Welcome to the University Health System, the University Hospital and Clinics serving Bexar County and South Texas

The University Health System (also referenced herein as “UHS”) is a tax-supported institution governed by a board of managers-citizens who serve without pay, by appointment of the Bexar County Commissioners Court.

UHS facilities include University Hospital, the hospital for The University of Texas Health Science Center at San Antonio (also referenced herein as “UTHSCSA”), and six ambulatory care sites: the University Health Center-Downtown, the University Family Health Center-Southeast, the University Family Health Center-Southwest, University Center for Community Health, University Family Health Center-North and the University Family Health Center-Northwest. The University Health System also has nine preventive health service clinics located throughout the county: Kenwood, South Flores, Zarzamora, Westend, Naco Perrin, Ricardo Salinas, Eastside, Old Highway 90 and Bob Ross.

UTHSCSA, one of six health-related institutions in The University of Texas System, comprises five schools-medical, dental, nursing, allied health sciences and graduate biomedical sciences. The medical school, which was the first component, opened in September 1968.

Students in clinical programs gain experience and training under faculty supervision in University Health System facilities, the South Texas Veterans Health Care System Administration and in other affiliated institutions in the community.

As members of our house staff, you will be playing a vital role in our Health System. For most patients, you will be the first point of contact with our medical staff. For this reason, you have been selected as residents who can continue the high quality of medical care for which we are known.

This manual will give you brief explanations of the procedures and routines at our hospital and ambulatory care facilities. This manual is not intended to cover all situations. Therefore, the chief resident of your service, your service chief and the administrative staff all stand ready to help you when necessary.
The Physicians Oath of Hippocrates

I do solemnly swear, by whatever I hold most sacred:

That I will be loyal to the profession of medicine and just and generous to its members;

That I will lead my life and practice my profession in uprightness and honor;

That into whatsoever house I shall enter, it shall be for the good of the sick to the utmost of my power, holding myself far aloof from wrong, from corruption, from the tempting of others to vice;

That I will exercise my profession solely for the cure of my patients, and will give no drug, perform no operation, for a criminal purpose, even if solicited; far less suggest it;

That whatsoever I shall see or hear of the lives of men which is not fitting to be spoken, I will keep inviolably secret. These things I do sear.

And now, should I be true to this, my oath, may prosperity and good repute be ever mine; the opposite, should I prove myself forsworn.
Mission, Vision and Values for the University Health System

Mission
The mission of the University Health System is to promote the good health of the community by providing the highest quality of care to both inpatients and outpatients, by teaching the next generation of health professionals and by supporting research thereby advancing medical knowledge and improving the delivery of patient care.

Vision
We will continuously improve the health and well-being of the people of Bexar County, South Texas and beyond.

Values
- Our patients come first
- We work as a team
- We work for the community
- We have the highest regard with respect, dignity, sensitivity and trust when it comes to treatment
- We will be experts at our jobs
- Education and research are important to excellent patient care

George B. Hernández, Jr.
President/Chief Executive Officer
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The Patient Bill of Rights

The following “Patient Bill of Rights” is made available to the patients of the University Health System according to the recommendation of the America Hospital Association (AHA). House staff members need to be aware of the contents of the document. This statement is an adaptation from that issued by AHA.

Your Rights as a Patient at the University Health System

The University Health System, its doctors, nurses and entire staff are committed to assure you excellent care. It has always been our policy to respect your individuality and dignity. This listing is published to be certain you know the long-standing rights that are yours as a University Health System patient.

1. You have the right to considerate and respectful care.
2. You have the right to obtain from your physician complete and current information concerning your diagnosis, treatment, and prognosis in terms you can understand. When it is not medically advisable to give such information to you, the information should be made available to an appropriate person. You have the right to know the name of the physician responsible for coordinating your care.
3. You have the right to receive from your physician information necessary to give an informed consent prior to the start of any procedure and/or treatment. Except in emergencies, information for informed consent should include the specific procedure and/or treatment, the medical risk involved and the expected length of time for your recovery. Where medically significant alternatives for care or treatment exist, or when you request information concerning medical alternatives, you have the right to such information. You also have the right to know the name of the person responsible for performing procedures and treatments.
4. You have the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of your action.
5. You have the right to every consideration of personal privacy concerning your medical care program. Case discussion, consultation, physical examination, and treatment are confidential and should be conducted discreetly.
6. You have the right to expect that all communication and records pertaining to your care will be treated as confidential.
7. You have the right to expect that within its capacity, the hospital must make reasonable response to your request for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of your case. When medically permissible, you may be transferred to another facility only after you have received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which you are to be transferred must first accept you for transfer and care.
8. You have the right to obtain information as to any relationship of your hospital in other health care and educational institutions insofar as your care is concerned. You have the right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating you.
9. Since this hospital is affiliated with a university engaged in medical, dental and nursing education, you may be involved in educational studies. We believe the presence of these students and their faculty supervisors adds to the quality of care.
given in this hospital.

10. Depending upon the nature of your illness, you may be asked to participate in research projects which can offer you the latest advances in the field of medicine; however, before you participate in any research project, you have the right to refuse to be part of such a study. If you refuse to participate in a research study, you have the right to receive the best care the hospital can offer under the circumstances.

11. You have the right to expect reasonable continuity of care. You have the right to know in advance what appointment times and physicians are available for your care. You have the right to expect the hospital will provide a mechanism whereby you are informed by your physician or his delegate of your continuing health care requirements following discharge.

12. You have the right to examine and receive an explanation of your bill, regardless of source of payment.

13. You have the right to know hospital rules and regulations apply to your conduct as a patient.

As a patient, you also have certain responsibilities which should be carried out in your own best interest:

- Appear for your appointments on time.
- Telephone the hospital if it is impossible for you to report at the scheduled time.
- Bring to your appointment information about past illnesses, hospitalization, medications and other matters relating to your health.
- Be open and honest with us about instructions you receive concerning your health; that is, let us know immediately if you do not understand them or if you feel the instructions are such that you cannot follow them.
- Be considerate of other patients, and see that your visitors are considerate as well—particularly with reference to noise, which can be annoying to other patients.
- Be prompt about payment of hospital bills, providing us the information necessary for insurance processing and clearing up any questions you may have concerning your bills.

**Hallway Prescribing**

Employees are prohibited from stopping doctors in the hallways and asking for medical advice and/or prescriptions. House staff should therefore refuse to diagnose or prescribe under these circumstances.

**Standards of Conduct/Service Excellence**

The University Health System must create a caring environment to fulfill its basic mission of providing quality health care. The house staff physician establishes that caring environment through teamwork and by giving complete and efficient care, while respecting the dignity and worth of all individuals.

It is expected that all employees shall express a sincere interest in helping others by exercising patience, understanding and courtesy at all times. The absence of noise in a hospital creates an atmosphere of restfulness and dignity, which is favorable to the recovery of patients and to the satisfactory performance of all the hospital’s work.

Many of the relationships in any health care facility are strictly confidential, and house staff are required to exercise the utmost discretion in their conversations and communications regarding patients, co-workers, and University Health System business.

House staff should refer any requests for information received from the press, radio, or television to their supervisors, who will notify UHS Corporate Communications and Marketing.
The I AM UHS initiative at University Health System is an employee-driven campaign that aims to enhance organizational pride and install a sense of responsibility in all staff members. House staff are encouraged to join all UHS staff in pledging to bring the best they have to offer to work every shift, everyday understanding that they leave a unique impression on every person they come in contact with, everyday, every shift. As an important member of the University Health System team the house staff can say, “I AM UHS! I am making a difference with everything I touch!”

Confidentiality

The Health and Safety Code establishes parameters for hospitals to follow when releasing patient information. This law protects a patient’s privacy and sets specific standards for release of information. The law requires hospitals to obtain the written authorization of a patient or a legal representative to release information relating to the patient’s medical history, treatment, diagnosis or prognosis.

Whenever an inquiry is made about a patient’s status at University Health System, only the following information may be released, under the law, without written consent:
- For adult patients: the patient’s presence at UHS and a one-word condition or status report
- For patients under 18 years of age: the child’s parent or legal guardian must give consent for any information to be released, including the patient’s presence at UHS and a one-word condition or status report

Note that a patient also may request that no information or limited information be released. The hospital must honor the patient’s request.

HIPAA Violation Disciplinary Guidelines for House Staff

Protected Health Information (PHI) is confidential and protected from access, use, or disclosure except to authorized individuals requiring access to such information. Attempting to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, when authorized or improper, will result in counseling and/or disciplinary action up to and including termination. The University Health System Insurance Portability and Accountability Act (HIPAA) Compliance Program Policy # 2.14, provides the overall framework and guidance for the safeguarding of PHI as required by HIPAA and applicable state and federal law.

Protection Health Information (PHI)

University Health System Policy 2.1401 strictly enforces the Uses and Disclosures of PHI in order to ensure the confidentiality of patient information. House staff may not use, disclose or discuss patient-specific information with others unless it is necessary for treatment, payment or operations or required by law. House staff must never use or disclose confidential information that violates the privacy rights of our patients and will sign a confidentiality statement agreeing to maintain the confidentiality of patient information. House staff are allowed access to a patient’s PHI only to the extent necessary to do their jobs. Breaches of confidentiality are a violation of patient privacy and will result in counseling and/or disciplinary action up to and including termination. The following disciplinary guidelines have been established for house staff.

Definitions and Caveats
- PHI=Protected Health Information; this includes all forms of patient-related data including demographic information
- Depending on the nature of the breach, violations at any level may result in more severe action or termination
- Levels I-III are considered to be without malicious intent; Level IV connotes malicious intent
- At Levels II-IV, residents will be reported to the Texas Medical Board
- At Level IV, individuals may be subject to civil and/or criminal liability
- For any offense, a preliminary investigation will precede assignment of level of violation

<table>
<thead>
<tr>
<th>Level of Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary/Corrective Action</th>
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</table>
| Level I            | • Misdirected faxes & emails  
                     • Failing to log-off, close or secure a computer with PHI displayed  
                     • Leaving a copy of PHI in a non-secure area  
                     • Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator, etc.) | • University Health System will notify the Associate Dean for GME and Privacy Officer  
                     • Verbal counseling by Program Director with documentation by the Associate Dean for GME |
| Level II           | • Requesting another individual to inappropriately access patient information  
                     • Sharing ID/password with another co-worker or encouraging co-worker to share ID/password  
                     • Repeated violation of previous levels | • University Health System will notify the Associate Dean for GME  
                     • Written warning by Associate Dean for GME with copy to Program Director and Chair |
| Level III          | • Releasing or using aggregate patient data without facility approval for research, studies, publications, etc.  
                     • Accessing or allowing access to PHI without having a legitimate reason  
                     • Giving an individual access to your electronic signature  
                     • Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, co-worker, famous or “public” person, etc.  
                     • Repeated violations of previous levels | • University Health System will notify the Associate Dean for GME and Privacy Officer  
                     • Written notification of probation by Program Director, or Department Chair, or Associate Dean for GME (see GME Policy Manual), with notifications of President of Medical-Dental Staff, or  
                     • President of Medical-Dental Staff appoints ad hoc group for investigation, potential disciplinary action(s). ADGME or designee serves as a member of the ad hoc group  
                     • Notification of Security Office at University Health System for possible termination of computer access |
Level IV

- Releasing or using data for personal gain
- Compiling a mailing list to be sold for personal gain or for some personal use
- Accessing or allowing access to PHI without having a legitimate reason and disclosure or abuse of the PHI
- Tampering with or unauthorized destruction of information
- Repeated violations of Level III nature

- University Health System will notify the Associate Dean for GME, the President of Medical-Dental Staff and Privacy Officer
- Written notification of suspension by President of Medical-Dental Staff with copy to Program Director
- President of Medical-Dental Staff appoints ad hoc group for investigation, potential corrective action(s) ADGME or designee serves as a member of the ad hoc group
- Notifications of Security Office at University Health System for termination of computer access

The taking of a still or motion picture of a patient or the televising of a patient (“photography”) is considered a use or disclosure of Protected Health Information and requires the authorization of the patient or person authorized to consent for the patient unless the photography is related to a course of treatment of the patient, which is permitted pursuant to the patient’s Consent for Treatment and Conditions for Admissions.

House staff are permitted to look at their own PHI. House staff given access to clinical information systems to do their jobs may use their assigned user IDs to access their own PHI online.

House staff may access the PHI of family, friends, and others after the patient has completed Health System Form #282, Authorization to Use and Disclose Protected Health Information and it has been filed in the University Health System Medical Records Department. This form must be provided to the Medical Records Department prior to each disclose. PHI accessed by house staff will be audited regularly to ensure our patients’ health information is protected.

Information Assets

The policy of the University Health System Policy #2.0802 is to protect the integrity and confidentiality of all types of information assets while providing access to these assets to appropriately authorized users.

Information is confidential and may be obtained and used only as authorized by management and only for approved purposes to perform a house staff’s professional responsibilities. All requests for access must be approved by the Professional Staff Services department and Information Services. The user must sign a confidentiality agreement.

A house staff’s user ID and password may only be used to obtain access to information necessary to perform his or her professional responsibilities. A house staff’s user ID and password may not be disclosed to any person or entity. Furthermore, house staff are responsible for all actions performed at their workstation activated with their user ID and password.

Violation of the Information Asset Security/Use Policy and/or Confidentiality Agreement
may result in withdrawal of computer access and formal disciplinary actions up to, and including, termination.

Upon completion of the training, house staff shall continue to be responsible for the protection of confidential information maintained by University Health System.

**Age of Majority**

In this manual, all references to a “minor” means someone under the age of 18 years; “adult” means someone 18 or older.

**Ordering and Transcribing**

1. Only medications needed to treat the patient’s condition will be ordered. There must be a documented diagnosis, condition, or indication for use for each medication ordered.
   a). For inpatient orders, the progress note, either written or electronic, will provide this required information. PRN orders should be written: “PRN (diagnosis, condition, or indication)”
   b). For outpatient orders, the diagnosis, condition, or indication should be written on the prescription.
2. Hold orders should include duration, i.e., hold x1 dose, otherwise stop or discontinue should be written.
3. Resume orders, for a specific medication, delineate the drug, route, dose and frequency.
4. Conditional start or resume orders, for a specific medication, shall include the drug, route, dose and frequency and the condition or lab value that will initiate the order.
5. Blanket reinstatements of previous orders are not allowed or accepted.
6. Titrating, taper and range orders must contain appropriate elements, i.e., amount of dose change for each step and when each step is to occur.
7. Weight-based pediatric dosing; pediatric medication orders must be written completely to include weight-based dosing (i.e., 10 mg/kg) whenever intravenous antimicrobials, vasoactive medications, chemotherapy or narrow therapeutic index medications (phenytoin, warafin, etc.) are prescribed.
8. Herbal medication products will not be prescribed during the course of the hospital stay.

<table>
<thead>
<tr>
<th>Prohibited Abbreviations</th>
<th>Potential Problem</th>
<th>Use Instead</th>
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<tbody>
<tr>
<td>IU (for international unit)</td>
<td>Mistaken as IV (intravenous) or 10 (ten)</td>
<td>Write “international unit”</td>
</tr>
<tr>
<td>MS, MSO₄, MgSO₄</td>
<td>Confused for one another. Can mean morphine sulfate or magnesium sulfate.</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd, (daily) Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”.</td>
<td>Write “daily” and “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg), Lack of leading zero (.X mg)</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>U (for unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write units</td>
</tr>
</tbody>
</table>
Admitting Patients to Inpatient and Observation Status
Responsibility for Care Statement
The University Health System is a political subdivision of the State of Texas. By Texas statutes, the University Hospital’s primary responsibility is to furnish medical aid and hospital care to the indigent and needy persons residing in Bexar County. Within the constraint of the available resources, the University Health System will admit and accept patients to any and all its services in the following priority:

1. Any patient requiring emergency care.
2. Medically indigent patients for whom the Health System has legal responsibility, without regard to race, age, sex, creed, national origin or disability.
3. Bexar County residents capable of paying for services received.
4. Non-Bexar County residents whose financial responsibility can be satisfied prior to admission, either through full payment of anticipated hospital charges or evidence of third-party coverage.

The following procedures apply for various inpatient/observation admissions.

Financial Commitment Policy
No physician or employee of the University Health System or of The University of Texas Health Science Center (except those designated by job description or assignments by the President/CEO of the University Health System) has the authority to make any commitment to patients relative to financial arrangements for hospitalization. It is the sole responsibility of the referring facility, clinic, and/or provider to obtain admission/specialty services authorizations from third-party payers before services are scheduled and/or rendered. All inpatient admissions to the University Health System must be authorized in writing by admitting physicians with admitting privileges only. Any questions/concerns regarding the UHS Admission department policies or procedures should be directed to the department management at ext. 8-2151 or 8-2098.

1. Scheduling (Future) Elective Inpatient Admissions
Elective-Inpatient Admission from the University Hospital and other University Health System clinic sites: Refer the patient to the University Health System clinic pre-admissions office site or the main University Hospital Admission department, as appropriate for pre-admission processing and determination of financial criteria.
1. Complete admission orders (form #92) or complete in Sunrise Clinical Manager at the time the patient is seen and the decision is made to admit. Submit admission orders at a minimum of 72 hours (3 business days) prior to actual admit date to process admission information.
2. Form must have date of service desired, admission type, admitting and attending physician and contact phone number(s) for questions.
3. The admission orders, associated laboratory or radiology orders, and a copy of patient’s verified insurance cards/third-party-payer information documents will be forwarded to the appropriate admission site for pre-admission screening for appropriateness and verification of financial clearance for pending admission date. Insurance will be verified for in-network vs. out-of-network benefits.
4. Patient is notified of monies due upon admission or of any out-of-network providers. Pre-certification number for admission will be validated. If the pre-certification number is not valid, an admissions representative will contact a managed care coordinator and/or physician to advise them the patient’s admission has not cleared and may require
rescheduling.
5. A minimum of 72 hours (3 business days) prior to actual admit date is required. The University Hospital admission site will contact the patient prior to scheduled admission date to confirm the admission and verify the patient’s ability to satisfy financial responsibility and/or provide evidence of third-party coverage for specific admission/procedure.
6. If patient is determined to be “self-pay,” they will be advised of the admission fee deposit required for services.
7. When patient is cleared, they will be asked to contact admissions prior to coming in for bed availability/assignment. Patients are not to be sent directly to the floor/unit. All patients must be processed through the admissions department at the University Hospital 1st floor.
8. Should the patient not be able to satisfy admission or funding criterion, the admitting physician, nurse or managed care coordinator for the admission will be contacted and advised of the admission discrepancy related to the pending admission. If the admitting physician chooses to designate the admission as urgent, the following must occur for the admission to be cleared:
   - The physician must discuss the case with the on-call utilization review (UR) physician consultant to determine if the case meets the urgent admission criteria.
   - At the UR physician’s direction/authorization, the patient will be admitted or rescheduled until the patient can meet financial criteria for admission. Other admissions may be subject to review by the medical-dental staff.

Questions concerning the patient’s admission criteria for clearance to admit should be addressed by the original admissions site, University Hospital admitting nurse at ext. 8-2127 between 8:30 a.m. and 4:30 p.m., the admissions director at ext. 8-2098, or the admissions manager at ext. 8-2151.

**Elective Patients Scheduled for Re-Admission at Time of Dismissal**

Write the re-admission order on form #92 or complete Sunrise order at the time the patient is dismissed and send the order to University Hospital admission on the 1st floor. The order will be screened and processed according to procedures in Section I, Scheduling (Future) Elective Inpatient Admissions.

**Elective Admissions from Other Sources**

For patients seen in facilities other than the UTHSCSA Medicine outpatient clinics, such as the CTRC at UTHSCSA, write admission orders and refer the patient, with orders, to University Hospital admissions. Admissions will be accomplished following the same procedure in section I, Scheduling (Future) Elective Inpatient Admission.

**Admission of Patients of the UTHSCSA Faculty**

Patients seen in the UTHSCSA Medicine clinics, or referred to the UTHSCSA faculty, are pre-admitted a minimum of 72 hours (3 business days) prior to actual admit. The admission order must indicate the faculty member as the “admitting” and “attending” physician. The authority to admit patients cannot be delegated to house staff. All patients are subjects to pre-admission screening, even though they have established responsibility for their hospital stay.

*Do not use the Emergency Center to circumvent protocol for any elective admissions!

**II. Observation Admissions**

1. Twenty-three (23) hour observation is available on the nursing units.
2. Twenty-three (23) hour observation time for patients begins at the time the patient is
3. Patients arriving via the Emergency Center will use the observation area designated by the physician/nurse.
4. Observation is available on the nursing units for medicine patients requiring observation for transfusions, chemotherapy, IV drugs, etc.
5. Before twenty-four (24) hours have elapsed, all observation patients should be assessed for appropriateness of continued observation or subsequent admission to in-patient status to prevent denials related to inappropriate patient type and related services received if funding is other than self-pay.

III. Urgent/ Emergent Inpatient Admission Requests

Admissions from the Emergency Center:
1. A physician’s signature on the form #92 or Physician’s Order form constitutes authority to admit (only those with admitting privileges).
2. Orders to admit specifically to observation or inpatient stay for psychiatric services must be forwarded to Emergency Center Registration/Dismissals for notification to third-party payers and to bed control for bed assignment.

Admissions from same day outpatient clinic/office visit:
In the event that a scheduled clinic/office visit (an out-patient elective admission) becomes or is followed by an “urgent” or “emergent” in-patient admission, refer to the “Transfer Center” Section (Section IV) for the procedure to admit.

IV. Transfer Center

When a patient transfer is requested for inpatient admission at a University Health System or non-University Health System facility, the following procedures apply:

Transfers to University Hospital Emergency Center or inpatient units:
1. The physician/hospital requesting transfer must first be referred to the Transfer Center (University Hospital hotline ext. 8-2500) for administrative clearance. This is a recorded telephone line.
2. Following administrative clearance, house staff who is Post Graduate Year (PGY) III or higher may medically clear the transfer after discussion with the requesting physician. Only a faculty member may medically deny a transfer.
3. House Staff PGY III or higher or faculty will inform the Transfer Center of medical clearance or denial of clearance. If cleared, the following information must be provided: 1) patient’s name, 2) diagnosis, 3) medical condition, 4) special needs and 5) receiving physician’s name, telephone, and pager number. If the transfer is denied, the reason for denial must be documented.
4. House Staff PGY III or higher or faculty will: 1) sign the Memorandum of Transfer and forward to the Transfer Center when the patient arrives and 2) complete form #92 or Physician’s Orders and forward to Transfer Center after administrative/medical clearance has been given. The physician who signs the Memorandum of Transfer does not have to be the physician who cleared the transfer. The signature on the Memorandum of Transfer only acknowledges the patient has arrived.
5. All COBRA/EMTALA transfers must be approved or denied within 30 minutes of receiving the initial transfer request as stated in the State Transfer Policy and University Health System policy. The 30-minute policy pertains to inpatient-to-inpatient transfers, as well as, EC-to-EC transfers.
6. Inpatient transfers to University Hospital should be “BED to BED” and not “BED to EC” or “EC to EC” unless cleared by the Emergency Center Medical Director to EM1. If the transferring physician is requesting the medicine service for a “Reg/Inter/ICU or Tele Bed,” the Transfer Center office will contact the fellow or hospitalist for medical
approval. Medical approval is not the same as administrative approval. All non-COBRA admissions must be financially cleared.

Transfers out of University Hospital to a non-UHS facility:
When the transfer is due to patient/private physician preference, the patient must make the request in writing.
1. University Health System physician contacts the Transfer Center (University Hospital hotline ext. 8-2500) and provides name and location of patient.
2. If the patient is unstable, the University Hospital physician informs the patient or legally responsible person acting on behalf of the patient, of the risks of transfer, has the patient sign AMA, and initiates the Memorandum of Transfer. The physician must document the risks and the informed consent of the patient in the patient medical record. The Transfer Center obtains administrative clearance and must keep a copy of the Memorandum of Transfer on all transfers.
3. If the patient is stable, the physician will initiate the Memorandum of Transfer and identify the accepting physician who is assuming responsibility for the patient. The following must be completed:
   - Physician documents patient’s preference in the medical record
   - Physician fills out Memorandum of Transfer (MOT)
   - Patient signs MOT
   - Physician/nurse fills out the “Transfer Center Checklist”
   - Once the above has been done, the Transfer Center will obtain administrative clearance from the other facility
   - All forms may be obtained from the appropriate nursing staff

Transfers from UHS due to the non-availability of staff, equipment or beds:
1. The University Hospital Physician will contact the nursing supervisor at pager 203-1391.
2. The physician is informed of administrative clearance by the Transfer Center and is provided the phone number of the receiving physician. The physician then:
   - Contacts the receiving physician for medical approval
   - Orders transportation, medically appropriate personnel/equipment to accompany the patient
   - Completes the MOT and Physician’s Orders and Directions and ensures these two forms and a copy of the medical record accompanies the patient on the transfer.
   - Transfer is made directly to the designated hospital. The Transfer Center obtains administrative clearance.

V. Moving (Transferring) Patients Between University Hospital Inpatient Units
1. Medicare patients being moved from Acute to Rehab or Psychiatric to Rehab will require an “LOA” physician order between these services.
2. Champus and Blue Cross Blue Shield Federal patients being moved from Acute to Rehab or Rehab to Acute must be discharged and then a re-admit order must be completed.
3. All other payers or insurance carriers require a transfer order for these services.
4. For special consideration for transfers under specific payer requirements, or when unsure contact the Admitting department.

*For further information, refer to University Hospital policies #8.03 and #8.0302 on transfers of patients and UHS operating procedures. When in doubt, contact ext. 8-2500 for assistance.

Dismissal
When a patient is informed that he/she is to be dismissed, he/she or she will also be informed that he/she is expected to depart by the 11:00 a.m. checkout time. Twenty-four hour
advance notice will help patients to make arrangements to get home.

Questions Regarding Admission Procedures or Policies
Any questions or concerns regarding the admitting department policies or procedures should be directed to the department director, ext. 8-2098, or department manager 8-2151.

Pediatric Admissions
The 18th birthday (under 18 years old) is the dividing age between pediatrics and adult patients. In unusual circumstances and with concurrence of the physician, concerned pediatric patients may be admitted to other floors.

Psychiatric Admissions
Psychiatric admissions will be admitted only to the psychiatric unit and are not eligible for transfer to other units unless the attending service is changed by a physician.

Outpatient Surgery Physician Guidelines
1. The required admissions packet for Elective Outpatient Surgery consists of a completed UHS 92 surgical admit form or Sunrise order, History & Physical, UHS Surgical Consent and completed pre-op diagnostic tests.
2. The original paperwork must be in the Outpatient Surgery Department three working days (72 hours) prior to the scheduled surgery date.
3. The surgery clinic is responsible for obtaining financial clearance for the patient’s procedure. Pre-certification number for admission will be validated by UHS admitting personnel. If pre-certification number is not valid, an admissions representative will contact originating clinic and/or physician to advise them the patient’s admitting has not cleared and surgery may require rescheduling. The patient must be financially cleared for surgery prior to being posted in the OR.
4. Posting cards must be submitted to the OR no later than 9:00 a.m. (M-F) the day prior to surgery.

Detailed guidelines are as follows:
1. Admit form: The physician must complete and sign the 92 Form (surgical admission orders). The orders may also be completed in Sunrise. The admission orders to be used in Sunrise are “Admit (Outpatient Surgery)” or “Admit (Same day surgery with Admit).” All 92 forms or Sunrise order must include the correct ICD-9 and CPT codes.
2. History and Physical: The physician must complete and sign a History & Physical (Form 805-a) on every patient undergoing outpatient surgery. The form must be updated within 30 days of surgery. This form can also be completed in Sunrise which is located in the document section and is entitled “Physician Admit H&P.”
3. Consent: The appropriate UHS Consent form must be completed on every patient having surgery at University Hospital. There must be a physician signature, patient signature, witness signature and date on all consent forms. By law, hysterectomies must be consented on the hysterectomy consent (Form 179) prior to the date of surgery. Multiple consent forms must be completed if multiple surgical services are involved in a procedure. Consents should be originals.
4. Pre-Op Diagnostic Tests: Instruct patients to obtain all diagnostic tests (EKG, Radiology and Blood) prior to the day of surgery. Pregnancy tests must be done within 7 days of surgery. Type & Screens must be done within 72 hours of surgery. All tests should be completed prior to the day of surgery. If a pre-op diagnostic study (such as needle localization, etc.) is a part of the surgical procedure it should be noted on the surgical
admission orders and posting card.

5. Schedule Revisions: The outpatient surgery personnel provide pre-op calls to the patients the afternoon prior to surgery. Revisions to the schedule are discouraged after the surgical schedule is posted. The admitting surgeon is responsible for communicating surgery cancellations, schedule revisions and additions to the OR, outpatient surgery and the patient as soon as possible.

6. Anesthesia Pre-Op: Patients whose medical histories indicate potential problems with anesthesia should have pre-op appointments to the University Preoperative Medicine Clinic (UPOMC). The surgeon should schedule patients to visit UPOMC several days prior to surgery. A copy of the admissions packet must be faxed to UPOMC prior to the clinic appointment. All medical workups should be done prior to the patient’s arrival in UPOMC. Copies/results of any pertinent diagnostic tests (stress tests, etc.) must be faxed to the clinic prior to the appointment.

7. Financial Authorization: The outpatient surgery admitting staff will contact the admitting physician as early as possible if the patient does not meet financial requirements so that surgery can be rescheduled or different arrangements can occur.

8. Op Hours: Outpatient Surgery is open 24 hours a day M-F and until 3:00 p.m. Saturday. The department is closed from 3:00 p.m. Saturday until 6:00 a.m. Monday and holidays.

Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front desk/Fax</td>
<td>8-0200/8-2319</td>
</tr>
<tr>
<td>Patient Care Area/Fax</td>
<td>8-2140/8-0072</td>
</tr>
<tr>
<td>UPOMC Clinic/Fax</td>
<td>8-0257/8-0350</td>
</tr>
<tr>
<td>Patient Care Coord.</td>
<td>8-2070/203-2099 (pgr.)</td>
</tr>
<tr>
<td>Clinical Nursing Director</td>
<td>8-8286/203-2146 (pgr.)</td>
</tr>
<tr>
<td>Administrative Director</td>
<td>8-0534</td>
</tr>
</tbody>
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Preoperative Testing Requirements

The following preoperative tests are required for all patients undergoing an operative procedure with the use of general/regional/MAC anesthesia. These tests should be done within one month of the operative procedure.

Absolute Requirements:
1. Hct: All presurgical patients.
2. Serum BHCG: All females of childbearing age, not otherwise sterilized, should be tested for potential pregnancy prior to undergoing anesthesia within 7 days of surgery.
3. EKG: All patients ≥ age 40; otherwise, patients with cardiovascular disease, pulmonary disease, diabetes, hypertension, arrhythmias; symptoms of CHF, DOE, shortness of breath, fainting, dizzy spells, palpitations, chest pain, sleep apnea; also patients s/p chemotherapy, or history of cocaine use.
4. Sickle dex: All African American patients. Hemoglobin electrophoresis should be done if sickle test + to evaluate for Sickle thalassemia and % HBA.

Requirements Based on Medical Indication:
1. White Blood Count
2. Electrolytes with BUN/Creatinine: Any patient with renal disease, diabetes, CHF, or peripheral vascular disease; patients on diuretics, Digoxin or steroids.
3. Blood Glucose (preferably fasting): Known or suspected diabetics; patients on steroids.
4. Chest X-ray: All patients with pulmonary symptoms, known or suspected pulmonary disease (acute or chronic), significant smoking history, cardiovascular disease, sleep apnea, patients s/p radiation therapy and chemotherapy.
5. Coagulation studies: Patients with liver disease, bleeding disorders, history of easy bruising; those taking anticoagulant agents. Bleeding time is required if platelet
dysfunction is suspected.
*Call ext. 8-0257 to make an appointment for your patient.

General Procedure When a Patient Dies
For discussion of policy relating to determination of death, see page 45. For all deaths occurring in the hospital, the following procedures must be carried out:

1. Nurse in charge completes Consent for Release of Body form (Form #161), calls TOSA hotline and the ME Office and calls the Transfer Center at 8-2500 for the Death Certificate to be delivered to the physician to complete.
2. Nurse delivers Consent for Release of Body form, death certificate, and patient’s chart to the supervisor in the admitting office. Upon receipt of above forms, the supervisor will release a tray from the morgue.
3. Unit nurse will notify family to talk to the physician.
4. The physician determines if the case is listed under the Code of Criminal Procedures (see Code of Criminal Procedures Medical Examiner’s Cases below).
   a. If the case is listed under the Code of Criminal Procedures or Trauma related, the case must be referred to the medical examiner’s office.
   b. If the case comes under the jurisdiction of the medical examiner’s office, the medical examiner will perform the postmortem examination, and he will sign the death certificate. The case requires no further attention from the hospital staff.
   c. If the case does not come under the jurisdiction of the medical examiner’s office, the physician completes the death certificate (see Death Certificates below).
5. The Transfer Center verifies the attending physician will sign the death certificate before releasing the body to the mortician. The mortician is required by law to deliver the completed death certificate to the San Antonio Metropolitan Health District, department of vital statistics.

Code of Criminal Procedures or Trauma Related-Medical Examiner’s Cases Definition of Medical Examiner’s Case
Texas law requires the medical examiner hold an inquest in the following cases. When a patient dies under such circumstances, the county medical examiner must be notified.

