedule clinic appointments you can dial 855-WVU-CARE (988-2273) or 304-598-4800.

All urgent admissions or direct admissions from other facilities are called directly to the MARS line at 598-6000.

Below is a list of phone numbers to be used for admission or transfer of patients:

All scheduled admissions ----- 598-4885
Urgent admissions/transfers ----- 598-6000
Admissions Office ----- 598-4146
CRH Admissions ----- 598-6000

ELECTRONIC MEDICAL RECORD / EPIC

(See Epic)

PHARMACY SERVICES

NEED A PHARMACIST? Pharmacists can be paged using the Spok OnCall system on CONNECT – go to OnCall > Select Department > Pharmacy Ruby > find your service on the list of pharmacists > alpha pager. Otherwise, you may call 7-PILL (7-7455)

The department provides 24 hour services, including weekends and holidays, structured to ensure rational, safe, and cost-effective use of drugs throughout the institution. Adverse drug reactions and med errors can be reported using the electronic submission form on CONNECT – go to Quality and Safety > Safety Reports > PSN Reporting or by paging your pharmacist. We encourage house staff to utilize our resources to help manage drug-related problems.

The following services are provided:

1. Unit dose drug distribution
2. Parenteral admixture preparation
3. Pharmacokinetic dosing consultations and/or vancomycin and aminoglycoside dosing by pharmacy
4. Nutritional support assistance
5. Drug information support
6. Code Blue participation
7. Investigational drug control and protocol development assistance
8. Education and training programs
9. Clinical pharmacy specialist participation during interdisciplinary rounds

The Pharmacy, Nutrition and Therapeutics (PNT) Committee is responsible for maintaining a formulary of drugs available for use at WVUH. Efficacy, safety, and comparative cost analyses are used in formulary decisions. Only formulary drugs are routinely stocked for inpatient use. A copy of the formulary can be found on CONNECT. Pharmacists are required to contact providers regarding non-formulary medication orders and offer alternative formulary options. Only faculty physicians may request additions to the WVUH formulary.

Total Parenteral Nutrition Orders must be submitted daily in EPIC no later than 2:00 pm.

The turnaround times for medications are:

Routine medications or reorders: 2 hours

Now: 1 hour

Stat: 15 min

Chemotherapy: 4 hours

PHYSICIAN LOUNGE AND DINING ROOM

The Physician Lounge is located on the 6th level of Ruby Memorial Hospital in the NNE Tower. This space was created to provide a relaxed atmosphere in a setting away from patient care. The area includes multiple computers in and out of the call rooms, a lounge with a small kitchenette, and an open lounge area.

The lounge area is open 24 hours a day seven days a week. Coffee and a variety of snacks will be available every day from 7:00 a.m. to noon in the lounge.

Doctor's Dining is located on the 4th level of Ruby Memorial Hospital on the backside of the cafeteria. Lunch is served daily from 11 am -1 pm.

PHYSICIAN OFFICE CENTER

Ambulatory Patients are seen in the Physician Office Center (POC), located to the west of West Virginia University Hospitals (WVUH). The buildings are connected by covered walkways on levels 3 and 4, referred to as the "bridge".

Our mission is to provide exemplary healthcare to adults and children who are acutely ill or injured, who are in varying stages of recuperation from diagnostic and therapeutic interventions, or who are in various stages of response to chronic illness. Primary care services also focus on prevention and wellness.

Each day between 1000 – 1500 patients and guests visit the POC. There are more than 40 specialty and primary care clinics, divided into medical suites. Each service has assigned time and space. All patients must be registered so that financial and personal data can be verified or updated. All patients must check out and payment at time of service is required.

Each suite has dedicated staff with a clinic manager and medical director. The clinic manager can help orient you to procedural issues specific to his/her area. It is the responsibility of the clinic manager to monitor all patient-care related activities to ensure (1) that all safety and infection control policies are upheld and (2) that all patients are treated with courtesy and respect. Notify the clinic manager if you plan to cancel any scheduled clinic sessions; advanced notice is required. If you cancel clinic with less than two weeks' notice, it is your responsibility to notify your scheduled patients.

General Information:

Customary clinical service hours of operations:

Monday-Friday: 7:30 a.m.- 5:00 p.m.

Evening hours Monday-Thursday: 5:00 p.m.- 8:00 p.m.

Saturday hours: 8:30 a.m. - 1:00 p.m.

(Evening and Saturday hours vary from suite to suite.)

Laboratory and EKG, POC Level 4, hours of operation:

Monday – Friday: 7:30 a.m. - 7:00 p.m.
Saturday: 9:30 a.m. - 1:30 p.m.

Ultrasound, POC Level 4, hours of operation:

Monday – Friday: 7:00 a.m. - 5:30 p.m.

Pre-Admission Unit (PAU), POC Level 4, hours of operation:

Monday – Friday: 8:30 a.m. - 4:45 p.m.

EEG/EMG, POC Level 3, hours of operation:

Monday – Friday: 8:00 a.m. - 4:30 p.m.
Saturday & Sunday (on-call for inpatient only): 8:00 a.m. - 12:00 p.m.

X-ray / Radiology, POC Level 2, hours of operation:

Monday – Friday: 7:00 a.m. - 5:00 p.m.

MRI, POC Level 1, hours of operation:

Monday – Friday: 6:30 a.m. - 8:00 p.m.
Saturday & Sunday: 6:30 a.m. - 7:00 p.m.

Medical Center Pharmacy, POC Level 1, hours of operation:

Monday – Friday: 7:30 a.m. - 6:00 p.m.
Saturday: 10:00 a.m. - 2:00 p.m.

For after-hours building access contact WVUH Facilities Engineering Department at 598-4107.

Nursing personnel and Social Services can assist with Home Health referrals.

It is expected that you will dress professionally, always wear your nametag / security badge, and introduce yourself to each patient.

Eating and drinking are not permitted in the POC patient care areas. Smoking is prohibited in all areas.

Special permission must be obtained through Ambulatory Services (POC) Administration before an inpatient is permitted to be transported to the POC for healthcare.

Admission workups should be performed on the hospital-nursing units, not in the POC.

Ambulatory Services and Patient, Privacy, Confidentiality and Security (PPCS) Policies and Procedures are available on UHAonline (intranet). Please take an opportunity to review them.

Please be attentive to your scheduled clinic times. When any clinic runs beyond the assigned time, it may impose on time and space assigned to other clinical services and result in extended wait times for our patients.

Updated 2/2005

POLICIES AND PROCEDURES

The following is a partial list of the policies and procedures currently in effect at West Virginia University Hospitals.

Call Rooms

Each service has a call room available to them when taking in house and/or out of house call. Additionally, individuals from other services should not be residing in a call room(s) that has not been assigned to his or her service. If an individual is taking call for another service then the individual should reside in the call room assigned to the service that he or she is taking call for.

Discharge Hour

In order to facilitate the admission of new patients, discharge orders must be written in time for inpatients to be discharged prior to noon.

Dress and Appearance

The appearance and personal hygiene of a resident should be such that the resident presents a clean, respectful image to our patients. You will be supplied with an official WVU nametag which is to be worn while on duty. Substitute nametags are not to be used.

Emergency Pages

Emergency pages are used to activate a medical staff team for medical emergencies. Emergency pages can only be initiated by calling the paging operator at extension 3333 and advising him or her of the location of the emergency. The operator will signal a group alert to all emergency page team members and identify the location by using zeros followed by the appropriate location code. E-page team members have a set of codes for locations other than nursing stations. The operator will vocally page "CODE 99" and the location four times for all E-pages.

Hours of Duty

Residents are expected to be within the hospital and available for duty during the hours established by the program director. On-call schedules will be specified by the program director. Changes to the established schedule should be passed along to the paging operator.

Call beds are available for those individuals designated for evening and night duty.

Isolation Procedures

Residents should adhere to the approved isolation techniques and procedures listed in the infection control manuals on each nursing station.

Locum Tenens

The Health Sciences Center offers temporary coverage assistance to rural physicians, which gives them the opportunity to take a vacation or attend a conference or seminar.

Malpractice Insurance

Professional liability (malpractice) coverage is provided by the West Virginia State Board of Risk and Insurance Management. This coverage extends only while working within WVUH or on specifically approved programs recognized by the hospital. An example would be the Maternal and Infant Care Project. If you moonlight or work outside WVUH and the various approved external programs, you will be required to carry your own professional liability insurance. You must report any questionable incidents concerning patient care to your program director and to risk management at the Health Sciences Center. You can notify Risk Management of any questionable incident by telephone (293-3584), e-mail (saprice@hsc.wvu.edu) or regular mail (PO Box 9032). This information will be reviewed and the Board of Risk will be notified as needed.

“Moonlighting”

Residents who wish to or find it necessary to engage in “moonlighting” must first obtain the prior approval of their program director. Residents must be licensed to practice in West Virginia in order to moonlight. These hours must fit within the 80 duty hour requirement of the ACGME. No insurance is provided for moonlighting. Residents and fellows on a J1 visa cannot moonlight.

Operative Permits and Patient Consent Forms

Written, informed consent is required for all invasive procedures. It is the responsibility of the physician to explain the proposed procedure to the patient. A medical student or nurse may act as a witness and must be present for the actual signing, but does not have to be present for the explanation. More information regarding consents can be found in the Medical Staff Affairs Rules and Regulations Article II Section A.

Patient Care

Admission Notification

The nursing staff will notify the resident or intern on call when a patient is admitted to his/her medical service.

Paging/Telephones/Beepers

Ruby Memorial Hospital, the Physician Office Center, part of Chestnut Ridge Hospital, and the Eye Institute have telephone numbers that begin with 598.

The Health Sciences Building, part of Chestnut Ridge Hospital, Mary Babb Randolph Cancer Center, and University Health Associates have telephone numbers that begin with 293.

To place calls from a 598 number:

- To place calls to another 598 number, dial 7 and the last four digits.
- To call a 293 number, dial 1 1 then the last four digits.
- To call the local area, dial 9 then the ten-digit number.
- To call an 800 number, dial 9 1 800 then the remaining digits.

NOTE: There are 2000, 3000, and 5000 numbers within 598 numbers. These are NOT accessible from outside the above-named facilities. (Please do not dial 598-2XXX, 598-3XXX, or 598-5XXX. You will reach a business or a personal residence.)

To place calls from a 293 number:

- To call another 293 number, dial 3 then the last four digits.
- To call a 598 number, dial *1 then the last four digits.
- To call the local area, dial 9 then the ten-digit number.
- To call long distance, dial 8 then the ten-digit number. Wait for the tone, enter your TID number.
- To call an 800 number, dial 9 1-800 then the remaining digits.

Numeric display pagers are used at WVUH. The paging operator should be used for business and professional matters only. Personal calls should be directed to the department/division office. We use Motorola receivers powered by both AA and AAA alkaline batteries. When the battery needs to be replaced, a 'Lo Cell' reading will appear in the display. Go to the operator area the fourth floor in Ruby.

To place a page using the beeper system:

Within the buildings:

- Dial 103.
- Wait for voice prompt then enter pager number.
- Wait for voice prompt; enter seven-digit call-back number (example: 293-XXXX or 598-XXXX).
- Press # 1 to speed acceptance of page.

Outside the buildings:

- Dial (304) 598-4789.
- Wait for voice prompt then enter pager number.
- Wait for voice prompt; enter seven- or ten-digit call-back number.
- Press # 1 to speed acceptance of page.

Patient Complaints

Complaints by patients or by others should be directed to the Patient Relations Office at 598-4167.

A patient representative is available from 8 a.m. to 5 p.m., Monday through Friday. In the evenings or on weekends, page the nursing supervisor.

Patient Photographs

If a photograph of a patient is necessary, a consent form must be signed by the patient or the patient's representative under a Medical Power of Attorney. In the case of a minor, the consent form must be signed by the parent or guardian. Permits are available at the nursing stations. The legal age of consent in West Virginia is 18 years.

Patient Referrals & Charity Policy

As a teaching and referral center, WVU Hospitals will treat any patient who is referred if the level of care or treatment is not available in his home community. The number of "elective" admissions for which the patient has no financial resources are limited monthly. Schedule patients in advance so that referral to medical assistance and/or charity care evaluations may be completed prior to admission. Elective procedures, including cosmetic surgery and elective abortions, and private room accommodations will not be provided for the totally indigent patient. The number of emergently admitted non-sponsored patients is not limited.

Patient Transfers

Bed control and the assignment of patients to rooms is the responsibility of the hospital Admissions Office. Admissions should be contacted immediately whenever a physician or house staff officer wants to move a patient.

In the event a transfer becomes necessary to permit another admission, the Admissions Office (days), nursing supervisor (evenings, nights), or bed coordinator should be contacted for assistance.

If the patient refuses to be moved at the request of nursing and admissions personnel, the patient CANNOT be forced to move. This is the patient's right.

At this point, if no other accommodation is available, it becomes a medical issue to be resolved by the physician concerned. If he/she is unable to resolve the difficulty, the administrator on call should be contacted. This person may seek the advice of the staff physician on call or the department chair.

Patients will be charged for the room occupied. Discounts or reductions in charges must be approved by the hospital administrator.

Release of Information

It is the responsibility of the resident and the staff physician to notify the family of a patient and the referring physician of any change in the patient's condition or of death.

Contacts with the News Media

The HSC Communications Office, 293-7087, handles most contacts with newspapers, radio and television stations, and other news media. This office produces publications for WVU Healthcare and WVU Health Sciences.

If you are aware of a development of interest to the news media, contact the Communications Office before taking the story to any outside media.

The Health Sciences Center has a responsibility to protect the privacy and confidentiality of all patients. It is the responsibility of all HSC staff to prevent unauthorized disclosure of medical records or information to the news media, and to

ensure that the privacy of patients will not be intruded upon while they are on the premises.

Most news media requests to the hospital are for the conditions of patients. Requests for condition reports should be directed to the Admissions Office. All other media inquiries should be directed to the Communications Office.

Members of the press are not allowed to enter Ruby Memorial Hospital, the Physician Office Center, or any patient care area unless escorted by a Communications staff member.

Good relations with the news media are essential to the success of the HSC in communicating its mission to the public at large. However, good relations must remain secondary to the protection of patient confidentiality. If you encounter reporters or photographers in patient-care areas or laboratories who are not with a member of the Communications staff, please call security immediately.

The Communications staff maintains consent forms which patients must sign before any contact with the news media.

The Communications Office is open from 8 a.m. to 5 p.m., Monday through Friday. A staff member is on call at all other times for urgent requests from the news media. The Communications staff member on call should always be contacted if members of the news media arrive at the hospital seeking information. To reach the staff member on call, dial 304-376-2838. If you do not get a response call, page the director of Public Information at 304-282-5626.

STAT Pages

STAT pages are used to alert an individual that he or she is needed for a medical emergency. STAT pages can be originated by dialing the paging operator at 4000. STAT pages are not normally used for locations other than nursing units, therefore special codes are not being issued to cover all areas of the hospital. If the STAT page is placed by the paging operator, it also will be repeated twice over the audible system.

In the event of a FIRE or FIRE DRILL, fire chimes will sound and the paging operator will broadcast the page, "CODE RED," and the location of the alarm. Each house staff officer should immediately report to the person in charge of the area, such as the charge nurse, in order to help secure the area and to evacuate patients, if necessary.

In the event of a Phase III Disaster, hospital-wide notification will be made. In these situations the administrator will instruct the switchboard operator to put the hospital-wide disaster plan into effect.

The operator will announce, "Attention all hospital personnel. Attention all hospital personnel. Initiate a Phase III disaster response. I repeat, all hospital personnel, initiate a Phase III disaster response." During a simulation, the message will be followed by, "This is a drill."

The operator will repeat the sequence described above once every two minutes for the first 10 minutes.

Each individual hospital service/department will initiate its staff recall immediately after hearing the Phase III notification.

When it is apparent that no more casualties will be entering the hospital, the emergency physician in charge will notify the hospital administrator. When all casualties have received care, the administrator will instruct the switchboard operator to page, "Phase III disaster response, all clear." The operator will repeat this sequence once every two minutes for the next 10 minutes.

All residents should familiarize themselves with their Department Disaster Code List.

Treatments

Examinations and treatments should be performed in those areas of the hospital specifically designed for clinical use.

It is recommended that gynecological examination and/or treatment of female patients by a male physician be performed in the presence of a female attendant (nurse or aide) except in an emergency situation.

Verbal Orders

Verbal telephone orders will be accepted under EMERGENCY conditions. Routine verbal orders should be avoided. When necessary, the procedure for giving a verbal order is to give the complete order while having the nurse, pharmacist, respiratory therapist, speech or physical therapist, registered dietitian, (within their practice scope) compose the order in Merlin. The person taking the verbal order then MUST repeat the order back to the ordering physician. These orders must be countersigned in Merlin by the physician within 48 hours. For more information on verbal orders refer to the Medical Staff Affairs Rules and Regulations Article VIII Section C. See also, Administrative Policy IV.048

APPENDIX H POLICIES OF THE WVUH PRACTITIONER HEALTH COMMITTEE

February 1998 (revised March 2001, August 2001, November 2001, December 2001, June 2002, September 2002, October 2002, February 2003, February 2004, February 2005, December 2006, February 2007)

Purpose

The West Virginia University Hospitals, Inc. (WVUH) Practitioner Health Committee serves as the primary resource in the management of impaired Practitioners. Impairment includes any physical, mental, behavioral or emotional illness that may interfere with the Practitioners ability to function appropriately and provide safe patient care. The purpose of impaired Practitioner assistance is to maximize support for Practitioners through appropriate interventions. This process relates specifically to mental, physical or behavioral impairment and does not include performance management or disciplinary actions.