Death Investigations
(Extracted from Revised Civil Statues of Texas, Code of Criminal Procedure, Article 49.25 Medical Examiners) Section 6: Any Medical Examiner, or his duly authorized deputy, shall be authorized, and it shall be his duty, to hold inquests with or without a jury within his county, in the following cases:

1. When a person dies within 24 hours after admission to a hospital or institution or in prison or in jail;
2. When a person is killed, or from any cause dies an unnatural death, expect under sentence of the law, or dies in the absence of one or more good witnesses;
3. When the body of a human being is found, and the cause or circumstances of the death are unknown;
4. When the circumstances of the death of a person are such as to lead to suspicion that he came to his death by unlawful means;
5. When a person commits suicide, or the circumstances of his death are such as to lead to suspicion that he committed suicide;
6. When a person dies without having been attended by a duly licensed and practicing physician, and the local health office or registrar required to report the cause of death...
under Section 193.005, Health and Safety Code, does not know the cause of death. When the local health officer or registrar of vital statistics whose duty is to certify the cause of death does not know the cause of death, he shall notify the medical examiner of the county in which the death occurred and request an inquest;

7. When the person is a child who is younger than six years of age and the death is reported under Chapter 264, Family Code;

8. When a person dies who has been attended immediately preceding his death by a duly licensed and practicing physician or physicians, and such physician or physicians are not certain as to the cause of death and are unable to certify with certainty the cause of death as required by Section 193.005, Health and Safety Code; and

9. Organ Transplant Donors: When death occurs to an individual designated a prospective organ donor for transplantation by a licensed physician under circumstances requiring the medical examiner to hold an inquest, the medical examiner, or a member of his/her staff will be notified by the administrative head of the facility in which the transplantation is to be performed.

Completion of Death Certificates

Texas law requires the physician last attending the patient complete the medical part of the death certificate, except when the medical examiner accepts the case as coming under his jurisdiction (see Code of Criminal Procedure-Medical Examiner’s Cases above). The medical examiner will complete the death certificate on medical examiner’s cases.

Inpatient Deaths

Upon pronouncing a patient dead, the Transfer Center will be notified for the death certificate.

1. The physician pronouncing the patient dead will complete and sign items 33, Part 1 and 2 of the death certificate on those patients who have been under the care of members of the staff of UHS when there is reason to believe the death was due to natural causes.

2. If the cause of death is the result of an accident, the physician must complete items 40 through 41 on the death certificate.

3. The physician pronouncing the patient dead will complete and sign the patient’s record.

4. Abbreviations are not acceptable by Texas Department of Vital Statistics on death certificates. Item 33 must be written (printed) according to Standard Nomenclature of Diseases and Operations, current edition.

5. Signatures must be legible (item 31).

DOA and EC Deaths

1. The Transfer Center will initiate the death certificate upon request of the emergency center physician who pronounced the patient dead.

a. All DOAs must be referred to the medical examiner for disposition.

b. The Emergency Center physician will complete and sign items 35, Part 1 and 2 of the death certificate on those persons who have been under the care of members of the staff of UHS when there is reason to believe the death was due to natural causes and the case is not listed under the Code of Criminal Procedures.

2. All patients who died within 24 hours after admission must be referred to the medical examiner for disposition.

2. The emergency center physician pronouncing the person dead will complete and sign the person’s records.

3. In all instances of suspected foul play or where the circumstances surrounding the patient’s death are in question, the emergency center physician will refer the case to the medical examiner for disposition.
4. Item 33: “Unknown” may be used in the “immediate cause” section when the physician feels the death was probably due to a specific condition.
   Example: 33 a. Subarachnoid Hemorrhage
   b. CVA

Reporting to Medical Examiners on EC Deaths and DOAs
When a patient is dead upon arrival at the hospital or dies in the emergency center, the Transfer Center will notify the medical examiner of the person’s death. The medical examiner will either accept the case or will reject it, depending on the circumstances.

If the Medical Examiner Accepts the Case
On accepted cases, the medical examiner will determine whether or not to perform an autopsy and will sign the death certificate. The case requires no further attention from the hospital staff.

If the Medical Examiner Does Not Accept the Case
A person dead on arrival at the hospital is not automatically a medical examiner’s case. If the patient has been seen in the hospital clinic, has been discharged recently from a hospital, or has been attended by a private physician, the medical examiner may decide the case does not come under his or her jurisdiction. Under these conditions, the physician who last attended the patient (not the one who pronounced him or her dead) becomes the one responsible for signing the death certificate.

Autopsy Findings and Cause of Death on Death Certificates
The underlying cause of death and other diagnoses should be completed on the death certificate without recourse to autopsy findings. If the attending physician truly cannot assign a cause of death, the death should be a medical examiner’s case (see Medical Examiner’s Cases above).

Two compelling reasons for this policy are time and comparability of death certificate data. Delay in completing the death certificate causes both the mortician and the family unnecessary difficulty. With regard to comparability, on the average only about 25 percent of all deaths in the U.S. are autopsied. Death certificate assignment should be made solely on the basis of clinical observations, however meager or inconclusive they may be. Using a different technique of assigning the cause of death in a small proportion of death certificates introduces a variable source of bias into the data.

Purpose and Objective of Autopsies
The autopsy serves one or more of four principal objectives: patient care, quality control, education and research. Autopsies at University Hospital are performed primarily to improve patient care and quality control and thereby provide a tool for the education of medical students, house staff and attending medical staff. The autopsy serves research when its supplements clinical investigative studies, as in evaluating the effects of new therapeutic procedures. It is also valuable to descendents of the deceased to discover potential health risks or may provide answers in aid of the grieving process.

Communicating the Objectives for an Autopsy
To use the autopsy efficiently, the attending physician must propose to the pathologist specific questions before the autopsy is performed. University Health System Autopsy Permission and Consult Form (Form #403) has been designed for this purpose. Make sure the completed form includes the name of the house staff and pager number. It is not practical to perform all possible examination of the body post-mortem, and intelligent selection of
procedures depends on the specific objectives of the autopsy agreed upon by the attending physician and pathologist, which may not be apparent from just the hospital records. For example, multiple skull lesions may have generated a differential diagnosis, but will not be investigated in detail by the pathologist if the lesion responsible for death clearly is elsewhere. The contribution of autopsy follow-up to clinical research studies particularly depends on directing the autopsy toward specific questions.

**Consent for Autopsy**

Autopsy permissions should not be sought until it has been clearly determined that is not a medical examiner’s case. Caution to the physician: If you ask for an autopsy, you implicitly assume responsibility for signing the death certificate. If you are uncertain regarding the cause of death of a patient and conscientiously feel that you cannot assign a cause of death on the death certificate, consult the medical examiner.

If an autopsy is indicated and is to be performed, the physician must request permission from the individual who is legally authorized to give this consent, using the University Health System Autopsy Permission and Consult Form (form #403). The physician is responsible for obtaining consent to perform an autopsy. Administrative personnel will assist the physician in every possible way but cannot directly obtain the autopsy consent. A patient cannot consent to an autopsy prior to death. Determining the person authorized to give consent for an autopsy usually is not difficult. Below are lists of individuals who are legally authorized, in descending order of priority, to give consent for an autopsy. These two lists cover the usual situation encountered (i.e., married or unmarried).

**Married**
- Spouse, adult child, guardian or court having care of a minor child of the deceased, father, mother, next of kin or any person who assumes custody of and responsibility for the burial of the body.

**Unmarried**
- Adult child, parent, guardian, next of kin, or any person who assumes custody of and responsibility for the burial of the body.

Note the following considerations in regard to autopsy consents:

1. Autopsy consents obtained by telephone are not acceptable. Facsimile transmission consents will be acceptable, if appropriately witnessed.
2. The signature of the person giving permission must be appropriately witnessed, whose signature is entered on the consent form.
3. Difficulty in contacting a relative does not abrogate his or her legal rights.
4. A relative appearing to be mentally incompetent has full legal rights unless legally declared insane by an appropriate court.
5. The “father” of a child of an unmarried mother who has not been legally determined to be the father, has not acknowledged paternity under applicable law or is not the adoptive father generally has no legal right to give permission for the child’s autopsy.
6. For autopsy on a dead fetus, see Autopsies on Stillborn and Nursery Cases below.
7. Autopsies will be performed on stillbirths providing the consent form is completed, the autopsy consent is accompanied by the maternal admitting record, and when the body is accompanied by the placenta and the cord (see Autopsies on Stillbirth and Nursery Cases below).
8. Permission to perform an autopsy on an unclaimed body can be granted only by the State Anatomical Board (see Anatomical Law Related to Cadavers below). Most instances will fall within the situations listed. For more detailed information, consult the pathologist or the director of the autopsy service.

**Autopsy Permission and Consult Form**

The consultation part of the Form #403 must be filled out for all cases in which an
autopsy is to be performed. The data provided will direct the pathologist’s attention toward areas of specific interest in a particular case, which may or may not be related to the major pathologic process.

**Special Examinations and Restrictions**

The person consenting for the autopsy has the right to state the limits within which it will be performed. All restrictions, if any, should be clearly and explicitly stated on the autopsy consent form. However, before extraordinary restrictions or special time requirements are agreed upon, consult the pathologist. If an examination that is not part of the conventional “complete” autopsy procedures is indicated, the consent should state this extended permission explicitly (for example, removal of an eye, excision of a tissue sample from a facial lesion, or dissection of an extremity).

**Autopsies on Stillborn and Nursery Cases**

1. A deceased fetus of less than 350 grams that a family does not wish to have buried is considered and abortus submitted as a surgical specimen to the laboratory. Autopsy consent is not required for these surgical specimens but the extent of tissue inspection and disposal of tissue should take into consideration the wishes of the parents. If the weight is not available then the estimated gestational age is used. Those under 20 weeks gestation are then considered an abortus.

2. A deceased fetus of more than 350 grams must be handled as a child for autopsy and burial with completion of a certificate of death. If the weight is not available then the estimated gestational age is used. Those over 20 weeks gestation are then considered a child that a certificate of death must be completed.

3. The autopsy consent will not be considered complete until the following conditions have been met:
   a. The maternal admitting record (or a copy thereof) must accompany the autopsy consent of stillborn infants and nursery patients. The maternal admission record contains data essential for verification of the validity of the autopsy consent. Examinations of this form by the prosector is mandatory.
   b. The Autopsy Permission and Consult Form (Form #403) for stillborn infants and neonatal deaths must include adequate information on maternal history and the conduct of labor and delivery.
   c. The placenta must accompany the body of stillborn infants, or the autopsy will not be performed.

**Autopsies on DOA and EC Deaths**

The following policies will determine whether the University Health System pathology staff will perform an autopsy on a patient dead on arrival or who has died in the emergency center when the case is not accepted by the medical examiner:

1. The pathologist will not perform an autopsy to determine the cause of death for certificate purpose.

2. If valid autopsy consent has been obtained, the pathologist will perform an autopsy on such patients under the following conditions:
   a. The patient has been followed in the University Hospital and has a medical record from either previous recent admissions or outpatient visits. Previous medical charts must be physically present in the University Hospital emergency center before the autopsy consent is considered complete.
   b. The patient dies in the emergency center after some clinical observations have been made and perhaps after emergency treatment procedures have been attempted.

When any question arises, consult the pathology house staff or the director of the autopsy
service. It is likely that the pathologist will verify the medical examiner’s release of this type of case.

**Procedure after Autopsy Consent is Obtained**

When autopsy consent has been obtained, the physician will send the completed consent form to the University Hospital Transfer Center at ext. 8-2132. The autopsy consent with completed consultation form and the chart must be physically present in the University Hospital admitting office before an autopsy consent is considered complete. The pathologist has the final judgment regarding the validity of autopsy consent.

**Autopsy Schedule**

The department of pathology customarily performs autopsies beginning at approximately 8:00 a.m. each day throughout the week (Saturday, Sunday and holidays included). If the autopsy consent is received after 12:00 p.m., the autopsy will not be routinely performed until 8:00 a.m. the following morning. Special arrangements are needed to perform autopsies at other times.

**Pathological Infection Control**

The policy of the University Health System is to practice standard precautions without exception. The Texas Department of State Health Services also requires that any person who has expired with any of the following communicable diseases have a tag on the body (preferably on the great toe that states “Communicable Disease-Blood/Body Fluid Precautions Required”): AIDS, anthrax, viral hepatitis, plague, rabies, rocky mountain spotted fever, syphilis, tuberculosis and viral hemorrhagic fever. The required label is available from hospital supply.

To satisfy the need for information on such cases, while minimizing the risk to prossector and other personnel, direct discussion between prossector and clinician prior to the post-mortem exam is mandatory. The Virchow’s technique (organ by organ) will be submitted for the routine Rotikansky en bloc method of dissection. In this type of case it is very important to communicate effectively.

**Reports of Autopsy Findings**

The first working day after the gross autopsy dissection, the pathologist will send the physician a written report of the provisional anatomic diagnoses. A copy of this report is placed in the chart, and one is filed in the University Hospital pathology office. These provisional diagnoses are based on the clinical history and the gross autopsy findings only and may be modified in the light of microbiologic, chemical, histologic or other special studies. The pathologist will submit a final autopsy report, including all gross and histologic findings and results of other special studies, usually within 30 working days. The medical record department files the original copy of the report in the medical chart, the department of pathology retains one copy and the appropriate clinical service receives one copy.

**Release of Body**

If autopsy consent is not obtained, the attending physician will notify the Transfer Center to release the body. If autopsy consent is obtained, the autopsy service will notify the admitting office to release the body when the autopsy is completed. The admitting office staff will not release the body without authorization of either the attending physician or the autopsy service.

Anatomical Law Related to Cadavers

Cadaveric Organ and Tissue Procurement
University Health System, with the endorsement of the executive committee of the medical-dental staff, has an established policy that encourages presenting the option of organ and/or tissue donation to the decedent’s family in a discreet and sensitive manner. For additional information, call ext. 8-2310.

**Willed Remains**

Any living person who wishes to will his or her bodily remains to the UTHSCSA may obtain the necessary forms for this request from the department of anatomy. Upon the individual’s death, the next of kin should arrange with the department of anatomy for the funeral and transportation of the body to the health science center. Normally, no expense is incurred by the next of kin if there is no funeral and if the death occurred within a reasonable distance from the health science center.

**Donated Remains**

The legal claimant of any deceased person may donate the remains to the UTHSCSA. If the death occurred in University Hospital, the claimant may make the donation by signing the Consent for Release of Body form (form #161) and inserting “The University of Texas Health Science Center at San Antonio” in place of the name of the funeral home. If a funeral is desired, the deceased should be released to the funeral home, and notification should be given to both the funeral home and UTHSCSA department of anatomy as to the intentions of donation. The UTHSCSA never assumes responsibility for funeral expenses and this should never be promised or implied to relatives.

**Unclaimed Remains**

Texas law requires if no claimant appears after death, the body shall be embalmed within 24 hours. It is further required that due effort be made for a period of 72 hours to find kindred of such deceased and to notify them of the death. If no claimant is found or if kindred does not claim the body within 48 hours after receipt of notification, the body shall be recognized as unclaimed and the Texas Anatomical Board representative, department of anatomy, UTHSCSA, should be notified.

Permission to autopsy unclaimed bodies may be granted only by the anatomical board after a period of 72 hours and following a specific request to the board after a period of 72 hours and following a specific request to the board showing evidence of medical urgency. Direct such requests to the Texas Anatomical Board representative, department of anatomy at UTHSCSA.

**Public Information Regarding Patients**

A primary function of the Corporate Communications and Marketing department is to serve as the University Health System liaison with the media. The news media follow closely the conditions of many University Health System patients, either due to an individual’s prominence or the circumstances surrounding an accident or illness. During regular working hours, media inquiries are handled by the Corporate Communications staff.

House staff contacted directly by members of the news media should refer all patient condition requests to Corporate Communications, which can be contacted through the hospital switchboard. This procedure is to protect house staff and patients.

Texas Law and Federal HIPAA regulations establish parameters for releasing information and are intended to protect patient privacy and set specific standards for release of information.

Unless a patient has specifically requested confidentiality, hospitals can release “directory information” for adult patients such as: 1) confirmation that an individual is receiving outpatient, inpatient or emergency services, 2) nature of the injury and method of
transport to the hospital, 3) patient’s city of residence, sex and age, and 4) general health status described in terms such as “good,” “fair,” “serious,” “critical,” and “undetermined.” Patient condition reports are released according to the following categories:

a. Good - patient is recovering
b. Fair - responding to treatment
c. Serious - not responding to treatment but not critical
d. Critical - life is in danger
e. Undetermined - being evaluated

For patients under the age of 18, the patient’s parents or legal guardian must consent before hospitals can release any information including directory information.

More detailed information is available only upon written authorization of a patient or a legal representative or to specified parties who have responsibility for care, reimbursement for services, or clergy designated by the patient. A patient condition report book is maintained in the Corporate Communications office. House staff members may provide condition information to Corporate Communications.

Specific Situations

1. TV and Photos: Media photographs and television filming of patients must always be coordinated through UHS Corporate Communications. Consent to Photograph Forms (form #364) must be signed by patient or spouse, parent, or guardian in all cases. TV cameras and photographers are not allowed in patient care areas unless by special arrangement and with prior approval through Corporate Communications.

2. Dead on Arrival Reporting: Names of DOAs are not released to the news media until verification that next of kin has been notified.

3. Cases Involving Rape: Patients received in University Health System facilities that are alleged rape victims are never identified as such.

4. Incidents of Suicide or Attempted Suicide: With regard to releasing patient information, there is no such word as “suicide.” The hospital may report patient condition and nature of the inquiry or illness, but never may indicate the victim is a suicide or attempted suicide.

5. Psychiatric Patients: By law, University Health System cannot acknowledge the presence of a psychiatric patient. Special procedures have been developed for handling such inquiries.

6. Patients Who Refuse Treatment: Patients who are brought to University Health System facilities for treatment but refuse treatment are reported accordingly.

7. Patient Requests for Confidentiality: A patient admitted to University Health System facilities will request that information as to the nature of illness or condition not be released. The hospital must honor the patient’s right to privacy. Protective Services can also initiate a “black out.” A black out notice will be sent to areas receiving inquiries about patients. A black out signifies no release of information.

8. Inmate/Custody: All media inquiries about patients under custody should be referred to the law enforcement agency in charge of the patient.

In addition to its public and news media relations functions for the University Health System, the Corporate Communications and Marketing department produces publications for internal and external distribution, markets the UHS services to the community and plans community events. For more information, call ext. 8-2335.

Safety Procedures

Safety is a term that includes the concepts of fire prevention/reporting, accident prevention/investigation, disaster preparedness/management, employee on-the-job injury
prevention, and the general provision of a favorable environment for patients, staff and visitors. The safety office handles inspections, investigation and training of environmental safety issues. To inquire about or report a safety hazard, call ext. 8-2448.

**House Staff Safety Responsibility**

Everyone has a responsibility for safety through all levels of management. House staff are expected to:

1. Follow safe practices on the job and abide by rules established in the University Health System Safety Manual and in the regulations of the Health System, including department policies and procedures;
2. Maintain awareness of and notify the Safety Office of any hazards, unsafe acts and unsafe conditions;
3. Use and maintain the provided personal protective equipment and clothing in the correct manner at all times; and
4. Understand and follow safe work practices as applicable to the job being performed.

**Fire Safety**

The major catastrophic risk to a hospital is that of fire. Fire must, therefore, be of predominant interest to all staff. Good housekeeping, proper maintenance of electrical equipment and proper storage of hazardous materials, such as flammable liquids and compressed gases, are the correct methods in controlling fire potential. Furthermore, abiding by the “no smoking” rules and obeying all posted signs will further reduce the risk, regardless of size. Any indication of fire such as smoke, unusual odors, heat, or other possible signs of fire must immediately be reported by dialing 8-2222 or other appropriate STAT number.

To report a fire potential at University Hospital, dial 8-2222; at the University Health Center-Downtown, dial 8-3333; at the University Center for Community Health (UCCH), dial 8-7777; at the University Family Health Center-Southwest, or the University Family Health Center-Southeast dial 911 then activate any alarm pull stations. These are STAT calls and the operators will immediately notify the proper authorities. Code Red paging system indicates the potential for a fire, and all persons making such a report must stay on the telephone to provide the necessary information for a prompt and effective response.

To aid in this response, the “RACE” system has been established to assist in remembering priority tasks:

R- Rescue: Everyone must be removed from the immediate danger area.
A- Alarm: The PBX operator must be advised on the nature and location of the hazard. Call University Hospital, ext. 8-2222; University Health Center-Downtown, ext. 8-3333; UCCH, ext. 8-7777; or 911 for all other sites.
C- Control/Contain: Disconnect all electrical equipment possible and shut off oxygen or other gases leading to the threatened area. In the case of fire or smoke, close doors and windows.
E- Extinguish/Evacuate: Extinguish fire or evacuate the threatened area.

Complete details of fire procedures are contained in the University Health System Internal Disaster Plan posted on the corporate intranet site ([www.universityhealthsystem.com](http://www.universityhealthsystem.com)).

**Accident Prevention/Investigation**

It is the policy of the University Health System to take appropriate action to ensure that staff have a safe and healthy environment in which to work. Continuous efforts are made to ensure safe and healthy working conditions by identifying and correcting potential hazards and remaining current on availability and training of protective equipment for all staff. It is the responsibility of each staff to engage in proper work habits as directed by the department management team.
Injury Reporting

If a staff accident or injury should occur, the Employee Accident/Injury/Exposure Report Form #502 is required to be completed within 30 days. The accident/injury must be reported immediately to the individual’s supervisor for documentation and correction of the hazard. The staff should go to the Employee Health Clinic (EHC) immediately for assessment. The Accident/Injury Report Form must also be taken to the EHC immediately, as this report serves as the basis for determining worker’s compensation coverage. The report should be received in the EHC immediately or faxed to 8-0791. If the EHC is closed, the staff can return to be seen between 7:30 a.m.- 4:00 p.m., Monday-Friday. The employee should report to an Express Med Clinic or the Emergency Center only if the injury is a true emergency. The only exception would be for a blood exposure which occurs while the EHC is closed. The employee should then report, with the injury form, to the Express Med Clinic or the Emergency Center to have the lab work completed and report to the EHC the following business day.

1. Workers’ Compensation Insurance: Worker’s Compensation insurance benefits are provided to all University Health System staff who receive a disabling injury while at work. Benefits may include medical and treatment fees and partial salary in the event of lost time. All injuries are to be reported immediately. The Employee Accident/Injury/Exposure Report Form must be filled out by the injured staff and taken to the EHC. All medical documentation regarding the injury should also be taken to the EHC. All injuries will be verified and investigated as needed. It is critical that all injuries be reported immediately as the University Health System will be fined if injuries are not filed with the Texas Department of Insurance/Division of Worker’s Compensation within seven days. If you have any questions, call ext. 8-2911.

2. Patient/Visitor Injuries: The above remarks regarding accidents and staff injuries do not apply to reporting patient or visitor injuries or mishaps, although the basic concept of a complete and timely report is unchanged. Patient and visitor injuries are to be reported on the electronic Risk Assessment Form (accessed on the Intranet home page under “Forms”). Events involving patient or visitor injury or possible claims should be identified early for remedial efforts to mitigate potential damage or loss. Ideally the investigation of the event should occur while the patient or visitor is still on the property so that all facts can be gathered, documented and evaluated as a means of improving the hospital environment. Protective Services is to be contacted for the investigation of visitor falls and injuries.

Disaster Plans

Copies of the departmental disaster plans are posted on departmental bulletin boards for easy reference. All house staff must review these materials at least twice a year to maintain familiarity with individual unit requirements and procedures.

Suggestions or comments regarding any elements of the safety program are appreciated and should be sent to the safety coordinator or by calling ext. 8-2448. Questions on the Emergency Codes or University Health System Emergency Operations Plan (EOP) should be sent to the Director Emergency Preparedness, ext. 8-0794. You can access the EOP on your computer by going to the I-Drive, UHS-public and clicking on the Emergency Preparedness folder.

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<tr>
<th>University Health System Emergency Codes</th>
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<td>Code Skywarn</td>
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**Quality Improvement and Patient Safety**

- **Quality and Process Improvement**
  1. Collects data to monitor performance on perception of care, treatment and services.
  2. Aggregates and analyzes data for specific needs and expectations, such as how well the hospital meets the needs and expectations of the client.

- **Infection Control**
  1. Prevention, monitoring, and reduction of acquisition and transmission of health care-associated infections.

- **Safety**
  1. Formulate the establishment of a safe, functional, supportive, and effective environment for patients, staff and all visitors in the hospital.

- **Professional Staff Services**
  1. Determines for the system qualifications and competencies for professional staff positions based on its mission, populations, treatment and services.
  2. Support the UTHSCSA house staff activities throughout the system.

The delivery of care is monitored by each area for quality improvement, safety of environment, action on quality issues and monitoring review.

The organized medical staff has a leadership role in hospital performance improvement activities to improve quality of care, treatment and services and patient safety. The organized medical staff participates in the measurement, assessment and improvement of other processes.

**2009 National Patient Safety Goals Established by the Joint Commission**

   - Use at least two patient identifiers when providing care, treatment or services.

2. Goal: Improve the effectiveness of communication among caregivers.
   - For verbal or telephone orders or for telephone reporting of critical tests, verify the complete order or test result by having the person receiving the information record and read back the complete order or test result.
   - Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
   - Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
   - Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.
3. Goal: Improve the safety of using medications.
   • Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
   • Label all medications, medications containers (for example, syringes, medicine cups, basins) or others solutions on and off the sterile field.
   • **Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.**

7. Goal: Reduce the risk of health care associated infections.
   • Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
   • Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care associated infection.

8. Goal: Accurately and completely reconcile medications across the continuum of care.
   • There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
   • A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

9. Goal: Reduce the risk of patient harm resulting from falls.
   • Implement a fall reduction program and evaluate the effectiveness of the program.

13. Goal: Encourage patients’ active involvement in their own care as patient safety strategy.
   • Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

15. Goal: The organization identifies safety risks inherent in its patient population.
   • The organization identifies patients at risk for suicide. [Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals- NOT APPLICABLE TO CRITICAL ACCESS HOSPITALS].

   • The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient’s condition appears to be worsening. [Critical Access Hospital, Hospital]

Note: New goals and requirements are indicated in bold.

*Non-listed numbers are retired goals and can be found on www.jointcommission.com

**Frequently Asked Questions (FAQs)**

What drives the monitoring of quality?

Regulatory Agencies (examples):
   • Center for Medicare & Medicaid Services (CMS). (Formerly Health Care Financing Administration (HCFA)
   • Texas Department of Health (TDH)- located across the street from UTHSCSA

Accreditation Agencies (examples):
   • The Joint Commission
   • Commission on Accreditation of Rehabilitative Facilities
   • College of American Pathology

What is the University Health System policy regarding Quality Improvement?
   • University Health System policy no. 5.01: Clinical Quality Improvement/Risk Management/Performance Improvement Plan
What are Clinical Quality Improvement Teams (CQITs)?
- CQITs are the medical services (i.e. Operative, Adult Health, Children’s, etc.)

What are Clinical Management Teams (CMTs)?
- CMTs are the individual units that fall under the services (i.e. STICU, Hartman, etc.)

What is the intent of the Joint Commission accreditation survey?
- To ensure healthcare organizations are continuously providing safe, quality health care to the public.

What is the focus of a Joint Commission accreditation survey?
- Patient Focused Standards
  - Ethics, Rights and Responsibilities
  - Provision of Care, Treatment and Services
  - Medication Management
  - Surveillance, Prevention and Control of Infection
- Organizational Standards
  - Improving Organization Performance
  - Leadership
  - Management of Environment of Care
  - Management of Human Resources
  - Management of Information
- Standards for Structures with Functions
  - Medical Staff
  - Nursing

How do we create a safe environment?
- The Joint Commission Standards
- External Reviews (Agencies/Licensure Boards)
- Reporting Errors
- Near Misses
- Failure Mode and Effect Analysis (FMEA)

What is a Near Miss?
- An event that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention.
- Near Misses are opportunities for learning and developing preventive strategies and actions.
  - Example: Surgical or other procedure almost performed on the wrong limb or structure, due to a lapse in the verification process but caught at the last minute.
  - Example: A medication was ordered in a dose that would have delivered a ten-fold overdose, but was caught by the pharmacist during the order review process.

What is FMEA?
- Failure Mode and Effect Analysis is a systematic method of identifying and preventing product and process problems before they occur.
- FMEA is used because it does not require a previous bad experience or close call.
  - Example: All steps of a process are mapped out in order to identify where potential problems could occur. Through identification of these problems, a safety measure can be implemented in the process, to ensure there is no harm brought to the patient.

What are the 13 clinical indicators established by the Health System to monitor quality of care with patient events?
- Mortality- number of deaths in the facility
• Autopsy - number of autopsies requested, both medical examiner (ME) and non-ME cases
• Against Medical Advice (AMA) and Elopements
• Surgery and Invasive Procedures
• Transfusion Reactions
• Blood Product Utilization
• CPR
• Falls
• Medication Errors
• Advance Directives
• Use of Restraints
• Sedation and Analgesia
• Pain Management (5th vital sign)

What model is used for Process Improvement?
• Six Sigma model (DMAIC)
  ➢ Define the issue, possible causes and goals. Select team. Determine cost of doing nothing different versus cost of improvement.
  ➢ Measure the existing system with metrics. Determine baseline first.
  ➢ Analyze the gap between the existing situation and the goal.
  ➢ Improve the system with creative strategies. Use PDSA (plan, see, do, act) cycle and RCTs (rapid cycle tests) of change. Use data to validate improvements.
  ➢ Control and sustain the improvement. Establish standard operating procedures, guidelines and policies.

Risk Management

Risk management is the clinical and administrative activities undertaken by the University Health System to identify, evaluate and reduce the risk of injury to patients, staff and visitors. The main objectives of risk management include improving the quality of care provided to patients, promoting a patient-safe environment and, as a result, prevent or minimize financial loss and the risk of liability exposure to the University Health System. A major role the house staff has in risk management is the responding to and the reporting of sentinel and other adverse patient events in an appropriate and timely manner.

Risk management staff investigates and reviews adverse patient events, facilitates the root cause analysis process for those adverse patient events that are identified as sentinel events, and assists in identifying opportunities for improvement. Additionally, the risk management department is responsible for fulfilling the University Health System’s obligation to report certain patient events to both state and federal regulatory agencies.

The risk management department staff is available to consult with house staff regarding risk management issues. Quality of care reviews are preformed by designated faculty members on identified cases, addressing both provider-specific issues, as well as, systems and processes issues.

Sentinel and other adverse patient events, as well as, other quality and/or safety issues may be reported to the department through the submission of an electronic Risk Assessment form (accessed on the intranet home page under “Forms”) or by telephoning the department at ext. 8-1345. After hours, risk management can be reached through pager number 203-4802.

Sentinel Events (Policy No. 5.08)

A sentinel event is an unexpected occurrence involving deaths or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or
function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need for immediate investigation and response. The terms “sentinel event” and “medical error” are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

Sentinel events include, but are not limited to the following: an event that has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition; suicide of any patient receiving care, treatment and services in a staffed around the clock care setting or within 72 hours of discharge; unanticipated death of a full-term infant; abduction of any patient receiving care, treatment, and services; discharge of an infant to the wrong family; rape occurring while being treated as a patient or on the Health System’s premises; hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities; surgery on the wrong patient or wrong body part; unintended retention of a foreign object in a patient after surgery or other procedure; severe neonatal hyperbilirubinemia (>30mg/dl); prolonged fluoroscopy with cumulative dose of >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose; and death directly related to a hospital acquired infection.

In the event house staff becomes aware of an actual or potential sentinel event, immediately report the event to the Designated Administrator or the Administrator On-Call. While the initial report may be made either in person or by telephone, it must be immediately followed by the completion of the electronic Risk Assessment Form. Upon notification of a possible for actual sentinel event, a determination is made regarding the appropriate action and follow-up. A root cause analysis team is convened to review all sentinel events. Cases reported as a potential or actual sentinel event are addressed through the Quality/Risk Management program to identify opportunities for process and system improvements.

Infection Control and Prevention

Infection Control Staff:
Jan Patterson, MD, Hospital Epidemiologist; pager 210-203-3272
Beth Ann Ayala, MT (ASCP), MS, CIC, Interim Director of Infection Control
Lorraine Kostroun, RN, BSN, Infection Preventionist
Diane Surdi, RN, BSN, Infection Preventionist
Kathy Poppe, MT (ASCP), BA, Infection Preventionist
Connie Castaneda, Administrative Assistant

Website: UHS intranet-Services-Infection Control
Ext: 8-2927/8-2928
Fax: 8-2777
On call pager: 210-203-9443

Role of the Hospital Infection Control and Prevention Program:

- Source of information and guidance
  1. Exposure to communicable diseases
  2. Isolation
  3. Prevention of infection
  4. Policies
- Investigate problems
- Work with San Antonio Metropolitan Health District regarding communicable diseases
- Available 24/7

Your role in the Infection Prevention and Control Program:
• Closely involved in the care of the patient (eyes and ears)
• Preventive measures (your patient care decisions make a difference)
• Take care of yourself with appropriate immunization (e.g. HBV) and exposure follow-up

Bundles of Care or Evidence-Based Best Practices:
A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of practices- generally three to five- that, when performed collectively and reliably, have been proven to improve patient outcomes (www.ihi.org).

• Central Line Insertion and Maintenance (also known as Central Line Bundle)
  1. Perform hand hygiene before insertion and while handling the catheter
  2. Use of 2% Chlorhexidine skin prep at insertion
  3. Use of maximal sterile barrier precautions (provider wears gown, gloves, mask and head cover; patient is covered with a full body drape)
  4. Preferred site is subclavian; document if unable to use this site
  5. Minimize days of central line use by daily assessment if continued presence of central line is necessary, and removal when not needed

Note: Every clinical area has sterile barrier trays that, when used in conjunction with the procedure kit and gloves, provides all sterile product items required for procedures.