Policy

In order to assure the safety of patients, co-workers and trainees WVUH will address all reports of impaired or possibly impaired performance of Practitioners. WVUH will also

strive to maintain the confidentiality of any and all individuals who may report any observed impairment or possible impaired performance of any practitioner(s) affiliated with the hospital. Impairment may be due, but not limited to physical, and/or mental/behavioral problems, including drug and alcohol use, misuse and/or abuse. All assessments, evaluations and treatment recommendations received by the Practitioner Health Committee shall be confidentially maintained under the peer review privilege, except as limited by regulation, ethical obligation, Medical Staff Manuals, and/or threat to patient safety. Practitioners referred to in this policy include, but are not limited to, faculty credentialed by WVUH, fellows, residents, interns and all allied health professionals.

Procedure

A. EDUCATION

1. WVUH will provide education on Practitioner health and impairment to the Medical, Dental, Allied Health Staff and WVU Resident.
2. Hospital administrative leadership will assure that policies and procedures related to impairment and recognition issues specific to impairment are widely disseminated to appropriate hospital staff on an annual basis. WVUH encourages self-referral of any Practitioner in seeking help for health or impairment problem to the Practitioner Health Committee. Practitioners may voluntarily seek assistance from the WVU Faculty and Staff Assistance Program (FSAP) at any time with or without referral from either the Practitioner Health Committee or other administrative personnel.

B. NEW PRACTITIONER

1. Any Practitioner who requests to practice at WVUH whose ability to practice medicine may be affected, is undergoing treatment for substance abuse, any other physical or mental health problems, or who otherwise is reasonably believed to suffer from a substance abuse problem or any other physical or mental health problem must be referred by the Vice President of Medical Affairs to the Practitioner Health Committee. It is the responsibility of the department chair to notify the Vice President of Medical Affairs and supply in writing the nature of the referral.
2. The Practitioner Health Committee will make their recommendations to the Vice President of Medical Affairs. If determined by the Vice President of Medical Affairs that the Practitioner should seek further evaluation from a specialized counselor for his/her specialized need, at that time an Agreement of Understanding, on behalf of WVUH, as well as a written consent and release, on behalf of WVUH, will be presented to the Practitioner and shall be signed if he/she continues to seek privileges at WVUH. Such information being released is, includes, urine and blood screening times, results, appointment times, and any referrals to other entities/providers.

3. If further evaluation is required, following receipt of the evaluation, the Practitioner Health Committee will provide a recommendation to the Vice President of Medical Affairs on each of the following:
 - Advisability of appointment to the Medical, Dental or Allied Health Staff at WVUH, as applicable
 - Need for any additional monitoring and treatment
 - Need for limitations or conditions on privileges
4. After discussing the Practitioner Health Committees recommendations with the department chair, the Vice President of Medical Affairs will determine the final recommendation regarding the applicant's ability to practice, which will be presented, to the WVUH Board of Directors, through the Joint Conference Committee. The Vice President of Medical Affairs may grant temporary privileges or allow a Practitioner to begin to treat patients at WVUH; however, the WVUH Board of Directors through the Joint Conference Committee has the final decision as to whether a Practitioner may practice at WVUH and under what conditions.
5. The Vice President of Medical Affairs will communicate the final recommendations to the Residency Program Director, the Associate Dean for Graduate Medical Education (for residents only) and the department chair.
6. When the appointment is contingent upon rehabilitation, counseling or other conditions of appointment or practice, the Practitioner will be referred to WVU FSAP or an agreed upon external provider. The Vice President of Medical Affairs will ensure that the executed "Agreement of Understanding" specifies treatment recommendations and conditions of appointment and/or clinical privileges must be signed in writing, at the minimum, by the Vice President of Medical Affairs and the Practitioner. Such conditions may include, but are not limited to, random drug screens, continued counseling and meeting with the Practitioner Health Committee.
7. All further decisions as to what actions, if any, need to be taken, remain with the Vice President of Medical Affairs.

C. PROCEDURES FOR CURRENT PRACTITIONERS

1. Observed Impaired Behavior

- a. It is the responsibility of all medical, dental , allied health staff, and residents to immediately report any observed behavior which establishes a reasonable belief that a Practitioner is impaired or exhibiting inappropriate behavior (physical, emotional or psychological) or evidence of substance abuse problems that could impact on professional/clinical performance in the Hospital (evidence other than

or in addition to observation of personal behavior includes, but is not limited to, improperly disposed-of syringes and missing or improperly accounted for drugs) to the Vice President of Medical Affairs and/or the department chair. During off-shift hours, the individual reporting should notify the Administrator-On-Call (AOC).

- b. Hospital Staff should notify the Administrator-On-Call (AOC) or the Vice President of Medical Affairs (if during regular business hours) of any inappropriate behavior or suspected substance abuse. In the event that the Administrator-On-Call is notified, he/she will notify the Vice President of Medical Affairs and the Vice President of Medical Affairs will notify the department chair.
- c. The department chair, the Vice President of Medical Affairs or the Administrator-On-Call (AOC) during off-shift hours will investigate and verify the credibility of the allegation in C.1.a or C.2.b to ascertain the credibility of the complaint, concern or allegation. The Practitioner will not be told who filed the initial report. If the alleged impairment is deemed credible by the Vice President of Medical Affairs, department chair or the Administrator-On-Call (AOC) during off-shift hours, immediate drug testing may be requested. During business hours, the Practitioner may be referred to Employee Health. After hours, the Practitioner will be referred to the Emergency Department. Refusal to cooperate with testing is grounds for dismissal from WVUH and removal of residents from providing any patient care within the Hospital. Employee Health is the designated department to administer the drug testing as well as provide the results to the Vice President of Medical Affairs and/or the Practitioner Health Committee. Employee Health is not required and will not keep any file for individuals including but not limited to any test results and/or appointment times. If the impairment poses an immediate risk to patient safety, the Practitioner must be immediately removed from patient care and patient contact and an immediate precautionary suspension will occur. (For further information regarding precautionary suspension refer to Article IV, Section 4.3 in the case of credentialed Practitioners, and Appendix O in the case of residents.) If the impairment does not pose an immediate risk to patient safety, the Practitioner may continue with his/her patient care duties. The Vice President of Medical Affairs will then refer the Practitioner to the Practitioner Health Committee.
- d. Fitness for duty evaluations may be performed on a Practitioner or group of Practitioners if the Vice President of Medical Affairs, department chair or the Administrator-On-Call (AOC) during off-shift hours, determines that evidence other than (or in addition to) observation of personal behavior warrants the evaluations. Such evidence also warranting fitness for duty evaluations includes but is not limited to improperly disposed of syringes and missing or improperly accounted for drugs. The fitness for duty evaluations under this paragraph must be performed in a nondiscriminatory manner, with all Practitioners in a particular department, on a particular shift, with access to a particular area or in a particular job classification, as the Vice President of Medical Affairs, department chair or the Administrator-On-Call (AOC) during off-shift hours determines, is appropriate,

and shall be evaluated on the same basis and in the same manner. As noted above, refusal to cooperate with testing is grounds for restriction and or loss of privileges at WVUH and removal of residents from providing any patient care within the Hospital. Employee Health is the designated department to administer the drug testing as well as provide the results to the Vice President of Medical Affairs, department chair and/or the Practitioner Health Committee.

2 Self-Referral

- a. All Practitioners are required to self refer to his/her department chair or the Vice President of Medical Affairs in the event that he/she experiences any substance abuse/health problem that could impact on professional/clinical performance in the Hospital. When reported to the department chair, the chair shall report to the Vice President of Medical Affairs. The Vice President of Medical Affairs will then refer the Practitioner to the Practitioner Health Committee.
- b. A Practitioner who seeks assistance with WVU FSAP is required to inform the Vice President of Medical Affairs of this evaluation. The Vice President of Medical Affairs will then refer the Practitioner to the Practitioner Health Committee.