• Care of Patients on Ventilator (also known as Ventilator Bundle)
  1. Head of bed elevation at 30° - 45°
  2. Oral Care- antiseptic rinse every 4 hours and tooth brushing twice per day
  3. Assess readiness to extubate daily and minimize days of ventilator use
  4. DVT prophylaxis
  5. GI bleed prophylaxis for patients at risk

• Patients undergoing Surgery
  1. Hair removal- if required, use clippers. No razors.
  2. Not all surgeries need prophylactic antibiotics. Check with your department or infection control when in doubt.
  3. Choice of prophylactic antibiotic is institution-dependent; choice of antibiotic and timing of antibiotic are core measures. Check with your department or infection control program.
  4. Time prophylactic antibiotic within 1 hour prior to surgery (“cut”) time (2 hours for Vancomycin and Fluoroquinolones)
  5. Discontinue prophylactic antibiotic within 24 hours (48 hours for cardiac surgery) after surgery stop time. This is a core measure.
  6. Strict glucose control peri-operatively
  7. Ensure normothermia
  8. Use 2% Chlorhexidine for skin prep

Note: See the UHS infection control intranet site for surgical care improvement project recommendations. Be sure to document your best practices. Use templates if available. Remember ‘Not Documented= Not Done!’

Hand Hygiene:
• Includes the practices of hand washing, antiseptic hand rub and surgical hand antisepsis
• Is the single most effective means of preventing transmission of pathogens

Technique for using hand sanitizer:
  1. Squirt one pump of hand sanitizer into your hand
  2. Rub palms of hands, between fingers, up to wrist and fingertips
  3. Continue to rub hands until completely dry (15-20 seconds)

Technique for hand washing:
1. Wet hands first (prevents soap irritation to skin)
2. Apply one pump of soap and lather
3. Rub palms of hands, between fingers, up to wrist and wash fingertips
4. Use friction for at least 15 seconds
5. After rinsing with water, dry with clean paper towel
6. Turn off faucet with paper towel

- Hand hygiene (hand sanitizer or hand wash) must be performed:
  1. Before direct contact with patients
  2. Before putting on sterile gloves when inserting central intravascular devices
  3. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices
  4. After direct contact with a patient’s skin
  5. After contact with body fluids, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled
  6. When moving from a contaminated body part to a clean body part during patient care
  7. After contact with inanimate objects in the immediate vicinity of the patient (including but not limited to anything in the bed space area of the patient)
  8. After removing gloves
  9. When leaving the patient room/bed space if there has been any contact with the patient or the patient’s environment
  10. Before handling medication
  11. Before handling food

- Alcohol-based hand sanitizer is the preferred method for hand hygiene in most situations due to the superior efficacy in rapidly reducing bacterial counts and the ease of use (more accessible at the point of care and less time to use correctly)
- Alcohol-based hand sanitizer kills bacteria and many viruses but not C. diff spores or some enteric viruses like norovirus
- Hand sanitizer will not be used:
  1. After using the restroom
  2. Before eating
  3. Contaminated- when hands are visibly dirty or contaminated with proteinaceous material or with blood or other body fluids
  4. Diarrhea- after caring for patients with infectious diarrhea

- Use only lotions or moisturizers provided by the facility petroleum based products are associated with glove breakage

Artificial Nail Policy:
- No artificial nails
- Nails no longer than ¼ inch
- Bacteria tend to reside under the nails and around chipped nail polish even with appropriate hand hygiene which has been associated with outbreaks at some hospitals

Respiratory (Cough) Etiquette:
- Cover nose/mouth when coughing or sneezing
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use
- When tissues are not available, cough into fabric such as your sleeve. Cover your cough with your arm, not your hand
- Perform hand hygiene (e.g. hand washing with water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials
Standard Precautions:

- Apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes
- Consider all patients and all body fluids potentially infectious
- Prevents transmission of HIV, Hepatitis B Virus, Hepatitis C Virus and other bloodborne pathogens
- Require use of appropriate personal protective equipment (PPE) for the task of protect yourself from exposure
- Personal Protective Equipment (PPE)- worn to protect skin/clothing from coming into contact with blood or other potentially infectious material
  1. Gowns
  2. Gloves
  3. Face shields/eyewear
  4. Masks
  5. Shoe covers

Wearing gloves, gowns, caps, masks, shoe covers or any other PPE in areas outside designated areas like cafeteria, elevators, and public open places is not acceptable, even if the wearer does not believe that they are contaminated.
  1. Potential vector in transmission of pathogens
  2. May be perceived as lacking professionalism

- Key points about PPE
  1. Don before entering the room
  2. Use carefully- don’t spread contamination
  3. Remove and discard carefully, either at the doorway or immediately outside patient room; remove respirator outside room
  4. Immediately perform hand hygiene.

- Sequence for Donning PPE (combination of PPE required for task will affect sequence- be practical)
  1. Gown first
  2. Mask or respirator
  3. Goggles or face shield
  4. Gloves- extend over gown cuffs

- Sequence for Removing PPE (Front of PPE will be contaminated. The back ties and straps are considered clean.)
  1. Gloves- peel away from hand, turning glove inside-out
  2. Face shield or goggles
  3. Gown- peel away from the body while turning the inside out
  4. Mask or respirator

- Gloves
  1. Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions and contaminated items.
  2. Put on clean gloves just before touching mucous membranes and non-intact skin.
  3. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
  4. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient.
  5. Wash hands immediately to avoid transfer of microorganisms to other patients or
environments.

*Wearing gloves is not a substitute for hand hygiene.

- **Mask**
  1. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

- **Use of gowns**
  1. Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
  2. Select an appropriate gown for the activity and amount of fluid likely to be encountered. Opening is in the back. If gown is too small, use two gowns. Gown #1 ties in front. Gown #2 ties in back.
  3. Remove a soiled gown as promptly as possible.
  4. Wash hands to avoid transfer of microorganisms to other patients or environments.

- **Patient-Care Equipment**
  1. Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
  2. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
  3. Ensure that single-use items are discarded properly.

- **Work Practice Controls**
  1. Avoid re-capping needles. If no alternatives are available, recap only by using the one-hand scoop method.
  2. Specimen transport
     - Secondary bags or containers
     - Leak-proof
  3. Contaminated waste management
  4. No food in work areas.
  5. No eating, smoking, or application of cosmetics in work areas.
  6. Capped/lidded drinks are allowed in non-patient care work areas. On patient care units, these drinks are allowed only at the main nurse station, not in the hallway or other areas except break rooms.

**Exposure Control:**

- **Types of blood borne exposure**
  1. Percutaneous injury: needlestick or cut with a sharp object
  2. Contact of mucous membrane with non-intact skin (abrasions, dermatitis or chapped)
  3. Contact with non-intact skin or extensive skin contact with blood, tissue, or other body fluids.

- **Post-exposure evaluation and prophylaxis**
  1. Initiate aggressive local wound care to the exposed site.
  2. Draw a red top tube of the patient (source) to whom you were exposed.
  3. Bring the tube of blood to the Employee Health Clinic immediately during regular hours (M-F 7:30 a.m.-2:30 p.m.); Express Med after clinics closed; Emergency
Center when Express Med is closed.
4. Be sure to inform the clerk the need to be evaluated as a result of an exposure. This will help expedite you through the system.
5. Complete the on-the-job injury paperwork as completely as you can. This information helps analyze means of preventing exposures in the future.
6. Take post-exposure prophylaxis as recommended.
7. Follow up with the Employee Health Clinic on the first work day after the exposure for follow up (ext. 8-2277).

Transmission Based Isolation Precautions:

- Designed by the Centers for Disease Control and Prevention to break the chain of transmission of specific infectious agents.
- Isolation precautions:
  1. Contact- for direct transmission through hands, clothing, and common equipment. At University Health System, two types of contact isolation are used. Regular contact precautions and contact precautions enhanced. Contact precautions enhanced is used for patients with Clostridium difficile and patients who are incontinent requiring a diaper. These patients require hand washing with soap and water.
  2. Droplet- for large-particle aerosols of respiratory secretions (patient in private room with door closed; provider wears a regular/surgical mask)
  3. Airborne- for small-particle aerosols of respiratory secretions (patient in a negative pressure room and provider wears N95 mask)
  4. Protective precautions: used for select immunocompromised patients.

Rationale of placing a patient in appropriate isolation precautions:
- Protect you from infectious pathogens
  - Airborne precautions for TB
  - Droplet precautions for Influenza
- Protect the patient from cross contamination
  - Contact precautions for multi-drug resistant organisms

- Combination of precautions may be necessary
  1. Contact + Droplet: Adenovirus, Parainfluenza in infants and young children, Diphtheria (pharyngeal)
  2. Contact + Airborne: Chickenpox, SARS, Smallpox, Viral Hemorrhagic Fever, Emerging Pathogen- Transmission Unknown


How to Don a Particulate Respirator or N95 Mask:
1. Select the N95 mask size for which you have been fit tested
2. Place over nose, mouth and chin
3. Securely fit flexible nose piece over nose bridge
4. Secure on head with elastic
5. Adjust to fit
6. Perform a fit check (this must be done each time you don an N95 mask)
  - Inhaler- respirator should slightly collapse around face
  - Exhale- there should not be any air leakage around face

Antibiotic Resistant Bacteria- Strategies for Prevention:
- Practice CDC 12 steps to prevent antimicrobial resistance in hospitalized adults.
- Participate actively in the hospital’s infection prevention and control efforts (standard and isolation precautions), including active surveillance (detection of colonization with antibiotic resistant bacteria and other pathogens in the setting of outbreak)

12 Steps to Prevent Antimicrobial Resistance:
• Prevent Infection
  ➢ Step 1: Vaccinate
    - Give influenza/pneumococcal vaccine to at-risk patients before discharge. Note: certain patients will have mandatory discharge screens addressing influenza and pneumococcal vaccines. You can find vaccine recommendations on UpToDate.
    - Get influenza vaccine annually.
  ➢ Step 2: Remove catheters
    - Use catheters only when essential
    - Use the correct catheter
    - Use proper insertion and catheter-care protocols
    - Know what catheters your patient has (blood, urinary, central line, etc.) and how many days each catheter has been in the patient. Document!
    - Remove catheters when they are no longer essential.
• Diagnose and Treat Infection Effectively
  ➢ Step 3: Target the pathogen
    - Culture the patient
    - Target empiric therapy to likely pathogens and local antibiogram.
    - Target definitive therapy to known pathogens and antimicrobial susceptibility test results.
    - Individual patient antibiograms are available as a tab in Sunrise
  ➢ Step 4: Access the experts
    - Consult infectious diseases experts for patients with serious infections
• Use Antimicrobials Wisely
  ➢ Step 5: Practice antimicrobial control
    - Engage in local antimicrobial control efforts
  ➢ Step 6: Use local data
    - Know your antibiogram. Individual patient antibiograms are available as a tab in Sunrise (ABX susceptibility)
    - Know your patient population
  ➢ Step 7: Treat infection, not contamination
    - Use proper antisepsis for blood and other cultures.
    - Culture the blood, not the skin or catheter hub.
    - Use proper methods to obtain and process all cultures.
  ➢ Step 8: Treat infection, not colonization
    - Treat pneumonia, not the tracheal aspirate.
    - Treat bacteremia, not the catheter tip or hub.
    - Treat urinary tract infection, not the indwelling catheter.
  ➢ Step 9: Know when to say “no” to vanco
    - Treat infection, not contaminants or colonization.
    - Fever in a patient with an intravenous catheter is not a routine indication for vancomycin.
  ➢ Step 10: Stop antimicrobial treatment:
    - When infection is cured
    - When cultures are negative and infection is unlikely
    - When infection is not diagnosed
• Prevent Transmission
  ➢ Step 11: Isolate the pathogen
    - Use standard infection control precautions
    - Contain infectious body fluids (follow airborne, droplet and contact
- When in doubt, consult infection control experts.

Step 12: Break the chain of contagion
- Stay home when you are sick
- Keep hands clean
- Set an example

Seasonal Influenza:
- Significant mortality- 2.5%
- Economic impact of common cold– $40 billion annually in the US
- Healthcare workers- transmission between HCW and patients occurs because of poor hand hygiene and inadequate cough etiquette
- Get influenza vaccine (inactivated or the live attenuated) annually to protect yourself, your families and your patients
- If you get the live attenuated vaccine, you may shed virus for up to seven days. You will need to wear a mask while caring for patients, especially immunocompromised patients.
- If you have upper respiratory symptoms such as runny nose, cough and congestion, wear a mask while in patient care areas.

Current Environment of Healthcare and the need for Infection Prevention:
- Patient advocacy groups and consumer unions lobbying for more stringent measures to prevent healthcare-associated infections, as well as increased accountability on the part of hospitals and healthcare providers
- Texas Senate Bill 288 was passed in 2007 enacting mandatory reporting of specific healthcare associated infections beginning in 2008

Pay for Performance:
1. Center for Medicare and Medicaid Services (CMS) offers incentives to hospitals for reporting quality data that is publicly available on the hospital compare website.
2. Beginning 2008, CMS may not pay for certain complications that occur in the hospital if evidence-based measures are not used and documented.

Suggested further reading (Infection Control policies are located on the intranet):
- IC 5.5, Prevention of Transmission of Tuberculosis in the University Health System-TB Exposure Control Plan
- IC 5.7, Bloodborne Pathogens Exposure Control Plan
- IC 5.9, Standard and Transmission Based Precautions
- IC 5.13, Peripherally Inserted Central Catheter (PICC) Insertion and Maintenance
- IC 5.16, Reporting Communicable Diseases and Conditions
- IC 5.28, Influx of Infectious Patients
- IC 5.30, Outbreak Investigations
  - www.cdc.gov/ncidod/dhqp
  - www.ihi.org
  - www.coughsafe.com
  - www.cdc.gov

**Case Management**

The case management function is an integrated process that provides both utilization review and case management for the University Health System. The case manager is responsible for coordinating the interdisciplinary treatment plan of care for patients across the healthcare continuum. Case managers facilitate the delivery of services, evaluate the effectiveness, track outcomes, and function as the patients advocate to identify and communicate health care needs.
Case Management- There is a nurse case manager assigned to each service that can assist with:

- Issues relating to the Health System
- Insurance requirements
- Obtaining pre-certification for unexpected procedures/treatment that arise during hospitalization
- Utilization review issues
- PCP identifications
- Continuum of care needs
- A resource to facilitate and coordinate the care needs of your patients
- Coordinate home health services; and
- Collaborate and communicate frequently with multidisciplinary team members at all levels, the patient/family, outside agencies and other areas as appropriate for positive outcomes.

Utilization Review- Managed Care has become the primary way for the Third Party Payers of Healthcare to implement cost containment. As a result, there are many requirements the hospital and physician must meet in order to be reimbursed for the care provided. Within our Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), as well as, traditional and managed Medicare and Medicaid. The payers have different methodologies of payment and criteria that the providers must meet before payment will be made for services rendered.

The Bexar County Tax Fund provides coverage for the indigent residents of Bexar County through the Health System’s CareLink program. CareLink has specific guidelines that providers must follow.

The payers bring to the healthcare system a requirement for pre-certification/authorization for services that are numerous and varied depending on the payer. Generally speaking, some examples of the most common situations requiring pre-certification/authorization by the patient’s Primary Care Physician (PCP) or the HMO are:

- Visits to a physician specialist
- Special diagnostic tests/procedures (i.e., MRI, CT, Endoscopy, Sonograms, etc.)
- Admissions- all except actual emergencies

In addition, there are other requirements that must be met on managed care patients such as:

- Emergency Center visits must be authorized by the PCP
- PCP approval for observation and/or admission, transfers to other acute facilities, sub-acute facilities, home health, nursing home, etc.
- Continued Stay Reviews- patients must meet medical necessity for the entire hospital stay. These reviews are generally conducted between nurses representing insurance companies and nurse case managers representing the Health System.

Some Pitfalls to Avoid:

- Inadequate documentation- medical necessity for admission
- Admission for pre-operative work-ups
- Scheduled admission with a pre-operative day
- Inappropriate use of observation following a procedure that normally has a recovery time before the patient is dismissed
- Admissions/observations for social reasons
- Delays are in care which increase length of stay
- Providing care in the inpatient setting which could be provided in the outpatient setting; and
- Incomplete care resulting in readmission

These are just a few informational tidbits to help you along the way. Should you need
additional information or assistance, contact the case manager on the unit or you can call the administrative office at ext. 8-2090/8-2096.

Selected Policies

Several policies of the University Health System have been selected as important enough to warrant coverage in the house staff manual. Complete policies are available on the University Health System intranet.

Patient’s Right to Consent

The purpose of this policy is to assure that patients are apprised of their rights and afforded the opportunity to make voluntary and fully informed decisions about medical care, treatment, and procedures within University Health System facilities. Physicians on the medical staff have the responsibility to ensure their patients (or the appropriate person acting on the patient’s behalf) receive the information necessary to make informed choices and decisions regarding medical care and treatment, and the physician shall document such advice and consent, or refusal to consent in the medical record. Policy elaboration in the policies and regulations manual includes Texas medical disclosure requirements (including medical or surgical procedures, material risks associated with prescription drugs, and failure to disclose risks and hazards). The policy also notes the exceptions to patient consent (including emergency medical treatment, blood specimens for law enforcement, and MHMR-ordered treatment) plus special consent procedures, such as organ and tissue donation and immunizations. Other information within the policy includes medical treatment of minors, adult patients unable to consent, surrogate consent, refusal to consent and consent procedures. For complete policy guidelines and references, refer to University Health System policy 9.02, Patient’s Right to Consent, which can be accessed on the homepage under Corporate Policies. University Health System consent forms are available at each nursing unit. All consents should be legible, written in ink and the witness to the consent form generally only attests to the genuineness of the patient’s signature.

Prescription Drug Sample Policy

Drug samples are not permitted at any Health System operated clinic or hospital and may not be dispensed to any Health System patient or staff. University Health System Drug Sample Policy is available for review on the UTHSC/UHS Clinical Intranet.

Advance Directives

In compliance with the federal Patient Self Determination Act and the Texas Advance Directives Act, it is the policy of University Health System that the competent adult patient shall be provided, at the time of a hospital admission, with written information on his/her rights under Texas law to make informed decisions regarding medical care, including the right to accept or refuse medical treatment, and the right to make advance directives on health care. However, it is not the intent of this policy to limit or impair any legal right or responsibility of a physician or health care provider to make or implement health care decisions on behalf of a patient.

This policy includes a detailed explanation of the two types of inpatient advanced directives recognized under Texas law, the “Directive to Physicians” and the “Medical Power of Attorney.” A Directive to Physicians allows a patient in advance of incapacity to issue directives regarding the withholding, withdrawal or administration of life sustaining treatment. While a directive to physicians is useful to help direct a patient’s care when the patient has terminal or irreversible condition, it does not authorize treatment in the absence of these conditions. In contrast, a medical power of attorney allows the competent adult to appoint an agent (surrogate) to make health care treatment decisions as directed by the competent patient’s own desires in the event that the patient cannot speak for him/herself. The appointed agent can also make the decision to withdraw life sustaining treatment in the event that a physician certifies the patient
has a terminal or irreversible condition. The applicable University Health System policy 9.07, Advance Directives, is available for review on the University Health System homepage under Corporate Policies.

**Determination of Death**

The purpose of this policy is to establish a method within University Health System to effectively determine death. The policy follows the Texas Determination of Death Act, the definitions of cardio respiratory death and brain death, as well as, providing guidance on clinical assessment and confirmatory tests to determine brain death. For more information, refer to University Health System policy 9.05, Determination of Death.

**Reporting Communicable Diseases and Conditions: IC Policy 5.16**

Notifiable, infectious conditions as outlined by the Texas Administrative Code will be reported to the appropriate authorities within the time constraints outlined on the Notifiable Conditions guideline (Appendix A). This policy applies only to infectious conditions.

Infection Control:

- Has primary responsibility for reporting the conditions outlined on Appendix A except as noted. Asbestosis, cancer, contaminated sharps, controlled substance overdoses, drowning/near drowning, lead, pesticide poisoning, spinal cord injury, and traumatic brain injury will not be reported by infection control because they are beyond the scope of infection control.
- Is the primary point of contact for coordination of infectious disease issues with local, state and national authorities. This does not preclude healthcare providers from contacting local, state or national as deemed appropriate for consultation, etc.

Licensed independent practitioners:

- Are responsible for reporting the following diseases/conditions immediately to the health authorities:
  - Anthrax
  - Botulism, foodborne
  - Diphtheria
  - Haemophilis influenza type 6 infections, invasive
  - Measles (rubeola)
  - Meningococcal infections, invasive
  - Plague
  - Poliomyelitis, acute paralytic
  - Rabies
  - Severe acute respiratory syndrome (SARS)
  - Smallpox
  - Staphylococcus aureus, vancomycin resistant (VISA, VRSA)
  - Tularemia
  - Viral hemorrhagic fever, including Ebola
  - Yellow fever
- Reports of the above diseases will be made:
  - Telephonically to the San Antonio Metropolitan Health District at (210) 207-8876 which is available 24 hours per day, and
  - To infection control via pager at 203-9443 or during workdays, 8:00 a.m.-5:00 p.m. at ext. 8-2928. Note: infection control must be notified even when the health district has already been notified.
- The following diseases must be reported within one (1) workday. In these circumstances, notification of infection control at ext. 8-2927 or 203-9443 is sufficient.
  - Brucellosis
- Hepatitis A (Acute)
- Hepatitis B, perinatal (HBsAG positive less than 24 months old)
- Influenza-associated pediatric mortality
- Pertussis
- Rubella (including congenital)

The following information must be provided when reporting the conditions noted in IB1 and IC above: patient name (first and last), age, sex, race/ethnicity, date of birth, address, telephone number, disease, date of onset, reporting facility (point of contact and telephone number), the probable source of infection and method of diagnosis. If the patient is a minor, the full name of the parent/guardian should also be reported. For recording purposes, the medical record number (MRN) should be documented when possible.

In addition to the conditions listed above and in the Appendix A, any outbreaks, exotic diseases, and usual group expressions of disease must be reported. The report should be made to Infection Control at 203-9443 (24 hours) or at ext. 8-2928 (workdays, 8:00 a.m.-5:00 p.m.).

**Appendix A: Notifiable Conditions from Texas Department of State Health Services**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Acquired immune deficiency syndrome (AIDS) 1, 2</td>
<td>Within 1 week</td>
<td>Leishmaniasis 3</td>
<td></td>
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<tr>
<td>Amebiasis 3</td>
<td>Within 1 week</td>
<td>Listeriosis 3, 4</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Anthrax 3, 4</td>
<td>Call Immediately</td>
<td>Lyme disease 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Arbovirus infection 3, 5</td>
<td>Within 1 week</td>
<td>Malaria 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Asbestosis 6</td>
<td>Within 1 week</td>
<td>Measles (rubeola) 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Botulism, foodborne 3, 4</td>
<td>Call Immediately</td>
<td>Meningitis (specify type) 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Botulism, infant, wound, and other 3, 4</td>
<td>Within 1 week</td>
<td>Meningococcal infections, invasive 3, 4</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Brucellosis 3, 4</td>
<td>Within 1 work day</td>
<td>Mumps 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Campylobacteriosis 3</td>
<td>Within 1 week</td>
<td>Pertussis 3</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Cancer 7</td>
<td>See rules 7</td>
<td>Pesticide poisoning, acute occupational 6</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Chancroid 1</td>
<td>Within 1 week</td>
<td>Plague (Yersinia pestis) 3, 4</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Chickenpox (varicella) 8</td>
<td>Within 1 week</td>
<td>Poliomyelitis, acute paralytic 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Chlamydia trachomatis infection 1</td>
<td>Within 1 week</td>
<td>Q fever 3</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Contaminated sharps injury 9</td>
<td>Within 1 month</td>
<td>Rabies, human 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Controlled substance overdose 10</td>
<td>Call Immediately</td>
<td>Relapsing fever 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Creutzfeldt-Jakob disease (CJD) 3</td>
<td>Within 1 week</td>
<td>Rubella (including congenital) 3</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Cryptosporidiosis 3</td>
<td>Within 1 week</td>
<td>Salmonellosis, including typhoid fever 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Cyclosporiasis 3</td>
<td>Within 1 week</td>
<td>Severe Acute Respiratory Syndrome (SARS) 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Cysticercosis 3</td>
<td>Within 1 week</td>
<td>Shigellosis 3</td>
<td>Within 1 week</td>
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<tr>
<td>Dengue 3</td>
<td>Within 1 week</td>
<td>Silicosis 6</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Diphtheria 3</td>
<td>Call Immediately</td>
<td>Smallpox 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Disease</td>
<td>Reporting Time</td>
<td>Pathogen</td>
<td>Reporting Time</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Drowning/near drowning 11</td>
<td>Within 10 work days</td>
<td>Spinal cord injury 11</td>
<td>Within 10 work days</td>
</tr>
<tr>
<td>Ehrlichiosis 3</td>
<td>Within 1 week</td>
<td>Spotted fever group rickettsioses 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Encephalitis (specify etiology) 3</td>
<td>Within 1 week</td>
<td>Staph. aureus, vancomycin-resistant (VISA and VRSA) 3, 4</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Escherichia coli, enterohemorrhagic</td>
<td>Within 1 week</td>
<td>Streptococcal disease (group A, B, S. pneumo), invasive 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Gonorrhea 1</td>
<td>Within 1 week</td>
<td>Syphilis 1</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Haemophilus influenzae type b infections, invasive 3</td>
<td>Call Immediately</td>
<td>Taenia solium and undifferentiated Taenia infection 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hansen’s disease (leprosy) 3</td>
<td>Within 1 week</td>
<td>Tetanus 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hantavirus infection 3</td>
<td>Within 1 week</td>
<td>Traumatic brain injury 11</td>
<td>Within 10 work days</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome (HUS) 3</td>
<td>Within 1 week</td>
<td>Trichinosis 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hepatitis A (acute) 3</td>
<td>Within 1 work day</td>
<td>Tuberculosis (includes all M. tuberculosis complex) 4,12</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Hepatitis B, C, D, E, and unspecified (acute) 3</td>
<td>Within 1 work day</td>
<td>Tularemia 3, 4</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Hepatitis B identified prenatally or at delivery (acute &amp; chronic) 3</td>
<td>Within 1 week</td>
<td>Typhus 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hepatitis B, perinatal (HBsAg+ &lt; 24 months old) 3</td>
<td>Within 1 work day</td>
<td>Vibrato infection, including cholera 3, 4</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV) infection 1, 2</td>
<td>Within 1 week</td>
<td>Viral hemorrhagic fever, including Ebola 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Influenza-associated pediatric mortality 3</td>
<td>Within 1 work day</td>
<td>West Nile Fever 3</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Lead, child blood, any level &amp; adult blood, any level 6</td>
<td>Call Immediately</td>
<td>Yellow fever 3</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Legionellosis 3</td>
<td>Within 1 week</td>
<td>Yersiniosis 3</td>
<td>Within 1 week</td>
</tr>
</tbody>
</table>

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available.

1 Please refer to specific rules and regulations for reporting and who to report to at:  
http://www.dshs.state.tx.us/hivstd/reporting/default.shtm
2 Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3041 for details.
3 Reporting forms are available at http://www.dshs.state.tx.us/idcu/investigation/forms/. Investigation forms at http://www.dshs.state.tx.us/idcu/investigation/ Call as indicated for immediately reportable conditions.
4 Lab isolate must be sent to DSHS lab. Call 512-458-7598 for specimen submission information.
5 Reportable Arbovirus infections include neuroinvasive and non-neuroinvasive California serogroup, Eastern Equine (EEE), Dengue, Powassan, St. Louis Encephalitis (SLE), West Nile, and Western Equine (WEE)
6 Please refer to specific rules and regulations for reporting and who to report to at  
http://www.dshs.state.tx.us/epi毒素/reporting/default.shtm
7 Please refer to specific rules and regulations for reporting and who to report to at  
http://www.dshs.state.tx.us/ter/lawsrules.shtm
8 Varicella reporting form is at  
http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/forms/f11_11046.pdf Call local health dept for copy with their fax number.
9 Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at  
http://www.dshs.state.tx.us/idcu/health/bloodborne_pathogens/reporting/
10 Contact local poison center at 1-800-222-1222. For instructions, forms, and fax numbers see  
http://www.dshs.state.tx.us/epidemiology/epipoison.shtm
11 Please refer to specific rules and regulations for reporting and who to report to at  
http://www.dshs.state.tx.us/injury/default.shtm
12 M.TB complex includes M.tuberculosis, m.bovis, and m.africanum. Please refer to specific rules and
Standard and Transmission-Based Precaution/Isolation: IC Policy 5.9

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard precautions apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

The application of standard precautions during patient care is determined by the nature of the healthcare worker-patient interaction and the extent of anticipated blood, body fluid or pathogen exposure.

Hand Hygiene: see Personal Protective Equipment (PPE)
- Wear PPE when the patient interaction indicates contact with blood or body fluids may occur. This may include contaminated patient equipment and/or environment.
- Prevent contamination of clothing and skin during the process of removing PPE.
- Before leaving the patient’s room or cubicle, remove and discard PPE.

Gloves, Gowns, Mouth, Nose and Eyes Protection: See Infection Control and Prevention section of this manual.

Respiratory Hygiene/Cough Etiquette: See Infection Control and Prevention section of this manual.

Patient Placement: The potential for transmission of infectious agents is considered in patient-placement decisions. The house supervisor and/or inpatient units need to be advised of patients who may require isolation prior to patient transport.

Patient-Care Equipment and Instruments/Devices:
- Visibly soiled patient care equipment, instruments and devices should never be used on patients. Patient care equipment, instruments and devices which cannot be verified as clean, should be treated as contaminated.
- Physician personal items that touch a patient or patient environment such as stethoscopes must be cleaned with alcohol or an approved hospital disinfectant before being used on any patient and after being used on any patient. Hospital approved disinfectant is available from the nursing staff.
- Physicians must be aware personal items such as pagers, cell phones, personal digital assistants (PDA), Blackberries, laptop computers, etc. are considered contaminated and should not be used in patient care areas without being cleaned with alcohol or hospital approved disinfectant (available from nursing staff).

Safe Injection Practices and Sharps: House staff and nurses are the primary health care groups that experience sharp injuries. The following recommendations apply to the use of needles, cannulas that replace needles, blades, scalpels, guidewires, and where applicable, intravenous delivery systems.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas and syringes are sterile, single-use items. They should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set

Use single-dose vials for parenteral medications whenever possible

Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use

If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile

Do not keep multi-dose vials in the immediate patient treatment area. Store in accordance with the manufacturer’s recommendations. Discard if sterility is compromised or questionable.

Do not use bags or bottles of intravenous solution as a common source of supply

When using vials, the rubber stopper must be thoroughly cleaned with alcohol prior to insertion of the needle/cannula

Use caution when handling contaminated sharps. Dispose of immediately after use in designated, labeled, puncture-resistant containers.

Needles should not be bent and, whenever possible, never recapped or removed. Recapping or needle removal is acceptable using a mechanical device or one-handed technique only when the employee can demonstrate no alternative is feasible or if such action is required by a specific medical procedure.

Never disable a safety device

Infection Control Practices for Special Lumbar Puncture Procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia).

Eating, applying cosmetics or lip balm, smoking and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood, body fluids, or OPIM. No food is ever allowed in patient care areas including nurse’s stations.

Drinks for staff/faculty/volunteers:

- Not allowed in patient care areas except the main nurse’s stations
- Must be lidded or capped. No open drinks.
- Must be kept away from blood, body fluids, or other potentially infectious materials (i.e., translogic/tube station)
- May not be placed on the high countertops at the nurse’s station
- Not allowed at nursing stations in the hallway or inside patient rooms

Food and beverages are never to be kept in refrigerators, freezers, shelves, cabinets, countertops or bench tops where blood, body fluids or OPIM are present. Food is only allowed in designated break rooms. Staff food and beverages cannot be located in medication preparation areas, clean or dirty utility rooms, housekeeping areas, or patient care areas.

Transmission-based precautions/isolation: Medical staff, nursing staff and infection control staff has the authority to isolate patients. The physician and nursing staff will identify and implement actions to alleviate the potential spread of infectious disease by initiating the appropriate transmission based precaution. Nursing staff that place the patient in isolation must ensure the physician is aware of the precautions and why they were implemented.

In addition to standard precautions, transmission-based precautions are used for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically- important pathogens for which additional precautions are needed to prevent transmission.

The duration of transmission-based precautions for immunosuppressed patients with viral infections may be extended because of the prolonged shedding of virus. The physician or nurse caring for the patient should explain appropriate precaution measures to the patient and the patient’s family. All hospital personnel/visitors are responsible for complying with the
appropriate precautions. PPE is placed in the hallway outside the patient’s room, or when available, the anteroom.

Contact Precautions (green sign): Contact precautions are used for patients with known or suspected infections that represent an increased risk for contact transmission.

Gowns and gloves are required for all staff that enters rooms/cubicles of patients in contact precautions. Visitors are being educated on these procedures and become very confused when staff does not comply with posted signs. Don gown upon entry into the room or cubicle. Remove gown and perform hand hygiene before leaving the patient-care environment. During removal, ensure clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganisms to other patients or environmental surfaces. Discontinue precautions according to pathogen-specific recommendations on the isolation precaution tables below.

Contact Precautions Enhanced (orange sign): Follow standard and contact precautions guidance except providers must hand wash with soap and water for these patients. These patients include those with suspected or confirmed Clostridium difficile or other spore forming organism and those patients with diarrhea of unknown origin who require diapers or are incontinent. Discontinue precautions according to the pathogen-specific recommendations on the isolation precautions table below.

Droplet Precautions (blue sign): Use droplet precautions as recommended for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets >5u in size) that are generated by a patient who is coughing, sneezing, singing, or talking.

Patients presenting with cough and/or influenza-like symptoms should be given a surgical or procedure mask or wear until respiratory infectious disease is ruled out or until the patient is placed in droplet precautions. In addition, the healthcare worker should review respiratory hygiene and cough etiquette with the patient.

Don a mask upon entry into the patient room or cubicle. There is no recommendation for routinely wearing eye protection (i.e., goggle or face shield), in addition to mask, for close contact with patients who require droplet precautions. For patients with suspected or proven SARS, avian influenza or pandemic influenza, place the patient in contact and airborne precautions and notify infection control immediately. Discontinue precautions according to the pathogen-specific recommendations on the isolation precautions table below.

Airborne Precautions (pink sign): Use Airborne Precautions for patients known or suspected to be infected with infectious agents transmitted person-to-person by the airborne route. The patient will be placed in an Airborne Infection Isolation (AII) room immediately. Keep the door closed at all times to maintain the negative pressure of the room.

A NIOSH approved N95 respirator will be worn when entering the room of a patient requiring airborne precautions. See IC policy 5.5, Prevention of Transmission of Tuberculosis in the University Health System- TB Exposure Control Plan, for additional information on N95 respirators and fit testing. Discontinue precautions according to the pathogen-specific recommendations on the isolation precautions table below.

Protective Environment (yellow sign): A protective environment is designed for allogenic hematopoietic stem cell transplant (HSCT) patients to reduce the risk of invasive environmental fungal infections. HSCT patients will be placed in positive pressure rooms with at least 12 air changes per hour (nursing staff can identify these rooms).

Every effort will be taken to minimize the length of time patients in protective environments will be outside of their rooms for diagnostic procedures and other activities. Every effort will also be made to preclude these patients from entering or passing through construction/renovation areas.

When the patient requires protective isolation and airborne isolation (i.e., pulmonary tuberculosis and disseminated varicella zoster), the patient will remain in a positive pressure
environment with use of an anteroom. If a positive pressure room with an anteroom is not available, the patient will be placed in an AII room with a large HEPA filter in the room to enhance filtration of spores.

* Dried and fresh flowers and potted plants are prohibited in protective environments.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Precautions/Isolation</th>
<th>Room</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess/draining wound with uncontainable drainage</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Until drainage effectively contained/pathogen not requiring isolation</td>
<td></td>
</tr>
<tr>
<td>Cellulitis with uncontainable drainage</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Until drainage effectively contained/pathogen not requiring isolation</td>
<td></td>
</tr>
<tr>
<td>Chickenpox (primary) Varicella</td>
<td>Airborne &amp; Contact</td>
<td>AII</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes: N95</td>
<td>Until all lesions crusted over</td>
<td>Contact Infection Control</td>
</tr>
<tr>
<td><em>Clostridium difficile</em> - associated diarrhea</td>
<td>Contact Enhanced</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Until stools are formed</td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Standard</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Dependent on pathogen</td>
<td>Use pathogen-specific precautions</td>
</tr>
<tr>
<td>Creutzfeldt-Jakob disease</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decubitus, Major Infection</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Until pathogen requiring isolation ruled out</td>
<td>A major infection is not contained by applied dressing</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See gastroenteritis</td>
</tr>
<tr>
<td>Diphtheria (pharyngeal)</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5 days after initiation of effective therapy</td>
<td>If untreated, isolate for 3 weeks after onset of paroxysms</td>
</tr>
<tr>
<td><em>E.coli</em> O157:H7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See gastroenteritis</td>
</tr>
<tr>
<td>Enterocolitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See <em>C.difficile</em>, gastroenteritis</td>
</tr>
<tr>
<td>Epiglottitis, due to <em>H.influenzae</em></td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>24 hours after initiation of effective therapy</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis: <em>E. coli</em> 0157:H7, Rotavirus, <em>Salmonella</em>, <em>Shigella</em>, Norovirus</td>
<td>Contact Enhanced*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Duration of illness</td>
<td>Must use hand washing with soap and water after contact with patient. *for diapered and incontinent patients; Infants and Children &lt;6 years.</td>
</tr>
<tr>
<td>Hemorrhagic fever: Ebola, Hantavirus, Lassa, Marburg, Hemorrhagic fever with renal syndrome, Crimean-Congo</td>
<td>Airborne &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Duration of illness</td>
<td>Contact Infection Control Immediately.</td>
</tr>
<tr>
<td>Hepatitis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hepatitis A</td>
<td>Contact*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Isolation for one week after start of jaundice</td>
<td>*for diapered and incontinent patients; also see pediatric isolation guidelines</td>
</tr>
<tr>
<td>Condition</td>
<td>Precautions/Isolation</td>
<td>Room UH</td>
<td>Gloves</td>
<td>Gown</td>
<td>Mask</td>
<td>Duration of Isolation</td>
<td>Comment</td>
</tr>
<tr>
<td>-----------</td>
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<td>------</td>
<td>------</td>
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<td>---------</td>
</tr>
<tr>
<td>2. Hepatitis B</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Hemodialysis patients who are hepatitis B carriers in private room. For Infants of HBsAg positive mothers: gloves to be used until infant appropriately bathed.</td>
<td></td>
</tr>
<tr>
<td>3. Hepatitis C</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Contact isolation for disseminated mucocutaneous or severe primary lesion.</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Standard</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Until ulcers healed</td>
<td></td>
</tr>
<tr>
<td>Herpes zoster (Shingles; Varicella Zoster)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Disseminated</td>
<td>Airborne &amp; Contact</td>
<td>All</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes: N95</td>
<td>Until all lesions crusted</td>
<td>Contact Infection Control</td>
</tr>
<tr>
<td>2. Localized in immunocompromised</td>
<td>Airborne &amp; Contact</td>
<td>All</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes: N95</td>
<td>Until all lesions crusted</td>
<td>Contact Infection Control</td>
</tr>
<tr>
<td>3. Localized</td>
<td>Standard</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes for children</td>
<td>Until all lesions crusted</td>
<td>Contact Infection Control</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>24 hours after effective therapy initiated</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Duration of illness or after 5 days of antiviral therapy</td>
<td></td>
</tr>
<tr>
<td>Lice (pediculosis)</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>24 hours after effective therapy initiated</td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola)</td>
<td>Airborne &amp; Contact</td>
<td>All</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes: N95</td>
<td>Catarrhal stage to 4 days after onset of rash</td>
<td>Duration of illness in immunocompromised. Contact Infection Control</td>
</tr>
</tbody>
</table>

**Meningitis:**

1. Neisseria meningitidis, known or suspected

<table>
<thead>
<tr>
<th>Condition</th>
<th>Precautions/Isolation</th>
<th>Room UH</th>
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<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Droplet</td>
<td>Private</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>24 hours after effective therapy initiated</td>
<td>Contact Infection Control Immediately</td>
</tr>
<tr>
<td>2. Aseptic/non-meningococcal</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Use pathogen-specific precautions</td>
<td></td>
</tr>
</tbody>
</table>

**Meningococcal disease (pneumonia, sepsis, meningococcemia)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Precautions/Isolation</th>
<th>Room UH</th>
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<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal disease (pneumonia, sepsis, meningococcemia)</td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>24 hours after effective therapy initiated</td>
<td></td>
</tr>
</tbody>
</table>

**Methicillin Resistant Staphylococcus aureus (MRSA)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Precautions/Isolation</th>
<th>Room UH</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methicillin Resistant Staphylococcus aureus (MRSA)</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>2 days after completion of therapy and 2 sets of negative cultures taken 2 days apart from nares, and 1 culture from site of infection</td>
<td>Mask should be used if face-face contact anticipated for a patient with active MRSA pneumonia</td>
</tr>
</tbody>
</table>

**Multi-drug resistant Gram Negative Bacteria: ESBL+,** **Resistant or Intermediately susceptible to Colistin/ Polymixin,**

<table>
<thead>
<tr>
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<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-drug resistant Gram Negative Bacteria: ESBL+, Resistant or Intermediately susceptible to Colistin/ Polymixin,</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Completion of effective antibiotic therapy + 1 negative culture from previously positive site</td>
<td>*Any 3rd or 4th generation cephalosporins, Carbapenem or Monobactam, Anti-pseudomonal penicillins or combinations,</td>
</tr>
<tr>
<td>Disease</td>
<td>Isolation Route</td>
<td>Isolation Type</td>
<td>Isolation Duration</td>
<td>Isolation Notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>--------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>Yes</td>
<td>9 days after onset of swelling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| *Mycoplasma pneumoniae*                     | Droplet         | Private/Cohort  | No                 | Yes             | Duration of illness +
|                                              |                 |                 |                   |                 | *immunocompromised patients**
| Norovirus                                    | Droplet         | Private/Cohort  | No                 | Yes             | Duration of illness +
|                                              |                 |                 |                   |                 | **transient aplastic crisis**
| Parainfluenza                               | Droplet & Contact | Private/Cohort  | No                 | Yes             | Duration of illness +
|                                              |                 |                 |                   |                 | Infants & Children
| Parvovirus B19                              | Droplet         | Private/Cohort  | No                 | Yes             | Duration of hospitalization*
|                                              |                 |                 |                   |                 | or 7 days**
| Pediculus (Lice)                            |                 |                |                   |                 | See Lice
| Pertussis (whooping cough)                  | Droplet         | Private/Cohort  | No                 | Yes             | 5 days after initiation of effective therapy |
| Plague, Pneumonic                           | Droplet         | Private/Cohort  | No                 | Yes             | 72 hours after effective therapy initiated +
|                                              |                 |                 |                   |                 | Contact Infection Control immediately
| Pneumonia                                   | Droplet & Contact | Private/Cohort  | Yes               | Yes             | Yes
|                                              |                 |                 |                   |                 | Duration of illness |
| Adenovirus                                  |                 | Private/Cohort  | Yes               | Yes             | Yes
|                                              |                 |                 |                   |                 | See items with name of organism |
|                                              |                 |                 |                   |                 | Contact Infection Control
|                                              |                 |                 |                   |                 | *Mask should be worn if patient coughing |
| Rabies                                      | Droplet         | Private         | Yes               | Yes             | *No
|                                              |                 |                 |                   |                 | Contact precautions for respiratory secretions for duration of illness |
|                                              |                 |                 |                   |                 | See gastroenteritis |
| Ringworm                                    | Standard        | Regular         | Yes               | No              | No
|                                              |                 |                 |                   |                 | Keep lesion covered |
| Rotavirus                                   |                 | Private/Cohort  | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | Duration of illness +
|                                              |                 |                 |                   |                 | *children and Immunocompromised adults |
| Respiratory Syncytial Virus (RSV)           | Contact*        | Private/Cohort  | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | Duration of illness |
|                                              |                 |                 |                   |                 | See gastroenteritis |
| Rubella (German measles)                    | Droplet         | Private         | No                 | No              | Yes
|                                              |                 |                 |                   |                 | Until 7 days after onset of rash |
|                                              |                 |                 |                   |                 | See gastroenteritis |
| Scabies                                     | Contact*        | Private         | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | 24 hours after initiation of effective therapy +
|                                              |                 |                 |                   |                 | *Contact isolation may be prolonged with heavy infestations, bacterial superinfection with crusting or Norwegian scabies |
| Severe Acute Respiratory Syndrome (SARS)    | Airborne & Contact | All             | Yes               | Yes             | Yes: N95
|                                              |                 |                 |                   |                 | Per guidance from Infection Control +
|                                              |                 |                 |                   |                 | Contact Infection Control Immediately |
| Shingles                                    |                 | Private/Cohort  | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | Per guidance from Infection Control +
|                                              |                 |                 |                   |                 | Contact Infection Control Immediately |
| *Staphylococcus aureus*(MSSA): major wound or burn | Contact | Private/Cohort  | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | Per guidance from Infection Control +
|                                              |                 |                 |                   |                 | Contact Infection Control Immediately |
| Smallpox                                    | Airborne & Contact | All             | Yes               | Yes             | Yes
|                                              |                 |                 |                   |                 | Per guidance from Infection Control +
|                                              |                 |                 |                   |                 | Contact Infection Control Immediately |
| Streptococcal Disease (Group A): pharyngitis, cellulitis | Contact | Regular         | Yes               | Yes             | No
|                                              |                 |                 |                   |                 | Until 24 hours after effective therapy initiated +

*or ≥3 antibiotic classes*

**Fluoroquinolones, Aminoglycosides**
<table>
<thead>
<tr>
<th>Condition</th>
<th>Precautions/Isolation</th>
<th>Room</th>
<th>Gloves</th>
<th>Gown</th>
<th>Mask</th>
<th>Duration of Isolation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>Contact and Droplet</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Duration of hospitalization</td>
<td>Person to person transmission rare; use care when handling diapered infants</td>
</tr>
<tr>
<td>Ambiasis</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Airborne &amp;contact</td>
<td>Private/Cohort</td>
<td>All</td>
<td>Yes</td>
<td>Yes</td>
<td>Until all lesions are crusted</td>
<td>Notify Infection Control immediately to initiate exposure investigation</td>
</tr>
<tr>
<td>Croup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Croup/adenovirus</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Duration of hospitalization</td>
<td></td>
</tr>
<tr>
<td>2. Croup/influenza</td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>3. Croup/measles</td>
<td>Airborne</td>
<td>All</td>
<td>No</td>
<td>No</td>
<td>Yes; N95</td>
<td>4 days after onset of rash in otherwise healthy children; duration of illness in immunocompromised patients</td>
<td></td>
</tr>
<tr>
<td>4. Croup/Mycoplasma pneumoniae</td>
<td>Droplet</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Duration of symptomatic illness</td>
<td>Prevention of environmental contamination by respiratory tract secretions and strict hand hygiene should control nosocomial spread; immunocompromised patients with type 3 infection should be in a private room</td>
</tr>
<tr>
<td>5. Croup/parainfluenza</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>See comments</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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<td>----</td>
<td>----</td>
<td>----</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Because asymptomatic excretion of CMV is common in all ages, a child with congenital CMV should not be treated differently than other children; strict hand hygiene should be adhered to especially after changing diapers.</td>
<td></td>
</tr>
<tr>
<td>Diarrhea with a likely infectious cause in a diapered or incontinent patient</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Dependent on causative agent</td>
<td></td>
</tr>
<tr>
<td>Diphtheria (pharyngeal)</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5 days after initiation of effective therapy</td>
<td></td>
</tr>
<tr>
<td>Enterocolitis</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Enteroviral infections (e.g. Group A and B and Coxsackie viruses and Echo viruses; excludes polio virus)</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis: <em>E. coli, Rotavirus, Salmonella, Shigella, Norovirus, adenovirus, Campylobacter species, cholera, Cryptosporidium species, Giardia lamblia, C. difficile, viral (if not covered elsewhere),</em></td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Gonococcal ophthalmia neonatorum</td>
<td>Standard</td>
<td>Regular</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Standard precautions are recommended including newborn infants with ophthalmia</td>
<td></td>
</tr>
<tr>
<td>Hepatitis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hepatitis A</td>
<td>Contact*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>See comments</td>
<td></td>
</tr>
<tr>
<td>2. Hepatitis E</td>
<td>Contact*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>See comments</td>
<td></td>
</tr>
</tbody>
</table>

*See comments: Contact precautions in infants children < 3 years of age for duration of hospitalization; for children 3 -1 4 years of age, for 2 weeks after onset of symptoms; > 14 years of age for one week after onset of symptoms

*Diapered or incontinent patients: Contact precautions for diapered or incontinent individuals: duration of illness
<table>
<thead>
<tr>
<th>Disease</th>
<th>Isolation Category</th>
<th>Isolation Type</th>
<th>Preventive Measures</th>
<th>Duration of Isolation</th>
<th>Notes and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes simplex, neonatal</td>
<td>Contact</td>
<td>Regular</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Neonates with HSV infection should be managed with contact precautions until lesions are dry and crusted. If asymptomatic, exposed infant (vaginal or cesarean section) AND if mother has active infection AND if membranes were ruptured for more than 4 hours, contact isolation until infant surface cultures at 24 - 36 of age are negative after 48 hours incubation. Children with mucocutaneous HSV infection: contact precautions with severe infection; standard precautions for localized, recurrent lesions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Droplet*</td>
<td>Private/Cohort</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gown and glove per standard precautions is especially important in pediatric settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1. Aseptic/non-Meninococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Contact precautions for diapered or incontinent children</td>
</tr>
<tr>
<td>2. Enteroviruses</td>
<td>Contact Enhanced*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact precautions when cases clustered temporally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td>Contact*</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Infants and Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Contact &amp; Droplet</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1. Adenovirus</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Burkholderia cepacia for patients with CF including respiratory tract colonization</td>
<td>Contact</td>
<td>Private</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Avoid exposure to other persons with CF; criteria for discontinuing isolation has not been established; see CF Foundation guideline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <em>Strep Grp A</em></td>
<td>Droplet (see comments to add contact)</td>
<td>Private/Cohort</td>
<td>No*</td>
<td>No*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Contact precautions if skin lesions present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory infections, acute, particularly bronchiolitis and pneumonia in infants and young children;</td>
<td>Contact and droplet*</td>
<td>Private/cohort</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potential pathogens include RSV, parainfluenza, adenovirus, influenza and human metapneumovirus; *Droplet precautions may be discontinued when adenovirus and influenza have been ruled out;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Isolation/Precaution</td>
<td>Contact</td>
<td>Duration of Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Syncytial Virus (RSV)</td>
<td>Contact, Private/Cohort</td>
<td>Yes, Yes, No</td>
<td>Duration of illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhinovirus</td>
<td>Droplet (see comments to add contact)</td>
<td>Private/Cohort</td>
<td>No*, No*, Yes</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Rubella, congenital</td>
<td>Droplet &amp; Contact</td>
<td>Private/Cohort</td>
<td>Yes, Yes, Yes</td>
<td>See comment</td>
<td></td>
</tr>
<tr>
<td>Staphylococcal disease (S. aureus): enterocolitis</td>
<td>Contact*</td>
<td>Private/Cohort</td>
<td>Yes, Yes, No</td>
<td>Duration of illness</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>Standard* Regular</td>
<td>No*, No*, No</td>
<td>24 hours after effective therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis: confirmed or suspected</td>
<td>Airborne All</td>
<td>No, No</td>
<td>Yes: N95</td>
<td>See IC policy 5.5</td>
<td></td>
</tr>
</tbody>
</table>

**Tuberculosis: IC Policy 5.5**

Privileged providers are responsible for:

- Providing the patient/significant others with an explanation of TB, its treatment and prognosis;
- Ordering specimens for acid-fast bacilli (AFB) smears/cultures per policy and the TB care pathway. AFB smears are performed seven days per week. Cultures for specimens obtained on weekends and holidays will be processed on the following workday. If there is enough specimen for smear and culture, the culture will be read as quantity not sufficient (QNS) and will be reported as a smear only. Additional specimens may be necessary;
- Initiating appropriate treatment based on clinical symptoms, AFB smears and/or cultures, chest radiographs, and history;
• Participating in the interdisciplinary planning of follow-up care;
• Ordering airborne precautions; and
• Contacting infection control when ruling out or verifying active TB. Faxing the TB 400 form to 8-2777 or calling ext. 8-2927 meets this requirement. This report is required for both in- and out-patients. Notifying infection control expedites coordination with the San Antonio Metropolitan Health District.

Infection Control is responsible for:
• Initial reporting of suspected and confirmed TB to the San Antonio Metropolitan Health District (SAMHD).
• Notifying physicians, nurse practitioners, physician assistants, managers, employees and patients of exposures to active TB;
• Consultation

Respiratory Therapy is responsible for:
• Collecting sputum for AFB cultures upon notification that nursing personnel are unable to induce sputum collection.

Identification and treatment of patients:
• Common TB symptoms include but are not limited to cough, (with or without sputum production), hemoptysis, fever, chills, night sweats, sudden weight loss (> 10% or below ideal body weight), fatigue and anorexia. The patient may present with one or more of these symptoms.
• High risk patients include IV drug users, alcoholics, homelessness/impoverished, malnourished, elderly, institutionalized individuals, foreign born, contact with person with active TB and immunosuppressed.
• Patients with respiratory symptoms should wear a surgical mask until cleared by a privileged health care provider.
• Atypical presentation and children.
• Patients with suspected TB should be started on effective multi-drug anti-TB therapy based on clinical symptoms, chest radiography, AFB smears, TB direct RNA detection testing, or positive AFB culture(s). Drug resistance susceptibility should be addressed as soon as susceptibility results are posted (can take up to two weeks after a positive culture).
• Patients with suspected TB should be placed in airborne precautions until three negative AFB smears have been documented.

Clinical Care Pathway Synopsis (For full pathway, see UHS intranet -> clinical resources -> UHS Clinical Pathways -> Tuberculosis)
• Day 1
  ➢ Place surgical/barrier mask on patient
  ➢ Chest x-ray (CT if indicated)
  ➢ Admit patient for TB or rule out TB
  ➢ Place patient in airborne precautions; if at a non-hospital campus, place in private room with HEPA filter; airborne isolation sign on door
  ➢ If patient must be transported, ensure all staff know the patient is in airborne isolation so staff can take appropriate precautions (N-95 respirator)
  ➢ If patient has productive cough, order three AFBs for smear and culture; if patient does not have a productive cough, order three sputum inductions for smear and culture; if sputum induction is not successful, consult with infectious diseases to consider bronchoscopy. Note: AFB specimens must be at least 8 hours apart and one sputum must be an early morning specimen
  ➢ Order PPD
  ➢ Educate patient and family members
• Day 2
  ➢ Early morning sputum for AFB smear and culture if not already performed
  ➢ Once three sputums have been collected, consider starting four drug regimen (RIPE) plus pyridoxine
  ➢ Ensure Infection Control has been notified regarding patient
• Day 3
  ➢ Read and record PPD
  ➢ Start discharge planning; direct observation therapy (DOT) coordination must be made with the SAMHD chest clinic prior to discharge for patients with active TB;
• Follow up
  ➢ SAMHD will follow up patients with active TB after discharge
  ➢ SAMHD performs exposure contact identification and follow-up
  ➢ Patients with latent TB are followed by their primary health care provider

Airborne Precautions
• Patients with suspected TB should be placed in airborne precautions until active TB has been ruled out or the patient has three consecutive negative AFB smears and has demonstrated clinical improvement.
• An airborne precaution sign will be clearly posted on the door of the airborne infection isolation room when the room is being used for airborne isolation. Doors to airborne isolation rooms must remain closed to maintain negative airflow.
• Airborne precautions will be continued until the patient has been on adequate medication for at least two weeks and has a positive clinical and bacteriologic response to therapy (reduction in cough, resolution of fever, and a progressive decrease in the number of organisms on sputum smears, etc.)
• When drug resistance is suspected or confirmed, airborne isolation should be continued until three sputum cultures are negative for TB and the hospital epidemiologist, attending physician, resident/or Infection Control determine that the patient is no longer infectious and can be removed from isolation.
• Healthcare workers should consider transferring the patient to the Texas Center for Infectious Disease (TCID) for long term hospitalization if the patient is homeless, lives in a shelter, is deemed incompetent for follow up care, or lives in a household with a high-risk person. Case managers can assist with the transfer.

Respirators (Masks)
• The N-95 respirator (mask) will be used when in a room with a TB patient.
• A quick fit should be performed when donning an N-95 respirator
  ➢ The wearer should cover the surface of the mask with their hands and gently exhale. If the mask fits properly, the wearer will not feel air escaping from around the edges.
  ➢ The wearer should gently inhale which should create a vacuum (the mask feels pulled toward the face). If the wearer feels air around the mask, he/she should re-perform the test and check the respirator for small holes.
  ➢ If a second test is not successful, the wearer should obtain another mask.
• Visitors and patients should use a surgical/procedure mask as the N-95 respirator is only effective when properly fit tested.
• The disposable N-95 respirator must be changed immediately when it becomes moist or soiled.
• The disposable N-95 respirator should never be worn by staff outside patient care areas.
• If a patient cannot wear a surgical/procedure mask and the patient must travel to X-ray, operating room (OR), Physical Therapy, etc., the patient should be instructed to
cover his/her nose and mouth with a tissue when coughing or sneezing and to dispose of the tissue in a designated container for disposal. Patient transport and the receiving area (radiology, OR, etc.) must be notified of the need for airborne precautions before the patient is transported. The chart must be clearly labeled with “airborne precautions.”

- Healthcare workers must wear a disposable N-95 respirator during all diagnostic and therapeutic procedures when face-to-face contact is anticipated and the patient is not wearing a mask. Examples include but are not limited to the following cough inducing procedures:
  - Diagnostic sputum induction
  - Administration of aerosolized Pentamidine
  - Bronchoscopy
  - Endotracheal intubation
  - Oral and endotracheal suctioning
  - Other respiratory therapy procedures which promote coughing and generate aerosols in any patient at risk for TB.

**Discontinuation of Airborne Precautions and Disposition**

- Airborne isolation can be discontinued when the patient is deemed no longer infectious.
- The following should be considered when discontinuing airborne precautions in the hospital. NOTE: If Multi-drug resistant TB (MDR-TB) is suspected or confirmed, isolation needs to be continued for the duration of hospitalization or until antibiotic susceptibility results rule out MDR-TB.
  - Three sputum smears taken at least eight hours apart including at least one morning specimen, are negative, and
  - The patient is demonstrating clinical improvement, and
  - The patient has been on anti-tuberculosis medications for a minimum of two weeks.
  - Patients on airborne precautions can be discharged to home while still on airborne precautions as long as the patient demonstrates clinical improvement, is not going to live in a place with patients who are at risk for developing TB, the patient has appropriate follow-up scheduled, and the patient or significant other is deemed to be competent to follow-up on care. These patients must have surgical/procedure masks to use when out of their place of residence and must be instructed to wear the mask until their health care provider or SAMHD informs them they are no longer infectious.
- Patients who expire while on airborne precautions must be treated as infectious when being transported to the morgue and during autopsy.
- Prior to discharge, patient should have a verified appointment at the AMHD chest clinic. Patients are to be instructed to take their written prescriptions to the Chest Clinic where the prescription will be filled and direct observation therapy (DOT) will be used to ensure the patient takes his/her medications.

**Notification and Evaluation of Health Care Workers after Unprotected Exposure to TB:**

- Personnel who have been determined to have had unprotected exposure to TB may require additional testing and/or work up. This testing and workup for physicians can be performed at the Employee Health Clinic (EHC).

**Infection Control:**
• Is responsible for coordinating efforts in identifying personnel who may have had unprotected exposure. Personnel include staff members, non-Health System physicians, and students;
• Will notify employees and other exposed personnel via memorandum regarding the exposure. This letter will be sent to Professional Staff Services for distribution to the physician/nurse practitioners/physician assistants. The letter outlines the exposure date(s) and place. It also instructs the exposed person to complete and Employee Accident/Injury/Exposure Report, form 502, and report to the EHC. A copy of each letter will be maintained by Infection Control.

Healthcare Workers with Tuberculin Skin Test Conversion and/or Signs/Symptoms of TB: Staff who have recently converted TST and/or who demonstrate signs/symptoms of TB disease must be promptly evaluated. The evaluation does not have to occur at the Health System, but healthcare workers must inform the EHC of TB disease and documentation of clearance to work.

Workplace restrictions:
• Persons with confirmed active TB will not be permitted in the workplace until cleared for working in a healthcare environment. This should be coordinated between employee health clinic and the individual.
• Depending on the type of non-pulmonary TB, persons may be allowed to work without restriction.
• Unless otherwise indicated by another condition, persons receiving treatment for LTBI may return to work immediately.
• Immunocompromised personnel may require additional precautions. For additional information, contact the hospital epidemiologist or Infection Control.

Non-compliant patients: See the UHS policy for details.

Multi-drug resistant tuberculosis: Patients with suspected or confirmed multi-drug resistant tuberculosis must be reported immediately to infection control and infectious diseases.

Consultation: Consultation on TB surveillance, screening, and other methods which reduce TB transmissions is available from the EHC, Infection Control Department, TCID, the Department of Infectious Diseases and the Hospital Epidemiologist.
**Algorithm for Laboratory Testing for the Hospitalized Patient***

<table>
<thead>
<tr>
<th>Patient Diagnosed with Active TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks after <em>culture</em> confirmation of active TB</td>
</tr>
</tbody>
</table>

Submit weekly specimens for *smear*

<table>
<thead>
<tr>
<th>Smear Positive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**Weekly *smears* until negative***

<table>
<thead>
<tr>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smear</td>
</tr>
</tbody>
</table>

| 2 specimens for *smear & culture* at least 8 hours apart |

If patient is still hospitalized 60 days after confirmation of active TB, one specimen for *smear and culture* should be submitted

**Discharged/outpatients will be tested by San Antonio Metropolitan Health District (Chest Clinic) unless otherwise coordinated**

Infection Control Department: 8-2927
Infection Control on-call pager: 203-9443
Infectious Disease: 203-3539/592-0340
San Antonio Metropolitan Health District: 207-8826
Employee Health Clinic: 8-2277
Hospital Epidemiologist: 203-3272

**Bloodborne Pathogens Exposure Control Plan: IC Policy 5.7**

Persons working in the Health System should assume blood and body fluids from all patients are potentially infectious. The routine, proper use and disposal of safety barriers (such as gloves and/or goggles) is expected when anticipating contact with blood or body fluids. Standard precautions are outlined in Standard/Transmission Based Precautions. Employees must wash hands and other skin surfaces immediately after contact with blood or body fluids.

**Exposure Control Plan:** See also Standard and Transmission Based Precautions

- Mouth piping/suctioning of blood or other potentially infectious material (OPIM) is prohibited.
- All procedures are to be conducted in a manner that minimizes splashing, spraying, spattering and generation of droplets of blood or OPIM.
- Specimens being sent to the lab should be in a sealed plastic container with a BIOHAZARD label. In addition, specimens that are to be transported via the Translogic pneumatic tube system must be specially packaged:
  - Once the specimen has been placed in the BIOHAZARD bag, the BIOHAZARD bag (with the specimen) is placed between foam pads (supplied...
by Translogic), placed in the Translogic specimen container, ensuring that the specimen container is completely sealed OR

- Once the specimen has been placed in the BIOHAZARD bag, the BIOHAZARD bag (with specimen) is placed inside a specially designed zip and fold pouch. The pouch must be sealed shut. Note: the zip and fold pouch must be designed for Translogic use. The Translogic specimen container must be completely sealed prior to transport.

- Contaminated sharps will never be placed into the Translogic transport system.

- Specimens that could puncture the primary container are placed in a secondary puncture proof container.

- The container for collecting, handling, processing, storing, transporting, or shipping blood or OPIM outside the facility is labeled with a BIOHAZARD label or color code.

Staff should never attempt to reach into a sharps container under any circumstances. Broken sharps such as glass should never be picked up with the hands. A mechanical means such as tongs, brush and dustpan, or forceps will be used. Broken glassware is discarded into sharps containers.

Personal Protective Equipment (PPE):

- Proper use of PPE is mandated as outlined in this policy and the IC 5.9, Standard/Transmission Based Precautions.

- PPE is provided at no cost to the employee.

- PPE is fluid resistant under normal conditions and duration of use.

- Garments that are penetrated by blood or OPIM will be removed immediately. Disposable items will be discarded. University Health System scrubs will be placed in linen hampers. Personal scrubs will be discarded.

- PPE must be removed before leaving the work area. Disposable PPE is designed for single use and must be discarded.

- Surgical caps or hoods and/or shoe covers or boots will be worn in instances when gross contamination can reasonably be expected.

Contaminated Waste: Place in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, labeled with a BIOHAZARD label, and are closed prior to removal.

Occupational exposure to bloodborne pathogens: All persons who have direct contact with patients have occupations with potential exposure to bloodborne pathogens. This includes but is not limited to physicians, housestaff, nurse practitioners and physician assistants.
Hospital Campus: Employee, Faculty, House Staff, Students and Volunteers
Hospital Campus: Employee, Faculty, House Staff, Students and Volunteers: Legend for Algorithm

1. Exposure- A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that result from the performance of an employee’s duties.

2. Soap and water must be used in this instance; hand sanitizer is not adequate. When an eye or mucous membrane is exposed, pre-prepared eye wash, a liter of normal saline, or a liter of sterile water should be used to cleanse the eye/mucous membrane. Contact lenses should not be removed prior to rinsing the eye.

3. a. Special consent is not required to draw blood for or to perform testing on source or victim blood if testing is done in accordance with this policy. A physician order is not required, however, the source’s physician should be notified that the blood is being drawn and the reason.
b. The source and victim blood specimens are submitted together using the same form: BCHD #908 NS Rev. 8/08. Source blood should not be submitted via electronic means due to billing considerations. The form must be completed in its entirety to ensure timely follow up of results.

c. The source blood can be sent to the lab without the victim’s blood if the victim will be delayed in reporting for treatment (i.e., in the middle of an operative procedure) or the victim refuses to have his/her blood tested. In these circumstances, a note should be made on the BHCD #908 regarding the reason for the victim’s blood not with the packet. The victim’s blood should be forwarded as soon as possible with a different BCHD #908.

4. Employee Accident/Injury/ Exposure form, BHCD #502 NS Rev. 7/01. This form must be completed in its entirety. The form must be carried by the employee to the appropriate treatment area (Employee Health, Express Med or Emergency Center).

5. The house supervisor will send infection control an email (PHI, high priority, confidential) regarding the exposure so infection control can contact the source as soon as practicable on the next duty day. Infection Control personnel will contact the source and coordinate having blood drawn from the source if he/she agrees to the blood draw.

6. Because of the recommendation to provide post-exposure prophylaxis (PEP) as soon as possible after an exposure, the target for reporting to the appropriate clinic for post-exposure care is one hour. However, if the employee can not get to a clinic within an hour, he/she should report as soon as possible.

7. Employee Health Clinic is the designated location for care of and follow up for a bloodborne pathogen exposure. When Employee Health is not open, the employee will proceed to Express Med. The Emergency Center will be used when both Employee Health Clinic and Express Med are closed.

8. The victim should identify himself/herself as having a sharps injury to ensure immediate care.

9. See appendices below.

10. The Department of Health and Human Services (Centers for Disease Control and Prevention) “Exposure to Blood: What Healthcare Personnel Need to Know” is the recommended source for information on bloodborne pathogen exposures. This pamphlet is available through University Health System publications.

11. Initial positive screen will be followed by a confirmatory test within seven days. If the source is not available for a blood draw and the patient’s serum is still retained in the laboratory, the lab can run the tests if there is adequate quantities of serum.

12. Due to employee health regulations, University Health System employee victim blood results will not be posted on clinical inquiry.

13. Consent is not required for administration of PEP. If the employee refuses PEP, appropriate documentation should be made in the medical record.