3. Procedures of the Practitioner Health Committee

- a. Upon referral to the Practitioner Health Committee, the Practitioner is required to sign a consent and release, on behalf of WVUH, allowing information regarding their treatment to be released to the Vice President of Medical Affairs and/or the Practitioner Health Committee by both the WVU FSAP and any treatment provider. Such information being released is, but not limited to, urine and blood screening times, results, appointment times, and any referrals to other entities/providers. In the event that he/she refuses to sign the consent and release, on behalf of WVUH, he/she will be precautionarily suspending from duty, until the mental health assessment and the signing of the consent and release, on behalf of WVUH, is resolved. Refer to Article IV, Section 4.3 Precautionary Suspension or Appendix O, as applicable. All such reported information shall be kept confidential except as limited by law, ethical violation, or when patient safety is threatened.
- b. Following a referral from the Vice President of Medical Affairs and the receipt of any investigations and evaluations or results of drug testing, the Practitioner Health Committee will recommend to the Vice President of Medical Affairs on each of the following:
 - Advisability of continued appointment to WVUH\
 - Need for any additional monitoring and treatment, continued or privileged, as applicable
 - Need for limitations or conditions on privileges

- c. After discussing the Practitioner Health Committees recommendations with the department chair, the Vice President of Medical Affairs will determine the final recommendation regarding the practitioner's ability to practice, which will be presented to the WVUH Board of Directors, through the Quality and Patient Safety Committee.
- d. The Vice President of Medical Affairs will communicate the final recommendations to the Designated Institutional Office (for residents only) and the department chair (residents and faculty).
- e. When the continued appointment is contingent upon rehabilitation, counseling or other conditions of appointment or practice, the Practitioner will be referred to WVU FSAP or an agreed upon external provider. The Vice President of Medical Affairs will develop an "Agreement of Understanding" with the Practitioner, which specifies treatment recommendations and conditions of appointment and must be signed in writing, at the minimum, by the Vice President of Medical Affairs and the Practitioner. Such conditions may include, but are not limited to, random drug screens, continued counseling and meeting with the Practitioner Health Committee.
- f. All further decisions as to what actions, if any, need to be taken remain with the Vice President of Medical Affairs.
- g. If at any time the Practitioner fails to comply with the indicated terms and conditions, the Practitioner Health Committee will immediately report this information to the Vice President of Medical Affairs, which will report to the department chair. The Vice President of Medical Affairs has the authority to do one or more of the following:
 - Terminate immediately
 - Demand compliance or be terminated
 - Precautionarily suspend until in compliance

D. CONFIDENTIALITY

- a. The Practitioner Health Committee shall handle all communications and discussions in a confidential manner, including the identity of anyone making a report, consistent with applicable legal requirements and patient safety considerations.

PULMONARY SERVICES

Organization

Pulmonary Services is managed and operated under the Respiratory Care Department.

Services

Laboratory hours: Monday - Friday, 8:00 a.m. to 4:30 p.m.

Pulmonary Health and Rehabilitation: Monday, Tuesday and Thursday, 8 a.m. to 4 p.m. or by appointment.

Orderable Tests for Both Adult and Pediatric Patients

Slow vital capacity, spirometry with or without bronchodilator, diffusion capacity, exhaled Nitric oxide measurement, maximum voluntary ventilation, maximum respiratory pressure measurements, lung volumes, flow volume curve, flow volume loop, pulmonary stress testing, bronchial challenge testing, with pulmonary physician consult: bronchoscopy, laser bronchoscopy. Pulmonary function testing cannot be ordered STAT or during off hours.

All pre-operative pulmonary function studies should be ordered when surgery is scheduled.

Testing ordered the day prior to surgery must have the test requisition to the PFT Laboratory no later than 3:00 p.m.

For scheduling, call 74147; results, 74147.

RADIATION ONCOLOGY

General Description

The Department of Radiation Oncology at West Virginia University Hospitals and the Fairmont Regional Cancer Center provides advanced personalized radiation oncology care to cancer patients, specific to their individual tumor and clinical situation. The department is an integral part of the WVU's Mary Babb Randolph Cancer Center and provides patients with individualized therapies using the latest in radiation oncology technology.

Combining the expertise of WVU's Department of Neurosurgery and Department of Radiation Oncology, WVUH operates West Virginia's only Gamma Knife for the treatment of benign and malignant tumors in the brain. Gamma Knife radiosurgery maximizes patient comfort and can treat lesions that were previously inaccessible or treated unsuccessfully using conventional surgery, chemotherapy, or radiation therapy.

Other sophisticated cancer treatment methods are available to manage advanced and complex diseases more successfully and with fewer side effects for patients. These treatment methods include:

External Beam Radiation Therapy
Intensity Modulated Radiation Therapy
Image-Guided Radiation Therapy
Stereotactic Radiosurgery
Respiratory Gating
Stereotactic Body Radiation Therapy
High Dose Rate (HDR) Brachytherapy
IntraBeam Radiation Therapy

Our radiation oncologists are an integral part of a multidisciplinary cancer team that come together to develop tailored treatment plans for each cancer patient based on type of cancer, stage, lifestyle needs and overall health. Other members of the radiation oncology team that support patient care include medical physicists, dosimetrists, radiation therapists, nurses, and support staff.

RADIOLOGY

General Description

The Radiology Department of West Virginia University Hospitals provides a full complement of diagnostic and therapeutic imaging services which include routine images, fluoroscopy, interventional procedures, ultrasound, CT, nuclear medicine, PET/CT radiation oncology, and radiation safety/medical physics. The department performs 340,000 procedures per year with a staff of 292 technical and support personnel, 35 radiologists, 3 physicists, 18 radiology residents, and 41 radiologic technology students in the various modalities.

An easy reference manual, titled *Prep and Scheduling Manual for Radiology*, is available at nursing units throughout the hospital and clinics to provide detailed information associated with securing radiology services.

Physician Relations

The Radiology Department uses advanced computer systems to provide diagnostic images and radiology reports. These include preliminary and final reporting via a radiology information system and electronic images for easy reference via a picture archive and communications system (PACS). All radiology information and imaging systems are supported by the WVUH Information Technology Department. Problems with the information system or PACS should be directed to the WVUH IT Help Desk, at 74357. Operational or personnel issues should be directed to a radiology manager. To contact a manager Monday through Friday, 8 a.m. to 4:30 p.m., call 74252. Evenings, weekends, and holidays call 291-2266-2141.

Requisition for Radiology Services

For same-day service and unscheduled routine procedures (e.g., chest X-rays) for outpatients, physicians complete a radiology requisition or enter an order in Epic, depending on if your clinic is live with order entry. Inpatients' orders are entered into Epic. Requisitions can be hand-carried by the patient to the Radiology department. Physicians complete the orange-shaded area of the requisition. For scheduled services, orders are to be requested in Merlin.

Service Areas - Radiology

The diagnostic section of the Radiology Department is located on the 3rd floor of the hospital and is staffed 24/7/365. Diagnostic Radiology is also offered at the UTC and is open during regular clinical hours. A faculty radiologist is on-site. Routine, fluoroscopic, special and interventional procedures, ultrasonography, and CT imaging are performed in this area. The Center for Advanced Imaging (for MRI and PET/CT) is located in the

basement of Health Sciences South. An MRI unit is also located on the 1st floor of the POC.

A satellite ultrasound unit is located on the 4th floor of the Physician Office Center. This satellite provides a wide range of outpatient ultrasound procedures during the work week.

A satellite radiology unit is located on the 1st floor of the Physician Office Center adjacent to the Orthopaedic suite. This satellite provides routine imaging services for the POC during the work week. Radiology services are also provided at UTC, Cheat Lake Physicians and Urgent Care.

Scheduling Procedures

Diagnostic radiology procedures, including CT scans, may be scheduled by calling 74253. During normal work hours, ultrasound studies are scheduled at 73159 and nuclear medicine studies at 74260. Outside normal work hours, ultrasound and nuclear medicine studies can be scheduled at 74253.

A scheduling clerk is available 7 a.m. to 11 p.m., 7 days a week. All procedures other than routine films (i.e., chest, abdomen, skeletal radiography) must be prescheduled through this scheduling service. When scheduling special invasive radiographic procedures, physicians are requested not only to schedule the patient through the scheduling mechanism, but also to consult directly with the appropriate radiologist and/or resident. In those instances where multiple procedures are requested within a short time span, consultation is encouraged to facilitate the ideal sequencing of procedures.

Patient Preparation

Details regarding patient preparation as well as forms and hours of service associated with each of the procedures performed in radiology are available, by calling the Radiology scheduling desk at 74253.

Emergency Procedures

Requests for emergency procedures are processed through the scheduling service, 74253. If consultation is needed, the requesting physician will be placed in contact with the appropriate radiologist or resident. On shifts other than the normal work week, emergency requests for procedures which are usually prescheduled will be processed through the radiologist or resident on call.

Mobile Service

Diagnostic radiology provides mobile service throughout the hospital (OR, ED, and at the patient's bedside). Mobiles are requested only when the patient's condition precludes transport to the Radiology Department.

Non-emergency mobiles are requested by placing an order in Merlin. The requisition will be produced in radiology. Emergency mobiles are requested by calling 74258 and entering the order in Merlin. A down-time form will be accepted by the technologist in the event of a code in progress.

Ultrasound Section – Radiology

The Ultrasound Section of the Radiology Department is staffed from 7 a.m. to 11 p.m., Monday through Friday. After 11 p.m., on weekends, and holidays, emergency service only is provided. Emergency service may be obtained by contacting the radiology scheduling department at 74253 which will notify the appropriate on-call personnel.

Radiology ultrasound provides a wide range of sonographic studies including abdominal and pelvic imaging and obstetrical imaging. Spectral and color doppler studies are available as well as small parts imaging including thyroid and scrotal scanning. Invasive procedures that involve ultrasound guidance may be obtained through radiology scheduling at 74253 which will coordinate the procedure with the department and physician.

Location

The outpatient department is located on the 4th floor of the Physician Office Center and on the first floor of the UTC. The inpatient department is located on the 3rd floor of the hospital.

Scheduling

Sonographic studies may be scheduled at 73159 during working hours and at 74253 outside working hours. For urgent or emergent same day service during the normal work week the referring physician must contact the ultrasound department at beeper 1180 to facilitate the procedure being added into the schedule.

On shifts other than the normal work week emergency requests for procedures which are usually prescheduled will be processed through the radiologist or the resident on call.

Patient Preparation

Please refer to the radiology manual titled Prep and Scheduling for Radiology for detailed information regarding patient preparation for ultrasound procedures. This manual is available in all nursing units and clinics.

Nuclear Medicine Section – Radiology

The Nuclear Medicine Section of the Radiology Department is located on the 3rd floor of the hospital and is staffed from 7:30 a.m. to 4:30 p.m., during the normal work week.

After 4:30 p.m., and on weekends, emergency service only is provided. Emergency service may be secured by contacting the radiology scheduling service at 74253, which will notify the appropriate on-call personnel.

Scheduling

Diagnostic nuclear medicine procedures may be scheduled by calling 74260 during working hours and 74253 outside working hours. If a patient is scheduled for a nuclear study and another imaging study within the same 24 hours, notify the nuclear section to secure directions for proper sequencing of the procedures. If a nuclear procedure is to be canceled or rescheduled, please notify nuclear medicine as soon as possible. Radiopharmaceuticals are very expensive, have a short half-life, and are ordered to arrive on the date the procedure is to be performed.

Patient Preparation

Please reference the radiology manual titled *Prep and Scheduling for Radiology*, available at all nursing units and clinics, for detailed information regarding patient preparation for nuclear radiology procedures.

Radionuclide Therapy

Various types of therapeutic radionuclide procedures are performed within the nuclear medicine section. Consultation with the physicians in the nuclear section is a prerequisite for scheduling a therapeutic procedure. Final scheduling arrangements may be made by calling 74260.

Radiation Safety Section

The Radiation Safety Medical Physics Section is located in Room G-139, HSS. This section is staffed from 8 a.m. to 5 p.m. during the work week. Routine services are provided during this time.

Emergency services (i.e., cleanup of radiation spills, emergency monitoring of implants, etc.) are provided by the radiation safety personnel on call. The call list is available at the hospital paging desk.

This section is available to assist all users of radiopharmaceuticals, radioactive substances, or ionizing radiation-producing devices. House staff exposed to radiation from fluoroscopic units should arrange for film badge monitoring by the Radiation Safety Section through their respective departments. Radiation exposure reports are forwarded monthly to the respective departments.

All requests for radionuclides must be processed through this section. All questions about the safe use, handling, storage, or ordering of radioactive materials should be directed to the radiation safety office, 293-3413.

REHABILITATION SERVICES DEPARTMENT

The department offers the following therapies:

Physical therapy

Occupational therapy

Speech therapy

Massage therapy

Rehabilitation Services Department is located on the 2nd floor of Ruby Memorial Hospital, phone extension 74118. Services are ordered through EPIC and are provided for inpatients seven days a week, 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to noon Saturday and Sunday.

The services are consultative and rehabilitative for medical/surgical, pulmonary disabilities, neurological, trauma, amputee, orthopedic surgeries, sports medicine, pediatrics, burns, and neck/low back injuries.

Within 24 hours of a referral to Rehabilitation Services, the evaluation process will be initiated.

The therapy programs may be initiated or discontinued at the discretion of the referring physician or the treating therapist.

Physical Therapy

The Physical Therapy staff provides gait training; exercise, heat, hydro, wound care, manual and electrotherapy; and assistive devices. Skeletal traction, casting, and splint/bracing also are provided by the department's ortho techs.

Outpatient physical therapy is available through HealthWorks, located off Maple Drive. HealthWorks is WVUH's outpatient rehabilitation service and appointments can be scheduled by phoning 599-2515. HealthWorks provides a full range of PT services, along with athletic training and a fitness program.

While most outpatient wound care issues should be referred to the WVU Wound Management Center at Cheat Lake Physicians, occasionally, for those patients who require hydrotherapy, an order may be placed in EPIC for this specialized outpatient physical therapy service. In most cases, this would be done in conjunction with the patient's treatment program at the Wound Management Center.

Occupational Therapy

Occupational Therapy services include evaluations and treatment to make it possible for people facing challenges caused by motor, mental, or visual perceptual disturbances to participate more fully in the functional requirements of living at home, in school, or at work and at play. Occupational therapists (OTs) work with adults and children to acquire daily living skills needed to engage in meaningful activities and lead productive lives. Depending on the patient's deficit, OTs provide assessment and fabrication of adaptive devices and upper extremity splints.

Outpatient occupational therapy services are offered for patients with lymphedema or functional problems associated with a cancer diagnosis or its treatment. Therapists with specialized training and expertise in compression management and cancer treatment will provide an evaluation and treatment program designed to meet the unique needs of these patients.

Speech Therapy

The Speech Therapy staff provides inpatient and outpatient evaluations and treatment of speech, language, cognitive/linguistic, voice and swallowing disorders.

Services include:

- Speaking valves for trach patients
- Electrolarynx devices for laryngectomy patients
- Communication boards
- Cognitive retraining for brain injured
- Language treatment for aphasic patients
- Pediatric feeding/swallowing issues
- Motor Speech evaluations and treatment
- Swallow evaluations including a clinical evaluation of dysphagia as well as Modified Barium Swallow Studies or Fiberoptic Endoscopic Evaluation of Swallow as indicated

Neuromuscular Electrical Stimulation (VITAL STIM) swallowing treatments
Voice disorder evaluations and treatment

Massage Therapy

Massage therapy services are provided primarily to cancer inpatients offering a variety of massage modalities including neuromuscular, myofascial, and basic manual lymphatic drainage. Massage therapy is adapted to each patient's individual needs to assist in promoting the following:

- Improved circulation and breathing
- Reduced stress and anxiety
- Muscle tone
- Enhanced joint flexibility, range of motion and management of pain.

RESIDENT DOCTOR LICENSURE REQUIREMENTS

It is the policy at the Robert C. Byrd Health Sciences Center that all residents obtain an unrestricted West Virginia Medical License as soon as they are eligible to do so under state law.

For MD degree applicants, WV Board of Medicine requires passage of all three steps of the USMLE examination within a ten year period.*

Graduates of US and Canadian medical schools are eligible for licensure after successful completion of one year of postgraduate education. They are required to take, and pass, USMLE Step 3 by the end of their second postgraduate year. These residents will not be advanced to a third year unless they have passed all steps of the USMLE and have applied for West Virginia licensure. It is expected that a resident will obtain the license within 90 days of the initial application.

Graduates of medical schools outside the US and Canada must take, and pass, USMLE Step 3 before the completion of their second year. They will not be advanced to the third year unless they have passed all steps of the USMLE. Following completion of three years of postgraduate training, they must have applied for West Virginia licensure. It is expected that a resident will obtain the license within 90 days of the initial application.

Exceptions for extension to these deadlines must be approved by the GMEC Taskforce and the DIO.

Doctors of Medicine:

**West Virginia Board of Medicine
101 Dee Drive
Charleston, WV 25311
(304) 348-2921 or (304) 558-2921**

Dentistry:

**West Virginia Board of Dental Examiners
P.O. Drawer 1459
Beckley, WV 25802
(304) 252-8266**

PGY1 and PGY2 Doctors of Osteopathy must have an Educational Permit issued by the Board of Osteopathy to participate in residency programs at WVU School of Medicine. Doctors of Osteopathy participating in residency programs at WVU School of Medicine are also required to be licensed by the State of West Virginia when they are first eligible**. They must have passed all three parts of the COMLEX to qualify for this license. They will not be advanced to the PG 3 level unless a passing COMLEX level 3 score is provided. They must complete the licensure application by the end of the PG 2 year and will not be provided a PG 3 contract without proof of application. It is expected that a resident will obtain the license within 90 days of initial application.