14. Employee Health Clinic is responsible for follow up testing, etc. of victim’s whose source blood is positive for any bloodborne pathogen. See below, Management of Occupational Blood Exposures.
Non-Hospital Campus: Employee, Faculty, House Staff, Students and Volunteers
Non-Hospital Campus: Employee, Faculty, House Staff, Students and Volunteers: Legend for Algorithm

1. See #1 in legend for hospital campus.
2. See #2 in legend for hospital campus.
3. a. See #3a in legend for hospital campus.
   b. If the exposure occurs at a non-hospital campus and not at a facility at which an Express Med clinic is located (that is, other than North, SE, SW, UHC-DT or UCCH), the source blood should be forwarded to the hospital laboratory with a BCHD #908 NS Rev. 8/08. Source blood must be forwarded to the hospital laboratory through normal transportation methods; victims will not transport blood themselves.
c. Source blood should not be submitted via electronic means due to billing considerations. The form must be completed in its entirety to ensure timely follow up of results.

d. If the decision is made that the incident does not meet the CDC criteria for bloodborne pathogen exposure, the Express Med will notify the laboratory not to process the source blood.

4. See #4 in legend for hospital campus.

5. The victim should identify himself/herself as having a sharps injury to ensure immediate care. Each ambulatory area should designate the location to which employees at the facility should report.

6. See below.

7. See #10 in legend for hospital campus.

8. Blood may only be transported to and from University Health System sites via approved, courier services. Victims may not transport either the source or their own blood specimens between campuses.

9. See #13 in legend for hospital campus.

10. a. Blood that has been properly transported to University Health System pathology with the appropriate BHCD #908, will be processed with the same immediacy as blood drawn on the main hospital campus.

b. It is imperative that victims report to Employee Health Clinic (Express Med Clinic when the EHC is closed) at the University Health System hospital campus on the next day to obtain the results of victim and source blood. This must be done regardless if the next day is a holiday or a weekend in order to continue PEP if required.

c. When the victim reports to the EHC (or Express Med), they must identify themselves as having had a bloodborne pathogen exposure and present the OJI from the previous day. If there are any issues, the house supervisor should be contacted.

11. See #13 in legend for hospital campus.

Bloodborne Pathogens Overview: Hepatitis B Virus (HBV)

Chronic Hepatitis B is a common viral infection that can cause progressive, degenerative inflammation of the liver. There is no cure for Hepatitis B.

Hepatitis B infection begins with an acute infection that occurs after exposure to the virus. About 30% of persons have no signs/symptoms. The initial symptoms are generally mild and influenza-like: weakness, Nausea, vomiting, body aches, diarrhea, fever, joint pain, jaundice, appetite and weight loss and sometimes an itchy rash. Some patients experience clay-colored bowel movements, dark urine or abdominal discomfort. Acute hepatitis symptoms can last 1 to 3 months during which the person is very contagious. Up to 10% of persons with acute Hepatitis B will develop chronic Hepatitis B. The remainder will develop antibodies that will protect them for the remainder of their life.

The major consequences of chronic Hepatitis B include cirrhosis and liver cancer. The Hepatitis B vaccination (available since 1982) has contributed to the significant decrease of HBV among healthcare workers. The vaccination includes three injections over a period of six months. The vaccine is effective in 85%-90% of vaccinated persons.

The Texas Department of State Health Services Disease Prevention and Intervention Section Immunization branch requires students enrolled in health-related courses which will involve direct patient contact to complete the three-dose series of hepatitis vaccine prior to direct patient care.

The Texas Department of State health Services also recommends the hepatitis vaccination series for all children.

An exposure to HBV is defined as the source person being Hepatitis B surface Antigen (HBsAG0 positive or the status is unknown.
The rate of HBV transmission to susceptible health care workers ranges from 6% to 30% after a single needlestick injury in workers who are not immune to HBV (that is, they have not been appropriately vaccinated).

**Hepatitis C Virus (HCV)**

Hepatitis C virus is the most common chronic bloodborne infection in the United States. Hepatitis C infection can occur with no symptoms or only mild symptoms. Eighty percent of persons have no symptoms of infection. Symptoms can include jaundice, fatigue, dark urine, abdominal pain, loss of appetite and nausea.

Chronic infection develops in 55% - 85% of infected persons. There is no vaccine to prevent Hepatitis C. Interferon and Ribavirin are two drugs licensed for the treatment of persons with chronic Hepatitis C. The rate of HCV transmission through a percutaneous injury averaged 1.

**Human Immunodeficiency Virus (HIV)**

HIV is the virus that causes acquired immunodeficiency syndrome (AIDS). AIDS was first reported in the United States in 1981. HIV kills or damages the cells of the body’s immune system and progressively destroys the body’s ability to fight infections and certain cancers.

Many persons will not have any symptoms when they first become infected with HIV. Infected persons may experience flu-like symptoms within a month or two of exposure to the virus. These symptoms may include fever, headache, tiredness and enlarged lymph nodes. The symptoms generally resolved within a week to a month and can be mistaken for another viral infection. More persistent or severe symptoms may appear for 10 or more years after HIV first enters the body. As the immune system becomes more debilitated, a variety of complications start to occur. For many people, lymph nodes may be enlarged for more than 3 months. In addition to more severe symptoms, persons with HIV become more vulnerable to opportunistic infections.

HIV progresses to AIDS when certain conditions occur. Excellent resources are available to describe these conditions.

The average risk for HIV transmission after percutaneous exposure to HIV-infected blood has been estimated to be approximately 0.3% and after a mucous membrane exposure, approximately 0.009%. Although instances of HIV transmission after non-intact skin exposures have been documented, the average risk for transmission by this route has not been established.

**Post-Exposure Prophylaxis Medications for Human Immunodeficiency Virus**

See recommended HIV Postexposure prophylaxis for Percutaneous Injuries for determining basic or expanded regimen:

1. Tenofovir DF (Viread ®; TDF) PLUS emtricitabine (Emtrivia ™; FTC); available as Truvada ™
2. Preferred dosing:
   a. TDF: 300 mg once daily
   b. FTC: 200 mg once daily
   c. As TRuvada™; one tablet daily
3. Dosage forms:
   a. Truvada ™; TDF 300 mg plus FTC 200 mg
4. Advantages of TDF+FTC (Truvada ™):
   a. Convenient dosing (single tablet once daily)
   b. Resistance profile activity against certain thymidine analogue mutations
   c. Well tolerated
5. Disadvantages: TDF+FTC (Truvada™)
   a. Same class warnings as nucleoside reverse transcriptase inhibitors (NRTI)
   b. Drug interactions
   c. Increased TDF concentrations among persons taking atazanavir and lopinavir/ritonavir; need to monitor patients for TDF – associated toxicities.

Expanded regimen
1. Basic regimen **PLUS** Lopinavir/ritonavir (Keletra®; LPV/RTV)
2. Preferred dosing: LPV/RTV 400/100 mg; two tablets twice daily
3. Dosage form; LPV/RTV: 200/50 mg tablets
4. Advantages:
   a. Potent HIV protease inhibitor
   b. Generally well tolerated
5. Disadvantages:
   a. Potential for serious or life-threatening drug interactions
   b. Might accelerate clearance of certain drugs, including oral contraceptives (requiring alternative or additional contraceptive measures for women taking these drugs)
   c. Can cause severe hyperlipidemia, especially hypertriglyceridemia
d.
e. Gastrointestinal (e.g. diarrhea) events common

**TABLE 4. Recommended HIV postexposure prophylaxis for percutaneous injuries**

<table>
<thead>
<tr>
<th>Exposure type</th>
<th>HIV-Positive Class 1*</th>
<th>HIV-Positive Class 2*</th>
<th>Source of unknown HIV status†</th>
<th>Unknown source‡</th>
<th>HIV-Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less severe†</td>
<td>Recommend basic 2-drug PEP</td>
<td>Recommend expanded 3-drug PEP</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors**</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV-infected persons is likely</td>
<td>No PEP warranted</td>
</tr>
<tr>
<td>More severe‡‡</td>
<td>Recommend expanded 3-drug PEP</td>
<td>Recommend expanded 3-drug PEP</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors**</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV-infected persons is likely</td>
<td>No PEP warranted</td>
</tr>
</tbody>
</table>

* HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — asymptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

† Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).
‡ Unknown source (e.g., a needle from a sharps disposal container).
§ Less severe (e.g., solid needle and superficial injury).
** ** The designation "consider PEP" indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.
†† If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.
‡‡ More severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein).

### TABLE 5. Recommended HIV postexposure prophylaxis for mucous membrane exposures and nonintact skin* exposures

<table>
<thead>
<tr>
<th>Exposure type</th>
<th>HIV-Positive Class 1†</th>
<th>HIV-Positive Class 2†</th>
<th>Source of unknown HIV status†</th>
<th>Unknown source‡</th>
<th>HIV-Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small volume**</td>
<td>Consider basic 2-drug PEP† †</td>
<td>Recommend basic 2-drug PEP</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP† † for source with HIV risk factors§</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP† † in settings where exposure to HIV-infected persons is likely</td>
<td>No PEP warranted</td>
</tr>
<tr>
<td>Large volume¶</td>
<td>Recommend basic 2-drug PEP</td>
<td>Recommend expanded 3-drug PEP</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP† † for source with HIV risk factors§</td>
<td>Generally, no PEP warranted; however, consider basic 2-drug PEP† † in settings where exposure to HIV-infected persons is likely</td>
<td>No PEP warranted</td>
</tr>
</tbody>
</table>

* For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).
† HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — asymptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.
‡ Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).
§ Unknown source (e.g., splash from inappropriately disposed blood).
** Small volume (i.e., a few drops).
† The designation, “consider PEP,” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.
¶ If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.
¶ Large volume (i.e., major blood splash).

### TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

<table>
<thead>
<tr>
<th>Vaccination and antibody response status of exposed workers*</th>
<th>Source HBsAg' positive</th>
<th>Treatment</th>
<th>Source HBsAg' negative</th>
<th>Treatment</th>
<th>Source unknown or not available for testing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unvaccinated</strong></td>
<td>HBIG x 1 and initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
<td>Initiate HB vaccine series</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Previously vaccinated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known responder**</td>
<td>No treatment</td>
<td>No treatment</td>
<td>No treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known nonresponder†</td>
<td>HBIG x 1 and initiate revaccination or HBIG x 2s</td>
<td>No treatment</td>
<td>If known high risk source, treat as if source were HBsAg positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibody response unknown</td>
<td>Test exposed person for anti-HBs†</td>
<td>No treatment</td>
<td>Test exposed person for anti-HBs</td>
<td>1. If adequate,‡ no treatment is necessary</td>
<td>2. If inadequate,‡ administer vaccine booster and recheck titer in 1-2 months</td>
</tr>
<tr>
<td>1. If adequate,** no treatment is necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If inadequate,** administer HBIG x 1 and vaccine booster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.
† Hepatitis B surface antigen.
‡ Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.
§ Hepatitis B vaccine.
** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs \( \geq 10 \text{ mIU/mL} \)).
† A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).
§ The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.
‡ Antibody to HBsAg.


**Management of Occupational Blood Exposures**

This appendix applies to persons with known exposures (e.g., the source is positive for Hepatitis B, Hepatitis C, and/or Human Immunodeficiency Virus).

**Hepatitis B Exposures:**

1. Provide Hepatitis B vaccine series to susceptible, unvaccinated victims.
2. Post-exposure prophylaxis (PEP) with Hepatitis B immune globulin (HBIG) should be considered for victims after evaluation of the Hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the victim.
3. Perform follow-up anti-hepatitis Bs testing in persons who receive Hepatitis B vaccine.
4. Test for anti-Hepatitis Bs 1-2 months after last dose of vaccine.
5. Anti-Hepatitis Bs response to vaccine cannot be ascertained if Hepatitis B immune globulin was received in the previous 3 – 4 months.

**Hepatitis C Exposures:**
1. Employee health may elect to perform baseline and follow-up testing for anti-HCV and alanine amino-transferase (ALT) 4-6 months after exposures.
2. Perform HCV RNA at 4-6 weeks if earlier diagnosis of HCV infection desired.
3. Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

**Human Immunodeficiency Virus (HIV):**
1. PEP antiretrovirals are recommended by the Pharmacy and Therapeutics Committee and should be used in accordance with the University Health System formulary.
2. Offer pregnancy testing to women of childbearing age not known to be pregnant.
3. PEP should be initiated as soon as possible after the exposure. Note: The Centers for Disease Control and Prevention define this as hours rather than days after exposure. The University Health System target is for victims to report to the applicable health care provider within 1 hour of exposure. If this is not feasible, victims should report as soon as possible.
4. Persons receiving PEP should complete a 4 week PEP regimen. IF because of toxicity and/or side effects, the victim is unable to complete a 4 week regimen, infectious diseases or the PEP hotline at 888-448-4911 should be consulted.
5. THE provider should review signs/symptoms of side effects and toxicity with the victim as well as possible drug interactions.
6. The victim should be monitored for drug toxicity at baseline and again after 2 weeks of PEP. These tests should include but are not limited to a complete blood count and renal and hepatic function tests.
7. Perform HIV – antibody testing for at least 6 months post-exposure, at baseline, 6 weeks, 3 months and 6 months).
8. Perform HIV - antibody testing if a victim has an illness compatible with acute retroviral syndrome.
9. Advise the victim to use precautions to prevent secondary transmission during the follow-up period such as avoiding blood or tissue donations, breastfeeding and pregnancy) especially during the first 6 – 12 weeks post – exposure.

**Expert Consultation**

**National Clinicians’ Post-Exposure Prophylaxis hotline: 888-448-4911**
Expert consultation should be considered for the conditions listed below:
1. **Delayed** (later than 24-36 hours) exposure report. The interval after which the lack of benefit from PEP is undefined.
2. **Unknown source** (e.g. needle in sharps disposal container or the laundry). The use of Post-exposure prophylaxis (PEP) should be decided on a case-by-case basis. The severity of exposure and epidemiologic likelihood of HIV should be considered. Needles and other sharp objects should not be tested for HIV.
3. Known or suspected pregnancy in the exposed person (victim). The use of optimal PEP regimens are not precluded. PEP should not be denied solely on the basis of pregnancy.
4. If the exposed victim is breastfeeding use of optimal PEP regimens is not precluded. PEP should not be denied solely on the basis of breastfeeding.
5. Resistance of the source’s virus to antiretroviral agents is known or suspected. The influence of drug resistance on transmission risk is unknown. If the source’s virus is known or suspected to be resistant to one or more of the PEP drugs, selection of drugs to which the source’s virus is unlikely to be resistant is recommended. Resistance testing of source’s virus at the time of exposure is not recommended. Initiation of PEP should not be delayed while awaiting results of resistance testing.
6. Toxicity of the initial PEP regimen. Adverse symptoms (e.g. nausea, diarrhea) are common with PEP. Symptoms are often manageable without changing PEP by prescribing antimobility or antiemetic agents. In other situations, modifying the dose interval (i.e. taking drugs after meals or administering a lower dose of drug more frequently throughout the day, as recommended by the manufacturer) may alleviate symptoms.

REQUESTS FOR INFORMATION ABOUT A CURRENT OR FORMER HOUSE STAFF MEMBER

All inquiries regarding a current or former member of the house staff must be referred to the Professional Staff Services office at 8-1063.

Should an employee receive a written request for a reference regarding a current or former member of the house staff, he or she should refer the request to the professional staff services office for handling. No University Health system employee or member of the house staff may issue a reference letter to any current or former member of the house staff without the permission of the Professional Staff Services office.

Under no circumstances should any University Health System employee or member of the house staff release any information about any current or former member of the house staff over the telephone. All telephone inquiries regarding any current or former member of the house staff of the University Health System must be referred to the Professional Staff Services office.

In response to an outside request for information regarding a current or former member of the house staff, the Professional Staff Services office will furnish or verify only a current or former member of the house staff’s name, job title and/or department, dates of participation in the program, and the date of successful completion of the program. No other data or information regarding any current or former member of the house staff, or his or her participation in a program with University Health System, will be furnished unless the member of the house staff authorizes University Health System to furnish this information in writing that also releases the University Health System from liability in connection with the furnishing of the information or when the University Health System is required by law to furnish any information.

PERSONNEL POLICIES AND BENEFITS

Professional Staff Services

The Professional Staff Services office is available to assist with questions relating to graduate training agreement, personnel and payroll matters, resident in training permits, notary services, verification of employment correspondence, photo identification cards, parking decals, etc.

Any change in marital status number of dependents, address or telephone number, receipt/issuance of Texas Medical License, or any change pertinent to personnel/payroll data must be brought to the Professional Staff Services attention at 8-0163.
House staff who wish to express concern or dissatisfaction with any aspect of their working relationship with University Health System should initiate discussions with the Director of Professional Staff Services.

**DUE PROCESS PROCEDURE**

The Council on Graduate Medical Educational, excluding the University Health System representative, serves as the appeals body for all residents, independent of their funding source, for adverse actions taken against a resident because the resident fails to comply with his/her responsibilities or fails to possess medical knowledge or skill as determined by the program supervising faculty. Further information may be obtained from the Associate Dean of Graduate Medical education of the medical school at 567-4431.

**HOUSE STAFF RECOGNITION PROGRAM**

University Health System is committed to recognizing and rewarding house staff who exhibit outstanding performance and service excellence. Positive attitude, professional competence, and ability to build productive working relationships are vitally important to our patients and the success of our health care mission. University Health System wants house staff to have an environment where they are treated as contributing, important members of the team.

A. **On-the-Spot Recognition:**

House staff may receive on-the-spot recognition from management for daily successes. This recognition will allow the recognized house staff to be eligible for a quarterly drawing for a $250 gift certificate.

B. **Above and Beyond Recognition:**

The “Above and Beyond” recognition program allows managers and staff members to recognize house staff that represent above and beyond behaviors in support of University Health System values. A short electronic nomination form can be easily completed on the employee recognition website. Recognized house staff receives an access code redeemable for one of numerous awards on the employee recognition website.

C. **Physician of the Quarter Recognition:**

Physician of the quarter recognition has been a long-standing tradition at University Health System. We will continue to honor these winners at the board of manager’s meetings with a plaque and gift. Additionally, winners in each category receive an access code redeemable for one of numerous awards on the employee recognition website.

D. **Physician of the Year Recognition:**

Physician of the year recognition distinguishes University Health System’s top performers. Physician of the Quarter winners are candidates for the physicians of the Year selection and recognition. We honor the physicians of the Year winners at the Annual Staff Recognition Awards Banquet with a crystal plaque and cash award.

**SUBSTANCE AND CHEMICAL ABUSE COUNSELING**

A Physician Health and Rehabilitation Committee of Bexar County Medical Society serves all house staff. Its primary goal is the identification and referral to treatment of faculty and house staff impaired due to such illnesses as chemical and substance dependence and other mental disorders. Secondary goals include education these physicians about the committee’s role in advocacy and assisting physicians with their re-entry into medical practice. Further information may be obtained from the Professional Staff Services office.

**SEXUAL HARASSMENT AND EXPLOITATION COUNSELING**

The following persons or offices have been designated as resources from which house staff who believe they have been subjected to gender, sexual or other forms of harassment may seek informal guidance and counseling.
1. Associate Dean of Graduate Medical Education of the Medical School (567-4431)
2. Associate Dean for Advanced Education and Hospital affairs of the Dental School (567-2165)
3. Director, equal Employment Opportunities/Affirmative Action Office (567-2691)

Further details as well as procedures for formal charges may be found in the UTHSCSA Handbook of Operating Procedures, available on line at www.uthscsa.edu/hop2000/.

GRADUATE MEDICAL EDUCATIONAL AGREEMENT

As specified in the graduate medical education agreement (contract), house staff must become familiar with and abide by (a) the house staff manual; (b) the bylaws of the medical-dental staff; and (c) the policies and rules and regulations of University Health System and University of Texas Health Science Center.

Graduate medical education agreements are issued for a one year period. Exceptions to this practice must be submitted in the form of a written request to the University Health System Professional Staff Services office. When a house staff’s graduate medical education agreement terminates prior to its expiration date, a copy of his/her letter of resignation or termination notice by the respective UTHSCSA chairperson or program director must be submitted to the professional staff services office.

MILITARY AND ELECTIVE ROTOATORS

In accordance with University Health System policy of unauthorized personnel, any physician on University health System premises must be a (1) member of the medical-dental staff (house staff physicians inclusive) or (2) student with properly documented and approved assignment by UTHSCSA. A rotator form must be submitted monthly by each UTHSCSA house staff program to the University Health System professional staff services office by the 15th of each month prior to the following month’s rotation.

Military and elective rotators must properly register through the University Health System professional staff services office prior to the beginning of the scheduled rotation to complete the administrative processing. At this processing, the rotator must present a photocopy of his/her Texas Resident in Training Permit or Texas medical/dental/podiatry license, a current CPR card, and immunization records to include a PPD reading within one year of current rotation (if PPD is positive, a negative chest x-ray dated after the positive PPD reading is required) and proof of Hep B #3 or Hep B antibody titer. Elective rotators must also provide a photocopy of his/her professional liability/malpractice coverage on official university or insurance carrier letterhead. Rotators must also bring their vehicle registration or title and proof of insurance to receive a parking permit.

PAY POLICY

House staff funded by the University Health System are paid on a bi-weekly basis. Payday is every other Friday and includes all earnings through the previous Sunday. The University Health System distributes pay through the following options:

1. Direct deposit – The house staff designates a bank, savings and loan institution or credit union of his/her choice where his/her pay will be deposited.
2. The house staff elects to receive a paycheck to be available at the University Hospital cashier’s window on payday (every other Friday) upon showing his/her photo identification card.
GYM MEMBERSHIPS
The University Health System’s wellness committee’s goal is to improve the health and quality of life for house staff and their families. University Health System offers a discounted gym membership at three area gym facilities. The selected facilities are Gold’s Gym, Anytime Fitness, and Curves. House staff may register for Gold’s Gym through the Employee Health Clinic located on the 3rd floor of University Hospital or at the facility using their UHS ID badge to receive the discount rate. To register for Anytime Fitness or Curves, house staff may sign up at one of the registration drives or at the facility using their UHS ID badge. For additional details, amenities, hours and locations, visit the facilities or contact the Employee Health Clinic at UH ext. 8-2277.

RESIDENT MEAL CARD
When a house staff is assigned to the ON-CALL DUTY status, a meal card is given for overnight call and for call from home. The meal card program is a debit card system and can be used at the following locations: University Hospital cafeteria, University Hospital gift shop, University Health Center Downtown cafeteria, University Center for Community Health cafeteria and South Texas Veteran Health Care System’s Canteen. Each resident meal card has a designated dollar amount equivalent to number of call days assigned. For overnight calls you will receive $8.00 per call and for call from home $5.00 per call.

The meal card is not transferable and cannot be used by anyone else. The meal card along with the house staff identification badge will need to be presented at the time of purchases to the cashier.

After the purchase is made, the receipt will indicate the remaining balance. The meal card will be automatically replenished prior to the beginning of the next month or on a quarterly basis (depending on the department and on the type of call) and can be used during the academic calendar year.

It is important to maintain the house staff meal card in good condition. Since the meal card has a magnetic strip on the back, it can be de-magnetized. If this occurs, contact professional staff services for a replacement card. Notify the professional staff services office for a lost or stolen card in order to inactivate the meal card. A fee of $5.00 will be charged for a replacement card. If at any time, the professional staff services office is not notified in a timely manner, the remaining dollar amount may be jeopardized.

AFTER HOUR MEAL PROGRAM
The after hour meal program was implemented for on-call house staff in order to supplement the need to provide food during the cafeteria closure period. Each night at 11:00 p.m., a number of boxed sandwiches, fruits and juices are located in the 7th floor house staff lounge. The hospital’s cafeteria remains open until 1:00 a.m. and re-opens at 6:00 a.m., Monday through Friday, and is open from 6:00 a.m. until midnight on the weekends. Only house staff who are on-call should partake in the after hour meal program. Any deterrence may jeopardize the program.

LAB COATS
House staff must wear a lab coat and photo identification card while on University Health System premises. Three white lab coats will be furnished at no cost to University Health System funded house staff. All other house staff should contact their respective program.
**SCRUB STATION SYSTEM**

**Authorized Users**

The following departments/specialties are authorized users of the scrub station system within University Health System:

<table>
<thead>
<tr>
<th>Anesthesiology</th>
<th>Ophthalmology</th>
<th>Otolaryngology- H&amp;NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family &amp; Community Medicine</td>
<td>Pathology (PL I)</td>
<td>Plastic &amp; Reconstructive Surgery</td>
</tr>
<tr>
<td>Hospital Dentistry</td>
<td>Radiology</td>
<td>Podiatry</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Rehabilitation Medicine (PL I &amp; II)</td>
<td>Surgical Critical Care</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>General Surgery</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Neurosurgery</td>
<td>Urology</td>
</tr>
<tr>
<td>Pulmonary Diseases</td>
<td>Oral Maxillofacial Surgery</td>
<td>Orthopaedics</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISPENSING LOCATIONS**

Scrub dispensing locations are located at the following locations:

1. 2nd floor Operating Room
2. 11th floor Operating Room
3. 4th Floor Labor & Delivery

**PROCESS FOR AUTHORIZED USERS**

1. User must complete and return an Access Application Form for use of the scrub station system. House staff may obtain an application from the professional staff services office. The application must indicate the following information:
   - Last Name
   - First Name
   - Middle Initial (if applicable)
   - Employee ID (Physician ID Number)
   - Desired Size (mixing of sizes is not available)
   - Job Title
   - Department
   - Applicant’s Signature& Date

2. The system manager will assign a unique ID number for each user. The ID number will be the Physician ID (PID) number with an initial password of 12345 immediately following the PID. The password will expire upon initial logon and the house staff will be prompted to create a new password (typically 6-8 alphanumeric characters).

3. Incoming house staff will complete an Access Application Form during orientation.

4. Permanent authorized users will be allowed to remove up to three (3) sets of scrub apparel from the dispensing system at any time. No more than three (3) sets will be issued until at least one (1) set is returned.

5. To receive proper credit for all returns, all scrub apparel must be returned to the Scrub Station return bin. Both top and pants must be returned for credit to be issued properly.

6. Access will be granted only during active training dates as outlined within the Graduate Medical Education Agreement.

7. Each authorized user is responsible to reimburse the Health System for the cost of missing scrub apparel.
APPROVED LEAVE

Approved leave includes the following categories: vacation, sick, specialty meetings and seminars (including paper/publication presentations), jury duty, military reserves, board and licensure exams, standard and elective rotations away from University Health System premises, and funeral leave (for spouse, children, mother, father, brother, sister, mother-in-law, father-in-law, grandmother, grandfather). All scheduled leave must be approved by the University Health System professional staff services office.

VACATION LEAVE

Vacation benefits for house staff are granted at the rate of ten (10) days with pay for post level I house staff and fifteen (15) days with pay for all other post levels. Vacation is scheduled by the specialty department’s chairperson/program director. Vacation request leave form(s) must be submitted to the University Health System Professional Staff Services office thirty (30) days prior to the requested vacation leave.

All vacation benefits must be taken within the current academic year. Unused vacation benefits cannot be carried over into the following academic year and will not be paid upon termination.

SICK LEAVE

Up to ten (10) days with pay is allowed. Sick leave pay shall be granted only in cases of actual illness. Time taken off must be cleared with the chairperson/program director. The University Health System Professional Staff Services office must be notified via the house staff leave form when a house staff is on sick leave. House staff may not use sick leave during their last ten (10) work days unless a physician statement is provided.

Information on use of short and long term disability to cover sick leave/temporary disability (maternity leave inclusive) should be referred to the Benefits Program sections. Issues related to compensating for leave of absence time (to fulfill specialty board requirements) will be resolved by the house staff and the department’s chairperson/program director. Sick leave accrual may be carried over into the following academic year upon the written request by the specialty department’s chairperson/program director. The carry over request must be submitted to Professional Staff Services by the day prior to beginning date of the house staff member’s new contract year.

HOLIDAY LEAVE

House staff who request leave during holidays (i.e. Thanksgiving, Christmas, etc.) must utilize their vacation days. They do not automatically receive days off for UTHSCSA holidays.

LEAVE OF ABSENCE (LOA)

A leave of absence (LOA) will be allowed upon the written request of the chairperson/program director by submitting to the University Health System professional staff services office a leave of absence form thirty (30) days prior to the beginning date of the house staff’s leave. The leave form must be accompanied by a departmental memo of explanation signed by the program director and submitted by the program coordinator. The type of LOA (personal, illness, hospitalization/scheduled surgery, etc.) must be specified. LOA requests are without pay. If available, vacation and sick leave should be utilized before requesting LOA status. Should an emergency situation arise, the University Health System professional staff services office must be notified as soon as possible.
MATERNITY/ PATERNITY LEAVE

Requests for maternity/paternity leave must be submitted to University Health System professional staff services as soon as possible after the house staff begins maternity/paternity leave (preferably within one week) by submitting the University Health System house staff leave form. Requests must be accompanied by a memo from the program director including the beginning date of leave, the expected return date, and the type of leave that will be utilized (i.e., vacation, sick, LOA). The memo must include the number of days allowed for each type of leave. Once the house staff has utilized all available vacation and sick days, he/she will become LOA without pay and will be removed from payroll. House staff who are married and are in the same department are eligible to take leave up to 12 weeks total between each of them.

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) provides up to twelve weeks of unpaid job-protected leave to eligible house staff for certain family and medical reasons. To be eligible for FMLA, a house staff must have been employed for at least one year and have worked at least 1,250 hours during the previous twelve months. The FMLA provides leave to care for a newborn child or a child placed in the house staff’s home for adoption or foster care; to care for a house staff’s parent, spouse, son or daughter with a personal serious health condition; or for a serious personal health condition which prevents the house staff from performing his or her job (University Health System Policy 4.0202, Leave Policy). House staff will be eligible for family leave provisions as outlined in the University Health System’s family leave policy.

SEMINARS/MEETINGS

A house staff leave request form for attending seminars/meetings must be submitted (by the chairperson/program director) to the University Health System professional staff services office for house staff scheduled to attend seminars or meetings thirty (30) days prior to the beginning date of the seminar/meeting. The leave form must include the type and location of the meeting.

AUTHORIZED ROTATION

A University Health System house staff leave form must be submitted by the specialty department to the University Health System professional staff services office for any house staff scheduled to rotate at a facility away from University Health System premises (excluding South Texas Veterans Health Care System, Wilford Hall Medical Center, Christus Santa Rosa Children’s Hospital and any other premises with which UTHSCSA has a memorandum of understanding). Leave forms must include the name and address of the rotating facility. Requests must be received thirty (30) days prior to the beginning date of the rotation.

OTHER LEAVES

Other leaves include leave for licensure exam, board exam, jury duty, military reserve duty, etc. The house staff leave form must be submitted to professional staff services thirty (30) days prior to leave. Leave forms must be approved by the specialty department’s program director. Jury duty summons must be attached to the request for jury duty leave. Military reserve leave requests must have a copy of the military orders attached. Leave forms must specify the type of other leave being taken.

EMPLOYEE HEALTH SERVICES/WORKERS’ COMPENSATION

House staff are required to complete an occupational screening to include a baseline health history and TB screening. It will also include a review of immunizations such as hepatitis B, varicella, MMR, TD. A color blind test and N95 fit test is mandatory. Annually thereafter, the house staff are required to have TB screening and to be fit tested with the N95 mask. For questions on the annual screening, or to schedule an appointment call 8-2277.
Workers’ Compensation insurance benefits are provided to all house staff who are funded by University Health System. If a house staff sustains an on-the-job injury/accident/exposure, a University Health System Form 502 (Employee Initial Report of Injury/Accident/Exposure) must be completed immediately, signed by the supervisor, and forwarded to the Workers’ Compensation Specialist in the Employee Health Clinic. The white and green copy of the form must be submitted to the Worker’s Compensation Specialist.

If the house staff has a needlestick or is exposed to blood or body fluids, he/she is to report immediately to the Employee Health Clinic. If the needlestick or exposure occurs after hours, the house staff will need to report to the Express Med Clinic on the second floor of University Hospital. If the Express Med Clinic is closed, the house staff will need to report to the emergency center (EC). In the EC, ask for the patient care coordinator and present the white and green copy of the Form 502 at the time of registration. Please note that **CDC guidelines state prophylaxis treatment must be administered as soon as possible after the needlestick or exposure.** Call 8-2911 if you have questions on Workers’ Compensation.

**BENEFITS PROGRAM**

House staff who are funded by University Health System are provided life, accidental death, short and long-term disability at no cost. Eligible house staff and their immediate families have the choice of one medical plans, two dental plans, one vision plan, dependent life insurance, flexible spending accounts, and 457 retirement plans. The medical and dental premiums are deducted bi-weekly on a pre-tax basis. Please refer to the current House Staff Benefits Handbook for further details on each of these benefits.

**LIFE INSURANCE**

House staff are provided $25,000 worth of coverage for life and accidental death/dismemberment coverage at no cost and may purchase dependent life insurance for spouse and child(ren). Medical and dental house staff can purchase additional life insurance directly through the Texas Medical Association Insurance Trust by contacting 800-880-8181.

**MEDICAL PLANS**

University Health System offers one comprehensive medical plan. The University Family Care Plan allows house staff members to receive care from two networks of providers without being subjected to pre-existing conditions.

**DENTAL PLANS**

University Health System offers two dental plans to house staff members and their families. A DMO plan is offered through Cigna and a PPO dental plan is offered by Benefit Planners, Inc.

**FLEXIBLE SPENDING ACCOUNTS**

House staff may participate in two flexible spending accounts, the health care reimbursement account and the dependent care reimbursement account. These accounts allow you to set aside money on a pre-tax basis to reimburse yourself for eligible health and dependent care expenses.

**DEFERRED COMPENSATION PLAN**

All house staff members may participate in the 457 deferred compensation plan to save for retirement through their own contributions. Contributions are pre-tax and deducted each pay period. There are many investment options to choose from, including a fixed account, money market accounts or variable rate investments.
OPEN ENROLLMENT AND QUALIFYING EVENTS
The benefit plan year for house staff is January 1 thru December 31 of each year. Open enrollment is held in October of each year and gives house staff the opportunity to make any changes to their benefits plans effective January 1 of the following plan year.