An Osteopathic training permit must be obtained for the PGY-1 and renewed for the PGY-2 training year or until a West Virginia medical license is obtained.

Information on rules and regulations, fees, and applications can be obtained from:

**State of West Virginia
Board of Osteopathy
334 Penco Road
Weirton, WV 26062
(304) 723-4638**

*Amended August 2008 due to change in West Virginia State Code.

** Amended in April 2009 with SB526.

RESPIRATORY CARE SERVICES

Organization

The Respiratory Care Service, a department, reports directly to West Virginia University Hospitals administration; call 74106.

Services

Services in respiratory care are provided around the clock, under medical direction and technical supervision. Respiratory care services involve the use of therapeutic and medical gases and their appropriate administering devices; humidifications and aerosols; inhalation drug therapy; diagnostic ventilatory assistance and control; ventilatory monitoring; CPR; teaching; arterial blood gas analysis, and research development in the field of respiratory care.

NOTE: Metabolic assessment is offered Monday through Friday from 8 a.m. to 4:30 p.m., through Pulmonary Services. This cannot be ordered on weekends or off shifts.

Initiation of Respiratory Therapy

Respiratory care will be provided upon documented physician order in all areas of the facility. The complete respiratory care order must specify:

1. The type of therapy
2. Frequency
3. Duration

4. Type and dosage of medication
5. Precautions to be observed and under what conditions, if applicable

The physician must include in the patient’s medical record the goals and objectives of the respiratory services ordered, and the pertinent clinical evaluation of the results of that care within three days of initiation of therapy. Respiratory care staff will document care rendered in the EMR or on the appropriate respiratory care sheet.

Notification

To contact Respiratory Care/Pulmonary Services, please use the following:

Pulmonary Services

Secretary/Scheduling----- Phone 74147

Respiratory Care Office

Secretary ----- Phone 74106

ABG Lab ----- Phone 74023

Children’s Hospital

PICU ----- Beeper 0182
 NICU/MICC (Maternal/Infant Care Center) ---- Beeper 0330/0410
 6E ----- Beeper 0722

Adult Critical Care

MICU 1 ----- Beeper 0523
 MICU 2-3 ----- Beeper 0663
 SICU ----- Beeper 0420
 CCU ----- Beeper 0519
 CTU ----- Beeper 0025
 All ED calls ----- Beeper 0102
 Cancer Center, POC, Ruby Day Surgery Center (2W), and all PACU calls- Beeper 0541
 10th Floor, BIPAP or mechanical ventilation other than critical call-----Beeper 0364
 8th and 9th Floors ----- Beeper 0661
 7th and 6th Floors (except NICU/PICU)- Beeper 0722
 8NE and SNU ----- Beeper 0524

Change of Orders

If a physician desires a change in the current respiratory care being delivered, a new order must be written and documentation of the goals and objectives for the new therapy must be entered into the EMR.

Resuscitation

Respiratory care staff will respond to all CODE BLUE and STAT pages in all areas of the hospital at any time. RC practitioners will assist physicians in intubation, ventilation,

external cardiac compression, etc.

Outpatients

Respiratory care services will provide therapy in outpatient and other areas associated with the hospital when requested and upon a physician order. It should be noted that therapy ordered for patients within the hospital will take priority over patients in outpatient and other areas.

Evaluations

Respiratory care personnel are available if there are any questions regarding the most appropriate or effective therapy for a specific patient and to answer any questions about equipment or procedures.

SAFETY

The Hospital Safety Department manages a comprehensive program that deals with occupational safety and health, environmental monitoring, risk, hazard, and loss associated with hospital functions. The department serves as a resource for compliance with federal, state, and Joint Commission on Accreditation safety codes. It provides fire safety, hazard communication, disaster preparedness, electrical safety, OSHA's standard on blood borne pathogens, TB exposure control plan, prevention of workplace violence, respiratory protection, and unit-specific safety education.

The Safety Department can be reached at 304-598-4055 during business hours. After hours the Safety Officer can be reached by digital pager at 304-987-6520.

SECURITY

WVUH Security Department services consist of both prevention and intervention activities to assist, protect, and provide a safe and secure environment for patients, visitors, and staff. Activities include:

- Assists with patients, visitors, and staff
- Patient/visitor information
- Parking and traffic control
- Safety assistance
- Room access assistance
- Parking escorts
- Vehicle assists
- Fire and other emergency assistance
- Accident and crime prevention/intervention/investigation
- Overnight visitor assists

WVUH officers can be reached 24 hours / 7 days a week by contacting the WVUH dispatcher at 74444.

SMOKING POLICY

See, Administrative Policy VI.025

POLICY

Effective November 19, 2009, West Virginia University Hospitals, including satellite locations, became a tobacco-free campus. This policy applies to all employees, medical staff, residents, patients, customers, visitors, students, volunteers, vendors, and contracted personnel. This policy covers all tobacco products including cigarettes, cigars, pipes, and all forms of smokeless tobacco. The use of tobacco products is prohibited in or on all WVUH owned or leased buildings, grounds, parking lots, ramps, adjacent sidewalks. The policy extends to all vehicles owned, leased, or rented by WVUH.

PURPOSE

Tobacco use is the single most preventable cause of death and disease in West Virginia and the United States. West Virginia University Hospitals is committed to creating a healthy, safe environment for our employees, patients, customers, students, and visitors. As the state's flagship healthcare institution, it is our role to lead by example in modeling good health practices and promoting a tobacco free lifestyle for those we serve. This tobacco-free campus policy, including satellite locations, clearly demonstrates our commitment to health and aligns our practices with our mission.

SCOPE

This policy applies to all property, hereinafter called "WVUH Campus," owned, operated or leased by WVUH including satellite facilities. This policy applies to all employees, medical staff, residents, patients, customers, visitors, students, volunteers, vendors and contracted personnel.

IMPLEMENTATION OF A TOBACCO FREE CAMPUS

Communication of the policy will be by signage at campus entrances, building entrances, parking areas, and will be included on reminder cards to patients. Supervisors will be responsible for notifying their employees of the provisions of this policy and assisting with enforcement. Human Resources will also inform employment candidates of this policy during the application process and in the new hire orientation process. Patients shall be made aware of this policy upon admission to WVUH. When possible, every effort should be made to inform patients and their families of this policy before admission to the hospital, appointments or any outpatient procedures. Other departments who oversee the use of vendors, volunteers, residents, our medical staff, or any other contracted group are also responsible for communicating this policy.

EXPECTATIONS OF EMPLOYEES

It is expected that all employees adhere to this policy and refrain from the use of tobacco while on the WVUH campus. Although not recommended, employees will be permitted to utilize tobacco in their enclosed vehicles, if parked in the employee approved parking spaces and on an approved meal and rest break. However, employees should refer to Policy V.250 – Employee Dress and Appearance, as related

to smoking odor if they choose to use tobacco in this manner. Policy compliance is an expectation of employment and will depend on the cooperation of all faculty, staff, students, and visitors. Employees smoking or using tobacco products on the hospital campus are in violation of the stated policy and subject to disciplinary action possibly leading to termination.

Violations of the policy should be referred to the employee's supervisor for review and action. Supervisors are responsible for managing this policy within their respective work areas. The medical staff (progressing to Security and the Administrator On-Call) is responsible for upholding this policy in all patient areas.

All personnel are encouraged to respectfully communicate this policy. While all employees are responsible for informing others of the policy, Security staff members are responsible for enforcement with those who are in violation.

CESSATION RESOURCES FOR EMPLOYEES

The Health Sciences Campus of WVU will assist with compliance by sponsoring tobacco cessation programs and will provide education materials to assist staff in quitting tobacco use. The Wellness Program in collaboration with the School of Public Health Research Center will assist in identifying cessation resources.

EXPECTATIONS OF PATIENTS

It is the expectation that all patients will refrain from using any form of tobacco while on the WVUH campus and their entire visit to the campus. At the patient's request, the appropriate WVUH staff will contact the patient's admitting physician to request cessation resources for the patient.

When there is good reason to believe that the patient has used tobacco products while on the WVUH campus, the patient will be advised of this policy and will be asked not to use any tobacco products in the future. In the event of a patient's repeated violation of this policy, the patient will be asked to relinquish all tobacco products in his/her possession to Security. These products will be returned upon discharge from the WVUH Campus. While patient care staff will be primarily responsible for the enforcement of this policy with patients, Security staff may also be utilized to enforce the policy and to report violations.