Requests for benefit plan changes, resulting from a qualified event, must be submitted in writing to the University Health System human resources department within 31 days of the event. Proof of the qualified event must also be received within 31 days of the event. Examples of qualified events are: family status change such as marriage, divorce, death of a spouse or dependent, birth or adoption of a child; change in job status or termination of employment.

After the 31st day, changes will no longer be accepted. For additional details regarding mid-plan year changes, reference the 2008 House Staff Benefits Guide Book.

PROFESSIONAL LIABILITY COVERAGE
The University of Texas System provides each house staff with professional medical liability self-insurance coverage in the following amounts: $100,000 per claim; $300,000 aggregate per participant. Coverage extends to all duly authorized off-campus assignments. Moonlighting is specifically excluded. Each house staff is covered on the effective date of appointment and will receive a certificate of insurance from their respective UTHSCSA specialty. Coverage expires at termination of appointment. House staff, upon becoming aware of an actual or alleged claim, must advise their specialty chairperson/program director.

BLOOD PROGRAM
All house staff is eligible for blood program membership. The program is designed to defer some of the high costs of blood and to help ensure that blood is available when needed. Coverage for married employees includes spouse and dependents as reported on the tax return. The single employee may include parents and those unmarried brothers and sisters still reported on parents’ tax return. Coverage is good for one year.

The blood program is recognized almost anywhere in the U.S. in areas serviced by the American Association of Blood Banks and Blood Services.

CLEARANCE PROCEDURES
Upon termination/completion of training, all house staff are required to officially clear through the University Health System professional staff services office. An official Health System clearance form must be submitted with authorized signatures.

When a house staff is terminating OR clearing earlier than the last day of his/her graduate medical education agreement, a memorandum must be submitted to the professional staff services office by the respective UTHSCSA house staff program director. The memorandum should specify why the house staff is terminating or leaving early. A house staff cannot be granted early leave with pay if he/she does not have unused vacation leave to cover same.

UNIVERSITY HEALTH SYSTEM FACILITIES
UNIVERSITY HOSPITAL
4502 Medical Drive

University Hospital, a 604 licensed-bed acute care hospital, is the primary teaching facility for the University of Texas Health Science Center. Since 1968, University Hospital has been the home to many medical “firsts” for South Texas, including the first heart, heart-lung and lung transplants, and first newborn heart transplant.

University Hospital, the only civilian trauma center in Bexar County, with physicians representing every medical specialty available 24/7, meets the highest national and state standards of trauma care and is designated as a Level-I Trauma Center capable of providing care
for the most seriously injured trauma patients. The emergency center averages 70,000 emergency patients each year.

Notable centers of excellence for the hospital in addition to trauma care are kidney disease, orthopedics, neonatology, pediatric cardiac surgery, rehabilitation services, fetal diagnostic services, and organ and bone marrow transplantation.

UNIVERSITY HEALTH CENTER—DOWNTOWN
527 N. Leona
The University Health Center—Downtown is the largest outpatient community clinic within the Health System. Although the clinic has over 200 sub-specialty clinics, there are 19 major clinics which include Medicine, Family Health, OB/Gyn, Otolaryngology, Psychiatric, Oral/Maxillofacial Surgery, Family Focused AIDS Clinical Treatment Services (FFACTS) and acute care services for both adults and pediatrics.

The majority of outpatient services are scheduled by appointment with a specific number of residents who are assigned to provide care under faculty supervision. Changes in clinic hours are approved only after written authorization is obtained from the faculty assigned to the specific clinic. Clinic schedule cancellations require a 30 day written notice of change from the medical director.

Scheduled patient appointment time for the specialty clinics is from 8:00 a.m. to 5:00 p.m., Monday through Friday. Urgent care center patients are seen from 8:00 am. To 8:00 p.m., Monday through Friday and from 8:00 a.m. to 4:00 p.m. on Saturdays. For patient appointment scheduling, contact the individual clinic.

UNIVERSITY FAMILY HEALTH CENTERS
The University Family Health Centers focus on preventive healthcare for the entire family, including primary and family care services, well–baby and well-child checkups and immunizations.

University Family Health Center—Southwest
The University Family Health Center Southwest is located at 2121 S. W. 36th Street at Highway 90. Services include family medicine, women’s health, well-child checkups, immunizations, pharmacy, radiology, internal medicine and laboratory services.

University Family Health Center—Southeast
The University Family Health Center Southeast is located at 1055 Ada Street, at the corner of Ada and S. Gevers. Services include podiatry, mammography, radiology, laboratory, patient education and pharmacy.

University Family Health Center—North
The University Family Health Center North is located at 302 W. Rector. Services include primary health care, acute care, endocrinology, pediatric and minimal laboratory and x-ray services.

University Family Health Center—Northwest
The University Family Health Center Northwest is located at 2140 Babcock Rd., Suite 200. Services include family and pediatric medicine, well-child checkups, immunizations and preventive medicine services.

PREVENTIVE HEALTH SERVICES
University Health System operates neighborhood preventive health clinics throughout the city. These clinics focus on maternal and child health care. There are nine clinics located throughout the County that provide preventive health services: Kenwood, Pecan Valley, South
Flores, Zarzamora, Westend, Naco Perrin, Ricardo Salinas, Eastside and Old Highway 90. Bob Ross Senior Health Clinic provides health screenings but does not provide clinical care. The nine clinics focus on public health nursing practices of improving health status for individuals and the community. The clinics provide immunizations, newborn screening, STD testing and treatment, pregnancy testing, family planning including confidential care for adolescents, routine prenatal care, women’s wellness examinations and well child examinations. All referrals will be accepted regardless of ability to pay. For an appointment or question, call 8-TALK.

**UNIVERSITY CENTER FOR COMMUNITY HEALTH**

**701 S. Zarzamora**

The University Center for Community Health, home of the Texas Diabetes Institute, is a $28 million, 153,000 sq. foot world-renowned complex. The Texas Diabetes Institute represents the largest and most comprehensive center completely dedicated to diabetes. Five distinct, yet integrated centers of excellence comprise the work and goals of the Texas Diabetes Institute: health promotion, patient education, professional training, treatment, and research.

Renal Dialysis West, a free standing 13,500 sq. foot state of the art facility is part of University Center for Community Health. This renal dialysis center includes twenty-eight stations and has the capacity to handle one hundred and sixty eight patients.

In addition, the University Center for Community Health also operates the Village of Hope, a testing and evaluation center for children with developmental disabilities. The Village of Hope is housed within 12 quaint renovated cottages on the southeast part of the center’s 10-acre site.

**PATIENT SERVICES & PROGRAMS**

**ALAMO CHILDREN’S ADVOCACY CENTER (ACAC)**

The Alamo Children’s Advocacy Center (ACAC), formerly CASIS, evolved in 1987 at the University Heath Center—Downtown through a grant received from the Texas Criminal Justice Division with matching funds from the Health System.

ACAC provides immediate short-term counseling for sexually abused or assaulted children and their caretakers. Medical examinations are done as needed. Its highly skilled and experienced staff of counselors and pediatricians provide each patient compassion, understanding and support often not found anywhere else.

For more information or to schedule an appointment, call 270-4635. The center is located in the Data Control and Business Technology Center, 301 S. Frio, Suite 260.

**BEXAR COUNTY FAMILY JUSTICE CENTER**

The Bexar County Family Justice Center and all agencies of the Center are committed to providing a comprehensive array of services to victims of domestic violence “under one roof”. The ease of service lessens stress in seeking help, providing the empowerment needed to help victims take control of their situation, moving from a role of survivor to thriver.

The Center is committed to helping all victims of domestic violence and is available to men, women, and children of any age, economic, social, or ethnic group. The Center does not discriminate against any victim. All services provided at the center are free of charge to victims of domestic violence. No appointment is necessary. For more information, call (210) 208-6800. The Center is located within the University Health System-Downtown on the 2nd floor, building C at 527 N. Leona #48-2.

**THE CENTER FOR HEALTH CARE SERVICES**

**CRISIS CARE CENTER**

The Crisis Care Center is located as part of the University Health Center- Downtown location on 527 N. Leona on the second floor. The Crisis Care Center operates 24 hours a day, 7 days a week, and is available for screenings and evaluations. Referrals are received by self-
referral, through the Crisis Line, Deputy Mobile Outreach Team (DMOT), internal and external providers, community agencies, San Antonio Police Department, Bexar County Sheriff’s Office, and other law enforcement entities.

Consumers may be voluntary, on an emergency detention basis, or on a mental health warrant. Full assessments including medical screenings are performed by licensed staff with laboratory and x-ray services available. Medical clearance services are offered through the Acute Care Clinic. Disposition may include referral to appropriate medical or psychiatric external providers, including private and public hospitals, and internal and external provider outpatient services. To reach the Crisis Care Center, call (210) 225-5481.

The Crisis Line is a 24-hour crisis intervention and mental health assistance line for Bexar County residents. The Crisis Line provides a telephonic triage to determine the immediate level of need and to mobilize emergency services for the consumer. The Crisis Line works closely with the local law enforcement community and 911 to ensure the safety of the consumer as well as the community. The Crisis Line also serves as an initial point in determining eligibility for services through the Center for Health Care Services. To reach the Crisis Line, call 223-SAFE (223-7233) or 1-800-316-9241.

**CHILD ABUSE AND CHILD NEGLECT**

In the State of Texas, failure to report suspected abuse or neglect of a child is a misdemeanor punishable by fine and/or imprisonment. The law provides immunity from liability to those reporting in good faith.

State law requires professionals to make an immediate telephone referral to the Texas Department of Protection and Regulatory Services Child Protective Services at (210) 337-3344 or 1-800-252-5400. Professionals may not delegate to or rely on another person to make the report. The Suspected Abuse or Neglect Report, a two-part form (Form #650), should be completed. A copy is placed in the medical record; the original is forwarded to the social work department at either University Hospital (ext. 8-2300) or the University Health Center—Downtown (ext. 8-3620). The name and number of the social worker on call during off-duty hours can be obtained by calling the University Health System switchboard (8-4000).

For procedures regarding photographic documentation of suspected child abuse cases, see page 28.

In addition, for children less than 14 years of age present with a STD and/or pregnancy, state law requires a completed report to a local law enforcement agency or Child Protective Services.

**FAMILY PLANNING PROGRAM**

The Family Planning Program is a grant funded by the Department of State Health Services and is located at the University Health Center-Downtown and the Preventive Health Services clinics. The program provides reproductive health care to low income women and men who qualify according to the sliding fee scale that is based on income and family size. Medical services are provided by OB/GYN faculty, house staffs, and a nurse practitioner. Services funded by the grant include but are not limited to: breast examinations, Pap smears, pelvic examinations, pregnancy tests, screenings for sexually transmitted diseases, and the provision of contraceptive methods. Patient education is also provided on reproductive anatomy and physiology and all methods of contraception.

The available contraceptive methods include: birth control pills, condoms, Depo Provera injections, diaphragms, intrauterine devices, Nuvaring, Ortho Evra patches, spermicidal methods, and sterilization procedures that include both the tubal ligation and vasectomy. Natural family planning instruction is available via referral. Services beyond the scope of the Family Planning-funded services are not be covered by program funds. To schedule an appointment, call 8-TALK.
In addition to medical services, community education is also available. Topics include: birth control methods, STDS, HIV/AIDS, and Human Anatomy and Physiology. Presentations on program services are also available. To schedule a presentation, call 8-3246.

**BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP)**

BCCS is a grant funded by the Department of State Health Services (DSHS). The grant provides breast and cervical screening to women between the ages of 18-64 years of age who do not have insurance or any other form of funding. Patients must qualify according to income and family size. Screening mammograms are reserved exclusively for women over 50-64 years of age. Based on availability of other funds, UHS may have screening mammograms for women between the ages of 40-49.

Routine services include a complete physical, pelvic exam, pap smear, and breast exam. Diagnostic services that are covered by the grant, but not limited to, are colposcopy and biopsy, unilateral and bilateral mammograms, breast biopsies, and fine needle aspirations. Referral and follow-up is extremely important and highly encouraged per the DSHS standards of care. Services are offered at University Health Center-Downtown and Women’s Services at the Southeast and Southwest clinics. For more information or to schedule an appointment, call 8-TALK or 8-3702.

The state of Texas has implemented the Texas Medicaid Breast and Cervical Treatment Act. This act allows uninsured and low income US citizen women, who have breast or cervical (CIN III or greater) cancer diagnosis, to enroll in Medicaid. For referrals, call 8-TALK.

**PREMIERE PROGRAM**

The Premiere Program (formerly the High Risk Infant Program) provides follow-up services for very small premature infants born in Bexar and surrounding counties. Funding is provided by the Texas Department of Health’s Bureau of Maternal and Child Health and the Chronically Ill and Disabled Children’s Services Program, and is administered by the Health System and the UTHSCSA.

Candidates for enrollment are screened for risk factors and receive intensive follow-up with case management to age three. The range of services includes inpatient, outpatient, and outreach, providing coordination of care for each patient by a specially trained case manager.

Infants enrolled in high risk receive all immunizations, developmental testing, and counseling in specialty clinics. Linkages with other appropriate service providers are coordinated by the case manager, who acts as an advocate for the patient and family during their high risk enrollment. For more information about the program call 567-5235 or ext. 8-3780.

**CARDIOLOGY SERVICES**

**CARDIAC CATHETERIZATION LABORATORY**

University Health System’s cardiac catheterization laboratory provides state-of-the-art diagnostic and interventional procedures for and adult patients. Technical staff, under the direction of the RN coordinator, consists of staff RN’s, cardiopulmonary technologists, and radiologic technologists. A suite of biplane labs is located in the sub-level. The catheterization laboratory opens at 7:00 a.m., Monday through Friday, and routine procedure hours are 8:00 a.m.-5:30 p.m., Monday through Friday.

Invasive diagnostic and interventional cardiology procedures are performed by a staff cardiologist and a cardiology fellow. Procedures performed include: diagnostic right and left heart catheterization using biplane cineangiography, percutaneous transluminal coronary angioplasty, ather-ectomy, stent placement, laser angioplasty, intra-coronary ultrasound, angioscopy, valvuloplasty, computerized cardiac imaging, pericardio-centesis, endomyocardial biopsy and electrophysiology studies.
Procedures are performed on both an inpatient and outpatient basis. Consultations should be directed to the cath fellows at ext. 8-2690 or 8-4142. Outside referrals should be sent to the cardiology service at UTHSCSA (567-2777) or the University Hospital at 8-1837. Emergency procedures can be performed only after notification and approval by the cardiovascular fellow and the staff cardiologist on-call. Designated personnel on-call for emergency procedures can be contacted via the UTHSCSA’s operator at 567-4601.

**CARDIAC ELECTROPHYSIOLOGY LABORATORY**
State-of-the-art diagnostic and therapeutic cardiac electrophysiology (EP) procedures and surgeries are performed in the EP lab at University Hospital. Procedures and surgeries performed there include diagnostic EP studies, ablations, implantations of pacemakers and ICDs, and others. They are performed by the electrophysiology staff, often with a cardiovascular disease fellow, in a suite of biplane labs located in the sub-level.

Procedures are performed on both an in- and out-patient basis, after EP consultation. In-patient consultations can be referred to the cardiovascular diseases trainee rotating through the EP service (pager number available at 8-2690, or 8-4000). Out-patient consults can be directed to the cardiology office at 567-2106.

**NON-INVASIVE CARDIOLOGY/ECG LAB**
The non-invasive cardiology/ECG lab, 2nd floor University Hospital, offers a full range of non-invasive diagnostic cardiac tests. During normal hours of operation (8:00 a.m. to 4:30 p.m., Monday through Friday), the following services are offered: ECGs (adult and pediatric), holter monitors, cardiac event monitoring, exercise tolerance tests (ETTs), and echocardiograms (M-mode, 2-dimensional, ultrasound doppler, and color flow doppler). To schedule a patient for one of these tests, please call University Hospital ext. 8-2700 during normal business hours.

Transesophageal and exercise echocardiograms are also available by consulting the attending cardiologist. ECGs can be obtained after normal work hours, weekends and holidays by contacting the in-house technician on digital beeper # 756-5321.

After normal work hours, EMERGENCY ECHOs can be ordered for adult patients by contacting EMS cardiology fellow on call. Emergency pediatric echos can be ordered by contacting the attending pediatric cardiologist. If the procedure is approved by the appropriate adult/pediatric cardiologist, the on-call technician will be contacted to perform the necessary procedure.

ECGs are offered on an outpatient basis at the University Health Center―Downtown. Contact the ECG technician at ext. 8-3798. Call University Hospital ext. 8-2700 for hours of operation, information or to report service problems.

**CARDIAC REHABILITATION**
The Reeves Rehabilitation Center in conjunction with cardiology service offers Phase I inpatient cardiac rehabilitation and Phase II telemetry monitored outpatient cardiac rehabilitation. Education classes to include nutrition, exercise, smoking cessation, stress management and medication education are also offered in the outpatient program. Outpatient referrals may be faxed to 8-4740. Inpatient referrals may be faxed to 8-4750.

**MEDICAL SPECIALTY SERVICES**

**Endoscopy Center**
University Health System’s endoscopy center, located on the north end of the 2nd floor of University Hospital, is equipped with state-of-the-art technology that includes video endoscopy, laser, and fluoroscopy to provide diagnostic and therapeutic procedures.

Diagnostic services include upper and lower endoscopic examinations, ERCP, secretory testing, motility evaluations, ambulatory pH monitoring, bronchoscopy, EUS and capsule
endoscopy. Therapeutic services include removal of polyps, treatment of upper and lower gastrointestinal bleeding, dilation of strictures, insertion of stents and drains to relieve biliary obstruction, removal of common bile duct stones and placement of percutaneous gastrostomy tubes.

Procedures are available on both an inpatient and outpatient basis and generally must be approved by a GI or pulmonary fellow assigned to University Hospital prior to scheduling. Information about patient preparation should be obtained from the GI or pulmonary fellow or from the center staff at ext. 8-2627.

NEURODIAGNOSTIC CENTER

The neurodiagnostic center provides non-invasive, extensive exploration of central nervous system activity for neonatal, pediatric and adult patients. Clinical electroencephalography (EEG) is performed under the direction of a registered EEG technologist, using accurate head measurements according to the International 10-20 System of disc electrode placement. Standard EEGs are recorded in the laboratory, with the patient lying comfortably in a quiet environment. Bedside EEGs and ICU recordings are performed whenever the patient cannot be transported. Additional temporal (T1, T2) lead studies and prolonged sleep-deprived EEG recordings are also available. Pharmacological activation, WADA test for determination of cerebral dominance, and electrocorticography are also performed upon special scheduling and after contacting the medial director. The service has expanded to include simultaneous EEG/video monitoring, utilizing both surface and implanted electrodes. This type of extensive monitoring is for evaluating patients with seizures that are uncontrolled by anti-convulsant medications for possible surgery to control their epilepsy.

All modalities of far field evoked potentials (EPs) are also performed including auditory, visual, and somatosensory of the upper and the lower extremities. The intra-operative monitoring of evoked potentials is another procedure available.

Emergent (call-back) EEGs can be performed under three circumstances, if requested by neurology or neurosurgery. These include studies to rule out non-convulsive status; studies to evaluate possible Herpes Encephalitis; and brain death status when organ transplant is an issue. All emergent studies must be approved by the neurophysiology fellow or the Neurodiagnostic Center medical director.

The neurodiagnostic center is located on the 2nd floor. Studies may be scheduled by calling the laboratory at ext. 8-2650, or by sending a request form indicating the appropriate procedure.

SLEEP DISORDER CENTER

The sleep disorder center (within the Neurodiagnostic Center) clinical services include: obstructive sleep apnea syndrome evaluations, narcolepsy, and other nocturnal parasomnias.

Referrals from the University Health Center—Downtown are facilitated by calling 8-1366 or by sending the consultation to the University Hospital neurodiagnostic center. The consult request must include the signature and pager number of the referring physician. Inpatient referrals and private referrals to the University Clinic for sleep disorder studies can be arranged by calling 8-1366. South Texas Veterans Health Care (STVHCS) referrals are made through consultations submitted to the Sleep Medicine Service through the AMVAH MAS.

PULMONARY FUNCTION LABORATORY

The pulmonary function laboratory is located on the 2nd floor of the University Hospital (Rm. #2-200 and 3rd Floor UHC-D Room #C295). The lab provides a full range of pulmonary function measurements. Normal working hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. Routine pulmonary function studies include Spirometry (pre- and post- bronchodilator), diffusing capacity, lung volumes, and resting arterial blood gases. The laboratory also has
available cardio-pulmonary exercise testing, finger pulse oximetry, Negative Expiratory and Inspiratory Force (NIF & NEF), and Bronchospasm Provocation Test.

Routine outpatient pulmonary function studies can be scheduled by computer under resource “M710” pavilion “1”. Inpatient studies can be scheduled by calling the PFT Lab at 8-1368. Pulmonary function tests can be requested on a general consult or on a Pulmonary Function Laboratory Request (Form #7-356). For further information or to report service problems, call 8-1386.

**VAScular laboratory**

The vascular center (vascular laboratory and vascular clinics) is located on the third floor of the University Hospital diagnostic center. Hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday and appointments are by physician referral. The purpose of the vascular Center is the diagnosis and treatment of vascular disease. Patients are seen in the clinic for evaluation and treatment by physicians trained in the treatment of vascular disorders. The ICAVL accredited vascular laboratory aids in the diagnosis of vascular disease through non-invasive vascular tests that include cerebrovascular, arterial and venous test procedures. The technical staff is under the direction of a registered vascular technologist and the medical director of the vascular lab is a board certified vascular surgeon. Patients may be referred to the Vascular Lab without referral to the vascular clinic.

For further information and scheduling, call 8-2074. Non-invasive vascular tests can be requested in Sunrise or on a general consult form. Fax the completed form to 8-4779.

**NURSeLINK**

NurseLink is the University Health System’s 24-hour nurse telephone triage department. This area of specialized nursing began in March of 1995.

Staffing consists of 10 registered nurses available 24 hours per day, 7 days per week. Callers are provided with medical information, guidance on accessing community resources, health information and advice. The patient is triaged safely and effectively by using symptom based computerized protocols.

An important function of the department is having the capability to direct callers to the appropriate urgent care location or make an appointment to one of the community health centers. Additionally, by protocol the nurses are capable of offering sound interim care advice when a visit to the doctor is not necessary. For more information on the NurseLink program, call 8-5808.

**FOOD SERVICE**

The food service department provides nutrition services for inpatients, as well as cafeteria services for all employees and visitors alike. Catering is also available.

In-patient nutrition services are provided by Registered and Licensed Dietitians on staff.

- **When requesting consultation**, diet instruction, calorie counts, or nutritional assessments, house staff should use the ordering procedure in Sunrise, selecting **Consult, (Inpatient) (Nutrition)**; consults will print out in the diet office. All consultations including diet instructions require a minimum of 24 hours notice for appropriate scheduling and adequate time allotment with the dietitian. A clinical dietitian is available Monday through Saturday and on call on Sunday, for patient evaluations, feeding recommendations, diet instructions, or other questions pertaining to nutritional status of patients. A dietitian can be reached by pager or by calling the diet office at ext. 8-2410.

- **When ordering a diet**, the physician uses the Sunrise electronic medical record. All diet orders for inpatients are sent to the central diet office on the first floor. House diets (those not requiring nutritional modifications) and therapeutic diets are described in the University Health System diet manual.
• **UHS Diet Manual** is available online from the intranet homepage under “Services,” “Food Services,” “Clinical Nutrition.” Included are descriptions of the UHS recognized diets, guidelines for enteral and parenteral nutrition interventions and many additional nutrition-related resources.

Cafeteria hours and catering services information can be obtained via the UHS intranet homepage by selecting “Services,” “Food Services,” and then “Catering” or “Cafeteria” or by calling 8-2420.

**NUTRITION CLINIC**
**UNIVERSITY HEALTH CENTER—DOWNTOWN**

The nutrition clinic provides diet counseling for patients requiring nutritional intervention incurred by specific disease entities. Patients are appointed to be seen by a clinical dietician for diet counseling on referral from a University Health System physician. The Outpatient Nutrition Clinic Consultation Request/Report should be used to order diet counseling. Weekly weight management group sessions are also offered upon physician referral. The clinic operates from 8:30 a.m. to 5:00 p.m., Monday through Friday.

On designated days, diet counseling is also provided at the University Family Health Center—Southwest.

**PATHOLOGY SERVICES**

Comprehensive laboratory services, including diagnostic clinical chemistry, hematopathology, urinalysis, microbiology, virology, immunology, cytopathology, surgical pathology, autopsy pathology, histocompatibility & immunogenetics and transfusion medicine are offered at University Hospital. Point of care laboratory support is offered in the Emergency center and neonatal intensive care unit and the outpatient clinics. Routine and urgent testing are available 24 hours a day. A supervisor, pathology resident and faculty are always available and may be reached through ext. 8-2760 or pagers published on a call schedule. The laboratories are required to communicate to the requesting physician any test result in the “critical value” range or any result of a critical test that has been ordered as priority: “Critical (Clinically Unstable)”. These communications require that the individual receiving the information record the information and read back the name, MRN and the value of the result. All tests ordered as priority: “Critical (Clinically Unstable)” tests must be hand carried to the laboratory within twenty minutes of collection. Additionally, a pager number or cell number of the physician must be provided for communications of results. Any deviation from this procedure will delay testing. Routine laboratory services are offered at the University Health Center-Downtown, UFHC Southwest, and UFHC Southeast, UFHC North and University Center for Community Health. Hours of service coincide with clinic operating hours.

Results for most routine tests are available within two hours. One hour or less urgent services are available for tests whose results have an immediate effect on the course of patient treatment. All laboratory results may be reviewed as soon as they have been reported through the University Health System’s Sunrise electronic medical record system. A complete listing of available services, specimen requirements and turnaround times is available electronically through Directory of Laboratory Services (DOLS) via the University Health System intranet and the internet ([https://dols.uthscsa.edu](https://dols.uthscsa.edu)). Specific questions, comments or suggestions are welcome and may be directed to any of the laboratory’s supervisors, medical directors or the administrative staff.
PATIENT CARE SERVICES

Patient care services at University Health System with its available resources, serve the following purposes:

- Provide high quality care and customer service to patients.
- Participate with others in the education of health care professionals and paraprofessionals.
- Participate in or institute research directed toward improvement of health care utilizing best practices.

Nursing service is provided through the University Health System by RN and LVN nurses and technicians. The nurses work within guidelines determined by Health System policies, regulatory (accrediting) policies and national nursing standards.

UNIVERSITY HOSPITAL

Patient care on the nursing units is guided and provided by the employees of patient care services. They work together to provide high quality outcomes and customer service while managing costs. Additional information pertaining to the functions and activities of patient care services is listed below.

1. Each unit or floor has a nursing director (RN) who has 24-hour responsibility for managing the nursing unit. Questions or concerns about nursing should be referred to the nursing director or designee. In addition to the nursing director, there is a charge nurse responsible for each shift on every unit who is available to address your concerns or direct you to the nursing director, as needed.

2. There are operations directors responsible for materials management of nursing units and the operating rooms. They supervise financial purchase and allocation of supplies and equipment. Each unit has its own supplies, which are charged to the patient for whom they are used.

3. Large units are divided into modules. The RN responsible for the patients in that module will supervise the nursing care delivered by a team of nursing personnel. The team may be composed of RNs, LVNs, and technicians. Staffing is based on patient acuity.

4. Nurses plan, implement, and evaluate the delivery of patient care in an effort to promote optimal levels of health and functioning for their patients. Adhering to the medical plan while coordinating it with the nursing plan of care, they perform procedures, monitor the use of equipment and supplies, and provide teaching and counseling for patients. The nurses also coordinate care between other members of the health care team to meet the patient’s needs.

5. Nursing administration consists of an Associate Administrator/Chief Nursing Officer who oversees patient care outcomes on all of the nursing units. Nurse supervisors are available 24 hours for patient care issues. Questions concerning the patient care services departments should be addressed to the director during the day or the nurse supervisors on evenings, nights and weekends.

6. University Hospital has nurses who function in an advanced practice role. Nurses in these roles include; clinical nurse specialists, an enterostomal therapist, certified registered nurse anesthetists, nurse practitioners and nurse midwives.

UNIVERSITY HEALTH CENTER—DOWNTOWN

At the University Health Center—Downtown, each clinical area is under the direction of a qualified clinic supervisor who reports to the administrative director. The administrative director is responsible to report to the senior vice president for ambulatory services.

The administrative clinic directors and the clinic supervisors are responsible for the planning, implementing and evaluating of nursing care delivered within their respective clinics. All staff members are responsible for the delivery of safe and effective care on their respective
tours of duty. A designated team leader is available when the clinic supervisor is not accessible on the unit.

**PATIENT SATISFACTION**

Patients sometimes have problems and concerns about their rights as patients and the overall health care services provided to them at University Health System facilities. Although these problems or concerns may not be directly related to their diagnosed illness or injury, problems may negatively affect their attitudes and potentially affect recovery. To facilitate communication and coordinate problem resolution, the Health System has established the patient satisfaction department. The department consists of a director and two patient advocates.

The department’s duties include handling patients’ issues regarding services provided by the Health System; its policies or procedures; and assisting those who require support with their prescribed regimen of care. They also assist in securing notary public services for patients and help coordinate interpreting services.

The department makes referrals to other departments within the Health System and to outside agencies where help can best be obtained. The patient, the patient’s family or representatives, University Health System employees and UTHSCSA physicians and residents may make referrals to the department. The department will facilitate patient issues through the assistance of interdepartmental communications which may include telephone calls, written correspondence, electronic mail, face-to-face meetings, or conference meetings. The department will assist in facilitating patient issues. Due to the department’s functioning as a clearinghouse for patient issues; the director and advocates will make recommendations and assist in facilitating process improvement where opportunities for improvement exists.

The patient satisfaction department may be reached at 8-0600 during normal business hours. For after hours, weekends, and holidays, the nursing house supervisor is available to assist with any patient satisfaction issues.

**PHARMACY SERVICES**

Pharmacy Services assists house staff in any manner relating to pharmacy practice. Specific services include:
- Inpatient dispensing
- Outpatient dispensing
- Intravenous admixture
- Investigational drug dispensing
- Drug information
- Therapeutic drug monitoring

Pharmacists are available in most of the patient care areas on the day shift to provide clinical support to house staff and patient care services.

**PHARMACY AND THERAPEUTICS COMMITTEE**

The Pharmacy and Therapeutics (P&T) Committee is a medical-dental staff committee composed of members from each of the services. The committee establishes and maintains the drug formulary and oversees development of criteria for use of certain drugs. It sets and reviews policies related to the procurement, storage and use of medications.

Pharmacy service implements the decisions of the committee. Requests for changes to formulary or policy review must be submitted by a faculty physician to the committee for action.

**AUTHORIZED SIGNATURES ON CONTROLLED SUBSTANCE PRESCRIPTIONS**

Prescriptions may be issued by house staff who have a current Texas license or by house staff having a current physician in training permit. Prescriptions issued under the authority granted by the physician in training permit are valid only if written for patients in the University
Health System or University Health System contracted facilities. Institutional numbers for house staff who do not possess their own federal DEA and state DPS numbers are obtained from Professional Staff Services. House staff on rotation at another facility must obtain a DEA number from that facility. To moonlight, the house staff must obtain his/her own DEA number. Upon receipt of federal DEA and state DPS numbers, contact professional staff services at 8-0163.

Triplicate or state approved prescription forms must be used for Schedule II medications. Physicians with a Texas license, Federal DEA and Texas DPS must order these forms from the Texas Department of Public Safety.

**LEGAL REQUIREMENTS FOR ISSUING PRESCRIPTIONS**

All prescriptions must be legibly completed to include the following information:

- Patient name (provider MUST write on the face of the prescription)
- Indication or intended use
- Date of issuance
- Address is optional except for controlled substance prescriptions; it is required for control substance prescriptions
- Date of birth, required for controlled substance prescriptions
- Medication (generic name is preferred; only one medication per form)
- Directions
- Quantity (Arabic numbers and script/print optional) except for controlled substance prescriptions which MUST include Arabic and script/print, i.e. 30
- Refill quantity (if any)
- Physician signature and physician name must be legibly printed or pre-printed on the prescription
- Physicians (resident, faculty, extended provider) must include on all prescriptions the 5 digit Provider Number assigned by either Professional Staff Services or Carelink (community practitioners). This makes it a legal prescription which can be filled at any pharmacy
- Telephone number/pager of physician
- DEA registration or institution number and Texas DPS number MUST be included on controlled substance prescriptions. This must be pre-printed or stamped by prescriber (Texas State Law & DEA requirement). Physicians may use the institution’s DEA and DPS numbers if they have been assigned an institutional number (DEA suffix).
- Physician’s assistants and nurse practitioners that have a personal DEA number may prescribe controlled drugs (CDs). Their CD prescriptions must have their DEA number, DPS number and the name and DEA number of their supervising physician on the prescription to be legal

Please ensure compliance in regard to the appropriate writing of prescriptions. Prescriptions cannot be filled without the above information.

**TAKE-HOME MEDICATIONS**

Prescriptions for each medication will be written on the prescription blank (Form #33-one medication per form). The limit per prescription will conform to the “General Outpatient Drug Supply” restrictions. Patients may have their prescriptions filled at the pharmacy of their choice. Please familiarize yourselves with policies for subsidized/non-subsidized medications by visiting our website on the clinical intranet. The hours of operation for the outpatient lobby pharmacy are Monday-Friday 9 a.m. – 6:30 p.m., Saturdays 9 a.m. – 4 p.m., and Sundays and holidays 9 a.m. – 2 p.m.
GENERAL OUTPATIENT DRUG SUPPLY

The Pharmacy and Therapeutics Committee limits outpatient prescriptions to a 30-day supply. Certain maintenance drugs may be dispensed for 90-days after the patient has been on the medication for at least one month.

UNIVERSITY HEALTH SYSTEM FORMULARY

House staff should familiarize themselves with (1) policies regarding use of formulary items, generic trade names and use of metric system; (2) admission of new medications to the formulary; (3) inclusion of indication on outpatient prescriptions; 4) inpatient orders (automatic stop orders, physician order sets, unapproved abbreviations, antibiotic ordering, intravenous admixture ordering).

The Hospital formulary is available on-line (available through clinical intranet). University Health System has a restricted formulary. Use of non-formulary drugs on an inpatient basis must be approved by a faculty physician (non-formulary request). The mission of the formulary process is to promote the use of safe and cost-effective drugs for specific medical indications.

RADIOLOGY DEPARTMENT

Radiology services are provided at six (6) University Health System sites. These sites include University Hospital (UH), and five ambulatory clinics including: University Health Center Downtown (UHC-D), University Family Health Center Southwest (UFHC-SW), University Family Health Center Southeast (UFHC-SE), University Family Health Center North (UFHC-North), and University Center for Community Health (UCCH). Comprehensive mammography services are provided through the UHS mammography service located at CTRC while UHC-D provides screening mammography services only.

Radiology Staffing: Radiology faculty and residents are available in-house at UH and/or through on-call at all times.

Radiology Modalities Available at Different Locations

University Hospital: MRI, CT, ultrasound, nuclear medicine, diagnostic x-ray and special procedures (endo/neuro vascular services)

UHS Mammography Service: screening and diagnostic mammography

UHC-D: diagnostic x-rays, screening mammography, CT and MRI (limited to certain procedures)

UFHC-SW: diagnostic x-rays

UFHC-SE: diagnostic x-rays

UFHC-N: diagnostic x-rays

UCCH: diagnostic x-rays

Imaging and Film Library: The film library is located at UH in the radiology department. Mammography at CTRC also maintains a film library.

- The UH film library is open everyday, 24 hours per day.
- With the exception of mammography, radiology images are stored and distributed digitally via a Picture Archiving and Communication System (PACS). Access to PACS is granted via data security.
- CD-ROM and traditional film copies of images are available for a fee through the film library locations at University Hospital and UHC-D. Authorization forms are required before the release of CD’s or films to patients.
## Hours of Operation

<table>
<thead>
<tr>
<th>Service</th>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Radiology</td>
<td>Everyday</td>
<td>7:30 a.m. – 11:00 p.m.</td>
</tr>
<tr>
<td>Emergency Center</td>
<td>Everyday</td>
<td>24 hrs/day</td>
</tr>
<tr>
<td>Transplant 12th floor</td>
<td>As needed</td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>Everyday</td>
<td>24 hrs/day</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>M-F</td>
<td>24 hrs/day</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>M-F</td>
<td>7:30 a.m. – 4:00 p.m.</td>
</tr>
<tr>
<td>CAT Scan</td>
<td>Everyday</td>
<td>24 hrs/day</td>
</tr>
<tr>
<td>Special Procedures(Angio)</td>
<td>M-F</td>
<td>7:30 a.m. – 4:00 p.m.</td>
</tr>
<tr>
<td>Film Library</td>
<td>Everyday</td>
<td>24 hrs/day</td>
</tr>
</tbody>
</table>

**UHC-D**
- General Radiology: M-F
- Mammography: M-F
- CAT Scan: Everyday
- MRI: M-F

**UFHC-SW**
- General Radiology: M-TH
- Mammography: CLOSED

**UFHC-SE**
- General Radiology: M-F
- Mammography: CLOSED

**CTRC**
- General Radiology: M-F
- Mammography: M-F

**UCCH**
- General Radiology: M-F

The following will help provide prompt and efficient radiology services. Concerns about radiology services and department functions should be brought to the attention of the department director at 8-22970.

- Orders for radiology procedures must be entered into Sunrise. All fields within Sunrise must be complete. If Sunrise is unavailable, then orders must be made on a Form #757-A. The form must be entirely completed (diagnosis is required) and signed by the requesting physician.
- Always consult with the radiologist for all complicated or invasive cases and whenever there is doubt as to the type of procedure needed.
- If a specific prep is required for a procedure, the prep and the complete instructions will be given to patients by the radiology department or referral site. Prep medications will be given to the patient by the pharmacy department. Radiology will send an order for preps for all in-patients to the appropriate floor or unit.
- Routine work is done promptly on all cases with the emergency cases taking priority. If a patient discharge is pending completion of a radiology procedure please contact the appropriate radiology modality to ensure the study is given the appropriate priority.
• With the exception of plain film x-ray, all procedures are to be scheduled, including fluoroscopy. All procedures which require injection of contrast agent and fluoroscopy and urology exams need to be made by 11:00 a.m. the day prior to the examination to ensure proper preparation of the patient.
• Procedures performed on an emergency basis require the approval of the radiology staff or resident on duty. The hospital operator will have the appropriate name and call number for radiology personnel on call.
• All elective special procedure examinations (those requiring the injection of intravascular contrast agent) will be performed by appointment during regular working hours, Monday through Friday.
• STAT™ exams should only be ordered when there is a true emergency. It is critical this word is not misused and there is credibility when an emergency procedure is requested so the proper response is received. It is the responsibility of the physician to first enter the order into Sunrise and then contact the department at 8-2726. These examinations must contain documentation in the patient’s medical record indicating the procedure ordered with supportive clinical indication for that order.
• After-hour procedures in the hospital should be limited. It is advisable for physicians requesting procedures during this time to call the shift supervisor or senior person before bringing any patient to the department.
• Bedside procedures should be ordered ONLY when it is absolutely impossible to move the patient from the unit to the department. These procedures are performed with mobile equipment and are limited in quality and diagnostic value and should be avoided if at all possible.
• All radiology images are available to the medical staff and other select providers via the Fuji PACS system. Questions regarding access to the system should be addressed to the information services help desk at 8-4059.

Ordering Radiology Procedures
• All procedures should be ordered on the Sunrise order system
• Paper orders are used only when Sunrise order is not functional

Pre and Post Procedure Orders
• Pre procedure orders must be entered on the Sunrise system
• Sunrise contains specific order sets based on the radiology procedure performed.
• Post procedure orders must be entered on the Sunrise system.
• Sunrise contains specific order sets based on the radiology procedure performed
• Outpatients transferred to OPS have order sets specific to OPS

THERAPEUTIC RADIOLOGY
All therapeutic radiology treatments are currently performed at the Cancer Therapy and Research Center. The only exceptions are intracavitary or interstitial placement of radium implantations. House staff must request therapy consultation in the radiology department at ext. 8-2961 to ensure proper evaluation, appointment and transportation of patients.

RADIATION SAFETY
There is a radiation safety office located at the Health Science Center, which can be reached at 567-2955 or 567-2960. House staff are urged to consult with the radiologist and radiology house staff within the department, especially if there is any confusion as to the most appropriate examination to be ordered.
REHABILITATION MEDICINE

Rehabilitation medicine is the field of medical specialization concerned with the comprehensive management of patients with physical disabilities. The management includes diagnosis and conservative treatment of neurological and musculoskeletal diseases and pain syndromes, utilizing physical and mechanical agents. All rehabilitation activities are based on the philosophy that the physician’s responsibility extends beyond the resolution or control of the acute medical or surgical problem, and that this responsibility ends only when each individual with a disability or impairment is able to function “within the limits of the disability but to the hilt of his or her capabilities.” This philosophy emphasizes an interdisciplinary approach to management of the patient’s illness. The physician is a member of a treatment team that routinely includes nursing, occupational therapy, physical therapy, speech-language pathology, recreational therapy, social work, case management and psychology.

Major categories of patients served by the reeves rehabilitation center (RRC) at the University Hospital include: strokes, head injuries, spinal cord injuries, nerve injuries and neuropathies, myopathies, orthopaedic disorders, rheumatic diseases, amputees, burns and wounds. Inpatients at University Hospital who are referred to the department will be placed on an active treatment or rehabilitation program. At the time of discharge from the hospital, arrangements will be made to continue treatment on an outpatient basis, or assistance will be given to arrange for an appropriate discharge referral, which may include referral to the inpatient rehabilitation unit at University Hospital.

Early referral of all patients will allow for the institution of such preventative measures as may be indicated since the prevention of deformity, disability, and functional limitation is more desirable than later attempts at correction. Working closely with local and state agencies, the RRC staff can assist in planning and coordinating all aspects of a patient’s physical rehabilitation program which may include social, educational and vocational areas. Specialty clinics are held at the Reeves Rehabilitation Center:

- Amputee clinic – 1st and 3rd Thursday morning
- Spinal cord injury clinic – every Friday afternoon
- Cardiac rehabilitation clinic – every Monday morning
- Neurologic Rehabilitation Medicine clinics – every Thursday morning
- Musculoskeletal Rehabilitation Medicine clinics – every Wednesday morning
- EMG clinic – every Monday, Tuesday morning, Thursday and Friday
- Neurolysis Clinic – Thursday morning

The staff physiatrists (physicians specializing in rehabilitation medicine) are responsible for all medical activities within the department. Services available at the Reeves Rehabilitation Center include physician consultation, rehabilitation nursing, physical therapy, occupational therapy, speech pathology, audiology, orthotics, and vocational assessment.

ORTHOTICS/PROSTHECTICS

To request orthotics or prosthetics for patients, physicians must complete the form #876-A, “Brace Shop Prescription.” At the Reeves Rehabilitation Center (RRC) at University Hospital, send the form to the RRC administrative offices on the third floor. At the University Health Center-Downtown, send the form with the patient to the rehabilitation medicine department.

PHYSICIAN CONSULTATION

Referral to a rehabilitation physician will ensure prompt and appropriate rehabilitation services for each patient. Rehabilitation services include assistance with equipment needs, prosthetics/orthotics, pain management, adjustment and education to disability, discharge
planning and placement recommendations. The physician will obtain the necessary physical therapy, occupational therapy and/or speech pathology services, monitoring and modifying them as the situation dictates.

In addition to treating individuals with physical disabilities, the physiatrist has an expertise in electrodiagnostic medicine. Each physician is proficient in electrodiagnosis as an aid in determining the pathology affecting the anterior horn cell, nerve root, peripheral nervous system, neuromuscular junction, and the muscle membrane. Services offered include: nerve conduction velocity determination, electromyography, repetitive neuromuscular stimulation, and somatosensory evoked potentials.

The referred inpatients are normally seen within 24 hours, and outpatients are normally seen within two weeks of referral unless special arrangements are made. Fax consults to 8-2654. Physician consult pager, for direct referrals is 756-0757. Direct therapy orders can be faxed to 8-4750.

METHOD OF REFERRAL

Consultation requests for inpatient or outpatient services are to be submitted on (Form #192) Therapy Order Sheet or Hearing and Balance Center Consultation Request. To refer a patient for admission to the inpatient rehab unit, call 8-4853 or fax 8-2654. Following physician evaluation, the patient’s subsequent treatment program in the rehabilitation medicine department will be directed and supervised by department physicians, who will coordinate these aspects of the patient’s management with the referring physician. If a physician wishes to retain responsibility for the therapy services rendered to the patient, a Form #192 should be submitted directly to the appropriate therapy clinic. In such instances the following sections of the form must be filled out: diagnosis, precautions, service or therapy requested, goals, frequency and duration. It is essential that the diagnosis is the rehabilitation diagnosis, (i.e., that for which the patient is referred) which may differ from the primary diagnosis. The service or therapy must be adequately described, and when treatment is requested, the goals must be clearly stated. This information is required for billing purposes, as well as in guidance to departmental personnel and patient care.

INPATIENT REHABILITATION

REEVES REHABILITATION CENTER

The Reeves Rehabilitation Center inpatient unit on the 6th floor provides comprehensive inpatient rehabilitation services, including rehab nursing, physical therapy, occupational therapy, speech pathology, therapeutic recreation, psychology and social work. Treatment is provided by interdisciplinary teams and we emphasize both patient and family involvement in treatment planning. Primary diagnostic categories include brain injury, spinal cord injury, stroke, orthopedic, multiple trauma and burns. Other diagnostic groups may also be admitted. The unit has 25 beds – 15 general rehab beds and a 10-bed locked brain injury unit. The unit is CARF accredited in comprehensive and brain injury programs.

Admission criteria require the patient meet medical, financial, endurance and disposition requirements.

REHABILITATION NURSING

The rehabilitation nurse is a specially trained professional who participates as a member of the interdisciplinary team in the provision of nursing care and in the education of patient and family. The Reeves Rehabilitation Center inpatient unit is staffed by these specially trained nurses. Rehabilitation nurses are also available to staff and support the outpatient program. The rehabilitation nurse acts as the primary educator of self-management for patients, their families and their caregivers. This self-management includes, but is not limited to, maintaining skin integrity, understanding and administration of medications, becoming independent in self care and mobility, management of an effective bowel and bladder program and managing safety precautions.
**PHYSICAL THERAPY**
Physical therapy assists the patient in achieving relief of pain and regaining maximal functional independence through individualized patient care. Services provided include:
- Comprehensive evaluations (manual muscle testing, gonimetric measurement, and functional testing), neurological and orthopaedic assessments
- Therapeutic exercise/activities
- Soft tissue and joint mobilization
- Physical modalities
- Cervical and lumbar traction
- Intermittent compression for edema control
- Gait and functional training
- Neuromuscular rehabilitation
- Neurodevelopmental training and infant stimulation (acute and OP only)
- Hydrotherapy/burn and wound care
- Family education/home program instruction

All programs are carried out by a licensed physical therapist or by a licensed physical therapist assistant supervised by a licensed physical therapist.

**OCCUPATIONAL THERAPY**
Occupational therapy provides individualized patient evaluation and treatment. Patients with disabilities are assisted in increasing their functional abilities through specific treatment programs and through training in the use of adaptive devices. Family training is promoted throughout the treatment phase. Occupational therapy services are focused in three primary areas which include:

**Physical Disabilities**
1. General upper-extremity rehabilitation
2. Orthopaedic upper-extremity rehabilitation – specializing in hand therapy and splinting
3. Activities of daily living – to achieve optimal self-care skills
4. Neuromuscular rehabilitation for brain injured individuals – to improve range of motion, body image, sensory/motor perception, cognition, and positioning
5. Visual-motor perceptual training
6. Cognitive re-training
7. Family and community re-entry training for spinal cord patients in all settings.
8. Oral motor development/feeding

**Pediatrics** (not available for inpatient unit)
1. Developmental testing
2. Neurodevelopmental and perceptual motor treatment
3. Infant stimulation to high risk and developmentally delayed children
4. Sensory integrative therapy to improve motor/sensory development, self-concept, emotional maturation, perceptual/cognitive processes and communication

**Psycho-Social**
1. Pre-vocational assessments and training
2. Activities of daily living-self care, street survival, and use of community resources
3. Leisure time counseling and socialization

All programs are carried out by a licensed occupational therapist or by a licensed occupational therapist assistant supervised by a licensed occupational therapist.
THERAPEUTIC RECREATION

Therapeutic recreation is purposeful intervention which provides individualized patient evaluation and programming. It is designed to facilitate the development, maintenance and expression of an appropriate leisure lifestyle for each patient. Professional programs and services are designed to assist the patient to eliminate barriers to leisure involvement and to promote growth and development of the individual. Therapeutic recreation services include:

1. General upper and lower extremity rehabilitation to increase strength, range of motion, mobility and endurance
2. Treatment of cognitive dysfunction
3. Treatment of psycho-social dysfunction
4. Leisure time counseling and socialization

Certified therapeutic recreation specialists use the following types of programs to enhance each patient’s leisure awareness and to assist in the recognition of the importance of an enhanced quality of life

1. Therapeutic crafts
2. Therapeutic tabletop activities
3. Therapeutic recreational sports activities
4. Therapeutic cooking activities
5. Community re-entry outing
6. Horticultural therapy
7. Pet therapy
8. Special events

SPEECH PATHOLOGY

The speech pathology department is staffed by speech-language pathologists with masters’ degrees who are licensed by the state of Texas and are clinically certified by the American Speech-Language-Hearing Association. Services are provided in English and Spanish for all age groups and include diagnostic evaluation and treatment of the following communications disorders:

1. Language impairments, including aphasia and delayed language
2. Cognitive dysfunction
3. Laryngectomies including tracheo-esophageal punctures
4. Dysphagia (modified barium swallow testing)
5. Articulation disorders including dysarthria and apraxia
6. Stuttering
7. Voice, including esophageal speech and training with electrolarynx devices
8. Feeding disorders

Patient and family training and education is promoted during treatment and diagnostic visits.

HEARING AND BALANCE CENTER

Hearing and balance center is staffed by audiologists with master’s degrees who are licensed by the state of Texas and certified by the American Speech-Language-Hearing Association. Complete audiological services and balance assessments are provided to include the following:

1. Routine descriptive and diagnostic evaluation of behavioral aspects of hearing
2. Balance assessment using electronystagmography, posturography, and/or vestibular autorotation testing
3. Audiological Brainstem Evoked Potential Testing
4. Determination of the need for hearing aids and assistance in the selection and purchase of the appropriate type
5. Rehabilitation of the hearing-impaired adult
6. Rehabilitative activities for the hearing-impaired child

The hearing and balance center is located on the third floor of the University Hospital at the Reeves Rehabilitation Outpatient Clinic and at the University Health Center-Downtown on the 3rd floor of Building “B”. The hours of operation are on Wednesday from 8 a.m. 12:00 p.m. at the University Health Center-Downtown and Monday through Friday 8:00 a.m. – 4:30 p.m. at the University Hospital site.

HYPERBARIc MEDICINE/WOUND CARE CENTER
University Health System’s hyperbaric medicine/wound care center (WCC) has two locations. One location is at University Hospital on the 3rd floor in the Reeves Rehab Center closest to the A elevator. The second location is at the University Center for Community Health (UCCH) located on 701 S. Zarzamora on the second floor.

The WCC at the hospital provides 24 hour emergency coverage for hyperbaric medicine with physician, nursing and technicians available 24 hours. Both centers provide care for patients in need of wound care and hyperbaric oxygen therapy. Transcutaneous oxygen monitoring tests can be performed at both centers.

Procedures are available on both an inpatient and outpatient basis for the center at the hospital. At UCCH, outpatients are only seen. Hours of operation are 7:30 a.m. – 4:00 p.m. at the University Hospital location. At UCCH, hours of operation are 9:00 a.m.- 2:30 p.m.

For the University Hospital location, call 8-4320. Consults are written on the Sunrise Electronic Medical Record. Consults may also be faxed to 8-4806. For the UCCH location, call 8-7250. Consults are written on the Sunrise Electronic Medical Record. Consults may also be faxed to 8-7251.

UNIVERSITY FAMILY HEALTH CENTER-SOUTHEAST
Physical therapy services are available for adults Monday through Friday, 8:00 a.m. to 4:30 p.m. at the University Family Health Center. A written consultation must be completed for all patients referred to rehabilitation medicine services. Consults for University Family Health Center therapy services can be faxed to 8-3685.

UNIVERSITY HEALTH CENTER—DOWNTOWN
Comprehensive occupational and physical therapy services are available Monday through Friday, 7:30 a.m. to 6:00 p.m. at University Health Center-Downtown. Both pediatric and adult patients are served.

A written consultation must be completed for all patients referred to rehabilitation medicine services. Consults can be faxed to 8-3685.
- PT is available Monday through Friday from 7:30 a.m. to 6 p.m.
- OT is available Monday through Friday 8:00 a.m. to 4:30 p.m.

UNIVERSITY CENTER FOR COMMUNITY HEALTH
Comprehensive physical and occupational therapy services are available Monday through Friday, 8:00 a.m. to 4:30 p.m. at the University Center for Community Health. Both pediatric and adult patients are served.

A written consultation must be completed for all patients referred to rehabilitation medicine services. Consults for University Center for Community Health therapy services can be faxed to 8-7707.
Fax Numbers:
University Health Center-Downtown 8-3685 all consults
Reeves Rehabilitation Center at University Hospital:
8-4750 for physician consultation and referral and all therapy orders
8-4253 for 6th floor Inpatient Rehab Admissions

RENYAL DIALYSIS
ADULT RENAL DIALYSIS UNITS

An adult renal dialysis unit is located in the 1st floor of the University Hospital diagnostic center. The unit is staffed Monday through Saturday, 6:00 a.m. to 10:30 p.m. by a professional staff of RNs and LVNs and supplemented by PCTs. Ancillary support staff includes a biomedical technician, social worker, and a dietitian. The unit has 20 stations to care for acute and chronic outpatients. The number to the outpatient unit is 8-2675.

Medical care is provided by the renal fellows under the supervision of the medical director. The renal fellows rotate between Wilford Hall, South Texas Veterans Health Care System Administration, and the University Hospital caring for renal consult patients, as well as chronic patients.

The inpatient unit, located on the 5th floor of University Hospital, has six stations to provide care for acute and chronic inpatients. The unit has the capability to perform continuous renal placement therapy (CRRT) and dialyze critically ill patients in the MICU, CICU, SICU, and TICU areas. In addition to hemo dialysis, the other modality offered is peritoneal dialysis including continuous ambulatory peritoneal dialysis (CAPD) and continuous cycling peritoneal dialysis (CCPD). The inpatient unit phone number is 8-4070. The inpatient nurse on call may be reached at 756-5338 or through the hospital operator when the dialysis unit is closed.

A second adult renal dialysis unit is located at the UCCH campus, 701 S. Zarzamora. It is staffed Monday through Saturday, 6:00 a.m. to 10:30 p.m., by a professional staff of RNs and LVNs supplemented by PCTs. The unit has 28 patient stations and the nurses may be reached at 8-7300.

The third outpatient unit, Southeast Dialysis, is located at 1407 Fair Avenue. The clinic has 16 stations to provide care for chronic outpatients and is staffed Monday through Saturday, 6:00 a.m. to 10:30 p.m. The nurses may be reached at 8-5780.

A new 20 station dialysis unit on the South side at 3750 Commercial Ave. will open in the Spring of 2009.

RESPIRATORY CARE SERVICES

Respiratory care is an allied health specialty responsible for the diagnosis, treatment, management and care of patients with deficiencies and abnormalities of the lungs and airways. Responsibilities of the respiratory care department include:

1. Management of the airways at all “Code Blue” and “R.T.STAT” situations
2. Set up and management of all continuous long-term ventilators
3. Set up and management of all oxygen devices
4. Monitoring of all patients using respiratory care equipment
5. Administration of various therapeutic modalities to include:
   - Hand-Held Nebulizer
   - Intermittent Positive Pressure Breathing (IPPB)
   - Incentive Spirometry
   - Sputum Inductions
   - Percussion and Postural Drainage
   - Nebulized Pentamidine
   - Metered Dose Inhaler (MDI)
6. Performance of bedside diagnostic pulmonary testing to include:
   - FVC
   - FEV1
   - Peak flow
   - FEF 25-75
   - FEV/FVC%
7. Provision of in-service instruction to medical staff as needed
8. Indirect calorimetry
9. End-tidal CO2 monitoring
10. Percutaneous arterial blood gas sampling
11. ECGs from 4:30 p.m. – 8:00 a.m., Monday through Friday and 24 hours on weekends

DEPARTMENT POLICIES

All orders must be written in the patient’s chart and signed by the physician. Nursing personnel cannot make ventilator changes. Physicians should document rationale and desired effects of therapy in the patient’s chart.

The respiratory care department’s patient driven protocols. The Executive Committee of the University Health System approved these protocols. These assess and treat protocols for the following therapies:

   • Hand held nebulizer (aerosol treatments)
   • Intermittent positive pressure breathing (IPPB)
   • Incentive Spirometry
   • Percussion and postural drainage
   • Aerosol treatments via metered dose inhaler (MDI’s)

Physicians should write an order in the patient’s chart to read respiratory care to assess and treat per patient driven protocol (PDP).

   • A member of the attending faculty must sign orders for therapy to be given more frequently then Q3 hours (unless self-administered). This does not apply to therapy given in the emergency center or intensive care units.
   • All respiratory care therapy (except oxygen, ventilator, CPAP, or BIPAP) is discontinued after seventy-two (72) hours, and then orders must be renewed.
   • All patients ordered to have sputum inductions for AFB should be in respiratory isolation.
   • Specimens are collected every 8 hours until three specimens are collected and sent to pathology.

a) For a sputum collection, oral care will be given, and the patient will be instructed to deep breathe and cough. If this is unsuccessful, a tracheal compression will stimulate a cough.
b) For induced sputum, oral care will be given then an ultrasonic nebulizer treatment (USN) administered with hypertonic solution. If the treatment causes bronchospasm, the therapist will administer an aerosol bronchodilator treatment according to the patient’s current prescription. If the patient is not on aerosol therapy, the therapist will administer two puffs of Albuterol via metered dose inhaler with spacer.

c) If USN and tracheal compressions are unsuccessful, the practitioner will contact the physician for an order to perform nasotracheal suctioning.

Orders received for respiratory care services will be evaluated through the therapist driven protocol. The protocol system allows the practitioner to independently review and adjust orders in accordance with criteria outlined to address utilization, appropriateness and quality patient outcome. Therapist driven protocol recommendations are tailored to each patient’s specific clinical needs following a thorough assessment and review of the patient’s medical history.

**Physician’s Request for Service**

When the physician requests respiratory care services, the following guidelines should be observed:

1. Respiratory care to assess and treat per protocol or you may write orders as below. However, all therapy is evaluated based on the patient driven protocols.
   a. Hand-held nebulizer therapy: specify medication type and dosage and frequency of therapy. Example: Hand-held nebulizer treatment Q4 with 2.5mg Albuterol unit dose.
   b. Incentive spirometry: specify frequency of therapy and if therapy is to be self-administered. Example: Incentive Spirometry at bedside, instruct patient to use Q2 while awake.
   c. Percussion and postural drainage: specify area of the lungs to be concentrated on and frequency of therapy. Example: Percussion and postural drainage Q4 to the right lower lobe (RLL).
   d. Metered dose inhalers (MDI): specify the medication type and dosage, frequency of therapy and if a spacer is to be used. Spacers will be used on all MDIs. Example: Proventil metered dose inhaler x4 puffs, Q4 instruct patient in use of spacer with MDI.

2. Oxygen therapy: specify oxygen concentration or liter flow and method of administration. Example: 02 at 31 pm via nasal cannula; or 30% 02 via face tent; or 50% venti mask.

For further information, please contact the department of respiratory care, ext. 8-2696.

**Social Work Department**

Professional social workers with MSW and BSW degrees are available at University Hospital and the University Health Center-Downtown. The UHCD department also provides services to the other University Health System clinics on a consult basis, although a social worker is not on sight at other clinics. The department provides services to individuals and families in order to promote optimal social functioning in conjunction with the health care services they receive. Social work recognizes the relationship of psychosocial components with mental and physical illness, and it advocates for individuals whose needs are not being adequately met.
REFERRALS

The social work departments have an open referral policy. Incoming referrals are accepted from medical staff, hospital/clinic staff, patients, families or community agencies. Also, social workers are involved in active case finding, screening, discharge planning rounds, and other ways of identifying patients’ needs for intervention.

TO MAKE A REFERRAL

1. Contact the social work department by phone, 8-2300 for hospital patients and 8-3620 for outpatient clinics. For outpatient and hospital consults, a social work consult can be ordered through Sunrise.
2. For outpatient clinics, complete the Form #42 and forward to the appropriate social work office. All consultation requests are responded in writing with subsequent updates entered on progress notes in the medical record.

TYPES OF SERVICES

Social work services include the following:

1. **Psychosocial Assessments** – Evaluations provide the social data to predict those areas in which patients and their families may experience distress or dysfunction, as well as identify areas of strength which could help them to function more effectively. Providing written assessments also assists members of the health care team to develop a unified treatment plan.

2. **Discharge Planning** – Patients and families are assisted with plans for post-hospital care by assessing available resources, patient and family needs and abilities, and the needs of the institution. Specific areas of responsibility include assistance with nursing home placement, hospital transfers, and other long-term care facilities; outpatient follow-up; assistance with securing durable medical equipment; assistance with home health nursing, homemaker or other in-home services; and referrals to community agencies for support services.

3. **Resource Linkage** – Information on community services is provided to patients and families. Social workers act as a patient advocate in linking the patient with internal and external services. They serve as a liaison between the institutions to outside agencies.

4. **Financial Planning** – Patients and families are assisted in evaluating their finances in terms of their ability to meet living expenses and medical/hospital/clinic expenses. Referrals are made to federal, state, and county public assistance programs and to other agencies for both emergency and ongoing financial need.

A social worker can be reached 24 hours per day at 8-2300 for the EC and hospital patients.

SPIRITUAL CARE

The spiritual care department supports the University Health System’s philosophy of total care. The purpose of the department is to meet the spiritual and emotional needs of the patient, family and/or staff with respect for their personal worth and dignity, regardless of race, sex, creed, or age. The director of pastoral care can be reached at 8-2386 or through the hospital operator.

Catholic liturgy is celebrated every Sunday at 3:30 p.m. in the University Hospital chapel (1st floor). Two priests are assigned by the Catholic Archdiocese to take care of two hospitals within the medical center complex. The priests will respond by request through the operator. They will administer the sacraments to patients, families and/or staff if requested. When pastoral counseling is sought, the priest will make arrangements for a date and time.

Our volunteer Protestant Ministers are contacted by the operator unless the patient has his/her own minister. Protestant services are held on Sundays at 4:30 p.m. in the chapel (1st
Muslim services are held on Fridays at 12:30 p.m. in the Chapel. The lay minister volunteers visit as schedules permit and upon request.

**VOLUNTEER ADVOCATE PROGRAM FOR RAPE VICTIMS**

The Alamo Area Rape Crisis Center sponsors the volunteer advocate program, where trained volunteers are called to University Hospital emergency center to give information and moral support to rape victims and their families. The volunteer advocate may also accompany a rape victim through the necessary medical and legal procedures. Some of the volunteers have been rape victims themselves.

Women who have been raped in the past and who have not received adequate information on possible medical or emotional help may also get assistance.

To request the services of the volunteer advocate for a patient, call the rape crisis hot-line at 349-7273.

The patient, or a legal representative, may sign the consent for Volunteer Services (Form #140).

**HOUSE STAFF SUPPORT SERVICES**

**CLINICAL INFORMATION SERVICES**

Information services provides access to patient’s information through electronic computing systems. These devices are located throughout all patient care areas and are accessible to physicians.

**CLINICAL RESOURCES**

Clinical information available includes lab results, radiology reports, discharge summaries, operative reports, outpatient drug history, cardiac catheterization reports, electroencephalogram reports, procedure reports, consultation reports, and EMG/NCV reports. In addition, other physician reference information such as Micromedix which provides drug, disease, alternative medicine, toxicological managements, reproductive risks, emergency care information, the Directory of Lab Services (DOLS) and University Health System Formularies.

**SUNRISE**

The physician order entry and clinical record system is the primary entry point for all patient information. This system currently provides all laboratory and radiology results including digital radiology images, dictated discharge summaries, operative reports, outpatient drug history, cardiac catheterization reports, electroencephalogram reports, procedure reports, consultation reports and EMG/NCV reports. All orders are entered through Sunrise in order to provide effective patient care.

**PACS**

The PACS system is used to display digital radiology images. As a physician, you can review digital x-rays on any University Health System desktop.

**COMPUTERIZED ON-CALL SCHEDULE**

A system is available to provide convenient access to on-call schedules and to display physician’s on-call along with department service code and physician’s beeper number. Access to display functions is restricted by user identification.
CAFETERIA FOOD SERVICE
UHC-D, UCCH & UH

The University Health Center – Downtown cafeteria is located on the 1st floor in the “C” Building next to the pharmacy. Give your taste buds a workout at the “527 Café”. Our low-cost, high-quality breakfast and lunch meals offer a wide selection of deli and grilled heart health favorites, soup and salad bar with daily specials to fill any appetite. Top this all off with our selection of traditional desserts. Hours of operation are 7:30 a.m. to 3:00 p.m., Monday through Friday, and closed on weekends and major holidays.

The University Center for Community Health/Texas Diabetes Institute cafeteria is located on the 1st floor. Give your taste buds a workout at the “701 Café”. Our low-cost, high-quality breakfast and lunch meals offer a wide selection of deli and grilled heart health favorites, soup and salad bar with daily specials to fill any appetite. Top this all off with our selection of traditional or sugar free desserts. Our beautiful Café is nestled on the campus of the Texas Diabetes Institute, where professional dieticians and executive chefs always plan a meal or two. Hours of operation are 7:30 a.m. to 3:00 p.m., Monday through Friday, and closed on weekends and major holidays.

The University Hospital cafeteria is located on the 3rd floor and has a variety of breakfast, lunch and dinner offerings. Traditional cafeteria style hot meals as well as sandwiches, hamburgers, pizza, soups, full salad bar and desserts are available. A Blimpie Sub & Sandwich shop, Chic-Fil-A cart, and Sandy’s Coffee Cart are located on the third floor within the cafeteria spaces. Cafeteria hours of operation are 6 a.m. to 12 midnight seven days a week.

The University Health System encompasses University Hospital patient food service and cafeterias at University Hospital, University Health Center-Downtown, and University Center for Community Health. A description of patient food service is located on page 91.

CATERING SERVICES

Catering services are available at University Hospital at ext. 8-2423. If you would like catering at the University Center for Community Health, call ext. 8-7091 or catering at the University Health Center- Downtown, call ext. 8-3683. Cakes for any and all special occasions can be ordered for nominal charges through the catering department at University Hospital.

VENDING MACHINES

Vending machines with snacks and beverages are located throughout University Hospital, the University Health Center-Downtown, and the University Center for Community Health.

EMPLOYEE DISCOUNT

House staff are entitled to a 25% discount for food purchases in excess of 50 cents before tax at University Hospital cafeteria. The University Health Center-Downtown and University Center for Community Health offers a 15 percent discount. House staff must display official University Health System photo identification cards to receive the discount. (See provisions for “on-duty Meals” under personnel Policies and Benefits.)