EXPECTATIONS OF MEDICAL STAFF, RESIDENTS, CUSTOMERS, VISITORS, STUDENTS, VOLUNTEERS, VENDORS AND CONTRACTED PERSONNEL

It is the expectation that all medical staff, residents, customers, visitors, students, volunteers, vendors, and contracted personnel refrain from any form of tobacco while on the WVUH campus and their entire visit to the campus. Violations of the policy may result in restrictions or cancellations of their visiting rights or other right to be on the WVUH campus. Medical staff, residents, customers, visitors, students, volunteers, vendors, and contracted personnel may ask their designated WVUH staff personnel for assistance in locating cessation resources while on WVUH campus. While all employees are responsible for informing others of the policy, responsible departments

who are utilizing the above are primarily responsible for the enforcement of this policy with medical staff, residents, customers, visitors, students, volunteers, vendors or other contracted personnel. Security staff members may also be utilized to enforce the policy and to report violations.

OVERSIGHT

The Tobacco Free Health Sciences Committee is charged with maintaining the tobacco free policy, monitoring compliance with the policy and developing procedures to increase compliance with the policy.

*WVUH does not lease the parking lots between Ruby Memorial Hospital and the football stadium on home football game days during certain hours. The time frames are dependent upon the game day and time frames that the parking lot is turned over to the WVU Athletic Department.

SPECIAL CARE UNITS

Blood and Marrow Transplant Unit (BMTU)

The 12-bed unit within 9 West provides specialized care to BMT patients through episodes requiring intensive observation and care.

The director of the BMT program is administratively responsible for the unit. The attending oncologist is responsible for admissions to, care management of, and discharges from the BMT unit.

Visiting hours are liberal. However, visitation is restricted during morning rounds and overnight for family members of adult patients.

Cardiothoracic Unit (CTU)

This eight-bed unit on the 5th floor provides specialized care required by patients following open-heart or thoracic surgery, or vascular procedures.

The medical director of the CTU is responsible for the overall direction of the unit. The primary service is responsible for individual patient care management. Admissions to the CTU are coordinated through the RN bed coordinator (Pager 1070).

Visiting hours are between 9 a.m. and 9:30 p.m. and are regulated at the discretion of the nursing staff. Family members are to coordinate visiting with the family care coordinator and/or volunteer in the 5th floor waiting area.

Coronary Care Unit (CCU)

This eight-bed unit on the 5th floor provides specialized care required by patients with acute myocardial infarctions, post-cardiac procedure, and other life-threatening cardiovascular problems.

The medical director of the CCU is responsible for the overall direction of the unit. The primary service is responsible for individual patient care management. Admissions to the CCU are coordinated through the RN bed coordinator (Pager 1070).

Visiting hours are between 9 a.m. and 9:30 p.m. and are regulated at the discretion of the nursing staff. Family members are to coordinate visiting with the family care coordinator and/or volunteer in the 5th floor waiting area.

Medical Intensive Care Unit (MICU)

This eight-bed unit on the 5th floor provides specialized care required by patients with various medical conditions such as pulmonary, endocrine, and renal disease processes. Bone and marrow transplant patients and stroke patients may also require care in the MICU.

The medical director of the MICU is responsible for the overall direction of the unit. The MICU Service is responsible for individual patient care management. Admissions to the MICU are coordinated through the RN bed coordinator (Pager 1070).

Visiting hours are between 9 a.m. and 9:30 p.m. and are regulated at the discretion of the nursing staff. Family members are to coordinate visiting with the family care coordinator and/or volunteer in the 5th floor waiting area.

Newborn Intensive Care Unit (NICU)

The 34-bed unit on the 6th floor provides continuous intensive care and observation for critically ill infants.

The director of the NICU is appointed by the chair of the Department of Pediatrics and is responsible for the overall medical direction and administration of the unit. All admissions are to be coordinated through the attending physician in the NICU.

Visiting is permitted 24 hours a day, but is regulated at the discretion of the nurses (598-4140).

Please refer to the individual unit's policy and procedure manual for additional information. There is a Kardex that provides a wealth of "how-to" information in relation to premature infants. These manuals are available on each unit and are kept in the nurses' station.

Pediatric Intensive Care Unit (PICU)

The 10-bed unit on the 6th floor provides specialized care to infants and children requiring ICU care. Fifty percent of our population is cardiothoracic surgery, 40-50% is medical, and the rest involve other surgical subspecialties.

The Pediatric Intensivist is responsible for the overall medical direction of the unit. Each service responsible for the patient is responsible for the overall care of the patient. All admissions to the PICU must be coordinated and approved through the PICU director or designee. All children will have pediatric consults or co-attendings.

Surgical Intensive Care Unit (SICU)

This twelve-bed unit on the 5th floor provides specialized care required by patients after surgical procedures including general, vascular, and neuro surgery. In addition, specialty care is provided for multi-trauma, otolaryngology, and plastic surgery patients.

The medical director of the SICU is responsible for the overall direction of the unit. The SICU Service is responsible for ventilator and hemodynamic management of the

patient. The primary service is responsible for primary patient care management. Admissions to the SICU are coordinated through the RN bed coordinator (Pager 1070).

Visiting hours are between 9 a.m. and 9:30 p.m. and are regulated at the discretion of the nursing staff. Family members are to coordinate visiting with the family care coordinator and/or volunteer in the 5th floor waiting area.

SUPPLY CHAIN SERVICES & PROCURE TO PAY

Supply Chain and Procure to pay are dedicated to providing high-quality, cost-effective materials/supply support systems for patient care, with the goal of providing the right products at the right place, at the right cost, at the right time.

Procurement is responsible for the acquisition of all goods and services and performs product sourcing, bid/quotation analysis, contract negotiation, and order placement and expediting. All vendors must register with Procurement upon entering Ruby. All new patient care supplies must be approved through the Value Analysis process and may be requested by contacting Procurement. Hours of operation are 8:00 a.m. to 4:30 p.m. Monday through Friday.

Materials Handling operates 24 hours a day and maintains an inventory of medical/surgical supplies and certain medical equipment (IV pumps, PCA pumps, feeding pumps, compression pumps, etc.).

The receiving area, open from 7:00 a.m. to 3:30 p.m. Monday through Friday, verifies the receipt of hospital deliveries, performs departmental deliveries, and provides outgoing shipping.

VOLUNTEER SERVICES AND FRIENDS OF WEST VIRGINIA UNIVERSITY HOSPITALS

WVU Hospitals' volunteers contribute tens of thousands of hours each year helping us provide high quality service to our patients, families and community. Our volunteers deliver patient mail, provide crafts, and assist patients and families in many areas of the hospital.

Friends of WVU Hospitals provides patient services and programs and raises funds to support comfort and care for our patients and guests. Friends Gift Shop, in the hospital lobby, is open from 8 a.m. to 6:00 p.m. weekdays and 11 a.m. to 5 p.m. Saturdays and Sundays. For more information, call Volunteer Services at 74134 or visit www.wvumedicine.org/volunteers You may also visit Friends Gift Shop online at www.wvuhgift.com.

WELLNESS CENTER

The Wellness Center at WVU Health Sciences campus is dedicated to providing opportunities for employees to create and maintain a healthy and active lifestyle. The Wellness Center activities are open to all WVUH, WVU HSC, and UHA employees. Most programs are also available to family members and residents. If you have any questions or would like to register for a program, please call the Wellness Office at 304-

293-2520 or visit on the web: <http://wvumedicine.org/thewellnesscenter/>.