LEARNING RESOURCES

The department provides multi-media equipment for training at University Health System facilities. In addition, there are self-directed video programs such as Medical Spanish, Advanced Cardiac Life Support, Physical Assessment, and Family Violence. They offer a variety of CD-ROM based CME certified programs on topics such as, Oncology, Psychiatry, Narcolepsy, and Pulmonary Arterial Hypertension. These and other topics are available for checkout through the Multi-media Services office located in the sub-level of University Hospital. Web Conferences, satellite downlinks, and audio teleconferences can be coordinated through Learning Resources. An up-to-date listing of available media resources can be found on the University Health System
home page under: SERVICES, LEARNING RESOURCES. You can also do a home page search for Media LAN Library. To reserve equipment on a first come, first served basis, call 8-2363 several days in advance to insure availability. Call 8-2355 for information on courses.

The department offers cardiopulmonary resuscitation (CPR) training exclusively for incoming University Health System house staff in June, and an additional four to five training sessions during the year. Plus, house staff are welcome to attend CPR renewal courses offered to University Health System employees four to five training sessions per year. A two-day Advanced Cardiac Life Support (ACLS) provider course is offered eleven training sessions per year and a one-day ACLS provider course is offered six training sessions per year. University Health System employees and house staff are welcome to attend a pediatric advanced life support class with Christus Santa Rosa Healthcare at a reduced rate. These and other classes that may be of interest to house staff are publicized in Infoline; as well as, the Learning Resources calendar, which appears on the University Health System home page under: SERVICES, LEARNING RESOURCES.

University Health System employees and house staff are welcome and encouraged to attend any Learning Resources courses. Some courses that may be of interest are: Satori Alternatives for Managing Aggression (SAMA) and Medical Spanish. Distance learning events offered are featured in the Learning Resources calendar.

LIBRARY SERVICES

The library of the University of Texas Health Science Center at San Antonio serves the University Health System staff and house staff, as well as, the students, faculty and staff of the five schools of the University of Texas Health Science Center at San Antonio. The Briscoe Library is located on the main campus at 7703 Floyd Curl Drive. The UT Health Science Center Library-Downtown is located on the 3rd Floor of the University Health Clinic-Downtown at 527 N. Leona. There are also branch libraries at Texas Research Park and the Laredo Campus Extension. The Mario E. Ramirez, M.D. library is located on the campus of the Regional Academic Health Center (RAHC) in Harlingen.

USER SERVICES

The library provides a complete range of services including circulation, reference, clinical information, access to electronic databases and the internet, instructional programs, interlibrary loan, document delivery, computer support and photocopy services. Individual and group study rooms are available in the Briscoe Library. Group study space is also available at UT Health Science Center Library-Downtown. Public access computers; as well as, quiet work spaces with tables and comfortable seating can be found at all library facilities.

The library staff responds to directional, ready reference, informational, and in-depth requests for information on specific topics. Librarians also help users formulate search strategies and locate specific materials, assist with interlibrary loan requests for material not owned by the University of Texas Health Science Center Library, and refer users to other libraries and/or agencies, as appropriate. Clinical librarians attend morning report and patient care conferences in some departments, and are available to perform searches of the medical literature and selected articles.

The library’s Web-based catalog provides access to information about the collections and links to electronic resources. These include 3,137 health sciences journal titles, and more than 16,000 multidisciplinary journal titles. Medline is available through Ovid and PubMed and provides complete citations; as well as, full-text links to many journal articles. Access to UpToDate, DynaMed, Access Medicine, ACP PIER, InfoPOEMs, DXplain, CINAHL (nursing and allied health), PsycINFO (psychology and psychiatry), Micromedex (full-text drug information) and other databases is also available through the library’s website at http://www.library.uthscsa.edu.
There is no fee for house staff to use the library’s resources. However, off-campus access to most electronic resources, including electronic journals, is restricted to registered users with a University of Texas Health Science Center ID who have set a PIN. Off-campus access to UpToDate is not available.

Librarians can provide database searches on clinical, research, and educational topics. Nominal fees are charged for searches performed by librarians.

The library’s instructional program includes orientations for house staff; as well as, regularly-scheduled workshops on database searching, locating medical information on the web, and other topics. Class descriptions and schedules are posted on the library’s website. One-on-one instruction and assistance in the use of library materials, including electronic and print resources, is also available at all locations of the UT Health Science Center libraries.

**Borrowing Privileges**

House staff may register at the Briscoe Library circulation desk or at the UT Health Science Center Library-Downtown. This registration also provides off-campus access to most electronic journals and databases. Complete information on loan periods, rules and charges may be obtained when registering for borrowing privileges.

A daily courier service is operated between the Briscoe Library and the UT Health Science Center Library-Downtown. Items may be requested, checked out, and returned to either library.

House staff registered with the library may request work-related materials not owned by the library through interlibrary loan for a fee. An online form for placing interlibrary loan requests is available on the library’s website.

**Hours of Service**

The Briscoe Library’s regular hours of service are:
- Monday – Thursday: 7:00 a.m. – 12:00 p.m.
- Friday: 7:00 a.m. – 10:00 p.m.
- Saturday: 9:00 a.m. – 10:00 p.m.
- Sunday: 10:00 a.m. – 12:00 p.m.

Hours for the UT Health Science Center Library-Downtown are:
- Monday: 8:00 a.m. – 12:00 p.m.
- Tuesday: Closed
- Wednesday: 8:00 a.m. – 5:00 p.m.
- Thursday: 8:00 a.m. – 5:00 p.m.
- Friday: Closed

The Ramirez Library’s regular hours of service are:
- Monday – Thursday: 7:30 a.m. – 11:00 p.m.
- Friday: 7:30 a.m. – 5:00 p.m.
- Saturday: 10:00 a.m. – 6:00 p.m.
- Sunday: 1:00 a.m. – 11:00 p.m.

Holiday hours may vary at all locations. Current information on library hours can be found at [http://www.library.uthscsa.edu](http://www.library.uthscsa.edu).

**Photocopy and Printing Services**

Self-service photocopiers are located on the 3rd and 4th floors of the Briscoe Library, at UT Health Science Center Library-Downtown, at the Ramirez Library, and the Laredo Extension Campus Library. Copying is ten cents per page and uses a card swipe system (coin-op copiers
are no longer available). Users may set up a copying account on their Health Science Center ID card, their Texas Driver’s License, or on a separate copy card. Guest cards are also available for those who do not wish to set up an account. Accounts may be set up and reloaded at the Briscoe Library, at the UT Health Science Center Library-Downtown and at the Ramirez Library. The library provides document delivery services for a nominal fee. The Briscoe Library charges ten cents per page for printing from its computers using the same account system as copying.

For information on services, including remote access to library resources, contact the Briscoe Library at 567-2450, the Ramirez Library at (956) 365-8850 (or 567-8850 from UTHSCSA phones), or the UT Health Science Center Library-Downtown at 8-3939, or via email to AskaLibrarian@uthscsa.edu. Information can also be obtained from the UT Health Science Center Library’s website at http://www.library.uthscsa.edu.

RESEARCH DEPARTMENT
Clinical research director (Human Protections Administrator)- Evelyn Swenson-Britt, MS, RN: 8-2330/4176; Email: Evelyn.Swenson-Britt@uhs-sa.com
UHS Clinical Research Coordinator/Senior Analyst- Joan W. Thomas, MSN, RN: 8-0086; Email- Joan.Thomas@uhs-sa.com
Department Website: http://www.universityhealthsystem.com/Research/Research_Department_Home.htm

The research department facilitates the review and approval of each research protocol conducted at University Health System to evaluate and determine the extent of its support for the proposed research protocol. All research contracts are created and managed through the research department.

The research department is also responsible for developing and implementing a human protections administration program that assures all of its activities related to human subject research, regardless of funding source, will be guided by the principles of the Belmont Report.

If you would like to participate as an investigator or staff in a research study, visit the UTHSCSA-IRB website at https://www.citiprogram.org for the complete training required.

MEDICAL RECORDS DEPARTMENT
The medical record department provides assistance to all Health System staff. There is a medical record created for every individual who has received a service in the Health System, both inpatient and outpatient. All medical records are maintained according to the standards established by the Joint Commission; as well as, other federal and state requirements, and according to recommendations of the University Health System attorney. Medical records may be removed from University Health System facilities only in accordance with a court order, subpoena, or statute. Records are the property of University Health System and shall not otherwise be removed from University Health System premises without permission of the President/CEO. Records must be available at all times for patient care. They may not be placed in any inaccessible area. The medical records department will arrange for transportation of records between facilities. Physicians may not transport records themselves.

THE UNIT NUMBERING SYSTEM
A patient is given an identification number which they retain throughout all visits to University Health System facilities. The medical records department maintains the quality of the master patient index, while these numbers may be issued in multiple patient entry areas via computer terminals.
THE SPLIT RECORD SYSTEM

A separate record is maintained for outpatient and inpatient visits. The purpose of this dual system is to provide a complete medical record for direct patient care. The patient record is stored and maintained at the facility in which the patient care was given. The only exception is that records of outpatient visits provided at the hospital will be maintained at the University Health Center-Downtown. To provide continuity of care, the Health System uses computerized clinical, patient care, and chart tracking system to provide practitioners ready access to all relevant patient information.

RELEASE OF MEDICAL INFORMATION

The medical records department will coordinate the release of medical information in accordance with the legal requirements of the state of Texas, as well as, federal requirements such as HIPAA. Any house staff member receiving requests for medical information shall route them to the medical records department, University Health Center-Downtown MS: 26-2.

RESEARCH

Records for bona fide research purposes will be made available to University Health System medical staff and students enrolled in educational programs of the University Health System and the UTHSCSA. Requests must be submitted in writing on form 189 and submitted to any medical records department at University Health System, UCCH, and/or UHCD, stating the purpose of the research, study topic, and type of records needed (e.g., inpatient). Research records will be made available for review at the University Health Center-Downtown medical records department and University Hospital medical records department within 3 business days after Form 189 request is received. All Research requests to medical records for studies must be approved by the institutional review board and the UHS research office to include exempt studies that are retrospective chart reviews.

RECORD COMPLETION

Record completion requirements are stated in the medical-dental staff Bylaws and Rules and Regulations. Medical records are legal documents, and as such, the information therein should be legible, accurate, and timely.

The medical records department employees perform quantitative analysis of each inpatient record. Missing reports/signatures are put into a physician reminder notification system. These notices are sent to physicians on a weekly basis.

Incomplete records of patients discharged from University Hospital will be processed and available for completion at medical records. Call ext. 8-1295 in advance to have these records retrieved.

Any questions or concerns regarding the medical records department policies or procedures should be directed to the director of medical records or designee by calling ext. 8-2274.

RECORD COMPLETION REQUIREMENTS

1. A complete, current, and legible medical record shall be maintained on each patient by the physician in attendance. It will include identification data, chief complaint, past medical history, family history, history of present illness, physical examination, special reports where indicated, provisional diagnosis, progress notes, final diagnosis, discharge summary containing condition on discharge or clinical resume, and autopsy report when performed. All entries must be dated and signed. Initials are not acceptable.
2. A record awaiting completion or signature will be considered delinquent 28 days post-discharge. Physicians with records 28 days or more delinquent will be placed on administrative duty until such time as the delinquent records are completed.

3. No physician shall be permitted to complete the medical record of a patient who is unfamiliar to him or her.

4. An admission history and physical must be written on the chart within 24 hours of admission. When a patient is re-admitted on a scheduled basis within 30 days for the same or related problem, the medical record may be updated by an interval note describing any changes in the patient’s condition.

5. When the history and physical are not recorded before an elective operation or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the physician in attendance writes a note to the effect that such a delay would be detrimental to the patient.

6. Pertinent progress notes shall be recorded at the time of observation sufficient to permit understanding of treatment plans, discharge planning, continuity of care, and transferability. They shall be recorded daily on critically ill patients or those where there is difficulty in diagnosis or management of the clinical problem.

7. A physician’s routine orders shall be written on the order sheet of the patient’s record, signed, dated and timed by the physician. Verbal orders are acceptable by registered nursing personnel, but are to be used infrequently, and should be signed by the practitioner on their next visit. Orders dictated over the telephone shall be signed and timed by the person who received them, with a notation of the physician who dictated them. All practitioners receiving verbal or telephone orders will perform a verification “read-back” of the complete order.

8. Operative reports shall be dictated immediately after surgery, shall include a detailed account of the findings and of the technique employed. Any practitioner with undictated operative reports remaining 24 hours after the operation will be placed on administrative duty until the operative report is completed.

9. Consultation reports shall indicate that the consultant has reviewed the patient’s medical record, made pertinent findings on examination of the patient, and shall include the consultant’s opinion and recommendations. When opinions regarding operative procedures are requested, the consultation note shall, except in emergency situations so verified in the record, be recorded prior to surgery.

10. The inpatient obstetrical record shall include a complete prenatal record whenever available. An admission note and a complete history and physical must be recorded for all obstetrical admissions on patients who have not received prenatal care.

11. The use of symbols and abbreviations is discouraged; however, when used, only those symbols and abbreviations in the approved medical-dental staff list may be used in the body of the medical record. Abbreviations may not be used in recording the principal diagnosis.

12. The patient’s medical record will be completed at the time of discharge. Where this is not possible because essential reports have not been received, the patient’s record will be available on the nursing unit until the day following discharge. The record will then be sent to the medical records department. Laboratory reports completed after the discharge of a patient will be located in Sunrise to make these reports available for follow-up care.

13. A discharge summary shall be dictated on all patients hospitalized over 48 hours, at or before discharge, except for normal obstetric deliveries, normal newborn infants, and certain selected patients with problems of a minor nature. For these, a final summation-type progress note form shall be sufficient. For patients who are discharged within 48 hours of admission, an abbreviated discharge summary must be completed. Any
practitioner with undictated discharge summaries remaining after 48 hours of notification will be placed on administrative duty until the discharge summary is completed.

14. The attending physician shall be responsible for the discharge of the patient and the proper completion of the medical record.

15. On all summaries, the principle diagnosis must be recorded in full, without the use of symbols or abbreviations, and in accepted nomenclature. The principal diagnosis is the condition, that after study, that occasioned the patient’s admission. Consideration should be given to the desirability of capturing diagnosis for DRG reimbursement; therefore, careful attention should be paid to the inclusion of all pertinent diagnoses and complications.

**TRANSCRIPTION SERVICES**

All medical transcription at University Health System is provided through a contracted transcription service. Transcription coordination services are provided by the medical records department. Access to the central dictation system is through a speed dialing system. Medical transcription may be dictated from designated telephones located at University Hospital, University Health Center-Downtown, or UTHSCSA. Dictated reports are available on-line via the Sunrise System and the Clinical Inquiry System.

**TRANSCRIPTION POINTS TO REMEMBER**

**Stat Reports** require a three-hour turnaround period from the time of dictation, or notification of Stat need, to the time of report delivery. A stat dictation must be reported to the medical records department at ext. 8-4699.

**Type of Dictated Reports:** Only the following dictation will be accepted: discharge summaries, operative reports, EMG reports, cardiac catheterization reports, letters specifically addressing patient care, and consultation reports.

**INSTRUCTIONS FOR DICTATING ON THE CENTRAL DICTATION SYSTEM**

Access Numbers:

UH: 713  
UHC-Downtown: 713  
UTHSC:**713

Upon reaching the dictation line, a voice recording will prompt you to take the following action, using the telephone key-pad:

- Enter 5-digit Physician ID Number followed by the [#] key.
- Enter 1-digit Report Type Code followed by the [#] key.

Choices are:

1 [#] Operative Report
2 [#] Discharge Summary
4 [#] Cardiac Cath
5 [#] EMG (Electromyelogram) Report
6 [#] Procedure Note Letter
7 [#] Consultation Report
44 [#] Echocardiogram Report
75 [#] Bone Mineral Densitometry

- Enter 8-digit medical record number (G#) followed by the [#] key.

It is important that all digits of the identification numbers are entered correctly. If not, the recording equipment will not allow entrance into the dictation system.


**To end this report and begin a new report:** press [8]; enter the new report type code followed by the [#] key; enter the medical record number (G#) followed by the [#] key; press [2] to begin recording.
To end dictation sessions, hang-up or press [5].
For dictation assistance, call transcription services, ext. 8-2283.

**Telephone Dictation Functions:** Using the key-pad on the telephone, the physician may control various functions of the recording equipment. A description of functions follows:

- Press [1] to pause
- Press [2] to begin dictating
- Press [4] to fast forward, then [2] to stop/auto play
- Press [5] to disconnect/exit the system
- Press [8] to end report and begin another
- Press [44] to fast forward to end
- Press [77] to rewind to beginning
- Press [##] to get job number

For dictation assistance, call Transcription Services at ext. 8-2283.

**Dictation Formats**

Always identify self with first and last name at the beginning and end of any dictation.

**Discharge Summary:** Dictate in the following order

- Patient’s name and medical record number
- Date of admission
- Date of discharge
- Age and sex of patient
- Principal diagnosis: the diagnosis, after study, chiefly responsible for the admission of the patient
- Secondary diagnosis: if any. This is also construed to be complications and/or pre-existing conditions.
- Names of surgical procedures: List operations and/or procedures and dates accomplished.
- History of present illness
- Past medical history
- Review of systems
- Physical examination
- Laboratory data
- X-rays
- Hospital course: Briefly recapitulate significant findings, procedures performed other than surgical treatment rendered, and results.
- Condition on discharge and disposition: When applicable, type of facility transferred
- Instructions to patient: include follow-up care, physical activity limitations, dietary and medical instructions
- Disability statement: if applicable
- Attending physician’s name at discharge

Please indicate if copies are needed for consultant’s clinic, additional copies for clinic use, and if copies are to be forwarded to a referring physician, give complete name and address, including zip code, and number of copies to be mailed.

**Operative Reports:** Dictate in the following order

- Physician name
- Patient name and medical record number
- Date of procedure
- Name of staff physician
- Name of residents
Preoperative diagnosis
Postoperative diagnosis
Name of principal procedure
Anesthesia used

Narrative report of surgical procedure: To include type of incision, position of patient, estimate of blood loss, sutures used, complications, drains, replacement fluids given, condition of patient at end of procedure, and sponge count. Close with physician name and the date of dictation.

If procedures were performed on an outpatient basis, please state so. If copies are needed for consultant’s clinic please indicate in the dictation. A copy of the report is printed in the UT billing office.

Letters: Only letters for patient care will be transcribed.

When dictating letters, identify physician, give the name of referred physician and/or business and complete address, including zip code. Identify the patient by name and medical record number.

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**PROTECTIVE SERVICES DEPARTMENT**

The University Health System protective services department (DPS) is a community-oriented multi-functional department developed to provide a safe and secure environment for patients, visitors, staff and employees on Health System property. The department is comprised of police officers, security officers, parking enforcement officers, and support staff. The department’s responsibilities include law enforcement, security, and enforcement of health system policies, procedures, regulations, parking, registration, and identification.

**SECURITY FUNCTIONS**

Uniformed police, security, and parking enforcement officers provide random patrols. DPS officers also provide mobile patrols of facility exteriors and parking areas. Reports of any suspicious activity or persons should be made to the DPS Central Dispatcher at 8-2465.

While protection of people from injury or victimization is the first priority, protection of property is also an important responsibility of the department. To assist in these efforts, prompt reporting of losses, hazards, and fire/safety risks is vitally important by all persons on Health System property. Protective Services encourages that any personal property brought into Health System facilities be properly secured. The majority of thefts occurring involve unsecured and/or unattended property. Help us protect your property: practice good crime prevention techniques.

**Crime Prevention is Everyone’s Job!**

The Health System reserves the right to inspect packages as a condition of entrance to, or exit from, any facility in accordance with Health System policies and procedures. Removal of Health System property without proper written authorization is prohibited. This prohibition includes, but is not limited to, scrubs, linen, food, supplies and equipment of all types.

An access control system locks all exterior doors to University Hospital after 2000 hours or 8:00 p.m., seven days a week. Public entrance is through the emergency center entrance only. Should you enter through another door, ensure the door closes and locks behind you. **Do not** allow unauthorized persons access through these doors. Please report any access malfunctions to DPS at the above phone number.

University Health System identification is required to be worn anytime you are on any
Health System premises. After hours entrance to University Health Center - Downtown is limited to the main entrance for Crisis Center assistance only. All other clinics and ambulatory facilities are closed and secured after posted clinic hours.

Unlock service is not provided by protective services. House staff should ensure they have the proper keys to their areas of responsibility. This must be coordinated through your attending physician.

**PARKING**

All house staff members are required to register their motor vehicles with the employee registration and identification office located in the sublevel of University Hospital. The office is open from 7:00 a.m. to 5:00 p.m. Monday–Friday and closed for lunch from 12:30 p.m. to 1:00 p.m. daily. Upon showing proper vehicle registration and insurance information, a parking hangtag and a control card will be issued along with a map indicating the designated parking areas for house staff members. A replacement fee is charged for lost hangtags, control cards, ID badges, and keys. All house staff hangtags expire annually on July 31. Please ensure that you have a current hangtag. Parking at Health System facilities is a finite resource; please follow all parking rules and regulations. Contact (210) 8-2466 for additional parking rules and regulations or other concerns regarding parking.

All vehicles must be properly and legally parked in those areas reserved for house staff. Violations of University Health System parking policy may result in citations, fines, booting, notification to your supervisor, suspension of parking privileges, and/or towing of vehicles at owners risk and expense.

Be sure to lock your car and secure any valuables left in your vehicle. Do not leave valuables in plain sight. **Again, Crime Prevention is Everyone’s Job!**

**REGISTRATION AND IDENTIFICATION**

The registration and identification office produces photo identification cards that must be worn at all times while on University Health System property (University Health System and The Joint Commission requirements). This requirement authorizes the general use of facilities, prevents unauthorized intrusions, and allows access into the facilities. Registration and identification also maintains University Health System key control and assists in locker issuance. There is a fee charged for replacement of missing, lost or stolen items issued by the registration and identification department.

**COMMUNICATIONS**

**GENERAL INFORMATION**

**INCOMING CALLS**

Callers from the outside may reach house staff members by calling 8+4 digit extension at University Hospital or 8+4 digit extension at University Health Center-Downtown. Telephones in house staff call rooms are restricted from receiving direct calls from outside to ensure occupants are not disturbed unnecessarily. Health System PBX operators, however, have the capability of transferring outside calls into these rooms should the need arise.

**LOCAL OUTSIDE CALLS**

From either University Hospital or University Health Center-Downtown, simply dial 9, listen for a dial tone and dial the required number. NOTE: Some telephones at both institutions are restricted from placing outside calls. If after dialing 9 there is a wavering tone, that telephone is restricted. Go to an unrestricted telephone to place the call.

**INTERNAL CALLS**
To place calls to other extensions within University Hospital or the University Health Center-Downtown, or between the two facilities, simply dial the 8+4 digit extension.

**LONG DISTANCE CALLS**

All long distance calls from both University Hospital and the University Health Center-Downtown must be placed through an operator, who may be reached by dialing 0.

**PATIENT CALLS**

When placing a long distance call regarding a patient, please provide the operator with the following information:
1. Area code
2. Telephone number being called
3. R.C. of unit where patient is located.
4. Extension from which the call is being placed.

When making long distance calls from University Health Center-Downtown, advance approval must be received from the appropriate unit manager. Information regarding how to obtain this prior approval is available in each clinic area from the unit secretaries.

**IN-HOUSE OVERHEAD PAGING**

To make an overhead page at either University Health Center-Downtown or University Hospital, dial 8+0 to contact the health system paging operator.

**WATS LINE CALLS**

All 1-800 numbers can be dialed. Dial 9 for an outside line, and then dial 1-800 plus number.

**TIE LINE CALLS**

**From University Hospital (210-8-4000) to reach:**

**University Health Center-Downtown**

- Stations: 8 + 4-digit extension
- Operator: 0

**Veterans Hospital**

- Operator: 9 + 617-5300
- Pagers: 9 + 7-digit number

**UTHSCSA**

- Stations: 67 + 4-digit extension
- Operator: 67 + 0

**From University Health Center-Downtown (210-8-3400) to reach:**

**University Hospital**

- Stations: 8 + 4-digit extension
- Operator: 0

**Veterans Hospital**

- Operator: 9 + 617-5300

**UTHSCSA**

- Stations: 67 + 4-digit extension
Main Numbers for Selected Facilities
Main switchboard numbers for often called facilities are as follows:

- University Hospital ................................................ 8-4000
- University Health Center-Downtown .................... 8-3400
- UTHSC-SA ............................................................... 567-7000
- South Texas Veterans Health Care System ......... 7-5300
- University Family Health Center-Southwest ...... 8-5100
- University Family Health Center-Southeast ...... 8-5500
- University Center for Community Health ........ 8-7000
- University Family Health Center-North ........ 8-0800
- University Family Health Center-Northwest .... 8-8820

UNIVERSITY HOSPITAL
4502 Medical Drive, San Antonio, Texas 78229

HOUSE DIRECTORY

UHS ADMINISTRATION:
George Hernández, Jr.,
President/CEO............................. 82000
Peggy Deming,
Exec. VP/CFO......................... 82101
Roe Garrett,
VP/Controller.......................... 82218
Mary Ann Mote, Sr. VP,
Operations/CRO ...................... 82895
Jean Setzer, VP,
Strat. Planning ....................... 81036
Bill Phillips,
VP/CIO ..................................... 84300
Theresa Scepanski VP,
Org. Dev ................................ 84039
Sherry Johnson,
Integrity Officer ..................... 82193
Greg Rufe,
Administrator....................... 82022
Francine Crockett, VP,
Supply Chain Mgmt ................ 89139
Michelle Ryerson,
Assoc. Administrator ......... 82338
Karen McMurry, VP, Legal
Svcs & Risk Mgmt .................. 82005
Nancy Ray, CNO/Assoc.
Admin .................................. 82387
Admin on call ....................... call operator
Richard Rodriguez, VP,
Facilities............................ 82338

OB/Admissions ....................... 82123
OPS Day Surgery ................. 84883
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**UNIVERSITY HOSPITAL**

**NURSING SERVICE DIRECTORY**

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Newborn Nursery ICU (New Tower)  
CND ........................................81437  
Nursing Station .....................81593  
Operations Director .................81437  

Oncology (6th floor)  
CND ........................................81780  
Nursing Station .....................81631  
Operations Manager .................82513  

Operating Rooms (2nd & 11th floors)  
Director ..................................82638  
Nursing Station (2nd) ...............82555  
OR/Recovery Waiting Room  
.............................................82509/82206  
Scheduling (2nd) ......................82558  
Nursing Station (11th) .............84955  
Waiting Room (11th) ..............616-9500  
Operations Manager .................82638  

Outpatient Surgery (2nd floor)  
Director ..................................82574  
Nursing Station .....................82140  
Operations Manager .................82574  

Pediatrics, General (9th floor)  
CND ........................................81315  
Nursing Station .....................81575  

Pediatrics Special Care Unit (9th floor)  
CND ........................................81315  
Nursing Station .....................81583  

Post Surgical Observation (8th)  
CND ........................................82596  
Nursing Station PACU .............84045  
Operations Manager .................82513  

Women’s Health Services:  
CND ........................................81895  
Gynecology Nursing Station  
(6th Fl) ..................................82348  
Labor & Delivery (4th fl)  
Nursing Station .....................81471  
Recovery Room ......................81406  
Obstetrical (4th fl)  
Nursing Station .....................81475  

Women’s Outpatient Services  
Fetal Diagnostic Unit (FDU) ..........81540  
Special Procedures (4th fl)  
CND ........................................81895  
Nursing Station  
Operations Manager  

UNIVERSITY HEALTH CENTER—DOWNTOWN  
527 N. Leona, San Antonio, Texas 78207  
HOUSE DIRECTORY  

Administration:  
Steve Enders, Sr. VP, Ambulatory Svcs  
Admin ......................................83661  
Cafeteria ..................................83831  
Cancer Detection ......................83494  
Cashier ....................................83684  
Clinics:  
Acute Care (Adults) ....................83441  
  Clinic Supervisor ....................83329  
Acute Care (Pedi) .....................83459  
Clinic Supervisor .....................83329  
Cervical Health Program ...........83702  
Children’s Health Ctr .............83459  
Diabetic Education ..................87100  
Family Health .........................83985  
  Clinic Supervisor ....................83481  
Family Planning ......................83698  
Geriatrics ...............................85988  
HIV Free Test Prog ..................83833  
Immuno-suppression ..................83776  
  Clinic Supervisor ....................83674  
Medicine .................................83555  
  Clinic Supervisor ....................83566  
Medicine Group Prac ...............89887  
Mental Health .........................83730  
NurseLink ...............................83000  
OB/GYN .................................83582  
  Clinic Supervisor ....................83578  
OB/GYN Intake .........................83581  
Ophthalmology .......................87600  
Oral Surgery .........................83604
Orthopaedic Clinic: 87755
Clinic Supervisor: 87757
Otolaryngology (ENT): 80490
Podiatry: 87700
Clinic Supervisor: 87701
Family Med. (Dept. Office): 83888
Residency Program: 83888
Gift Shop: 83867
Information Desks:
“B” Elevators: 85994
UHCD Bldg.: 83440
Clinic Bldg.: 83507
Laboratories:
Admin. Director: 83530
Chemistry: 83527
Hematology: 83528
Main Reception Desk: 83636
Supervisor: 83531
Lecture hall: 83573
Library: 83938
Medical Records:
Administration: 83540
Family Health Clinic Req.: 83425
Outpt. Info. Release: 83532
Outpt. Record Req.: 83548
Patient Index: 83547
Tumor Registry: 83547
Medicine (Faculty Office): 83941
Clinic Administration: 83661
Nutrition Clinic: 87100
OB/GYN: 567-4966
CMA Billing Svcs.: 83668
Patient Financial Svcs.: 83418
Pre-Admissions: 83762
Pediatrics (Fac. Ofc.): 562-5344
Pharmacy: 83411
Central Supply Area: 83687
Materials Mgmt.: 83472
Pharmacist: 85989
Refills: 83476
Protective Svcs.: 83479
Radiology:
Director: 83530
Chief Technician: 83646
File Room: 83643
Mammography/Ultrasound: 83690
Reception Desk: 83638
Rehabilitation Medicine:
Director: 81056
Orthotic Lab (Brace Shop): 87650
Physical Therapy: 83788
Speech Pathology: 83788
Respiratory Care: 83798
Social Work: 83620
OB Sonar: 83603
Transportation: 83858
UT Medicine Call Center: 83009
Volunteer Services: 83800

UNIVERSITY FAMILY HEALTH CENTER—NORTH
8-0800
302 W. Rector, San Antonio, TX 78216
Leticia Aguilar, M.D.
Medical Director: 80869
Medical Records: 80852
Nurse Supervisor: 80870
Laboratory: 80815

UNIVERSITY FAMILY HEALTH CENTER—NORTHWEST
8-8820
2140 Babcock Suite 200, San Antonio, TX 78229
Admin Director: 80870
Medical Director: 80800
Family Med.: 88820
Pediatrics: 88820
UNIVERSITY FAMILY HEALTH CENTER—SOUTHEAST
8-5500
1055 Ada, San Antonio, TX 78223

Admin. Director ..........85511 Medical Records..........85538
Appointments............85500 Nurses Station...........85547
Main Number ..........85515 Patient Eligibility ..........85542
Women’s Health ......85502 Pharmacy.................85534
Laboratory.............85532 Radiology..............85533
Medical Director ......85563 TDHS Medicaid Certif....85597

UNIVERSITY FAMILY HEALTH CENTER—SOUTHWEST
8-5100
2121 S.W. 36TH St., San Antonio, TX 78237

Appointments........85100 Medical Records........85130
Clinic Supervisor.....85158 Nutritionist..........85242
Laboratory..........85128 Pharmacy...........85140
Medical Director .....85163 Radiology.............85116
Nutritionist ........85242 Social Work............85120
Pharmacy............85140
Dental Clinic.......731-9968 Fax.................737-0042

KENWOOD
736-1536
302 Dora, San Antonio, TX 78212

Nurse Supervisor ...756-1536 Fax..................737-0042
Dental Clinic.......731-9968

EASTSIDE
224-7981
210 N. Rio Grande, San Antonio, TX 78202

Nurse Supervisor.....224-7981 Fax......................271-0767

OLD HIGHWAY 90
433-3279
911 Old Highway 90, San Antonio, TX 78237

Nurse Supervisor.....436-3279 Fax....................436-0907
ZARZAMORA
921-6500
4503 S. Zarzamora, San Antonio, TX 78211
Nurse Supervisor….921-6500 Fax………………..927-4369

PECAN VALLEY
337-7511
802 Pecan Valley, San Antonio, TX 78220
Nurse Supervisor….337-7511 Fax………………..359-7269

RICARDO SALINAS
435-9771
630 S. General McMullen, San Antonio, TX 78237
Nurse Supervisor…..435-9771 Fax………………..432-5861

SOUTH FLORES
924-2552
7902 South Flores, San Antonio, TX 78221
Nurse Supervisor…..924-2552 Fax………………..927-4365

WESTEND/FRANK GARRETT CENTER
207-2437
1226 NW 18th Street, San Antonio, TX 78207
Nurse Supervisor….207-2437 Fax………………..207-8798
Second Line……..207-8850

NACO-PERRIN
207-5000
4020 Naco Perrin, San Antonio, TX 78217
Nurse Supervisor…207-5000 Fax………………..207-5086

BOB ROSS
207-5332
2219 Babcock , San Antonio, TX 78229
Nurse Supervisor……..207-5332 Fax………………..207-5360
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<th>Section</th>
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<tr>
<td>Administration</td>
<td>Theresa de la Haya, Sr. VP Health Prom. &amp; Clinical Prevention</td>
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<td>Jason Lott</td>
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<td>Roger Ruiz</td>
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<td>Dr. Ralph A. De Fronzo</td>
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DIGITAL PAGER SYSTEM

The digital pager system combines the telephone with a compact pocket pager to make key administrative and medical personnel available 24 hours a day. The UHS Communications Department assigns all house staff a pager and provides an instruction booklet. Lost or stolen pagers must be reported to the Security Office immediately. For pager repair service or replacement batteries, contact the University Hospital operator.