APPENDIX

Frequently Called Telephone Numbers

ACCOUNTING – WVUH -----	598-4085/4079
ADMISSIONS OFFICE -----	598-4146
AUTONOMIC TESTING -----	598-6060
BEHAVIORAL MEDICINE -----	293-2411
BLOOD BANK-----	598-4239
BLOOD GAS LAB -----	598-4023
BUSINESS OFFICE - WVUH	
Cashier-----	598-3001, 598-3002
Manager -----	598-4032
Patient Accounts -----	598-4032
CANCER CENTER	
Administration -----	293-0781
Appointments-----	598-4500
Prevention and Control -----	293-2370
CARDIAC CATHETERIZATION LAB -----	598-4271
CARDIAC & DIAGNOSTIC	
Result -----	598-4288
Scheduling -----	598-4395
CARE MANAGEMENT -----	598-4000 x 75289
CAST ROOM -----	598-3182
CHAPLAIN’S OFFICE-----	598-4185
CHESTNUT RIDGE CENTER -----	293-5299
CHRONIC PAIN -----	598-6416
COMMUNICATIONS -----	293-7087
Pager -----	304-376-2838
DENTISTRY (Hospital) -----	293-6208
DIAGNOSTIC SCHEDULING -----	598-4395
DIETETICS-----	598-4105
EEG/EMG -----	598-6060
EKG LABORATORY -----	598-4265
EMERGENCY PAGE-----	598-3333

EMERGENCY DEPARTMENT -----	598-4172
Medical Director -----	293-2436
MedCom-----	598-4100
Nurse Manager -----	598-4000/4172
EPILEPSY MONITORING UNIT -----	598-6150
ETHICS CONSULTATION SERVICE -----	293-7618
Pager -----	362-0494
EYE INSTITUTE-----	598-4820
Neurosurgery -----	598-6442
FACILITIES ENGINEERING -----	598-4141
Dispatcher -----	598-4107
FAMILY MEDICINE CENTER -----	598-6900
GRADUATE MEDICAL EDUCATION-----	293-0672
HEALTH INFORMATION MANAGEMENT-----	598-4109
Central Completion -----	598-4116
Chart Request-----	598-4113
Release of Information-----	598-4109
Steno Pool/Transcription-----	598-4114
Transcription-----	598-4111/3018
Tumor Registry -----	598-4115
HEALTHLINE-----	598-6100/800-982-8242
HEART INSTITUTE-----	598-4478
HOSPITAL ADMINISTRATION-----	598-4200
HOUSEKEEPING -----	598-4105
INFECTION CONTROL -----	598-4035
INFORMATION	
Hospital -----	598-4000
Patient-----	598-4400
INTRAOPERATIVE MONITORING -----	598-7040
LABORATORIES	
<i>ANATOMIC</i>	
Autopsy Labs -----	285-7095
Cytopathology -----	293-2095
Electron Microscopy-----	293-6716
Histopathology-----	293-6014
Neuropathology -----	293-2092
Surgical Pathology Office-----	293-3212

CLINICAL

Administration----- 598-4241
Central Processing ----- 598-4225
Chemistry ----- 598-4225/4232
Cytogenetics ----- 293-2524
Flow Cytometry----- 598-4237
Hematology ----- 598-4225/4230
Laboratory Information System ----- 598-4227
Microbiology----- 598-4234
Molecular ----- 285-7093
Test Results----- 598-4225

MARS----- 598-6100

MATERIALS MANAGEMENT

Administration ----- 598-6143
Laundry/Linen ----- 598-6398
Materials Handling ----- 598-4189
Sterile Processing----- 598-4000 x 79961

MDTV----- 293-6926

MEDICAL EXAMINER ----- 599-6382

MEDICAL STAFF AFFAIRS----- 598-4156

MEDICINE, SCHOOL OF

Dean's Office ----- 293-4511

MORGUE----- 285-7095

NEURO PSYCH TESTING ----- 598-4740

NURSING SERVICE ADMINISTRATION ----- 598-4391

NURSING STATIONS

Bone Marrow Transplant Unit (BMTU) ----- 598-4127
Cardiac Care Unit (CCU)----- 598-4317
Cardiothoracic Unit (CTU) ----- 598-4311
Dialysis (4th floor)----- 598-4108
Labor and Delivery ----- 598-4061
Medical Intensive Care (MICU)----- 598-4321
Newborn Intensive Care Unit (NICU) ----- 598-4140
Obstetrics ----- 598-4179
Oncology Center (9W)----- 598-4091
Operating Room ----- 598-4150
PACU----- 598-4135
Pediatrics----- 598-4062
Pediatric Intensive Care Unit (PICU)----- 598-4328
Ruby Day Surgery (2W)----- 598-6200
Surgical Intensive Care (SICU)----- 598-4314

7E -----	598-4072
7W-----	598-4071
Skilled Nursing Unit -----	598-4704
8E -----	598-4082
8NE -----	598-4620
8W-----	598-4081
Observation Unit-----	598-4084
9E -----	598-4092
9W -----	598-4091
10E -----	598-4102
10W -----	598-4101
NUTRITION AND ENVIRONMENTAL SERVICES ----	598-4105
OCCUPATIONAL MEDICINE (HEB)-----	293-3693
ORTHOPAEDICS CLINICS	
POC -----	598-4831
UTC -----	285-7222
Spine Medicine Center -----	598-4413
PAGING	
Hospital and POC -----	598-4000
PALLIATIVE CARE SERVICES-----	293-7618
Pager-----	362-0637
PATHOLOGY	
Autopsy -----	285-7095
Chair-----	293-3212
Cytopathology-----	293-2095
Morgue-----	285-7095
Neuropathology Lab-----	293-2092
Surgical Pathology-----	293-2092
PAYROLL OFFICE -----	598-4088
PEDIATRICS (UTC) -----	598-4835
PERSONNEL SERVICES -----	598-4075
PHARMACEUTICAL SERVICES	
Adult Critical Care Satellite -----	598-4177
Children's Hospital-----	598-4176
Clinical Research Division -----	598-4179
Pharmacy Administration -----	598-4148
10th Floor -----	598-4178
9th Floor -----	598-4396
8th Floor -----	598-4175

7 East -----	598-4175
7 West-----	598-4175
Surgery Service Area -----	598-4175
PHYSICAL PLANT (HSC) -----	293-4394
PHYSICAL THERAPY -----	598-4118
Outpatient/HealthWorks-----	599-2515
PHYSICIAN OFFICE CENTER	
Central Appointments-----	598-4800
Dermatology-----	598-4865
Eye Center-----	598-4820
Gastroenterology-----	598-4855
Lab-----	598-4870
Medical Group Practice-----	598-4850
Medical Records -----	598-4809
Medical Specialties -----	598-4855
Neurology -----	598-4865
Obstetrics/Gynecology-----	598-4880
Office X-ray -----	598-4845
Optical Shop-----	598-4888
Orthopaedics -----	598-4830
Otolaryngology-----	598-4825
Patient Services -----	598-4805
Pediatric and Adolescent Medicine (& UTC)-----	598-4835
Pharmacy -----	598-4848
Pre-admission Testing-----	598-4885
Pulmonary/Rheumatology -----	598-4855
Speech and Hearing -----	598-4825
Surgical Specialties-----	598-4890
Urology-----	598-4890
PLANNING AND STRATEGIC INITIATIVES -----	293-7251
POISON CONTROL CENTER-----	800-642-3625
POST OFFICE (HSC)-----	293-2359
PULMONARY FUNCTION LAB -----	598-4147
RADIATION ONCOLOGY -----	293-8509
RADIOLOGY -----	598-4252
Interventional Scheduling-----	598-9847
Manager -----	598-4252
MRI & PET-----	293-4321
Schedule Coordinator-----	598-4253
Film Room -----	598-4095
Nuclear Medicine-----	598-4260
Ultrasound -----	598-3159

University Town Center-----	285-7441
REFERRING PHYSICIAN COMMUNICATIONS -----	598-6000
REHABILITATION -----	598-4118
Occupational Therapy -----	598-4118
Physical Therapy-----	598-4118
Speech Therapy-----	598-4118
Outpatient Physical Therapy/HealthWorks-----	599-2515
RENAL DIALYSIS-----	598-4108
RESPIRATORY THERAPY -----	598-4106
RISK MANAGEMENT-----	293-3584
RUBY DAY SURGERY CENTER-----	598-6200
SAFETY-----	598-4055
SECURITY – 24 hour -----	598-4444
SLEEP CENTER -----	598-6060 x 4770
SOCIAL SERVICES -----	598-4183
TRANSCRANIAL DOPPLER STUDIES-----	598-6060
UNIVERSITY HEALTH ASSOCIATES -----	599-2273
UNIVERSITY STUDENT HEALTH -----	285-7200
UTILIZATION MANAGEMENT -----	598-4183
VOLUNTEERS-----	598-6010
WVU EYE INSTITUTE-----	598-4820
WVU HEALTHLINE-----	598-6100/1-800-982-8242

Frequently Requested Numbers

<i>Departments</i>	<i>Contact Person</i>	<i>Phone #</i>
Benefits Questions-----	Kim Kelley-----	293-4103
GME Office-----		293-0672
Residency Agreements, Loan Deferments		
Meal Cards-----		Program Manager
Lab Coats Laundry-----		598-2046
DEA Numbers, Pharmacy-----		598-4148
Parking Problems -----		598-4029 x73734
Security -----		598-4444

Emergency Codes

Code Blue ----- Cardiopulmonary Arrest

Code Amber ----- Infant/Child Abduction
Code Triage----- Disaster Plan: Phase 1, 2, 3
Code Walker----- Missing Adult Patient
Code Red----- Fire
Code Gray----- Security
Code Weather----- Inclement Weather
Code Green----- Oxygen Outage
Code Yellow ----- Medical Gas Outage
Code Orange ----- Chemical Spill
Code Black ----- Evacuation